

Primary Care
Psychology
Newsletter

YOUR SOURCE FOR
EXCELLENCE IN
MENTAL HEALTH



MEDITATION FOR
YOUR BRAIN AND
HEALTH



INNOVATIVE FHT
MENTAL HEALTH
PROGRAMMING



LEARNING
DISABILITIES

FRONTLINE PSYCHOLOGY

BROUGHT TO YOU FROM YOUR FAMILY HEALTH TEAM PSYCHOLOGISTS

Feature Psychologist: AFHTO Board Member Dr. Asgary-Eden



Dr. Veronica Asgary-Eden earned her PhD in clinical psychology from the University of Ottawa in 2011. She received doctoral level training in primary care psychology and completed rotations in Family Medicine at Montfort Hospital as well as Maternal Fetal Medicine and Respiratory Rehabilitation at the Ottawa Hospital. During her pre-doctoral residency at London Health Sciences Centre, she focused on health and rehabilitation psychology. In particular, she completed rotations in Cardiac Rehabilitation, the Fertility Clinic, and Consultation Liaison Psychiatry. Her doctoral research focused on the delivery of evidence-

based services in agencies across Ontario. She has published numerous peer-reviewed articles on evidence-based practice and service delivery as well as on the relationship between psychological factors and physical health.

As a bilingual clinician, Dr. Asgary-Eden enthusiastically promotes the integration of mental health services and increased access to psychological care for patients in primary care. In addition, she has played a founding role in creating a network of psychologists practicing in primary care settings in the Ottawa region along with actively participating in a regional network of mental health clinicians working in

**Dr. Asgary-Eden is
the first mental
health care
provider on the
AFTHO Board**

FHTs. In the fall of 2013, Dr. Asgary-Eden was appointed to the Board of Directors of the Association of Family Health Teams of Ontario (AFHTO). She is currently the only director representing a mental health profession.

Innovative FHT Programming

Dr. Mirisse Foroughe, Ph.D., C. Psych.

At Summerville FHT, the proven health benefits of social support are being maximized with quality, evidence-based programming for families struggling with mental health difficulties. With the invaluable support of our Executive Director, Lucy Bonanno, we began offering family-based, group mental programs in 2011, and have serviced over 150 families so far. Children and families are often reluctant to join a group at first, concerned about sharing their difficulties in front of other people, or that they will feel different than everyone else. By the end of a program, however, the group element is the part they found most helpful. Benefits of group programming in FHT settings include the ability to service a greater number of patients; faster progress as families learn from one another; social support is built-in; sessions are longer than in individual therapy and more intensive, with education, therapy, goal-setting, and discussion of results & set-backs each week. In the 2013-2014 year, Summerville's mental health programs for families include:

Anger Management for Families **Kids Anxiety Group**
Teen Anxiety and Depression **Social Skills for Kids**
Self-Regulation Training **Parents Workshop**

For more information about the programs and manuals used, or if you are interested in starting programs at your FHT, you are welcome to contact Mirisse at Summerville FHT.

Mindful Meditation Training

By Dr. Susan Buchanan, Ph.D., C. Psych.

Meditation refers to a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration (Walsh & Shapiro, 2006, p. 228). Mindfulness is a receptive state of mind in

COMMENTS FROM FAMILIES IN FHT GROUPS:

“It helped to know that I’m not the only one going through this” -15 year-old, teen anxiety group

“I learned so much from the other families and it made me feel like we could get through this together” -parent, teen depression group

“I came in thinking I wasn’t going to relate to anyone here but I see now that other people do care and understand what it’s like” -parenting group participant

It is fascinating to see the brain's plasticity, by practising meditation we can play an active role in changing the brain and increase our wellbeing and quality of life.

BRITTA HOLZEL, PHD
HARVARD UNIVERSITY

Yale researcher found that a 4-week mindfulness training program was more effective than the American Lung Association's 'gold standard' treatment. Over 4 weeks, people saw a 90% reduction in the number of cigarettes they smoked from 18/day to 2/day, and 35% of smokers quit completely. In a 4-month follow up, over 30% maintained these gains!

which one can observe thoughts and feelings as they are, without trying to suppress or deny them. Davis and Hayes (2011) defined mindfulness as a moment-to-moment awareness of one's experience without judgment.



According to the definition offered by Bishop and colleagues (2004), mindfulness has two main elements: paying attention to one's present moment experience as it is happening, and relating to this experience with a

curious, open, accepting stance. This perceptive capacity of awareness also allows one to develop perspective on thoughts and experiences, rather than over-identify with them, in particular when confronting painful self-relevant thoughts and emotions. It has been shown that just as skeletal growth is influenced by muscle use, neuronal growth is influenced by intentional neuronal activity (Brefczynski-Lewis et al., 2007, Lutz, Slagter, Dunne, & Davidson, 2008, Moore & Malinowski, 2009).

There is ample evidence that mindfulness training has positive psychological effects, including increased subjective wellbeing, reduced negative symptomology and emotional reactivity, and improved behavioral regulation (see Davis and Hayes, 2011; Keng, Smoski, & Robins, 2011, for comprehensive reviews). Hoffman and colleagues (2010) conducted a meta-analysis of 39 studies totalling 1,140 participants receiving mindfulness-based therapy for a range of conditions, including cancer, generalized anxiety disorder, depression, and other psychiatric or medical conditions. Results showed that mindfulness-based therapy was moderately effective for improving anxiety and mood symptoms from pre- to post-treatment in the overall sample. This suggests that it makes an excellent addition to any psychological treatment, or can be a treatment in and of itself.

Introducing mindfulness based meditation practice as a treatment option within primary healthcare in Ontario will increase the opportunity to reach those managing with life stresses, chronic pain, mental health concerns, and other chronic physical health concerns. This, in turn, could reduce visits to the primary care physician, freeing up time and resources for other patients, and saving costs. Moreover, mindfulness practice improves emotional self-care and self-regulation in everyone and is suitable for staff as well as patients of the FHT.

It has become increasingly clear that how we attend, and what we attend to, changes not only perceived experience but also the neural underpinnings of cognitive awareness. To learn more about meditation, you may want to try out a drop-in class in Toronto <http://toronto.shambhala.org/>, receive training at Dr. Paul Kelly's Mindfulness Clinic < <http://>

www.themindfulnessclinic.ca>, read *The Mindful Way Through Depression*, by Williams, Teasdale, Segal, & Kabat-Zinn, or check out the Get Some Headspace App: <<http://www.getsomeheadspace.com/shop/headspace-meditation-app.aspx>>.

Identifying Learning Disorders in Children

By Dr. Mirisse Foroughe, Ph.D., C. Psych.



Learning disorders (LDs) are a reality for many school-aged children. It is estimated that *between 5 and 10% of Canadians have an LD*, while approximately 20% of children in the school system are identified with some sort of exceptionality that impacts their learning. Although exceptionalities such as developmental disabilities and intellectual disabilities indicate that the individual's potential to learn is lower than others the same age, LDs indicate that a person is just as capable of learning but that there are differences in how they take in, store, and or use information and this impacts their learning in a significant way. For example, *10 year-old Michael is just as intelligent as other children his age, but he has difficulty processing and storing auditory information- meaning that he often forgets what he hears. However, Michael is much stronger at remembering what he sees or even what he has a chance to "code" with a visual picture. Determining this learning profile allowed Michael to receive more visual aids in the classroom, and to learn the memory strategies that work for him. In order for his learning profile to be discovered, Michael required a psycho-educational assessment, conducted by a registered clinical psychologist.*

A **psycho-educational assessment** is a comprehensive examination of a person's functioning in areas that impact the learning or education process. These almost always include:

1. **Measure of Intelligence:** A comprehensive test to look at the child's cognitive or intellectual abilities- how capable are they of learning? How well can they think, reason, and solve problems? Is there a difference in how well they learn using language versus visual-perceptual abilities? How quickly and accurately do they process information? And finally, how well can they remember (process, store, and recall) simple information they have just learned? Even within this one measure, there is a lot that is discovered about the child's capacities. This test is also often used to determine if a child is "GIFTED", and requires special learning opportunities at school.

2. Measure of Academic Achievement: A multi-subject test assessing a child's level of functioning in math computations, math problem solving, reading, reading comprehension, decoding new words, spelling, written expression, listening comprehension, and more. The results help us to know exactly where the child is compared to other children the same age. Sometimes, the results are very different than their report cards would predict, because they are being seen in a quiet, one-on-one setting. If there is big enough gap between the academic and intelligence scores, the child is considered to be "under-achieving".



3. Measures of processing. In order to be considered a learning disorder, we also need to find a processing deficit to explain the under-achievement. This means that something in the learning process is being blocked or reduced in quality. Processing deficits can include things like not remembering things well, having trouble paying attention, needing more time to process information, and understanding more than you can express orally and/or in writing.

Sometimes, parents or teachers assume that the child is lazy, unfocused, or lacks motivation.



It is very common for children with Learning Disabilities to have been labeled this way prior to the assessment and identification process. Some children with undiagnosed learning disabilities can become so frustrated in the classroom and doing homework that they **avoid school work, stop trying, and lose interest in school**. At times, their behaviour can mirror attention-deficit hyperactivity disorder, or anxiety disorder, as they do everything in their power to get away from the frustration that comes with academic work. *As these children grow older, they may start to hang with the "wrong crowd", looking for a sense of belonging and validation this way, as they are not feeling successful in school.* Parent-child relationships also may become strained, as parents grow more and more disappointed in their child for not achieving when they know intuitively how intelligent their child is. And keep in mind, the child with an LD is intelligent. This is a requirement for a diagnosis of an LD: average or above-average intellectual ability. So we need

to ensure that parents, educators and other professionals realize how bright the child is, and most importantly that the child feels capable themselves.

In a way, *the psycho-educational assessment is very much like a key that unlocks the mystery of the child's underachievement*, helps them to understand how they learn best, and opens doors for the child and family to receive much-needed accommodations (changes in the way they learn or are assessed at school) and modifications (changes to the level they are learning at). Other times, it just helps the child, family, and teacher to understand the learning profile

and make small changes that help the child learn the way that works for them. Whether a child needs these small accommodations or something more, it all starts with a psycho-educational assessment.

If a family that you are working with is complaining of their child being lazy, unmotivated, or unfocused at school you may want to recommend that they consult with a psychologist or psycho-educational consultant to determine if a learning disorder is getting in the way of their academic success. Schools provide these assessments to children, although waiting lists are long. You can help by encouraging parents to discuss the possibility of an assessment with the school. Your FHT psychologist may be able to help parents in this process, and will also help you to find psychologists in the community that can provide private assessments. If your FHT does not have a psychologist, you can have families consult the Ontario Psychological Association's free referral service at 416-961-0069 or toll-free 1-800-268-0069 or access the online service at <https://opa.knowledge4you.ca/referralsvcs.aspx>

In a future issue, we will share more about the identification and placement process that takes place after a child is diagnosed with a Learning Disorder.

Frontline Psychology is brought to you by your team psychologists:

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Dr. Veronica Asgary-Eden, C. Psych.	Family First FHT; Connexion FHT
Dr. Judith R. Davidson, C. Psych.	Kingston FHT
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