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Chasing Happiness

by Angela Post, Ph.D., R.Psych.

"I just want to be happy." "The thing I wish for my kids is that they would be happy."

These are common statements that people give to explain why they decided to engage in therapy. We all love to be happy. There have been popular songs such as "Happy" by Pharell Williams. It's a catchy tune. In past decades, other songs such as "Don't worry, be happy" by Bobby McPherin was an instant hit. The lyrics capture our desire to be in a happy state.

We crave being happy. In fact, we often can't stand it and feel unfairly treated if we have too many incidents that create despair. Is there anything wrong with wanting happiness? No and yes.

Happiness is one of many human emotions. We are empathic beings capable of mirroring and relating to others in a wide array of emotional states. Our emotional landscape shifts and changes with the influence of our thoughts, our attitudes, our behaviours, and the actions of others. Our emotions can be influenced by the mind body connection and whether we are ill or healthy, whether we feel resilient or our energy has been spent.

It would be a shallow existence to feel only happiness about all life events. Although we try to avoid and push away the emotions that feel negative such as sadness, sorrow or anger, many life events require these as an appropriate response and emotional states. For example, empathizing with a friend who has lost a parent. Shared sorrow and grief is what a grieving person needs rather than a Pollyanna response to the loss of someone important. Walking through grief is good for us. It makes us deeper and richer. Passing through grief is the only way to really work through it and come out stronger on the other side. It changes us. This cannot happen without experiencing some heaviness of emotion. Laughter and

continued on page 2...

Also In This Issue

Marjuana: Not all Good or Bad.....pg 3

Cognitive Behavioural Therapy.....pg 4



Summertime Internet Safety

by Don Lasell, M.A., R.C.C.

"Something is not right" Barb was sharing with her friend Jill over coffee, "Jessica is on the computer every night for hours, and when she is not on the computer, she's on her cell phone." Jill gave an empathic groan, "I know what you mean, my daughter is the same."

"Yeah, but something is different lately," said Barb with a troubled look on her face. "It's like she's a different person. She used to like to hang out with her friends, but now she doesn't even want to do that. I was checking the cell bill last night and noticed that she's been getting a lot of calls from a 1-800 number. She also has money I know I haven't given her."

"What do you think is going on?" asked Jill.

"I don't know," replied Barb. "If I even come close to the computer when she's on it, she turns off the screen and she never lets her phone out of her sight. I try to talking to her, but she always seems to be mad at me. If I push the issue, she just gets angry and goes straight to her room. I'm really worried about her and I don't know what to do."

Barb has reason to be concerned. Jessica, who was previously a happy and socially involved teen, has become angry and has disconnected herself from her family and friends. Jessica's unrestricted use of the internet may have a lot to do with this. While use of social media is typical and generally harmless for most teens, something more sinister may be occurring. Many of the behaviours Jessica exhibits are consistent with those of children who are experiencing "online child exploitation". Following is a list of warning signs of

continued on page 3....



Chasing Happiness... *continued from cover*

lightness can coexist with grief, but a sense of 100% complete happiness cannot be the appropriate way to face difficult life situations.

Is it okay to chase happiness? Perhaps it is like chasing a rainbow. There are many articles and books written on happiness. Some of these have gone on to become bestsellers. Perhaps it is our culture's obsession. We have statements such as "money can't buy you happiness". Perhaps we even miss moments every day, glimpses of happiness and joy, because we are trying to achieve an overall state of persistent happiness that we think others already possess.

Social media has played a part in helping us to make immediate and ongoing comparisons of our personal situations with those of our "500 Facebook friends". We can see who has had the most active social life, the new car, the fun in the sun vacation, the new baby, new relationship or perfect looking children. Instagram, Twitter, Tumblr, and other social media feed us continual comparative data on how our lives and emotional states measure up to others. The only catch is that the information is typically biased toward the positive, giving a skewed perspective on the real and actual lives of others.

Advertising also bombards us with the latest items for purchase or experiences to be savoured that come with a price tag. Generally, no one in the ads looks unhappy. The message is always that if you purchase the product, it will add to your overall sense of happiness and fulfillment in life. No wonder we chase happiness. It looks to us as though everyone else is already in possession of it, that if only we had enough money we could purchase items or experiences that create "open happiness". Rather than chasing happiness, maybe noticing glimpses of it as it naturally occurs, and enjoying those moments, is more realistic and less likely to lead to frustration.

Maybe doing something kind for someone else, and noticing their happiness is likely to spark our own. Being able to tolerate the more negative spectrum of emotion, to sit with a feeling of anger or sadness without pushing it off or wishing it away, allows depth and maturity to grow. Anger, sadness, sorrow, and frustration also have lessons to teach us.

There are many "how to" articles and books on cultivating happiness, but maybe the chasing of it and trying to harness it is like trying to grasp water that runs through our fingers. Rather than chasing, to acknowledge that happiness comes and goes, to enjoy it when it appears, and to allow ourselves to sit with other less wanted emotional states might just assist us to become deeper, richer, and more resilient.



Summertime Internet Safety... *continued from cover*

potential child exploitation as well as a list of strategies to help keep your child safe when online.

WARNING SIGNS:

- You find pornography on the computer
- Your child gets phone calls from men you don't know
- Your child makes long distance calls to numbers you don't recognize
- Your child receives mail, gifts or packages from someone you don't know
- Your child quickly turns off the monitor or changes the screen when you enter the room
- Your child becomes withdrawn from the family
- Your child is using an online account belonging to someone else

STRATEGIES TO PROMOTE ONLINE SAFETY:

- Set clear time limits on the use of electronics and foster face-to-face social interactions and activities
- Talk openly with your child about online predators and the manner in which they lure children
- Frequently review what is on your child's computer
- Monitor your child's access to all forms of live electronic communication
- Spend time with your child online
- Keep the computer in a common room with the monitor facing out into the room where it can be seen easily.
- Use parental controls to restrict access to inappropriate sites
- Maintain up-to-date security software and consider use of family friendly applications which monitor, restrict and report inappropriate computer use
- Know the apps being used by your kids and ensure they are downloaded from reputable app stores
- Closely monitor use of chat rooms
- Maintain access to your child's on-line account
- Randomly check email
- Find out what safeguards are used at school and other places where your child has internet access
- Instruct your child as to what is and is not appropriate to share online (particularly personal information and photos).
- Teach your child to stay respectful and polite when communicating online
- Be aware of and know how to change settings on devices which provide your location
- Warn your child about the danger of in-person meetings with people met on-line
- Know how to locate and wipe cell phones which are lost or stolen
- Lock phones and other mobile devices with a pin code, password or fingerprint setting

While the above listed warning signs and strategies will help to promote greater awareness and safety for our children who access the internet, perhaps the most important thing we can do as parents is to safeguard our relationship by spending time with them.



Marijuana: Not all Good or Bad

by Rick Hancock, Psy.D., R.Psych.

Those living in B.C., and in particular Vancouver, are well aware of the debate regarding the legalization of marijuana. The province recently approved the opening of Medical Marijuana Dispensaries which have very quickly grown in number to rival that of Starbucks. The following facts are worth considering as the debate continues to simmer:

Marijuana is the most widely used illicit psychoactive drug in the world. The two most widely used marijuana species are Cannabis sativa and Cannabis indica. Due to sophisticated growing methods, today's marijuana is up to 5 to 15 times stronger than the marijuana of the 60s and 70s. It is usually classified as a hallucinogenic drug and has some properties in common with narcotics, stimulants, and depressants.

When smoked or eaten, marijuana alters perception and causes excitement, mild euphoria, altered perception, and changes in mood. Negative effects include a decrease in the ability to do complicated tasks, a disruption in short-term memory, impairment in eye-hand coordination, a reduction in motivation, fatigue, and a distorted sense of time. All of these make users more likely to exaggerate their mood and react to the surroundings. Can you imagine a vehicle being driven by a driver in that condition or a student attempting to focus on their studies?

Chronic use can cause severe anxiety, paranoia, and illusions plus the possibility of triggering chronic bronchitis, emphysema, pneumonia, and lung cancer. Regular users display impaired neural connectivity affecting executive functions like memory, learning, and impulse control. Research indicates that marijuana has its strongest long-term impact on young users whose brains are still busy building new connections and maturing in other ways. Most physical damage occurs in the lungs of those who smoke both cigarettes and marijuana, which appears to be the majority of users. In fact, one marijuana joint contains 4-5 times the tar and 2-3 times the carbon monoxide of one tobacco cigarette.



In my practice I have seen a good number of individuals, both young and old, who

believe that marijuana is non-addictive. They are wrong. Tolerance develops rapidly with chronic marijuana use meaning that the quantity and/or frequency of marijuana use will likely continue to increase. Compulsive use is indicative of dependence and is similar to cigarette use in this regard. Withdrawal symptoms include headaches, anxiety, depression, irritability, aggressiveness, restlessness, tremors, sleep disturbances, decreased appetite, and continued craving.

Chronic use can cause severe anxiety, paranoia, and illusions, plus the possibility of triggering chronic bronchitis, emphysema, pneumonia, and lung cancer.

The medicinal use of marijuana remains controversial with proponents extolling its virtues and opponents suggesting that there are better medicines that are more reliable and that don't contain all the possible chemicals and

carcinogens. Regardless, marijuana and related extracts have been used for centuries to treat insomnia and control headaches, asthma, pain, arthritis, anxiety, nausea, glaucoma, loss of appetite and numerous other conditions.

Some time ago a young man, Travis (not his real name), in his late teens booked an appointment with me at the insistence of his parents who were concerned about his use of marijuana. On the telephone his mother explained that at home Travis was generally irritable, aggressive, withdrawn, and losing weight. In addition he had been fired from his last job for arriving late too often and he is not actively searching for another job.

On arrival Travis explained that he could see no problem with the amount of marijuana he was smoking and that all his friends smoked about the same amount of "weed". When questioned about his marijuana usage, Travis appeared to minimize the amount he was using and besides; he said "It's not addictive". He also noted that he had recently been stopped by the police and was given a 24-hour suspension. The police indicated he had been driving too slowly and they suspected he was on some sort of drug. He denied everything and suggested that the police tend to look for any excuse to hassle young people.

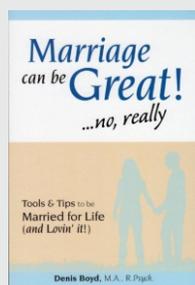
As the session wound down it was obvious that Travis had no interest in discussing his drug use or even his future plans for that matter. When asked if he would be willing to attend another session he indicated that "I'll talk to my mom about it and give you a call". I'm quite certain I'll never see or hear from him again.

Many parents are faced with similar issues with their children and I have seen numerous young people like Travis. In these situations I generally suggest that the parents come in for one or more appointments to learn more about marijuana and how to best deal with their young person at home. Parents are on the front lines of these conflicts and learning the tools to deal with the situation can often be productive for both the parents and their child.

Books

**Marriage can be Great!...
no really**
by Denis Boyd, R.Psych.

**Parenting Teens Without
Power and Strings**
by Rick Hancock, R.Psych.





Cognitive Behavioural Therapy (CBT)

by Maureen Chapman, M.A., R.C.C.

Sam came in highly nervous to attend his first therapy session. He was distressed and stated his doctor wanted him to have Cognitive Behavioural Therapy (CBT) for his depression, anger, and anxiety. Sam feverently added, "I don't have a million dollars to spend on therapy and don't want to be in here for the rest of my life."

Sam was informed that CBT is a form of psychotherapy that emphasizes the important role of thinking about how we feel and what we do. CBT is based on the idea that our *thoughts* cause our feelings and behaviours, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think, to feel / act better even if the situation does not change.

CBT teaches you how to question your situation and thoughts and move in a direction that is healthy for you and those around you.

CBT is based on the scientifically supported assumption that most emotional and behavioural reactions are learned. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting. Many therapists who utilize CBT also ensure that they are understanding the dynamics of the client's family of origin, personal history, relationships, communication style when upset, and medical history. These factors are important for the therapist and client, in order to gain a detailed and more accurate basis for the foundation of negative thinking and painful emotions.

CBT is considered among the most effective and rapid therapies in terms of results obtained. What enables CBT to be briefer is its highly instructive nature and the fact that it makes use of homework assignments. CBT is time-limited in that we help clients understand at the very beginning of the therapy process that there will be a point when the formal therapy will end. The ending of the formal therapy is a decision made by the therapist and client. Therefore, CBT is not an open-ended, never-ending process. That is not to say that people may not come back periodically.

Cognitive-behavioral therapists believe it is important to have a good, trusting relationship with their client but that is not enough. CBT therapists believe that clients change because they learn how to think differently and they act on that learning. Therefore, CBT therapists focus on teaching rational self-counselling skills.

CBT does not tell people how they should feel. The fact is we feel what we feel. However, most people seeking therapy do not want to feel the way they have been feeling. Our feelings however are closely tied in with the thoughts that we begin to generate (most of us are never aware that we have these thoughts prior to the feelings of fear, anger, anxiety, shame, depression, inferiority, etc).

In therapy Sam was able to acknowledge that his depression, anger, and anxiety comes from certain thoughts. "I

know what they are thinking about me." (MIND READING). "This always happens to me". (OVER GENERALIZING). I should be more outgoing, smarter, everything other than I am. (SHOULD). "If I try to make a change, something terrible will happen". (CATASTROPHIZING). What if I try to change and x, y, and z happens? (WHAT IF?). Thus, Sam has 2 problems. The situation he is confronting and how he has assigned a personal significant meaning to it.

Cognitive-behavioral therapists want to gain a very good understanding of their clients' concerns. That's why they often ask *questions*. They also encourage their clients to ask questions of themselves, like, "How do I really know that those people are laughing at me?" "Could they be laughing about something else?", "What is the evidence for this thought?"

Cognitive-behavioral therapists have a specific agenda for each session. Specific techniques / concepts are taught during each session. CBT focuses on the client's goals. We do not tell our clients what their goals "should" be, or what they "should" tolerate. We are directive in the sense that we show our clients how to think and behave in ways to obtain what they want. CBT therapists do not tell their clients what to do but how to do it.

CBT teaches you how to question your situation and thoughts and move in a direction that is healthy for you and those around you.

When we learn how to more calmly address a personal problem, not only do we feel better, but we usually put ourselves in a better position to make use of our intelligence, empathy, knowledge, energy, and resources to resolve the problem.

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Note: R.Psych (Registered Psychologist)
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