

# Inside...

Winter 2007-2008

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## PRESIDENT'S REPORT

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Bob Milks  
APNS President

Winter and the Holidays are upon us. Please accept the APNS Executive's very best wishes for a happy, safe and peaceful holiday season for all of you. It has been a busy fall for the Association and promises to be an even busier new year.

In the interest of greater inclusiveness and a truly provincial association, members of the Executive have attended meetings in Wolfville in October (see summary on page 6) and Sydney in November. We are hoping for more opportunities to meet with groups of psychologists in other corners of the province in the coming months. If you would like us to come to a gathering near you, please contact the APNS office so we can make a plan.

I see some consistent themes and concerns being identified by members across the province. While the pre-eminence of the issues varies by psychologist, employer and nature of practice, the list looks something like this:

### *Competency –*

This is a multi-edged sword. It is identified as an issue by psychologists who regularly encounter non-psychologists performing activities commonly recognized as “psychological” in nature. The primary area of concern is the use of psychological tests. This issue is not specific to Nova Scotia. CPA and CPAP are involved on a national level, and have written letters to test publishers and are meeting with companies. We will have more information from our CPA/CPAP representative in January on this.

We have also heard from psychologists who are concerned about being asked by their employer(s) to perform activities or work independently in settings where they do not feel competent. This appears to be more of an issue in rural settings but can arise in any environment where relative isolation is a factor (e.g., private practice). At the same time, some employers are dictating or limiting psychologists' ability to diagnose or make recommendations based on assessment results.

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## Reports

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### **PRESIDENT'S REPORT** *continued from Page 1*

This appears to be an issue in settings where psychologists are being supervised by non-psychologists (e.g. public education).

Psychologists' practicing outside their limits of competency has been clearly identified by the regulatory body as a contributing factor in the increase in the number of complaints being lodged with the Board. We are all impacted by the phenomenon when we send in our fees to renew our registration.

#### *Supervision –*

The recent changes in the supervision process require a higher level of involvement and a greater work/time commitment on the part of supervisors. Candidates are having difficulty finding Registered Psychologists who are willing and able to commit themselves to the process. The result is that Candidates have to travel further a field to find available supervisors. Distance and travel time make it more daunting to meet the level of involvement and scrutiny required.

#### *Change to entry level credentials –*

With the announcement that the Board wishes to move to doctoral entry level credentialing, APNS members have started asking questions about the current state of the profession in the province. It appears that the majority of us recognize the inevitability or desirability of the change. However, there are strategic questions related to the availability of academic training for psychologists, recruitment and access to services for the public that can not be overlooked. There are currently a number of vacant positions for psychologists in the province asking for doctoral level credentials. Salary differentials designed to lure psychologists to work in rural areas may be impacting on recruitment in more populated areas. In the past year I have not heard from a single psychologist who is not working as much

or more than they would like. Many of us are holding down full time employment and offering our services in private practice as well. We are still not meeting the public's demand for psychological services and are not likely to at any foreseeable point in the future. The fallout is apparent in headlines and news releases about waitlists for mental health services and predispositional assessments for young offenders.

#### *Fee for service from third parties –*

Many of us provide services for clients who are funded by ministries, agencies and departments of the provincial government (e.g., DCS, WCB, NS Dept. of Justice, etc.). These third parties set the hourly rate they pay for services. Increasingly, these rates are well below those recommended by APNS and well below those paid in other jurisdictions (e.g., DCS is \$85.00/hour, WCB is \$114.00/hour, Victim Assistance is \$65.00/hour). While many psychologists offer sliding scales or periodically perform pro-bono work, they do so as a matter of personal choice and at their own discretion. To have the provincial government make that decision for us, directly or at arms length is unacceptable. It creates an environment in which psychological services are undervalued and psychologists find themselves subsidizing essential services for the province. In a province where recruitment is an issue, that may not be the message we want to send to the general public or to psychologists in other jurisdictions.

If you see these issues as related or interdependent that is because they clearly are. They are all directly linked to the current status and the future of Psychology in Nova Scotia. With that view clearly in mind, APNS plans to work collaboratively with NSBEP to promote initiatives that will both protect the public and advocate for the profession of psychology across the province.

*Continued on page 3*

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## **INTEREST GROUPS & REGIONAL REPS**

You may have noticed when you renewed your membership that we have changed the format of the renewal form and increased the number of questions we asked in our Members Survey. The reason for this was to collect more information about your interests and concerns in an effort to improve communications and provide more services for APNS members.

We are pleased that so many of you took the time to complete the form. This has allowed us to create the beginnings of a Regional Representative system and to create five Interest Groups.

### **Interest Groups**

A number of suggestions were made. We have created the following groups.

- Child /Adolescent Clinical / Educational Issues
- Ethical Issues
- Pain Management
- Rural Issues
- Testing /Assessments

As mentioned on the membership form, APNS hopes to encourage discussion and networking among its membership by facilitating the formation of informal linkages for members with common interests. These are not formal committees but initially will consist of sharing information through an APNS office e-mail list. Please contact the APNS office if you would like to participate.

### **Regional Representatives**

We also received a number of volunteers to act as regional representatives across the province and have so far confirmed the following:

- Cliff Seruntine, Antigonish
- Eileen Donahoe, Kentville
- Julie MacDonald, Sydney
- Richard Krane, Halifax Regional Municipality

You'll be hearing more about these initiatives as they grow. For more information contact Susan Marsh, Office Manager at 902-422-9183 or e-mail [apns@apns.ca](mailto:apns@apns.ca)

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## **PRESIDENT'S REPORT** *continued from Page 2*

To that end the focus for Psychology Month in our February Chronicle Herald spread will be on the delivery of psychological services in the public schools. For many children and families, the "school psychologist" is the first or only psychologist they will ever interact with. It is essential that psychological services in schools reflect the knowledge base and ethical standards of the profession.

An ad hoc committee of Board and APNS members will continue to explore issues related to the move to doctoral level credentialing. APNS's CPA/CPAP representative will relay information on national initiatives related to standards for the use of psychological tests. An initiative is underway to develop a dialogue to address the fees

for psychological services set by third party funders.

None of these issues can be resolved in short order. All require consistent, focused and persistent attention and participation from psychologists across the province to reach a desirable outcome. The APNS Executive welcomes and encourages your opinions and your participation in the process. We want to hear from you in a forum of your choice. Please accept our wishes for happy holidays and all the best in the New Year from your Executive.



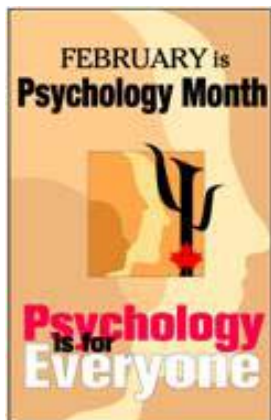
## Reports

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### PSYCHOLOGY MONTH ACTIVITIES

If December is here, can February be far behind? With February fast approaching APNS is planning its annual activities for Psychology Month. Our general focus this year is on outreach to non-psychologists.

We encourage you to organize an Open House at your workplace, contact your local service clubs to see if they would like to host a psychologist as speaker for their monthly meetings or ask your local library to do a book display on Psychology or screen a film on topics of interest to psychologists.



#### **Psychologically Health Workplace Conference**

***February 7th 5:30 pm – 8:00 pm***

#### **Evening Reception with Dr. Lois Tetrick:**

George Mason University; President of the Society for Industrial & Organizational Psychology

***February 8th 8:30am – 4:30pm***

#### **Special Presentation from Dr. David Ballard:**

Assistant Director, Corporate Relations and Business Strategy, APA; Psychologically Healthy Workplace Program National Director.

Also, the award winners from the 2007 Psychological Healthy Workplace Awards will talk about their best practices.

*Sponsors for this event include:*

*The CN Centre for Occupation Health & Safety and APNS.*

***See page 17 for registration information or go to [www.apns.ca](http://www.apns.ca) to download a form.***

#### **Chronicle Herald Psychology Month Spread**

This is our 4th successive year for this advocacy activity. This year we are focusing on Psychology in the Schools for the text portion of the spread. We also will have space for Psychologists and other organizations to show their support for the profession.

#### **Psychology Month Promotion Opportunity**

Ad space is available for a fee for your practice or organization. If you are interested, please contact APNS by email [apns@apns.ca](mailto:apns@apns.ca) or phone 902-422-9183 to reserve space.

#### **Managing Change and Conflict Workshop**

**February 22nd**

#### **Full-day Workshop with Teal McAteer, Ph.D**

Focused on learning how to embrace organizational change rather than simply to meet or manage it, this highly interactive session will allow participants to utilize their own current and proposed change situations to walk through the seven critical steps and reach a successful “embracing change” position. Practical tools combined with experiential exercises make this workshop a must for all those involved in the changing landscape of today’s workplace.

***See page 16 for registration information or go to [www.apns.ca](http://www.apns.ca) to download a brochure.***

#### **Public Presentations**

This is still in the planning stages. We hope to present 3 - 4 lunch-time talks on common psychology issues in downtown Halifax. If you have ideas for public presentations in your area please let us know. We may be able to provide you with information or materials.

## CANADIAN PSYCHOLOGICAL ASSOCIATION CONVENTION

Canadian Psychological Association



Société canadienne de psychologie

The Canadian Psychological Association convention will be held in Halifax, June 11-14, 2008. APNS will be participating in a number of ways and is looking for volunteers to help us give the convention a Maritime flavour. The following activities are in the planning stages.

### **APNS Hospitality Suite**

We will have an APNS Hospitality Suite in the Marriott Hotel where the convention will be held. We are inviting all CPA participants to take advantage of the Suite as a drop-in spot, a meeting place or a chat-space while attending the convention.

Although still in the planning stages, we hope to offer such services as internet access for those who want to go on-line, refreshing snacks, information materials on various Nova Scotia activities as well as displays relating to Psychology in Nova Scotia.

If you have ideas of how we can make this a memorable part of the convention, or would like to participate, we would like to hear from you. We will also need volunteers to staff the Suite throughout the convention and we want those of you who will be attending to pass on the word to colleagues from away.

### **Proposed Conversation Hour: Psychological Response to Disaster - An Interactive Discussion**

The APNS Post-Trauma Committee has made a submission to CPA for a Conversation Hour with the topic being Psychological Response to Disaster - An Interactive Discussion.

**Abstract:** The focus following past disasters was for psychologists and others to use Critical Incident Stress Management (CISM) techniques to assist first responders and others in preventing Post Trauma Stress Disorder and other disorders. In Canada, the principal model was a proprietary form of CISM developed by Dr. Jeff Mitchell. Recent media criticisms of the "trauma industry" and professional Cochrane Reviews have not supported the use of CISM following disasters.

An alternative approach called Psychological First Aid (PFA) has been suggested. While PFA is based on empirical principles, it too has not been scientifically validated.

There are those that argue that CISM is effective when used with homogenous groups of first responders who have been trained in its use. CISM use might be best limited to such specific groups, with PFA being used with all others.

The primary focus of the Conversation Session is how best to use volunteer psychologists in the advent of a major disaster. There is some evidence from recent disasters that memoranda of understandings are insufficient in and of themselves to ensure the smooth deployment of psychologists during the post disaster period.

The Conversation Session is designed to assist in the appropriate and effective deployment of psychologists through identifying key issues in establishing links with government, methods for keeping current lists of suitably trained

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### EXECUTIVE COMMITTEE OUTREACH - WOLFVILLE, OCTOBER 3rd

Members of the Executive met with APNS members in Wolfville on October 3rd. Here is a summary of the topics discussed. The Executive would like to thank Eileen Donahoe and the other APNS members who helped organize this meeting. Thank you also to those who attended and shared their views.

#### **Negative things about being a psychologist in a rural area**

*Professional isolation:* This was agreed by all but it is recognized that private practitioners in "the city" can also experience isolation.

*Defining roles in the face of demands of the system:*

Sometimes health services are asking for things that the psychologist is not comfortable providing, e.g., consults in ER when there is no doctor to do a medical clearance. The discussion also identified this as perhaps being the ideal situation and that it is not always the case that psychologists see people who have a medical "clearance". We discussed meeting this demand by identifying what the psychologist can do in these circumstances (when the physician is not available in ER) re: symptom management (e.g., self-calming and/or relaxation strategies) or crisis intervention; perhaps helping to stabilize the patient and providing the patient and family with support.

*Competence:* Psychologists must see clients with problems in which they are not a specialist. The discussion centred around the same idea as above, i.e., doing what you can do well (and are competent to do) and giving some thought to the "generalist" model of practice, beyond which referral to the "specialist" is the only recourse.

*Dual relationships:* Discussion reflected the nature of the reality of smaller communities and

need for support networks throughout the region for consultation and peer support. It was recognized as a common problem when people come from any larger centre to a smaller centre.

*APNS participation on committees*

Difficulty with participating on APNS committees because of the distance to drive and timings of meetings. Discussion centred on the reality of costs to individuals versus to the association, balanced with the need to have representation across the province. Telephone meetings, rotating meetings, longer meeting times ("to make the trip worthwhile"), and email were methods mentioned to help eliminate the barrier to participation.

#### **Best things about being a psychologist in a rural area**

*Being part of a community:*

Discussion about the fact most psychologists know each other and the context of the problems they are helping to solve.

*What are the main things that the APNS can do that would be helpful for you?*

- Educating others about the psychologist's role.
- Educating managers that building budgets to hire psychologist consultants would be good idea. In that way teams can build on skills.
- Advocacy.
- Promotion of the profession internally and externally.

*What things would you like to see happen here in the Annapolis Valley? e.g., social networking; consultation group, speakers etc.*

- Public Education.
- Workshops held here rather than Halifax.
- Opportunity to sponsor AGM.
- Social activities.
- Study groups.

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**CANADIAN PSYCHOLOGICAL ASSOCIATION CONVENTION** *continued from page 5*

psychologists, and how best to lobby government agencies for ongoing communication regarding issues in the post-disaster field.

If accepted for the CPA Conference it would be chaired by Dr. Janice Howes, Dr. Nicole Aube (Vancouver), and Dr. Charles Hayes.

**Clinical Practice Lecture** - Dr Michael Vallis  
Wednesday, June 11th, 7:00 - 9:00 p.m.  
*Winning the Battle of the Bulge: Real world strategies for obesity management*

Obesity is of epidemic proportion in Canada and in the Maritimes in particular. This result is curious as we know more about nutrition, exercise and medical care than ever before. So what goes wrong? It turns out that motivation, behaviour modification and emotion management are critical to successful weight loss. This lecture will

provide practical tips to help individuals interested in lifestyle change to support a healthy weight.

**Jam Session-Kitchen Party**

Thursday, June 12, 9 p.m.

A popular part of past conventions.

If you play an instrument, can carry a tune or tell a joke we would encourage you to bring an instrument and be prepared to join in the fun. The setting is informal, the mood is light and the cash bar will be open. What more need we say.

**CPA Fun Run - June 13th**

Are you a runner? CPA is organizing a Fun Run as part of the convention. We would like input from local runners on the best routes, and to act as local ambassadors.

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**EXECUTIVE COMMITTEE OUTREACH - WOLFVILLE** *continued from Page 6*

*Are you interested in organizing something for Psychology Month in February?*

People would like to have a social event. Details to be worked out. This and any outcome of the meeting was discussed as providing a template or model for other groups of psychologists to formalize relationships with the association and among themselves.

*Other*

The observation was made that NSBEP (since 2005) has had 35 complaints against psychologists. Many of these involve competency issues (improper diagnosis and improper procedures) and boundaries (dual roles). There was some discussion on how to best educate others so that these things do not happen. Various points raised were:

- In Alberta, Dr. Jean Pettifor developed a

checklist booklet so that psychologist could audit their own practice.

*Action:* It was decided to pass this checklist on to NSBEP for their information.

- We discussed the need for requiring a certain number of hours of ethics education as part of CE Requirement.
- We discussed and decided to request that NSBEP summarize types of violations and disseminate this information to psychologists in the province as an educational tool.

Discussion followed about how to help candidates going into solo private practice (through mentoring, peer support, newsletter teaching segments, and checklists - as above).



### APNS AND THE CANADIAN RED CROSS - Charles Hayes, Ph.D.

*Dr. Charles Hayes represented APNS at a recent meeting hosted by the Canadian Red Cross.*

This short article reviews, in a cursory way, the background of the Canadian Red Cross Society and the recent involvement of the APNS. The Red Cross is a humanitarian society offering relief in the time of duress, and needed training programs in health, work and water safety. Recently the Canadian Red Cross Society launched a public consultation process regarding the future roles and responsibilities of the Society as “auxiliary to the public authorities.”

The International Committee of the Red Cross owes its beginnings to the horrors and carnage of war. Henry Dunant, a Swiss citizen, was shocked and disturbed by the suffering of soldiers wounded and maimed during the Second Italian War of Independence in June 1859. Atrocities were reported such that the wounded and dying were shot or bayoneted by soldiers representing both sides of the conflict. As a result of Dunant’s actions the International Relief Committee for Injured Combatants was formed on February 9, 1863. In 1875 the name of this body was changed to the International Committee of the Red Cross and ratified through the courts in Geneva.

In order to be successful in offering aid to injured combatants the Red Cross was designed to be “auxiliary” to government. The sign of a red cross on a white ground became the accepted identification for the protection of wounded belligerents regardless of their side in the conflict and to the medical and support personnel tending to them. Belligerents were not to fire on hospitals, ambulances, and personnel displaying the Red Cross emblem.

The Canadian Red Cross Society also owes its existence to warfare. Dr. George Sterling

Ryerson, a surgeon with the Royal Grenadiers, is thought to be the person who first displayed a Red Cross flag in Canada at the Battle of Batoche during the 1885 Riel Rebellion. However, it was not until 13 years later that the Canadian Parliament passed *The Canadian Red Cross Society Act, 1909*.

The Red Cross emblem has become universally recognized. However, on religious grounds there are alternative emblems. In Islamic countries the emblem of choice is the Red Crescent and in countries neither Islamic nor Christian, the Red Crystal has been adopted. These emblems are not logos, are not in the Public Domain, and are protected international signs of first aid.

The APNS was invited to send a delegate to the September 20<sup>th</sup>, 2007 meeting held in the Halifax Regional School Board Chambers in Dartmouth, Nova Scotia. Presentations were made by The Honourable David Pratt, P.C., Special Advisor – Canadian Red Cross, The Honourable Lorne Clarke, O.C., Q.C., Retired Chief Justice, Craig MacLaughlan, Emergency Measures Organization of Nova Scotia, Susan Weagle, Department of Health, Theodore Itani, Pearson Peacekeeping Centre, and Dr. Ronald Stewart, Dalhousie University.

APNS has members who are highly knowledgeable about trauma and its effects. As the APNS delegate I participated in a “breakout session” on Emergency Management that was chaired by Jo Anne Lawlor for the Red Cross. Some of the other participants were: Craig MacLaughlan; Barry Manuel, HRM Emergency Measures Organization; Janet Menzies, Halifax International Airport Authority; Harold Pothier, Office of the Fire Marshall; John Webb, Nova Scotia Department of Community Services, Randy Townsend, Anglican Priest for the Diocese of

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## POST-TRAUMA SERVICES COMMITTEE REPORT

The Post-Trauma Services Committee held a Wine and Cheese presentation *Brief Interventions Following Major Disasters: Current Issues* on Friday September 21<sup>st</sup>, 2007 at Hayes Psychological Services. The presentation by Janice Howes and Charles Hayes was well received. Committee members were happy to welcome three new psychologists to the network of volunteers along with a new committee member, Gilles Chiasson, psychologist with the RCMP. We are pleased to have Giles back on the committee and looking forward to his input in future meetings.

Janice Howes and Charles Hayes attended the Red Cross' First Atlantic Conference on Disaster Management, May 8 & 9 in Moncton, NB. They delivered a presentation entitled *The Psychological Impact of Disaster*. Their paper reviewed current research evidence about likely outcomes of exposure to traumatic situations and current treatment suggestions. The evidence from the Cochrane Reviews that did not support the use of debriefing models was reviewed as was the suggested alternative of Psychological First Aid. Charles was also interviewed for the Weather Network, which has aired at various times since the conference in May.

The committee's main objective for the next several months is updating the *Handbook for Volunteers*. Changes are needed to better reflect current understanding and models of assistance. We are also in the process of reviewing the Memorandum of Understanding (MOU) with the Emergency Management Organization (EMO) Nova Scotia. Charles has been involved with the Federal Government's lead on educating others to the fact that psychological casualties following exposure to large-scale trauma is roughly four times greater than physical casualties. Facts, like this demand a change to our current approach as indicated in the current Memorandum of Understanding (MOU). Charles and Janice will meet with the head of the EMO to begin a process of renewing the APNS' MOU.

As always, we continue to update our list of volunteers and are always seeking new psychologists to add to our list. As our mandate expands into the realm of education, we will require more work groups members to make such events happen. If you are interested in learning more about new developments in trauma research and would like to help plan or organize such educative events, you may contact me directly at 492-2102 or [andrea@waldegrovepsych.com](mailto:andrea@waldegrovepsych.com).

Submitted by Andrea Cook, Chair

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## APNS AND THE CANADIAN RED CROSS continued from page 8

Nova Scotia and Prince Edward Island, one of several Red Cross volunteers. The breakout session brought people with diverse views to discuss issues of importance to the Red Cross Society.

A series of meetings were scheduled across Canada to help the Canadian Red Cross define its future. The recent Dartmouth meeting was one of

these. As to the breakout section on Emergency Management, the meeting was lively and the debates interesting.

It is my belief that psychologists have a responsibility to share their knowledge with groups such as the Red Cross in order to assist them in providing effective relief efforts and to maximize their impact.

### CONTINUING EDUCATION REPORT

If you have attended any of the recent APNS workshops you will have received a Continuing Education (CE) Certificate of Attendance.

Although CE credits are not a current requirement by NSBEP for psychologists in Nova Scotia, APNS supports the use of CE Credits. In 2006, at the request of NSBEP, the CE committee researched and presented a report to NSBEP outlining a proposed policy. We print this here in order to inform you of APNS activities in this area. In addition, to encourage you to keep track of your CE activities, a Self-Study Record is provided on the next page. *This form is only a guideline. When policy is put in place by NSBEP, requirements and eligible activities may be different.*

#### **Proposal for CE Requirements and Credits**

The APNS CE Committee reviewed continuing education requirement across Canada . After review and discussion the following proposal has

been prepared for discussion. The committee members were of the opinion that the protocol developed by the Saskatchewan College of Psychologists (SCP) could be followed with few changes.

- Thirty hours per year.
- Hours are comprised of 15 direct participatory experiences and 15 individuals self-study.
- SCP proposal describes what constitutes acceptable CE activities in each activity.
- Members will maintain self-report records which are to be kept for five years.
- With annual NSBEP renewal members will sign a declaration of completion of CE records.
- NSBEP has the right or prerogative to request a member to submit the log of activities or provide proof of continuing education.
- The SCP has a list of FAQs that will be helpful in reviewing this proposal.



### **Welcomes its Latest Members**

**Marriam Abou-el-Haj  
Ainsley Boudreau  
Rebecca Carter  
Patricia Ebert  
Nezihe Elik  
Amy Gilgan  
Kate Kalousek**

**Dailene MacBeth  
Paula MacPherson  
Heather Patterons  
Beth Robinson  
Pamela Wambolt  
Lisa Warren**

**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.**

# APNS Self-Study Continuing Education Form

**Personal Continuing Education Record**

**YEAR: 20**

*(Please select appropriate option)*

**Population Served:**    Child    Adolescent    Adult    Child & Adult    Inpatient    Outpatient

**Setting:**    Mental Health Clinic    Hospital    Private Practice    Counselling Centre    Academic

**Years Since Graduation:**    0 - 2    2 - 5    5 - 10    10 - 15    15 - 20    20+

**Highest Degree:**    MA    M.Sc.    PhD    PsyD    MEd    EdD

*Continuing Education (CE) refers to a wide variety of activities. APNS members may be engaged in one or more of many different types of CE. In the following, five categories of CE are identified and defined. Please review the definition for each category and then complete your record for each category. Please note that all continuing psychological education must be primarily psychological in nature and closely related to maintaining and increasing psychological competence. Continuing Education does not include:*

- 1) organized programs of study leading to a degree;
- 2) programs covered by Codes of Ethics, Conduct, etc, relating to psychologists wishing to change their specialty;
- 3) internship program, taken as part of 1 or 2 above;
- 4) activities directed solely as personal growth. Personal therapy, with the exception of training analysis, is also not creditable.

**A. *Educational activities with accredited sponsorship by recognized academic institutions or psychological associations.*** These include courses, seminars, workshops and postdoctoral institutes offered by accredited post-secondary institutions. It also includes courses (including correspondence) seminars, workshops and post-doctoral institutes sponsored by APA, CPA, APBS and other provincial or state associations, which have a Continuing Psychological Education requirement and other nationally recognized behavioural science organizations. The APNS Continuing Education Committee may, at its discretion, assign a Category A status in special cases to Continuing Psychological Education events not included in the above.

Date	Sponsor	Presenter	Title

**B. *Continuing Education activities with non-accredited sponsorship.*** This includes consultative training from a registered/licensed professional or institute. It also includes organized forms of Continuing Education such as in-service and in-house seminars, lectures, professional journal and book study groups and privately organized, regularly scheduled seminars.

Date	Sponsor	Type of Activity

**C. *Teaching, supervising or training psychologists, psychology students, or individuals in allied service.*** Credit for teaching a particular course can be given only once (e.g., the first time it is taught) unless there is substantial revision. The number of hours credited equals actual class contact hours and not preparation.

Date	Course or Type of Supervision or Training	Hours

**D. *Authoring books, papers, publications, exhibits (must be published or presented).*** The subject must be psychological in nature. Credit may be claimed only once if the same or a very similar presentation is made more than once

Date	Title <i>(This refers to a journal or book title if it is a publication or conference title if it is a presentation (indicate type of presentation, i.e., paper, workshop.)</i>

**E. *Other self-instructional learning activities such as reading journals or texts.***

Date	Type of activity



## Reports

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### Becoming a Workplace Psychologist Advisor – Comments on an APNS/CRHSPP Workshop

Psychology consults with Canadian workplaces. Industrial-Organizational psychology assists businesses with job analysis, defining and measuring job performance, performance appraisal, employment interviews, employee selection and training, and with issues related to work and family. Employee Assistance Programs (EAPs) employ consulting psychologists and other health specialists to provide clinical and counseling services to employees and their families dealing with mental health issues. But typically, EAP services are provided to individuals, outside the work setting.

Who helps business and organizational leadership manage mental health issues within the organization? Occupational Mental Health Management Consultation, delivered by a Workplace Psychologist Advisor (WPA), fills a niche not totally covered by I/O psychology or EAP programmes.

The WPA consults directly with workplace leadership – executive, managers and supervisors when the issues require the leadership to assess and manage emotions, psychosocial demands and stress in the workplace, particularly when the issues involve the behaviour of specific individuals or groups of individuals. Unlike other workplace consultants, the WPA brings expertise as a clinical psychologist to assist leadership to deal with these issues when they arise in the workplace. For example:

*A supervisor needs to deal with unacceptable behavior from one of her most productive employees. The employee has a reputation of being hard to get along with, belittles co-workers, and antagonizes those who disagree with her. Although her customers think she is wonderful, last week she blew up at several of her co-workers during a department meeting. Now, the employee's co-workers refuse*

*to work with her.*

On November 9<sup>th</sup>, psychologists from Nova Scotia, New Brunswick and Newfoundland and Labrador attended a full day workshop on this relatively new field of practice called, Occupational Mental Health Management Consultation.

The workshop was developed for health service psychologists interested in expanding their scope of practice to include consulting with business leaders and managers in diverse work settings. The workshop was co-sponsored by APNS and the Canadian Register of Health Service Providers in Psychology (CRHSPP).

The workshop provided psychologists with a framework for conceptualizing the role of the WPA when called on to consult on topics such as employee burnout, dealing with troubled or challenging employees or aggressive acts in the workplace.

CRHSPP developed the workshop in response to feedback from roundtable discussions with business leaders. The business community increasingly is aware of the importance of mental health and wellness issues in the workplace, especially as it relates to productivity, customer services, and employee moral. CRHSPP recognized the need to help psychologists develop skills to assist businesses with these concerns.

Dr. Judith Holder-Cooper was commissioned to develop and present the workshop to Canadian psychologists. She is the Director and Senior Psychologist at the Duke Occupational Health Programs, a component of the Duke University Medical Center. She is a former American Psychological Association & National Institute of Occupational Health and Safety Fellow. In addition to her administrative and service responsibilities, she is an Assistant Clinical Professor jointly appointed in the Departments of

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APA ~ PUBLIC EDUCATION RELEASE

**High Stress Looms across the Border  
Stress a Major Health Problem in the U.S.,  
Warns APA**

*The Stress in America survey is part of APA's Mind/Body Health Public Education Campaign. For information on the survey or managing stress, visit [www.apahelpcenter.org](http://www.apahelpcenter.org).*

One-third of Americans are living with extreme stress and nearly half of Americans (48 percent) believe that their stress has increased over the past five years. Stress is taking a toll on people — contributing to health problems, poor relationships and lost productivity at work, according to a new national survey released today by the American Psychological Association (APA).

With the majority of Canada's population living near the U.S. border, it is important for Canadians to pay attention to the growing stress of their American neighbors. While the survey included only American participants, the similar culture of the two nations may mean that the stressors and the subsequent effects are also the same. For example, money and work continue as the leading causes of stress for three quarters of Americans, a dramatic increase over the 59 percent [1] reporting the same sources of stress in 2006.

The disproportionate North American work-life balance is also a leading cause of stress. Nearly half of all Americans report that stress has a negative impact on both their personal and professional lives. About one-third (31 percent) of employed adults have difficulty managing work and family responsibilities and 35 percent cite jobs interfering with their family or personal time as a significant source of stress. Stress causes more than half of Americans (54 percent) to fight with people close to them--one in four people report that they have been alienated from a friend or family member because of stress, with 8 percent connecting stress to divorce or separation.

“Stress and stressors in Canada are similar to those in the United States. Stress continues to escalate and is affecting every aspect of people's lives — from work to personal relationships to sleep patterns and eating habits, as well as their health,” says psychologist Dean Perry. “We know that stress is a fact of life and some stress can have a positive impact, however, high stress levels can have long-term health consequences, ranging from fatigue to obesity and heart disease.”

In general, many of these negative health consequences come from how people deal with stress, whether in the U.S. or Canada. Four in ten Americans (43 percent) say they overeat or eat unhealthy foods to manage stress, while one-third (36 percent) skipped a meal in the last month because of stress. Those who drink (39 percent) or smoke cigarettes (19 percent) were also more likely to engage in these unhealthy behaviors during periods of high stress.

Looking at the population geography, Canada and the United States resemble each other with a high concentration of cities on the East and West coasts and more rural areas in the central part of the country. The APA survey found that people living in the West and East Coast regions are more likely to report that they managed their stress poorly in the past month (22 percent and 21 percent, vs. 15 percent in the Midwest and South) and that their stress has increased in the past five years (56 percent in the West vs. range of 45 percent-46 percent in other areas). In addition, a significantly higher percentage of people living in the East and West find it difficult to balance work and family life than people living in the Midwest and South (39 percent and 36 percent vs. 29 percent and 25 percent), a finding that might also hold true in Canada's considerable rural to urban population ratio.

*Continued on page 14*

## Reports

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### **Becoming a Workplace Psychologist Advisor – An APNS/CRHSPP Workshop** *continued from page 12*

Psychiatry/Behavioral Sciences and of Community & Family Medicine at Duke University. Dr. Holder-Cooper is also an Adjunct Professor at the University of North Carolina at Chapel Hill. The Halifax presentation was the fourth of at least six planned presentations across Canada. The workshop and Dr. Holder-Cooper have received exceptionally strong ratings wherever the workshop has been presented. This is in part due to her obvious passion as a consultant, trainer, professional coach, mentor, and psychologist. A follow up workshop to expand upon the skill learned in the initial workshop is in development.

For more information on CRHSP and additional information about the workshop and its topic, check the CRHSPP website: [www.crhspp.ca](http://www.crhspp.ca)

*Submitted by Gordon Butler, Treasurer, CRHSPP  
Richard Braha, Vice-President, CRHSPP*



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### **APA ~ PUBLIC EDUCATION RELEASE** *continued from page 13*

#### **Methodology**

In September 2007, the American Psychological Association commissioned its annual nationwide survey to examine the state of stress across the country. The research measured attitudes and perceptions of stress among the general public, identifying leading sources of stress, common behaviors used to manage stress and the impact of stress on our lives. The survey explored appropriate and excessive stress levels; circumstances, situations and life events that cause stress; activities, resources and behaviors people use to deal with stress; and the personal costs of stress.

This survey was conducted online within the United States by Harris Interactive between August 30 and September 11, 2007, among 1,848 adults (aged 18 and over). Interviews were conducted in English and Spanish. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them in line with their actual proportions in the population. Hispanic respondents were also

weighted based on language usage. Propensity score weighting was also used to adjust for respondents' propensity to be online.

With a pure probability sample of 1,848 one could say with a 95 percent probability that the overall results would have a sampling error of +/- 2 percentage points. Sampling error for data based on sub-samples would be higher and would vary. However, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

*[1] 2006 American Psychological Association Survey, APA Stress and Mind/Body Health  
- courtesy of the American Psychological Association*

**APNS' Public Education Rep to APA is Dean Perry. For more information about current Public Education topics contact Dean at [dperry@stfx.ca](mailto:dperry@stfx.ca)**

### LETTERS

*The APNS Office rarely receives letters with such a positive message for psychologists. We thought it important to share it with you.*

I am writing this letter to advise you of the outstanding quality of service, dedication and commitment of one of your colleagues, Dr Charles Hayes, Hayes Psychology Service Ltd.

Six years ago, my husband was in the Halifax Transitional Care Unit after suffering from his third stroke. If you will recall the Nova Scotia health care system around 2001, people deemed to 'have means' paid for health care for those over 65, which included my husband. At the time, I was a mother of five children, all young professionals launching their careers, four of which were my stepchildren. I was a professor at a well-known university trying to maintain my career knowing and, ultimately, watching my husband die. As you can imagine, this was the most stressful time of my life and thanks to the watchful eye of a nurse at the dementia unit, she suggested I see a psychologist to cope with the stress of my husband, our financial issues, my career and my strong desire to keep my blended family together long after my husband's death. She recommended I contact Dr. Hayes.

So began a six-year journey with Dr. Hayes. As a broad overview for you, Dr. Hayes helped me through the illness and death of my husband. It was critical to me to maintain my family after my husband's death -- all of the children mattered and I did not wish to trust my own family members to guide me uncritically through this most important journey. To add another layer I have no family in Nova Scotia and am French Canadian. My husband was an English-speaking Canadian and with him, it was easier for me to be accepted here. He helped me interpret cultural nuances and probably helped other people understand the cultural difference in me. After he died, I just wanted to pack it all in and give up. Getting from there to where I am today, without Dr. Hayes' help seemed insurmountable. I am still a patient of Dr. Hayes. My therapy is now mostly focused on anxiety relief counselling and self-assertiveness training.

In this experience, I have concluded that Hayes Psychological Services is a true 'Centre of excellence' where counselling is provided with the highest standards of professionalism and commitment to quality of service. Let me cite some ways in which this was consistently demonstrated throughout the years.

First, his attention to client confidentiality was

paramount. Never, in six years., did I ever encounter another patient that I knew or that knew me. The office manager would alternate appointments, bring patients into the office through differing doors. I never worried 'someone that I knew would see me' either before or after a counseling session.

Second, Dr. Hayes and his staff have an amazing blend of professionalism and kindness. His expertise permeates throughout the service encounter but at the same time I always feel valued as a client. His staff is extremely competent and never misses an opportunity to make me feel safe and welcomed.

Third, Dr. Hayes carries a pager. No surprises there. What was surprising to me is that every single time I called his page because I believed I was in critical need of receiving his advice, he always answered my call promptly with compassion and understanding.

Fourth, Dr. Hayes never (and I mean never) missed an appointment. Not only that but there were times where he and his staff extended their working hours to allow me to come for counseling when I was experiencing the most difficulty.

And finally, and perhaps most importantly, when I had difficulty understanding what I was supposed to do in between visits -- my assignments, if you like -- Dr. Hayes wrote down what I was to do so I could re-read it. You can appreciate when you are in therapy and you are listening and sharing during the visit, and then, when you return home, you cannot remember all that was said, or all of what you were to do. Dr. Hayes took the time to write the crucial parts down really making sure I understood what I had to do. Sometimes these instructions were two pages long, single-spaced. I think this was exceptional.

When I look back to where my life was six years ago, and see where I am now, I can truly say my life today is living proof of miracles wrought through the caring, attentive and professional services of Dr. Hayes and his staff.

My journey, and his care-filled handling of it, matters so much that I wanted to make sure you knew the scope and depth of his professionalism. I am grateful beyond words, but I use this letter as the only means I really have to express it, and to let you know within your field of the exceptional quality of services provided by Dr. Hayes.

[Signed] Dr. M.

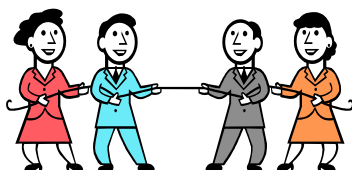
## Opportunities and Events

### MANAGING CHANGE & CONFLICT - February 22, 2008 Workshop

Change is pervasive and is something we experience all the time. Yet it presents real challenges, seems to increase and speed up as time passes, and in many cases, doesn't get easier.

This one-day workshop is focused on learning how to embrace organizational change rather than simply to meet or manage it. This highly interactive session will allow participants to utilize their own current and proposed change situations to walk through the seven critical steps and reach a successful "embracing change" position.

Practical tools combined with experiential exercises make this workshop a must for all those involved in the changing landscape of today's workplace.



Intro & Opening Exercise in small groups

1. Change Essentials
2. Current Change Management Challenges in your jobs

LSI (A Measure of Your Current Thinking Styles and Resultant Change Management Behaviours)

1. LSI scoring and debriefing
2. LSI exercises, discussion, action planning

Conflict Management Exercise in small groups

1. What are some words or phrases you would use to describe conflict?
2. What is your strategy for coping with conflict?

Discussion of the Different Levels of Conflict and Management Strategies

1. Intrapersonal (stress mgmt - self)
2. Interpersonal/ Intragroup/ Intergroup
3. LSI Conflict debriefing, relationship to LSI, action planning

Tornado Survival Simulation

1. Exercise debriefing
2. Discussion of Thinking Styles and Conflict Management Styles observed

Pulling it Altogether



**Teal McAteer, Ph.D** is a highly regarded educator and true practicing professional consultant who specializes in the areas of strategic human resource management, motivation, career planning and development, change and stress management.

Her research interests include the relationship between stress and health; the importance of maintaining strong self-esteem and self-efficacy; change and stress management strategies.

Ms. McAteer teaches at the University of Toronto in the Faculty of Management and the Centre for Industrial Relations. She teaches courses in organizational behaviour, human resource management, labour relations, business ethics, change and stress management, and Inspiring Individual Leadership.

Her workplace experience, which includes executive positions with Shell Canada, Domtar and Peat Marwick Thorne, has helped shape her approach to creating strategies for healthy, motivated teams.

#### Some of Dr. McAteer's Conference Presentations

- *The Relationship between Emotional Intelligence and the Life Styles Inventory Circumplex*, Canadian Psychological Association Conference, June 2006, Calgary.
- *Leading Change*, Association of Ontario University Human Resources Professionals Conference, May 2006.
- *The Effects of the Designed Work Environment on Human Health*, Administrative Sciences Association of Canada Conference, May 2005, Toronto.
- *Stress Management*, McMaster University's "Health and Safety" Week, May 2005.
- *Embracing Change*, Homewood Health Centre, Management Development Program, Feb 2006, Guelph.
- *Job Search Strategies and Communication Skills* McMaster Human Resource Professionals Association "Practitioners in the Field" Seminars 1997, 1996.
- *Career Stress: Is It Making You Ill?* Halton Municipal Association Management Conference (June 1994)

To register for this workshop please visit [www.apns.ca](http://www.apns.ca) to download a registration form or contact the APNS office at 902-422-9183 or [apns@apns.ca](mailto:apns@apns.ca) Deadline for early registration is February 1, 2008



Psychologically Healthy Workplace Award

**Psychological Healthy Workplace Conference**

**February 7<sup>th</sup> & 8<sup>th</sup>, 2008**

**World Trade & Convention Centre**

**February 7<sup>th</sup> 5:30 pm – 8:00 pm**

**Evening Reception with Dr. Lois Tetrick:** George Mason University; President of the Society for Industrial & Organizational Psychology

**February 8<sup>th</sup> 8:30am – 4:30pm**

**Special Presentation from Dr. David Ballard:** Assistant Director, Corporate Relations and Business Strategy, APA; Psychologically Healthy Workplace Program National Director.

**Plus...** the award winners from the 2007 Psychological Healthy Workplace Awards will talk about their best practices.

*The goals of this conference are to identify the characteristics of psychologically healthy workplaces, to share the best practices of Nova Scotia organizations who are striving to create them, and to provide a network within Nova Scotia that will enable all organizations to develop healthier workplaces.*

**Please submit your application to:**

Susan Marsh  
Association of Psychologists of Nova Scotia  
1657 Barrington Street, Suite 417  
Halifax, NS B3J 2A1  
902-422-9183 (phone); 902-462-9801 (fax)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*\*For multiple people from the same organization, please include a separate list of all conference attendees.*

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Conference Fees (Cash, Cheque, Visa, or Mastercard accepted):**

**Regular Registration:** \$150.00

**Early Registration (Before January 4<sup>th</sup>, 2008):** \$100.00

**Total Amount Enclosed:** \$ \_\_\_\_\_

*For more information, please contact:*

<p><b>Jennifer Martinell</b> CN Centre for Occupational Health and Safety 902-491-6253; CNCOHS@smu.ca</p>	<p><b>Dr. Arla Day</b> Chair, Psychological Healthy Workplace Committee 902-420-5854; arla.day@smu.ca</p>
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## Job Opportunities

### YORKVILLE UNIVERSITY

Position: Core Faculty – Faculty of Behavioural Sciences  
Institution: Yorkville University  
Location: Fredericton, New Brunswick

The Faculty of Behavioural Sciences at Yorkville University invites applications for the position of Core Faculty, effective March 1, 2008.

Responsibilities include:

- Teaching graduate level courses in counselling psychology
- Conducting research
- Participating in course development and review
- Other related duties assigned by the Dean

Requirements:

Doctoral degree in psychology/counselling or related field  
In addition, the successful applicant will be a registered psychologist/counsellor with at least one year experience teaching at the graduate level. Experience teaching online courses is desirable.

Please submit the following by email to Dr. John McLaughlin, Dean of the Faculty of Behavioural Sciences [jmclaughlin@yorkvilleu.ca](mailto:jmclaughlin@yorkvilleu.ca).

- Cover letter outlining relevant work experience
- Curriculum Vitae
- Evidence of effective teaching
- Names of three references

Deadline for receipt of applications is Feb 15, 2008

*Yorkville University is a private University located in Fredericton, NB. For more information please contact our website at [www.yorkvilleu.ca](http://www.yorkvilleu.ca)*

### YORKVILLE UNIVERSITY

Position: Associate Director of Clinical Training  
Institution: Yorkville University  
Location: Fredericton, New Brunswick

The Faculty of Behavioural Sciences at Yorkville University invites applications for the position of Associate Director of Clinical Training, effective March 1, 2008. Initially this will be a half - time position with possible expansion to a full-time position within the first year.

Responsibilities include:

- Assisting students in arranging practicum placements
- Evaluating practicum sites and supervisors
- Corresponding with supervisors and students
- Monitoring practicum student progress
- Developing practicum-related processes and forms
- Other related duties assigned by the Director and Dean

Requirements:

Minimum: Master's degree in psychology/ counselling or related field  
Preferred: Doctoral degree in psychology/ counselling or related field  
In addition, the successful applicant will be a registered psychologist/counsellor with at least one year experience supervising interns.

Please submit the following by email to Dr. Gary Hughes, Director of Clinical Training [ghughes@yorkvilleu.ca](mailto:ghughes@yorkvilleu.ca)

- Cover letter outlining relevant work experience
- Curriculum Vitae
- Names of three references

Deadline for receipt of applications is Feb 15, 2008

*Yorkville University is a private University located in Fredericton, NB. For more information please contact our website at [www.yorkvilleu.ca](http://www.yorkvilleu.ca)*



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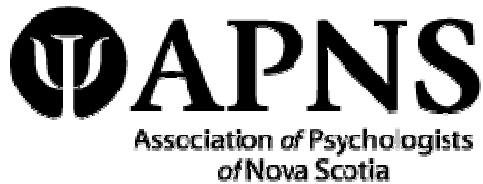


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