

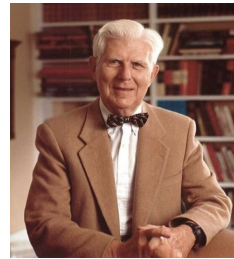
- May be caused by an imbalance of brain chemicals
- Symptoms include: feeling sad, hopeless, worthless, or pessimistic
- Often can experience behavioral changes, such as eating more or less and sleeping patterns (APA, 2000)
- Can be treated with counseling and medication
- If you think you may be experiencing depression please contact Barry University's Center for Counseling and Psychological Services 1-800-756-6000 x3950

Aaron T. Beck, M.D. by Caryn Musiala

Aaron Beck was chosen for this month's psychologist because his name has become synonymous with depression; he has created one of the widest used depression inventories and is the founder of Cognitive Behavioral Therapy. Dr. Beck is the President of Beck Institute for Cognitive Therapy and Research, University Professor of Psychiatry at University of Pennsylvania and is a graduate of Brown University (1942) and Yale Medical School (1946).

One of Dr. Beck's major contributions is the Development of Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) focuses on identifying negative automatic thought processes (of self, world and future) and

evaluating them so patients can view them more realistically leading to increased functioning and mental health. This therapy is used to



Dr. Aaron Beck

treat many disorders including: depression, bipolar disorder, eating disorders, drug abuse, anxiety disorders, personality disorders, and medical conditions with psychological components.

Today CBT is the highest funded and researched psychotherapy and is taught in almost every clinical psychology program.

Dr. Beck also designed the Beck Depression Inventory, one of the commonly used instruments for measuring depression. It's creation showed a changing of times; this inventory views depression based on patients own thoughts compared to viewing depression from a psychoanalytic perspective.

His current research includes using cognitive therapy for suicide prevention, implementing cognitive therapy into community settings, and cognitive therapy for schizophrenia.

Double/Single Space After Periods by William Skelton

The new edition of the Publication Manual recommends that authors include two spaces after each period in draft manuscripts. For many readers, especially those tasked with reading stacks of term papers or reviewing manuscripts submitted for publication, this new recommendation will help ease their reading by breaking up the

text into manageable, more easily recognizable chunks.

Although the usual convention for published works remains one space after each period, and indeed the decision regarding whether to include one space or two rests, in the end, with the publication designer, APA thinks the added space makes sense

for draft manuscripts in light of those manuscript readers who might benefit from a brief but refreshing pause.

For more information about the changes in APA formatting please check out the new formatting website <http://www.apastyle.org/index.aspx>. This help site has tips, tutorials as well as information on purchasing new manuals.



**GASP PRESIDENT
2009—2010**

*People are like
stained glass
windows. They
sparkle and shine
when the sun's out,
but when the
darkness sets in, their
true beauty is
revealed only if there
is a light within...*
Elisabeth Kubler-Ross

**Doctoral
Programs in
Clinical
Psychology**



From the President...

As President of GASP, I am excited to present our first newsletter. In an attempt to become better acquainted with our fellow classmates, each newsletter will feature a different student's biography. So I would like to tell you a little about myself.

I was raised in Millville, New Jersey, 45 minutes from Philadelphia and Atlantic City. There, I received a B.S. in Psychology at Stockton College. After receiving my degree, I took some time off

while taking a few classes and working at a primary care physician's office. I moved to Florida to attend Barry University soon after.

I am in my second year working towards a Master's degree. Currently, I am doing my thesis on cyberbullying. I am specifically interested in comparing cyberbullying to traditional forms of bullying to see if there is a perceptual difference for the victim.

After Barry University, I

would like to attend a doctoral program for clinical psychology. My interests are broad; however, I am interested in working with adults with severe pathologies, probably in an in-patient setting. In addition, to taking classes I tutor students with learning disabilities at the Center for Advanced Learning. I have found this to be extremely rewarding, and I am looking forward to doing my practicum at the Broward Outreach Center next semester.

Jenna Zucchi

Upcoming Events

- | | |
|-------------|--|
| October 20 | CV Workshop and Preparation for Interviews |
| October 26 | Mock Interviews |
| November 3 | Depression Seminar |
| November 14 | Native Planting Volunteering Event |

Thinking about Doctoral Programs?

Are you thinking about applying to a doctoral program in clinical psychology? There are a number of factors to consider in making such an important decision.

One, have you taken the GRE's?

For most universities, applicants to a graduate psychology program must have a sum total of 1000 on their GRE.

Second, do you want an academic career or do you want to practice? This is an important decision as it may determine whether you focus on applying to Ph.D.

programs or Psy.D. programs.

Third, what is the program's deadline for receiving applications? Give yourself enough time to gather all documents, including transcripts, letters of recommendation, and letter of intent in order to meet the deadline.

Depression Seminar

The Faculty of the Department of Psychology along with GASP will present a seminar on Depression, November 3rd, 2009 in LIB 103.

Beginning at 5:00, students from GASP will start the seminar by portraying the effects and behaviors associated with depression by presenting a skit. Department of Psychology faculty members; Dr. Frank Muscarella, Dr. Linda Bacheller, and Dr. David Feldman will present a clinical perspective of depression

by providing case examples and detailed information about symptoms and warning signs related to depression.

In addition the faculty will lead a panel discussion answering questions and concerns about depression.

Please join us to learn, discuss, and contemplate on such a widely experienced disorder that is estimated to affect as many as 19 million American adults.

Together we can take the first step to understand the causes and treatment for overcoming this problem.



If you are feeling suicidal, know that there are many people who want to support you during this difficult time, even if it doesn't feel like that. Reach out for help!

Myths about Depression

Myth: Depression doesn't affect me.

Fact: According to a 2004 survey by the American College Health Association, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning, and 15 percent meet the criteria for clinical depression. This means that someone in your life that you care about (or maybe yourself) could

face depression at some point in college or in adulthood.

Myth: Depression is not a real medical problem.

Fact: Depression is a real and serious condition. It is no different than diabetes or heart disease in its ability to impact someone's life. It can have both emotional and physical symptoms and make life very difficult for those who have it. The medical community has acknowl-

edged the seriousness of depression and recognizes it as a disease.

Myth: Depression is something that strong people can "snap out of" by thinking positively.

Fact: No one chooses to be depressed, just like no one chooses to have any other health condition. People with depression cannot just "snap out of" their depression.

Depression & Symptoms

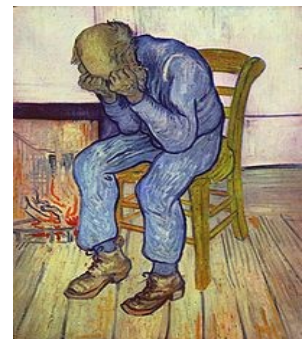
by Daniele Profilo & Jason Cliffgard

Depression is a mood disorder characterized by one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes, and has specific symptoms including:

- Depressed Mood
- Anhedonia or loss of interest in normal activities
- Significant weight gain or weight loss
- Changes in sleeping patterns
- Feelings of restlessness
- Fatigue or low energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Trouble concentrating

Symptoms may cause significant distress in the individual experiencing depression and may interfere with personal relationships or academic success.

On the Threshold of Eternity is a painting by Vincent van Gogh, showing the anguish of depression.





Barry University

Department of Psychology
11300 NE 2nd Avenue
Miami Shores, Fl 33161-6695
Phone: 305-899-3278

GASP is a graduate organization designed to promote the academic and professional development of graduate students in psychology. Members aim to provide a support system to their fellow students and faculty of the Psychology Department at Barry University. The membership as an entity aims to create an open environment that attracts, develops, and rewards highly professional and effective people, as well as provide support services to the south Florida community.

More Myths about Depression

Myth: Depression only happens when something bad happens in your life, such as a breakup, the death of a loved one, or failing an exam.

Fact: Depression is more than just having occasional sad thoughts. While everyone experiences ups and downs in life, and often will feel sad for some time after a serious loss or disappointment, developing depression does not require a specific negative event. Prolonged periods of hopelessness, sadness, and lack of interest in things someone usually enjoys are symptoms of depression. Depression can arise suddenly, even when things in life seem to be going well.

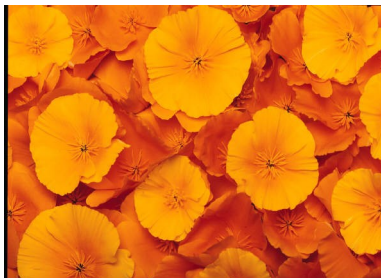
Myth: Depression will just go away on its own.

Fact: While for some people, depression may go away without treatment, this is not usually the case. Without treatment, symptoms of depression can continue for weeks, months or even years. Depression can lead to suicide, the third leading cause of death for 18 to 24 year olds, reinforcing the importance of seek-

ing treatment. The good news is that most people do get better with treatment.

Myth: Talking about depression only makes it worse.

Fact: While it is easy to understand why someone might be worried about discussing their depression, being alone with your thoughts is even more harmful when facing this disorder.



Many people with mental health prob-

lems are stigmatized in our society, so the best thing you can do to help a friend is be a good, supportive, and non-judgmental listener if they choose to talk with you.

If you are hesitant to discuss difficulties you might be facing with a close family member or friend, think about other people in your life, like spiritual leaders or faculty members who would be willing to discuss your struggles. If at any point, you feel so overwhelmed by feelings of sadness and hopelessness that you are considering hurting yourself, call 1-800-273-TALK.

<http://www.nmha.org/go/backtocampus/depression>