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## Resilience and Relationships



**Lynne M. Robinson,  
PhD, R.Psych.**  
Editor, special issue  
on resilience  
School of Health &  
Human  
Performance,  
Dalhousie University

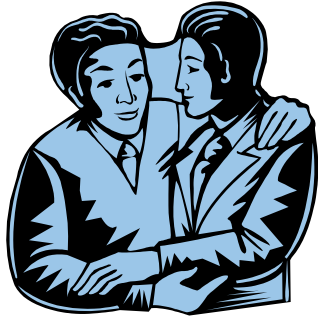
For several years now, as Public Education Coordinator, I have been delivering a message to the public about the importance of resilience, using resources created by APA. Resilience allows us to manage difficult conditions with fewer physical and psychological impairments. As the upcoming month is devoted to recognizing Psychology, what better role to emphasize than our special expertise in helping others develop their strengths.

I have a long-standing interest in personal relationships as an essential source of resilience. One of the great stories that I like to tell comes from Irving and Barbara Sarason, the mavens of social support research. In 1848, the Donner party, traveling to the promised land of California, became snowbound over winter in what came to be known as Donner

Pass. Many of the pioneers died, and some of the dead were eaten by the survivors. I like to ask my students about their best guess as to the characteristics of those who survived. Many guess men. In fact 90% of the single men died. All nine members of one family, including a 1 yr. old girl, survived.

However, we don't need to rely on anecdote to recognize the importance of relationships for building resilience. The Alameda County study kickstarted the interest in relationships. About 7,000 people in California were asked about social & community ties (as well as other questions) and then the death rate was tracked over nine years. At the end of that time, the study revealed that having social contacts allowed women to live an average of 2.8 years longer and men to live an average of 2.3 years longer. The researchers were able to show that this difference was NOT due to SES, health at the beginning of study, or health habits (Berkman & Breslow, 1983). Since that time, a huge body of data has been amassed to show that there is

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**Personal relationships are an irreplaceable resource for dealing with stress and promoting health and well-being.**

is the perception that one is loved and cared for by others. They and colleagues also conclude that this perception is, at least partly, a personal characteristic, since self-reports about the availability of support are stable over months and years (Pierce, 1994). Having this perception of being loved and cared for is an incredible resource for dealing with stress and is also related to having the resources of high self-esteem, low anxiety and a positive approach to relationships. Why do some people believe they are supported? One key component is a history of being cared for and loved early in life (i.e. secure attachment). Having secure, loving, early relationship(s) with caregiver(s), leads to positive expectations for future relationships (the “working model”). On the other hand, recent research has also emphasized the health costs of conflict in relationships (Kiecolt-Glaser & Newton, 2001).

All of this is by way of drawing attention to positive personal relationships as an irreplaceable resource for dealing with stress and promoting health and well-being. What implications does this have for us, as Psychologists, and for our work with the public? As in the recommendations in the Ottawa Charter (WHO, 1996);

1. We must nurture our own relationships as a source of resilience for ourselves,

(Continued from page 1)

a substantial association between social support and health (e.g. reviews by Seeman, 1996; Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

Substantial research has been conducted to try to tease out the “active ingredient” in social support. The Sarasons, after a lifetime of research, have concluded that it

constantly maintaining and improving them at home (especially), but also at work. We must limit negative interpersonal interactions, since harm from them may outweigh benefits.

2. We must advocate for supporting healthy early interactions of infants with caregivers, through high quality day care, mental health services for adults (as potential caregivers of children), and multiple supports for families.
3. We must work to reorient health services so that they actively involve families in the health care of their members (for example, working with both partners after one has coronary heart disease).
4. Encourage governments at every level to recognize the importance of relationships when creating policies (e.g. tax laws that support diverse families).

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## Resilience at Work

**Michael P. Leiter, Ph.D.**  
Canada Research Chair in Occupational Health  
and Wellness, Centre for Organizational Research &  
Development, Acadia University



***The three core qualities of resilience at work are: a reality focus, a commitment to higher principles, and strong problem solving abilities.***

Resilience means having few illusions. It is having a current awareness the world, acknowledging tough issues. A reality focus prepares people to deal with challenges when they occur. They develop the perspectives and life skills necessary to survive in tough situations. The second quality concerns values. Resilience includes a commitment to higher principles that give meaning to ones work. The third element is strong problem solving abilities. Resilience includes the capacity to devise innovative solutions to problems that arise in the course of ones work. Together, these elements of resilience describe a practical idealist with a bias to action.

Resilient people sound like good company in any situation. They would certainly be the sort of people you'd like to have working for you. It's not surprising that companies have sought help in identifying resilience to help focus their recruitment efforts. Can the myriad psychological tests, interviews, and simu-

Employers have become interested in resilience. As the workplace becomes tougher, people who have the capacity to bounce back from adversity and to persist through repeated frustrations are increasingly important.

An issue of the Harvard Business Review summarized the three core qualities of resilience at work (Coutu, 2002). The first is a reality focus: resili-

lations within the repertoire of a 21<sup>st</sup> century assessment center identify people who will show resilience in the long term?

Perhaps.

Resilience raises a familiar question for I/O psychologists. Are they dealing with an enduring quality of personality to be sought across the universe of potential job candidates? Is resilience a set of skills and orientations to be developed through professional development, mentoring, and structured work experiences? From another perspective: is the individual employee ultimately responsible for demonstrating resilience in the appropriate situations. Or is the organization's track record in supporting employees through tough situations the critical issue?

At this point in the study of resilience at work, the research has not provided definitive answers to these questions. Most likely, extensive study will identify elements of resilience that are enduring personal qualities that are more readily elicited in some people than in others. But it is also likely that further research will identify qualities of leadership, training, mentoring, and progressive work experience that will facilitate the development of and expression of resilience at work.

There is at least one caution in the search for resilience. If successful in finding tougher employees, organizations may relax their efforts to address qualities of worklife that impose unnecessary strain. And the pressures may compound to the point that they overwhelm the admirable skills and perspectives of even the most resilient.

Resilience is likely part of the solution to a high pressured worklife, but it's not the whole story.

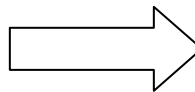
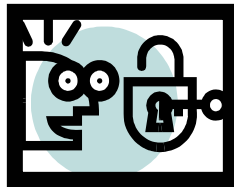
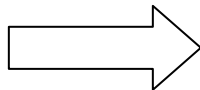
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## Resilience

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### Knowledge transfer can be revitalizing!



*Dr. "J." has emerged from the detour of my sabbatical*

**Jeannette McGlone Ph.D.**  
Department of Psychology  
Dalhousie University and QEII HSC  
Halifax, Nova Scotia

Reflection, rethinking and re-energizing bring the spirits back into practice. Last year my leave from teaching loads and hospital consultation provided time to read more about positive psychology, resilience, and the idea that character strengths and virtues contribute to every person's ability to weather the storms that life blows. Practicing in neuropsychology, one faces repeated assessments of sudden losses of function. Too often, chronic neurological conditions spotlight adapting to weaknesses more than mining strengths. How does one translate concepts from positive psychology into a consumer friendly form and then give them back to the many folks I meet who are diagnosed with epilepsy and to those who love them?

This fall, Terry Hurley of the Education Committee of the Epilepsy Association of Nova Scotia asked that I speak to the Halifax parent support group. I saw this as a first opportunity to push the envelope from my traditional talks on memory and the brain, to resilience. Instead of taking on the role of "expert" brain scientist, I stole three basic ideas from other researchers (Livneh et al., 2001):

- Adaptation is not consistently related to frequency of seizures or duration of epilepsy
- In most of the reported studies, coping strategies consistently explained more variance in psychosocial adaptation to the

condition than that explained by medical or neurological variables.

- Persons with epilepsy have personal resources that promote change, coping, adaptation, and resilience.

During the talk, it was easy to introduce a positive psychology approach to problem solving, followed by a quick review of reality-based scenarios that seizures create in lives. We spent the next 30 minutes discussing five coping mechanisms associated with anxiety and depression (i.e., What does *not* work), and 21 strategies associated with more positive outcomes (Bohart & Talman, 1999). I used humorous PowerPoint **visuals** and very little text. Dr. Phil was my role model. I admire him for bringing applied psychology further into the public domain than any other psychologist. Consequently, "Dr. J." has emerged from the detour of my sabbatical!

The immediate acceptance of the small audience encouraged me to promote positive psychology. Folks knew intuitively how to apply these strategies to their own lives and were willing to share. I created a handout that allowed them to take home 21 tips, and encouraged them to practice one strategy a day over the next month. When asked about the impact of this talk, Dr. Carol Camfield, a pediatrician in the field of epilepsy commented "Resilience can be practiced, internalized and eventually learned. This talk gives a basic, understandable approach to this topic, and it will only take 21 steps! However, even using 1 or 2 of the ideas will help a person become more at ease with difficulties."

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### Knowledge transfer can be revitalizing!

(Continued from page 4)

Overall, the literature on resilience has revitalized my energies for public speaking about neuropsychology. As well, it has kindled a desire for applied research in the combined fields of study. In the hopes that some of you might get the bug, the template for a similar talk is available through the APNS office. *Go for it!*

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### Optimism: A Learned Safeguard Against Depression

Angela Hull,  
Graduate Student, School Psychology,  
Mount Saint Vincent University,  
Halifax, Nova Scotia



***The optimist child:  
A school-based  
program for build-  
ing resilience***

Recognizing depression as a disorder that

may affect school-age children, Seligman and researchers developed a childhood depression prevention program based on evidence that a pessimistic explanatory style is predictive of depressive symptoms. The researchers guide parents and school staff in promoting optimism in children as a means of preventing depression and

building life-long resiliency.

Based on cognitive-behavior theory, the program helps children to appreciate the connection between thoughts, feelings and behaviors and also to explore how the permanence, pervasiveness and personalization of their explanations for success and failure affect them. They learn, for example, how permanent, global and internal or generalized explanations of failure lead to a poor self-concept and little hope for change.

Parents and school staff are instructed to avoid

exhibiting a maladaptive explanatory style to explain their own or children's successes and failures, as children model and/or internalize such information. Engagement in skits, stories and opportunities to relate material to personal experiences prompts parents, school staff and children to reflect on their explanatory styles and develop more adaptive styles.

The program provides step-by-step implementation instructions, including important points to cover during discussion, and also provides all materials required for activities (e.g., skits, handouts and comics). Seligman and his colleagues have found that children who are taught to use a more positive explanatory style report significantly fewer and less severe depressive symptoms, although they advise that a refresher program may be required after two years.

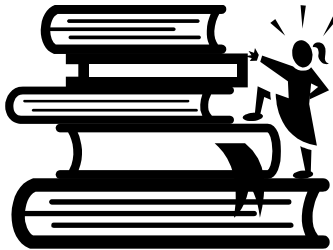
School psychologists could use this program to provide direct services to students, but could likely reach more students through involving parents and school staff, as well. I recommend taking a look at this program – it might be a very useful option in schools.

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## Building resilience in psychology graduate students

Sara King, M.A.  
Graduate Student, Psychology Department,  
Dalhousie University



**Recent statistics suggest that only about half of all students who enter PhD programmes in Canadian universities actually complete their degrees. How can academic departments increase morale to ensure a healthy environment and that students complete their degrees in a timely fashion?**

When a promising PhD student in Harvard University's prestigious chemistry department committed suicide in 1998, citing the intense pressure of the academic environment as a direct contributor to his decision, the university was forced to examine its policies and practices with respect to graduate studies and the health of its graduate students (Schneider, 1998). In fact, in the aftermath of this tragic event, it was learned that, since 1980, eight Harvard graduate

students had committed suicide and that four of them had been students in the chemistry department (three of the four had had the same advisor); however, while suicide is an extreme act in response to the pressures of obtaining a graduate degree, many other graduate students (in all disciplines and at all universities) develop depression and/or anxiety, drop out, or endure extremely difficult situations in silence. Indeed, recent statistics suggest that only about half of all students who enter PhD programmes in Canadian universities actually complete their degrees (Elgar, 2003).

*How, then, can academic departments increase morale among graduate students to ensure a healthy environment as well as to ensure that students complete their degrees in a timely fashion?*

Academic departments must realise that students cannot simply rely on outside counselling and mental health services in order to deal with the pressures of pursuing a graduate degree; we must work to make our academic environments as supportive as possible. Academic departments could take cues from large companies who have implemented measures to increase morale among workers by organising office theme days and staff retreats. The concept of resilience and its development could be used to explore methods by which graduate students could be supported throughout the process of obtaining their degrees. The term *resiliency* typically refers to an individual's ability to thrive under adverse circumstances by drawing on their biological, physical, and environmental resources. Characteristics of resilient individuals include the ability to bounce back from negative emotional experiences and flexibility in the face of challenging life events. Additionally, resilient individuals have energetic, positive, and optimistic approaches to life.

Very little research on resiliency concerns building resiliency in typical students facing challenging academic situations; however, the concept may be of use when attempting to develop positive environments for graduate students. Resilient individuals are considered to be adept at using positive emotions to deal with adverse situations as well as viewing such situations as challenging learning experiences (Tugade & Fredrickson, 2004). Similarly, resilient individuals typically have much larger social resources when compared to non-resilient individuals; that is, they are able to draw on a large amount of social support when faced with difficult situations (Pengilly & Dowd, 2000). Therefore, perhaps the first step in building resiliency among graduate students is encouraging and fostering strong social support networks, both supervisor-student and student-student. All too often, research supervisors

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## Building resilience in psychology graduate students

are accused of being unsupportive or unavailable to their students, leading students to feeling abandoned or as though they are simply a means to an end (i.e. the supervisor sees the students as a way to complete several of his or her projects without regard for the student's interests); advisors should be encouraged to create positive research environments consisting of frequent meetings to check in with students (individually and in groups), as well as more informal social gatherings among lab members to relieve pressure a few times a year. Both formal and informal meetings would allow lab members to feel a sense of community and support as well as allowing them to exchange ideas and comment on each other's work.

Supervisors, however, cannot bear sole responsibility for the well being of graduate students. Graduate students are not good at asking for help when it's most needed or at offering help to other students, as it sometimes feels "silly" to do so (F. J. Elgar, personal communication, September 14, 2004). Many graduate students feel as though they must work harder and longer than other students in the department, as a sign of "status"; a report in the Harvard student newspaper shortly after the suicide noted above reports that many students purposely do not change their clothes for several days at a time or brag that they have slept in the lab in order to appear more committed and hard-working than other students in the lab (Fagan, 1997). This type of behaviour is not unusual among graduate students; students need to be reminded that socialising outside of school is therapeutic and that building such social support networks serves to build resiliency, resulting in a more positive attitude towards their studies. Indeed, having a means of connecting with other students can be an essential lifeline for some in that they are able to realise that other students are experiencing the same difficulties (F.J. Elgar, personal communication, September 14, 2004).

In addition to building social support networks for graduate students, academic departments and supervisors may wish to work more closely with students to ensure that they view research and the resulting dis-

sertation as challenges rather than chores (Tugade & Fredrickson, 2004). By promoting the process of obtaining a graduate degree as a positive one, academic departments can build more resilience among students in that students will develop a more positive outlook as well as more resources for coping with the challenges associated with graduate studies.

The process of obtaining a graduate degree in any discipline is a difficult one; students face academic, personal, and financial challenges that often lead to drastic consequences, such as depression, anxiety, and dropping out. By working to create supportive, positive, and challenging environments, academic departments can increase resiliency in students, leading to students developing increased coping strategies as well as in increased degree completion rates. The concept of resiliency may not be used often to describe the challenges faced by graduate students; however, it has wide application to this population and should be investigated further in order to assist graduate students in dealing with the challenges associated with obtaining their degrees.

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### The Power of Ordinary Magic: How dragon boating nurtures the resilience of breast cancer survivors



**Susan Hartley is a breast cancer survivor and Dragon Boat paddler. She recently won a silver medal in the 5<sup>th</sup> IDBF World Dragon Boat Racing Championship.**

#### **Susan Hartley, Ph.D. Clinical Psychologist in Private Practice**

Psychologist Dr. Robert Brooks defines *Resilience* as the ability to maintain a stable equilibrium and healthy levels of psychological and physical functioning in the face of loss and trauma (Brooks, 2004)

In one of his website published articles, Dr. Brooks states, “Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative resources in the minds, brains, and bodies” of us all, our families and relationships, and our communities. Resilience

allows “each person to thrive and experience the power of ordinary magic”.

Dr. Brooks asks, “But how do you nurture such a healthy existence?”

For women facing life after breast cancer diagnosis and treatment, dragon boating has become their answer to this question. Dragon boating is a resilient sport – it began more than 3000 years ago and has its roots buried deep in Chinese history and lore.

In 1996 Dr. Don MacKenzie chose dragon boating as the vehicle to test his belief, that contrary to medical opinion at the time, exercise is beneficial to women after breast cancer treatment. His study also served to increase breast cancer awareness and support the emotional well-being of the survivors (1998). Dr. MacKenzie found that not only did dragon boating reduce the incidence of lymphedema in the women participating but the women enjoyed the experience so much they continued to paddle after the research

was finished. He concluded, “The impact of this experience on these women has been overwhelming, the physical changes barely keeping pace with the changes in psyche. To other people with breast cancer, the women have become role models, giving inspiration to lead full and active lives.” (p. 377).

Anita Unruh and Natalie Elvin found that the women they studied reported an enhanced emotional well-being. They report that dragon boating helped them to “put a positive interpretation on a negative experience”, “rebuild self-confidence and regain control”, and make positive personal changes (Unruh & Elvin, 2004).

Comments made by breast cancer paddlers reflect how their dragon boating experiences have nurtured their ability to be resilient in the face of the trauma and loss associated with a cancer diagnosis.

“Is this really us competing and racing a dragon boat when so recently we thought we were at death’s door? It felt very good feeling strong again; to laugh again and the exquisite joy of sharing these feelings with fellow paddlers who had been on that same long journey.” (Walen, 2002)

The dragon boat team provides “a community of women who didn’t focus on the hardships, but were joined by the bond of survival. It was amazing to see those women who had been diagnosed, who had just gotten out of the hospital, paddling strong and hard. They were out on the water, looking so alive. They were having so much fun.” (Ma, 2004)

The steersperson shouted, “‘Ain’t it great to be alive?!’ And I thought, ‘Oh my God, it is. I’m out here in the middle of Lake Ontario in the middle of a storm with the rain pouring down.

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## The Power of Ordinary Magic: How dragon boating nurtures the resilience of breast cancer survivors

(Continued from Page 8)

And I'm alive. Isn't that great? It was so empowering." (Ma, 2004)

"It's hard to convey the empathy and love that exists between the dragon boat ladies in pink. Some of them have gone through such hardships, sickness, recurrences, husbands leaving them, children to support, and still they smile and hug each other and forget their troubles out on the water. That's what so great about (dragon boating)." (Walen, 2002)

Breast cancer paddlers are known by their slogan: "We are all winners in our lane."

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## Psychology Month Activities

The inaugural national Psychology Month is happening in February 2005. APNS has several events scheduled.

On February 3, in conjunction with the CN Centre for Occupational Health and Safety, APNS will be presenting its first Psychologically Healthy Workplace Awards. This event takes place at Windows, in the World Trade Centre and will honour businesses that are taking initiatives to create a healthy workplace for their employees. Nova Scotia is only the second Canadian province to give these awards

On February 12<sup>th</sup> and 19<sup>th</sup>, APNS will have booths at two malls in Metro Halifax, Micmac Mall and Halifax Shopping Centre, as well as Mayflower Mall in Sydney on February 26<sup>th</sup>. Psychologists will talk with the public about the kind of work we do, have fact sheets on psychological issues such as depression and anxiety and

give away brochures and APNS pens. There are some public talks scheduled by psychologists throughout the month of February.

A media package has been prepared and will be sent to radio, television and newspaper reporters throughout the province. Psychologists who are interested in doing media interviews have provided a brief description of topics that they are prepared to talk about.

A newspaper supplement will appear in the Sunday Herald, February 13. Individual psychologists are welcome to place a congratulatory ad in this supplement.

On February 26, a Gala Dinner and Silent Auction will be held at the Lord Nelson Hotel. Rhapsody Quintet will provide musical entertainment. The President's Award will be presented to Mary Walsh, who will be in attendance. (Continued on page )

### President's Report



David Mensink, Ph.D.  
President

It may be a bit premature because I will continue in my role as your president for several months to come, but I am beginning this report by thanking a number of individuals and groups for all the important and dedicated work completed thus far in my term. Why wait to show gratitude?

Everything seems to be progressing well and, as a result, I sit here in front of my computer with a smile on my face and appreciation in my heart as I think about the upcoming months. Therefore, I would like to honour the following:

- our talented **executive** for guiding and directing the association,
- the **committee chairs and special representatives** who also contribute much to our association and sit as members of the whole,
- our **Psychology Month Coordinating Committee** comprised of Carolyn Humphreys, Susan Marsh, and chaired by Kevin Rice,
- **Todd Hill and Arla Day** for their work on the Psychology Healthy Workplace Award which will be celebrated during Psychology Month,
- **Todd Hill** and those working with him on the Gala Dinner as part of Psychology Month,
- **Todd Hill** and the membership committee for reaching out and speaking in various regions of Nova Scotia (e.g., Cape Breton),
- **David Pilon** for all the great advocacy and Primary Health Care liaison work among other significant contributions including the airing of the APNS Infomercial on Global Television,
- **Richard Braha** for his work on CPAP and CRHSPP and his expert guidance and support,
- **Judie MacDougall** for regularly putting together a top notch newsletter,
- **Lynne Robinson** for her expert public education coordination and for serving as the guest editor of the current issue of the Nova Scotia Psychologist on the topic of resilience, and
- a special mention to **Susan Marsh**, our Office Manager, who continues to dazzle us with her knowledge, skills, and dedication.

I thank you all and did not want to wait until the end of my tenure as president to do so! Thanks so much!

Next I will report on some of the executive decisions made since the last newsletter and finally I would like to end my report by making a few comments about resilience; the main topic of this issue of the Nova Scotia Psychologist. The executive of APNS has added two new functional groups:

1. *Legislative Working Group* consisting of Richard Braha, David Mensink, David Pilon, and Kevin Rice to respond and be proactive with regard to legislative matters. We have met once to discuss our responsibilities. Such a group could provide consultative advice and assistance to government officials on matters pertaining to the practice of psychology. In fact, David Pilon and I will be attending a meeting on January 19, 2005 on the proposed *Mental Health Act*, Bill 109. In addition, another function of the group is to make connections with government officials and discuss matters pertaining to the practice of psychology in Nova Scotia.
2. *Communications Committee*: This committee is responsible for the APNS Web Site and information on the web, advertising using the newsletter or the web site, and to facilitate communication between APNS and other agencies.

In addition to the above, the executive has made the following decisions pertaining to psychological testing:

- to endorse and agree to include the APNS Logo on the MHS (Multi Health Systems Inc.) Test Disclosure Policy which is on our web site, and
- to endorse the CPA Policy Statement on Ethical Use and Reporting of Psychological Assessment Results for Student Placement and circulate it to those impacted by it.

We and, Carolyn Humphreys in particular, are in the process of revising the APNS Policy for Nominations and Appointments to the Nova Scotia Board of Examiners in Psychology. We have also been working hard on the upcoming Psychology Month

## President's Report

(Continued from page 10)

Activities, dedicating a portion of each meeting to the festivities. On a personal note, I am pleased and very honoured to be able to present the President's Award to Mary Walsh at the Gala on February 26, 2005. The Nova Scotia Minister of Health, Angus MacIsaac, will also be present at the Gala Dinner. Another highlight will be honouring APNS Past Presidents with a special pin. As you can see, your executive has been busy and the meetings have been filled with important discussions and significant decisions. It has also been a pleasure to have regular meetings scheduled with committee chairs and special representatives which have facilitated communication among and between the various functions of APNS.

Finally, I would like to make a few personal comments about resilience. I recently returned from a trip to Chicago to visit my family in the United States. During my two week stay, I was thinking about resilience and the 9/11 disaster in New York, the recent tsunami, wars, the situation in

Iraq and the Middle East, and other forms of human suffering. I had a lot of fun with my family but thought about resilience in my spare time. One question kept running through my mind: *What is the relationship between healing and resilience?* I concluded that resilience is a form of healing and yet more than just the speed with which one might heal from calamity. Another idea was that *there are many paths to resilience and psychology as a profession is focused on determining how to match those paths with individuals* to promote human healing. One other idea came to mind in that it would appear *those who seem most resilient also seem to be able to tolerate greater amounts of adversity*. As you can tell, I have many questions about resilience and am pleased that our guest editor, Lynn Robinson, has taken it upon herself to compile and offer the information on resilience presented in this issue. Enjoy your learning and reading of the present issue!

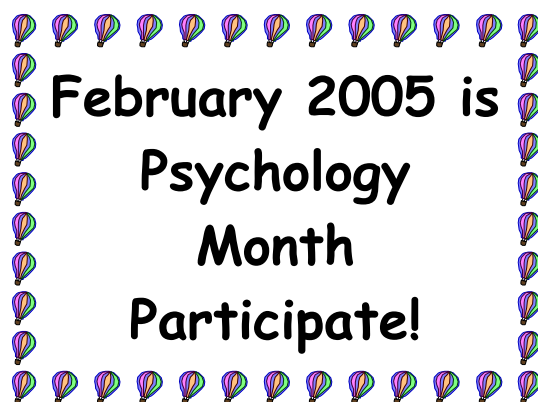
## Psychology Month Activities

(Continued from page 9)

Presidents of APNS will also be receiving pins to recognize their contributions to APNS. The Minister of Health will be attending and will read the proclamation of Psychology Month. Two groups will share proceeds of the banquet: Transitions Houses of Nova Scotia and the Early Intervention Society of Nova Scotia.

The Psychology Month Coordinating Committee and the Executive of APNS encourages all psychologists to participate in Psychology Month. Come to the gala banquet: it will be a wonderful opportunity to socialize with colleagues and contribute to two very worthwhile community programs. Call APNS and volunteer an hour of your time to be at a community booth. If you would like to have a booth in your community, we have all of the materials you need. Place an ad in the

newspaper supplement. Let's give all of Nova Scotia an opportunity to find out what psychology has to offer it's communities!



## Reports

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### Advocacy News

#### Hear Ye, Hear Ye

The theme of resilience as portrayed throughout this issue not only applies to individuals but also to systems. The Canadian health care system indeed must reflect resilience in adapting to the changing needs of Canadians, as well as to the evolving factors that impact upon the delivery of health care. APNS has participated in an exciting initiative in recent months that very much relates to the need for resilience within the delivery of health care in Canada.

Following in the wake of Romanow Commission recommendations, Health Canada's Primary Health Care Transition Fund has supported a process of reform for primary health care. In particular, the Enhancing Interdisciplinary Collaboration in Primary Health Care initiative (EICP) has received \$6,500,000 to provide a framework for collaboration of various disciplines in primary care. It is recognized that primary health care is a backbone of the Canadian health care system and physicians play the central role in providing this first response to a patient's health care needs. The objective of the EICP involves a process to develop a set of principles and framework that identifies how various disciplines can work together at the level of primary care to best meet the needs of Canadians. Beyond highlighting how such collaboration is "value-added", the EICP also intends to develop recommendations for primary health care providers as well as for all aspects of the health care system, including governments, regional health authorities, regulators, private insurers and educators, to implement the principles and framework devised.

The leadership of the EICP is provided by ten national associations partnering together to provide this interdisciplinary template for primary health care reform. These associations include the national associations of occupational therapists, social workers, speech language pathologists and audiologists, physicians, nurses, pharmacists, physiotherapists, psy-

chologists, family physicians, dieticians and other relevant health professionals. It is of note that Dr. John Service, Executive Director of the Canadian Psychological Association, has played a central role in the leadership of this coalition overseeing the EICP.

Throughout the fall meetings took place in each province to solicit the perspective and expertise of relevant stakeholders (including the public) to identify strategies that will encourage more interdisciplinary collaboration in primary health care. Significant research was also commissioned to complement this data gathering about the state of interdisciplinary collaboration. APNS was invited to participate in the Nova Scotia meeting and did so in the form of Drs. Carolyn Humphreys and David Pilon. Following the September meeting a series of regional workshops were conducted across the country, bringing together clinicians as well as policy makers to review and validate the principles of interdisciplinary collaboration that had been developed in the previous cross country sessions. The December meeting also discussed the challenges and opportunities for supporting the interdisciplinary collaboration and identified directions for such collaboration in the coming years. David Pilon was invited to participate at that meeting.

The next stage of the EICP initiative is to more closely examine the barriers and enabling factors in a variety of specific areas that influence the delivery of primary care. For this set of meetings, participants have been invited to Ottawa to discuss issues of liability and risk management, funding, electronic health records, regulatory factors and health human resources. Again David Pilon was invited to participate in one of these task groups, namely, the funding group. Beyond this next set of meetings, it is expected that a variety of tools and strategies to support the implementation of the reform of primary health care with respect to this framework will unfold.

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Advocacy News

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Each national association will be expected to support and ratify the principles and framework proposed and then a process of implementation of the framework for the reform of primary health care will follow.

The EICP initiative has been an ideal forum for psychology to contribute its perspective and its expertise. We know that 60 % of physician visits are for complaints of a psychological, emotional or behavioural nature. Four of the ten leading causes of disability involve mental disorders. Fifty to 60% of cancer deaths are caused by human behaviours (including smoking, inactivity and poor diet). As well, 60% of employee absenteeism is due to psychological factors. The cost of depression and psychological distress is \$14 billion in Canada. And given what we know about the medical cost offset in terms of the savings yielded in medical costs by the provision of psychological services, it is imperative that psychology offer its perspective to this process and advocate for a strong presence in a re-

formed interdisciplinary primary care system. If the average Canadian has no other place to take his or her health concerns but to a primary care physician, that Canadian will not benefit from the other health providers who could easily (and at times more appropriately) address their concerns. As well, that Canadian’s primary care physician will not have time to address the concerns that are most relevant for that provider to be addressing. Lastly, psychology has a research tradition and an emphasis on evidence-based and empirically validated techniques that are role-models for any consideration of health care reform in this country.

As this initiative further unfolds, we will keep members updated with developments. For those wishing to find out more about the EICP, please contact the APNS Advocacy Committee.

Respectfully submitted,  
Advocacy Committee

Announcement and Congratulation



Congratulations to Dr. Robin McGee, the first recipient of the IWK Award for Outstanding Practice in Clinical Psychology. Dr. McGee is a Psychologist at the Valley Regional Hospital in Kentville, Nova Scotia, and also has a private practice. Amongst her many accomplishments as a clinician, and clinical scientist, Dr. McGee is recognized for her outstanding leadership in developing a comprehensive clinical protocols for the diagnosis and treatment of ADHD. Dr. McGee is recognized for clinical teaching and collaboration with interdisciplinary health staff. Dr. McGee emulates the Practitioner-Scientist model of care, by conducting extensive research, and transforming this scientific knowledge into clinical practice. Again, congratulations to Dr. McGee.

### Opportunities, Misconceptions, Secrets and Choices Victor Day Ph.D.

The calls for nominations for the APNS Executive, the NSBEP and APNS Fellow accompany this issue of the Nova Scotia Psychologist. All three are important, although in this article I primarily want to highlight the call for the Executive.

However, first concerning the NSBEP nominations, let me quote from part of the APNS policy, which indicates the Executive will choose psychologists who have "mature professional judgment, exemplary ethical conduct, broad understanding of the practice of psychology, and commitment to the regulation of psychologists for the benefit of the public. Nominees ought to have significant professional experience and general positive respect and reputation amongst psychologists."

There is no "policy" concerning suitable characteristics of APNS Executive members, since they are elected by the membership. (Other than they must be members, and the president must be a registered psychologist.) However if there was a policy, it could say much the same thing, except substituting "advancement of psychology" for "regulation of psychologists for the benefit of the public".

Concerning the nominations for the Executive, I want to share with you my observation of a very interesting phenomenon: there is always plenty of interest in NSBEP, in the form of nominations and psychologists wanting to serve, but typically difficulty in ensuring a full slate for the Executive. I have been vaguely aware of this for the past twenty years, and of the an apparently increasing disparity for the past decade or so; but serving on the Elections Committee makes one acutely aware of this.

It is a phenomenon that cannot be explained by the surface explanations given for not serving on

the Executive, such as being "too busy". The time commitments involved in being on the Executive or the NSBEP are about the same. NSBEP members receive modest honorariums and Executive members do not; but the NSBEP amounts are small compared to most psychologists' salaries or overall income or what they could earn if they spent that time in private practice. Travel expenses are paid for both NSBEP and the Executive. So it's not the time, and it's not the money.

My theory is that the disparity derives from misconceptions, about NSBEP and the APNS Executive. I think these misconceptions are vague, but involve associating NSBEP membership with things like "making big decisions", "prestige", "influence", or even "power"; and APNS Executive membership to involve less of these.

These are indeed misconceptions. First let's clarify the roles of NSBEP vs. the Association. NSBEP represents the public; APNS represents psychologists. NSBEP administers relevant government law; APNS advises the government about relevant law and policy, and makes its own policies. APNS is the body responsible for the development of the profession in general in the province, as well as collegial affairs. If you want to work for the development of the profession, or work for change, become involved in APNS.

Now let me reveal some secrets learned through serving on both the Executive and the NSBEP, including as president and chair respectively. NSBEP membership does not involve spending a lot of time using one's personal wisdom to make broadly influential decisions. In my estimate it's 90% administering preset law and policy, carefully following precedents or being careful about setting precedents. One's personal preferences, opinions, creativity, etc. count for very little of

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## Opportunities, Misconceptions, Secrets and Choices

(Continued from page 14)

the variance within such a situation. The other 10% is "interesting", but mainly involves dealing with unpleasant problems and situations, and one hopes for as few as possible. If you have visions of being in the role of King Solomon, change the picture to middle management, civil service.

Middle managers within the civil service might appear powerful to somebody being regulated by the relevant policy; but there's actually little room for doing anything except according to policy.

It's important work, and important to have conscientious and experienced people doing it. However consider it within context. ( By revealing this I also intend to do the Board a service, since I think people on the Board sometimes are blamed inappropriately when someone gets a decision they do not like, when the Board members are just following policy and precedent. )

The APNS Executive, on the other hand, has a large degree of latitude to focus on whatever issues and priorities it judges appropriate. Advocacy, public education and relations, fostering collegiality amongst members, becoming involved in national issues with other provinces, continuing education, supporting and encouraging the development of graduate programs, working in collaboration with other professional groups, etc. can be emphasized, or not; and different em-

phases have occurred with different Executives. Real choices and decisions are made. Policies are decided. Creative ideas are produced and pursued. New colleagues are met, not through examining them, but by working with them; and some become new friends.

If I had to say which helped me most in my own professional development, being on the Board or being on the APNS Executive, I would say the APNS Executive, without hesitation.

If it's so great, Day, why aren't *you* doing it again? It's like getting a Ph.D: I learned a lot and I'm glad I did it, and I would recommend it; but, it wouldn't be the same benefit a second time around. (Though there have been people who have served more than one term on the Executive, and thanks for them.)

In writing this, for a megalomaniacal moment I thought, what if the crowd now shifts to the other side of the boat, what if too many run for the Executive and not enough are interested in the NSBEP? Then the rational reality occurred to me: most people won't even read this. But, you did. That suggests the type of interest we need on the Executive. And now you are one of the informed few.



### CALL FOR NOMINATIONS

The Elections Committee of APNS is asking the membership for nominations for the following positions:

- President Elect
- Executive Secretary
- Member at Large (Treasurer)
- Student Member Representative
- NSBEP Representative
- Fellow of APNS

Please read the inserts mailed with your newsletter for more information.



## *Membership*

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### **Town Hall Meeting in Cape Breton**

One of the objectives of the APNS Membership Committee has been to increase connections with psychologists all over the province. To that end, Dr. Todd Hill (co-chair of the Membership Committee) was invited by the students and faculty of the University College of Cape Breton (UCCB) to co-host a Town Hall meeting.

The meeting served as an opportunity to inform clinical and academic psychologists about the APNS and to provide an opportunity to share ideas about how to increase APNS' service provision to psychologists located outside of HRM and to increase the dialogue between academics and clinicians. The meeting also included a public education element

with a presentation on Resiliency, content of which was provided by APA through Public Education Coordinator Dr. Lynne Robinson.

The meeting was attended by students and faculty of UCCB, as well as clinicians from the community. The ideas that were raised and discussed have been presented to the APNS executive and offer plenty of exciting ideas for future directions.

This event paves the way for future Town Halls at Acadia, St. FX, Dalhousie and on the South Shore.



**Pictured (from left to right):**

**Dr. Joanne Galivan (Professor in Psychology and Acting Dean, Research & Library Services, UCCB), Dr. Todd Hill (co-chair APNS Membership Committee) and Craig Boudreau (UCCB Honours student and event planner).**

## **APNS Welcomes its new and renewing members**

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.

We wish to welcome back all renewing members and extend a special welcome to the new members listed below.

**Karen Chipman  
Maura MacKinnon  
Anita Scott**

**Rebecca Craig  
Mary Mifflin  
Trudi Walsh  
Margaret David**

**Amy MacGillivray  
Kelly Murray  
Sarah Williams**

*visit the apns website for:*

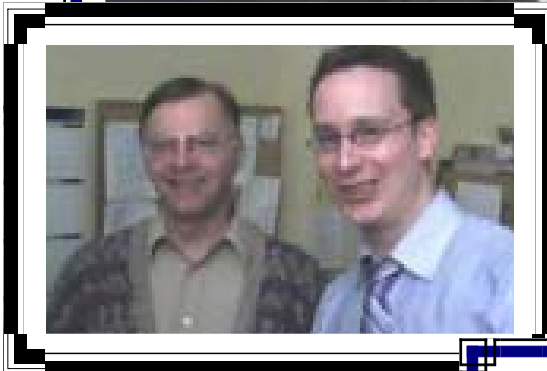
- Member News*
- Events & Workshops*
- Job Postings*
- Private Practice Listings*
- Past Newsletters*
- APNS Documents*
- Post-Trauma Services*
- ...and more to come!*

## APNS Open House

APNS held its annual Open House on December 10th at the APNS office. The room was crowded but and the atmosphere was festive! Here are a few photos.



**APNS President David Mensink and Olga Heath, President of Association of Newfoundland Psychologists**



**Victor Day, Elections Committee and Kevin Rice, President Elect**



**Susan Marsh, APNS Office Manager displays a Jost Wine with the custom-label printed especially for APNS' Open House**



**Jason Slaunwhite, CN Centre for Occupational Health and Safety and Todd Hill, Co-chair Membership Committee**

Opportunities

*15% discount on regular priced menu items upon presentation of membership card*

**Department of Psychology  
Acadia University**

will present a 1/2 day workshop  
on  
*Working With Clients Who Have  
Sexual Difficulties*

Friday, February 4, 2005 at 8:30 a.m.  
followed by lunch at 1:00 p.m.  
and a public lecture at 3:00 p.m.

For more information and registration  
details please visit:

[http://ace.acadiau.ca/science/psyc/News/  
workshops.htm](http://ace.acadiau.ca/science/psyc/News/workshops.htm)

**It Takes a Team to Help a Hurt Child Workshop  
May 2005**

**Breakthrough Co-op Ltd** is very excited to announce an upcoming workshop with Nancy Thomas. Nancy has developed a successful approach to parenting children with attachment issues. This workshop is for anyone working, or living, with children with trauma and attachment issues and their families. We are encouraging parents and professionals to attend, as Nancy has much wisdom to offer regarding the parenting of these very challenging children.

If you need further information or would like brochures, please contact **Breakthrough** at 455-9939, ext 101 or by e-mail at [the.team@breakthrough.ns.ca](mailto:the.team@breakthrough.ns.ca). Registration is available on our website, [www.breakthrough.ns.ca](http://www.breakthrough.ns.ca). You can find out more about Nancy on her website [www.attachment.org](http://www.attachment.org).

**FEES:**

**Before February 28, 2005:**

**Professional: \$258.75, Single Parent: \$172.50, Couple: \$258.75**

**After March 1, 2005:**

**Professional: \$258.75, Single Parent: \$201.25, Couple: \$287.50**

## Committees & Representatives

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

### Executive

President: David Mensink  
Past President: Carolyn Humphreys  
President Elect: Kevin Rice  
Treasurer: Robert Milks  
Secretary: Jennifer Hendrick  
Member at Large: Lauren Marsh-Knickle  
Student Member: Mark Smith

### Office Manager:

Susan Marsh

### Canadian Register of Health Service Providers in Psychology (CRHSPP) Rep:

Richard Braha

### Council of Provincial Associations in Psychology (CPAP) Rep:

Richard Braha

### Business of Practice Network:

Arla Day

### Federal Advocacy Coordinator:

David Pilon

### Public Education Campaign Coordinator:

Lynne Robinson

### Archivist:

Maria Angelopoulos

### Advocacy:

David Pilon (Chair)

Joanne Gusella  
Lynne Robinson  
John Campbell  
Murray Schwartz  
Eileen Donahoe

### APA;

David Pilon  
Maureen Gorman

### Continuing Education:

Lauren Marsh-Knickle (Exec Liaison)

### Elections:

Victor Day (Chair)  
Louise Stringer-Warren  
Richard Braha

### Membership:

Todd Hill (Co-Chair)  
John Whelan (Co-Chair)  
Bev Butler  
Barb Fox  
Paul Freeman  
Tara Szuskiewics

### Publications:

Judie MacDougall

### Post Trauma Services:

Andrea Cook (Chair)  
Pamela Dixon  
Barbara Fox  
Charles Hayes  
Janice Howes (Disaster Response Co-ordinator)  
John Whelan

### School:

Kelly Woodford (Chair)  
Penny Corkum  
Elizabeth Church  
Lauren Claire  
Natasha Corbin  
Margaret Cowan  
Fred French  
Peyton Harris  
Caitlin McCleave  
Jennifer Mullane  
Rachel Pantou  
Patricia Rutherford  
Crystal Sampson  
Katie Smith  
Dan Stephenson  
Heidi Varner  
Nancy Wilson  
Vanessa Wotherspoon  
Stacey Young

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The acceptability of an ad for publication in APNS publications is based on legal, social, professional, and ethical considerations. Also, an ad must be in keeping with the generally scholarly and professional nature of the publication. All content submitted is subject to APNS approval, and may be withheld with refund for any reason.

### Corporate Advertising Rates:

#### Nova Scotia Psychologist

Full Page	\$450.00
3/4 Page	\$350.00
1/2 Page	\$275.00
1/4 Page	\$200.00
Business Card	\$125.00

*Consecutive Editions: 1st ad - regular rate  
2nd and more - 10% discount per issue  
ie. \$400, \$360, \$324, \$291, to a minimum rate of 65% of full amount. (min. rate of \$250 for a \$400 ad)*

Event / Workshop posting	\$75.00	includes website
Job Postings	\$50.00	includes website posting

#### APNS Website

Event / Workshop \$75.00 per 30 days or portion thereof, includes Nova Scotia Psychologist listing

Job Postings \$50.00 per 60 days or portion thereof, includes Nova Scotia Psychologist listing

Inserts \$150.00 plus additional mailing costs by weight (if applicable - no additional cost for single sheet paper)

Mail-Outs \$150.00 plus mailing costs by weight x # of members

Mass E-Mail \$250.00

### Non-Profit/APNS Member Ad Rates:

#### Nova Scotia Psychologist

Full Page	\$90.00	
3/4 Page	\$75.00	
1/2 Page	\$50.00	
1/4 Page	\$30.00	
Business Card	\$25.00	
Event / Workshop	\$25.00	inc. website posting
Job Postings	\$25.00	inc. website posting

#### APNS Website

Event / Workshop \$25.00 per 30 days or portion thereof, includes Nova Scotia Psychologist listing

Job Postings \$25.00 per 60 days or portion thereof, includes Nova Scotia Psychologist listing

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

Mail-Outs \$100.00 plus mailing costs by weight x # of members

Mass E-Mail \$150.00

## Publication Information

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### Production and Graphic Design:

Susan Marsh  
**The Nova Scotia Psychologist**  
1657 Barrington St., Suite 417  
Halifax, Nova Scotia  
Canada B3J 2A1  
E-mail: [apns@apns.ca](mailto:apns@apns.ca)  
Tel: 902.422.9183  
Fax: 902.462.9801  
Website: [www.apns.ca](http://www.apns.ca)

