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District of Columbia Psychological Association

Newsgram 2011

DECEMBER, 2011

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The President's Message

By Stephen Bowles, PhD, ABPP

Dear DCPA Constituents,

It has been a great year serving you and watching our organization's success with our various initiatives. Your efforts as well as the Board's, have allowed us to provide our membership CE workshops, CPA budget reviews, consultation for ethical issues, advocacy for members, patient referrals to members, and an increase of over 50% in membership.

We have several Board members departing and I wish to recognize their outstanding contributions.

Dr. Barbara Roberts has done a tremendous job for the past three years as our APA council representative, advocating for issues in the District and for national issues for psychology.

Dr. Abbey Durkin, whose remarkable work serving as Secretary enabled our organization to stay on track, and accomplish our objectives for this past year.

Dr. Laurel Cofell, our Student Representative, did a herculean job of energizing interest to create a student member base.

Dr. Dale Russell, an exceptional Co-editor, provided a quality DCPA Newsletter.

As we come to a close this year, let's revisit the eight areas upon which we focused our efforts:

Conduct CEs: CE workshops are back and were well attended this year as we used our survey feedback from you to craft these events. We were able to conduct two successful CE workshops on ethics and cultural diversity at St Elizabeth's Hospital and our recent ethics workshop at the Hyatt, due to the great effort of Dr. Michelle Marsh, and Dr. Colanda Cato. A huge thank you also to Dr. Stephen Behnke for the two interactive ethics workshops and Dr. Edward Nichols' informative cultural diversity workshop, both receiving great feedback from participants. This coming year we want to conduct CE workshops in cultural diversity, ethics, military psychology, mind-body approaches, and the Rorschach.

(cont)

Collaboration with DC universities: Faculty from DC and other local universities have attended our CE events and future plans are to sponsor academic collaborative workshops with students and faculty from local universities, with the APA and DCPA.

Increase Membership: In 2010, we had 49 members, this year our membership increased to 136, due to the efforts of Dr. Tony Jimenez, Mr. David White, Ms. Amber Nicholson, and Dr. Larry Sank. We were able to meet with members at the CE events as well as the DCPA Social event at the APA convention and learn more about the interests and needs of the DC and local psychology community to assist in increasing our membership.

Fill all the Board Positions: We had a very vibrant Board filling all the Board positions this year.

Increase Student Membership: The student membership grew from one student to thirteen students this year with Dr. Laurel Cofell providing a great social event that contributed to this increase.

Establish Ethics Committee: Dr. Stephen Stein has done an outstanding job as chair, building a dynamic ethics committee. This month we had an opportunity to publically introduce our ethics committee at our ethics CE workshop. The committee members that conducted the ethics break groups were Dr. Stein, Dr. Robert Favero, Dr. Jean Gearon, Dr. Stephen Lally, Dr. Suzan Stafford, and Dr. Jeanette Witter.

DCPA Advocacy: Dr. Elaine Graves has done a wonderful job fielding various advocacy questions and issues with her demonstrated leadership in advocating mental health legislation for the DCPA in her visit to our Congresswoman's office. I want to congratulate our newly elected APA Council member Dr. Walter Hillabrant. We look forward to Walter's continued leadership to DCPA as he represents us in various advocacy issues locally and nationally.

DCPA Psychological Health Workplace: We have established our local Psychological Health Workplace Program and plan to compete in the APA national competition in the coming years.

As I close out my term as President of the DCPA and move into my capacity as Past President, I plan to focus on three areas for the DCPA. The first area is to continue to build our student membership with the incoming student representative. The second is to continue to work on the CE committee to offering important workshops. The third will be to build our Psychological Health Workplace Program. You will enjoy working with our new President, Tony Jimenez in 2012 as I have for the past couple years.

Thank you for your great support and for providing a most memorable year.

Sincerely,
Stephen Bowles, PhD, ABPP
President, DCPA



**MESSAGE FROM
DCPA'S NEW PRESIDENT
FOR 2012**

It is with heartfelt gratitude to Stephen Bowles for his excellent stewardship of DCPA in 2011, that I begin my tenure as president of your association for the coming year. We have accomplished a great deal with the help of individual members who have contributed time and energy to make DCPA a desirable organization to which to belong.

I want to mention a few of the things that together we achieved in 2011. We established a new CEU program that intends to provide quality educational and training opportunities at an affordable cost to members. We have already selected an exciting CEU program for 2012. The ethics committee has been reformulated and is available to you to address issues and questions concerning the practice of psychology in DC through individual communication as well as through the use of our website and news letter. We have created a healthy workplace award to be given to an employer in DC who meets criteria which constitute a desirable workplace and thereby enhances our community.

Continuing to improve the benefits of membership in DCPA and enhance the stature of our association in the community are primary goals of mine for 2012. Please join me by becoming more involved with your association to make this happen. Whether you are able to invest substantially in time and energy or are limited in what you can offer, we can use you. Consider any interests, skills, talents or expertise you may have as a worthy and welcome contribution to your association, and contact our executive office or any one of us on the board to discuss how you can get involved.

An organization is only as productive as its members are actively serving it and as reputable as how it serves its members and community. We as psychologists represent an honorable profession whose purpose it is to understand and lend support to various forms of thought and behavior including the human experience. Our association (DCPA) affords us the opportunity to carry out our purpose in a more informed and effective manner. Through venues that are conducive to the presentation and exchange of information and ideas we can enrich one another professionally and personally.

We may elect to belong to other organizations that have a thematic specialization or regional or national profile, but those organizations do not yield quite the same opportunities to form close, collaborative, professional and personal relationships among colleagues who live and work in the greater DC community. A former speaker of the House of Representatives of the United States once said "All politics are local." May the New Year bring the best to our association.

I look forward to hearing from you soon.

Tony Jimenez, PhD
President-Elect, DCPA

“Good ethical decision making involves taking into account others’ perspectives, and that is one of the great functions of psychological associations.”

Stephen Behnke, Ph.D. APA Ethics Office Director DCPA Ethics Workshop (2011)



Photo Credit: Colanda Cato, PhD

by Dr. Colanda Cato, Ph.D.

Nearly 50 DCPA members and non-members and graduate students participated in the DCPA Ethics Workshop on December 10, 2011. Dr. Stephen Behnke, Ph.D., Director of the APA Ethics Office, provided a keynote address for the DCPA event. Behnke provided participants with information on how to identify and resolve ethical dilemmas that arise in the practice of psychology across four areas: clinical, legal, general ethics, and risk management. Cultural issues were also addressed. “Appropriately addressing issues of cultural diversity and recognizing the limits of our ability to treat are part of our ethics as psychologists,” said Behnke. Ethical consultation resources within the DCPA were also noted, such as the DCPA Ethics Committee. The Ethics

committee joined Bhenke to participate in breakout sessions and discuss in-depth ethical examples with workshop attendees.

DCPA president, Stephen Bowles, Ph.D., and fellow DCPA Continuing Education Committee members, Drs. Colanda Cato, Ph.D., and A. Michelle Marsh, Psy.D., plan to make the ethics workshop an annual DCPA event. The CE Committee thanks the Department of Mental Health’s St. Elizabeths Hospital’s Department of Psychology, Office of

Meet the DCPA Ethics Committee



Committee Members Left to Right: Dr. Robert Favero, Dr. Jean Gearon, Dr. Jeanette Witter, Dr. Suzan Stafford, Dr. Stephen Stein (Chair), Dr. Stephen Lally
Photo Credit: Colanda Cato, Ph.D.



Stephen Behnke, JD, Ph.D., Director, APA Ethics Office at the December 2011 Ethics Workshop.
Photo Credit: Colanda Cato, Ph.D.

The DCPA Ethics Committee joined Dr. Stephen Bhenke at the December 2011 Ethics workshop. For ethical consultations, contact a member of the Ethics Committee at www.dcpsychology.org.

DCPA DECEMBER ETHICS WORKSHOP



**Graduate students at the December 2011
Ethics Workshop.**

Photo Credit: Colanda Cato, Ph.D.



**Graduate students at the December 2011
Ethics Workshop.**

Photo Credit: Colanda Cato, Ph.D.

Volunteer with DCPA

By: Colanda Cato, PhD

Want to become a part of the growing team of DCPA ?

Consider assisting with check-in and on site registration for continuing education, social, and other professional events, and receive free registration for each event.

Please contact: www.dcpsychology.org or afrausto.rw@gmail.com and sign up for the Volunteer Committee, Continuing Education committee, or Healthy Workplace Committee.



District of Columbia Psychological Association

Military Psychology

Spring 2012
3 CEs

Mind-Body Skills

Summer 2012
3 CEs

Multicultural/ Diversity Workshop

Fall 2012
3 CEs

Annual Ethics Workshop

Winter 2012
3 CEs

More Information or Join DCPA:
www.dcpsychology.org

See you in 2012!

Upcoming Continuing Education Events

2012

*“The District of Columbia
Psychological Association
(DCPA) aims to advance
psychology as a science and a
profession and as a means of
promoting human welfare. We
invite your participation to
further advance this
objective.”*

Stephen Bowles Ph.D.
DCPA President

CE Committee 2011-2012

Dr. Stephen Bowles Ph.D.
Dr. Colanda Cato Ph.D.
Dr. Michele Marsh Psy.D.

Dear DCPA members and other readers,

On January 1, I assume my responsibilities as your delegate to the APA Council of Representatives. I look forward to this responsibility and promised to work with the DCPA Board of Directors to effectively represent the interests and desires of the DCPA. Please do not hesitate to contact me directly to express your wishes.

In my campaign for this office, I asked the membership to express issues of concern. While the response was not great, there were expressions of interest in APA's position on torture. As part of my efforts to become educated on this controversial issue, last November I attended the premiere of "*Doctors of the dark side*," a feature-length documentary hosted by The Georgetown University Law School. This film (researched and directed by psychologist Martha Davis, written by Oscar-winner Mark Jonathan Harris and narrated by Oscar-winner Mercedes Rueh) "documents the critical role of physicians and psychologists in the torture of detainees in U.S. custody." Following the film, there was a panel discussion that included Dr. Davis, attorneys active in civil liberties cases, and retired members of the armed services (U.S. Army general [physician], and USMC colonel [attorney]) involved in opposing torture). These individuals described having observed torture/harsh interrogation techniques associated with enemy combatants/detainees similar to those described in the film. Each indicated strongly held views the torture/harsh interrogation techniques are contrary to fundamental American values and to the Army Field Manual on Interrogation, as well as producing unreliable and/or invalid results.

I believe the following are the current APA positions on torture and harsh interrogation techniques:

**APA Ethics Committee Statement. No Defense to Torture under the APA Ethics Code
June 2009**

There is no defense to torture under the Ethical Principles of Psychologists and Code of Conduct (2002).

The APA Ethics Committee will not accept any defense to torture in its adjudication of ethics complaints. Torture in any form, at any time, in any place, and for any reason, is unethical for psychologists and wholly inconsistent with membership in the American Psychological Association.

No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, legal compulsion or organizational demand, may be invoked as a justification for torture.

<http://www.apa.org/news/press/statements/ethics-statement-torture.pdf>

Addendum to Ethics Committee June 2009 Statement

The Ethics Committee considers the prohibition against torture to encompass the specific techniques prohibited by the Council of Representatives Resolution below. The Committee finds this prohibition consistent with President Obama's January 22, 2009 executive order, "Ensuring Lawful Interrogations." Amendment to the Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants" Resolution Adopted by APA on February 22, 2008.

BE IT RESOLVED that this unequivocal condemnation includes all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the United Nations Convention Against Torture
(cont)

and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Geneva Conventions; the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners; or the World Medical Association Declaration of Tokyo. An absolute prohibition against the following techniques therefore arises from, is understood in the context of, and is interpreted according to these texts: mock executions; water-boarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation and over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual's family. Psychologists are absolutely prohibited from knowingly planning, designing, participating in or assisting in the use of all condemned techniques at any time and may not enlist others to employ these techniques in order to circumvent this resolution's prohibition.

<http://www.apa.org/news/press/statements/ethics-statement-torture.pdf>

So, fellow members, would you like to see any changes in this policy? Are you aware of any violations? What is the role of the DCPA vis-à-vis the District of Columbia Board of Psychology in this and other matters? To help us with these and other ethics questions, the DCPA has a reinvigorated ethics committee; in addition, in December, the Association sponsored an excellent workshop presented by Dr. Steve Behnke, APA ethics Director.

Until next time, happy new year!
Walter Hillabrant (Hillabrant@yahoo.com)



**Don't forget to check the
DC Psychological Association Website
for news articles, legislative updates, and
upcoming events!**

<http://www.dcpsychology.org/>

The Role of Communication in Workplace Health and Well-Being

Communication plays a key role in the success of any workplace program or policy and serves as the foundation for all five types of psychologically healthy workplace practices. This article reviews the role of communication and provides a series of questions to consider when developing a health promotion communication strategy for your organization.

Communication about workplace practices helps achieve the desired outcomes for the employee and the organization in a variety of ways:

- Bottom-up communication (from employees to management) provides information about employee needs, values, perceptions and opinions. This helps organizations select and tailor their programs and policies to meet the specific needs of their employees.
- Top-down communication (from management to employees) can increase utilization of specific workplace programs by making employees aware of their availability, clearly explaining how to access and use the services, and demonstrating that management supports and values the programs.

Examples of communication strategies that can help make your workplace programs successful include:

- Providing regular, on-going opportunities for employees to provide feedback to management. Communication vehicles may include employee surveys, suggestion boxes, town hall meetings, individual or small group meeting with managers, and an organizational culture that supports open, two-way communication.
- Making the goals and actions of the organization and senior leadership clear to workers by communicating key activities, issues and developments to employees and developing policies that facilitate transparency and openness.
- Assessing the needs of employees and involving them in the development and implementation of psychologically healthy workplace practices.

The Role of Communication in Workplace Health and Well-Being (cont.)

- Using multiple channels (for example, print and electronic communications, orientation and trainings, staff meetings and public addresses) to communicate the importance of a psychologically healthy workplace to employees.
- Leading by example, by encouraging key organizational leaders to regularly participate in psychologically healthy workplace activities in ways that are visible to employees.
- Communicating information about the outcomes and success of specific psychologically healthy workplace practices to all members of the organization.

Crafting a Health Promotion Communication Strategy

When an organization decides to invest in a new program, such as a workplace health promotion initiative, it must develop a strategy to effectively communicate with its employees. This does not mean simply designing and developing the program and then informing employees. Instead, it requires a steady flow of two-way communication across all levels of the organization.

The questions below highlight some of the issues to consider when developing a communication strategy that promotes health and well-being in your organization.

Assessment (Important for Custom Tailoring)

1. Does the organization understand the actual needs of employees?
2. What methods of assessing employee needs does the organization use?
 - Employee performance data (e.g., turnover, absenteeism, productivity)
 - Employee suggestion forums (e.g., monthly meetings, suggestion boxes)
 - Quantitative health data (e.g., injury and illness rates, health risk assessment data)
 - Quality of life surveys (e.g., stress, wellness)
 - Usage data from your organization's health and wellness Web site (e.g., page visits, topics searched)
 - Utilization, outcomes and cross-referral data from your health and wellness vendors
 - Cost data (e.g., healthcare costs, worker's compensation claims, STD, LTD)
 - Other

The Role of Communication in Workplace Health and Well-Being (cont.)

3. Does the organization use subjective assessment methods to complement objective measures?

Obtaining Employee Input (Important for Custom Tailoring)

4. Is the organization obtaining employee input regarding the new program?

5. What aspects of program development can employees most effectively contribute to?

- Objectives
- Content
- Format
- Logistics
- Incentives
- Other

6. How can you obtain input in a way that makes sense for the organization?

- Employee surveys
- Meetings that are open to all employees
- Small group meetings with managers who will then provide a summary of input
- One-on-one sessions between employees and managers to obtain individual input
- Program task force(s) consisting of employees and managers
- Other:

Informational Communication (Important for Increasing Participation)

7. Has the organization crafted a positive message about the program to communicate to employees?

8. Have you clearly described the benefits of the program (or participation in the program) in terms of the value to employees?

9. Has the organization clearly defined requirements for employee participation in the program?

10. How can you communicate with employees about the program in a way that makes sense for the organization?

The Role of Communication in Workplace Health and Well-Being (cont.)

- Emails sent to all employees
- Targeted emails sent to specific employees
- Organizational newsletters
- Materials sent through the mail
- Materials posted in high traffic or appropriate areas of the worksite
- Program information packets provided to all employees
- Program information packets available upon request
- Topic covered during new employee orientation
- Informational session held about the new program
- Postings on the organization's Web site or intranet
- Other:

Inspirational Communication (Important for Increasing Participation)

11. Do managers and supervisors at all levels of the organization support the new program?
12. Are they excited about the program? If not, what can you do to engage them?
13. Have you worked with them to create a communication plan regarding the new program and do they have access to the information and communication channels necessary?
14. Will they be participating in the program?
15. Will they be communicating that participation to their employees both verbally and through their actions?

Evaluation and Inquiry (Important for Refinement)

16. What types of data is the organization collecting?

Objective Data

- Performance data (e.g., productivity, supervisor ratings)
- Turnover, absenteeism and presenteeism rates
- Healthcare expenditures

The Role of Communication in Workplace Health and Well-Being (cont.)

- Objective health and well-being data
- Participation rates

Subjective Data

- Employee ratings of the program and/or its effectiveness
- Employee reflections on the program (including ways to improve it)
- Employee ratings of well-being (including general health, stress or other outcomes)
- Employee ratings of their intentions to continue to participate in the program

17. Does the data include quantitative data for evaluation purposes and qualitative data for inquiry and improvement purposes?

Feedback (Important for Refinement)

18. What mechanisms for reporting feedback about the program make the most sense for the organization?

- A report sent to all employees
- A report posted to the organization's intranet
- An executive summary of the results sent to all employees
- Small group sessions to discuss results with employees
- Results/progress reported during a staff meeting
- Updates posted in high traffic or appropriate areas of the worksite
- Other:

19. Has the organization promptly communicated program refinements to all employees?

20. Have these communications emphasized that program refinements were made based on employee feedback?

This article originally appeared in Vol. 1, No. 1 and most recently in the Vol 3, No 10 of the Good Company e-newsletter. This article is reprinted with permission from the web page of the American Psychological Association's Psychologically Healthy Workplace Program located at <http://www.phwa.org/resources/goodcompany/newsletter/article/147>

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