



think News

Newsletter from
Think Psychology Solutions

Psychologists, Clinical Psychologists
and a Psychiatrist

Thought Bubbles

New Starters including Relationship/Family Therapy

In early 2013 we have had two new starters at Think Psychology who are now up and running.

Sean Dicks

Clinical Psychologist Sean Dicks has commenced 2 days per week (Wednesdays and Fridays) at Think. Sean is an experienced relationship, couple and family therapist from South Africa who has been in Canberra for about a year.

He is working at Headspace and The Canberra Hospital (working with people in the area of organ donation) but now has commenced at Think to return to his passion and key area of experience in South Africa – relationship and couple therapy.

In South Africa his initial study for psychology was focussed on relationships and he has worked for over 15 years their in both Private Practice and Employee Assistance Programs specialising in the area.

We are very excited to have Sean on board and while, like all Think Psychologists, Sean is skilled treating general clinical psychology issues he will be specialising in couple, relationship and family therapy.

Melissa Nihill

Psychologist Melissa Nihill has also started at Think having worked previously at Headspace and City Mental Health. Melissa will be of course handling general clinical psychology referrals but has particular experience with adolescents and young people (under 25s).

As well as seeing individual clients Melissa is working full time and currently with no wait list, she will also be co-ordinating and commencing Think's group programs which will start with a Body Image Group in Term 2 of the School Year.

Information about the Body Image Group can be found elsewhere in this newsletter however Melissa has previously lead group therapy sessions in Body Image and the Cool Kids program for anxious children and their parents.



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“Facebook Depression” and Young People: The Impact of Online Social Networking on Mental Health in Young People

The Internet – it is something most of us use every day. We use it to learn, to shop, to pay bills, to communicate with one another, to work, and to play. Young people, in particular, are large Internet users. According to the Australian eGeneration Report (2007), 75 per cent of 15 – 17 year old young Australians go online every day.

The Internet offers a number of opportunities for young people, including socialisation, communication, education, and access to a wide range of information. In short, the Internet provides adolescents with a choosing ground – they can watch, read, and view what and when they want. Therefore, understanding the effects of the Internet on young people has become crucial.

Despite the Internet's utility, it has potential negative outcomes on young people's mental health. Recent research has found that the Internet and particularly social networking websites are related to depression and anxiety in young people. Studies suggest that increased time on social networking websites – such as Facebook and Twitter – may play a part in the development of depression in young people. Specifically, young people negatively affected by social networking websites may be at risk of social isolation, cyberbullying, poor self-concept, and a loss of pleasure or interest in their normal activities.

Furthermore, research indicates that many young people turn to social networking websites to cope with the anxiety that may arise from face-to-face socialisations. Adolescent girls in particular have been found to use social networking websites to manage anxiety around their appearance and body image when socialising with others. Some suggest that social networking websites provide socialisation opportunities for those too shy or anxious to do so in the real world.

However, young people that use social networking websites as a coping method for anxiety may actually reinforce social anxiety, hinder their development of emotional and social skills, and be less likely to seek offline help.

How to know if it's becoming a problem?

There may be several signs that social networking is affecting a young person's mood and general mental health. Young people may feel pressured to continue using social networking as a way to maintain relationships, or to maintain their identities they have created in the online world. These pressures may lead to common signs of anxiety, such as general worry and physical tension, as well as feelings of depression, such as unhappiness and irritability.

Others might also start to notice changes in a young person if they are being negatively affected by social networking. A young person may be showing less interest in the activities they once enjoyed, and instead be spending most of their time using social networking. In addition, young people negatively affected by social networking may isolate themselves from friends and family, and choose to only socialise on the Internet.

Seeking Help

Depression and anxiety are already common enough issues that young people face, without the complexities of social networking websites, too. As the Internet is an attractive source of information for young people, there are many options for online help and support.

Several youth websites such as eheadspace.org.au and au.reachout.com offer information on and online support for depression and anxiety, through forum discussions with other young people, as well as opportunities to speak directly with professionals. There are also targeted online self-help interventions available to young people. MoodGYM (moodgym.anu.edu.au) is a free, anonymous, and interactive online self-help tool for depression, which is based on Cognitive Behavioural Therapy.

GPs also play an integral role in helping young people receive support for depression and anxiety. In addition, psychologists are in an optimal position to assist young people to understand and cope with the pressures that social networking websites create – amongst all the other stress that comes with being a teenager – as well as general mental health concerns.

By Melissa Nihill

References:

Australian eGeneration Report. (2007, September). Nielson//NetRatings.

Relationship Therapy – How Does it Work?

Relationship therapy focuses on the connections between people and other entities which could be other people, but may also include school, work-place, and other organisations, as well as beliefs, culture and expectations.

From an eco-systemic perspective, Clinical Psychologists such as myself seek to gain an understanding of how factors such as these have formed a system over time. Important parts of that system are then further explored to understand the patterns of ideas, emotions and behaviours that link the people involved. Many of these patterns were allowed to develop at a time that they were seen to be helpful / useful, but some of them may have become problematic and restrictive over time.

Individuals in relationships are assisted to explore alternative responses to these patterns, and break patterns that are no longer useful so that the relationship can develop in a useful way.

Sometimes patterns have been useful in managing a certain phase of a couple or family's life, but in another phase, the same patterns do not fit.

Relationships and families living through transitional phases, whether it be the birth of a first child, or when that first child leaves the home, often experience an increase in stress as they come to terms with the implications of the change.

Relationship therapy is useful in assisting people to successfully make transitions to different stages in their lives together.

I find that this conceptualisation assists me to respond to relationships that are in crisis of some kind, and clients find that viewing restrictive patterns as the problem releases them from blaming each other, and encourages each member to play a role in promoting change. This contributes to a sense of empowerment where the individuals previously felt trapped and powerless.

When conducting relationship therapy it is useful to be able to speak to various members of the system at the same time. In this way, the relationship can be explored in "real time" as participants will demonstrate their patterns as they respond to questions and problems posed by the therapist. Where this is not possible though, an individual seeking change within a significant relationship can be assisted to explore the relationship and its responses to his/her efforts even without the other party / ies' attendance.

*By Sean Dicks
Clinical Psychologist
Think Psychology Solutions*

Staff Summary:

Psychologist	Clinical Psych?	Children (Under 12)	Adolescent (12-18)	Adult	Older Persons	Specialities/Interests/Experience
Kate Carnall			✓	✓		Perinatal mental health, personality disorders and work place issues.
Sean Dicks	✓			✓		Relationship & Family therapy, depression, anxiety, chronic physical health issues.
Vanessa Hamilton	✓	✓	✓	✓		Anxiety, Depression, Bipolar, parenting issues and stress
Terese Hutchison		✓	✓	✓	✓	Children (primary school age and under), adolescents, anxiety in kids, older persons
Lisa Knipe			✓	✓		Obesity and weight issues, eating disorders (esp. bulimia), anxiety, stress and depression.
Jason McCrae	✓		✓ (Males)	✓	✓	Anxiety and adjustment disorders, bipolar disorder, men, alcohol and gambling, workplace issues.
Melissa Nihill		✓	✓	✓		Adolescents, general clinical psychology, body image, anxiety and depression.
Daniel Troy		✓	✓	✓		Depression, anxiety, Aspergers Disorder, working with children and families
Robin Wood	✓		✓	✓	✓	Older persons, clients with defence backgrounds, bullying, resilience, medical background/issues

Referrals:

Referrals can be made directly to an individual psychologist or a general referral to the practice. Our reception staff will take a brief intake assessment with the patient over the telephone, to ensure an appointment is booked with an appropriate psychologist and within a suitable time-frame.

Body Image Group Therapy Sessions

Think Psychology Solutions is excited to announce the launch of 'My Body is OK!' – a 6-week group program aimed at promoting positive body image in adolescent girls. See enclosed flyer or our website for more details. Referrals are now open for the Term 2 program.

Patients/clients can access a Medicare Rebate for attending the group as part of a Mental Health Care Plan (this means that if a patient has been referred under a Mental Health Care Plan for individual therapy in the past 12 months they do not need a new referral to access the rebate for the group therapy program).

Terese goes Clinical!

We are very happy to report that Think's Terese Hutchison has completed her supervision to gain the Clinical Psychologist specialization.

It is a long and detailed process and Terese's success reflects the high standard of therapy and assessment she undertakes with her clients at Think.

So once the paperwork has been processed Terese will be changing her title to Clinical Psychologist – Congratulations Terese!

Brigid is leaving ☹️

Sadly for us Brigid Ryan is finishing up at Think, taking a Psychologist position at the Australian Federal Police. We are sad to see her go and wish her all the best – I'm sure a little bit of Brigid will stay with us at Think. Brigid has assured us if she ever returns to private practice it will be at Think. Kate Carnall and Robin Wood, who both have experience and expertise in the perinatal area, will now take over perinatal referrals.