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## *Spring Conference Keynote Summary*

### **Deliberate Self-Injury: Prevalence and Treatment Strategies**

By Karen Nelson, PhD

Self inflicted wounds present a stark image. Many flinch at the idea of inflicting acute damage to our own bodies. Why would someone deliberately self mutilate? "Self-cutting typically represents a maladaptive coping strategy," said Wendy Lader, PhD. She said that self-injury tends to be characterized by self-loathing complicated by a fear that acknowledging one's anger to others will surely bring about the loss of an important relationship or image of oneself.

What follows is a summary of Dr. Lader's presentation at the IPA Annual Meeting on April 27, 2007, in the Amana Colonies. To highlight the relevance of Lader's presentation, several IPA members share how they planned to incorporate Lader's perspectives and recommendations into their clinical work.



Dr. Wendy Lader, IPA 2007 Spring Conference Keynote Speaker

#### **Prevalence of self-injury**

The prevalence of self-injury is difficult to determine since secrecy is often a hallmark of cutting. A sample of 2,875 American college students found a lifetime prevalence of 17% (Whitlock, 2006). Hawton, Rodham, Evans, and Weatherall (2002) estimated that 6.9% of a non-clinical sample of 15-16 year olds in the United Kingdom had engaged in at least one act of self-injury in the previous year. Only 12.6% of self-cutting episodes led to a hospital visit.

For men and women, the mean age of self-harm is the early thirties. The peak age for presentation to clinic is 15-24 years for women and 25-34 years for men. According to Hawton et al. (2002), 30-40% of those seeking help after an episode of deliberate self-harm receive a psychiatric diagnosis. About one-third had received prior psychiatric services. Alcohol dependence was diagnosed in ten percent; schizophrenia and bipolar illnesses were diagnosed in less than ten percent of self-injurers seeking treatment.

#### **Reasons for self-mutilation**

Lader reviewed cultural, analgesic, religious, and communication purposes for self-injurious behavior. Below is a summary of rationales described by patients.

- Relief of intolerable stress
- Attempt to regulate unpleasant feeling states
- Poor problem-solving
- Inability to express feelings in words
- Means or attempt to influence others

## the iowa psychologist

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## President's Message News from the APA State Leadership Conference

By Michele Greiner, PhD

The 2007 APA State Leadership Conference (SLC) was, as it has been in the past, an exciting and action-packed event for state leaders. This year's theme, *Positioning for Change: Expanding Psychology's Roles, Influence and Value*, was an apt title for the many presentations and sessions focusing on carrying psychology forth into the future.

Iowa was fortunate to have a large delegation attending, including Don Damsteegt (Chair of the Public Education Committee), Phyllis Hansell (Chair of the Business of Practice Network), Sheila Pottebaum (Federal Advocacy Coordinator), Rachel Heiss (President-Elect), Lisa Streyffeler (Early Career Delegate), Alex Casillas (Diversity Delegate), and me (IPA President). Three delegates share their SLC reflections below.

A featured presentation at the conference was titled *Arming Yourself with Knowledge on Evidence-Based Practice (EBP)*. Dr. Carole Goodheart chaired the presentation and spoke about APA's Policy on Evidence-Based Practice in Psychology and the current efforts by insurance companies, legislatures, and other systems to implement EBP initiatives. She stressed the need for practitioners to begin to use outcome measures in their own practices and described measures currently used. As insurers, legislatures, and other systems push for EBP, she suggested several strategies for state associations. She encouraged associations to aid their members in learning how to integrate outcome measurement in their practices, encouraged practitioners to list all applicable diagnoses for a client, encouraged practitioners to negotiate about benchmarks for effectiveness and any bonuses based on achieving those, and she encouraged negotiation by practitioners with reimbursers about such issues as panel membership and payment processes.

Dr. Lynn Bufka, APA Practice Directorate, Assistant Executive Director, spoke about legislative actions across the nation and EBP. She alerted members that the term *evidence-based practice* is frequently used but does not have a standard definition. She described how the term has become a buzz word and how it's often used to legitimize treatment. She also stressed how psychologists with their extensive training in research have a unique and important role in this issue.

Dr. Ann Doucette, a nationally known research scientist at the Center for Health Services Research and Policy, The George Washington University School of Public Health and Health Services, spoke about evaluating treatment effectiveness in pay-for-performance health systems. She alerted us that pay-for-performance and other such attempts to control health care costs will not go away.

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## Summary of Lader's IPA 2007 Spring Conference Keynote Address

Continued from page 1

- Form of self punishment
- Means of validating self
- Contagion: Others are doing it; cutting helps me fit in

The central features include: hopelessness, deficient problem-solving abilities, and hostility toward self and others.

### Trauma as antecedent

Clinicians and researchers report a nontrivial overlap between self-injury and history of physical, emotional or sexual abuse. Exposure to physical or sexual abuse, neglect and chaotic family conditions during infancy, childhood, and adolescence have been found to be predictors of the amount and severity of self-cutting (Van der Kolk, Perry, & Herman, 1991). However, many who self-injure suffered no childhood abuse or trauma. Although it is appropriate to assess for trauma, Lader emphasized that it would be irresponsible and unethical to assume repressed trauma among patients who deny this history.

### Distinguishing self-injury and suicide

The possibility that self-injury represents a suicidal gesture must not be ignored, according to Lader who cited a survey that found that between 55–85% of self-injurers reported at least one suicide attempt (Stanley, Gameroff, Michalsen, & Mann, 2001). Suicidal thoughts at the time of cutting were reported to be present in 28–41% of individuals (Muehlenkamp, J., 2005). Of known risk factors for completed suicide, deliberate self-harm has one of the strongest associations. In the year after an episode of self-harm, the suicide rate was 100 times that of the general population. Self-injurers may misperceive the severity of their injury. They may engage in magical thinking about being rescued and may even view death as a dream-like state.

Many adolescents who self-injure deny lethal intent. To differentiate between

self-injury and a suicidal gesture, Lader recommended asking patients “*where* did you self-injure?” Injuries to the upper thigh and arms are typically not lethal. Also, clinicians should determine whether the patient used their usual method of self-injury. A *deviation* may represent an increased risk of lethality. Citing information from the Centers for Disease Control, Lader said, “It’s important to note that 98.4% of people who die by suicide use methods other than cutting.”

Hawton et al. (2002) delineate risk factors for lethality and characteristics of non-fatal self-injurers. Obviously, this represents aggregate data and individual clinicians must carefully assess each patient.

These are characteristics of non-fatal self-injuring patients.

- History of self-harm prior to current episode
- Psychiatric history, especially inpatient treatment
- Current unemployment
- Lower SES
- Alcohol or drug-related problems
- Criminal record/antisocial personality

### Treatment goals and strategies

Based on 20 years of working with people who self-injure, Lader said the primary goal is to help patients experience feelings without acting on them. First, therapy must help patients to get through their defenses and learn to label and express their feelings verbally in an age appropriate manner. Patients learn to challenge irrational thoughts and to differentiate thoughts from feelings and actions. Therapists encourage patients to face their fears and strong feelings directly rather than to dissociate via self-injury.

Dr. Lader’s book, *Bodily harm: The breakthrough healing program for self-injurers* coauthored with Karen Conterio, outlines the use of impulse control

logs, writing assignments (in a box on page 4), participation contracting, and development of alternative behaviors. Clients generate five temporary distractions they will use to delay or replace their self-harm behavior in conjunction with the Impulse Control Log. These temporary distractions increase the window of opportunity between an impulse and an action.

The two-sided Impulse Control Log asks clients to document the following in a table format:

Acting out/self-injury thoughts;  
Time and date; Location; Situation;  
Feeling; What would be the result of self-injury?; What would I be trying to communicate with my self-injury?; Action taken (How were thoughts/feelings communicated/coped with?); Outcome.

Dr. Lader cautions against using unstructured journaling with these clients because it can intensify and reinforce negative patterns.

Self Abuse Finally Ends (SAFE) is the inpatient program that Dr. Lader co-directs for self-injurers. More information about the SAFE program is available at [www.selfinjury.com](http://www.selfinjury.com) and the 800-DONTCUT information line.

### Discussion of clinical relevance from IPA members

I work with PTSD, both combat-related and childhood-related, in the VA. What struck me about Dr. Lader’s presentation is the help we provide clients in learning to distinguish behavior vs. affect vs. cognitions, and then to help them tolerate their feelings, manage their impulses, and challenge their irrational thoughts. I may experiment with using writing assignments and the impulse log in selective cases. **Mary Eggert, PhD, Iowa City VA Hospital**

I work predominantly with adolescents. So many struggle to put words to

## Summary of Lader's Conference Address

Continued from page 3

their experience or to share those experiences verbally. . . . I can't wait to utilize the writing assignments with some of my clients. **Summer K. Brunscheen, PhD, Central Iowa Psychological Services, Ames**

Wendy Lader's presentation sends me home with numerous ideas to help people honor and express themselves emotionally rather than dishonor and suppress emotions with self harm. **Rilla Fox, PhD, Richman Center CMHC, Ames**

My clients are nursing home residents who have chronic psychiatric symptoms and/or dementia. There are some who do bodily harm, primarily cutting or cigarette burns. Since these patients are residents, the contracting that Dr. Lader described will be interesting to try. Although Dr. Lader described herself as working from a dynamic conceptualization, I found her description of interventions to be focused on instilling hope and developing coping skills. **Bill Stearns, PhD, VA Central Campus in Knoxville**

I am currently doing a practicum at a university counseling service. As someone who uses a lot of CBT, I found Dr. Lader's suggestions for challenging client's irrational thoughts about self injury to be especially helpful. **Sam Shepard, 3<sup>rd</sup> year doctoral student, Counseling Psychology, University of Iowa**



Karen Nelson

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**Karen Nelson** specializes in treating adolescents with mood and anxiety disorders. She is an Associate Clinical Professor of Psychiatry and works half-time at the outpatient child psychiatry clinic at the University of Iowa Hospitals and Clinics. Karen enjoys time with her husband and their 3 and 5 year old daughters. She can be reached at 319-353-6040 or Karen-Nelson@uiowa.edu

### Self-Abuse Finally Ends: Writing Assignments

Autobiography  
How do I see myself?  
The female most influential to me  
The male more influential to me  
The emotions surrounding self-injury  
The anger inside of me  
What I can't stand about the people in my life  
Compensation for life's injuries (imagine punishing perpetrator)  
Nurturing myself  
A time I was comfortable in someone else's presence  
The person I want to be  
How I feel about being a woman or man  
Saying goodbye to self-injury  
What I have learned about myself through these assignments?  
Future plans

At least 100 spring conference attendees are now trained in treating self-injury. However, the following practitioners have more extensive experience with clients who self-injure.

Ruth Evans  
Muscatine  
563-263-3869

Angela Stokes  
Sioux City  
712-239-1111

Harriett Dicky-Chasins  
Grinnell  
641-236-7733

The purpose of the Research Informing Practice/Policy series is to promote the work of Iowa psychologists and to connect scientists and practitioners. Please consider recommending yourself, a practitioner conducting research, or a researcher doing applied work for a future issue.

## Mercy Medical Center: Winner of the 2007 Healthy Workplace Award

Mercy Medical Center, located in Des Moines, was awarded the 2007 Psychologically Healthy Workplace Award on April 27th by the Iowa Psychological Association.

IPA presents this award annually to recognize an Iowa organization that has created a healthy environment for employees. The award committee looks for organizations that recognize achievement, provide good working conditions, offer opportunities for employee self improvement, and encourage participation and a sense of ownership. These all contribute to employees' psychological well-being.

"Mercy believes that the success of our organization directly ties back to having satisfied associates, and we are committed to providing a premier workplace environment that reflects a strong, vibrant culture of caring," said Mercy's President and CEO Dave Vellinga. "We are truly honored to receive the Iowa Psychologically Healthy Workplace Award. It reaffirms our dedication to the health and well-being of the entire Mercy family."



From left: IPA President Michele Greiner, Jacqueline Easley, Mercy's Director of Diversity Services, IPF representative Phyllis Hansell, and Robyn Wilkinson, Senior Vice President of Human Services.

## Elizabeth Lonning: 2007 IPA Meritorious Achievement Award Winner

Nominated by: Sam L. Graham, PhD

The IPA Meritorious Achievement Award is intended to honor an IPA member for outstanding service to the association. Outstanding service may be construed as a single major contribution or may refer to a consistent history of service over a longer period of time.

I am honored to have the opportunity to present Elizabeth Lonning, PhD, the Meritorious Achievement Award. Beth meets both the consistent history of service over a long period of time and the major contribution criteria.

After completing her internship at the Wichita Collaborative Psychology Internship program, Beth returned to Iowa as a doctoral psychologist. Beth immediately joined IPA and quickly emerged as a leader. In the short time period of fourteen years, Beth has served as membership committee chair for three years and conducted the most successful recruiting year in the recent history of IPA.

Serving first as Division One president and subsequently as IPA president-elect, president, and past-president, Dr. Lonning has consistently demonstrated her commitment to serve as an IPA leader.

After completing her year as president, Beth resumed her duties as membership chair and went on to serve as cochair of the psychopharmacology committee. While serving as cochair of the psychopharmacology committee, Beth stepped forward and completed my term as Federal Advocacy Coordinator when I became president-elect and she completed Brenda Payne's term as treasurer when Brenda agreed to serve as Federal Advocacy Coordinator.

Clearly the above resume meets the criteria of a history of service, and Beth's work in guiding the association toward meaningful training in psychopharmacology consultation meets the single major contribution criteria. Beth developed a program on such training possibilities for the 2006 Spring Conference in a contentious political environment.

Beth has been a role model to young psychologists for their involvement in IPA; she has served in the mentor program for graduate students and has accomplished all of these things while serving her patients and practice.



Two generations of meritorious psychologists: Meritorious Achievement Award winner Beth Lonning (right) with her mother, Carole, and her father, Phil Lonning, who also is a psychologist.

## IPA 2007 Spring Conference Presentation Summary

### Practical, Ethical, and Financial Considerations in Retiring from the Practice of Psychology

Presented by Steve Hall, Sam Cochran, Phil Lonning, and Jane Anderson; Presentation summarized by Sam Cochran

This conference session was a timely one, following the IPA Business Meeting on Saturday morning at which the *Graying of Psychology in Iowa* was a major topic of consideration.

Steve Hall began the session by noting that fear of financial security in retirement is one of the greatest fears of all persons, not just psychologists. Retirement is one of the biggest adjustments that have to be managed over the lifespan. He outlined three key questions that a psychologist must ask herself or himself in contemplating the financial aspects of retirement:

- What do you want to accomplish in retirement?
- What are the hurdles to accomplishing it?
- What is the plan to accomplish it?

Four key financial considerations guide in accomplishing retirement goals. The first is cash flow and how inflation and taxes will impact guaranteed and earned income in retirement. Second is how you will manage health care expenses, including medical expenses and possible long-term care needs. Third is how the retiree will manage retirement investments. And finally, how will you handle the questions related to estate planning and the creation of wills, trusts, and so forth.

Each of these considerations are deeply personal, individual decisions, and the psychologist considering retirement is advised to act sooner, not later, in consulting with professionals who can assist in helping with the process of working through all these financial considerations.



Retirement considerations panel, (from left) Sam Cochran, Jane Anderson, Phil Lonning, and Steve Hall.

Sam Cochran outlined key ethical and practical considerations in closing a psychology practice. In particular, he advised an *informed consent in reverse* approach to communicating about retirement plans with clients, and noted that the Ethics Code and the APA's recently approved policy on Record Keeping Guidelines address these issues in some detail (see <http://www.apa.org/practice/recordkeeping.pdf>). In particular, the Ethics Code provides guidance on issues related to

**Human Relations** (3.10–Informed Consent; 3.12–Interruption of Psychological Services);

**Privacy and Confidentiality** (4.01–Maintaining Confidentiality; 4.05–Disclosures);

**Record Keeping and Fees** (6.01–Documentation of Professional and Scientific Work and Maintenance of Records; 6.02–Disposal of Confidential Records of Professional and Scientific Work); and

**Therapy** (10.09–Interruption of Therapy; 10.10–Termination of Therapy).

Phil Lonning challenged those planning retirement to attend to the gap between the expectations of retirement

and the experience of retirement. He noted several challenges, some unanticipated, including the notion that “retirement will be great,” and commented on how the loss of identity as a professional and psychologist was one of the most difficult adjustments. He also noted the challenge of post-retirement contacts with former patients, and managing these aspects of the new role. This is especially difficult if one does shift in roles from full time practice to part-time practice or from therapist to consultant. He noted the persistence of the psychologist role identity, and how work served a function of providing a purpose to life and existence.

Jane Anderson noted the importance of intentionally stopping and *letting go* of work. Yet, in the context of closing a practice, she also noted how important the role identity is to a psychologist and how easy it is to underestimate the impact that abandoning this role will be. She advised retiring psychologists to not underestimate the time needed to plan and prepare for retirement and the impact retirement will have on the psychologist, his or her colleagues, and the patients with whom the psychologist has built long-term, meaningful relationships over a career.

Retirement signifies a real change in how people see you. She advised a proactive approach to letting go, including throwing a party to celebrate your career, getting out of town for a while, and living in a neutral zone for a time in which you can plan for and anticipate the many changes that retirement will bring. Separation from the practice of psychology requires thoughtful planning and consideration of what life will bring after the formal termination of your professional practice.

## IPA 2007 Spring Conference Presentation Summary

### Ask the Expert: An Attorney Answers Questions About Iowa Law and the Practice of Psychology

Presented by Allison Heffern, JD, of Simmons, Perrine, Albright and Elwood, L.P.C.; Presentation summarized by Suzanne Zilber

Ms. Heffern came prepared with a thick document with sections of Iowa law, HIPAA requirements, and recommendations based on questions that had been emailed ahead of the conference for her advice. She did not get to verbally review answers to all the questions sent, but I will summarize some of her or other psychologists' answers here.

#### Release of records

Authorizations for release of information should have expiration dates no later than a year from signing, and clinicians should remember to get updated authorizations for long-term clients. It is okay to have clients update a prior release with a new end date and full signature. Expiration can also be set as a certain date related to an event—such as the ending of a legal event or a certain number of days after treatment had ended. A client's choice to end treatment does not void the authorization. It is recommended that a client put a request to void the authorization in writing. Authorizations should not be predated in anticipation of service to be provided. You do not need to have a client sign an authorization form to release their records to themselves, but it is best if they put something in writing to you requesting their records.

#### Re-release of records to attorney

If a client has signed an all records authorization with an attorney, you are expected to release even records you have received from other health providers, such as psychiatrists and

therapists. If you have doubts as to the client's intent, a follow-up phone call to the client is appropriate.

#### Specialist label

There is no particular risk for being labeled a specialist when in a court situation unless you do not have the education and experience to back up the label.

#### Treating versus expert witness

IPA members recommended these articles:

Strasburger, L.H., Gutheil, T.G., & Brodsky, A. (1997). On wearing two hats: role conflict in serving as both psychotherapist and expert witness, *Am J Psychiatry*, Apr; 154 (4): 448–56.

Greenberg, S.A. and Shuman, D.W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28 (1), 50–57.

#### Appearing for deposition or trial

If you bring notes or records to testify, they will become part of what is shared with everyone. You generally don't need to bring your client file, because the attorneys have them, and you can ask for them. Give simple explanations. You may white out parts of records that would compromise the confidentiality of others, such as a spouse. It may not be accepted, but you can start with that.

#### Fees for medical records

You have the right to charge for time, copying fees, and postage connected to sharing medical records. You will not be compensated by an attorney if you choose to write a summary, when they have requested the full records. One psychologist said we could refer to the

fees set for Worker's Compensation processes.

#### In case of a therapist's death

Records should be kept for seven years after last contact. There is no need to keep a summary after you shred the file at seven years. Heffern suggested that every client you still have a file for should be notified as to where the file will be stored. Professional wills were discussed and a sample will was sent to the IPA LISTSERVE.

#### In case of a client's death

The executor of the estate can gain access to records after a client's death.

#### Non-compete contracts

In Heffern's opinion, these would be hard to enforce because the state would not want to restrict client access to provider choice.

#### Substance abuse records

Protection of substance abuse records is not available to psychologists unless the psychologist is working with a licensed physician, surgeon, or osteopathic physician or surgeon.

#### Age of consent

Age of consent for treatment is 18, unless a younger person is in prison after being sentenced as an adult, and then they can refuse or consent to treatment.

#### Requirements for children

Iowa law provides that either custodial parent may consent to treatment.

If you would like a full copy of the original document, please email [aheffern@simmonsperine.com](mailto:aheffern@simmonsperine.com).

## News and Reflections from the APA State Leadership Conference (SLC)

Continued from page 2

Doucette stressed that *value-driven care* will be the wave of the near future and will involve four factors: 1) the use of health information technology, 2) measuring and publishing quality information, 3) measuring and publishing price information, and 4) creating positive incentives for high-quality care. She stressed that initiatives need to be a multi-stakeholder endeavor with payors, vendors, providers, and consumers all being involved.

*Evidence-Based Psychotherapy: Where Practice and Research Meet* by Drs. Goodheart, Kazdin, and Sternberg (APA, 2006) is recommended as a source for more information.

Other delegates also attended worthwhile sessions at the conference, and their accounts follow.

### **Lisa Streyfeller, PhD, Early Career Psychologist (ECP)**

In recent years, APA has increased its efforts to recruit and retain ECPs, and as part of this effort, they have offered ten scholarships for ECPs to attend SLC and have the opportunity to network and receive advocacy training. I learned a lot about what ECPs are doing in the other state associations. For example, some state ECP groups offer help negotiating the licensure process, sponsor presentations on issues relevant to ECPs (such as financial management, starting a practice, and integrating practice and research), and publicize opportunities for funding like the National Health Service Corps or the National Register's credentialing scholarships.

### **Alex Casillas, PhD, Diversity**

In addition to networking with diversity delegates from other state associations, I had the opportunity to attend several diversity-related talks and workshops during which I picked up a bit of history about APA's diversity efforts. For example, since the APA

began their diversity initiative at SLC seven years ago, the conference has seen a tremendous increase in diversity delegates (from 7 in 2000 to 33 in 2007). During the same time period, many of the individuals who initially attended SLC as diversity delegates have become presidents of their state associations (e.g., Arizona, Connecticut, Hawaii, Minnesota, Ohio, and Utah).

The workshops covered a variety of topics, but three themes stood out: advocacy, forming connections, and diversity audits. Regarding advocacy, APA staff and workshop leaders emphasized the need for state associations to keep diversity-related information in mind when developing the state association's legislative agenda. This information can come in the form of questions that help to shape the agenda and diversity-related talking points to include in conversations with constituents and legislators.

Regarding forming connections, speakers emphasized the usefulness of creating networks both within the organization (e.g., between committees) and outside of the organization (e.g., with other professional organizations within the state as well as with state psychological associations from neighboring states). These networks are perceived as being particularly useful when the parties involved are working toward common diversity goals that are likely to benefit all stakeholders.

Regarding diversity audits—the process by which organizations conduct self-assessments that inform strategic plans—I was glad to learn that IPA is on track with other state associations in having recently conducted a diversity survey and using the results to inform decision making regarding training and other needs (see related article on page 13). Some of the associations that are ahead of the curve (e.g., Ohio) have successfully used the results obtained during the diversity audit process by creating initiatives that emphasize and

foster diversity at a variety of levels throughout the organization. Although, like many state associations, IPA has a ways to go, but I am encouraged by the progress that we have made as an organization in the past few years. I look forward to continuing to support and expand IPA's commitment to diversity.

### **Don Damsteegt, PhD, Public Education Committee**

The meeting began with a keynote by Russ Newman, who talked about the need for continued expansion of psychology's role in health care. His presentation was very creative, using a child's book, *Our Iceberg is Melting*, to emphasize that both penguins and psychologists need to scout out new icebergs to inhabit. Newman's talk was followed by a keynote address by Newt Gingrich, who shared his vision for health care reform and began by saying he thought he'd stumbled into an Al Gore rally. However, in the end, the SLC delegates gave him a standing ovation. He called for total health care transformation, saying that we can not just reform the current system; we need a whole new system. I found it exciting that a conservative republican was calling for a major transformation in our health care delivery system, including universal health coverage.

Most of my time at the SLC was spent in meetings with other state Public Education Committee (PEC) chairs. We learned that APA has begun to focus the Mind/Body campaign more narrowly on the topic of *stress*, rather than having diverse foci, such as stress and heart disease or stress and obesity, because they believe stress is a strong entry point for discussions about the role of psychological factors in physical health. Their research shows that 47% of the general population is concerned with the level of stress in their lives.

Some new directions for the APA PEC campaign are to partner with other

## Further SLC Reflections

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organizations in promoting our message, to produce Spanish-language materials, and to encourage psychologists to respond to news cycle opportunities. APA has partnered with 20 organizations, such as the International Association of Firefighters, the Women's Health Resource Center, and the American Institute of Stress. They also hope to partner with other first responder organizations, like the police.

With the help of the Puerto Rican Psychological Association, many of the Mind/Body materials have been translated into Spanish; Spanish language materials are now available at [www.centrodeapoyoapa.org](http://www.centrodeapoyoapa.org).

The APA is also encouraging psychologists to use current events to educate the public. For example, we brainstormed about how we might reach the public about stress reduction at tax time or around Mothers Day.

### A round of applause

IPA extends a special thank you to the hard working members of the 2007 Spring Conference Committee

Michele Greiner

Barbara Lips

Mike March

Ron Nelson

Mona McCalley-Whitters

Joy Moel (student member)

and

Carmella Schultes, executive director

**CLINICAL NEUROPSYCHOLOGIST:** The Veterans Administration Medical Center in Iowa City, Iowa has an immediate opening for a full-time Clinical Neuropsychologist to meet the needs of our growing Neuropsychology Service. The position duties include neuropsychological and psychological evaluations with both inpatient and outpatient men and women ranging widely in age and in diagnostic and treatment needs. The Neuropsychologist will provide consultation to VA medical, neurological, psychiatric, and VA vocational rehabilitation staff, supervise graduate students, interns, and technicians, provide psychotherapeutic and neuropsychological rehabilitation interventions as appropriate and conduct in-service training with clinical trainees, medical student/residents and other staff.

Applicants must 1) be U.S. citizens with a doctorate degree in Clinical Psychology from an APA-accredited program, or equivalent degree, 2) have had a professional psychology internship training program accredited by the APA, 3) hold a full, current, and unrestricted license to practice psychology at the doctoral level in any State, Territory, Commonwealth of the United States (e.g. Puerto Rico), or the District of Columbia, or certification in any State, or be license-eligible at the time employment commences, 4) applicant will preferably have two years ABPP-supervised Neuropsychology training in an APA-accredited postdoctoral fellowship in the Neurosciences, and 5) have the ability to work cooperatively with fellow Neuropsychology staff in efficient and effective management of Neuropsychology consults and accommodation of changing population needs with regard to Neuropsychology services (i.e., returning combat veterans).

The Iowa City Department of Veterans Affairs (VA) Medical Center serves as the hub for medical care throughout Iowa and Western Illinois and is accredited by the Joint Commission on the Accreditation of Healthcare Organizations. It is closely allied through patient care, research and training with the adjacent University of Iowa Medical Center, ranked as one of "America's Best Hospitals". Iowa City is a vibrant city of rich educational and cultural opportunities located on the Iowa River in the heart of beautiful rolling hills and farmland.

All interested candidates should submit VA Form 10-2850c—Application for Associated Health Occupations, and current curriculum vitae or resume, describing their qualifications for this position. The knowledge, skills and abilities should also be addressed in the application materials. Application materials are available on the Iowa City Department of Veterans Affairs (VA) Medical Center website at <http://www.iowa-city.med.va.gov>. All application materials must be received at the address below no later than close of business (4:30 p.m.) on June 15, 2007. Iowa City Department of Veterans Affairs (VA) Medical Center Attn: Human Resources (05) 601 Highway 6 West Iowa City, IA 52246. The Federal Government is an Equal Opportunity Employer.



## From the Executive Director

For several years now my husband and I have volunteered to coach a mock trial team at the Pocahontas High School. We are given 10 freshmen and a civil or criminal case in January and we have 8 weeks to turn 14-year olds into believable witnesses and authoritative attorneys. They present for 2½ hours by memory to a panel of judges in early March. Our best window of practice time is 3-4 hours on Sunday afternoons, but this winter we had to cancel 3 practices due to weather. We were doomed and we knew it. The weekend I was not able to get to Des Moines to catch my flight to State Leadership Conference because the interstate was closed became our 11th hour opportunity to crash prep a team for competition that was 4 days away. We called a practice in Pocahontas, asking parents to get their kids to the school for 5 and 6 hour practices. The highway was icy, roads were closed, and some kids had to travel 20 miles to get to the school. One of the students called me and told me she wasn't going to make it. Of course I told her to go home. An hour later she showed up at practice. She had shoveled her way to the highway while her mom drove.

I won't soon forget the commitment of that young woman. She had already caught my attention as a young woman who hadn't had many breaks. She is the product of a broken home, was displaced during elementary school from her home when a fire destroyed part of it, and, most recently, is coping with the discord of a home ridden with marital strife between her mother and step-father.

As many of you who treat children and adolescents know better than I, it is her resilience that she has and will, call upon to get her through adverse times. You see children like her everyday in your jobs. What impressed me about her though was her commitment. That is what I see everyday in my job.

IPA has a leadership that works tirelessly and thanklessly every day to bring the benefits of membership that you enjoy and that help sustain your profession through advocacy. They do it not even knowing if they will reap the benefits of the investments they make in their time and their effort. But they are committed. Last year a task force comprised of three of your past presidents, Carole Kazmierski, Phil Laughlin, and John Tedesco, researched the issue of the graying of this profession that had come to light through a study by the Department of Health. They did a measure of homework and made some recommendations to IPA on how to address the shortage we will experience in 10 years. Because of them and a host of others who are implementing those recommendations, efforts to offer more internships in Iowa are on the IPA legislative radar screen.

I tell you this because the viability of IPA is a concern. We currently have 45% of the licensed psychologists in Iowa as members of IPA. That is a good statistic when viewed from a perspective of association statistics. But it means that less than half of you are carrying the load—the financial load of sustaining a viable association and the time and effort load of doing the work. As we decline in numbers, we must increase that percentage. We must begin working now to recruit more of the psychologists in this state into this association to avoid the backwards slide we will experience if we don't. And the only way to do that is through each of you. If you feel that you benefit from the advocacy, the collegiality, and the office resources of this association, you must help us build this association. We need you advocating for IPA while IPA is advocating for psychology.

We need each of you take the \$50 reduction in your dues in 2008 that you earn through successfully recruiting a new member. The leadership is taking this very seriously. The executive council has voted to extend to every new licensee in Iowa or every new doctoral degreed applicant a free year of membership. Why? Because they believe that once that person sees what IPA stands for and what we are doing, they, like you, will be willing to plunk down that \$310 in December for dues and advocacy that it takes to keep the vision alive. It is critical that IPA grow as the profession grays, but that is a very tall order, and not one that can be filled by the chair of the committee or even by the committee. It can only be accomplished by the combined efforts of the entire membership. You decide the resilience of IPA.

Thank you again for the privilege of serving as your executive director and the opportunity of working for the greatest state association in the country. Ψ

(This is the text of Carmella's message to the IPA membership delivered at the 2007 IPA Spring Conference.)

***The purpose of the Iowa Psychological Association  
shall be to advance psychology as a science and as a profession.***

### When the working day is done . . .



State Advocacy Chair Kerrie Hill.



APA Representative Jim Marchman, President-Elect Rachel Heiss, and Past-President Sam Graham.



Past-President Sam Graham.



Ron Nelson and Gregory Gullickson.



Ethics Committee Chair Kerri Kinnaird.



Bill Martin and Brian Steiner.



Professional Issues Chair Karen Ahrens.



Students Sarah Luetzow, Elizabeth Jach, and Whitney Knopf.

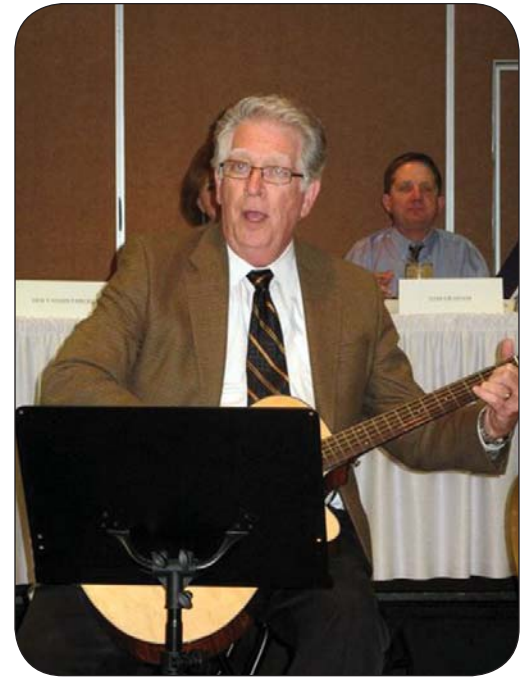


U of I intern Julie Jenks Kettermann and Carmella's beautiful hair.

... psychologists know how to have fun!



Spring Conference Committee members Ron Nelson and Mona McCalley-Whitters, with IPA President Michele Greiner (center).



APA Legislative Advocacy Chair David Hill singing a cowboy ditty.



Laurie Lehn and friend.



IPA Representative Mike March and Dau-shen Ju, Director of Student Services and Counseling Psychology faculty member at the University of Iowa.



Elaine Hoverstein, TIP editor Suzanne Zilber, new member Dawn Brandau, and Ames social worker Lu Klatt.



Psychopharmacology Education Chair Bethe Lonning and Public Education Chair Don Damsteegt.

*Thank you Sally Edman,  
Conference Photographer!*

## IPA Diversity Needs Survey: Executive Summary

By Alex Casillas, PhD, IPA Diversity Committee Chair

During the fall of 2005, the IPA Executive Council approved a proposal by the Diversity Committee to survey all Iowa psychologists about their competencies and training needs in working with diverse clients (in terms of ethnicity, country of origin, native language, sexual orientation, disability status, and so on).

Committee members designed the survey and used a commercially available online survey tool to deliver the survey to all licensed psychologists in the State of Iowa during the summer of 2006. Approximately 475 individuals received an invitation to complete the survey along with a weblink. Of the individuals invited to participate, 131 individuals (27.5%) replied to the survey.

A brief summary of the findings is presented here. Respondents were primarily IPA members (80%), over 50 years of age, male (53.4%), Caucasian (92.4%), had been practicing for an average of 17 years, and were located in counties with higher population concentrations (Dubuque, Johnson, Linn, Polk, Story). Most respondents were practicing clinicians (74%) with a range of clinical specialties (Forensic, Geriatric, Health, Neuropsychology, and Pediatric Psychology) and theoretical orientations; CBT and interpersonal orientations were the most common.

Regarding diversity-related expertise, respondents reported having experience with a wide range of client characteristics, including age groups, ethnicity, religious orientation,

socioeconomic status, urban/rural backgrounds, sexual orientation, as well as veteran and disability status. However, there was a dearth of experience with non-English speaking clients. Indeed, only 8.5% of respondents reported having experience with providing services to non-English speakers. Regarding diversity-related training needs, respondents expressed most interest in obtaining training related to race/ethnicity, disability issues, religion, and sexuality. Further, several respondents expressed interest in receiving more information about specific immigrant groups that have settled in Iowa in recent years (e.g., Bosnian, Cambodian, Mexican and Central American, Middle Eastern). Respondents also expressed training needs that were not limited to diversity, such as: best practices in assessment, diagnosis and treatment issues (particularly of childhood and personality disorders), eating disorders and bariatric surgery evaluations, health psychology, PTSD, and trauma.

Although the response rate was smaller than we had hoped to obtain (and thus comes with the usual caveats about representativeness), we think that these results help to provide a snapshot of Iowa psychologists' experiences and training needs with regards to diversity. It is the Diversity Committee's hope that these results will assist IPA to provide training opportunities that meet both diversity-related and other training needs of psychologists in Iowa.



Amina Mahmood, IPA's 2006 APAGS representative, received an outgoing IPA Executive Council Member Award at the spring conference.

## Thank You, Mentors

The IPA Mentor Program offered student members the opportunity to have a mentor who closely matched their clinical or research interests and was in their geographic area. Mentors committed to a one-year relationship with their mentee, during which time students were invited to contact their mentor with questions related to professional development and the best way to prepare for a particular career path.

Mentors were asked to be available to have dinner or lunch with their mentee at least one time per semester and to introduce them to other psychologists locally or at IPA conferences.

The students are grateful for time and attention from the following mentors.

- Keri Kinnaird, PhD, Des Moines
- Don Damsteegt, PhD, Cedar Rapids
- Elizabeth Lonning, PsyD, Davenport
- Richard Whittlesey, PhD, Davenport
- Jane Anderson, PhD, Iowa City
- Amy Fuller Stockman, PhD, Iowa City
- Michael Rossmann, PhD, Harlan (west)
- Darshan Singh, PhD Clive
- Eva Christiansen, PhD, Des Moines

## Call for Nominations to the IPA Executive Council

Nominations are currently being solicited for position openings on the IPA Executive Council. This is an excellent opportunity to nominate yourself or any other member whose strengths, experience and ideas could make a significant contribution to IPA. These nominations will be used by the Elections Committee to prepare a slate of candidates.

THIS CALL FOR NOMINATIONS WILL NOT BE SENT IN A SEPARATE MAILING.  
IF YOU WISH TO MAKE A NOMINATION PLEASE PRINT AND RETURN THIS FORM.

If you are a full or lifetime IPA Member, you may volunteer yourself or nominate a colleague to serve as a member of the council. Sorry, but student members and associate members of less than 5 years are not eligible to nominate candidates for office.

Please indicate if the person has agreed to be a nominee.

Nominations must be signed to be valid and should be sent to the IPA Office by **June 1, 2007**.

I wish to nominate the following individual(s) for IPA Executive Council:

***For President-Elect, 2008–2010 (will be President in 2009):***

Name \_\_\_\_\_

I have \_\_\_\_ have not \_\_\_\_ verified this member's willingness to be nominated.

***For Treasurer, 2008–2010:***

Name \_\_\_\_\_

I have \_\_\_\_ have not \_\_\_\_ verified this member's willingness to be nominated.

***For IPA Representative, 2008–2010:***

Name \_\_\_\_\_

I have \_\_\_\_ have not \_\_\_\_ verified this member's willingness to be nominated.

***Your signature:*** \_\_\_\_\_

Return your completed nominations to:

IPA Call for Nominations

48428 290th Ave.

Rolfe, IA 50581

phone: 712-848-3595

fax: 712-848-3892

email: ipa@ncn.net

*Welcome New Members***Dawn Brandau**

Student, Ames

**Nancy Claymon**

Student, Knoxville

**Erik Gustafson**

Student, Glendale, AZ

**Jim Thorpe, PsyD**

Full Member, Ankeny

**Ronelle Langley, PhD**

Full member, Cedar Falls

**Robert Nagle**

Student member, Davenport

**Jennifer Ryan, PhD**

Full Member, Des Moines

**Emily Warnes, PhD**

Full member, Crete, NE

**John Willey**

Student, Des Moines

## 2007 Student Poster Contest First Prize Winner

### Effects of Personality and Perceived Social Support on Regimen Adherence in Diabetes

**Quinn D. Kellerman and Alan J. Christensen**

University of Iowa Department of Psychology & University of Iowa Hospitals and Clinics

Diabetes is a chronic disease that requires patients to actively participate in an intensive self-management plan. Due to the complexities of the regimen, adherence to all aspects of the recommended treatment is often difficult. Nonadherence to prescribed regimens is a pervasive problem in the nation's healthcare system (Berg et al., 1993) and is particularly relevant for patients with diabetes as it is linked to an increased risk for long-term complications (DCCT, 1993; Gonder-Frederick et al., 2002). The present study examined personality traits (Conscientiousness (C) and Neuroticism (N)) and perceived social support (PSS) as predictors of glycemic control (HbA1c values) in 216 patients with insulin-requiring diabetes. Results of hierarchical multivariate regression analyses indicated that personality, entered as a block, predicted glycemic control ( $F_{2,214} = 4.56, p = .01, R^2 = .041$ ) but individual unique effects for C and N were nonsignificant, probably due to substantial collinearity between these two traits. Greater PSS was associated with better glycemic control ( $F_{3,214} = 4.94, p = .002, R^2 = .066$ ) but this effect was no longer present when controlling for marital status.



Quinn Kellerman

Secondary analyses examining predictors of change in glycemic control after beginning insulin pump therapy were conducted for a subsample of patients ( $n = 39$ ). Neuroticism significantly predicted change in control, but in a counter-intuitive direction. Specifically, higher pre-pump scores on this trait were associated with lower HbA1c values post-pump, after adjusting for pre-pump HbA1c. The high trait anxiety that characterizes high N patients may make them particularly well-suited to pump therapy given that multiple daily injections are no longer necessary. The presence of the pump may also be a form of security for these patients, thus attenuating anxiety that may have previously interfered with regimen adherence.

*The way to do research is to attack the facts  
at the point of greatest astonishment.*

*Philosopher Celia Green*

## 2007 Student Poster Contest, Second Place: Amie Langer and Erika Lawrence

### Predicting the Trajectories of Physical Aggression

The University of Iowa, Clinical Psychology Doctoral Program

Rates of physical aggression in couples have been found to range from 25% to 57% in dating, cohabiting, and newlywed relationships (O'Leary, 1989). Lawrence and Bradbury (2001) found that aggression increases the likelihood of distress and instability in marriage; physically aggressive couples were more likely than nonaggressive couples to report relationship dissatisfaction and more likely to separate or divorce. Previous research has demonstrated several factors associated with partner violence, including: stress (Cano & Vivian, 2003), antisocial personality characteristics (Kim & Capaldi, 2004), and family of origin conflict and aggression (Linder & Collins, 2005). The goal of this study was to explain the factors that account for three parameters of physical aggression in marriage: initial levels, overall levels, and rates of change over time.



Amie Langer

Data were collected from a sample of 102 newlywed couples at 3, 12, 21, and 30 months of marriage. Couples completed self-report questionnaires including measures of physical aggression (Conflict Tactics Scale-2; Straus et al., 1996), personality (Schedule for Nonadaptive and Adaptive Personality; Clark, 1993), stress (Chronic Strain Inventory; Hammen et al., 1987), and family of origin conflict and aggression (Marital Satisfaction Inventory-Revised; Snyder, 1997).

Hierarchical linear modeling was used to analyze the longitudinal data. Results showed each spouses' physical aggression at the beginning of the marriage predicted the rate of change in physical aggression of their partner, which increased over time for both husbands and wives. Both spouses' stress predicted initial physical aggression for wives, and each spouses' stress also predicted their own overall level of physical aggression. Finally, wives' manipulateness predicted their *own* overall levels of aggression, while their impulsivity predicted their *husbands'* increase in physical aggression over time.

There is a lack of empirically supported treatments for couples experiencing physical aggression, and the findings of the present study can help inform the development of interventions for these couples. For example, personality characteristics should be considered in the assessment process to address maladaptive attributions that may influence behavior. In addition, the stress each individual experiences can not only exacerbate their existing vulnerabilities, but influence the way their partner reacts to and subsequently deals with conflict. Thus, learning ways to manage stress and problem-solve as a couple should be emphasized in treatment, with the goal of decreasing impulsive and reactive behaviors.

### Editor's Corner

Suzanne Zilber, PhD

Thank you to all the folks at the conference who thanked me for my work on TIP! You are welcome, and it bolstered me up to work on this issue. Some colleagues teased that they needed a wheelbarrow to carry their last issue of TIP.

While striving to create issues with fewer than 25 pages, I feel that the newsletter reflects the organization's high activity and vibrancy, and that we have much to share with each other as a community.

I am grateful that the electronic distribution format gives us flexibility if we do want to add a few more pages. Electronic distribution not only reduces mailing and printing costs for the association, but also reduces global warming. So go ahead and print it out, but turn off your color printers in the evenings—they are real energy hogs. For more information about energy hogs at your home or business, check out <http://signature.mozdev.org/installation.html>.

As always, I'm interested in your suggestions about the focus for an issue, practitioners or researchers you'd like to know more about (especially if you are interested in interviewing someone for a focus article), and news about yourself or other IPA members.

Respectfully,

## Are You In? IPA, IPF Join Forces and Head for a Public Education Project

Submitted by Deborah VanSpeybroeck, PhD, IPF board member

If you attended the Saturday session of IPA's recent spring conference, you already know about an exciting opportunity for a splashy public education project that the Iowa Psychological Foundation (IPF) is looking into. Modeled after an innovative and highly successful public education project by the Kentucky Psychological Association (KPA), the joint IPA/IPF effort will wed important mind-body health information with a large public art exhibit.

In their endeavor, entitled *Heads Up Kentucky*, the KPA commissioned local artists to create art from a basic fiberglass head that was about three feet tall. These artistic heads were each mounted atop a headstand, creating eye-catching and impressive sculptures over 6½ feet in height. Information on a variety of health topics, such as psychological aspects of obesity and weight control, psychological benefits of exercise, psychological components in the management of chronic diseases, and the like were attached to the headstands. By pairing health education with art, the project reached a large segment of the population and garnered considerable media attention and financial support from community organizations.

The Kentucky project launched with an opening night at a large art museum, followed by moving the heads to various high traffic locations throughout the city of Louisville, and finished by auctioning the heads. For a peek at the actual heads, please check out KPA's website: [www.HeadsUpKentucky.org](http://www.HeadsUpKentucky.org).



*It's not like you think* by Brad White, one of the heads in the Heads UP Kentucky Project


To date, this project has earned KPA more than \$128,000, not to mention invaluable community connections. The KPA has put together a manual, protocols and other materials that other state organizations can purchase if they wish to create similar projects in their home states.

As the IPF board began discussing this as a possible fund raising project, we quickly realized that carrying out a successful *Heads Up Iowa* project would require considerably more "people power" than our small committee could supply. We decided to see if IPA members would be willing to join the effort. We believe that if we can get a committed group of 20 core volunteer members to adapt this idea to Iowa and head committees to carry it out, we would move forward with seeking grant monies to hire a project coordinator. Kentucky had 10

subcommittees charged with overseeing such tasks as grant writing, sponsorships, logistics, artist detail, public relations, coordinating volunteers, and a website.

We need your help! If you are looking for an innovative way to contribute to both your profession and to public understanding of psychology, this project could be right up your alley! Our goal is to have at least 20 volunteers by June 4. If 20 people volunteer, we will call a meeting by the end of June (probably via teleconference) to discuss how to move forward with a *Heads Up Iowa* project. If you are interested in volunteering please e-mail Deb VanSpeybroeck ([debvanspey@msn.com](mailto:debvanspey@msn.com)) or Phyllis Hansell ([pshansell@msn.com](mailto:pshansell@msn.com)) **before June 4<sup>th</sup>**. We can't wait to hear from you!

*If you can talk brilliantly about a problem,  
it can create the consoling illusion that it has been mastered.  
Stanley Kubrick American movie director*



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## *A View from a Training Program*

### **Counseling Psychology at the University of Iowa**

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Compiled by Robyn Howarth-Hagberg

Four students recently matched for internship from the Counseling Psychology program at Iowa. Jim Haley will be heading to the University of Nebraska Consortium, Sarah Haag is going to the University of California, Irvine Counseling Center, Riddhi Sandil will be at Texas Woman's University, and Amina Mahmood is going to the University of South Florida. Congratulations!

#### **Awards**

Joy Moel, a 5<sup>th</sup> year student in the Counseling Psychology program and current intern at the University Counseling Service, was recently awarded the Jane A. Weiss Dissertation Scholarship.

Jovan Hernandez, a 4<sup>th</sup> year doctoral student, has been named a Holmes Scholar Recipient.

Chris Button, a 3<sup>rd</sup> year student, was awarded the U.S. Air Force Health Professions Scholarship, Clinical Psychology.

Alissa Doobay, a 3<sup>rd</sup> year student is a finalist for the 2007 Marie Newton Sepia Memorial Scholarship.

2<sup>nd</sup> years Robyn Howarth Hagberg and Jessica Lohnberg, Alissa Doobay, and 4<sup>th</sup> year doctoral student Jennifer MacConnell are grant recipients for a Leadership Training Grant entitled *Preparing Leaders in Disability and Pediatric Psychology: Integrating Practice and Educational Policy*.

1<sup>st</sup> year student Derek Turesky has been awarded the Presidential Graduate Fellowship, a Special Graduate Assisstantship, and the American Psychosomatic Society Scholar Award.

#### **Publications**

Interns Julie Jenks Kettmann and Joy Moel, 3<sup>rd</sup> year Stefanie Greenberg, and Professor Sam Cochran authored the article "Increasing severity of psychopathology at counseling centers: A new look" in *Professional Psychology: Research and Practice*.

4<sup>th</sup> year students Sarah Haag and Jen Hill wrote "Continuing education" to appear in the *Encyclopedia of Counseling: Volume 1 (Changes and Challenges for Counseling in the 21<sup>st</sup> Century)*.

#### **Suicide**

Professor John Westefeld, Julie Jenks Kettmann, and 1<sup>st</sup> year Jay Greenfeld have a book chapter titled "Assessing suicide risk in multicultural populations" in F. Leong & M. Leach (Eds.), *Suicide among racial and ethnic groups: Theory, research, and practice*.

Chris Button, Jim Haley, Julie Jenks Kettmann, Jen MacConnell, Riddhi Sandil, and Benge Tallman, along with Professor John Westefeld wrote "College student suicide: A call to action" appearing in *Death Studies*.

Jen Hill and Professor John Westefeld authored a book chapter called "Suicide prevention" in S. Brown & S. Lent (Eds.), *Handbook of Counseling Psychology* (4th ed.).

#### **Health psychology**

Julie Jenks Kettmann and Professor Betsy Altmaier wrote an article, "Social support and depression among bone marrow transplant patients" in the *Journal of Health Psychology*.

#### **Multicultural counseling**

Professor Will Liu and 4<sup>th</sup> year Jovan Hernandez wrote an article, Social class, which will be published in the *Encyclopedia of educational psychology*, and, along with 5<sup>th</sup> year Amina Mahmood and 4<sup>th</sup> year Ren Stinson a book chapter titled Linking poverty, classism, and racism in mental health to appear in M.G. Constantine and D.W. Sue (Eds.). *Addressing racism: Facilitating cultural competence in mental health and educational settings*.

Professor Saba Ali, 3<sup>rd</sup> years Alice Fridman, and Thomasin Hall, and 5<sup>th</sup> year student Leslie Leathers published a chapter called Social Class Considerations in Applying the Multicultural Guidelines to People of Color in the United States to appear in Constantine, M. G., & Sue, D. W. (Eds.), *Multicultural Competencies for Working with People of Color: Clinical Practice Implications*.

Amina Mahmood, Joy Moel, Leslie Leathers, 5<sup>th</sup> year Carrie Hudson, and Professor Saba Ali wrote "A qualitative investigation of Muslim and Christian women's views of religion and feminism in their lives" to be published in *Cultural Diversity and Ethnic Minority Psychology*.

## *A View from A Training Program*

### **Counseling Psychology at the University of Iowa**

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Continued from page 19

#### **School counseling**

Alissa Doobay wrote "School refusal behavior associated with separation anxiety disorder: A cognitive-behavioral approach to treatment" appearing in *Psychology in the Schools* and "Bullying" which is published in the *Encyclopedia of Counseling: Volume 1 (Changes and challenges for counseling in the 21st century)*.

2<sup>nd</sup> years Jessica Lohnberg and Robyn Howarth Hagberg wrote the article "Children with chronic illness" published in the *Encyclopedia of Counseling: Volume 1 (Changes and challenges for counseling in the 21st century)*.

Professor Will Liu and 2<sup>nd</sup> year Sam Shepard wrote a chapter called "Counseling gifted and talented boys and adolescents" in M.S. Kiselica, M. Englar-Carlson, & A. M. Horne (Eds.), *Counseling Troubled Boys: A Guidebook for Professionals*.

3<sup>rd</sup> years Alice Fridman and Thomasin Hall, and Professor Will Liu authored the chapter "Social class in school counseling" in Coleman, H., & Yeh, C. (Eds.), *Handbook of School Counseling*.

#### **Papers Under Review**

Current students have recently submitted manuscripts to a variety of journals.

Riddhi Sandil: "Depression: A cross cultural exploration" submitted to the *Journal of Child and Adolescent Mental Health*.

3<sup>rd</sup> year Bengé Tallman and Professor Betsy Altmaier: "Finding benefit from cancer" submitted to *Journal of Counseling Psychology* and "Coping after bone marrow transplantation: The predictive roles of optimism and dispositional coping" submitted to *Journal of Clinical Psychology in Medical Settings*.

2<sup>nd</sup> year Justin O'Rourke, Bengé Tallman and Professor Betsy Altmaier: "Measuring posttraumatic changes in spirituality/religiosity" submitted to *The Counseling Psychologist*.

Justin O'Rourke and 2<sup>nd</sup> year student Sam Shepard: "Just ask them: A review of qualitative studies of depression in men" submitted to *Psychology of Men & Masculinity*.

Robyn Howarth Hagberg: "The use of cognitive-behavioral treatments for reducing symptoms of traumatic grief in children" submitted to the *Journal of Loss and Trauma*, and "Medication nonadherence at school: Risk factors, errors and perceived consequences" submitted to the *Journal of School Health*.

Jessica Lohnberg: "The use of cognitive-behavioral therapy in reducing fear-avoidance beliefs in individuals with chronic pain" submitted to the *Journal of Clinical Psychology in Medical Settings*.

#### **Presentations**

Several students will present at the 115<sup>th</sup> Annual Convention of the American Psychological Association, San Francisco, CA.

3<sup>rd</sup> year students Alissa Doobay and Thomasin Hall, 1<sup>st</sup> year Leticia Sanchez, and Professor Saba Ali will present a poster, "Holland Code differences between Caucasian and Latino ninth-grade students," while 3<sup>rd</sup> year student Chris Button and Professor Saba Ali have written a paper called "Three career intervention modalities: An effectiveness study."

Tamara Shafer, a 2<sup>nd</sup> year student, is second author on a poster called "Help-seeking behavior in women with disordered eating," and first author on posters entitled "The social class experiences of children with same-sex parents" and "The use of CBT for individuals with Bulimia Nervosa."

1<sup>st</sup> year student Jay Greenfeld, 3<sup>rd</sup> years Chris Chuick and Stefanie Greenberg, 2<sup>nd</sup> year Sam Shepard, and Professor Sam Cochran are presenting a paper and poster pertaining to their "Qualitative investigation of masked depression in men."

Jovan Hernandez, Alice Fridman, Elham Bagheri, Thomasin Hall, Jay Greenfeld, and Tamara Shafer will present a three-part symposium and panel discussion titled *The intersection of social class and immigration in children and adolescents*.

Some counseling students are hopeful that their poster proposals will be accepted. Robyn Howarth Hagberg and Professor Betsy Altmaier hope to present "Examining the adjustment to parental death during childhood," while 2<sup>nd</sup> years Jess Schultz and Justin O'Rourke, and 3<sup>rd</sup> year student Bengé Tallman have submitted proposals for posters "Longitudinal influence of optimism and social support on benefit finding in bone marrow transplant patients" and "The relationship between benefit finding and physical and psychological adjustment."

## In Memoriam Allan H. Frankle

Allan H. Frankel, PhD, native and life-long resident of Des Moines until his retirement to La Jolla, CA in 1984, died April 11, 2007, of complications from non-Hodgkins lymphoma. He was 85.

Dr. Frankle earned a PhD in psychology from the University of Chicago. He began his professional career as Director of the Des Moines Child Guidance Center in 1947, and maintained a private practice in clinical psychology from 1952 until 1984. He was a University Fellow at Drake University from 1970 to 1984, visiting Clinical Associate Professor of Psychology at the University of Iowa from 1969 to 1970, and a consulting psychologist at Broadlawns Polk County Hospital from 1967 to 1984. He served as president of the Iowa Psychological Association in 1961.

His work passion involved techniques to detect brain damage and mental illness using new methods of scoring personality inventories. He contributed several articles to professional journals on his research and received the Walter Klopfer award for the outstanding scientific paper in the *Journal of Personality Assessment* in 1995. At the time of his death he was pursuing a patent on one of his diagnostic techniques.

He was preceded in death in 1996 by his wife of 49 years, Esther A. Frankle, and is survived by his wife of nine years, Dr. Eleanor Semel, sister Phyllis Adler (Benard) of St. Louis, MO, children Jonathan (Lorraine) of Los Gatos, CA and Katie (David) of Oak Park, IL, grandchildren Shelley and Noah Goldman, and Lana and David Frankle, two step-children, five step-grandchildren, and many nieces and nephews. Contributions may be made to the Dr. Allan Frankle Fund, American Psychological Foundation, 750 First St., NE, Washington, DC 20002. Services have been held.

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## In Memoriam Helen M. Burr

Helen Margaret (Watkins) Burr, 90, passed away Tuesday, April 24, 2007, at Mercy Hospice in Johnston.

Helen was born in Cody, WY, second daughter to Myrtle and Loren Watkins. The family moved to Coon Rapids, IA, following the death of her father in 1918. Helen grew up in Coon Rapids then attended Cottey College in Nevada, MO. She received her Bachelor of Nursing degree in 1940 from the University of Iowa and met Charles L. Burr, an intern in the College of Medicine. They wed in 1941 and, following Charles's service in WWII, settled in Des Moines where they lived the remaining years of their lives.

Helen resumed her career working at Planned Parenthood of Iowa and Iowa Methodist School of Nursing, then completed a Master of Science degree in Psychology at Drake University. She worked 17 years at Broadlawns Hospital as a clinical psychologist.

Helen was a member of Grace United Methodist Church, PEO, and the American Psychological Association. She loved her family and was devoted to them all. To be her friend was a life-long relationship. She accepted everyone for who they were and was rarely judgmental toward others. She loved poetry, history, politics, and people. She believed in the goodness of others.

Helen was preceded in death by her husband Charles, grandson Adam Burr, and dear friend Ralph Dorner. She is survived by three sons, Stephen (Kristy) Burr of Tama, Christopher (Beth) Burr of Cedar Rapids, and Frederick (Mary Ellen) Burr of Des Moines, her sister Ruth Woods of Coon Rapids, four grandchildren, six great-grandchildren, numerous nieces and nephews, and many, loving friends. Memorial contributions may be made to Habitat for Humanity or Planned Parenthood of Iowa. Services have been held.

## Summarized Minutes of the February, 2007 IPA Executive Council Meeting

Minutes recorded by Secretary Patrick W. O'Conner, PhD, and summarized by Suzanne Zilber, PhD, *TIP* editor.

The IPA Executive Council met on February 3, 2007, in Iowa City, IA.

Members Present: Dr. Michele Greiner, Dr. Rachel Heiss, Dr. Ken Dodge, Dr. Mike March, Dr. Jim Marchman, Scott Kaplan, Dr. Sam Graham, Dr. Paul Conditt, Dr. Kerrie Hill, and Dr. Patrick O'Conner.

Also attending: Carmella Schultes, Executive Director.

### Actions

The council and membership committee will review the membership form to make it efficient to confirm that an applicant is an active student. The membership committee will also discuss the Graying Task Force recommendation to grant new licensees a free, one-year IPA membership.

Dr. Lisa Streyffeler was approved for the APA Membership Board to assist with early career psychologists.

Award recipients were approved for the spring conference and the Executive Committee will select a political candidate to receive the IPA Service Award for the efforts that individual made on the Partial Parity Legislation.

The council approved partial funding of up to \$750 for the Diversity Delegate, Alex Casillas, to attend State Leadership Conference

Michele Greiner was empowered to develop a task force to investigate the needs of the IPA website and oversee the potential design.

Dr. Marchman and Dr. Brian Steiner were approved as APA Representative Candidates for IPA.

Dr. Graham was approved as the Chair of the Resequencing Taskforce.

Dr. Shelia Pottebaum was appointed the Federal Advocacy Chair during Dr. Payne's absence due to illness.

### Officer Reports

#### President

Dr. Greiner discussed the effort that has been made developing internships in Iowa. Drs. Greiner and Graham have contacted Orchard Place and the Pastoral Counseling Program, both in Des Moines, to explore the possibility of

developing an internship. It appears there is no interest on the part of Orchard Place, but there is interest on the part of the Pastoral Counseling Program.

Greiner discussed the Iowa State Board of Psychology Examiners' (ISBPE) request to develop a training program to assist candidates who are completing the licensure exam in the area of jurisprudence. The possibility of developing a training manual was explored. Greiner plans to respond to ISBPE. Greiner discussed the issue of resequencing training and what appears to be the support by ISBPE and the training directors within the state.

#### Past-President

Dr. Graham is working on the Fall Conference, which is to be held at Iowa State University. The presenters are set, and Dr. Graham is pleased that the overhead for the conference will be low.

#### Treasurer

Dr. Dodge made a motion, based on recommendations by the previous treasurer, Dr. Lonning, for IPA to restore the \$8,000 which had been transferred to operating account. A friendly amendment by Graham, seconded by March, to place \$4,000 now into long-term investment and look into the 2007 financial situation before investing the additional \$4,000. The motion passed.

#### State Advocacy

Dr. Hill discussed the recent legislative activities including Mental Health Day, the fact that there are currently four bills to improve parity issues in legislative committees, and action on sex offender issues.

#### APA Representative

Dr. Marchman reported that APA is doing well financially. Consistent with concerns at the state level, the profession is graying nationally. There is concern that fewer individuals are joining APA. Marchman reported that APA is developing a new website.

### Committee/Liaison Reports

#### APAGS Representative

Scott Kaplan noted that there is an effort to recruit new members. Hopefully the APAGS Manual will be completed in the spring.

## 2007 IPA Information Page

### IPA Central Office

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### *The Iowa Psychologist* (TIP) Newsletter

Suzanne Zilber, Editor  
600 Fifth Street, Suite 302 · Ames, IA 50010  
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E-mail: info@catalystcounseling.com

IPA website: [iowapsychology.org](http://iowapsychology.org) · includes contact information for IPA leadership

## 2007 IPA Event Calendar

Date	Day and Time	Event	Location
June 8	Friday; 6:00–8:00 pm	Executive Council	Des Moines; Airport Holiday Inn
June 9	Saturday; 8:30 am–4:30 pm	APA Trust Workshop	Des Moines; Airport Holiday Inn
August 16–19	Thursday–Saturday	APA Convention	San Francisco
August 25	Saturday; 10:00 am–12:00 pm	Executive Council	Iowa City; Public Library
October 11	Thursday; 4:00–7:00 pm	Executive Council	Ames; TBA
	Thursday; 7:30–9:00 pm	Anderson Lecture	Ames; TBA
October 12	Friday; 8:30 am–4:30 pm	Fall Conference	Ames; Scheman Center
December 8	Saturday; 10:00 am–noon	Executive Council	Grinnell; Grinnell Hospital
TIP newsletter submission deadlines: <b>August issue, July 15;</b> November issue, October 15; February issue, January 15; May issue, April 15.			

## 2007 IPA Leadership

### *Executive Council*

President	Michele Greiner
Recording Secretary	Patrick O’Conner
Past-President	Sam Graham
Treasurer	Ken Dodge
President-Elect	Rachel Heiss
APA Representative	Jim Marchman
IPA Representative	Cyndi Walljasper
IPA Representative	Mike March
IPA Representative	Paul Conditt
State Advocacy	Kerrie Hill
Federal Advocacy	Brenda Payne
APAGS Representative	Scott Kaplan

### *Committee Chairs*

Ethics	Keri Kinnaird
Federal Advocacy	Sheila Pottebaum
State Advocacy	Kerrie Hill
Membership	Eva Schoen
Professional Issue	Karen Ahrens
Editorial/Newsletter	Suzanne Zilber
Public Education	Don Damsteegt
Elections Task Force	Sam Graham
Convention	Sam Graham
Developing Psychologists	Lisa Streyffeler
Diversity Initiative	Alex Castillas
Psychopharmacology Education	Brenda Payne Elizabeth Lonning
Training Re-Sequencing Ad Hoc	Sam Graham
Scope of Practice	Sheila Pottebaum

### *Liaisons*

Medical Assistance Advisory Council	Dan Courtney
Business of Practice Network (BOPN)	Phyllis Hansell
Iowa State Board of Psychology Examiners	Lisa Streyffeler
Disaster Relief Network	Barbara Lips
APA Rural Mental Health	Ruth Evans
APA Women’s Issues Network	Cindy Anderson

### *Communications*

PSYCH-Electronic	Carmella Schultes
Member Directory	Carmella Schultes
Newsletter	Suzanne Zilber
LISTSERV	James Marchman
IPA Web Page	Carmella Schultes