think News

Newsletter from
Think Psychology Solutions

Psychologists, Clinical Psychologists
and a Psychiatrist

thinkNews
August 2012

Thought Bubbles

Psychiatrist joins Think!

We at Think are delighted to announce that as of July 2012 Psychiatrist Meredith Whiting is working a day a week at Think Psychology Solutions. Meredith undertook her Psychiatry training in Canberra and Sydney. She was awarded the NSW Institute of Psychiatry Special Training Fellowship in 2005 when she undertook work in the Northern Sydney Sexual Assault Services and the Royal North Shore Hospital High Risk Antenatal Service.
Meredith has since spent time in the ACT Public Mental Health Service and in Private Practice with a special interest in Perinatal work and sexual assault survivors.

It is intended that Meredith can work jointly with Think Psychologists Brigid Ryan and Kate Carnall, who also specialise in Perinatal work, as well as handling general Psychiatry referrals.

Please note appointments and referrals can be made with Meredith on 0468 397 237. Meredith does not bulk bill but can make allowances for financial difficulty.

Binge Eating Disorder & Emotional Eating Problems

Binge Eating Disorder (BED) is a syndrome that is described in the DSM-IV-TR as a research diagnosis that requires further study (American Psychiatric Association [APA], 2000). The criteria define BED as binge eating without self-induced vomiting, laxative abuse, or excessive exercise. It involves eating what most people would consider a large amount of food within a short period of time and is associated with feelings of not being able to control what or how much is eaten. In order to meet the diagnostic criteria a person must engage in binge eating behaviours at least two days a week over a minimum period of six months. Other features include eating until uncomfortably full; eating large amounts of food when not feeling physically hungry; eating alone due to embarrassment about how much is being eaten; and the experience of feelings of guilt and disgust about how much one has eaten, leading to marked distress regarding binge eating (APA, 2000).
Binge eating disorder is pervasively associated with symptoms of overweight and obesity and shares psychopathology with other eating disorders, particularly bulimia nervosa. Research suggests that approximately a quarter of Australian children and adolescents are overweight and one in four are obese (Dixon, Eckersley & Banwell, 2003). Furthermore, approximately thirty percent of Australian adults are overweight and approximately sixteen percent are obese (Australian Bureau of Statistics, 2006).

The social and economic costs associated with binge eating, overweight and obesity are significant, with illnesses such as heart disease, type II diabetes, and certain cancers at an all time high, and the cost of health care and lost production estimated at almost one billion dollars over a ten year period (Mathers, Vos & Stevenson, 1999). Binge eating disorder warrants serious clinical attention.
Several psychological interventions have received strong empirical support for the treatment of binge eating - Dialectical Behaviour Therapy (DBT), Cognitive Behavior Therapy (CBT) and Interpersonal Psychotherapy (IPT).

When to refer?

Patients who present for overeating and/or other medical problems such as overweight and obesity may benefit from being referred to a psychologist as part of their overall treatment plan. We at Think would welcome such referrals, as this is a special interest area for Lisa Knipe.

Lisa Knipe, Psychologist

Sources:

Dixon, J., Eckersley, R., & Banwell C. (2003). The big picture: The economic and socio-cultural determinants of obesity. Healthlink. The Health Promotion Journal of the ACT Region. Autumn 2003:10–1.

Australian Bureau of Statistics. (2006). National health survey: Summary of results. ABS

Mathers, C., Vos, T., & Stevenson, C. (1999). The burden of disease and injury in Australia. Australian Institute of Health and Welfare.

Problem Gambling

What is problem gambling?

Gambling occurs across many venues in the ACT and Queanbeyan – Poker Machines in Clubs are the most prominent, however, there is also Casino games at Canberra Casino in Civic, betting on racing through ACTAB, sport betting online, poker tournaments at clubs and even scratchies bought often at Newsagents. It is everywhere! Problem Gambling is typically an individual who is, at its simplest, gambling more than he or she can afford including sometimes borrowing money to gamble or re-pay debts incurred through gambling. But its not always about "the money" it might also be that the individual is preoccupied with gambling, lies to make time and space in their life to gamble and generally does not have enough control over their gambling.

How do I know if a patient has a problem with gambling?

The Productivity Commission Report into Gambling (2010) estimates that between 1.9 and 3.1% of the Australian population are suffering severe or moderate problems from gambling. In the Canberra-Queanbeyan area this would equate to between 8,000 and 13,000 people.

It can be really difficult to assess whether a patient is having difficulties with gambling. A big part of problem gambling is shame and embarrassment that a person is not able to control their gambling – society has an expectation that a person can manage gambling and in general an individual feels judged if they try to talk about having a problem with gambling. If a patient is willing to raise gambling as an issue it probably suggests that it is a fairly major problem in their life. Additionally if they are willing to discuss it they will probably minimise how bad it is – report they are gambling less than they really are in terms of dollars, frequency or duration. Signs that an individual might be struggling with gambling include excessive anxiety and stress with no obvious stressor, unexplained financial difficulties (eg they have a good paying job but can't afford basic necessities or have large debts) and family members raising concerns.

Successful Treatment

The most successful treatment for problem gambling has been shown to be CBT-based interventions although dependent on an individuals motivation to change.

Research suggests it takes between 3 and 10 attempts to stop gambling before a person successfully reduces their problem gambling. In the ACT and Queanbeyan there is a free counselling service available through Mission Australia in Phillip (http://www.magamblingcounsellingact.com.au/) where most help is sought. Additionally the Territory and State Governments have combined with all Gambling providers (Clubs, Casino Canberra, ACTTAB etc) to legislate so an individual can 'self-exclude' from a gambling venue – that is sign a deed of agreement to be excluded from entering a particular gambling venue. Alternatively, referrals can be made to private psychologists.

Jason McCrae, Clinical Psychologist.

Sources: Australian Productivity Commission Inquiry Report into Gambling (2010)
Mission Australia Gambling Counselling (ACT) website, http://www.magamblingcounsellingact.com.au/

Staff Summary:

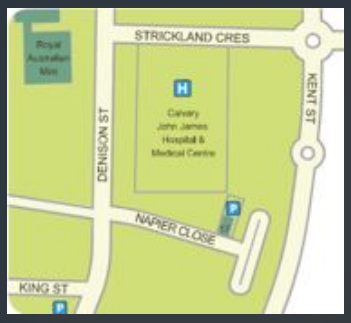
Psychologist	Clinical Psych?	Children (Under 12)	Adolescent (12-18)	Adult	Specialities/Interests/ Experience
Kate Carnall			✓	✓	Perinatal mental health, personality disorders and work place issues.
Vanessa Hamilton	✓	✓	✓	✓	Anxiety, Depression, Bipolar, parenting issues and stress.
Terese Hutchison		✓	✓	✓	Children (primary school age and under), adolescents, anxiety in kids, the elderly.
Jason McCrae	✓		✓ (Males)	✓	Anxiety and adjustment disorders, men, alcohol and substance use, relationships.
Brigid Ryan	✓		✓	✓	Perinatal mental health, adolescents, stress, and anxiety related disorders, depression.
Lisa Knipe			✓	✓	Eating disorders (esp. Bulimia), obesity and weight issues, perinatal mental health, anxiety, stress and depression.

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.

Think Perinatal Interest Expands

Think is continuing to develop and expand its interest in Perinatal clients and issues. Psychologist Kate Carnall (no not the former Chief Minister! ☺) is now doing two evenings a week at Think. Kate's main job is at ACT Perinatal Mental Health however in addition she will now join Brigid Ryan and Psychiatrist Meredith Whiting at Think who have a special interest in working with Perinatal clients (Perinatal is the period of pregnancy and the early years of a child/baby's life). Kate can be referred to directly or with a Mental Health Plan.



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