



KAPA NEWS

January 2012

In this Issue:

KAPA Website

Welcome New Board

KAPA Board
Contact Info

On Chemical
Imbalance

Continuing Education
Opportunity

Welcome New
Members

Please Remember
Annual Dues

KAPA
Classifieds

*KAPA is an affiliate of the
Tennessee Psychological Association
www.knoxvilleareapsychology.org*

A new look for KAPA

KAPA has recently procured the services of a website designer to assist in the development of the new KAPA website. Remember, the KAPA website is not exclusive to our membership, as non-members (other licensed professionals) and consumers utilize the website as well. As KAPA members, your input (a.k.a., ideas or suggestions) about the information contained on the new website is welcomed. Feel free to contact Robert Mindrup (KAPA Secretary) at rmindrup@gmail.com.

Welcome New Board Members ...

Dr. Malcolm Spica - President

Malcolm Spica, Ph.D. received his doctorate and master's degrees in clinical psychology from Michigan State University. He also gained clinical neuropsychology training from the Battle Creek Veterans Administration Medical Center (VAMC), the University of Michigan Neuropsychology Program, and the Ann Arbor VAMC. Dr. Spica completed a clinical neuropsychology internship at the Long Island Jewish Medical Center-Hillside Hospital in New York City. Currently, Dr. Spica provides neuropsychological assessment services for a variety of clinical referral sources and conducts record-review evaluations for cases of workers compensation and disability. In addition, he functions as a forensic expert witness (neuropsychology) in federal and state litigation involving criminal conduct, personal injury, malpractice, and post-conviction capital punishment sentencing. Dr. Spica has been in clinical practice for more than eighteen years, served as Director of Neurobehavioral Associates, and was the Chief Psychologist at The Montcalm Center for Behavioral Health (Montcalm County Community Mental Health). His academic work includes serving as a preceptor and lecturer for the Michigan State University (MSU) College of Human Medicine, lecturer for the MSU Clinical Psychology Department. Dr. Spica is also an Adjunct Lecturer in the MSU Department of Psychiatry (Neuropsychology Seminar). His current research efforts include investigations in memory dysfunction, human motivation, and attentional disorders.

Continued on page 2

Continued from page 1

Dr. Michael Hawthorne – President Elect

Mike Hawthorne came to Knoxville in 1981 to enter the Clinical Psychology program. He finally graduated in 1988 after an internship in Boston. He manages the Northshore Group practice and also leads Prime Provider Systems, an Independent Practice Association of 160 mental health practitioners in Knox and surrounding counties. He has recently returned to UTK as an adjunct professor in the Clinical program. Mike's outpatient caseload is equally distributed among child, adolescent, young adult and adult populations. He has a special interest in treating attention disorders and has consulted with the UT Athletic Department for the past 18 years, seeing athletes in all sports for a wide range of adjustment and performance issues. While on a clinical placement at Cherokee Mental Health Center in Morristown, Mike was fortunate to meet and to eventually marry the administrator. Caryn is now a healthcare consultant with Lattimore, Black, Morgan & Cain in Knoxville. In 2006-09, the Hawthornes were "bi-terrestrial" when Caryn took the position of CFO of Eisenhower Medical Center in Rancho Mirage, CA; they did a lot of flying back and forth. Their daughter Claire is a senior at West High and is currently planning on attending Tennessee Tech in the fall.



Dr. Robert Mindrup - Secretary

Robert Mindrup is an early career psychologist who graduated from the Forest Institute with his doctorate in clinical psychology. He completed his internship at Wright State University. He holds a master's degree in clinical social work from the University of Tennessee and bachelor's degree in experimental psychology from Blackburn College. He also received post-graduate certification in marriage and family therapy from the Forest Institute as well as certification in civil and family mediation from the Washington University School of Law. Dr. Mindrup currently works for Cherokee Health Systems in Maynardville, TN as the Lead Clinician and Clinical Psychologist. In addition, Dr. Mindrup is an adjunct professor for the Lincoln Memorial University Graduate Program in Education. He was recently recruited to teach in the new Doctor of Social Work Program at the UT College of Social Work. His research interests involve the intersection of white privilege attitudes and multicultural counseling competence and recently published research in this area. He is married and is newly a father. In his leisure time, he enjoys spending time with family, playing golf, exercising, and watching UT sports.

Dr. Ted Jones – Continuing Education Coordinator

Ted Jones, Ph.D. graduated from the UTK PhD clinical psychology program in 1981. He has had been involved in several areas of clinical practice over the last 30 years in East Tennessee, including time spent with Cherokee Health Systems, Overlook Center, UT Alcohol & Drug Center, Westside Psychology, and The Cancer Support Community. His latest iteration as a psychologist has been for the last 11 years to be in private practice in association with Behavioral Medicine Institute (BMI). He is located full-time within the medical practice of Pain Consultants of East Tennessee. There he does assessments of patients before they are considered for opioid medication, and he offers individual and group treatment services in the treatment of chronic pain. He has recently been able to return to his research roots and has published four articles about pain treatment, mostly on the assessment of patients being considered for opioids. He remains married to the same wonderful wife that he has had for 34 years (Lou). His two sons are now adults and are both married but living afar. Our first grandchild is on the way. For fun he walks the dogs in the woods and revels in his current status as the lowest ranked table tennis player in the state of Tennessee.

Dr. Phil Johnson – Treasurer

Phil Johnson currently serves as the Assistant Director and Director of Training at the UT Counseling Center where he has been employed since 1992. He received his Ph.D. in Counseling Psychology from Oklahoma State University in 1989. His pre-doctoral internship was done at the Texas A&M University Counseling Center where he worked as a member of the senior staff for an additional two years. 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 treasurer of KAPA.

KAPA	BOARD	CONTACT	INFORMATION
	Malcolm Spica, President	531-9088	mspica@bellsouth.net
	Mike Hawthorne, President Elect	584-0171	mhawthorne@northshoregroup.com
	Joshua Williams, Past President	909-0929	jw10ec@aol.com
	Robert Mindrup, Secretary	360 7990	rmindrup@gmail.com
	Phil Johnson, Treasurer	974-2196	pjohnso4@utk.edu
	Ted Jones, CE Director	579-0552, 149	tedwjones@comcast.net
	Leslie Toney, Administrative assistant	694-5017	ltoney5017@comcast.net

On “Chemical Imbalance”

By: Robert Mindrup, Psy.D., MSSW

KAPA Secretary

Nearly every week I hear from a client some variation of the following statement, “I saw a commercial on the t.v. for ‘*insert name of psychotropic drug here*’ saying that depression is caused by a chemical imbalance.” This leads the client to the reasonable and seemingly rational conclusion that in order to treat depression (or “restore balance”), another chemical or drug is required. So, what is the harm in arriving at this conclusion? The neurogenesis theory of depletion or the classic monoamine theory purports that the depletion of specific neurotransmitters (i.e., serotonin, dopamine, acetylcholine, and norepinephrine) in specific areas of the brain are implicated in the creation of depression. The significant problem with these theories is the dearth of research to consistently validate these assertions. To date, no specific biological markers for depression have been found (Cutcliffe and Lakeman, 2010; Leventhal & Antonuccio, 2009) and a client’s response to antidepressant medication does not justify a causal link to a deficiency of chemicals in the brain (France, Lysaker, & Robinson, 2007).

What impact does the chemical imbalance theory have on your clients?

Pervasive exposure (i.e., magazines and television commercials) to the biological explanations (e.g., “brain disease model”) for depression in the United States has likely contributed to the significant increase in the diagnosis and pharmacological treatment of depression. As a result, this exposure has more than likely influenced the self-perceptions and treatment expectancies of depressed individuals (France et al., 2007). Specifically, biological explanations for depression were thought to possibly quell societal stigma, personal responsibility, and self-blame (Deacon & Baird, 2009). Reduced personal responsibility and self-blame may influence clients to disregard potential non-biological (i.e., psychosocial) casual factors in the onset, duration, and treatment of depression. Studies have compared the effects of biological and psychosocial explanations for persons with depression. Biological explanations have been associated with perception of being less curable, less likely to respond to treatment, more likely to require long-term treatment, and symptoms were expected to be more chronic (Lam & Salkovskis, 2006; Lam, Salkovskis, & Warwick, 2005; Phelan, Yang, & Cruz-Rojas, 2006). The perceived cause of depression may also predispose individuals to seek treatment that confirms their perception. Specifically, if an individual believes their depression is caused by a chemical imbalance, then they are more likely to seek medication for treatment (Deacon & Baird, 2006) which, by the way, is usually obtained through a non-mental health provider (i.e., primary care provider).

When discussing this issue of chemical imbalance with clients, a linear conclusion is reached and more questions are inevitably posed. "Does this mean medications don't work?" The biopsychosocial model may provide a convenient response to the etiological and treatment dilemma of the chemical imbalance theories, as it acknowledges the purported role of biology within the context of psychological and social influences. Studies comparing psychotherapy and psychotropic medication treatments for depression have yielded similar conclusions (DeRubeis et al., 2005; Hollon, DeRubeis, & Shelton, 2005). Specifically, both approaches were associated with improvement in mood with psychotropic medications leading to quicker results and psychotherapy (i.e., cognitive-behavioral and interpersonal psychotherapy) leading to more sustained improvement in mood over time.

I invite you to look at the work of France et al (2007), who offer several helpful scripts to assist in educating your clients about chemical imbalance and the treatment of depression. Indeed, the problem of chemical imbalance does not end with this brief editorial nor will it likely end with research in the foreseeable future. More research will lead to more questions, but in a way I guess that is the point. In the words of Alan Watts in 1972, "Problems that remain persistently insoluble, should always be suspected as questions asked in the wrong way."

References:

- Cutcliffe, J. & Lakeman, R. (2010). Challenging Normative Orthodoxies in Depression: Huxley's Utopia or Dante's Inferno? *Archives of Psychiatric Nursing*, 24 (2), 114-124.
- Deacon, B. & Baird, G. (2009). The chemical imbalance explanation of depression: Reducing blame at what cost? *Journal of Social and Clinical Psychology*, 28(4), 415-435.
- DeRubeis, R., Hollon, S., Amsterdam, J., Shelton, R., Young, P., Salomon, R., et al. (2005). Cognitive therapy vs. medications in the treatment of moderate to severe depression. *Archives of General Psychiatry*, 62,409-416.
- France, C., Lysaker, P., & Robinson, R. (2007). The "chemical imbalance" explanation for depression: Origins, lay endorsement, and clinical implications. *Professional Psychology: Research and Practice*, 38(4), 411-420.
- Hollon, S., DeRubeis, R., & Shelton, R. (2005). Prevention of relapse following cognitive therapy vs. medications in moderate to severe depression. *Archives of General Psychiatry*, 62,417-422.
- Lam, D. & Salkovskis, P. (2006). An experimental investigation of the impact of biological and psychological causal explanations on anxious and depressed patients' perceptions of a person with panic disorder. *Behavior Research and Therapy*, 45, 405-411.
- Lam, D., Salkovskis, P., & Warwick, H. (2005). An experimental investigation of the impact of biological and psychological causal explanations of the cause of "mental illness." *Journal of Mental Health*, 14, 453-464.
- Leventhal, A. & Antonuccio, D. (2009). On chemical imbalances, antidepressants, and the diagnosis of depression. *Ethical Human Psychology and Psychiatry*, 11(3), 199-214.
- Phelan, Yang, & Cruz-Rojas, (2006). Effects of attributing serious mental illnesses to genetic causes on orientations to treatment. *Psychiatric Services*, 57, 382-387.

Continuing Education Opportunity

Eating Disorders Coalition of Tennessee (EDCT) – Knoxville Professional Symposium
(Co-sponsored by KAPA)

"Stop the Stalemate:

How to engage your hard-to-treat clients with eating disorders"

When: Friday, Feb. 17

Location: UT-Knoxville Campus, Carolyn P. Brown Memorial University Center

From EDCT website:

“Clients with eating disorders can be as complex as their disorders. Treating them requires strategy, tact and skill. Whether you're a veteran or beginning practitioner, you may have clients that put you in a hard-to-treat stalemate. This conference gives you perspectives on increasing client engagement and strategies for exiting gracefully. **CEs: 6 APA, 6 NASW-TN, 8 TDA.**” To register or for more information visit <http://www.edct.net> .

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. Jennie L. Bingham
Dr. Summers McMurray
Dr. Charles E. Martin
Mr. Robert Micinski
Dr. Anne Cobble Saravo

Please remember to pay your annual dues for 2012!

Renewal forms were emailed 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 pjohnso4@utk.edu or the administrative assistant at ltoney5017@comcast.net.



KAPA Classifieds

Behavior Consultants, an association of independent practitioners and social workers for 35 years, is seeking a licensed psychologist or social worker, full or part time, within the next few months. Amenities include a private office in a suite of 4 offices near U.T., full time office manager (receptionist and billing service) and flexibility to work between 1-5 days weekly while building a practice or supplementing other work. Contact Melissa Carter at 865-523-6273.

Dr. Bruce Seidner has WJIII Tests of Achievement (Form A) gathering dust and in need of a new home. The package includes: 1) the two blue binder test books; 2) the Examiner's Manual and Technical Manual; 3) the WJIII Compuscore CD; 4) the 2007 Normative Update Manual and CD; 5) 27 Test Record booklets and 24 Response Booklets; and 6) WJ Diagnostic Reading Battery Scoring and Reporting Program. If a licensed psychologist can make use of these materials they can contact him at brucegseidner@mac.com to discuss the specifics or make an offer.