

Queer & Trans Therapists of Nova Scotia

Clinician Directory



2023

Updated May 2023

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Welcome

Hello! We are pleased to introduce The Queer and Trans Therapists of Nova Scotia (QTTNS), a group of 2SLGBTQIA+ identified therapists who focus on providing a safe and affirming therapeutic space for 2SLGBTQIA+ clients. QTTNS is a closed space for licensed mental health therapists practicing in Nova Scotia who identify within the 2SLGBTQIA+ community. We came together in early 2022 and are guided by anti-oppressive, anti-racist, intersectional approaches that acknowledge the detrimental effects that structural oppression and systemic discrimination have on our community's mental health, as well as the impacts these have on access to sexual and gender-diverse competent care.

As therapists who are both part of the queer community and largely serve the queer community, we can appreciate how difficult it is to find queer and trans-affirming therapists. We created the following directory of 2SLGBTQIA+ identified therapists to aid in reducing the amount of labour it can take to find a therapist that is the right fit.

We aim to update this directory annually in the Spring. We are open to feedback and requests for consultations or questions.

Thank you,



Cailin Crosby



Erica Baker-Gagnon



Holly Blunden



Kay Jenson-Vinova

Organizing members of QTTNS

Guiding Frameworks



QTTNS members recognize that all therapy is political, that there is an inherent power imbalance by positioning the therapist as the “ultimate expert”. Furthermore, we hold the belief that maintaining neutrality towards personal beliefs can cause and contribute to direct harm. QTTNS members strive to hold the following frameworks/lenses when acting professionally with other providers and our clients. We encourage you to speak with your therapist about their specific framework.

Anti-ableism identifies inequalities and disparities in how we value and treat individuals with intellectual, mental, and/or physical disabilities. An AA therapist recognizes that a client cannot simply reframe their thinking to find relief of symptoms but rather helps clients challenge internalized ableism, find supports and community, and navigate systems. AA therapists remain critical of their training, how evidence-based therapies are created, and institutional practices to ensure they are not furthering harm to disabled clients.

Anti-capitalist in a sense is working to replace capitalism with another type of economic system, such as socialism or communism. An AC framework in therapy could involve challenging the idea that our self-worth is directly linked to our productivity and what we can earn for others. The therapist may challenge the need for hyper-individualism and help the client learn ways to reconceptualize and engage with their role in their community.

Anti-colonial is a broader term used to describe an awareness and commitment to aid in various resistance movements directed against imperial and colonial powers. A therapist using this lens may center the need to heal from the dehumanizing, life-threatening, and harmful effects the client might have faced as a result of colonization.

Anti-oppressive aims to lessen the effects of oppression and bring equity to those who are more marginalized and affected by oppressive systems. A therapist working with an AO framework may name how there are social differences in treatment and level of access depending on the client’s intersecting identities of race, gender, social class, sexual orientation, age, disability, and so forth. AO encourages the therapist to develop a critical consciousness of how they engage with, reinforce, and perpetuate harmful structures of oppression, especially when it comes to how they deliver treatment to their clients.

Anti-racist framework challenges and works to dismantle systematic and institutional racism that is built into our social systems, laws, practices, and treatment of Black people, indigenous people, and people of colour (BIPOC). Working from an anti-racist ...

Guiding Frameworks



... framework may look different for the therapist and client depending on their individual intersections of identities and racialized experience. For example, a white settler therapist treating another white settler client might challenge the client's view of racism and acknowledgment of their privileged experience because they have benefitted from white supremacy. The therapist might also center how the client's lived experience as a racialized person has contributed to their current mental health status, and help the client heal from past and ongoing racial trauma.

Feminist approaches to therapy typically operate from the assumption that marginalized genders and other oppressed groups are at higher risk for mental health issues because of the disparity in how different genders are treated and socially conditioned within our society. A feminist therapist may help the client challenge gender roles, socialization, their self-concept, and empower the client to recognize and change how they are upholding the patriarchy.

Harm reduction aims to reduce the physical, emotional, relational, and/or financial harm of harmful behaviours, such as substance use or self-harm, without necessarily requiring the client to completely stop or abstain from engaging in that behaviour. HR keeps a non-judgemental and non-coercive stance to allow clients to make their own choices to enrich their lives and maintain stability.

Queer and Trans Affirming approach to therapy embraces the client's gender, sexual orientation, and/or relationship orientation. The therapist normalizes change and fluidity within our different identities and lived experiences without imposing there is one correct way to engage with and experience queerness. QTA therapists encourages clients to self-reflect on how cisgender-heterosexual normativity negatively impacts them and others.

Trauma-Informed framework accounts for how the client's traumatic experiences impact their behaviour, health, ability to progress in treatment, and mental health status, regardless if the current focus is on treating underlying trauma or not. TI therapists take active steps to not re-traumatize the client by actively collaborating with the client, receiving competent training, and taking accountability for seeking treatment for and coping with their own traumatic history. A TI approach may involve psychoeducation on trauma responses, helping the client to build awareness of how the here-and-now often is influenced by the client's and others' traumatic history, and teaching coping strategies to establish stability.

QTTNS Clinician Directory (2023)

Each therapist listed here is an openly out member of the 2SLGBTQIA+ community, meaning the therapist has consented to being outed as part of the queer community to the general public. We did not include exact identity labels for each clinician as some members' intersecting identities are fluid or do not simply fit into a fixed box. Identity labels can be both freeing and limiting in that they can communicate a shared lived experience to oneself and others, and sometimes lead individuals and/or groups of people feeling wrongly confined to what that identity label may mean. We encourage you to ask the clinician directly if they have any identity labels they openly identify with such as race, social class, disability, gender, sexual orientation, and relationship orientation.

Additionally, we did not include exact wait times and fees for therapists who work in private practice as both are typically in flux. Instead, we included a website or direct contact information where you can ask those questions. We did note which therapists offer reduced rates or sliding scales. Most clinicians provide both in-person and virtual options for therapy. Please ask the therapist directly whether they offer virtual services and for geographic locations they are licensed to practice in.

For therapists that work within Nova Scotia Health, we included the therapists' department, location, or unit they work in. To connect with a therapist within Nova Scotia Health, please call the General Intake line at 1-855-922-1122. While you can voice your preference to work with a specific therapist and/or to work with a queer and trans competent therapist, please note that this is not always able to be accommodated due to a variety of organizational factors (e.g., clinician availability, licensing, case complexity, appropriate therapeutic modality for presenting concern, etc.).

Please refer to the glossaries on pages 18 to 27 to read the full names and definitions of each acronym referred to in the listing.

QTTNS Clinician Directory (2023)

Dr. Nikki Ali

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PhD, Registered Psychologist
NSBEP #R1104

Location: Halifax

Practice: Lesley Hartman &
Associates, Inc.

Sliding Scale: No

Populations/Ages: Children, youth
for assessment and therapy, adults
for assessments

Website:
lesleyhartmanassociates.ca

Virtual Option: Yes

Therapeutic Modalities: ACT, CBT,
CCT, DBT, MI

Assessments: ADHD, ASD, Psycho-
educational

Main Treatment Issues: Anxiety,
mood, emotion dysregulation, neuro-
diverse clients, disordered eating,
parent-youth connection and
communication, self-esteem, body
image, typical concerns of
adolescence

Provides Clinical Supervision: No

Kiran Awrey

MA, CCC, RCT-C, RCT-C21-072

Location: Lower Sackville

Practice: Lifemark Core

Sliding Scale: No

Populations/Ages: Age 15+,
Individuals

Website: lifemark.ca/core-rehab

Virtual Option: Yes

Therapeutic Modalities: CCT, CBT,
CPT, DBT

Assessments: None

Main Treatment Issues: Trauma,
Post Traumatic Stress Disorder, and
Borderline Personality Disorder

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Heather Baglole

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MA, RCT-C, Licensing number to be determined

Location: Dartmouth

Practice: Diverse Roots

Sliding Scale: No

Populations/Ages: 13+, individuals

Website: diverserootstherapy.com

Therapeutic Modalities: CCT, ET, NT

Assessments: None

Main Treatment Issues: Gender, sexuality, polyamory, anxiety, depression, relationship issues, attachment issues, issues around sex, neurodivergence, systemic issues

Provides Clinical Supervision: No

Erica Baker-Gagnon

MSc, RCT, RCT-19-004

Location: Dartmouth

Practice: Diverse Roots

Sliding Scale: Yes

Populations/Ages: 13+, Individuals, couples, relational dynamics

Website: diverserootstherapy.com

Virtual Option: Yes

Therapeutic Modalities: IFS, NT, PT

Assessments: WPATH

Main Treatment Issues: Gender, sexuality, mood disorders, anxiety, depression, relationship issues, trauma, attachment issues, issues around sex, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, parenting, chronic illness/pain, systemic issues

Provides Clinical Supervision: Yes

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QTTNS Clinician Directory (2023)

Malory Beazley

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MEd, RCT-C, RCT-C20-059

Location: Dartmouth

Practice: In the Margins Counselling

Sliding Scale: No

Populations/Ages: 18+, individuals

Website:

inthemarginscounselling.com

Virtual Option: Yes

Provides Clinical Supervision: No

Therapeutic Modalities: CFT, NT, SFBT

Assessments: WPATH

Main Treatment Issues: Women's issues, healthy relationships, anxiety and depression, gender and sexuality, childhood emotional neglect, narcissistic abuse, life transitions, sexual violence, self-worth, emotional literacy, existential concerns (e.g., climate change, late-stage capitalism), stress management

Jey Benoit

MSW, RSW, #8437

Location: Truro/Halifax

Practice: ME Family Therapy & Resource Centre, Halifax Sexual Health Centre

Sliding Scale: No at private practice. At Halifax Sexual Health Centre-WPATH assessments are free

Populations/Ages: Children, youth, families, and young adults

Websites: mefamilytherapy.ca
hshc.ca

Therapeutic Modalities: CBT, DBT, EMDR, TIT

Assessments: WPATH

Main Treatment Issues: Trauma and attachment injury, gender & sexuality; emotional dysregulation, late and self-diagnosed neurodiversity

Provides Clinical Supervision: No

Virtual Option: Yes in NS & NFLD

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QTTNS Clinician Directory (2023)

Holly Blunden

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MA, RCT-C, RCT-C22-003

Location: Yarmouth

Practice: Ilex Counselling Services

Sliding Scale: Yes

Populations/Ages: 9+, individuals

Contact Info:

hollyannblunden@gmail.com

Virtual Option: Yes

Therapeutic Modalities: CBT, CCT, CPT, DBT, EMDR, IFS, MBT, MSCT

Assessments: None

Main Treatment Issues: Trauma, anxiety, depression, Attention Deficit Hyperactivity Disorder, gender and sexuality, life transitions, existential anxiety, boundaries/codependency, emotional dysregulation

Provides Clinical Supervision: No

Robyn Bolivar

MEd, Registered Psychotherapist in Ontario, #3610. In the process of securing licensing in NS as a RCT

Location: Virtual in NS

Practice: Robyn Bolivar Therapy

Sliding Scale: No

Populations/Ages: 18+, individuals, couples/relationships

Website: Robynbolivartherapy.ca or contact by emailing robynpsychotherapy@gmail.com

Virtual Option: Yes

Therapeutic Modalities: EFT, IFS, MBT, NT, SET, SFBT, ST

Assessments: None

Main Treatment Issues:

Relationships, polyamory and non-monogamy, Complex-Post Traumatic Stress Disorder, attachment, emotional overwhelm, anxiety, sexual and gender identity exploration, authentic self discovery, kink

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Natalia Castellanos

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Student in Training for Counselling Therapy

Location: Halifax,

Practice: Private Practice opening in Fall, 2023

Sliding Scale: Yes

Populations/Ages: 18+, individuals

Contact: Natalia.cq@protonmail.com

Virtual Option: Yes

Therapeutic Modalities: CBT, ET, NT

Assessments: None

Main Treatment Issues: Trauma (concluded or ongoing), grief, navigating systemic oppression, relationship to death/dying, feelings of unworthiness, loss of sense of self, disconnect from emotional or embodied experiences

Provides Clinical Supervision: No

Dr. Jacquie Cohen

**PhD, Registered Psychologist,
NSBEP R0659**

Location: HRM

Practice: Mental Health and Addictions, Nova Scotia Health

Populations/Ages: 18+, Individuals

Virtual Option: Yes

Provides Clinical Supervision: Yes

Therapeutic Modalities: CBT, CPT, DBT, PE

Assessments: None

Main Treatment Issues:

Borderline personality disorder, post-traumatic stress disorder, obsessive-compulsive disorder, anxiety and depressive disorders.

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QTTNS Clinician Directory (2023)

Cailin Crosby

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MEd, CCC, RCT, RCT-21-014

Location: Halifax

Practice: Cailin Crosby Therapy

Sliding Scale: Yes

Populations/Ages: 18+ individuals, couples

Website: cailincrosby.com

Virtual Option: Yes

Therapeutic Modalities: CBT, CCT, CFT, MBT, NT

Assessments: None

Main Treatment Issues: Trauma, anxiety, depression, gender, sexuality, relationship issues, life transitions

Provides Clinical Supervision: No

Dr. Shaindl Diamond

PhD, Registered Psychologist, NSBEP R0830

Location: Bedford

Practice: Dr. Leah Clyburn & Associates and Community Mental Health, Nova Scotia Health

Sliding Scale: No

Populations/Ages: 18 to 65, individuals

Website: drleahclyburn.ca

Virtual Option: Yes

Therapeutic Modalities: CBT, EmFT, EMDR, IFS, MBT, SET

Assessments: None

Main Treatment Issues: Trauma-related issues, complex trauma, attachment issues, anxiety, depression, sexuality, gender, life transitions

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Lindsay Elin

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MSW, RSW, Registered

Psychotherapist in Ontario #818429,

Only can see clients who are

residents in ON, Offers consultation
for NS therapists

Location: Virtual only in ON

Practice: Lindsay Elin Psychotherapy

Sliding Scale: Yes

Populations/Ages: 11+, individuals,
couples, families, clinical consultation

Website:

lindsayelinpsychotherapy.com

Therapeutic Modalities: ABFT, BSP,
SSP, SP, TIST

Assessments: WPATH

Main Treatment Issues: Trauma
(shock, relational, internalized,
societal), attachment, family
therapy/parent coaching for parents
of trans youth, shame, boundaries,
structural dissociation, executive
functioning, anxiety/depression

Provides Clinical Supervision: Yes

Raquel Griffin

MSW, RSW, #7419

Location: Virtual Only in NS & NB

Practice: Birch Stand Mental Health
Services

Sliding Scale: Yes

Populations/Ages: 19+, individuals

Therapeutic Modalities: CBT, IE, NT

Assessments: WPATH

Main Treatment Issues: Disordered
eating, anxiety, depression, grief

Provides Clinical Supervision: No

Website: birchstand.ca

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QTTNS Clinician Directory (2023)

Shannon Hardy

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MSW, RSW, #7403

Location: Halifax

Practice: Hardy Consulting

Sliding Scale: Yes

Populations/Ages: 18+, individuals and couples/relationships

Website: hardyconsulting.ca

Virtual Option: Yes

Therapeutic Modalities: CFT

Assessments: No

Main Treatment Issues: Queer issues, sexual and reproductive issues, anxiety

Provides Clinical Supervision: Yes

Kay Jenson-Vinova

**MSc, Registered Psychologist,
NSBEP R1092**

Location: Bedford

Practice: Dr. Leah Clyburn & Associates

Sliding Scale: Yes

Populations/Ages: 18+ individuals, couples/relationships

Website: drleahclyburn.ca

Virtual Option: Yes

Therapeutic Modalities: CBT-E, DBT, EMDR, EFT, IE, ST

Assessments: WPATH, Psychodiagnostic

Main Treatment Issues: Gender, sexuality, sexual dysfunction, religious trauma, complex trauma, attachment issues, emotional dysregulation, eating disorders

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Erin Lecky

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MA, RCT-C, RCT-C22-009

Location: Dartmouth

Practice: Erin Lecky Therapy

Sliding Scale: No

Populations/Ages: 15+, individuals

Website: erinleckytherapy.com

Virtual Option: Yes

Therapeutic Modalities: CCT, IFS, MBT, YT

Assessments: No

Main Treatment Issues: Anxiety, depression, complex trauma, attachment issues, sexuality, spirituality, substance use issues, relationship issues

Provides Clinical Supervision: No

Julian Manthorne

MA, RCT-C, RCT-C23030

Location: Virtual Only in NS

Practice: Peoples' Counselling Clinic

Sliding Scale: Yes

Populations/Ages: 14+, individuals

Website: pleasantlife.ca

Virtual Option: Yes

Therapeutic Modalities: CBT, CCT, SFBT

Assessments: No

Main Treatment Issues: Anxiety, Attention Deficit Hyperactivity Disorder, depression, trauma history aging-related issues, gender, relationship issues, attachment, parenting, emotional dysregulation, inner child issues, existential issues

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Dr. Kathleen Merwin

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**PhD, Clinical Psychologist
(Candidate Register), NSBEP
C10916**

Location: HRM

Practice: Mental Health and Addictions, Nova Scotia Health (Borderline Personality Disorder Treatment Program)

Populations/Ages: 18+ individuals

Virtual Option: Yes

Therapeutic Modalities: ACT, CBT, CPT, DBT, PE

Assessments: Psychodiagnostic

Main Treatment Issues: Borderline personality disorder, mood and anxiety disorders, eating disorders, trauma- and stressor-related disorders, obsessive compulsive disorder, gender and sexuality issues, sexual dysfunctions

Provides Clinical Supervision: Yes

Ron Nugent

MEd, RCT-C, RCT-C23027

Location: Waverly/Fall River/Bedford

Practice: RGN Counselling

Sliding Scale: Yes

Populations/Ages: Youth, Adults

Contact: rgncounselling@gmail.com

Virtual Option: Yes

Therapeutic Modalities: CCT, CFT
CBT, MBT, NT

Assessments: No

Main Treatment Issues:

Anxiety/Depression, sexuality, relationships, school stress

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Shea O'Bertos

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**MSc, Registered Psychologist,
NSBEP R1076**

Location: Halifax

Practice: Green Leaf Psychological
Services Inc.

Sliding Scale: No

Populations/Ages: 18+ individuals

Website:

greenleafpsychological.com

Virtual Option: Yes

Therapeutic Modalities: ACT, CBT,
EFIT

Assessments: ADHD, ASD

Main Treatment Issues: mood,
anxiety, trauma, self-compassion,
attachment, and relationships

Provides Clinical Supervision: No

Dr. Noelle Strickland

**PhD, Clinical Psychologist
(Candidate Register), C10923**

Location: Halifax

Practice: Genest MacGillivray
Psychologists

Sliding Scale: No

Populations/Ages: 18+, Individuals

Website: halifaxpsychologists.com

Virtual Option: Yes

Provides Clinical Supervision: No

Assessments: ADHD,
Psychodiagnostic

Therapeutic Modalities: ACT, CBT,
CCT

Main Treatment Issues:

Trauma/Post Traumatic Stress
Disorder, anxiety, depression,
relationship issues, gender
identity/sexual orientation identity
development, addictions/substance
use issues, Attention Deficit
Hyperactivity Disorder, life
transitions, body-image/eating
concerns, stress and burnout

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QTTNS Clinician Directory (2023)

Cynthia Voegeli

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MA, RCT, RCT-21-033

Location: Truro

Practice: C & D Therapy

Sliding Scale: No

Populations/Ages: 14+ individuals

Website: cdtherapy.com

Virtual Option: Yes

Therapeutic Modalities: IFS, NT, SBT

Assessments: No

Main Treatment Issues: Anxiety, depression, trauma/Post Traumatic Stress Disorder/Complex-Post Traumatic Stress Disorder, grief, identity and sexuality, family issues, self compassion, stress, queerness

Provides Clinical Supervision: No

Frederick Voegeli

MA, RCT, RCT-21-027

Location: Truro

Practice: C & D Therapy

Sliding Scale: No

Populations/Ages: 12+ individuals

Website: cdtherapy.com

Virtual Option: Yes

Therapeutic Modalities: MBT, NT, SFBT

Assessments: WPATH

Main Treatment Issues: Gender, sexuality, anxiety, depression, relationship issues,, attachment issues, issues around sex, Attention Deficit Hyperactivity Disorder, parenting

Provides Clinical Supervision: No

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QTTNS Clinician Directory (2023)

Seth Wahlin-Stern

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**MA, Registered Psychologist,
NSBEP R0841, RCT-C, RCT-C22-
013**

Location: Fall River

Practice: Smith Burke Psychology

Sliding Scale: Yes

Populations/Ages: 5-25 individuals

Website: smithburkepsychology.ca

Virtual Option: Yes

Therapeutic Modalities: CCT, CBT,
MI

Assessments: WPATH

Main Treatment Issues: Gender
identity, school related issues,
executive functioning

Provides Clinical Supervision: No



Below is a description of each type of licensing/registration and post-graduate degrees a QTTNS therapist might possess. In the directory, we have included each therapist's license number.



Licensing/Credential

- **CCC:** Canadian Certified Counsellor (Canadian Counselling and Psychotherapy Association)
- **RCT:** Registered Counselling Therapist (Nova Scotia College of Counselling Therapists)
- **RCT-C:** Registered Counselling Therapist (Candidate) (Nova Scotia College of Counselling Therapists)
- **Registered Psychologist:** PhD, MA, MSc, or MEd Psychologist who holds full registration with the ability to practice psychology in the province (i.e., registered with the Nova Scotia Board of Examiners in Psychology)
- **Clinical Psychologist (Candidate Register):** PhD, MA, MSc, or MEd Psychologist who is registered to practice in Nova Scotia while under supervision (i.e., registered with Nova Scotia Board of Examiners in Psychology and supervised by a Registered Psychologist)
- **RSW:** BSW or MSW Social Worker who is registered to practice in Nova Scotia (i.e., registered with the Nova Scotia College of Social Workers)
- **Student in Training for Counselling Therapy:** Student currently enrolled in a MA/MSc level program for counselling psychology; completing a practicum placement



Degree

- **MA:** Master of Arts
- **MEd:** Master of Education
- **MSc:** Master of Science
- **MSW:** Master of Social Work
- **PhD:** Doctor of Philosophy

Assessment Glossary



Below is a brief description of some of the different types of assessments QTTNS therapists may offer.

Attention Deficit Hyperactivity Disorder (ADHD) assessment can involve completing a full psychoeducational assessment (please see below for more information) with a psychologist. However, some ADHD assessments are completed with a structure of having several interviews with a psychologist, nurse practitioner, family doctor, and/or psychiatrist. In addition, the client and others in their support circle (e.g., teachers, other providers, family members, and partners) are asked to complete standardized self-report measures (e.g., a survey) in an effort to determine if the client meets the criteria for ADHD. At the end of the assessment, the client may be given a diagnosis of ADHD and specific recommendations for treatment. A lot of times the client will also be screened for other psychiatric disorders such as Generalized Anxiety Disorder. If the psychologist determines the client may meet the criteria for another psychiatric disorder, they may complete a psychodiagnostic assessment or refer you to complete more testing.

Autism Spectrum Disorder (ASD) assessment can differ depending on the age of the client. In general, the assessment consists of the psychologist completing a series of semi-structured interviews with the client, a parent, a family member, a partner (depending on the age of the client), and sometimes teachers and other providers. Depending on the age of the client, the client may fill out self-report measures and/or members of their support circle will. At the end of the assessment, the psychologist may diagnose the client with ASD. Similar to an ADHD assessment, if the psychologist suspects the client may meet the criteria for another psychiatric disorder, they may refer on for more testing.

Psychodiagnostic assessment focuses more on determining if the client meets the criteria for a personality, mood, anxiety, depressive, trauma-related, and/or psychotic disorder. The assessment typically involves the client completing several semi-structured interviews with a psychologist or psychiatrist and filling out one or more standardized self-report measures. At the end of the assessment, the psychologist can typically diagnose the client with one or more psychiatric disorders.

Assessment Glossary



Psychoeducational assessment identifies areas of strength and deficits in a client's learning profile and provides a deeper understanding of the client's educational abilities. Psychoeducational assessments can also help identify possible learning disabilities, ADHD, and intellectual disabilities. These assessments are more often completed with children and adults currently in school. However, sometimes these assessments are completed for other purposes. The assessment typically involves several semi-structured interviews with the psychologist and sometimes with family members, partners, teachers, and/or other providers. The client will also complete a series of cognitive and behavioural tests with the therapist to help assess for topics such as academic aptitude, skills in reading, writing, math, and overall intelligence.

World Professional Association for Transgender Health (WPATH) is a trans health readiness assessment for assessing gender-affirming medical care such as hormone therapy and surgery. The assessment can be completed by a registered counsellor, Master's level social worker, psychologist, or a medical professional with WPATH training. The assessment typically involves meeting with the therapist for 1 or more sessions with the goal of diagnosing the person with Gender Dysphoria and assessing for capacity to make informed consent decisions when it comes to medical transition. If the therapist determines the client meets the criteria for readiness for medical transition, the therapist can write a letter of support so that the client can access much needed gender-affirming medical treatment. To learn more about accessing gender-affirming care in Nova Scotia, visit:

<https://library.nshealth.ca/TransGenderDiverse/Home>

Therapy Modality/Orientation Glossary



Below is a brief description of modalities some or all QTTNS therapists use with clients. A therapy modality typically offers a theory to explain why a client may present with certain mental health symptoms and why treatment is structured in such a way to alleviate those symptoms. Modalities can have an overarching theory that guides their practice, may offer specific techniques, are sometimes used in conjunction with other therapy modalities, and are at times limited to a specific age group or population (e.g., children, family, couples/relationships).

We have noted which therapy modalities below are deemed evidence-based, meaning there is substantial peer-review research that demonstrates the effectiveness of the therapy modality. With newer, emerging therapy modalities, they are more often in the early stages of being heavily researched. All to say that if a therapy modality below is not noted to be evidence-based, that does not necessarily mean the client(s) will not benefit from them. We encourage you to ask your therapist more questions about each modality to determine the best fit.

Therapy Modality/Orientation Glossary



ABFT (Attachment-Based Family Therapy) aims to help parents and adolescents repair attachment ruptures in an effort to rebuild a secure attachment to one another. ABFT therapists help families reframe how they relate to one another, build stronger alliances (including with your therapist), repair ruptures, and promote autonomy in the adolescent to responsibly make their own choices while still seeking out support from their parents. ABFT has empirical evidence showing it is an effective treatment for adolescents experiencing depression and suicidal ideation.

ACT (Acceptance Commitment Therapy) is a mindfulness-based therapy focused on practicing self-acceptance of thoughts, emotions, behaviours, and events. It is a behavioural therapy aimed to develop psychological flexibility to help clients emotionally regulate and reduce emotional suffering. ACT is an evidence-based treatment for issues such as depression, anxiety, psychosis, chronic pain, and obsessive-compulsive disorder.

BSP (Brainspotting Psychotherapy) focuses on helping clients access, process, and move past trauma, negative emotions, and pain. The therapist helps the client use specific eye positions to become more attuned and access painful emotions while tending to the therapeutic relationship.

CBT (Cognitive Behaviour Therapy) is an evidence-based treatment for issues such as depression, anxiety disorders, substance use issues, and eating disorders. CBT is a structured, goal-oriented therapy, and time-limited therapy aimed to help clients develop awareness and coping strategies to help shift thoughts, emotions, and behaviours.

CBT-E (Cognitive Behaviour Therapy-Enhanced) is a form of CBT focused on building awareness, disrupting, and shifting disordered eating thoughts and behaviours. It is a structured, time-limited treatment that provides psychoeducation on eating disorders and teaches clients specific behavioural and cognitive strategies to treat eating disorders. CBT-E is an evidence-based treatment for Anorexia Nervosa Disorder, Bulimia Nervosa Disorder, Binge-Eating Disorder and other eating disorders.

Therapy Modality/Orientation Glossary



CCT (Client-Centered Therapy) is sometimes referred to as person-centered therapy and is often integrated into other therapeutic modalities. CCT is a non-directive approach to talk therapy that places the client as the more active party in treatment while the therapist acts mainly as a non-judgemental source of support for the client. Rather than the therapist focusing on alleviating specific symptoms, the approach aims to help clients find their voice to make their own decisions by increasing clarity and improving their self-esteem. CCT has mixed evidence in research literature depending on the mental health issues being addressed in therapy.

CFT (Compassion-Focused Therapy) helps promote emotional healing by encouraging clients to remain compassionate towards themselves and others. CFT teaches clients how to shift from a shameful, critical stance to one of self-acceptance by enhancing mind-body connection. There is some research evidence that it is a modality that reduces depressive, anxious, and psychotic symptoms.

CPT (Cognitive Processing Therapy) is based on CBT and developed specifically to treat trauma symptoms by challenging negative core beliefs clients possess as a result of their traumatic experiences. The therapist provides psychoeducation on the nature of trauma and reinforcing factors of trauma symptoms. The client is typically asked to write a detailed account of their worst traumatic experiences so that the therapist can help the client develop strategies to counter negative thinking (e.g., self-blaming thoughts). CPT is primarily an evidence-based treatment for treating Post Traumatic Stress Disorder. However, there is growing research demonstrating CPT can be effective for treating depression and anxiety.

DBT (Dialectical Behaviour Therapy) teaches clients strategies to emotionally regulate, tolerate extreme distress, enhance their relationship with others, and remain mindful. DBT is traditionally offered with a combination of group and individual therapy. It has strong research evidence for treating Borderline Personality Disorder, Post Traumatic Stress Disorder, eating disorders, and substance use disorders.

EmFT (Emotion Focused Therapy) aims to help clients accept, express, regulate, process, and shift emotions. Using this evidence-based approach, the therapist can teach individuals or couples to nonjudgementally connect with their emotions given that avoiding emotions can lead to more negative outcomes.

Therapy Modality/Orientation Glossary



EFT (Emotionally Focused Therapy) is an evidence-based treatment more commonly used for couples/relationships, though is also offered for individuals and families. EFT draws on attachment theory to help partners de-escalate, express underlying emotions, repair attachment ruptures, and strengthen their connection to one another.

EFIT (Emotionally Focused Individual Therapy) is an EFT approach with individuals centered on processing current and past relationships with the goal of repairing attachment ruptures and building skills to build more meaningful, lasting relationships. The therapist will help the client explore overarching emotions and patterns to uncover underlying attachment needs. EFIT has research evidence for treating depression and anxiety.

EMDR (Eye Movement Desensitization and Reprocessing) is a structured therapy that treats underlying trauma by helping the client to focus, reprocess, and move past traumatic experiences. The client receives gentle sensory input to activate both sides of their brain while they re-experience cognitions, emotions, physical sensations, and memories resulting from traumatic experiences. EMDR is an evidence-based treatment for Post Traumatic Stress Disorder, anxiety, depression, Obsessive Compulsive Disorder, chronic pain, and substance issues.

ET (Existential Therapy) stresses that all individuals have the capacity for self-awareness, each person's identity is known only through relationships with others, and individuals must continually re-create themselves because life is always in flux. The therapist takes the stance that anxiety, depression, and isolation are natural stages of human development. There is some evidence that ET is helpful for improving self-efficacy, overall well-being, and treating anxious and depressive symptoms.

IE (Intuitive Eating) is a framework more often used in treating disordered eating that is rooted in anti-diet, weight inclusive, and Health At Every Size values. IE teaches clients how to honour their hunger cues, reject diet-culture, challenge rules around food and weight, and improve better connection with one's body. IE was developed by two dietitians, Evelyn Tribole and Elyse Resch, and is now commonly used by eating disorder therapists. IE has growing research evidence that it is an effective approach to treating eating disorders.

Therapy Modality/Orientation Glossary



IFS (Internal Family Systems) therapy takes the assumption that all individuals have sub-personalities or “parts”. The therapist helps the client become more aware of the role each part of them plays while also encouraging compassion towards each part to reduce emotional suffering, release tension, and resolve internal conflict. Preliminary research studies demonstrate that IFS is an effective form of treatment for substance use issues, anxiety, depressive symptoms, and enhancing self-compassion.

MBT (Mindfulness-based Therapy) is often coupled with approaches such as CBT, DBT, and ACT. MBT teaches clients concrete ways to sit in the present moment without judgment, which aids in reducing emotional suffering and enhancing awareness. Mindfulness as an approach has strong research evidence to help treat issues such as depression, anxiety, and sexual issues, and help improve one’s overall mental and physical health.

MI (Motivational Interviewing) is an evidence-based approach that is collaborative, directive, and client-centered that elicits behavioural change. MI is a goal-oriented style of communication focused on strengthening the client’s personal motivation and commitment to change by drawing out the client to identify their own reasons for change. MI is more often an approach that is used in conjunction with behavioural approaches such as CBT, CBT-E, and DBT.

MSCT (Mindful Self-Compassion Therapy) aims to help clients turn towards challenging emotions and negative thoughts with a spirit of openness and curiosity. MSCT uses a combination of self-compassion and mindfulness strategies to enhance the client’s relationship with their bodies, emotions, and others. Some research studies have been showing that MSCT significantly improves one’s ability to remain self-compassionate, reduces anxious and depressive symptoms, and improves one’s overall emotional well-being.

NT (Narrative Therapy) helps the client separate themselves from their presenting problem. This externalization of the problem allows the client to better understand how the stories they tell themselves of the problem shapes the client. The therapist will encourage the client to use their own skills to minimize the effect of problems in their lives and help the client identify their own values. Some research has found that NT decreases anxious and depressive symptoms, enhances decision-making and emotional skills in children, and is effective in treating issues around body image.

Therapy Modality/Orientation Glossary



PE (Prolonged Exposure) is an evidence-based therapy that guides clients to approach and process traumatic memories rather than continue to avoid the experiences and symptoms related to their traumatic past. A PE therapist will teach coping strategies to help manage trauma-related symptoms and will then ask the client to talk through the details of their traumatic memories. Using imaginal exposure, the client is emotionally activated and repeatedly confronts the details, cognitions, physical sensations, and emotions related to their traumatic past until their trauma-related symptoms are decreased or eliminated.

PT (Psychodynamic Therapy) is an evidence-based practice focusing on how the unconscious and past experiences shape our current behaviour and sense of self. Using the therapeutic relationship as the central intervention, the therapist will reflect back observed recurring patterns to the client to help build awareness and shift defense mechanisms.

SET (Somatic Experiencing Therapy) works on the principle that trauma is trapped in the body, which can keep clients from fully processing and moving on from traumatic memories. The therapist will help increase a client's awareness and attunement to their own body's sensations in an effort to shift the trauma-related stress responses rather than focusing on thoughts and emotions.

SFBT (Solution Focused Brief Therapy) is a short-term, goal-focused, evidence-based approach that focuses on a person's present and more immediate future circumstances. The therapist will help the client solve problems more effectively and teach coping strategies.

SP (Sensorimotor Psychotherapy) is a body-centered trauma and attachment approach that views the body as an integral source of information and wisdom. Using mindfulness-based somatic techniques and the safety of the therapeutic relationship, the therapist helps the client build internal resources to find relief from trauma symptoms, better manage their nervous system, update beliefs about themselves and others stemming from traumatic and attachment wounding, and gently process trauma stored in the body by working with "slivers" of traumatic memory.

Therapy Modality/Orientation Glossary



SSP (Safe and Sound Protocol) is rooted in Polyvagal theory and involves using specific music that stimulates the vagus nerve. This intervention is typically delivered over 5 hours of listening to music that adds a calming effect to help reduce stress and auditory sensitivity. SSP is more often used to help clients achieve a more balanced physiological state so that they can better integrate other therapies.

ST (Sex Therapy) is an evidence-based practice aimed to address factors that are impacting sexual satisfaction and sexual functioning with individuals and/or couples/relationships. ST treats specific sexual dysfunctions such as erectile dysfunction, low sexual desire, difficulty reaching orgasm, or genital-pelvic pain. A therapist practicing ST may help you reframe how you view sexual challenges, heal from sexual trauma, and deconstruct shame around specific sexual interests. ST typically uses a combination of approaches such as CBT, MBT, and EFT.

TIST (Trauma Informed Stabilization Treatment) integrates mindfulness-based cognitive therapy, SP, ego state techniques, ego state techniques, and IFS to help establish stability before transitioning into a more in-depth trauma therapy. Using a parts-of-self framework, the therapist provides a structure for clients to see their trauma-related symptoms (e.g., flashbacks, nightmares, dissociation) and self injury behaviours as adaptive reactions rather than with shame, which helps to further establish stability and internal secure attachment.

TIT (Theraplay-Informed Therapy) is a child and family evidence-based therapy focusing on enhancing self-esteem, trust in others, and attachment. The therapist provides structured and focused play to help create opportunities for the child and parent/caregiver(s) to have a changed view of the self as worthy and loveable.

YT (Yoga Therapy) is the application of yoga practices to help treat physical and mental health conditions, such as anxiety or depression. A Yoga therapist would build on the principles and structure of yoga to help the client develop strategies for self-inquiry, reduce stress, and enhance the mind-body connection.

want to join

QTTNS?

QTTNS hosts monthly peer-supervision meetings and has a listserv for our members. We are hoping to look for more opportunities to give back to our community and further support our members. We have 3 levels of membership for QTTNS:

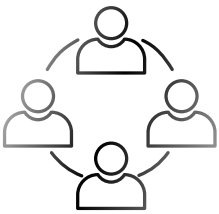
1. Organizing Member



This type of member would be included in discussions around how the group is run and would make decisions about outreach (making both internal and external decisions). This type of member would also likely contribute in various ways such as advertising, administration, organizing, scheduling, sending out emails, etc. Our current organizing members are Cailin Crosby, Erica Baker-Gagnon, Holly Blunden, and Kay Jenson-Vinova.

2. Peer Supervision Member

This type of member could attend monthly peer supervision as desired (and would still be on the larger referral/listserv) but would not have a say in decisions around how the group is run.



3. Referral/listserv member

This type of member would be included on email chains to the entire group with questions about resources and referrals but would not have a say in decisions around how the group is run.

**WELCOME ✕
to the TEAM**

If you would like to become a part of our network, are the following questions true for you?

- 1) Are you a registered social worker, psychologist, counseling therapist, or student in an accredited social work, psychology, or counseling program?
- 2) Do you identify as part of the 2SLGBTQIA+ community?
- 3) Are you currently licensed to provide social work, psychology, or counseling services in Nova Scotia?



If so, please email: info.qttns@gmail.com