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The theme for this issue of the OP is “Transitions: Learning, Growth and Change Through the Lifespan.” The articles included vary from very personal accounts of transitions and changes to research studies. Noam Shpancer, PhD, examines the role of psychologists in promoting change and growth with clients in a thought-provoking way. Comparing the acquisition of skills in martial arts and in psychotherapy as a similar systematic progression by Richard Sears, PsyD, MBA, may be a useful analogy. Mary Miller Lewis, PhD, Jessica Richmond, MA, and James Werth, Jr., PhD, address ways that dealing with end-of-life issues can lead to change, learning and growth.

Renee’ Zucchero, PhD, describes a project in which college students are matched with older adults and its benefits upon the students own development. A second article about college students elucidates some of the significant issues faced by college students with psychiatric disabilities. Two personal accounts reveal how two psychologists coped in their personal growth. Sarah Jensen, BA, expounds on the influence of poetry in her personal and professional development. Matt Bereza, MEd, shares some of the challenges he has coped with in accepting his sexuality and the continued needs of an “invisible minority.”

The winner of the 2006 OPA Convention Student Poster Session, Maria Noce of Wright State University, looks at the effects worry and anxiety have on cognitive functioning of college students.

My thanks to the peer reviewers who reviewed the manuscripts submitted for publication in this issue of the OP. They include Richard Ashbrook, PhD, William Bauer, PhD, Milton Becknell, PhD, Charles Dolph, PhD, Michael Dwyer, PhD, Elizabeth Swenson, PhD, JD, and Janette McDonald, PhD.

This issue of the OP is my last one as editor and a new editor will be appointed for 2007-08. I have appreciated the opportunity to serve OPA as the OP editor for the past five years and make it a peer-reviewed journal during that time.

Kenneth P. Drude, PhD
As metaphors describing what psychologists do, 'change' and 'growth' reflect an upbeat, all-American credo: Innovate! Expand! But metaphors can be limited and limiting, particularly if they become fetishes. In a culture and in a profession, there is always the risk of certain terms becoming linguistic celebrities; after a while, no one knows for sure what they actually do and why we should care. Change and growth, it seems, have attained such status. Just mumble 'change' or 'growth' and everyone nods knowingly in respectful appreciation, eyes alight, as if these terms really capture the essence of therapy. They don’t.

It is easy to see why ‘change’ became a celebrity. America is, after all, “the new world,” a young culture ascended from revolution and steeped in an ethos of striving. In the context of therapy, many clients do seek, ostensibly, changes in their lives—to alleviate pain, resolve a conflict, learn coping skills; to move from minus to plus, as Alfred Adler would put it.

But change, as value in itself, can become faddism, an exhausting and ultimately vacant addiction—a futile chase of The New and The More. Change, moreover, is no more necessary and useful than its less sexy siblings, stability, and continuity. In fact, as we help our clients toward their desired changes, we invariably aim for the shores of stability. To observe individuals and cultures closely is to see an intricate dance of stability and change—tradition and progress.

This balancing act is an inherent feature of our internal psychic architecture. The psychologist’s task is not to deny one aspect of it and glamorize another, but to illuminate and legitimize the whole structure. Hence, waving the sanctified banner of ‘change’ is an over simplification, necessary perhaps to create a ‘brand’ and bring in customers, but not to be confused with the real task in the therapy room.

As all psychologists know, the human psychological architecture is resistant to change. Psychological systems are characterized by remarkable stability. Compare, for example, psychology to technology. Technological systems have changed beyond recognition over the centuries. The dynamics of passion, conflict, and anxiety have stayed essentially the same. While 16th century technology has been radically surpassed, Shakespeare’s insights into the human psychological landscape still resonate as strongly as ever. Not much change here.

Given our change fetish, we may be inclined to think of this as a problem. It isn’t. If change were easy, life would
be much more problematic than it is now. A system that accepts change too readily will become unstable and incoherent. A measure of internal consistency and stability allows us to develop a coherent self-narrative—an identity. It makes the constructs “I” and “We” meaningful. Setting the bar for change high allows us to filter out psychological noise and protect the integrity of our experience.

In a still broader perspective, psychologists are, by and large, agents of the status quo. On a societal level, we are mostly charged with getting people back to mainstream “normalcy.” We are sent to the trenches by society as stabilizers, not agitators; and most of us, even while advocating individual change in our clients, rarely involve them in revolutionary activity. We feel successful if our clients adapt and adjust.

The ‘growth’ metaphor is another dolled up celeb. In class, I strive to show my students that developmental processes encompass both growth and decline. Most students, being young and American, reflexively associate development with sunny visions of expansion and improvement. But all development is development. The fetus develops, but so does your ulcers. The journeys into life (birth) and out of life (death) are both developmental. Sunrise and sunset are equally essential.

The ‘growth’ metaphor tugs on the capitalist impulse for what is bigger/better while at the same time emanating a spiritualist, New Age vibe. It’s a clever slogan. But as a psychologist, I must confess ambivalence about growth. Aren’t too many things already overgrown? When I hear ‘growth,’ I just as readily think ‘tumor’ or ‘deficit’ as I do ‘personal.’ Growth sounds like buzz and hype to me. And perhaps we need buzz and hype to frame our product in marketable terms, to ‘grow our brand,’ to energize the ground troops by providing a vivid guiding metaphor. But in the therapy room, ‘growth’ means nothing without careful and specific qualifiers. Some clients may not want, need, or understand ‘growth.’

We should not be shoving it down their throat.

Thinking of ourselves as agents of ‘growth’ and ‘change’ narrows our horizons needlessly. We are in the business of healing and humanity. One size does not fit all. The appropriate metaphors for each client should be allowed to emerge organically from the therapeutic conversation. Some clients need help resisting change and maintaining balance. Some need to shed excess, lose some emotional weight, descend the mountain, or accept defeat. We need to remember that surrender, decline, stability and continuity are not dirty words; they represent essential life processes to be understood and addressed.

It may be argued that since growth and change have mostly positive connotations in our culture, we should frame everything in those terms. But if everything is reframed as positive, then notion of positivity loses its meaning. Such insistence also betrays an unwillingness to confront and contain the whole experience of living. Some things are negative; the meaning of others may remain unknown until late in the game; some burdens are carried without redemption. Some limbs need to be amputated and they don’t ‘grow’ back. Life, in a sense, is a chronic condition, and it’s terminal.

A tyranny of benevolent metaphors and user-friendly simplifications is tyranny still, and first. I for one am not inclined to rush my clients to ‘grow’ and ‘change.’ I’d rather encourage them to first find their voice and use it to tell, and in the process comprehend, and guide, their story.

Life is not solely, or even primarily, about change and growth. Human existence is marked by an inherent interplay of opposites: courage and fear, give and take, the note and the pause. These dualities, not one-dimensional slogans, are to be engaged in the clinical trenches.

Therapy, too, is animated by the dynamic interplay between the general laws of behavior and the client’s particular narrative and creative will. In the therapy room, we will do well to avoid neon clichés and strive instead to appreciate that while our clients operate within known and predictable parameters—no one is exempt from the laws of gravity, or probability, or the Law of Effect—they are at the same time as unique as works of art. To perceive and treat our clients as points in the distribution, or as constituents to be spun and swayed, is to confine them, and us, to a language that does not map well onto the actual experience of living.

The average mother in America may have 2.2 children; but you’re unlikely to meet a mother who actually has 2.2 kids. Knowing that so many thousands of innocent civilians have died in war is important, but it won’t move you to tears. Hearing one victim’s personal story will.

I don’t think this will ever change.

About the Author:

Noam Shpancer received his clinical PhD from Purdue University. He is currently an associate professor of psychology at Otterbein College in Westerville. His research interests focus on childcare issues. Dr. Shpancer is also a licensed practicing psychologist affiliated with the Center for Cognitive Behavioral Therapy of Columbus. He specializes in the treatment of anxiety disorders.
End-of-Life Issues Across the Life Span: Change, Learning, and Growth

By: Mary Miller Lewis, PhD, Senior Life Consultants, Inc., Dublin, Jessica M. Richmond, MA, The University of Akron, Akron, and James L. Werth, Jr., PhD, The University of Akron, Akron

Abstract

Psychologists are relatively new to the field of end-of-life (EOL) care, yet have much to offer given the field’s perspective on growth and development across the life span. Although much of the EOL literature focuses on pain, depression and loss experienced by individuals and caregivers, death is also a significant developmental event that can facilitate hope and growth. This article will address ways that EOL can lead to change, learning, and growth in children, adults and the elderly and will discuss how psychologists can assist in the promotion of growth and learning near the EOL.

Death affects every individual, no matter what age, gender, ethnic/cultural group, or socioeconomic status. Although many changes in the 20th century have modified the way that individuals die, both in the causes of death and the place it occurs (Stillion, 2006), individuals eventually face the fact that death is inevitable. Whether facing the death of parents, partners, children, or their own impending demise, each individual has his or her own way of dealing with the end of life. Typically seen as a “bad” life event, death can be viewed as a developmental task that creates opportunities for individuals and caregivers to learn and grow. Specifically, the experience of a “good death” can be a tremendous growth experience (Kubler-Ross, 1975).

Psychologists have only recently entered the arena of end-of-life care (Werth & Blevins, 2006), but may provide valuable help addressing the psychological issues that individuals face when nearing death. This article, although not meant as a comprehensive review, will briefly address possible areas of psychological change, learning and growth across childhood/adolescence, adulthood, and older adulthood in order to initiate discussion among psychologists and introduce an underutilized perspective to an inevitable and significant developmental event.

Growth, Learning, and Change Among Dying Children and Adolescents

In a death-denying society, people tend to try and protect children from the experience of death as much as possible. Even when it is children who are ill and dying, family members still tend to avoid discussing death in order to “protect” them, out of fear that they are too young to understand and/or cope with what is happening. However, this “protection” can do more harm than good. Research has shown that children as young as age four are aware of how sick they are without being explicitly told (Stillion & Papadatou, 2002). In fact, it is not uncommon for older children to try and “protect” their parents by pretending that they do not realize the severity of their illness, just as the parents are trying to protect the child from this knowledge (Etzler, 1987). This lack of communication can leave children feeling isolated, with no one to talk to about what they are feeling and can act as a large barrier to growth near the end-of-life (e.g., Koocher, 2006).

On the other hand, discussion of the child’s illness in a developmentally appropriate way can help facilitate growth near the EOL. Communicating honestly allows children not only to explore their feelings about the illness and possible death but also to become more involved in their own care as the end of life approaches. It could be something as simple as allowing a four-year-old to choose from which arm blood is drawn to something as difficult as discussing with a teenager whether she or he would like to discontinue certain life-sustaining medical treatments – each of these choices may facilitate growth in the form of autonomy or identity. No matter how significant the choice may appear to be, it is important that children and adolescents be actively involved in their treatment, if that is their wish (Stillion & Papadatou, 2002; Van der Feen & Jellinek, 1998).

It is not unusual for individuals to express a desire for a degree of control of or say in how they die (e.g. dying at home, ceasing extreme medical measures); children and adolescents should not be treated any differently, taking into account their developmental level.

Growth, Learning, and Change Among Dying Adults

One of the struggles with dying children is dying “off-
time.” A similar issue holds for adults who have a terminal condition or illness – instead of participating in the rituals of life and living, such as having children, working and possibly forging a career, and participating in a community, they are dealing with the realities of facing dying and death. There are a range of possible reactions to such situations, from depression and despair, to change and growth.

Less than a quarter of dying people are clinically depressed, although most experience some form of grief over their own actual and anticipated losses and the losses that others may experience (Block, 2001). The possibility of “transcendence” (Block) or stress-related growth/post-traumatic growth (Park, 1998: Tedeschi & Calhoun, 1998) as death approaches may seem unlikely, but as Frankl (1992) noted, people can make meaning in even the most extreme circumstances. One of the keys seems to be openness to possibilities and focusing on large issues instead of the minutiae and hassles of everyday life (Kubler-Ross, 1975).

For many adults, religion or spiritual beliefs provide a source of meaning or hope and provide an outlet for teaching and inspiration (Puchalski, 2006). In fact, many of the world’s belief systems place special emphasis on the dying process and what can be learned from people who are dying. Thus, not only can the dying process be a pivotal time of growth for the person nearing the end of life, but it can also provide important opportunities for learning and change among the loved ones who will continue living.

Growth, Learning, and Change Among Dying Older Adults

Death is a challenging, yet growth-oriented task for both children and adults, but continues to be seen as an atypical task for those populations. For older adults, death is seen as a normative life event. Approximately 75% of all deaths in the U.S. occur in individuals over the age of 65 (Kochanek, Murphy, Anderson, & Scott, 2004). In a society where people are living longer, older age is frequently surrounded by loss and end-of-life concerns.

The increasing awareness of death may precipitate the struggle for growth in the older adult (Frankl, 1992; Kubler-Ross, 1975). Erikson (1982) proposed that the inevitability of death was the trigger for the final stage of development: Ego Integrity vs. Despair. The final task is set before the older adult to determine whether her or his life has been worthwhile; if so, the person achieves the virtue of wisdom (Erikson). Erikson noted that some despair is needed for learning, so that individuals can mourn the loss of what “has been” and can identify where they can continue to be creative and challenged in life (Erikson, Erikson, & Kivnick, 1986).

The nearness of death can be a learning experience for the older adult in the context of reviewing past accomplishments (Erikson, 1982) as well as in re-learning their purpose in life (Frankl, 1992). Frankl noted multiple ways to learn meaning in life, including experiencing goodness or love, producing a work or engaging in a deed, changing oneself, or the way one approaches suffering. Particularly for older adults, religious or spiritual faith may be one guide for how to approach death, especially in the realm of finding meaning and purpose near the end of life (Rogers, 1976). Assisting older adults in reviewing their lives provides an opportunity to examine how to utilize past strengths to complete current tasks, enrich their lives or the lives of others, and find meaning (Butler, 1963; Lewis, 2001).

Discussion

As Kubler-Ross (1975) eloquently stated, “Facing death means facing the ultimate question of the meaning of life” (p. 126). Death can be the final stage of growth, whether for the young, the old, or those at the peak of their life, and may serve as an opportunity for transformation and change. Given the varying ways that growth, learning, and change can be accomplished across the life span, the role of the psychologist near the end of life will also vary, ranging from roles as facilitator, observer, guide, and companion.
Having worked with and known hundreds of individuals who have died, some alone – having been rejected by family and society – and others in the midst of a loving support system, we have had the privilege of watching, learning and being inspired by terminally ill persons. Whether through therapy or their own natural processes, the possibility of growth in the form of personal change, repaired relationships, and altruistic offering to others is present even at death.

About the Authors:

Mary Miller Lewis, PhD, received her PhD in counseling psychology from the University of Akron and completed certification in gerontology from the Institute for Life-Span Development and Gerontology in 2001. She is currently a psychologist for Senior Life Consultants, Inc., providing counseling and assessments for residents of long-term care facilities. She is adjunct faculty at Columbus State Community College, membership coordinator of Psychologists in Long Term Care, and chair of the OPA Public Interest Committee.

Jessica M. Richmond is currently a graduate student at the University of Akron in the counseling psychology doctoral program. She received her master's degree in clinical psychology from Radford University in 2005. Her research interests include end-of-life issues, quality of life in individuals living with HIV/AIDS, and long-term effects of childhood sexual abuse.

James L. Werth, Jr., received his PhD in counseling psychology from Auburn University in 1995. He is currently an associate professor in the department of psychology at The University of Akron, is the pro bono psychologist for the local HIV services organization, and is a hospice volunteer. He is a member of the OPA Ethics and Colleague Assistance Committee and the OPA Public Interest Committee.

References


Facilitating the Transition to College for Students with Psychiatric Disabilities

By: Donna McDonald, PhD, Stacey Moore, PhD, and Eric Hayden, PhD, The University of Akron

Abstract
The transition to a college learning environment requires learning new skills, gaining supports, and understanding an often-complicated system. For those with serious mental disorders, or psychiatric disabilities, this transition is even more complex. Furthermore, colleges and universities are reporting an increase in such students. This article examines the transition to college for those with psychiatric disabilities and reviews barriers to a successful college experience. The authors use their psychological training and experiences in university counseling centers, university disability services, community mental health, and disability assessment to make recommendations.

Introduction
An increasing number of students with difficult mental health issues are transitioning to college. In a national survey of over 94,000 college students, 9.3% reported seriously considering suicide and 44% reported experiencing depression that made it difficult for them to function (American College Health Association-National College Health Assessment, 2006). College counseling centers and disability offices also have reported a growth in the numbers of such students (Gallagher, 2005, Collins, 2000; Megivern, Pellerito & Mowbray, 2003).

The increase poses both opportunities and challenges to the college community.

Opportunities include benefits associated with a more diverse campus and the chance to be more inclusive of a group of capable students. The biggest challenge is the provision of appropriate supports that will allow this group of students to be successful (Megivern et al., 2003).

The literature on college students with psychiatric disabilities is somewhat limited; however, several themes do emerge. First, with appropriate supports, students with psychiatric disabilities can be successful in higher education (Collins, 2000; Cooper, 1993; Megivern et al., 2003; Parten, 1993). Second, many universities don’t know how to appropriately support these students (Megivern et al., 2003). Third, barriers exist in the transition to and persistence in the academic environment for students with psychiatric disabilities (Collins, 2000; Megivern et al., 2003; Olney & Brockelman, 2003). In this article, the barriers to inclusion for this population will be discussed and recommendations will be made on how psychologists can reduce or eliminate such obstacles.

Barriers
Stereotypes and stigma
Students with psychiatric disabilities have revealed a concern that others will view them as stupid or a crazed and dangerous person (Mowbray, 1999; Sharpe, Bruininks, Blacklock, Benson, Johnson, 2004). Unfortunately, the public image of a person with a mental illness continues to be influenced by negative images. College personnel also possess these stereotypes and often see such students as disruptive, unsuccessful, and even dangerous (Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins, Kopels, Curlin & Lett, 2006).

The complex nature of psychiatric disabilities
Students need to simultaneously manage their psychiatric conditions and maintain academic performance. Symptoms can impede academic tasks and often are exacerbated by the stress of college. Moreover, the side effects of psychiatric medications can interfere (Collins & Mowbray, 2005; Megivern et al., 2003; Mowbray et al., 2006; Sharpe et al., 2004). While managing symptoms, students may miss class or have difficulty completing assignments. Hospitalization requires even more time away from the classroom. Students must then decide if they are able to make up the work they’ve missed or if they need to withdraw from college. In turn, poor academic performance and withdrawal provides...
complications in regards to self-efficacy, GPA or academic probation, financial aid and the ability to remain on their parents’ health insurance.

**Decreased self-efficacy and coping**
The transition to college requires a transition in identity, from psychiatric patient to student. For some the stigma associated with having a mental illness has been internalized affecting self-efficacy and coping. Furthermore, since young adulthood is when most serious mental illnesses are diagnosed, many experience the onset of their symptoms while in college, impacting confidence in academic performance (Mowbray, 1999).

**Social isolation**
Meeting new friends, joining organizations, and finding mentors are a part of a successful transition to college for all students. Psychiatric symptoms may make social integration difficult (Megivern et al., 2003). In a series of focus groups conducted by the Office of Accessibility at the University of Akron, students with disabilities reported more concern about students’ lack of awareness and negative attitudes about disability than they did about faculty or staff attitudes.

**Access to resources**
Students with psychiatric disabilities need support from a myriad of campus and community sources. In general, the difficulties students face in disclosing their disabilities combined with the decentralization of services, particularly at large institutions, make it difficult for students to locate and access appropriate services (Mowbray et al., 2006; Sharpe et al., 2004). Additionally, campus disability offices and counseling centers may be inexperienced in serving the needs of such students or overwhelmed with their existing responsibilities (Collins & Mowbray, 2005; Mowbray et al., 2006).

**Recommendations**
Campus-based psychologists traditionally work in college counseling centers providing individual therapy. In order to best meet the needs of those with serious mental illnesses, therapy should focus on helping such students gain support, improve self-efficacy, and learn problem focused coping strategies (Collins, Mowbray & Bybee, 1999; Kahng & Mowbray, 2005). Early career assessment and exploration can help mitigate stress associated with career uncertainty (Osborne, Bron, Niles, and Milner, 1997; Caporso & Kiselica, 2004). Since social intelligence is also important for successful employment (Goleman, 2006), psychologists should assess this factor and suggest remediation for any deficits. Other individualized services can include academic and organizational coaching. The use of modern technology (digital tape recording, Personal Digital Assistants (PDA’s) or mind-mapping software) to help clients overcome cognitive deficits associated with their mental illness also should be helpful.

In many institutions, campus disability support offices have also had a traditional role in ensuring university compliance with the Americans with Disabilities Act (ADA). Passed in 1990, the ADA prohibits discrimination against qualified individuals with disabilities. It specifically requires universities to provide academic accommodations, auxiliary aids, and services to students with disabilities to secure equal educational access. Given the unpredictable nature of mental illness, disability accommodations need to be individualized and flexible. Students may need to miss class or have extra time to complete assignments when their symptoms increase, when they need to be hospitalized, or when they are adjusting to new medications. Some students may also need flexible scheduling of classes due to medication side effects such as early morning drowsiness.

While these traditional services are essential, more needs to be done to guarantee the academic and personal success for students with psychiatric disabilities. Comprehensive, centralized services with a focus on mentoring, coaching and support are needed (Megivern et al., 2003; Olney & Brockelman, 2003). Coordination between campus services, and community mental health and vocational resources is imperative due to the variety of needs for this population (Collins & Mowbray, 2005; Megivern et al., 2003, Mowbray et al., 2006).

In addition, college counseling centers and disability support offices can provide campus education and address negative stereotypes (Megivern et al., 2003, Mowbray, Collins & Bybee, 1999). College personnel should not only be taught about mental illness and referral procedures (Mowbray et al., 2006), but about social justice and the social construction of disability (Jones, 1996). Outreach lets students know what services are available and how those services can help (Megivern et al., 2003; Mowbray, Bybee & Collins, 2001; Mowbray et al., 2006).

Campus sponsored support groups also are an effective alternative to individual services and can both improve support as well as teach a variety of helpful techniques. These groups can empower students as they learn to dispel stereotypes and appropriately advocate for themselves (Collins, Mowbray & Bybee, 2000).

These types of additional services require energy, creativity, and support from the academic institution. However, with this mix of traditional and non-traditional services psychologists can facilitate the successful transition to college for this population.

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Counseling, Testing and Career Center at the University of Akron. She previously was employed at Portage Path Behavioral Health in Akron where she ran vocational groups for clients who were transitioning from the welfare system and for those with serious mental illness.

Stacey Moore, PhD, received her doctorate in counseling psychology from the University of Akron. She is currently the director of the Office of Accessibility at the same institution. Prior to joining the University of Akron in 2005, Stacey has worked in college and university counseling centers or disability service areas for nine years. Stacey’s areas of specialization include students with psychological disabilities; outreach, training and advocacy; career development; and crisis management in student affairs.

Eric Hayden, PhD, is a licensed psychologist and the outreach coordinator at The University of Akron Counseling, Testing, and Career Center. He holds a doctorate in counseling psychology from Kent State University. He has extensive experience working with college students and conducting psychological and vocational assessments for people with psychiatric disabilities.

References


The 900-year-old martial art of ninjutsu developed a teaching system wherein individuals systematically refine their ability to survive in a conflict situation (Hayes, 1984, p.152; Hayes, 2007, p. 43; Hayes & Hatsumi, 2003). Rather than simply trying to learn to enhance strength and speed, this system fosters subtle skills and understanding of the effective strategies for achieving results through timing, distancing, positioning, and scientific principles. These abilities are developed to be available in a natural way and programmed into the subcortical brain regions (such as the basal ganglia) to be accessed in a spontaneous manner, rather than only being understood intellectually (Carlson, 2006, p. 453; Memmert, 2006; Rosenbaum, Augustyn, Cohen, & Jax, 2006).

Level one entails understanding the technical precision involved in mechanical techniques. In the martial arts, individuals learn effective ways to deal with specific situational problems. This level takes many years, because there are a large number of ways that a human being can attack another human being, and many principles need to be mastered. The emphasis here is on the development of specific solutions to specific problems. The martial artist learns the mechanics of how to fall safely to the ground, how to counter a hooking punch to the face, how to escape a two-handed choke from behind, etc.

By analogy, we can apply this first level to the development of expertise in psychotherapy. Beginning clinicians learn the “techniques” of psychotherapy, such as active listening skills, reflection, reframing, predicting, and assessment of suicidality. Beginning therapists are often overly focused on what they are saying or planning to do and may miss important contextual factors.

Level two involves the development of the ability to make spontaneous, accurate judgments and effective decisions appropriate to the unique circumstances of the immediate situation. After years of experience in dealing with specific attacks, the martial artist is now free to pay more attention to the finer details of the attack as it unfolds. The student now practices spontaneously responding to ambiguous initial conditions. This begins with simple dichotomous exercises. For example, the attacker could proceed with either a right-handed or left-handed push to the chest, and the defender must determine as early as possible which hand is approaching and move to the outside of the arm. When the student is comfortable with the dichotomous attack scenario, more variables are added. For example, the above exercise could also add hooking punches to the head, right or left, in addition to right or left pushes to the chest, presenting four possible attacks. The next step up would be to add high (to the face or chest) and low (to the stomach or ribs) components, creating eight possible attacks. Adding possible kicking attacks doubles the number to 16. The martial artist eventually learns to respond in a spontaneous, appropriate manner to almost any random attack. This level of mastery takes many years, because conscious decision-making processes occur too slowly to make effective...
instantaneous reactions, and the decision-making must be programmed into the subcortical brain regions (Carlson, 2006, p. 453; Libet, Gleason, Wright, & Pearl, 1983).

In psychotherapy training, clinicians become more discerning about when to apply the specific techniques at this second level of development. Having developed a natural comfort with the techniques, the clinician can more creatively explore the client's presenting concerns, background diversity, level of distress, amount of resources, etc.

In level three, the individual learns to manipulate consciously the situation to achieve the desired outcome (Hayes, 1984, p. 154). With confidence that the individual can now handle almost any attack, the conscious mind is now free to consider how to utilize broader situational and environmental factors. Rather than passively waiting for an attack to unfold, the defender can lead the adversary into attacking in a way that will set up the adversary to be at a disadvantage. For example, the defender could subtly place his or her face in a position that makes a very tempting target in a manner that appears accidental, then immediately move behind the attacker and take control when the attacker instinctively tries to strike. This level is extremely subtle and difficult to implement effectively if the defender is not calm and relaxed enough to facilitate efficient and immediate movements. Hence, this level also takes many years to master.

The clinician in this third stage now has more experience in handling a variety of presenting concerns and a diverse range of clients, and therefore has more freedom to be creative in pulling forth the client's own internal motivations for change. Rather than telling a client what to do, the therapist may subtly create situations that naturally bring out the client's own internal resources. Clients feel a desire to work on issues without feeling like they are being “forced” to do things they do not want to do.

In the fourth level, the individuals become artists. They are able to move in a way that allows an attacker to believe he is achieving his desired goals, only to use the attacker's energy to their own advantage. The attacker has great difficulty responding to the defender's actions because the attacker is not consciously aware of the subtle changes that are working to disrupt or negate the attack (Hayes, 1984, p. 154).

At this fourth level, the therapist is an artist, creatively tailoring the scientific principles of the field to the unique situation currently presenting itself. The client may not consciously be aware of the therapist even “doing” anything, but may begin to feel the improvement in their lives.

Students who attempt to imitate these therapists mechanically are often unable to replicate their effectiveness.

The traditional system of ninjutsu progresses to at least half a dozen levels of mastery above the previous four. Ultimately, such an advanced martial artist is perceptive and proactive enough to prevent violence from arising in the first place.

In some other martial arts, sports, or professions, individuals may become overly focused on level one. They may work solely to improve strength, speed, or technical precision, and never develop (or only haphazardly progress) beyond this level. A systematic progression, which utilizes structured exercises to simulate the higher-level skills, gives the student an experiential, visceral basis for understanding beyond that which could be understood intellectually. For this reason, clinical training programs may benefit from using live or recorded demonstrations and discussions of psychotherapy experts. Students can also be encouraged to engage in frequent role-plays with faculty and to review their clinical work with experienced supervisors. An understanding of these levels of progression can be useful for aspiring clinicians and training supervisors. Students can challenge themselves to keep progressing to more advanced and subtle levels of expertise, and supervisors can provide support and encouragement appropriate to the developmental level of the student. Seasoned professionals can also challenge themselves to seek out continuous refinement of the strategies they employ, which can inform future training and research.
References


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Richard W. Sears, PsyD, MBA, is a licensed psychologist and core faculty member in the PsyD program at Union Institute & University, where he also runs a small private practice. He has been practicing ninjutsu for 22 years, and is a fourth degree black belt.
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My first mental health supervisor was trained to diagnose homosexuality as a clinical disorder. He found a V code in the DSM and labeled clients because he believed homosexuality affected their lives to the point of disruption. When he told me this, I promised myself never to tell anyone I was gay.

I began in mental health as a case manager for a rural county board. I was in charge of 30 schizophrenics, manic-depressives, and chemically dependent clients. While my training did not prepare me for the true day-to-day functioning of a mental health client, I managed to establish rapport quickly. I enjoyed listening and looked forward to helping my clients find ways to pay rent, buy groceries, and secure medication. However, what I didn’t know how to do, at the age of 22, was be myself.

For several years, I lived deeply closeted, both in the helping professions and out. It was the early 1990s and professionals were not forthcoming in talking about gay and lesbian issues, particularly when they were new clinicians learning the “ropes” of mental health in a rural setting. I had aspirations to be a clinical counselor and, someday, a licensed psychologist. While my supervisor assured me the helping professions had come a long way since diagnosing homosexuality, the absence of groups for gay and lesbian clients was glaring.

A few years later, I started my graduate degree and began to notice changes in the mental health community. I attended a small college with a strong teacher education program and, while there, branched into research. The college offered two gender-related classes: Counseling Sexual Issues and Issues of Homosexuality. I took both classes, and with the help of my professor, felt free to open up about myself and my experiences. I was candid about my fears as a bilingual counselor and (someday) psychologist. Would I be accepted by the Latino culture? Would I be accepted by my own culture?

I did not come out while completing my graduate degree. In fact, it was several years after finishing my masters that I first told a family member I was gay. It went pretty well—anti-climatic in a way, which was a relief. The time, I was living in New York, practicing in public schools as a bilingual school psychologist. While there, I noticed triangle stickers in windows, which meant the teacher was an ally of gay and lesbian students and faculty. I truly began to feel more comfortable and came to believe that I could indeed live, and work, as a gay clinician.

And then I was accepted into a PhD program here in Ohio. I was overjoyed when I received my acceptance letter from the department of school psychology. During my interview, I met with my future adviser and, with a lump in my throat, came out to her. I strongly felt that in order to grow I needed to be honest about the things important to me. She welcomed me into her program and accepted me completely. I felt positive about the future and excited by the possibilities of research in bilingual treatment, gender issues, and health psychology.

Once in Ohio, I linked up with a gay athletic league and began enjoying a social life I had never known as a gay man. Professionally, I began working as a psychologist’s assistant, gaining invaluable experience testing school-aged children. And then I hit a wall that set me back 15 years to my first supervisor’s office: in Ohio, homosexuality, or the legal expression of it, is illegal. Not allowed. Diagnosable.

In 2004, Ohio voted yes to Issue One, a resolution that constitutionally defined marriage as an institution exclusively between a man and woman. It was a set-back, and troublesome to accept that we were outlawing a basic human right when nations such as Great Britain, Canada, and Spain were granting and protecting same-sex marriages.

I do not understand what led a group of people to write a constitutional amendment barring the LGBT community.
from marrying. I was not living in Ohio at the time and do not know the events leading up to the vote. I want to believe this issue was not supported by the majority of Ohioans, and only a minority came out in favor of Issue One. To me, it is similar to what we, psychologists, tried to accomplish in the early 20th century: prevent, control, or punish homosexuality.

Indeed, psychology’s history has its own regrettable incidents in terms of homosexuality, from electrical aversion therapy, covert sensitization, to the use of apomorphine to induce regurgitation during gay acts. Granted, practices changed in psychology—in 1973, the American Psychiatric Association removed homosexuality from the list of mental disorders. But the silence remained.

In Ohio, we are now saying the same to us, to me: be quiet. Love quietly, do not marry, do not bring this out. I am now much stronger than I was when I was first told that homosexuality was a disorder. But what about my students, our clients, closeted in Gallipolis, New Philadelphia and Cleveland? Issue One tells them homosexuality is to be prevented, controlled, and if needed, punished.

I have grown enormously since my first days in mental health, and it has taken a lot of work and courage to introduce myself as a gay clinician. I have come to believe that we can change the face of the helping professions by understanding, and accepting, the needs and goals of clients—an approach open to people of different cultures and attitudes. But can we change a separate-but-equal law approved democratically?

I have asked myself many times since coming to Ohio if I am strong enough, or brave enough, to help the few campaigns actively working to get (old) Issue One back on the ballot giving the LGBT community the right to marry, to make decisions for a sick or incapacitated partner, and to love freely in the public domain.

What I am doing is working with students, and talking to them about their experiences with gender issues. The need, of course, remains for cogent clinicians to run groups and help adolescents understand and accept their sexuality. While many people believe the advent of gay characters on sitcoms and reality programs has brought acceptance of our lifestyle, I have found this untrue. Homophobia (sexism) remains in urban, rural, and suburban settings. Help for students remains woefully scarce; few people are working with gay health issues in schools, something extremely taboo in the boardrooms of public school districts. Devastatingly, gay high schoolers have told me that unprotected sex is now vogue.

Homosexuals are called an invisible minority, because we do not know who “is” and who “isn’t.” The emergence of the LGBT community has been drastic since Stonewall and the 1973 APA repeal, but what good is growth when several states outlaw citizens from marrying? What message are we sending to young people? Separate but equal, or quiet but equal?

I remember a time a couple of years ago practicing in New York when I was comfortable with my homosexuality and the degree to which I exposed myself. But since coming to Ohio, I have felt a renewed sense to challenge, and grow, in my profession and society.

**About the Author:**

Matt Bereza is completing his PhD at The Ohio State University. His focus to become bilingual in psychological services. He has a master’s arts in counseling (PCC level), a master’s of education from Heidelberg College in Tiffin and holds a school counselor and school psychologist certification. Outside of school, he is a private chef and specializes in baking and pastry arts.

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**Welcome to the following new OPA members!**

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The Co-Mentoring Project:  
Easing the Transitions of Emerging Adulthood  
By Renee’ Zucchero, PhD, Xavier University

Abstract
Emerging adulthood is a new construct in lifespan development theory. Arnett (2000, 2004, 2007) described emerging adulthood as a transitional stage between adolescence and young adulthood. Traditional undergraduate students often lack life experience that assists in identity formation. Conversely, older adults have much life experience. The Co-Mentoring Project was conducted with undergraduate students in a lifespan developmental psychology course at Xavier University. Students were paired with older adults to conduct a life review and a developmental analysis of the older adult’s life. This paper discusses how the Project may help students transition through this period of instability and change.

Introduction
For many traditional students, college is fraught with uncertainty and rapid change. Every fall, new undergraduates get the autonomy they crave, but many are ill prepared for independence. I have observed this phenomenon as a staff psychologist at a college counseling center and as an undergraduate course instructor. The new theoretical construct of emerging adulthood, proposed by Jeffrey Arnett (2000, 2004, 2007), serves to describe how a lost soul may become a responsible young adult, through significant identity exploration and self-focus.

Older adults may be the least engaged members of our society. They are often retired or work part-time, and may live in age-segregated housing. However, the richness of many older adults’ life experience is unlikely to be found in younger cohorts. Although naturally occurring relationships between these age groups are unlikely, these groups can benefit each other. The Co-Mentoring Project was a way to assist each group: students received life direction and guidance, while older adults shared life experience and advice.

The Co-Mentoring Project paired undergraduate students enrolled in a lifespan developmental psychology course at Xavier University with older adults unknown to the students. The project occurred during three consecutive academic semesters from 2005 through 2006, and involved approximately 74 undergraduate students and 51 older adults (many older adults participated at least twice). Students met with the co-mentor at least two times over eight weeks to conduct a life review of the older adult’s life. Sometimes a longer-term relationship developed and lasted beyond the semester’s end.

For the culmination of the project, undergraduates wrote a detailed history and developmental analysis of the older adult’s life, and a personal reflection. Students addressed their cognitive and affective experience, and discussed life lessons they learned from their co-mentor. This paper describes how the Co-Mentoring Project helped undergraduates navigate emerging adulthood (Arnett, 2000, 2004, 2007).

Emerging Adulthood and the Co-Mentoring Project
Emerging adulthood is defined as a transition between adolescence and young adulthood and is characterized by a lack of consistency and significant change (Arnett, 2000, 2004). Features include identity exploration in love and work, instability, significant self-focus, feeling caught between adolescence and adulthood, and sensing great possibilities for the future (Arnett, 2004).

Older adults can help emerging adults understand lifespan development, and life in general. College may be a “safe-haven” for identity exploration and formation (Arnett, 2004), and a relationship with an older adult may facilitate this process. Quotations from several students’ personal reflections support this statement. One female student acknowledged how her relationship with her co-mentor sparked re-evaluation of her life goals: “I admired her...seeing how she had managed to have both and be equally successful as a career woman and a mother and a wife. There is more to life than work and a family can often fill an empty void.” Likewise, a male...
student wrote, “...after talking with [my co-mentor] I desire, more than ever, to do more than work. I realized how much I value time with friends and family.” These students appeared to develop a more well-rounded identity as a result of the project.

Arnett (2004) described the instability of emerging adulthood as resulting from such explorations and subsequent changes in relationship and work plans. This was illustrated by one female student who wrote, “Interviewing [my co-mentor] has reaffirmed my decision to go back to school and work toward my passion. He is living proof that chasing your passion is a key ingredient to a successful and fulfilling lifetime.” A male student wrote, “The co-mentoring project also caused me to reflect upon my life and the direction it is heading. It has caused me to re-evaluate the goals I have set for myself as well as my personal values.” This student re-evaluated both his values and life course because of the interaction with his co-mentor.

Arnett (2004) described emerging adults’ strong self-focus as normal and healthy. It helps them understand “who they are and what they want from life” (p. 13). Most emerging adults do not have other commitments (i.e., spouse or children) that might redirect their attention, so emerging adulthood “grants them the freedom” to be self-focused (Arnett, 2007). In this project, most students experienced some degree of constructive introspection and increased self-awareness and understanding. One male student wrote, “This project has made me reflect on my life and re-evaluate what is most important to me.” A female student wrote, “Looking at [my co-mentor’s] life, I wonder about my choices in life.” Finally, another female student wrote, “After hearing about her [the co-mentor’s] life, I spent some time reflecting on my own life and how my behavior affects those around me.”

Emerging adults are neither adolescents nor young adults, but they may feel like adolescents in some respects and like adults in other regards, resulting in a feeling of constant transition (Arnett, 2004). One female student wrote, “My grandmother has Parkinson’s disease...[my co-mentor] told me that I need not feel guilty about not being able to take part in caring for her, as I need to figure out my own life before I can take on another’s.” This student felt reassured about her desire to explore, rather than becoming a caregiver before she is ready.

Arnett (2004) also described emerging adulthood as an “age of possibilities” (p. 16). Different life paths remain open and there may be little decisive direction. As one male student wrote, “[my co-mentor] made me realize that I have no idea what direction I’m really going or what I should do with my life. My uncertainty about where my life is going is not a bad thing. [My co-mentor] has taught me that it is impossible to know where your life is going, who you will become, or where you will end up ... Life, if anything, is comprised of uncertainty and unending bouts with change and transition.”

During emerging adulthood, there are “great expectations” for the future (Arnett, 2004). Many students described the inspiration and perspective their co-mentor provided. One female student wrote, “It makes me wish that someday when I’m older ... I can be able to be happy just like him, feeling proud of all the things I have done with my life, feeling complete, knowing I have become the best person I could be.” Another female student wrote, “...I am envious of the amazing life he has led ... but it also stirred something inside me, like a drive to live a life like that.”

Conclusion
According to Arnett (2000, 2004, 2007), traditional undergraduate students fall into the emerging adulthood period of lifespan development. During this stage of development, individuals further explore their identity, experience instability, are self-focused, may feel “in limbo,” and experience feelings of great possibilities for the future. The Co-Mentoring Project paired undergraduate students with older adults who helped facilitate the development of the stability of young adulthood through their dialogue and relationship with their younger counterparts. The lives of emerging adults and older adults intersect infrequently. However, the Co-Mentoring Project shows that, even in the confines of a structured project, older adults can help undergraduates navigate the emerging adulthood period of lifespan development.

References

About the Author:
Dr. Renee’ Zucchero is an assistant professor at Xavier University. She completed her PhD in counseling psychology at Ball State University, with a cognate in applied gerontology. Since her doctoral studies, Dr. Zucchero has been interested in gerontological education and attracting students to the field of geropsychology.
How Poetry Helped Me Grow as a Person and as a Future Psychologist

By Sarah Jensen, BA, Wright State University

Abstract

Poetry has a lengthy history of being a healing agent for humankind. The field of poetry therapy emerged in the 1950s and has wide applicability in both psychology and medicine. Poetry has also been a means for different ethnic groups to express themselves. An example of how poetry helped promote my growth as a European American woman and as a future psychologist in my journey through diversity education classes is provided.

The journey of life. Where have we been? Where are we now? Where are we going? As we transition through life, how are we learning, how are we growing, how are we changing? How can we best make sense of our journey, capture the essence of it and crystallize it into a beautiful package that it rightly deserves?

Since the beginning of human language, poetry has been a means to understand humankind (Silverman, 1993). Indeed, Freud (1963) believed that poets were perhaps the best at gaining insight into the mysteries of the human psyche. While poetry has a lengthy history of being used as a healing agent by religious leaders and health professionals, the phenomenon of merging poetry with therapy as the official practice of poetry therapy did not occur until the 1950s (Lerner, 1997). Poetry therapy is a unique part of bibliotherapy, or the application of all literary genres to the therapeutic situation, in that it encompasses the use of metaphor, imagery, and rhythm (Lerner & Mahlendorf, 1992). Mazza (1999) formulated three basic domains of poetry therapy:

1) The receptive/prescriptive component, involving the introduction of literature into therapy
2) The expressive/creative component involving the use of client writing in therapy
3) The symbolic/ceremonial component involving the use of metaphors, rituals, and storytelling.

Some historical markers for the field of poetry therapy include the advent of the Association of Poetry Therapy in 1970, which is now known as the National Association of Poetry Therapy (NAPT), and the inauguration of the “Journal of Poetry Therapy in 1987, the official quarterly publication of NAPT. In addition, because of the interest to formally make poetry therapy a helping tool, NAPT now has designations such as Certified Poetry Therapist and Registered Poetry Therapist and a set of standards and ethics.

Poetry therapy has applicability in both psychology and medicine, and has been used with several different theoretical orientations and several different populations. Poetry can be a means to communicate self-object needs in psychodynamic practice (Shoham, 2005). In existential practice, poetry can be a tool for helping individuals explore their lives and make meaning of their experiences (Furman, 2003). Poetry can be used in cognitive based treatments by bringing thoughts that could be influencing the client’s emotions, behaviors and worldviews into his or her awareness (Collins, Furman & Langer, 2006). Poetry also has been used with different populations such as the elderly (Reiter, 1994), adolescents living with cancer (Baerg, 2003), and as a part of play therapy with children (Abell, 1998).

Since poetry is used with many different groups of people, poetry could be one valuable way to understand others and most importantly, to understand oneself. In fact, some early researchers found that high school and college students that were actively writing poetry were making more progress in their identity development than students who were not (Waterman & Archer, 1979). Given that we are living in a more diverse world each and every day, we should not expect that we would all form our own identities in the same way. Identity development for an African American female will likely be different than identity development of a European American male, just based on ethnicity and gender. The use of poetry has been one way to explore identity with different groups of people such as in African American communities (Jocson, 2006), with Puerto Rican adolescents (Holman, 1996) and with Kuwaiti women (Sanousi, 2004).

Therefore, in a personal or therapeutic encounter, poetry can be one way for a person (therapist) and a person (client) to connect and for each person to understand one another and oneself.

As a European American female, I have been on a journey to form my own identity throughout my training in clinical psychology. Part of my training has involved several diversity education courses throughout my time in graduate school. So far, the courses have allowed me to engage in dialogues about diversity, begin to hear what others who are different from me have to say, challenge some of my own stereotypes about others, and understand the role my heritage as a European American plays in my life and how it impacts others. This experience has not only provided me with a sense of civic responsibility as I consider the application of diversity in my development as a future psychologist; it has provided me with a sense of responsibility in knowing who I am as a person and understanding the privileges and responsibilities associated with my own origins.

I have found that one of the most helpful things for me to do on my journey has been to write. I gained some of my experience in writing through my first undergraduate degree in broadcast communications and journalism. Writing poetry has allowed me to look at where I have been so far in my training and in life. It has also allowed me to see where I am now on my journey and where
I am going. Most importantly, it has allowed me to learn, grow, and change as I really begin to understand myself and to include others by understanding them. The following are two poems that I have written during my journey through my training. These poems have been shared with others and have proven to be a way for others to understand me and for me to understand myself better.

This was written during the first diversity course that I took in the fall of 2005:

What is oppression?
If I could only take this journey slow
Not explain away my privilege
And realize it’s not only you; it’s me I don’t know
I must slow this long climb down
Throw out my bag of guilt
Free myself of this shirt called fear
And wrap myself in a more humble quilt
As I gaze to the very top
I mustn’t expect a prize
I shouldn’t look for some gift
In my attempt to see the world through your eyes

What is oppression?
I have to take it slow
I mustn’t lose myself
Because it’s not only you; it’s me I should know

This was written during the fourth diversity course that I took in the winter of 2007.

The world looks different to me
Maybe my eyes had been closed
How could I have been so blind
To this wonderful chance to grow?
You see, it was easy for me to assume
The absolute very worst
Of all that were unlike me
Those that didn’t speak my verse
But I may not like what I get
But who’s to care about liking
When at least an understanding has been set?
The world looks different to me
I must say I am much more aware
And let me just tell you
This is a much better mind to wear

I encourage all to write poetry. If you write poetry, encourage others to write. It is an experience that provides a wonderful chance to grow.

About the Author:
Sarah Jensen is a second year doctoral student in the Wright State University School of Professional Psychology. She holds a bachelor’s degree in both psychology and broadcast communications. Several of her poems have been published in “Nexus,” the Wright State University Poetry Magazine. She is an adjunct instructor for psychology at Wright State University and Southern State Community College. Sarah’s clinical and research interests are intimate partner violence, feminist therapy, art therapy and diversity education.

References


College Student Worry, Anxiety, and Working Memory Outcomes
By Maria S. Noce and Jeffery B. Allen, Wright State University,
2006 OPA Student Poster Session Winner, Empirical Category

Abstract
This study further examined the role of anxiety and worry as it relates to cognitive functioning, including working memory outcomes and processing efficiency among college students. Participants completed assessment batteries including cognitive measures and self-report questionnaires related to anxiety, general worry, and content-specific worry. Increased levels of anxiety and general worry were related to decreased performance on overall verbal working memory tasks and selective attention tasks that required low amounts of sustained mental effort. These results are discussed through extrapolations from a processing efficiency theory.

While the terms anxiety and worry are sometimes used interchangeably, increasing attention has been focused on differentiating components within these two constructs. Anxiety is an all-encompassing construct that includes physical, cognitive, and behavioral components. Worry has been described as a verbal, lexical activity that serves as a coping strategy used to avoid a feared stimulus by focusing on verbal representations. The process of worrying may be useful in ameliorating fear temporarily (Riskind, 2004). Additionally, the propensity for general worry and worry about content-specific issues are two distinct ways of conceptualizing and measuring worry (Zebb & Beck, 1998).

Although worry is clearly a central component of Generalized Anxiety Disorder, worry in itself is a phenomenon that most people experience in their daily lives. Despite the common belief that the incidence of worry increases over the lifespan, older adults may actually be less prone to worry than younger adults (Hunt, Wisocki & Yanko, 2003). College students, ranging from ages 18–25, have been found to have higher levels of general worry compared to a group of adults age 65 and older (Babcock, Laguna, Laguna, & Urusky, 2000; Powers, Wisocki, & Whitbourne, 1992). Research findings about the impact that worry and anxiety have on cognitive functioning have been variable. Some studies have described worry’s impact on verbal naming (Rapee, 1993) and visual and verbal working memory (Wolski & Stanislaw, 1998). Even those with a slightly elevated worry level have demonstrated a deficit in working memory capability (Elliman, Green, Rogers, & Finch, 1997).

This study examined the role of anxiety and worry as it relates to cognitive performance in a college student population. The aims of the study were as follows: 1) To examine the constructs of anxiety and worry as they relate to working memory and processing efficiency in a college student population; 2) To compare and contrast performance based on self-reported anxiety, general worry, and content-specific worry; and, 3) To examine the utility of Processing Efficiency Theory (Eysenck & Calvo, 1992) for describing performance in this population.

Method
Participants in this study were 57 volunteer undergraduate college students (17 males, 40 females). The grade level distribution of participants included 35 freshmen, 11 sophomores, seven juniors, and four seniors. Participants in this study self-identified their racial/ethnic background including 49 Euro-Americans, five African-American, one Indian American, one Multiracial American, and one Native American. The mean age of the students was 19.79 years with a standard deviation of 1.61; mean grade point average was 2.99 with a standard deviation of .66.

Each participant was administered a standard battery of tests and questionnaires. Self-report measures were used to assess levels of anxiety and worry. The Beck Anxiety Inventory (BAI) was used to measure overall anxiety symptomology. General worry was measured with the Penn State Worry Questionnaire (PSWQ). Additionally, two measures were administered to assess content-specific worry domains including the Worry Domains Questionnaire (WDQ) and the Student Worry Scale (SWS). Cognitive measures in the battery included the Shipley Institute of Living Scale (SILS), Working Memory Index of the Wechsler Adult Intelligence Scale-III (WMI; Arithmetic, Digit Span, Letter-Number Sequencing), Ruff 2 & 7 Test, and the Spatial Span subtest of the Wechsler Memory Scale-III. Data from the participants were subjected to descriptive, inferential, and correlational techniques using SPSS.

Results
Anxiety
Overall working memory, as measured by the WMI, was affected by self-reported levels of overall anxiety (BAI), $F(2, 54) = 3.263, p = .047$, where those with high levels of overall anxiety performed significantly lower than those with low levels of anxiety, $t(33) = 2.62, p = .013$. Cohen's $d = .912$, effect size $r = .41$ [Cohen’s $d = 2t\sqrt{(df)/n}$]. Significant negative correlations were found between the WMI and certain BAI subscales when intellectual ability was controlled for including Subjective Anxiety, $r = -.289$, $p < .05$, Neurophysiological Anxiety, $r = -.363$, $p < .05$, Autonomic Anxiety, $r = -.331$, $p < .05$ indicating a negative relationship...
between the aforementioned anxiety symptom domains and performance on the WMI. Similarly, a significant negative correlation was found between Subjective Anxiety on the BAI and automatic selective attention accuracy (Ruff 2 & 7), \( r = -0.289, p < 0.05 \).

**General Worry**

Automatic selective attention accuracy, as measured by the Ruff 2 & 7, was affected by self-reported levels of general worry, \( F(2, 54) = 5.338, p < 0.001 \), and high worriers were significantly less accurate than average worriers \( t(42) = 2.025, p = 0.049 \), Cohen's \( d = 0.624 \), effect size \( r = 0.298 \); average worriers were also significantly less accurate than low worriers, \( t(44) = 2.72, p = 0.028 \), Cohen's \( d = 0.685 \), effect size \( r = 0.324 \). Also, total speed on the Ruff 2 & 7 was affected by levels of general worry, \( F(2, 54) = 4.750, p < 0.05 \), where high and average worry resulted in increased responding. Significant negative relationships were found between the PSWQ and the following: WMI, \( r = -0.321, p < 0.05 \), Letter-Number Sequencing, \( r = -0.315, p < 0.05 \), automatic selective attention accuracy, \( r = -0.332, p < 0.05 \).

**Content-Specific Worry**

The only significant finding related to any content-specific domain of worry was the negative relationship between Financial Worry on the WDQ and performance on the Arithmetic subtest of the WMI, \( r = -0.331, p < 0.05 \), where the tendency to have increased financial worries was related to decreased arithmetic performance.

**Discussion**

These results suggest that overall levels of anxiety and general worry are related to college students' performance on several cognitive measures, including working memory and selective attention. Those students who reported moderate and severe levels of overall anxiety performed significantly poorer on overall verbal working memory. These results are consistent with previous findings that have described that anxiety and worry have negative effects on overall cognitive and working memory performance (Derakshan & Eysenck, 1998; Mathews & McLeod, 1994; Tohill & Holyoak, 2000; Wolski & Stanislaw, 1998). Also, particular symptom clusters related to overall anxiety appear to be more closely related to working memory dysfunction including Subjective Anxiety, or worry, Neurophysiological symptoms (e.g., feeling faint or lightheaded), and Autonomic symptoms (e.g., indigestion). Students with high levels of general worry were significantly less accurate at a selective attention task compared to students with average and low worry. Furthermore, even students with average worry levels were significantly less accurate compared to their counterparts with low worry levels. This is consistent with previous findings where sub-clinical levels of worry were associated with decreased working memory performance (Elliman, Green, Rogers, & Finch, 1997).

Overall anxiety and worry appeared to impact working memory on tasks that utilize verbal processing tests and not visual working memory tasks. Subjective symptoms...
of anxiety and general worry are conceptually similar constructs that these findings suggest are related to decreased accuracy at low demand tasks. These findings support Eysenck and Calvo’s (1992) Processing Efficiency Theory, which posits dysfunction in the Central Executive and Articulatory Loop of working memory and that lower-demand tasks are less likely to receive allocated mental resources.

The aforementioned findings may be utilized in future research to explore further the relationship between affective processes and cognitive functioning in the college student population. Furthermore, future research should address limitations of this study by assessing a clinical sample of college students in order to provide information about the cognitive functioning of college students who have been diagnosed with anxiety or excessive worry. Likewise, other cognitive functioning measures, such as those that measure executive functioning, may also be used in order to determine how anxiety and worry may impact functioning in those domains.

References


About the Authors:

Maria S. Noce is a doctoral candidate at Wright State University School of Professional Psychology (SOPP) in Dayton. She will be completing the predoctoral internship during the 2007-08 year at the Dayton VA Medical Center. Her article appearing in this publication is a review of her poster from the 2006 OPA Poster Session, which was the winning entry in the empirical category.

Jeffery B. Allen’s professional experience includes a specialty internship in neuropsychology at Brown University and a focused postdoctoral fellowship at the Rehabilitation Institute of Michigan in Detroit. He is widely published in the area of neuropsychology, head injuries, and memory in sources such as neuropsychologia, brain injuries, archives of clinical neuropsychology and assessment. His areas of teaching also include physiological psychology and clinical neuropsychology. His interests include neurobehavioral disorders, quality of life in medical populations, cognitive and neuropsychological assessment, and outcome measurement in rehabilitation. He is board certified by the American Board of Professional Psychology (ABPP) in clinical neuropsychology.
Ohio Students Honored at Science Day 2007

By: Katie Crabtree Thomas,
OPA Director of Communications and Education

For the past 14 years, it has become an OPA tradition that members judge the behavioral science projects at the annual State Science Day. OPA members once again awarded 14 Ohio students in grades 7–12 for their outstanding projects on May 12, 2007 at The Ohio State University in Columbus.

The team of Science Day judges, including Joseph Bene, Jr., MA; Pam Deuser, PhD; Mike Dwyer, PhD; Michele Evans, PhD; Charles Fiumera, PhD; Esther Hampton, PhD; John McCue, PsyD; Mary Miller Lewis, PhD; Michael Ranney, MPA; Rose Shaw, MEd; Sue Sherwood, PhD; and Linda Sirosky-Sabdo, MA, together reviewed 109 projects. Cash prizes, made possible by the Foundation for Psychology in Ohio, Akron Area Professional Psychologists (AAPP), Central Ohio Psychological Association (COPA), Cleveland Psychological Association, Dayton Area Psychological Association (DAPA), Toledo Academy Area Academy of Professional Psychologists and Charles C. Fiumera, PhD.

Prizes were awarded to the top finishers in each grade. First place won $75, second place took home $50, and third place received $25. In addition to those taking home an award, there were many students in attendance who had presented in the preceding years. A special thank you to the judges for donating their time as well as taking part in the judging process and to the donors for contributing award money!

2007 Science Day Winners

Grade 7
1st Place: Alyssa Driscoll, Fairfield, “Does caffeine have an effect on memory?”
2nd Place: Luke Miller, Centerville, “Memorization methods—audibly, visually or both?”
3rd Place: Katherine Tomaszewski, Columbus, “Environmental factors on test preparation and memory”

Grade 8
1st Place: Jeremiah Shaw, Springfield, “Are auditory stimuli better remembered than tactile stimuli?”
2nd Place: Myles Snider, Shaker Heights, “Does gender affect the ability to solve a cipher?”
3rd Place: Sam Dublin, Cincinnati, “Remember this?”

Grade 9
1st Place: Benjamin Magee, Upper Arlington, “The effects of stereotype threat and stereotype lift on the performance of members”
2nd Place: Gregory Howard, Ashtabula, “Rise and shine”

Grade 10:
1st Place: Hilary Parlette, Sylvania, “The effects of laughter on the cortisol levels of high school students”
2nd Place: Allyson Hays, Worthington, “Does music aid memorization?”

Grade 11
1st Place: Kelsey Fath, Kettering, “Does age affect memory?”
2nd Place: Ashton Mullett, Zoa?ville, “Music affecting our perception of time”

Grade 12
1st Place: Andrew Duchi, Upper Arlington, “An analysis of student learning behaviors as a product of teacher emotional communication”
2nd Place: Caleb Hildenbrandt, Dayton, “Thinking outside the box: The correlation between creativity and emphatic capacity”
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On (And Against) Change and Growth

1. The author believes that people do not know what the metaphors of change and growth mean.
   a. True  b. False

2. In working with clients to make changes, psychologists also attempt to help clients also obtain:
   a. stability  b. continuity  c. normalcy  d. a and c

3. The author describes psychologists as always being agents of change rather than agents of status quo.
   a. True  b. False

End-of-Life Issues Across the Lifespan: Change, Learning, and Growth

1. The authors advocate that children who may be near the end of life should not be actively involved in treatment decisions.
   a. True  b. False

2. Most people who are dying are not clinically depressed.
   a. True  b. False

3. What roles are identified for psychologists in working with people near the end of life?
   a. facilitator, adviser, observer, guide
   b. guide, companion, facilitator, observer
   c. listener, facilitator, companion, observer
   d. none of the above

Facilitating the Transition to College for Students with Psychiatric Disabilities

1. Most universities do not know how to appropriately support students with psychiatric disabilities.
   a. True  b. False

2. Circle the three answers that are considered barriers to inclusion of university students with psychiatric disabilities.
   a. decreased self-efficacy and coping
   b. access to resources
   c. communication differences
   d. stereotypes and stigma
   e. a and c
   f. a and d
   g. b and c
   h. none of the above

3. Early career assessment for students with psychiatric disabilities has not been found to be helpful.
   a. True  b. False

Levels of Martial Arts Expertise as an Analogy of Growth

1. There is considerable research about people who have developed martial arts expertise that emphasizes progressive refinement of strategies.
   a. True  b. False

2. This article compares learning the mechanical techniques of martial arts to learning basic psychotherapeutic techniques.
   a. True  b. False

3. How many levels of expertise are described in learning martial arts and psychotherapy?
   a. 3  b. 4  c. 5  d. a and c

Growth in the Invisible Minority: A Personal Perspective

1. The author is encouraged by the abundance of resources that are available for gay students in public schools.
   a. True  b. False

2. The author is distressed that Ohio voters passed Issue 1 that outlawed same-sex marriage in Ohio.
   a. True  b. False

3. Which group is described as “an invisible minority” in the article?
   a. gay high school students
   b. homosexuals
   c. bilingual speakers
   d. lesbians

The Co-Mentoring Project: Easing the Transitions of Emerging Adulthood

1. Emerging adulthood is not characterized by:
   a. transition
   b. questioning of competency
   c. significant change
   d. a lack of consistency
   e. all of the above

2. What did most students in the project experience?
   a. understanding
   b. increased self-awareness
   c. constructive introspection
   d. all of the above

3. A main point made by the author is that pairing undergraduate students with older adults for the project was helpful for the students in achieving greater self-awareness of lifespan developmental issues.
   a. True  b. False

How Poetry Helped Me Grow as a Person and as a Future Psychologist

1. What is NAPT?
   a. National Associates for Poetry Treatment
   b. National Associates for Poetic Treatment
   c. National Association for Poetry Therapy
   d. National American Poetry Therapy

2. The author shares that for her personal growth the most helpful thing for her was ________ poetry.
   a. reading  b. listening to  c. writing

3. Poetry therapy can be used in conjunction with many different types of therapeutic orientations.
   a. True  b. False

College Student Worry, Anxiety, and Working Memory Outcomes

1. Most people do not experience worry in their daily lives.
   a. True  b. False

2. Older adults experience more worry than younger adults do.
   a. True  b. False

3. One of the study goals was to examine the constructs of anxiety and worry:
   a. as they related to differences in age
   b. as they relate to working memory and processing efficiency
   c. as they relate to an elderly population
   d. none of the above

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