BROADEN YOUR DELIVERY OF PSYCHOLOGICAL SERVICES TO PATIENTS

Bruce Hillenberg, Ph.D., will bring years of practice in hospitals and his extensive experience in health psychology when he presents a workshop in the utilization of the new health and behavioral codes.

Six years of clinical practice working with patients at Beaumont Hospital in Royal Oak has taught Hillenberg a lot not only about using health and behavioral codes, but also about how to interface with physicians.

“I developed my practice from scratch when I was presented with the opportunity to practice at Beaumont,” Hillenberg, who previously worked at other hospitals, including Henry Ford Hospital, told The Michigan Psychologist in a recent interview. “I had to network with physicians, and that basically meant educating them.”

The niche that Hillenberg has developed suggests there are opportunities for other psychologists to develop a similar specialized practice while meeting important needs of patients. “By using the health and behavioral codes, I can interface with physicians and provide interventions to their clients without the stigma of a mental health diagnosis,” Hillenberg says.

The health and behavioral codes, designated as Current Procedural Terminology Codes (CPT), have been advocated by the American Psychological Association, and describe medical or psychiatric procedures performed by physicians and other health providers. Until last year, these codes could not be used by psychologists.

Hillenberg points out that in his March 23 workshop at Madonna University he will provide information to help psychologists use the codes in diagnosis and billing. He will also show how psychologists can be more flexible in their treatment of patients.

“Essentially, by appropriate usage of the health and behavior codes,” Hillenberg explains, “it allows you the opportunity to become more involved in early intervention with medical patients while there is still an opportunity to help them before they deteriorate and require a mental health diagnosis.”

In Hillenberg’s own practice he works with cancer patients, chronic pain and chronic illness patients. The most important aspect of learning more about the practical, clinical use of the codes, says Hillenberg, is that “there’s a real unmet need in the field of psychology to offer psychological treatment to medical patients.”

Utilization of the Health and Behavioral Codes: Options for Clinical Practice

Friday, March 23, 2007
8:30 a.m. to 12:00 p.m.
Madonna University - Livonia

For information or to register:
Michigan Psychological Association
2105 University Park Dr., Ste. C-1
Okemos, MI 48864
517-347-1885 (credit card registration)
www.michpsych.org

MPA Financial Health Improves in 2006

As we begin what we hope will be a year full of promise and prosperity, we can pause briefly to take a look back at what MPA accomplished financially during 2006.

Last year was an auspicious year for The Michigan Psychological Association in several respects:
• The first year in the last seven years without a deficit
• Increase in both dues and non-dues revenues

(continued on page 10)

This issue of the Michigan Psychologist has been underwritten in part by the Psychological Institutes of Michigan, P.C.
In his book *Myths, Lies and Downright Stupidity*, John Stossel uses a Myth/Fact format to disprove commonly held beliefs. I am borrowing his format to debunk a few myths about MPA.

**MYTH:** MPA only represents the interests of private sector psychologists in southeast Michigan.

**FACT:** MPA represents all psychologists in Michigan.

Over half of all Michigan psychologists and two-thirds of MPA members live in southeast Michigan. Fourteen of MPA’s 25 Board members and task force chairs (56%) live in southeast Michigan; the rest (including three of five officers) live elsewhere. Although the majority of events occur in southeast Michigan, rural activities have increased in recent years. The MPA office is in greater Lansing.

MPA advocates for Michigan psychologists. For instance, federal regulations recognize doctorate-prepared psychologists as Medicaid providers, but Michigan doesn’t. In 2006, MPA was the impetus for legislation granting Medicaid provider status to psychologists. The bill was not enacted and will be reintroduced in the current legislative session.

When relevant, MPA testifies against legislation that blurs the boundaries between the criminal justice and mental health systems. MPA objected when the Engler administration replaced psychological evaluations with psychosocial assessments in community mental health settings. Although we were not successful in blocking the change, MPA continues to be vigilant about psychologists’ roles in the public mental health system.

More recently, MPA has advocated for improved mental health access and service delivery in both the public and private sectors via significant involvement with the Governor’s Mental Health Commission and Partners for Parity.

Increasingly, MPA and academic psychologists are collaborating to enhance graduate student education and MPA member knowledge.

MPA wants to broaden its appeal to psychologists employed in public sector settings. We look forward to hearing about issues of importance to you.

**MYTH:** MPA neglects the interests of limited licensed psychologists.

**FACT:** MPA champions all LLP interests, short of supporting independent licensure.

Unlike social work and counseling, psychology is a doctoral profession; it is recognized as such by the federal government, VA system and Medicare. In 2006, the APA Council of Representatives adopted as policy the doctorate as the minimum educational requirement for professional psychology practice.

Of seven states that allow people with a Masters’ degree to engage in independent practice, only one uses the term “psychologist” in the title. Thirteen states permit supervised practice, but only Michigan allows a full scope of supervised practice. The remaining 30 states no longer grant any form of licensure for professional practice to people with a Masters’ degree in psychology.

MPA’s 1992 position paper on Masters’ degree practice says:

**MPA also supports the principle that third-party healthcare reimbursed programs should treat Masters’ degree psychologists in parity with other Masters’ prepared mental health care providers, under the provisions of their respective licensing and/or certification regulations.**

MPA has actively promoted this position for more than 15 years. Even now, negotiations are underway with a major insurer. Although success has been limited, MPA has persisted in keeping LLP reimbursement concerns on the table.

**MYTH:** MPA is irrelevant for most Michigan psychologists.

**FACT:** MPA is the voice of psychology in Michigan.

There is strength in numbers. Please help MPA’s voice grow stronger by volunteering your time, encouraging colleagues to join, and informing Judith Kovach at mnadpa@msn.com or me at cgeellstein@triton.net about specific issues relevant to your work.
Why in the world should psychologists promote diversity? What does discrimination have to do with mental health? If our goal is the reduction of mental illness and emotional suffering, psychotherapy will not suffice. As George Albee, former President of the APA as well as of Psychologists for Social Responsibility, used to say, “no mass disorder has ever been eliminated by treating one person at a time. Only prevention reduces incidence.”

One of the most important ways we can inoculate against psychological problems is by promoting social justice. What we know is that it is the most oppressed and impoverished who suffer significantly more mental illness. Epidemiological data are clear. Each group that has occupied the lowest rung on our social ladder has had the highest rates of schizophrenia, alcohol addiction, and even organic mental disorders.

In 1855 the Irish were the poorest group in America. They were characterized by mental health experts at the time as having a disproportionate rate of “idiocy and lunacy” due to being “constitutionally inferior.” Later studies found new groups of immigrants such as Swedes, Eastern Europeans, and Southern Italians to suffer from the same ‘innate’ problems—until each group had assimilated. Naturally, African-Americans have not had the same opportunities to climb our social ladder given the unique disadvantages of slavery and its long lasting economic, social, and psychological impact.

Along with migrant farm workers, Hispanics and Appalachian whites are among the highest risk groups for psychological problems currently. So social problems such as racial discrimination and the related problems of poverty and oppression are the breeding ground of psychological problems.

And so it is imperative that we not only treat psychological problems in individuals, but also work toward the enfranchisement of marginalized groups. While there are many ways to promote social justice, I have found that banding together with like-minded psychologists helpful. The group that has met this need for me best has been Psychologists for Social Responsibility.

If you would like to learn more about them, check out their website (www.psysr.org) or feel free to contact me at stevefabick@aol.com.

If you would like to respond to this opinion piece, please send an email to the editor at jwind27961@aol.com.

Steve Fabick is a former president of Psychologists for Social Responsibility. His US & THEM: the Challenge of Diversity program was chosen as one of the top racial dialogue programs in the country by the Kellogg Foundation.

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**OP-ED**

**The Psychological Ramifications of Embracing Diversity**

“We must live together as brothers, or perish together as fools.”

Martin Luther King, Jr.

Stephen Fabick, Ed.D.

It’s been more than a year since we did a newsletter make over and I’d like to think that it has resulted in a more reader-friendly The Michigan Psychologist. What the Editorial Board and I have tried to accomplish in the last year is to publish a more vital, informative newsletter. We ask ourselves two essential questions when we are considering an article for the newsletter. Those questions are:

- Does this article have relevance for our members?
- Could this article make the typical MPA’s professional life better?

When we answer yes to both of these questions, we are more likely to include the article. If we answer no, we know the article needs more editing or it may have to be discarded.

Now we need your help in determining if we are meeting those goals we’ve set by those two questions. Are we publishing stories that are relevant to you? Is The Michigan Psychologist making your life better?

I think we’ve done a pretty good job in talking about the Health and Behavioral Codes, keeping you up to date on legislative issues, keeping you informed on the status of the mental health parity legislation, letting you know about some of our more active committees and task forces, talking about psychopharmacology, and giving you previews of MPA’s conferences and workshops so you can make a more informed decision about whether you wish to attend.

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(continued on page 13)
As the new 2007-2008 legislative session begins to take form, let’s look at how MPA develops its advocacy agenda. Our advocacy agenda involves us in legislation, public policy and coalition efforts.

Let me begin with our legislative agenda. Basically, there are three ways that legislation becomes part of our agenda: 1) bills are introduced that support the practice of psychology and the provision of mental health services; 2) bills are introduced that do not serve the best interests of psychology and provision of mental health services; and 3) MPA is able to have bills introduced which meet an unmet need or address inequities in existing laws.

Examples of these categories, which are already part of the current MPA agenda, include:

1. Support of mental health parity legislation that is again being introduced in both the House and Senate and, as MPA’s representative and Chair of the Steering Committee of Michigan Partners for Parity, I have met with legislators on both sides of the aisle to develop language and strategy for passage.

2. Opposition to SB 5, which would increase the scope of practice of licensed marriage and family therapists to include “...the diagnosis, assessment, and treatment of mental, emotional, and behavioral disorders.” With Muchmore Harrington Smalley, our lobbyists, I am working with Sen. Bill Hardiman (R, Grand Rapids) to eliminate the language that would allow individuals without training as psychologists to diagnose and treat.

3. Obtaining bipartisan introduction of legislation which would allow psychologists in the private sector to provide diagnostic, testing and psychotherapy services to individuals with Medicaid.

In addition to the legislative part of our advocacy agenda, MPA works to have a role in setting public policy that occurs at a departmental level.

An example of this is our representation on the Bureau of Health Professions Tele-Health Workgroup, which has been convened to determine what changes in DCH policy and possible legislation will be necessary with increased use of internet and telephonic delivery of health services. Dr. Patricia Watson and I are the only mental health professionals on this workgroup.

We are also involved in coalitions. For instance, although the majority of Michigan psychologists work in the private sector, it is important that MPA represent the voice of psychology in the public mental health system also. Dr. Arnold Berkman and I recently worked with the Association of Community Mental Health Boards to participate in a coalition Breakfast Briefing for legislators. In additional to supporting such legislation as mental health parity, we were able to include information about MPA and the MPA Foundation public education programs. Another way that MPA assures that psychology’s voice is heard is through participation in the regular meetings of the Mental Health Coalition, designed to coordinate mental health advocacy efforts across the state.

If there are activities or organizations in your community where you would like MPA to have a presence, please contact me at 248.302.6774 or by e-mail at mpadpa@msn.com. A listing of all legislation in which MPA is interested will be posted on our website, www.michpsych.org, and will be updated on a monthly basis. Again, please contact me if you wish to discuss any of MPA’s advocacy activities.
The greatest challenge we as a profession face is the clarification of our identity. We have gone through a number of phases from experimentalists to behaviorists to psychoanalysts. We now find ourselves taking on the role of healer within the medical world having to contend with the likes of insurance companies and psychiatrists especially as we seek to obtain certification to prescribe.

Our challenge first and foremost is to recognize that within our roots we possess the tools for understanding the mechanisms of inter- and intra- psychological processes as an integrated part of the medical matrix and equally important how best to address it.

Eric Amberg, Ph.D.

Psychology faces many challenges. For example, can we get more men to enter our field? Can humanists and behaviorists see eye-to-eye on caring for our clients/patients? Can psychology reduce the stigma associated with mental illness? What are the best sources of help for older adults whose families worry about them?

Does psychology have good treatments for individuals who are involved in substance abuse? Can psychologists effectively treat autistic children? But the biggest challenge of all is to let the public become more aware that our psychological practices are based on science and to demonstrate to the public that there does exist a science of psychology!

Norman Abeles, Ph.D.

The biggest challenge facing psychology today is insurance reimbursement and where we are perceived in the medical model of practice. The exclusion of psychologists from some groups or panels and the lack of reimbursement for psychological services reflects the lack of understanding of psychology and what it has to offer. This is one example of the need for mental health parity. Mental health issues should be on a par with physical issues.

Lewis Smith, Ph.D.

The biggest challenge facing psychology today is the chronic erosion of our professional identity. This is occurring I believe, due to two things: one, the lack of engagement and membership of young psychologists in state and national professional association activities, which reduces the association’s clout within the legislative arena where our scope of practice, which is our professional identity, is under siege: secondly, the broad attack that we are feeling from the “other” mental health professionals, who reduce our brand identity to simply therapists. With the support of the insurance industry to utilize the cheapest provider, the community, is not able to differentiate between psychologists, and “therapists”, resulting in our loss of status, esteem, income, and professionalism.

Michael Willett, Ph.D.
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The major concern voiced by those opposed to psychologists having prescribing privileges is that psychologists will miss a medical condition or that there will be a drug interaction issue. However, over 30,000 scripts for psychotropic medications have been written by psychologists without a single reported untoward event in Louisiana and New Mexico. Why are psychologists doing so well? There are two reasons:

- Prescribing psychology is an advanced specialization requiring up to 450 hours of post-doctoral coursework, supervised practice and passing of a national exam;
- Mastery of specific core competencies of advanced medical knowledge must be demonstrated.

Advanced training and specialization in health related areas is becoming more commonplace in psychology. For instance, this is illustrated by the January, 2007 APA Monitor article on psychocardiology. When I read this article, I was struck by several parallels between psychocardiology and psychopharmacology:

- Knowledge of pathophysiology of major disease states;
- Collaboration with a physician, e.g., heart specialist or a primary care physician (PCP);
- Concern with managing the cascade of stress hormones, which might lead to a shortened life span;
- Combining medical, pharmacological and behavioral interventions.

Two cases may be illustrative of the quality and safety of care that can be provided by a psychopharmacologically-trained clinician collaborating with a primary care physician.

**Case 1**

- A 31-year-old female diagnosed with ADHD after a thorough work-up including neuropsychological testing;
- Patient suffered supraventricular tachycardia, a condition that could cause rapid heartbeat;
- Consultation with PCP regarding use of stimulants to treat the ADHD, addressing concern that stimulants can increase heart rate;
- The PCP advised that in mild cases a stimulant might not trigger tachycardia for someone with this condition;
- Prior trial of Wellbutrin made patient jittery;
- Agreed with PCP on an initial trial of Strattera, as PCP believed there would be lower probability of triggering increased heart rate;
- Unfortunately, Strattera resulted in side effects of nausea and rapid heartbeat;
- Strattera was discontinued and a trial of methylphenidate 10 mg. BID was then initiated by PCP;
- The patient then reported significant benefit for the ADHD symptoms without rapid heartbeat, and the patient also completed a course of behavioral therapy learning ADHD coping skills.

**Case 2**

- A 37-year-old female with a long history of depression, suicidal ideation and attempts, Vicodin abuse, and taking numerous antidepressants in past without reported benefit;
- She complained that SSRI’s had usually resulted in lower energy levels;
- She suffers heart condition, Basal Vagal Syncope, which can cause a brief lapse of consciousness triggered by transient cerebral hypoxia brought on by vagal stimulation;
- She was on metoprolol, a beta blocker for this condition;
- Psychologist’s research on SSRI interaction with metoprolol indicated that a two to five-fold increase in metoprolol could occur through inhibition of 2yp2D6 liver enzyme resulting in lethargy and decreased heart rate (bradycardia), exactly the patient's complaints about prior SSRI trials;
- Wellbutrin and Lexapro appear to have the least likelihood of increasing the metoprolol through enzyme inhibition and were recommended to the PCP;
- The PCP started her on Lexapro 20 mg. daily with positive response and she continued in weekly cognitive-behavioral therapy.

If you would like to ask more questions of Dr. Ames or share an interest in Rx training, contact him at amesr@msu.edu.
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Holistic Eldercare and Special Needs Planning

Psychologists face the same personal and legal challenges as anyone else. If you’re concerned about the care of parents or other elderly relatives, you can take advantage of one of the benefits of MPA membership. That benefit is a free consultation from an attorney.

And if you have questions about eldercare, Sanford J. Mall, J.D., may be the right attorney to call.

Specializing in holistic eldercare legal planning, Mall, a Farmington Hills attorney in the law firm of The Mall Malisow Firm, P.C., focuses on enhancing and extending the quality of life and quality of care for older individuals or persons with special needs.

Holistic planning, according to Mall, incorporates involvement with the client’s support or care network, which includes family members, trusted advisors, care providers and others. “Our overall goal is to meet the person’s broad range of needs, including the social, psychological, medical care, and financial needs, as well as their legal needs,” says Mall, a Certified Elder Law Attorney.

Mall believes that advanced planning, including the use of financial and medical powers of attorney, can help an individual avoid the need for court intervention, loss of privacy and dignity, and at the same time save time, money and emotional stress.

“Advanced planning, such as the use of a Revocable Living Trust or Will, may also give the older person peace of mind to know that his or her estate will be properly managed during incapacity and distributed at death,” says Mall.

For some elderly clients, a Durable Power of Attorney is used to give authority to an Agent to act on that person’s behalf with respect to finances and legal decisions. That may help to avoid Probate Court.

“There are various ways a Durable Power of Attorney can be used,” adds Mall. “It can be effective immediately or it can be designed to go into effect when the individual becomes disabled.”

Mall explains that recent changes in Michigan’s Patient Advocate statute now make it possible for a designated agent to assist with mental health care and treatment. “A Power of Attorney for Health Care (Patient Advocate Designation, Living Will) is designed to empower a Patient Advocate to help to carry out health care, personal care and end-of-life medical decisions when the individual is no longer able to make those decisions on their own,” says Mall.

The Mall Malisow Firm can give you more information about care advocacy. “This is a process dedicated to ensuring the highest quality of life and quality of care possible,” says Mall. “This type of advocacy directs the focus of the planning on retaining dignity and respecting the individual’s unique needs.” He adds that care advocacy is an important part of the holistic planning model because it empowers the professional training and skills of care advocates.

“Care advocates may have training in social work, law, gerontology, or Medicare and Medicaid beneficiary rights,” he says. “Most importantly, each care advocate has expertise in navigating the maze of care services. The primary objective of the care advocate is to help assure that the person in need receives the care and support he or she is entitled to whether at home, in assisted living, nursing home or hospital.”

For more information, contact the Mall Malisow Firm, at (248) 538-1800.
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Jackson: Fully licensed psychologist or ACSW on a full or part-time basis needed in a well-established private group practice in Jackson, Michigan. Fax your resume to 517-782-0310.

Okemos: Licensed Psychologist: Group practice seeks contract clinician for outpatient mental health services. Experience with all ages preferred. Individually credentialed with multiple insurance carriers is helpful. Contact Kerry Miller, PhD at 517-347-5675.

Shelby Twp: United Psychological Services invites applications for a fully licensed Psychologist to join our recently expanded Clinic. Must be fully licensed in the state of Michigan, and accept most insurances. Office Manager/billing services provided. Email resume to Nicole at nmoss@wideopenwest.com.

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Bloomfield Hills: New Opening, full time space in attractive four-office suite, located in the Woodward and Long Lake area. Perfect for a psychiatrist and/or psychologist. Waiting room, fax, copier, free parking, very professional atmosphere, reasonable rent. Supervision available upon request. For additional information, contact Lewis Smith, Ph.D.: at 248-644-2955 or 248-227-4085 or lwsphd@aol.com.


Lansing: Office available in a three-person suite that includes waiting room, phone, office equipment and computerized billing program, workroom/kitchen, and a spacious office with large windows. Located near I-496 and Creyts Road. Contact Dr. Dombrowski at 517-703-0110, Ext. 11.

St. Clair Shores: (I-94 and 9 Mile) Established practice has office space available (part-time/full-time basis); furnished/unfurnished office with waiting room and kitchen. Full support staff includes billing and receptionist. Flat rate or percentage of receipts. Ph.D. preferred. Referrals may be available. Contact Sally at Associated Psychologists, PLLC, 586-776-3366, ext. 3109.

Service Opportunities

“By Request Billing Services”: Professional mental health billing service offering reasonable rates with exceptional satisfaction. We offer Electronic as well as HCFA claims processing, comprehensive monthly reports and patient statements all within compliance of HIPAA requirements. For information contact Susan Taylor: at 248-627-7169 or www.byrequestbilling.com.
Since on-line depression screening will soon be available as a free service to the public on the MPA Foundation website mpafoundation.org, you are invited to publicize this service to your clients and contacts throughout the community.

“We are very excited about being able to offer this service to our members,” says Sabine Chrisman of the MPA Public Education Committee, the group that has organized this activity with the help of the E-Committee. “It affords another opportunity to provide an important public service while highlighting the role that psychologists play in treating depression.”

It is very simple for clients to use the on-line service, according to Chrisman. “Users simply go to the MPA Foundation website and follow the links to depression screening. After completing a brief screening questionnaire – the same one that has previously been used by MPA members at depression screenings throughout the state – users are linked to the MPA Referral Service if they are interested in obtaining further evaluation of depression.”

The Public Education Committee anticipates that this service will be a practice enhancer for those MPA members who are Referral Service participants both now and in the future as features of the program are continually developed. “Now, people who complete the on-line screening on the MPAF site will be directed to the Referral Service for further assistance,” says Jan Tomakowsky, Public Education Committee Chair. She says that in the future the Referral Service will also be listed on the National Locater Service of the National Depression Screening Day website, a site that is used by consumers throughout the country.

“The Locater Service advertises providers who are able to provide free depression screening in their offices and clinics,” adds Tomakowsky. “We hope to develop mechanisms for our Referral Service members to participate in this voluntary program.”

Chrisman says that this new on-line depression screening service, along with the Referral Service, will be an important link for consumers. “It’s a way to link consumers who need evaluation for depression to the providers — psychologists — who are best able to assist them,” explains Chrisman.

For further information on how to participate with the online screening program, contact Jan Tomakowsky (248-543-2430), and for information about the MPA Referral Service, contact Pam Steffy at the MPA office (517-347-1885).

We Need You!!!
SUPPORT PUBLIC AWARENESS OF THE MIND BODY CONNECTION

You are invited to join the Public Education Committee’s involvement with the American Heart Association’s Heart Walk on May 19 in Southfield. The MPAF is a proud sponsor of the Heart Walk. We are forming walking teams to promote the benefits of psychological interventions regarding cardiac disease. Our involvement with the American Heart Association supports APA’s nation-wide mind-body body campaign.

A donation to the MPA Foundation is all that is required to join our team. Let’s support MPAF and increase our exposure to the community.

Save this date: Saturday, May 19, 2007
For information contact Jan Tomakowsky at 248-543-2430 or jtomakowsky@earthlink.net

Request for Feedback to the Editor
(continued from page 4)

We’ve had some positive feedback and a bit of constructive criticism over the past year, but we haven’t heard from nearly enough psychologists. It’s important for both the editorial board and me to know how well we’re doing our job in putting together this newsletter. And what else would you find more relevant and helpful? What can we publish that you’re not getting in any other publication?

In other words, what else could we do for you? Another question that we frequently ask each other at editorial board meetings is this, what else do our readers need to know that we can provide?

Some of our ideas – like publishing The Big Question – we think have been fun, informative and successful. But what else could we be doing?

Would you like to see more profiles of interesting MPA Members? Would you like a regular humor column? Would you prefer more photos? More committee reports? More opinion pieces from psychologists?

We’re here to make your professional life better. Tell us how we can do that. Feel free to email me at any time with your feedback at jwind27961@aol.com.
Michigan Women Psychologists is pleased to announce that Edith Grotberg, Ph.D., will be speaking at our upcoming conference on Resilience. Dr. Grotberg, a well-known developmental psychologist, professional lecturer, author and professor, has come to be known as a leading scholar on Resilience. In this workshop participants will identify 3 basic resilient factors, establish changes needed to create resilience, describe the dynamic interaction used to deal with adversity, recognize resilient factors in one’s own personal behavior, and learn how to integrate resilience into one’s personal and professional life.

This program is offered for 6 Continuing Education credits and MPW is approved by the American Psychological Association to offer continuing education to psychologists (MWP maintains responsibility for the program). Special rates offered for those who register by April 8th. To register, please contact: Marcie W. Zoref, Psy.D. at 248-593-9595.
The Michigan Psychoanalytic Society’s 32nd Annual Symposium entitled:

“Gender Play, Sexuality and the Erotic in the Clinical Situation”

Location: Hotel Baronette, Novi, Michigan
Date: March 17, 2007 – 8:15am – 3:45pm
Speakers: Dianne Elise, Ph.D. (Oakland, CA)
Gerald Fogel, M.D. (Portland, OR)
Discussants: Nancy Kulish, Ph.D., Don Spivak, M.D.
Moderator: Deanna Holtzman, Ph.D. (Birmingham, MI)

Objectives: Contemporary and classical views of gender and sexuality will be contrasted. Clinical vignettes will demonstrate that ambiguities and paradoxes of gender, sexuality, and thirdness will arise with all patients regardless of sex, core gender identity or sexual orientation. The Symposium will expand our knowledge of body narcissism and gender identity. Speakers will explore how sexuality, gender and the erotic play out in the Transference-countertransference of the treatment.

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