

# THE IOWA PSYCHOLOGIST

Fall 2019

A publication  
of the Iowa  
Psychological  
Association

[iowapsychology.org](http://iowapsychology.org)

State affiliate  
of the American  
Psychological  
Association



## From the President Warren Phillips

Welcome to the Fall issue of The Iowa Psychologist! This has been an exciting summer for the Iowa Psychological Association in preparation for an even more exciting and innovative Autumn.

I want to spend a few minutes in this issue talking about a couple of our accomplishments this past summer but also previewing some exciting events in the near future of the Iowa Psychological Association.

One event that was quite fruitful and enjoyable this past summer was a meeting of the Iowa Psychological Association and Iowa Psychological Foundation leaders to discuss the ongoing relationship and collaboration between IPA and

IPF and brainstorm ways to strengthen that even further in the future. One result of that discussion was to adopt an official position statement, which was approved at our last Executive Council meeting in August, ensuring that the Iowa Psychological Association and Iowa Psychological Foundation leadership will meet twice per year to discuss ongoing innovation for our two organizations to collaborate on for the benefit of all Iowans

We also launched a donation campaign called "A Day for Psychology" which has been running for the last two months and will close on October 25th. A Day for Psychology is an

opportunity for Psychologists in the Iowa Psychological Association to donate to the Iowa Psychological Foundation AND spread the word about numerous important initiatives and topics in Iowa Psychology such as the need for access to care for all Iowans, the value of psychology and psychotherapy to Iowans, our new prescription privileges law, and social justice and diversity issues among many others. This is also an opportunity to ask for donations towards these initiatives from people outside of our respective organizations.

This campaign is an opportunity for businesses and

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# From the President Warren Phillips

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other interested parties in Iowa to donate to the Iowa Psychological Association through the Iowa Psychological Foundation to improve the lives of all Iowa residents. I'm very excited about this pilot project and I believe it will be an ongoing collaboration between the Iowa Psychological Association and Iowa Psychological Foundation in coming years. If you would like to learn more about A Day for Psychology and make a donation please [go to this URL](#).

I also want to share three upcoming important events for the Iowa Psychological Association with all our membership. The first one you already know about which is our fall conference that will spotlight our speaker, Don Posner, Ph.D..

Dr. Posner will be talking about the core elements of cognitive-behavioral treatment for insomnia. The course starts by grounding participants in the basics of sleep medicine that undergird the practice of CBT-I. It goes on to present systematic, empirically validated treatment methods and essential information about the pathophysiology and etiology of insomnia necessary to inform assessment, diagnosis, treatment, and the handling of treatment resistance. The fall conference will be held at Des Moines University on Friday October 11th.

As you all know difficulties with sleep is one of the most common difficulties across all psychological disorders including anxiety, depression, ADHD, and many many others. This presentation will provide important and actionable steps that we can each take with our clients to help them overcome difficulties with sleep, which is a vital intervention in our ongoing work to help our clients improve the quality of their lives overall. I look forward to seeing you at the fall conference! If you have not already registered please do so at your earliest convenience.

We also have another exciting and first of its kind event on Saturday, November 2nd here in Iowa. Our wonderful president-elect, Dr. Tallman, is spearheading an effort to update our strategic plan for the Iowa Psychological Association. We are planning to do this by collecting information in a multi-method, multi-informant approach. The first method by which we will collect information from Iowa psychologists about issues they would like to see the Iowa Psychological Association address will

be a set of in person/virtual town hall social meetings held on the morning of Saturday, November 2. The way these town halls will work is by bringing together satellite locations all over the state including Ames, Des Moines, Cedar Rapids, Iowa City, Centerville, Sioux City, Dubuque, and Davenport in which psychologists can gather for some social networking and, most importantly, a discussion of areas they would like to help the Iowa Psychological Association focus on in the near and distant future.

This will be a 2-hour event. During the first hour Psychologists and stakeholders at each location will discuss topics they see as vital to Psychologists and mental health in Iowa. We will then all come together via Zoom in a large state-wide town hall meeting where psychologists at each of these locations, all over the state of Iowa, will share their ideas, thoughts, concerns, and questions together in the first-ever state-wide town hall meeting! I am very excited about this meeting and the opportunities it provides for IPA, Psychologists across the state of Iowa, and, most importantly, the residents of Iowa. When you receive an invitation to this event, please make arrangements to attend what should be a very enjoyable opportunity!

The last exciting upcoming event to share with you is information about our 2020 Spring conference, which will also be held at the Des Moines University. This spring conference will be a two day event featuring Dr. Steven Hayes, one of the primary founders of Acceptance and Commitment Therapy, who will provide his "ACT I" training which is now world-renowned. This training will give a complete introduction to the approach of Acceptance and Commitment Therapy to any and all who attend. Please keep your eyes open for further information about this incredibly powerful and exciting possibility and I look forward to also seeing you there in April.

I'm so inspired by the members of the Iowa Psychological Association, our amazing committees, and our dedicated and talented Executive Council. I look forward to growing our organization and the positive impact we can have on every person in Iowa! I am always inspired to remember that, in the words of Anne Frank, "How wonderful it is that nobody need wait a single moment before starting to improve the world."

I wish you all an amazing Autumn in Iowa and I look forward to seeing you at the Fall conference.

## Save the Date! IPA Spring Conference April 3-4, 2020

Join ACT co-founder Steven C. Hayes, PhD for a one-of-a kind two-day workshop designed to establish a foundational understanding of the psychology flexibility model, a beginning set of skills in Acceptance and Commitment Therapy (ACT) and beginning knowledge of Relational Frame Theory (RFT). More information will be coming soon including a discount code for IPA members. This is a conference that you do not want to miss!

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## New Private Practice Resources Document Suzanne Zilber

*Editor's Note: Suzanne Zilber is Chair of IPA's Membership Committee.*

During an IPA brainstorming session in the fall of 2017, several members suggested that we create a kit to help psychologists set up clinical practice in Iowa, and thereby increase consumers' access to psychological treatment. We cannot provide case forms due to legal risks, but we have compiled a helpful resource list.

This members-only access document, Resources for Starting or Managing a Private Practice in Iowa, offers both Iowa specific and general resources.

Members can access this benefit by logging into the IPA website [www.iowapsychology.org](http://www.iowapsychology.org), clicking on Resources, and then on Member Resources.

If you are not yet an IPA member, we encourage you to join!

Contents of this resource include:

- State Agency
- Books and consultants
- Attorney that can review Case forms
- Article
- Podcasts
- Trainings
- Web addresses for the Board of Psychology, Licensure Renewal and Continuing Education Requirements, Adult and Child Mandatory Reporting Training
  - Office Rental Cost by City

Several IPA members contributed including Paul Conditt, Kate Junk, Brittany Neef, Suzanne Zilber, Teresa Young and Bruce Jasper.

If you have new content to add, please send it to the Membership Committee Co-Chairs Nicole Keedy or Suzanne Zilber. We'd love to hear from you!



## Brittany Neef: Opening a Private Practice in Iowa

*Editor's Note: Brittany Neef is on IPA's Membership Committee.*

*When I was living in Chicago after graduate school, the idea of starting my own practice seemed daunting. I had completed both internship and post-doctoral training in private practice settings and was still working for a group practice. However, the concept of branching out on my own just didn't seem feasible.*

I decided to stay working for group practices a few more years to see if that daunting feeling would diminish with more

experience. Long story short, it never did, and I began feeling pulled to move to Iowa in order to be closer to family.

To my pleasant surprise, once I began looking into working in private practice in Iowa, I was encouraged due to

the lower cost of living and the fact that there are less psychologists per capita. The high need for mental health professionals in Iowa makes building a practice substantially easier than in a location like Chicago, where the market is saturated. For instance, insurance companies reimburse more in Iowa because there are less providers. The culture among mental health professionals has been inviting and supportive, rather than competitive. My clients have been more accountable to their treatment, including its cost, perhaps due to less anonymity.

Professional organizations, such as IPA, seem invested in me and excited about having new members. I've owned my practice in Clive for over three years now and love it. To any mental health professionals thinking about coming to Iowa – we need and welcome you!



# Importing Apps Into a Clinical Setting

## Dan Florell, Ph.D.

*Editor's Note: Dan Florell, Ph.D., is Associate Professor at Eastern Kentucky University and was the main speaker at a recent IPA conference.*

The use of technology to provide and enhance mental health services has ramped up over the past decade. The ability to conduct counseling sessions and consult with an expert is becoming commonplace through telehealth. Yet, many psychologists were trained prior to the widespread use of technology in mental health services and have had to play catch up in their own knowledge. Incorporating new technology into existing services can be intimidating.

A good place to start is by incorporating clinical smartphone apps to complement existing services. The use of apps in clinical practice is a good stepping stone into the more sophisticated world of telehealth and remote services. The equipment required to use apps is widely available as most clients have their own smartphone. There are also over 165,000 health related apps and wearables available that can fit almost any client's needs. In fact, 58% of smartphone owners have downloaded a health related app (Krebs & Duncan, 2015).

There are several advantages to start using apps in clinical practice. Apps allow clinicians a variety of ways to assess and monitor client's mental health. This means that more objective data can be gathered over time and help influence the course of treatment. One advantage of using apps is through the use of Ecological Momentary Interventions (EMI). These types of interventions occur in the moment that a client needs them most (Nahum-Shani et al., 2014). The app makes the decision based on its algorithm and small changes it can sense in clients' behavior. For instance, clients who experience anxiety might have apps that monitor their heart rate and when it senses the beginning of a panic attack can push a notification to them to start their relaxation or mindfulness techniques.

Another advantage of apps is that they can help provide clients support between sessions whether it is more active like an EMI or the app is simply a place clients can access reminders of support systems they have in place. Clinicians also have the ability to broaden the number of issues that can be addressed by utilizing apps. An example would be clients who have agoraphobia and are also overweight. While addressing the agoraphobia is the main issue, the psychologist could also recommend apps that can help with weight loss and fitness.

Since the equipment is readily accessible and there is an app for almost every clinical need, it is time for psychologists to decide on how to incorporate apps into practice. The first step is to have an



understanding of the various types of apps that are available. One way to divide apps is into active versus passive usage.

Apps that require direct participation from clients like completing a mood log or rating their anxiety level is considered active. There are diminishing returns with active oriented apps as the more information that clients are required to enter, the less likely the app will continue to be used. A passive app does not require client participation as it automatically collects data through smartphone sensors like GPS or the accelerometer.

Once psychologists have some apps they would like to try out with clients, they will need to address a few barriers to using them. The first barrier is regarding the quality of the app. There are several systems and databases that have been created for psychologists that can help them decide on whether an app should be used or not.

The American Psychiatric Association (APA) has an app evaluation framework which serves as a good template for clinicians to use. The framework overlaps with several others that have been put forward by various authors (Touros et al., 2015). The APA app evaluation framework resembles a pyramid with five steps to consider when selecting apps to use in clinical practice.

The first step of the framework is to gather background information. A lot can be gleaned about an app by finding out who developed it, the business model it uses to support itself, and if it claims to be medical or not. Other issues at this level to consider is what operating systems the app can be used on and when the app was last updated. Most apps will be available in either Apple or Android format but not

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necessarily both. The last update of the app can give a clue as to whether the app is continuing to be supported through operating system updates and staying current.

The framework's second step focuses on the privacy and security the app provides. The goal is to assess the risk the app might expose clients to. Basic information to find on an app is whether there is a privacy policy that details what type of data is collected, if it is de-identified, and whether clients can opt-out of data collection or delete that data. A quick way to discover this information is to see if the app claims to be HIPAA-compliant as that implies a certain level of protection. Unfortunately, many apps do not post a privacy policy which makes this step a difficult one for clinical apps to pass.

A third step in the framework is finding any evidence that this app actually benefits clients. This requires psychologists to compare the claims of the app against what it actually does. The gold standard is to find peer-reviewed published evidence like in journal articles. There are very few studies that have been completed on clinical apps and those that have are quickly out of date in the fast changing world of apps. If peer-reviewed evidence is unavailable, a back-up is to read feedback on the app from users or at least see if the content has reasonable face validity.

The fourth step is to judge how easy the app is to use. Apps that are difficult to use are going to result in fewer clients continuing to use them over time. Therefore, psychologists should use the app themselves to judge if it is customizable, easy to access, and likely to be used over the long term. Other considerations for an app are the type of platforms the app works on, its' accessibility for disabilities, and whether it is culturally relevant for clients.

The fifth and last step of the framework is an app's interoperability. This is an aspirational goal for an app as it allows for various apps to interface with one another and give a more cohesive picture of a client. An example of interoperability is the IntelliCare apps developed by Northwestern University. The IntelliCare suite has 12 basic apps that are coordinated through a hub. This approach is highly customizable to individual clients and whichever apps they choose to use in the suite are fed to the hub for an integrated picture of the client's status (Mohr et al., 2017).

The APA app evaluation framework is meant to work where lower steps need to be passed at an adequate level before going to the next step of evaluation. For instance, if an app cannot provide adequate privacy or safety then there is no point in evaluating it further. The framework rests on the maxim of "do no harm" as well as providing a risk-benefit analysis.

While the APA app evaluation framework is a good tool to use for evaluating clinical apps, it can be a lot of work for psychologists to go through. Fortunately, there are a few databases that have already been created that evaluate clinical apps using criteria similar to the APA framework.

Psyberguide is a database that provides psychologists the ability to search for apps that have already been reviewed and rated. It also gives them the ability to search by condition, audience, and treatment types. Using a database like Psyberguide can speed up psychologists' search for clinical apps to use in practice. Other databases that psychologists can use to find apps for clinical practice are Beacon and MindTools.

Once a psychologist has selected a clinical app, it is time to try it out with clients. Psychologists should first inquire whether their clients have previously used apps and if so, what for? Next, psychologists need to present the rationale for using the app with clients. It is then a question of judging whether clients are open and receptive to using the app. Finally, psychologists and clients can agree on trying out the app on a trial basis to see how it goes.

If clients are amenable to using the app, psychologists should have clients download the app to their phones so the psychologists can go over the apps with their clients in the session. This can ease clients' transition to using the app and provide a time where they can ask questions and troubleshoot any problem areas before they leave the session. By having clients preview the app and have it downloaded to their smartphone, there is greater likelihood they will engage with the app.

The use of clinical apps within a therapeutic relationship is relatively new but can be one way to incorporate technology into practice. Psychologists should take care when selecting clinical apps to use in practice. Utilizing the APA app evaluation framework and app review databases can give them confidence in the apps that are selected. Once an app is selected, psychologists need to prepare clients in the use of the apps. Taking these steps makes it likely that clinical apps can greatly assist therapeutic progress and become a valued supplement to in-person therapy.

### Highlighted Resources

- American Psychiatric Association – [App Evaluation Framework](#)
- American Psychological Association – Continuing Education: [Incorporating Technology into Clinical Practice](#) (9 CE)
  - [Beacon](#)
  - Northwestern University - [Intellicare suite of apps](#)
  - [MindTools.io](#)
  - [Psyberguide](#)

### Bibliography

*Krebs, P. & Duncan, D. T. (2015). Health apps use among US mobile phone owners: A national survey. JMOR mHealth and uHealth, 3 (4), e101.*

*Mohr, D.C., Tomasino, K. N., Lattie, E.G., Palac, H.L., Kwasny, M.J., Weingardt, K., Carr, C.J., Kaiser, S.M., Rossom, R.C., Bardsley, L.R., Caccamo, L., Stiles-Shields, C., & Schueller, S.M. (2017). IntelliCare: An eclectic, skills-based app suite for the treatment of depression and anxiety. Journal of Medical Internet Research, 19 (1), e10.*

# Realigning Our Priorities: If You Build it, Health Will Come

## Carlos Canales, Psy.D.

*Editor's Note: Carlos Canales is Co-President of the Iowa Psychological Foundation Board of Directors.*

In 2014, when my wife and I moved to Iowa, we were informed that the state ranked 47th in the nation in terms of therapists per capita. Moreover, the prediction was that almost fifty percent of psychologists were approaching retirement age in the next five years. Things would only get worse! With a mixture of concern and possibility, we were told “you could pretty much create the practice you want in Des Moines... there isn't much of anything.” Curiously, I just met with Rebecca Lundquist, M.D., Program Director of Psychiatry Residency at Broadlawns/Unity Point. She recently moved from Massachusetts and took this job to improve the state of affairs for mental health prescribers in Iowa. Within the first ten minutes of conversation she mentioned that Iowa ranked 49th in the nation in regards to psychiatry. With similar concern and interest, she argued that her program was eager to expand in many directions. In this entry, I would like to encourage our community to collaboratively pursue a Field-Of-Dreams-like goal in regards to Iowa psychology. Broadly speaking, if we build it, health will come.

Health! Meaning wholesome community, composed by psychologically minded people who integrate body, mind, and heart in their ordinary living, where the zeitgeist includes the willingness to look deeper, look inside, reflect upon, and use one's core sense or feeling to promote wellness among humans and our planet. Health, where individuals are willing to address their hurts and disappointments, seeking support when needed and looking beyond self-interest. Health, where parents have resources to better understand their role and their children in all stages of development and children relate to their parents as they get older in tender ways. Health, where minorities are accepted with more equal footing, where sexuality is better understood and safely practiced; where people who suffer from addiction and eating disorders have recovery programs near their homes...

Something happened to me during the past five years. It could be that my children really pushed me into the generativity vs. stagnation stage that Dr. Erikson spoke about in his psychosocial development theories. Other authors replaced stagnation for self-absorption. It could also be that the timing matched a typical phase in professional development. This is, during my graduate work and as an early career professional, I needed to find some financial, emotional, and intellectual stability and forge my own identity as a professional before looking into my



communal contribution. In other words, I needed to look after myself. I am now wanting to make a mark and, like Dr. Lundquist, change the psychological topography of our state moving up its ranks.

We could all have successful practices, feed our families, and end our careers knowing that we have helped individuals in their personal struggles. We could all work in silos selling our grain when the market deemed timely. However, I am not sure this is enough given our national placement, the increasingly louder socio-political and emotional needs of our immediate society, and our own presence with each other as a community of healers. In my opinion, we see each other too infrequently, collaborate minimally, and practice more isolated than recommended. We all endorse collaboration and community and yet our participation in state-wide conferences, overall financial contributions and offerings, and collegial intimacy suggest different.

You might have heard about the parable of the long spoons, which symbolically represents the difference between heaven and hell. It suggests that, no matter where, people are given access to food, but their utensils are too cumbersome to feed oneself properly. Thus, hell is represented by the individual effort to nourish oneself. It includes a general but undeniable state of hunger, longing, and dissatisfaction. On the contrary, heaven is represented by the simple difference of noticing your neighbor and offering a spoon full of food. One bite! The setting is the same but the outcome when cohorts are altruistic or philanthropic is drastically different. Heaven is colorful, dynamic, interesting, communal, and satisfying. I am hoping to awaken a diverse image of heaven for our state.

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# Realigning Our Priorities: If You Build it, Health Will Come

## Carlos Canales, Psy.D.

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Three years ago, I thought that Des Moines would be a better place if there were twenty to thirty process groups running during any given week. It is clear to me that group therapy is simply a more affordable, efficient, and sometimes more effective treatment modality for many popular conditions: depression, anxiety, addictions, stress, self-esteem, isolation, and relationship related issues. The hours when I am leading group are my happiest and most complex times at the office – there is no hiding that. This summer, I was pleased to oversee at least eight process groups including an ACT group, a group for adolescents, and one for folks in recovery that would like to learn more about their negative relational patterns in addition to staying sober. This is really good! It is a step in the right direction.

During a meeting with the Iowa Psychological Association's (IPA) executive council, president Warren Phillips argued that there are many mental health related advocacies but these are not promoted or supported by psychologists or mental health professionals. An example of this type of project is the Healthiest State Initiative which, combined with Capital Crossroads, are launching a campaign called Make It OK, a community effort to reduce stigma of mental health illness. They also have discussion panels and opportunities for folks to share their story. This is a good thing! But, it lacks our involvement. Dr. Phillips listed workshops on reducing stress at work and burn out that were led by business folks. I know of a chiropractor and even a dentist that do brief psychoeducational program on stress and quality of life. Dr. Phillips contended that, somehow, we are passing up opportunities to represent ourselves and really share our clinical wisdom. If we don't do our work, someone else will take over. Lack of participation or neutrality is not the approach.

What are your community dreams? And, what are you willing to do to pursue those dreams? From my perspective, I would love to see more

collaboration among disciplines, where MFTs, LMHCs, and LCSWs attend our conferences and cross-fertilize our professional lives. I would like to see multiple sequences of professional and lay person trainings, from parenting classes to self-esteem, shame, or even depression and anxiety workshops. I would love to see more professional gatherings that encourage fellowship, simply hanging out, like the breakfast club that Greg Febbraro used to organize on the first Thursday of every month. I am curious and looking forward to how your field of dreams and the converging of our spoons become a real habit in the years to come.

The Iowa Psychological Foundation (IPF) has recently created the micro-grant program to encourage anyone to receive up to \$200 for giving any type of mental health related offering to our community. This effort is in addition to the regular track of submitting a formal proposal for sponsorship in psychological related matters. IPF wants to cultivate public understanding of the crucial role of psychology in strengthening health, productivity, and happiness of all Iowans. It is our mission statement and it is a good thing to get behind. I want to invite everyone to be a part of IPF in its mission and through donations. I recently finished the book "Rich Dad, Poor Dad," by Robert Kiyosaki. In it, the idea of giving first what you would like to receive is stridently demonstrated as a marker of wealth. Give what you would like to see in the world and you will make a difference. Iowa was founded in one of the world's most fertile grounds for agriculture and psychology. We have abundance and we have spoons. The how we use these is up to us.

The IPA in collaboration with IPF is organizing the Day for Psychology scheduled for November 7th, 2019. This is a good thing! Another window of opportunity for monetary contributions directed to the building of health in our state. If you are reading this column, I invite you to end it with action. Talk about your dreams with a colleague, create a plan, donate, and find a way use your metaphorical spoon contributing to your state.

## Notice to Readers

The Iowa Psychologist newsletter editorial staff is seeking peer reviewers who are willing to read a small number of manuscripts and offer feedback as needed to authors. Reviewers will help form decisions on acceptance of materials. Please contact Stewart Ehly ([stewart-ehly@uiowa.edu](mailto:stewart-ehly@uiowa.edu)) to indicate interest.

# From the Executive Director

## Suzanne Hull

### 2019 IPA Fall Conference Theory and Practice of Cognitive Behavioral Therapy for Insomnia (CBT-I)

The 2019 IPA Fall Conference will be held at Des Moines University on October 11.

This workshop is designed to provide participants with the core elements of cognitive-behavioral treatment for insomnia. The course starts by grounding participants in the basics of sleep medicine that undergird the practice of CBT-I. It goes on to present systematic, empirically validated treatment methods and essential information about the pathophysiology and etiology of insomnia necessary to inform assessment, diagnosis, treatment, and the handling of treatment resistance.

Insomnia is widely recognized to be the most common sleep problem and is also a leading complaint in primary care settings. The consequences and morbidity associated with chronic insomnia can be substantial across several domains and can include increased health care utilization, impaired quality of life, increased risk of falls and hip fractures, increased risk of medical and behavioral disorders, and ultimately worse outcomes for all co-morbid disorders.

Effective treatment of insomnia not only improves sleep quality and daytime functioning but has also now been shown to have direct beneficial impact on depression, anxiety, PTSD, chronic pain, and other behavioral and medical disorders. In addition, cognitive-behavioral treatments for insomnia have been shown to be of equal or greater effectiveness when compared to sedative hypnotic medication. These findings suggest that CBT-I should be considered a trans-diagnostic therapy that should be in every clinician's tool box.

About the Speaker: Dr. Donn Posner works as a clinical/research psychologist at the Palo Alto VA and consults on a number of grants exploring the effects of CBT-I in Gulf War Veterans and Veterans with insomnia and Mild Traumatic Brain Injury. In the previous 5 years, he also served as an Adjunct Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences Stanford University School of Medicine.

Prior to his role at the VA he spent 25 years serving as the Director of Behavioral Sleep Medicine for the Sleep Disorders Center of Lifespan Hospitals and was a Clinical Associate Professor in the Department of Psychiatry and Human Behavior at the Warren Alpert School of Medicine at Brown University. Dr. Posner is a member of the American Academy of Sleep Medicine and is one of the first



## IPA Key Dates 2019-20

**Oct. 11 – Fall Conference**, Des Moines University

**Oct. 25 – Day for Psychology**

**April 3-4, 2020 – Spring Conference**, site TBA  
**Info & registration: [iowapsychology.org](http://iowapsychology.org).**

Certified Behavioral Sleep Medicine specialists recognized by that group. He is also a founding member of the Society of Behavioral Sleep Medicine and he has also now achieved the status of Diplomate with the SBSM.

The conference will include 6 total CEUs.

Accommodations: Hotel rooms are reserved at the Holiday Inn Downtown at Mercy Campus (1050 6th Ave, Des Moines, IA 50314) at the group rate of \$109/night plus tax for the night of October 10, 2019. Hotel rooms may be reserved by calling 515-283-0151. Reservations need to be made by September 19, 2019 to receive the block rate.

Please complete the online registration process. Registration will close on October 3, 2019 at 9am. There will no refunds or cancellations after October 3, 2019. [Register here.](#)

### Day for Psychology One Day: Infinite Possibilities

A Day for Psychology is a new program that features an annual day of giving and building awareness benefiting the Association and the Iowa Psychological Foundation. It's an opportunity for

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# Farewell to IPA Teresa Young, Ph.D.

*Editor's Note: Teresa Young, Ph.D., is IPA Diversity and Social Justice Committee Co-Chair*

Hello fellow IPA members! I'm writing this article, in part, on behalf of the Diversity and Social Justice Committee, and the other part is on my own behalf. My partner and I will be moving to Columbus, Ohio at the end of September. Life transitions often present us with an opportunity for reflection, and I've certainly done a lot of that over the past several weeks as we pack up our lives and look toward a different way of living. My departure comes at a time of change for the DSJ Committee as well. Over the past few months, half of our committee were students matriculating through the process of becoming psychologists, and they have moved on. At the same time, those of us left have made efforts to enact important changes within IPA to support a diverse environment and to foster open dialogue (see below). The paths we've started down have been bumpy, and instead stomp my foot or sigh heavily at these processes, I'd rather share some of my hopes for the future of IPA:

I hope members of IPA involved in the change of executive director find ways to reconcile in the spirit of welcoming new membership. I was not an IPA member when the previous director resigned, was asked to resign, or was ousted. The story changes to some extent depending on the person from whom I hear it. Regardless, the impact of that tumultuous time leaks out in subtle and obvious ways. Continuing to replay this story or holding grudges is toxic and unwelcoming to people new to the organization. After recently reading the book *No Future without Forgiveness* by Desmond Tutu, I'd offer to those involved that forgiveness involves public truth-telling and attempts to repair relationships.

I hope members of IPA invite more speakers from diverse backgrounds to present in regularly scheduled conference programming. Right now, the DSJ Committee has been working to develop a cultural competencies retreat the day after the 2020 fall conference. We announced this initiative at the spring conference and are actively searching for funding sources to bring it to fruition. One of the reasons we started this project was because there is a lack of diversity in conference programming. IPA needs to incorporate more multicultural information in each presentation and not just in a bracketed way. If anyone has a difficult time supporting that, I will simply remind you it is a requirement by APA.

I hope members of IPA approve a new initiative to have a Diversity Liaison as a voting member of IPA. My friend and colleague, Dr. Joy Goins-Fernandez, was inspired by fellow diversity delegates to request a voting Diversity Liaison (aka



'Officer' per other state associations) at this year's Practice Leadership Conference in Washington, D.C. Recently, members of the Executive Council voted in favor of the language for duties and responsibilities. At least 22 state associations have a person reflecting a diverse background as a voting member in this position. There is a plethora of empirical support demonstrating the benefit of diversity in organizations. Those individuals should not be used solely for their ideas without the opportunity for their voice to count.

I hope members of IPA adopt the new social justice policy drafted by the Diversity and Social Justice Committee. A few months ago, the presidential triad asked the DSJ Committee to review the social justice policy and advise changes. The old policy, while well-crafted, and we do appreciate the efforts of members to develop it, involved the development of a task force and categorized issues with differing levels of action on the part of the EC and IPA at-large. The DSJ Committee expressed concern that the category levels for particular issues will likely change over time and proposed a more parsimonious process. In the new policy, members would make their requests for IPA to act on a social justice issue by bringing it to the DSJ Committee along with sufficient research from reputable sources. Then, the committee would host open forums for all members to discuss this concern before sending it to the EC for a vote. Many governing bodies operate this way. It removes unnecessary bureaucratic steps, and it allows for the social justice principle of the EC sharing power with its membership.

I hope members of IPA, leadership especially, move away from tokenism and toward inclusion. I've heard on more than one occasion and from more

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# From the Executive Director Suzanne Hull

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psychologists and those interested in mental health to lend their support to the Iowa Psychological Association.

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## Farewell to IPA Teresa Young, Ph.D.

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than one person how nice it would be to have “an ECP woman” or “a diversity person” in particular roles on the EC. It reminds me of the infamous phrase “binders full of women”. Diversity can be hard to find in Iowa, certainly, but we place an incredible burden on people from diverse backgrounds to participate in so many activities simply out of a desire to improve optics. People tend to have their own aspirations and goals, and leaders should spend more time listening and helping those folks enact those goals. They should also consider what it might be like to be on the receiving end of such reductive comments.

In closing, there are a few folks I'd like to thank for making my time in IPA quite memorable. At the top of my list is the bright and assiduous Dr. Joy Goins-Fernandez for being the best co-chair a gal could ask for! Thank you to Dr. Warren Phillips for his gentle approach to assisting our committee in

developing trust and cohesion. Thank you to Dr. Jen Kauder for bringing her thoughtfulness and sense of humor to our meetings and social events. And, a special thanks to our student members: Mary Schenkenfelder, Luis Sanchez, and Cara Solness. Graduate students are at the forefront of knowledge in social justice and diversity, and they have all contributed so much to our process. I'll leave you all with one final message about hope from someone who can say it much better than I can:

*“Hope is not blind optimism. It's not ignoring the enormity of the task ahead or the roadblocks that stand in our path. It's not sitting on the sidelines or shirking from a fight. Hope is that thing inside us that insists, despite all evidence to the contrary, that something better awaits us if we have the courage to reach for it, and to work for it, and to fight for it. Hope is the belief that destiny will not be written for us, but by us, by the men and women who are not content to settle for the world as it is, who have the courage to remake the world as it should be.”*

– Barack Obama



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# Examining the Harm: A Correlational Study Between Sexual Assault and the Academic Performance of College Women

## Alaina Elliott

*Editor's Note: Elliott, a student at Mt. Mercy University, prepared this poster presentation at the IPA Spring Conference.*

This research intended to find the potential relationship between sexual assault victims and their academic performance in school. It was hypothesized that there would be a small, negative correlation between the number of attacks and the survivor's GPA. The research indicated that the more times an individual was sexually assaulted, the lower their reported GPA.

Related research on sexual assault survivors and their academic performance reports data on the long-term impacts of sexual assault in childhood, resiliency in trauma survivors, and the cognitive capabilities of sexual assault survivors (Jordan, Combs, & Smith, 2014; Banyard & Cantor, 2004; Navalta et al., 2006). One factor that is not being studied in the current research is the number of times a female is attacked and its relation to academic performance, which is why the current research is an important first step. Similar to the current research, other studies are finding that college-aged females who have survived sexual assault report a negative impact on academic performance as measured by GPA (Jordan, Combs, & Smith, 2014; Navalta et al., 2006).

There are alternative explanations as to why there was not a stronger relationship found between the number of attacks and GPA. Enduring trauma can build resiliency in survivors when they have access to social supports and have an internal locus of control (Banyard & Cantor, 2004). Therefore, the participants in this study may have been resilient after their experiences with sexual assault, resulting in less significant impact on their academic performances.

### Methods & Participants

Participants were 29 students, 27 females and 2 males, from various colleges throughout the Midwest. The final data are derived from 24 participants. 5 participants' surveys were not included because they answered "No" to being sexually assaulted, and they completed the survey anyway. Participants did not receive credit or an incentive for participating. Participation was voluntary. Participants were female college students 18 years and older who were the victims and survivors of sexual assault. The median age of the participants was 20 ( $M = 21.125$ ,  $SD = 5.16$ ).

### Materials and Procedures

The survey was administered online through Google Forms. Each volunteer completed the survey online from their personal location. Each timeslot



lasted an average of 15 minutes. The researcher sent the survey to various college professors, via email, who then voluntarily sent the survey to their students and colleagues. The researcher also shared the link to the Mount Mercy University student application for students to access. Participants were asked to participate in the survey without compensation. Participants were not given course credit and were not coerced into taking the survey. The survey was completed on a voluntary basis. The researcher collected informed consent from each participant.

Participants asked questions about their demographic information, sexual assault identification, sexual assault experience, academic performance, and court dates and trials, if any, regarding their sexual assault. Participants underwent a criteria screening to see if they fit the criteria necessary to complete the survey. The criteria included having experienced sexual assault. Participants were given the definition of sexual assault as defined by the National Crime Victimization Survey (NCVS) to identify if they had been the victim of sexual assault as defined by the NCVS. If the participant answered "yes" to having experienced sexual assault, the survey continued. If the participant answered "no," the survey was stopped. Participants were asked how the sexual assault has contributed to their academic performance in the form of a Likert-scale. The answer choices ranged from 1 "has had an extremely negative impact on my performance" to 5 "has had an extremely positive impact on my performance" (See Appendix A).

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# A Correlational Study Between Sexual Assault & Academic Performance

## Alaina Elliott

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Participants were debriefed after completing the survey. Participants were given resources such as advocacy organizations and help hotlines during the debriefing. The resources included telephone numbers that allowed for participants to call or text, websites, organization names, and online chat sites.

### Results

A Pearson correlation was computed to assess the relationship between the number of times the sexual assault survivor was attacked and their grade point average. Results indicated there was a nonsignificant negative correlation between the number of times a female was sexually assaulted and their GPA,  $r(24) = -.102, p > .05$ , two-tailed. A bar graph summarizes the results (Graph 1).

### Discussion

This research intended to find the potential relationship between sexual assault victims and their academic performance in school. It was hypothesized that there would be a small, negative correlation between the number of attacks and the survivor's GPA. The research indicated that the more times an individual was sexually assaulted, the lower their reported GPA.

The results show that as the number of times a college female is sexually assaulted increases, the more likely that her GPA will decrease. A bar graph was used to demonstrate the relationship between the mean GPA and the number of attacks. The bar graph includes the mean GPA for the number of attacks. For example, the mean GPA for an individual that has been attacked between 1-3 times was 3.23. This differs from the mean GPA of individuals that have been attacked 10 or more times which was 2.82. The difference in GPA based on the number of attacks shows a nonsignificant, negative correlation between the two variables. Therefore, more data should be collected to reach statistically significant results.

Related research on sexual assault survivors and their academic performance reports data on the long-term impacts of sexual assault in childhood, resiliency in trauma survivors, and the cognitive capabilities of sexual assault survivors (Jordan, Combs, & Smith, 2014; Banyard & Cantor, 2004; Navalta et al., 2006). One factor that is not being studied in the current research is the number of times a female is attacked and its relation to academic performance, which is why the current research is an important first step. Similar to the current research, other studies are finding that college-aged females who have survived sexual assault report a negative impact on academic performance as measured by GPA (Jordan, Combs, & Smith, 2014; Navalta et al., 2006).

There are alternative explanations as to why there was not a stronger relationship found between the number of attacks and GPA. Enduring trauma can build resiliency in survivors when they have access to social supports and have an internal locus of control (Banyard & Cantor, 2004). Therefore, the

participants in this study may have been resilient after their experiences with sexual assault, resulting in less significant impact on their academic performances.

### Limitations

One limitation of this research includes some questions that were not answered by all participants because the questions were not added until later. For example, the questions "At what age did you first experience sexual assault?" and "At what age was your most recent experience with sexual assault?" were only answered by 18 of the 29 total participants because the questions were added after the survey was first accessed. The question was added, though, because it was pertinent to understanding the potential impact that the recency of the sexual assault had on the victims. This may affect the data because there are not enough participants that answered the questions that were added later. If the question would have been on the survey that every participant completed, the data would be more complete.

Another explanation and possible limitation of the research was the sample size. There were only 24 participants' data that could be used to calculate statistics. So, if there was a greater number of participants in the study, the results may have been more significant. The negative correlation between number of attacks and grade point averages may be stronger and have a lesser percentage due to chance with more data. Therefore, the low number of participants may explain the data being not statistically significant.

An additional limitation was the lack of a comparison group. It was hypothesized that females who identified having been sexually assaulted would report lower academic performance than females who did not identify having been sexually assaulted. However, that hypothesis was not tested because the researchers failed to include more data from individuals who did not identify having been sexually assaulted. There was not another group to compare GPAs. This was an oversight that required the researchers to change their focal points for interpreting the data. Comparing female sexual assault survivors and their academic performance to females who have not experienced sexual assault may be a future measure to take to better understand the relationship between sexual assault and academic performance. Having a comparison group may shed light on the potential difference in academic performance between college females who have experienced sexual assault and those who have not.

### Future Research

The next step is to collect data on the grade point average of college females who have not experienced sexual assault. By gathering this information, the previous research will have a comparison group to better understand the impact of sexual assault on academic performance. This research will allow researchers to see if sexual assault survivors and those who have not experienced sexual assault differ in GPAs. Furthermore, combining the data collected from this research project with future data will allow colleges and universities to be educated about their female students and their GPAs.

# Empathy, Intergroup Contact & Race on Helping Behavior in College Students

## Cyndi Walljasper, Ph.D. et. al.

*Editor's Note: The following is a summary of an undergraduate senior research project by Iowa Wesleyan University students Jessica McCreight, Mia Hill, Olivia Barton, and Beverly Avara, supervised by Cyndi Walljasper, Ph.D. The findings were presented at the 2019 Iowa Psychological Association Spring Conference in Des Moines.*

### Introduction

Many people fall victim to bullying. Bullying can result in the victims suffering from mental illness, having poor academic success, and may lead to an increased risk of substance abuse (Mulvey, Palmer, & Abrams, 2016). Prior research has focused on bullying in elementary, middle, and high school. However, there doesn't seem to be a lot of research exploring bullying on college campuses despite between 20-25% of college students reporting they have been bullied (Lund & Ross, 2017). For this reason, senior psychology majors at Iowa Wesleyan University conducted a study exploring what causes a bystander to step up to help a fellow college student who is being bullied.

It has been found that roughly 85% of bullying incidents have witnesses present, and yet those witnesses rarely intervene (Abbott & Cameron, 2014). There are many reasons why people choose to help or not help others. Although past research has found many reasons related to the environment or personality traits, it has been found that people are more likely to help others that are in the same in-group as them (Aronson, Wilson, Akert, & Sommers, 2013; Saucier, Miller, & Doucet, 2005).

The current study was adapted from research done in the United Kingdom by Abbot & Cameron (2014). They researched bystander intervention in high school students where bullying was happening between a domestic student and an immigrant. Abbott & Cameron found that helping responses were increased if the participant had greater cultural openness and higher levels of empathy, both of which were increased by having more prior contact with immigrants. Similar to the study by Abbott and Cameron, the current study looked at helping behaviors between two groups; domestic students and international students. It also examined levels of empathy in bystanders as well as how much contact they have had with people from a different country or ethnic background. The authors hypothesized that higher participant ratings of empathy and intergroup contact would increase the likelihood of helping an international student. It was further hypothesized that participants would be more likely to respond in a helping manner to international students of some races/ethnic groups than others, with white students most likely to receive help.

### Method / Participants

The study had a total of 252 participants. This total included 25.4% international students and 74.6% domestic students, with 47% female. Participants were not evenly spread across year in school. The participants were 50.79% freshmen, 20.24% sophomores, 19.05% juniors, and 9.52% seniors. There were a wide variety of races/ethnicities participating in the study with most being African American, White, or Hispanic. There were 48.02% White non-Hispanic/Latinx, 23.81% black/African American, 9.13% Hispanic, 7.94% White Hispanic/Latinx, and 9.92% other race/ethnicity.

### Measures & Procedure

Participants completed measures online anonymously and were entered into a drawing to win a \$25 gift card to the campus bookstore. They were randomly assigned to be shown one of four photos each consisting of three domestic and one male international student who was either white, black, hispanic, or Asian. The people in the photo were saying the pledge of allegiance, with the international student placing his left hand over his heart. Participants then read a script describing the international student being verbally bullied about using the wrong hand. This scenario was chosen to communicate that the target student was from another country.

Next participants responded on a Likert scale to questions about how likely they would be to react as a bystander in that situation. Possible responses were categorized as assertively helping the victim, ignoring the incident, or contributing to the bullying. Participants also completed the Interpersonal Reactivity Index (Davis, 1996) to measure empathy and the Intergroup Contact Scale (adapted from Abbott & Cameron, 2014) to measure prior contact with people outside their ethnic group or nationality, followed by demographic questions.

In order to clarify that the authors were not trying to reinforce any stereotype that immigrants disrespect the flag, but merely were using this scene to help identify the victim as someone from the out-group, this was explained in the debriefing along with a discussion of the study hypotheses and the importance of being aware of stereotypes that may impact our behavior.

### Results

As predicted, there was a significant positive correlation between empathy and positive helping

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# Empathy, Intergroup Contact & Race on Helping Behavior Walljasper et. al.

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behaviors in response to the bullying scenario ( $r = 0.26$ ,  $p = 0.001$ ). Contrary to the hypothesis, there were no significant differences in how likely the participants were to help based upon the race/ethnicity of the international student being bullied or the amount of prior contact participants had with people from other countries or race/ethnicities.

## Discussion

The finding that the race/ethnicity of the international student being bullied was not related to how likely participants were to help him is in contrast with prior research (Abbott & Cameron, 2014; Aronson, Wilson, Akert, & Sommers, 2013). This finding may be attributed to the diversity of the current sample as well as the overall campus student population being very diverse.

Students in this study had frequent everyday interactions with many people from different backgrounds. It is possible that such interactions relate to fewer stereotypes about diverse others. However, it is also possible that the race/ethnicity of the person was not sufficiently obvious in the pictures used as stimuli, thereby not engaging participants' stereotypes to the same degree as an interaction in everyday life.

The finding about empathy highlights how it can serve as motivation to help others, even in stressful situations. It may be important to include empathy building strategies in bystander intervention training. Perhaps the key to a more helpful society is first promoting a more understanding society.

One limitation of this study is the use of written scenarios with self-reported responses, which may not accurately reflect participants' behaviors in actual situations. Future research could explore the role of empathy and race/ethnicity in helping diverse others in everyday real life settings.

## References

- Abbott, N., & Cameron, L. (2014). *What makes a young assertive bystander? The effect of intergroup contact, empathy, cultural openness, and in-group bias on assertive bystander intervention intentions*. *Journal of Social Issues*, 70(1), 167-182. doi:10.1111/josi.12053
- Aronson, E., Wilson, T.D., Akert, R. M., & Sommers, S. R. (2013). *Prosocial behavior: Why do people help? Social Psychology (9th ed., pp 344-374)*. Pearson.
- Davis, M. H. (1996). *Empathy: A social psychological approach*. Madison, WI: Westview Press.
- Lund, E. M., & Ross, S. W. (2017). *Bullying perpetration, victimization, and demographic differences in college students: A review of the literature*. *Trauma, Violence, & Abuse*, 18(3), 348-360. <https://doi.org/10.1177/1524838015620818>
- Mulvey, K. L., Palmer, S. B., & Abrams, D. (2016). *Race-based humor and peer group dynamics in adolescence: Bystander intervention and social exclusion*. *Child Development*, 87(5), 1379-1391. doi:10.1111/cdev.12600
- Palmer, S. B., Rutland, A., & Cameron, L. (2015). *The development of bystander intentions and social-moral reasoning about intergroup verbal aggression*. *British Journal of Developmental Psychology*, 33(4), 419-433. doi:10.1111/bjdp.12092
- Saucier, D.A., Miller, C.T., & Doucet, N. (2005). *Differences in helping Whites and Blacks: A meta-analysis*. *Personality and Social Psychology Review*, 9(1), 2-16.

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