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Welcome New Members

A Word From Your President....

By: Victor W. Barr, Ph.D., UT Counseling Center Director

I graduated from high school in 1970. Next year will be my 40th high school reunion. At the 30th, I could only recognize a few people.

As I sit down to write this the federal government is trying to come to decisions concerning health care reform. According to the White House:

Comprehensive health care reform can no longer wait. Rapidly escalating health care costs are crushing family, business, and government budgets. Employer-sponsored health insurance premiums have doubled in the last 9 years, a rate 3 times faster than cumulative wage increases. This forces families to sit around the kitchen table to make impossible choices between paying rent or paying health premiums. Given all that we spend on health care, American families should not be presented with that choice. The United States spent approximately \$2.2 trillion on health care in 2007, or \$7,421 per person - nearly twice the average of other developed nations. Americans spend more on health care than on housing or food. If rapid health cost growth persists, the Congressional Budget Office estimates that by 2025, one out of every four dollars in our national economy will be tied up in the health system.

A recent headline in The National Psychologist read "APA leaders say fixed salaries may replace fee-for-service billing."

The world is changing and so must the practice of psychology. The training of psychologist's is undergoing what may be major changes as it moves towards a competence model. APA is also looking at what should be part of the training of psychologists (<http://www.apa.org/ed/graduate/competency.html>). ETSU has recently begun a clinical psychology Ph.D. program that "focuses on training scientist-practitioners to conduct psychological research and practice in rural, primary care settings (<http://faculty.etsu.edu/hirsch/etsucourses.html>).

The world is not the same world that many of us were trained to practice. In another ten years the face of the practice of psychology may very well be one many of us would have difficulty recognizing.

Meet Your New Board Members...

Victor W. Barr, Ph.D. – President



Victor Barr currently serves as the Director of the Counseling Center and has been employed at the University of Tennessee since 1989. He received his Ph.D. in Counseling Psychology from the University of North Carolina at Chapel Hill. His pre-doctoral internship was done at the Counseling Center at Iowa State University. He is a Licensed Psychologist and Health Services Provider in the state of Tennessee. He serves as adjunct faculty in the department of psychology. He is the current president of KAPA. In addition, he serves as a member of the governing boards for the Association for University and College Counseling Center Directors and the Center for the Study of Collegiate Mental Health.

Joshua Williams, Ph.D. – President Elect

Joshua Williams has been in private practice as a clinical psychologist in Knoxville, TN for 25 years. He specializes in Psychotherapy and Behavioral Medicine. Dr. Williams served as Director of the Children's Hospital Integrated Psychiatric Services (CHIPS) at East Tennessee Children's Hospital from 1985-1996. Dr. Williams' has served as an Assistant Professor for the University of Tennessee Graduate Clinical Psychology Training Program, a Clinical Director of Overlook Mental Health Center, and as a member of the Blount County Foster Care Review Board.

Dr. Williams has served as a board member of Leadership Knoxville, on the Tennessee Voices for Children's Board of Directors, the Knox County Community Health Improvement Council Board of Directors. He has served two terms as President of the Tennessee Psychological Association.

Dr. Williams received his undergraduate degree at Goddard College, earned an M.A. in English Literature from Columbia University. Dr. Williams received his Ph.D. in Clinical Psychology from the University of Tennessee at Knoxville. He completed a clinical internship at the National Institute of Mental Health in Washington, D.C.

Dr. Williams is the author of numerous publications and articles on topics ranging from violence in schools to Medicaid reform to the state of the profession of psychology. He and his wife Laurie, also a clinical psychologist, live in the Knoxville community. They are the parents of three children. Dr. Williams is an avid photographer and amateur guitarist.

Shana Hamilton-Lockwood, Ph.D. - Secretary

Shana is an early career psychologist. She is currently working at Cherokee Health Systems in Newport, TN. She received her Masters from East Tennessee State University in clinical psychology and her Ph.D. from the University of Memphis in Counseling Psychology. Shana did her internship at Texas Woman's University and then studied as a sex therapist in a postdoctoral fellowship at the University of Minnesota, Program of Human Sexuality. She worked at the University of Georgia for a year before coming home to East Tennessee. Shana specializes in sexual disorders, sexual compulsivity, marriage counseling and GLBT issues. She has presented at numerous conferences on these issues as well as written articles. She also has an interest in women's issues, addictions, general psychology issues, relationship violence, reasons for living, self-injurious behavior and rural psychology. Currently she is a general psychologist as well as a co-leader of an intensive outpatient treatment program for adults with alcohol and drug problems. In her spare time, she enjoys spending time with her husband, parents, and god-daughters.

Steve McCallum, Ph.D. – Continuing Education Coordinator

Steve McCallum earned his Ph.D. from the University of Georgia and worked for three years as a school psychologist in the public schools. He joined the faculty of the University of Tennessee in 1986 as Director of the APA- and NASP accredited School Psychology Program. He currently serves as Head of the Department of Educational Psychology and Counseling. In addition to his administrative duties, Dr. McCallum teaches courses related to assessment of academic and cognitive functioning and diagnosis and treatment of childhood psychopathology. Much of his research focuses on assessment-related issues; he is the author or co-author of numerous scholarly works including books, book chapters, journal articles, tests, and national/international conference presentations. In 1998 he co-authored the *Universal Nonverbal Intelligence Test* (UNIT), published by Riverside Publishing Company, and in 2000 a software interpretive program for the UNIT called *UNIT Compuscore* and a Training Manual. UNIT is designed to provide a psychometrically sound assessment of intelligence for children who do not have English as a first language and for those who are deaf or hard of hearing. In 2001 he co-authored *Essentials of Nonverbal Assessment*, published by John Wiley & Sons, and more recently, edited/authored the *Handbook of Nonverbal Assessment*, published by Kluwer Academic; Plenum Publishers in 2003.. Most recently (2008), he coauthored the *Handbook of Reading Assessment*, published by Allyn and Bacon. He is co-founder and consulting editor of the *Journal of Psychoeducational Assessment*, published by SAGE. In addition to his administrative and classroom teaching duties, he supervises school psychology students in public schools settings and, as a licensed psychologist, provides some direct services. Based on contributions to his profession Dr. McCallum was elected a Fellow of the American Psychological Association in 1992.

James T. “Dale” Berry, Ph.D. – Treasurer

James T. “Dale” Berry is the clinical director of Ebenezer Counseling Services. He has been in private practice there since 1996 specializing in marriage therapy. He earned his B.S. from the University of the South (Sewanee), his M.A. in Marriage and Family Therapy from Reformed Theological Seminary, his Ph.D. in Counseling Psychology from Virginia Commonwealth University, and completed his doctoral internship at Duke University's Student Health Center. He taught for five years at Reformed Theological Seminary before coming to Knoxville. He is married to Mary Beth Berry and has four children. His favorite activities include backpacking, running, exploring, and reading.

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Substance Use Management: An Alternative for Treatment of Adolescent Substance Abuse

*T. Paul McAnear, Ph. D.
University of Tennessee, Knoxville*

Mental health professionals who work with adolescents often encounter clients who are less than cooperative. Resistance may be particularly apparent in adolescents with substance use related problems. Traditional approaches to treatment that highlight the dangers of substance use and mandate abstinence can activate resistance in adolescents whose personal experiences may include significant alcohol and drug use with minimal negative consequences. This article presents an alternative approach to adolescent substance use called Substance Use Management (SUM). SUM is a harm reduction approach that reduces resistance and promotes active change by eliciting collaboration from the client in identifying problems related to substance use and developing personally relevant substance use goals.

Substance Use Management is grounded in harm reduction principles. Harm reduction models (e.g., Marlatt, 1998) of substance abuse treatment focus on helping clients manage their substance use in ways that reduce or eliminate the negative consequences of use. In contrast to traditional abstinence focused models of care, harm reduction approaches such as SUM recognize variability in dangerousness of substances, accept some moderate substance use as normative and generally tolerate some continued substance use during treatment. Harm reduction models recognize that while abstinence is the most certain way to avoid negative consequences, any positive change in using patterns is beneficial and valid.

In an extensive 2 year SAMSHA sponsored study of 600 adolescents with cannabis abuse disorders, Dennis and colleagues (2004) demonstrated that a brief intervention using 2 individual sessions of Motivational Enhancement Therapy (MET) combined with 3 group sessions of Cognitive Behavioral Therapy (CBT) was as effective as several other more comprehensive and much more costly interventions. Over 600 adolescents were assigned randomly to 5 treatment protocols across 4 sites throughout the country. Measures of "days of abstinence" and "percentage of subjects in recovery" were taken at 6 and 12 months. Surprisingly, the researchers found no significant difference in outcomes between treatment groups. However, the costs per participant were, as one might guess, significantly higher for the more comprehensive treatments, though again with no measurable gain in treatment benefit. The researchers noted that there was no measurable benefit to the addition of more sessions or the inclusion of family and community resource (though it should be noted that the measures of outcome in this study were limited and may not have captured important other benefits that accompany the inclusion of such resources). In sum, the use of brief motivational interviewing coupled with practical supports for behavioral change appeared to be both clinically effective and cost effective.

Providers may benefit from noting several factors that appeared to have contributed to the effectiveness of this program. First, honest nonjudgmental feedback about current use patterns seemed helpful. The researchers collected extensive data about the participants' substance use and lifestyles prior to the initial interview and were able to generate personalized feedback reports (PBR) that compared the participant's reported substance use patterns with relevant cohorts. This PBR provided the foundation for the first individual MET session where the therapist discussed stated client goals in light of current use patterns. Secondly, Motivational Interviewing was effective. MET as used in the Dennis, et. al. (2004) study was an adaptation of Motivational Interviewing (MI) developed by Rollnick and Miller (2002). MI emphasizes collaboration with a client in discovering the client's personal reasons for change. Through the establishment of a nonjudgmental empathic relationship and the highlighting of discrepancies between the client's goals and their current behavior, MI motivates change by enhancing the client's personal dissatisfaction. When used in substance abuse treatment, this approach encourages the therapist to collaborate with the clients in exploring ways that their substance use is interfering with their stated goals. Such interference then provides a natural pathway to discussing possible changes in substance use that would promote the stated goals. Third, tolerance for moderate substance use appeared to have enhanced outcomes. There was no evidence that tolerance was perceived as condoning use or inhibiting abstinence.

While outcome measures for this study focused on abstinence, the treatment protocols actually allowed for adolescents to choose reduction (not just abstinence) as a goal. Individual sessions using Motivational Interviewing appeared to help adolescents formulate their own reasons for reducing or stopping their marijuana use and enabled them to understand “what’s in it for them” to make a change.

Finally, counselors in the study were encouraged to recognize and validate any positive change in substance use patterns. Exceptions to regular use were highlighted. For example, if a daily using client reported changing his marijuana use to 4 times a week though he had planned to reduce to 2 times, the overall improvement from the previous pattern of daily use was highlighted and obstacles to meeting the stated goal were reviewed. In summary, factors that appeared to help adolescents change their substance use patterns included nonjudgmental feedback about current use, the use of a collaborative approach in the development of substance use goals, tolerance for moderate amounts of continued substance use, and validation of any positive change in use patterns.

A substance use management (SUM) model has several advantages over traditional abstinence based approaches when working with adolescents and college students. For one thing, SUM may provide enhanced credibility for the provider. SUM and other harm reduction models acknowledge what many adolescents and young adults already know; that all drugs are not the same. While many drugs are admittedly dangerous and highly addictive, substances such as alcohol are socially acceptable and frequently consumed in moderation by adults over age 21 with little or no negative consequences. Further, an SUM approach reduces the need for the clinician to be a specialist in alcohol and drug issues. The SUM approach builds on current knowledge of the dynamics of change and on common factors of effective therapy less than education about the dangers of drug use. Second, in contrast to more traditional abstinence based approaches, SUM emphasizes the validity of “any positive change” and accepts moderation or reduced usage as valid alternatives to abstinence. This tolerance enhances readiness for change by allowing the provider to tailor the treatment plan to meet the client “where they are” in terms of what kinds of changes they are willing to consider. Such an approach is particularly useful with adolescents and young adults who are likely to resist authoritative mandates to abstain. In short, an SUM model may have more credibility, flexibility, and developmental appropriateness for adolescents and young adults than traditional abstinence based approaches.

Readers interested in more information about the Cannabis Youth Series and other brief effective substance abuse interventions are invited to review the SAMSHA website. The Cannabis Youth Series program can be downloaded at no charge at this url:

<http://www.kap.samhsa.gov/products/manuals/cyt/index.htm>



References

- Dennis, M., Godley, S. H., Diamond, G., Tims, F. M., Babor, T., Donaldson, J., Liddle, H., Titus, J. C., Kaminer, Y., Webb, C., Hamilton, N. & Funk, R. (2004). The cannabis youth treatment study: Findings from two randomized trials. *Journal of Substance Abuse Treatment*, 27, 197-213.
- Marlatt, G. A. (1998). Highlights of harm reduction: A personal report from the first national harm reduction conference in the United States. In G. A. Marlatt (Ed.), *Harm reduction: Pragmatic strategies for managing high risk behaviors* (pp. 3-29). New York: Guilford Press.
- Miller, W. R. & Rollnick, S. R. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford.

SAVE the DATE !

Monday January 11, 2010

KAPA PROGRAM: Review of Your Current Legal Requirements

Presented by :

Lance T. Laurence, Ph.D.
Associate Professor & Director,
University of Tennessee Psychological Clinic
Director, Legislative & Professional Affairs,
Tennessee Psychological Association

Please Remember

Please remember to pay your annual dues for 2010. Renewal forms were mailed to all members the first week in December. If you have not already done so, please fill out and return the form with your dues check. Keep us informed of any changes to your email address, business contact information, or website listing by making needed corrections to the information printed on the form. If you are unsure of your dues status please contact the KAPA treasurer at Jtdberry@yahoo.com or the administrative assistant at ltoney5017@comcast.net.



Continuing Education Opportunities Outside of KAPA

January 9	Developmental Considerations In Treatment of Gay Men	Fort Sanders Medical Center
January 14	Sensory Integration Processing & Strategies for Autism Spectrum, ADHD & other Neurobehavioral Disorders	Hilton Knoxville Airport
January 15	<i>Motivational Interviewing Seminar</i>	Crown Plaza Knoxville

KAPA Classifieds

Office Space:

West Knoxville/Franklin Square (550 sq. ft.)

Private entrance office for lease; separate bathroom and large private waiting room; curbside parking. Furnished or unfurnished. \$725.00. Contact Connie Cole at 470-2546 or doconnie@aol.com

Extra large office, full or part time in a (5-office) building in the Bearden area and just one block from Kingston Pike. Rent includes phone (with voice mail), utilities and use of the common areas: waiting room, group room, kitchen and bathroom. Office is accessible through the waiting room or directly from the parking area. The building is shared by several psychologists and social workers. For additional information contact amasoler@yahoo.com.

Lovely spacious office in Homberg-Bearden area. Shared waiting room. Secretarial and billing support possible. Very convenient to UT, downtown, Gourmet Market! Available Jan. 1. Call 909-0929.

Did You Know?

One of the many benefits of KAPA membership is free advertising in the KAPA Classifieds! Please contact Shana Hamilton-Lockwood, KAPA Secretary, at shana.hamilton@cherokeehealth.com for more details on how you can advertise in our next newsletter.

Help Us Recognize New KAPA Members

Welcome to the following psychologists who have joined KAPA recently. You may find them listed in the Membership Directory on the KAPA web site at www.knoxvilleareapsychology.org.

Dr. Carrie S. Booher

Dr. Connie S. Cole

Mr. Alden Gardner

Dr. Traci Golbach

Ms. Renee G. Harold

Dr. Janetta Jamerson

Dr. T. Paul McAnear

Dr. Robert Mindrup

Dr. Gina Owens

Dr. Ashley Ross

Dr. Sabine Scoggins

Dr. Brian Wilhoit

Dr. Joanna A. Williams

Dr. Laurie Willams
