Back to the Future: MPA Hosts a True Convention Again

It’s billed as the First Annual MPA Spring Convention, but that only tells part of the story. The MPA Spring Convention will take place on April 11 and April 12, 2008, at the Kellogg Center in East Lansing.

“It’s not just a conference,” says Past-President Jack Haynes, “it’s a convention. We’re taking a different, a more integrated approach to our annual conferences.”

“It was a way to get to see people you know,” Mintzes recalls. “It was an opportunity to meet people and to eat with people you know. It always brought people closer together.”

And for those people who have been around MPA long enough to remember the MPA annual conferences when they were truly conventions, they can tell you how much more exciting a convention is as opposed to a conference.

One of those people is Michael Willett.

“A long time ago, when MPA had conventions,” says Willett, “the best part was that you had time to sit and chat with colleagues, before a program, after a program, and at a wonderful dinner, and then there was dancing in the evening.”

Barry Mintzes, like Willett, recalls the camaraderie with people.

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“This First Annual MPA Spring Convention,” says Haynes, “should have an appeal to all Michigan psychologists because it offers the opportunity for psychologists to network with each other while affording ample chances to discuss issues of mutual concern.”

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It’s a little like going back to the future. Somehow
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The Michigan Psychologist: www.michpsych.org
From the Office of the President

Transparency and My Goals for This Year

Karen Colby Weiner, Ph.D.

A s MPA begins a new year with a new President (me) and President-Elect (Dr. Jeff Andert), I am pleased to say that our organization is going -- and growing -- into a whole new and exciting phase. Our office, our structure as an organization, and our website are being revised to take us into the future in the way one would expect of a dynamic and growing state-wide association.

Our By-Laws are being revised by a committee of Past-Presidents, our Membership Committee is moving into high gear under the new leadership of past-president Dr. Jack Haynes, and our Program Committee is beginning its second year of exciting upcoming MPA Programs under the established leadership of Dr. Carol Schwartz.

With all of this underway, my focus will be on supporting these ongoing efforts, determining what else needs doing, and getting it done. One of the foci of this one year you have entrusted to me as President will be transparency. MPA has been operating without the organizational transparency needed for a healthy environment in which to function and achieve optimal success. Past-President Dr. Carol Ellstein set transparency as one of her goals but internal strife hindered its realization. Now the time is ripe and I will settle for nothing less, for the benefit of you, the members, and for the benefit of the volunteer and professional leaders who so generously and ably give their time to MPA. Although the results of transparency might not be evident to all, I can assure you that those willing to get involved -- and I hope many of you will consider that option -- will have the great experience of talented people working together in a new, friendly, and open manner.

What else? This year the highly successful and enjoyable regional MPA fundraisers will be expanded. Those who haven’t had an opportunity to attend one of these events might consider “enjoyable fundraiser” an oxymoron. Not at all. These events have proved to provide a great time for old friends, schoolmates, and colleagues (young ones, too) to socialize, network, and be entertained. For last year’s northern Michigan event, members drove incredibly long distances to attend and are eager to do it again this year. The Southwestern area will be added this year, and having grown up in Kalamazoo, I especially look forward to attending.

In addition, the MPA Foundation will benefit from By-Law amendments adopted last year that authorized an expanded Board of Directors. With a larger Board, including professionals in a number of fields in addition to psychology, the Foundation will hold its first fundraiser and sponsor new and exciting educational events not just for psychologists. This will help to establish to the public that psychologists are the professionals to whom to turn, and, to fulfill our role in educating the public in much needed ways.

Another challenge I hope to face is determining why non-MPA-members are letting us do the work in which they should be sharing. MPA expends time, energy, and money advancing professional goals from which all psychologists benefit. For example, no other psychological organization in Michigan is fighting for mental health parity. No other psychological organization is fighting for the rights of Limited Licensed Psychologists to be reimbursed by Blue Cross. And, for that matter, no other psychological organization fought the battle regarding the revised Blue Cross definition of “medical necessity.” When the latter battle was not won, no other psychological association provided psychologists with an opportunity to discuss their concerns with those in charge at Blue Cross. We need to find out why some of our colleagues are letting us fight and pay for the battles without pitching in!

In addition to the expanded efforts of Dr. Haynes as Chair of the Membership Committee, I hope that each of you will help us let colleagues know that it is unworthy of professionals to reap benefits without doing their share.

Our able Editor, James Windell, gave me 600 words for my President’s column. My computer tells me I have exceeded his directive, but I certainly look forward to future columns through which I can keep each of you up to date on what is happening at MPA and what MPA is doing to advance our professional lives. My best to all.
Reid Meloy to Speak at MPA’s Spring Convention
Daniel Swerdlow-Freed, Ph.D.

R
eid Meloy, Ph.D. will be one of the featured speakers at MPA’s Spring Convention on Friday, April 11, 2008. The convention’s theme will be managing and assessing risk, and separate day-long presentations will focus on suicidal and violent patients. Dr. Meloy’s presentation will be on managing and assessing risk in violent patients, while the other topic will be addressed by Cheryl King, Ph.D., from the University of Michigan.

Reid Meloy earned a Diplomate in Forensic Psychology from the American Board of Professional Psychology and has held teaching positions at the University of California, San Diego Medical School, the University of San Diego School of Law, and the San Diego Psychoanalytic Institute. He has a long and distinguished career in which he has received numerous awards and honors. Dr. Meloy is an internationally recognized authority on assessment and risk management of violent patients, and has consulted on criminal cases throughout the United States and Europe. In addition to being a consultant to the counterintelligence division of the FBI, Dr. Meloy is a member of the Fixated Research Group for the United Kingdom’s Home Office concerning threats to the Royal Family and British political figures.


Reid Meloy is also a noted authority on the Rorschach. He, along with co-author Carl Gacano, Ph.D., has published several articles on the use of the Rorschach in assessing psychopaths. Furthermore, he has published two books on the Rorschach: Rorschach Assessment of Aggressive and Psychopathic Personalities (1994) and Contemporary Rorschach Interpretation (1997).

I have read several of Dr. Meloy’s research papers as well as The Psychopathic Mind and Violent Attachments. He clearly is extremely knowledgeable about the assessment and management of violent patients, and I have found his books particularly valuable resources in my forensic practice. I also heard Dr. Meloy present a two-day conference several years ago and can attest that he is an engaging and captivating speaker. I am highly confident that everyone who attends his presentation will find it interesting, rewarding, and well worth-while.

From The Editor
James Windell, M.A.

I
f you’ve called the MPA office recently, you may have been startled at hearing a much deeper voice answering the phone. The new voice at the other end of the line usually belongs to Andrew Radin, the new office assistant at MPA. The other voice that may be new to you belongs to Diana Popp, the acting Administrative Officer for the MPA.

Handling the phone most days of the week is competent and helpful Andrew Radin. He’s a recent Michigan State University Graduate with a Bachelor of Arts in Psychology. His future plans include graduate school, but in the meantime, he says that he’s learning his way around the MPA office.

Originally from Ann Arbor, Andrew has lived in East Lansing for more than six years and considers it home. He says he enjoys the great services provided by the Michigan Psychological Association and hopes to pursue a career in helping others.

Diana Popp comes to MPA with significant administrative experience in both public and non-profit organizations. Prior to retirement from state government, she worked in the Bureau of Health Professions from 1996 to 2002, where she was the administrator for Michigan’s Health Professional Recovery Program. While at that position, she was also responsible for the bureau’s financial management, human resources, website development, and special projects.

Before her work at the Bureau of Health Professions, she managed the Liquor Control Commission’s Information Services section, where she was responsible for alcohol education programs, operations analysis, publications, and conferences. She was also a regional and national speaker on building effective coalitions and a project manager for a multi-media training program. She now has her own consulting and writing company, Popp & Co., LLC.

Diana is not new to MPA, however. She previously worked with the MPA Foundation to help write the successful NIMH partner grant request. Diana also works part time as the Executive Director of the National Association of Independent Artists and is the current president of the non-profit Blind Children’s Fund. A native of Charleston, West Virginia, Diana and her husband, Rick, live in Grand Ledge and have a son in Indianapolis.

Although both Andrew and Diana came into the MPA office in a time of transition, both go out of their way to be helpful. “They’re both wonderful and we’re extremely pleased to have them in the office,” says MPA Executive Director Judith Kovach.

While they may not know where everything is in the office quite yet, there will be there soon -- and they’ll be running a very efficient MPA office.
I recently chaired a meeting of the Michigan Partners for Parity Steering Committee. The meeting began with the disheartening news that the Speaker of the House who allegedly supports parity was again delaying hearings on parity – this time until after the elections.

We are now in the thirteenth year of the battle to pass legislation ending discrimination against people with mental and emotional disorders. Once again, promises were broken; the political good took precedence over the public good. Under the guise that parity is a mandate, the Michigan Legislature is allowing discrimination against some of our most vulnerable citizens – those with mental illness – to continue. This “group,” as we all know, is not some small and insignificant population; this “group” represents some 20% of all Americans at some point in our lifetimes. We, the members of the Steering Committee, represent advocacy and consumer organizations, professional associations and our lobbyists and many of us have been involved in working for parity since the first bills were drafted.

We all voiced our disappointment, anger and frustration – and even our feelings of helplessness and hopelessness – and then got down to work. By meeting’s end, we were all feeling pretty upbeat and reassured that more could be done and we would do it!

How do I convey the sense of purpose and optimism of the Steering Committee to you, the MPA members without whom our advocacy campaigns would flounder? It is important to me that you understand for two reasons. First, I want you to know about the advocacy work we are doing on your behalf and, second, because the parity initiative, like many issues on our legislative agenda, needs grassroots advocates -- including the members, families and friends of MPA -- to continue to actively fight for the end of discrimination. If you understand that the people in the forefront of the struggle continue to believe Michigan will join the forty-four states that have outlawed discrimination against people with mental illness, then, hopefully, you will continue to tell your legislators to support the parity bills.

Martin Luther King, Jr. once said, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” Those of us who provide mental health care know that the inequality of insurance coverage for mental and emotional disorders is among the most egregious forms of discrimination still openly practiced in this country.

The challenge is for us all to remember that changes in public policy occur when enough voices demand that the people we have elected reflect our beliefs and values in their votes. If they do not do so, we can reflect our dissatisfaction in the voting booth. Continue to write to your State legislators; attend their coffee hours in the district; contribute to campaigns; be a resource on mental health issues; get to know them; keep reminding them that you are a constituent. Write to the Governor; tell her that you noticed there was no mention of parity or any other reference to the mental health of the citizens of Michigan in her State of the State address; remind her of her campaign pledge to enact parity legislation.

And contact me at mpadpa@msn.com if you have questions or need some ideas about how to get involved. Go to http://michiganparity.googlepages.com for more information to document that passing parity legislation is the right thing to do. Remember that even if a national parity bill is passed, the current language would leave approximately two million Michigan citizens without parity unless a more comprehensive bill is passed in this state.

On a final note, the more psychologists who are politically active and establish relationships with their legislators, the greater our clout in all our legislative agendas. MPA speaking for psychology is a powerful voice; MPA speaking with hundreds, even thousands, of individual psychologists would really be a voice to be reckoned with in the Capitol.

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The Big Question

Stanley Greenspan’s *Developmentally Based Psychotherapy* has been one of the biggest influences on my clinical thinking in recent years. Greenspan, author of over a dozen books on clinical issues with children, has extended his published work to elaborate a developmental model for work with adults that integrates insights from Piagetian psychology, clinical research with children, and contemporary psychoanalytic thinking about adults. He has helped me develop language and technique for working with those who have difficulties verbalizing their thoughts and feelings that has enabled an understanding of constitutional and interactional contributions to issues with anxiety, mood and character.

Kevin Keenan, Ph.D.

The book that has influenced me the most, recently, has been Robert West’s *Theory of Addiction* (2006, Blackwell Publishing). Dr. West provides a very succinct yet thoroughly informed overview of the most strongly supported theories of addiction, highlighting the strengths and limitations of each. He then offers a new, comprehensive, synthetic theory that includes elements of earlier theories, along with new attention to the role that motivation and identity may play in addictive behavior. His theory leads to some compelling recommendations for treatment and public health policy. Given that a substantial proportion of psychologists’ patients are likely to be troubled by some form of addiction, it is essential that we become better informed about such processes. This book would be an excellent start for those who might not yet be well-versed in the nature of addiction.

Karen Saules, Ph.D.

The Big Question for 2008:

*Which author, book, or article has most influenced you as a psychologist, and why?*

The Big Question is an exclusive feature of *The Michigan Psychologist*. Each year one question of significance to psychologists will be asked and answers to the question will be solicited from both Michigan and national psychologists. Each quarterly issue of the newsletter will highlight several responses. If you are inspired by The Big Question, write your answer, and send it to Jack Haynes at jhaynes254831mi@comcast.net for consideration.

Dr. Wayne Dyer -- his work is practical, well-researched and informational. He deals with realistic life issues. I refer clients to his work as well as read his work myself. He does a wonderful job of weaving theory into the greater picture of the potential beauty of life.

Karen Noelle Clark, Ph.D.

Dr. W. Winnicott’s *Therapeutic Consultations in Child Psychiatry*. Winnicott described his use of the Squiggle Technique in time-limited consultations with children. Although many of his interpretations seemed highly mysterious to my family-systems-oriented brain, the concept of connecting quickly with a child through a collaborative drawing project really stuck with me. Not only have I used the Squiggle Technique with kids and even some adults through the years, but collaborative drawings have been family assignments in both my clinical and research endeavors. Winnicott’s playfulness, sense of wonder and respect for the child in all of us left an indelible imprint on me.

Kristine Freeark, Ph.D.

At the beginning of my career in 1978 I was greatly influenced by the humanistic psychologists, especially May, Rogers and Yalom. I am still captivated by their notions of what motivates humans and what promotes change. In the ‘80s the insights of family therapists, especially those of Haley and Minuchin, were pivotal in how I approached my work with children and adolescents. Since the early ‘90s John Gottman’s marital research and books, especially his observations about how couples communicate and conflict, have revolutionized my practice in assisting marriages and intervening with couples who continue to engage in intense conflict post-divorce.

Peter Everts, Ph.D.
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Can I Get Some Sleep?

Russell Ames, Ph.D.

“If I could just get some sleep, Doctor, I would feel so much better.”

Sound familiar? In this column I sketch out some key aspects of diagnosing and treating the sleep symptoms patients frequently report. While I may use several technical terms, most clinical psychologists – whether they ever prescribe themselves or not – will likely be dealing more and more with physicians and patients on medication.

Hyperarousal
- The underlying cause of insomnia is related to dysfunction of the hypothalamic-pituitary-adrenal axis (HPA) with increased cortisol stimulating the locus coeruleus at night
- Neural circuits fail to turn off and the whole brain metabolism remains more akin to the waking than sleeping state leading to sleep fragmentation and decreased slow-wave sleep
- Hyperarousal is associated with many DSM-IV Disorders including depression, anxiety, bi-polar disorders and PTSD
- Tiredness without sleepiness results in conditioned insomnia
- GABA modulators (e.g., benzodiazepines) while decreasing arousal have little benefit for improving sleep fragmentation and slow-wave sleep

Hypoarousal
- In extreme form hypoarousal underlies excessive sleepiness with or without tiredness which is present in numerous sleep/wake disorders including Narcolepsy, Obstructive Sleep Apnea (OSA), Sleep Phase Disorders, Restless Leg Syndrome and Periodic Limb Movement Disorder
- Hypoarousal is associated with reduced basal ACTH secretion and a reduction of central cortisol
- Hypoarousal is diagnosed by a pulmonary physician specializing in sleep disorders based on results of a Polysomnogram,, Multiple Sleep Latency Test (MLST), and Excessive Daytime Sleepiness Scale
- Obstructive Sleep Apnea is treated with C-PAP (continuous positive airway pressure)
- Narcolepsy and Idiopathic Excessive Sleepiness are commonly treated with stimulants including modafinil, methylphenidate, and amphetamines, as well as sodium oxybate
- Restless Leg Syndrome is treated with dopamine agonists ropinirole (Requip) and pramipexole (Mirapex)

Cognitive Behavioral Treatment of Insomnia
- It’s important to start with a two-week sleep diary noting times in and out of bed, asleep and awake
- Review and modify sleep hygiene habits, including dark and cool room, no stimulants before bed, elimination of disturbing noises, consistent sleep/wake times
- Initiate “Sleep Restriction Protocol” if sleep efficiency (calculated by time asleep divided by time in bed) is below 70%
- The goal of Sleep Restriction is to match time-in-bed to time-asleep by having patient go to bed later and/or get up earlier so time-in-bed more closely approximates time-asleep

Case of Conditioned Insomnia
- White female in her mid-30s referred by pulmonary physician after polysomnogram ruled out OSA but supported fragmented sleep architecture, decreased REM, and only three to four hours of sleep
- History of chronic migraine headaches and under care of headache clinic
- History of being hypervigilant throughout night for first three years of daughter’s life due to daughter’s medical condition
- No evidence of major DSM-IV disorder; failure of Ambien trial
- Initiated sleep diary, modification of sleep hygiene, sleep restriction, e.g., getting into bed at 1am instead of 10PM
- Pulmonologist started her on Rozerem (Ramelteon) which when taken for a few weeks begins to regulate fragmented sleep and over three months significantly normalizes sleep architecture
- Rozerem is a melatonin receptor agonist with high affinity for melatonin MT1 and MT2, thought to be involved in maintenance of normal circadian rhythm
- At six weeks the patient’s sleep efficiency improved from 60% to 80% with consistent bedtime at 11:30 PM and five to seven hours per night of sleep

If you would like to ask more questions of Dr. Ames or share an interest in Rx training, contact him at amesr@msu.edu.
Your Most Pressing Insurance Questions Answered

J. Bruce Hillenberg, Ph.D.

Q: Does the new BCBSM provider contract signal that they will be conducting more audits of psychological services?

A: Blue Cross and Blue Shield of Michigan (BCBSM) has always had the capacity and right (by their contract) to audit providers. The BCBSM representatives at the MPA meeting held in Lansing on January 11 stated that they do not plan on increasing the number of audits.

Q: What psychotherapy procedures might be post-treatment audited by BCBSM? Realistically, might they claim that twice-weekly therapy could have been once-weekly? Could they claim that a 12-month therapy might have needed only 6 months?

A: The reason BCBSM made the medical necessity of clinical services more explicit in their contract is to remind participating providers of their responsibility for assuring that the intensity and duration of episodes of care are necessary and appropriate for the patient’s care. While there are different viewpoints on what is appropriate and the empirical evidence that supports it, BCBS is looking to us to make sure that our documentation supports the type, intensity, and frequency of our treatment interventions. In recent years BCBSM has been using the medical necessity guidelines for Magellan Behavioral Health to guide decisions about the appropriateness of psychotherapy utilization.

Q: The new BSBSM provider contract states that clinical services should not be more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as the diagnosis or treatment of that patient’s condition. How should a psychologist who is participating with BCBSM use this definition to determine the type, intensity and frequency of psychotherapeutic services?

A: Psychologists should be good consumers of clinical research to establish support for the type, intensity, and frequency of their psychotherapeutic services. Psychologists should advocate for efficacy and effectiveness outcomes research in their areas of theoretical interest so that all major approaches to treatment have a record of evidence-based support. Finally, psychologists should document clearly the level of symptom distress, functional difficulties, and risks of no-treatment associated with the condition that is the basis of the patient’s chief complaint.

J. Bruce Hillenberg is the MPA Insurance Committee Chair

Licensing Committee Supports New Proposal for Continuing Professional Development

Jan Lazar, Ph.D.

Recently the Board of Psychology agreed unanimously to go forward with a proposal for Continuing Professional Development (CPD) and we are now awaiting the rules for CPD to be written and presented. I would expect CPD experiences to take the form of different and various avenues of learning which can enhance our growth and skills as psychologists. MPA will keep the membership informed as to the requirements and will be looking to support this requirement with challenging workshops and programs.

This column provides an opportunity to discuss exactly what the Board of Licensing is and how it functions. The Board meets six times a year and is made up of nine voting members -- five of whom are psychologists and four public members. The current Chair is Dane Ver Merris, Ph.D.; The Vice-Chair is Julie Cowie. The purpose of the Board of Licensing is two-fold: 1.) to protect the public health by making recommendations to the legislature regarding rules for the practice of psychology; 2.) to take disciplinary action against a licensee when necessary. This second function is addressed in the Disciplinary Subcommittee which meets immediately after the Board meetings.

An important resource for all of us to bookmark is the State of Michigan website for Psychology. To find this website, enter mich.gov/mdch in the browser of your search engine and on the bottom right is a column titled Health Professions-Licensing and Regulation. After clicking, go to Psychology on the left side of the next page. There you will find a list of important pages, including Administrative rules, Board meeting dates and agendas, supervision requirements, and information for taking the EPPP exam. You will also see a section farther down the page concerning Frequently Asked Questions (FAQ). This is a helpful site for licensing questions.

Jan Lazar is the MPA Licensing Committee Chair.

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Public Education Update
Jan Tomakowsky, Ph.D.

Heart Walk
The Heart Walks planned for May are fast approaching. Look for future notices about how MPA plans to participate this year in the Walks that are now being held throughout Michigan. If you have a special interest in organizing in your area, please contact the Public Education Committee.

The MPA Foundation Website
Our Foundation website is an important link to the public. We are continuing to develop articles to accompany the online depression screening program and other resources for the public. Check out the MPA Foundation website at www.mpfoundation.org.

Public Education through the Media
The Public Education Committee is MPA’s link to APA’s public education campaigns. Previous APA campaigns—and our MPA campaigns—have focused on health psychology (“the Mind-Body campaign”), as well as resilience and violence prevention. Most recently APA’s strategic planning gurus have found that the public is responsive to messages that emphasize stress and its psychological concomitants. As many of us have experienced in our work with our clients, stress may be a proxy for more psychologically loaded terms. MPA is now developing our own strategies about a statewide media campaign to emphasize stress and the role that psychologists play in helping people to cope. We welcome participation from members throughout the state to assist us with this.

Join Us!
We welcome members throughout the state. Our current members are Art Luz, Tere Lynch, Charlene Moore, Mark Vogel, and Jan Tomakowsky, Chair. Contact Jan for more information about the committee (248-543-2430 or jtomakowsky@earthlink.net).

PSYCHOLOGIST – The Christian Counseling Center, a private non-profit organization with a 67 year history is seeking an experienced Licensed Psychologist. Qualified candidates will have a minimum of 5 years post licensure experience in direct outpatient service with a diverse population of individuals and couples, be comfortable working as a member of a team and be motivated to develop and maintain a caseload. Also required are an active faith commitment and an interest in the integration of psychology and theology. We offer a competitive salary and benefits, a supportive, collegial staff, and a stimulating professional environment. West Michigan is a family oriented community with affordable housing, a number of high quality educational institutions, and a wealth of outdoor recreational opportunities. Send Resumes to Dr. Greg Sherman – gsherman@cccmich.org.

The Intimacy Challenge – Neuro-physiology, Aggression, & Compassion Training
May 2 – Helping Couples Fight “Emotional Pollution” – Steven Stosny, Ph.D., 9 – 4 pm, 6 ceu’s;
May 3 – Empowering Your Practice with the New Brain Science – Pat Love, Ed.D., 9 – 4:30 pm, 6 ceu’s;

Dearborn Inn, Dearborn MI. See www.ImagoMichigan.com or call 248-443-8494 or 248-376-1325

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Rural Reflections . . .

Mary Pelton Cooper, Psy.D.

In Marquette we have several feet of snow on the ground, but our practices are as busy as ever. People are still traveling 100 miles if necessary to see a psychologist. Up here we welcome the snow because it means income for the tourist businesses, and we welcome the source of slow release moisture it provides for our forests.

Our Marquette consultation group is meeting regularly in spite of the weather. We have two people traveling from Sault St Marie and Baraga to meet once each month, and unfortunately the weather has been too severe at times for them to make the trip. Marianne called me from the road before the last Saturday meeting to tell me she had to turn back. No other cars were on the road and the road crews hadn’t cleared the surfaces.

In rural communities the possibilities for professional relationships are limited, but we also find an intergenerational valuing of cooperation. We survive difficult years by supporting each other as a way to mitigate the effects of isolation. We have long memories for generosity and integrity. The U. P. psychologists remember that MPA leadership reached out to us, traveling (yes, on the road for eight hours) to meet with us.

We appreciate being able to see some of the conferences by DVD. The two of us who were able to attend the consultation group watched the Blue Cross meeting by DVD. I wish we could have recorded our commentary to share with others!

Our isolation makes the MPA listserv and the internet relationship with a national organization vital to our professional growth and to our participation in dialogue on professional issues. Our consultation group also provides a stimulating environment for case consultations, dialogue on APA issues and insurance issues, for sharing literature on theory and practice, and for discussion on some of the complex boundary situations we encounter on a weekly basis in small towns. I often wish we had pictures on the Email messages since I will most likely never meet many of the MPA members, but you are all a part of my daily professional experience.

The Future of American Psychology: Can We Meet the Diversity Needs of Our Profession?

Psychology, as a field of scientific and professional activity, is changing. With regard to gender, it is projected that women will outnumber men in the near future. Of course, this phenomenon is not limited to psychology as women become more active in other disciplines as well. People of color comprise just over a quarter of the total U.S. population, and it’s estimated they will comprise about half of Americans by the middle of the century.

Currently, psychologists of color comprise approximately six percent of American Psychological Association (APA) membership. Assuming that the number of psychologists in APA increases in proportion to the growing national population, there will be 120,000 APA members by 2050, with only 7,200 of them being psychologists of color.

The question is raised: Can six percent of psychologists meet the diverse gender-based, racial, and cultural needs of half of the American population?

One way to meet the changing needs of psychology would be to increase the diversity of psychologists by encouraging the training and development of members of different populations. However, this is not likely to be enough. The psychological majority needs to take responsibility for the changes in both our profession and the needs of the public, by increasing our own training and experience in providing services to diverse populations. The future of our profession depends on it.

The MPA Diversity Committee is seeking new members to contribute to its mission of encouraging awareness of the issues and challenges faced by psychologists and communities of diverse experiences, including race, gender, age, ethnicity, culture, sexual identity and expression, socioeconomic status, religion, physical capabilities, and geographical location. We work to educate, facilitate communication, and develop collaborative programming with organizations representing diverse populations, and to identify ways for MPA to advocate for and support diversity.

If you or a fellow MPA member are interested in learning more about the Diversity Committee and its work, please contact me at DrPizzi@DrPizzi.com or 1-877-DRPIZZI.


Gregg A. Pizzi, Psy.D., is the Chair of MPA’s Diversity Committee.

Ronan Psychological Associates invites applications for fully licensed Psychologists to join our team in Mt. Pleasant, MI. Office Manager and billing services provided. Email resume to George Ronan/Carole Davis at rpamtpleasant@verizon.net.
### MPA Spring Convention 2008 Schedule

#### Friday, April 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Registration and Continental Breakfast</td>
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<tr>
<td>8:50</td>
<td>Opening Comments: Karen Colby Weiner, Ph.D., President, Michigan Psychological Association</td>
</tr>
<tr>
<td>9:00</td>
<td>J. Reid Meloy, Ph.D., ABBP “Assessing and Managing Violence Risk in Mental Health Patients”</td>
</tr>
<tr>
<td>10:15</td>
<td>Morning Break (15 minutes)</td>
</tr>
<tr>
<td>Noon</td>
<td>Lunch and Learn: Join others who share your interests at tables with topics of interest to you.</td>
</tr>
<tr>
<td>1:00</td>
<td>Continuation of Dr. Meloy’s presentation</td>
</tr>
<tr>
<td>2:30</td>
<td>Afternoon break (15 minutes)</td>
</tr>
<tr>
<td>4:30</td>
<td>End of Dr. Meloy’s presentation</td>
</tr>
<tr>
<td>6:00</td>
<td>Cocktail reception</td>
</tr>
<tr>
<td>7:00</td>
<td>Gala Banquet followed by Magic and Music</td>
</tr>
</tbody>
</table>

#### Program Description: (6 CE credits)

Dr. Meloy will present a concise, state-of-the-science review of assessing and managing risk of violence among mental health patients. He will focus upon the four methodologies currently in use – actuarial instruments, structured professional judgment instruments, certain clinical instruments that predict violence, and the idiographic “threat assessment model” – with an eye toward integration to create an “individualized” assessment that respects larger group data. He will also elaborate on the two modes of violence, affective and predatory, and their role in risk assessment and management. He will present his “forensic schematic report” model for both written evaluations and testimony as an alternative to the traditionally written clinical evaluations.

#### Learning Objectives:

1. Selecting the appropriate method for evaluation of risk of violence in certain cases.
2. Distinguishing between affective and predatory violence.
3. Writing a “forensic schematic report.”

#### Saturday, April 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30</td>
<td>Registration and Continental breakfast</td>
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<tr>
<td>8:50</td>
<td>Opening Comments: Karen Colby Weiner, Ph.D., President, Michigan Psychological Association</td>
</tr>
<tr>
<td>9:00</td>
<td>Cheryl King, Ph.D., ABBP “Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals”</td>
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<tr>
<td>10:15</td>
<td>Morning Break (15 minutes)</td>
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<tr>
<td>Noon</td>
<td>Lunch and Learn</td>
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<tr>
<td>2:30</td>
<td>Afternoon break (15 minutes)</td>
</tr>
<tr>
<td>4:30</td>
<td>End of Dr. King’s presentation</td>
</tr>
</tbody>
</table>

#### Program Description: (6 CE credits)

Dr. King will present a course on assessing and managing suicide risk. This course includes an introduction and overview; attitudes and approach; understanding suicide; eliciting suicidal ideation, behavior, and plans; formulation of risk, treatment planning, management of care; documentation; and legal and regulatory issues. The program will include a mix of pre-reading, lecture and exercises, a 110-page participant manual; and journaling throughout the day.

#### Learning Objectives:

1. Reconciling the difference and potential conflict between a clinician’s goal to prevent suicide and a client’s goal to eliminate psychological pain through suicide.
2. Maintaining a collaborative, non-adversarial stance.
3. Eliciting suicide ideation, behavior, and plans.
4. Making a clinical judgment of the risk that a client will attempt or complete suicide.
5. Collaboratively developing an emergency plan and developing a written treatment plan that addresses a client’s immediate, acute, and continuing suicide ideation and risk for suicide.
6. Developing policies and procedures for following clients closely, including principles of crisis management.

This course is co-sponsored by the Suicide Prevention Resource Center and the American Association of Suicidology. The registration fee for this day includes a fee of $35.00 for course materials.

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**Eligibility For Continuing Education Credits**

The Michigan Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The MPA maintains the responsibility for the program and its content. In accordance with APA, those arriving more than 15 minutes late or leaving more than 15 minutes early will be unable to obtain continuing education credits. The American Association of Suicidology (AAS) is approved by the American Psychological Association to offer continuing education for psychologists. AAS maintains responsibility for the Saturday program and its content.
FULL TIME POST-DOCTORAL POSITION AVAILABLE AT BEAUMONT

Berkley/Royal Oak: The Center for Human Development (CHD) at William Beaumont Hospital is inviting applications for a full-time post-doctoral fellowship, 9/1/08 – 8/31/09. CHD is a multi-disciplinary team, specializing in assessment, diagnosis and intervention planning for children/adolescents with a broad spectrum of neurodevelopmental and behavioral disorders. CHD comprises the Developmental-Behavioral Pediatrics department within the Division of Pediatrics at Beaumont Hospital. Responsibilities for the post-doctoral fellow will include conducting psychological, language, and/or psycho-educational assessments and dictating reports, participating in interdisciplinary case conferences with developmental-behavioral pediatricians, psychologists, psychiatrists, educational specialists, social worker, and various school personnel, to develop integrated reports, and communicate diagnostic findings and recommendations to parents. Completion of initial clinical intake interviews and/or final interpretive parent conferences, either independently or jointly with senior staff, will be part of the fellow’s experience, depending on level of experience. Assessment may (1) focus on early childhood diagnostic questions such as autism spectrum disorders, language disorders, other early developmental and/or behavioral problems and/or (2) focus on school age/adolescent children with differential diagnoses such as ADHD, ODD, Dyslexia, and other learning or behavioral disabilities. Trainees have the opportunity to carry a small, on-going therapy caseload focusing on their area of treatment interests, as well as provide consultation to multi-disciplinary specialty treatment teams within the hospital setting (e.g., Craniofacial Anomalies Clinic). They also will have opportunities to work in our center-based program training parents of pre-school children with autism to use interventions based on applied behavioral analysis (ABA). Case-specific supervision will be conducted by various licensed psychologists, as well as a child/adolescent psychiatrist, two developmental-behavioral pediatricians, and/or a clinical social worker. Stipend for the year will be $30,000, plus paid health-care benefits, 2 weeks paid vacation, and paid conference days. Completion of the doctoral degree from an APA-accredited program and possession of a Michigan Limited/Temporary Limited License is required. Please send letter of interest, CV, 3 letters of recommendation, and 2 sample assessment reports to John W. McCaskill, Ph.D., Center for Human Development – William Beaumont Hospital, 1695 W. 12 Mile Rd., Suite 120, Berkley, MI, 48072 (E-Mail: JMccaskill@beaumont.edu; Phone: 248-691-4744; FAX: 248-691-4745). Applications will continue to be accepted and reviewed until the position is filled, but receipt of all materials by April 15, 2008, is encouraged.
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*One complimentary consultation to MPA members limited to not more than one hour of attorney or legal assistant time.

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