

## NEWS ITEMS

## 1991 ANNUAL BUSINESS MEETING OF SIP

The annual business meeting and social gathering of the Society of Indian Psychologists will convene on Thursday, August 15, 1991 (1:00 - 5:00 pm) at the Telegraph Hill Room, Sheraton Palace Hotel, San Francisco, CA.

Following the meeting at 4:45 there will be a reception hosted by Ed Duran, Ph.D. and Lisa Quinn, Ph.D. at the Family and Child Guidance Clinic, Native American Urban Health Clinic, 3124 E. 14th Street, Oakland. This is a 30 minute ride on the Bay Area Rapid Transit system.

Buttons bearing the SIP logo will be on sale for \$2.00 at the meeting and those attending APA Convention events are encouraged to wear the buttons as a way to increase the visibility of the Society. The buttons can be worn while attending local, regional, and national meetings all year long. Anyone not attending the business meeting can order buttons by mail by sending \$2 per button to Candace Fleming (Dept. of Psychiatry C249-17, 4200 E. Ninth, Denver, CO).

The following is the draft agenda for the meeting. Please submit additional items to Candace Fleming (303) 270-4600 anytime before the meeting.

- I. Exchange of Information
  - A. Clinical
  - B. Research
  - C. Training
- II. Administrative Business
  - A. Election of President and President-Elect
  - B. Membership Committee Report
  - C. Treasurer's Report
  - D. Newsletter Report (Selection of Editorial Board)
  - E. Student Liaisons' Report
  - F. By-Laws Committee
  - G. Place and Time of Next Meeting
- III. Organizational Linkages
  - A. Ethnic Psychological Associations
  - B. Coalition for Psychology in the Public Interest
  - C. APA
  - D. APS
  - E. IHS
  - F. BIA
  - G. U.S. Congress
  - H. Utah State University
  - I. Coalition of Tribally-Controlled Colleges
- IV. Recruitment and Retention
  - A. Students
  - B. Faculty
  - C. Professional Practice
- V. New Business/Special Project for 1992
- VI. Announcements
- VII. Social Hour

## SIP DINNER TO HONOR CAROLYN ATTNEAVE

The Society of Indian Psychologists has named Carolyn Attneave, Ph.D. as the guest of honor at a 7:30 pm dinner to be held at a San Francisco restaurant August 15, 1991. Over fifteen years ago, Carolyn began the network of individuals interested in promoting American Indian mental health and the discipline of psychology. This network evolved into the Society of Indian Psychologists and SIP has continued to benefit from her vision and mentoring. Dr. Attneave has also made significant contributions in the areas of the assessment of family functioning and family therapy. Please join us in honoring this remarkable Indian woman. (The restaurant location will be announced at the business meeting.)

## SIP WELCOMES NEW AND RENEWING MEMBERS

Since April 1, 1991 the Society of Indian Psychologists has received the following renewals or memberships. (Those marked "Anonymous" did not wish their names and addresses to be released.) Eight of the nineteen are students (as denoted with an asterisk) representing the fields of Psychology (school, counseling, and clinical) and Human Services. The other set of members represent the disciplines of psychology, social work, law, human services administration, and employee assistance programming.

This three-month period witnessed the highest level of membership activity in the last five years. The dues totaled \$245 and generous contributions totaled \$85. These funds allow SIP to publish the Newsletter three times a year and to implement special projects. SIP welcomes one and all and invites your active participation.

Olivia J. Hooker, Ph.D.	White Plains, NY
*Sheryl Gregory	Berrian Springs, MI
Sal Sahme, Sr.	Warm Springs, OR
*Lou R. Billy	Finley, OK
Brian Sarata, Ph.D.	Lincoln, NE
*Anonymous	Colorado
Anonymous	California
Diane J. Willis, Ph.D.	Norman, OK
*Michael Villanueva	Forest Knolls, CA
Omi Baldwin, MSW	Madison, WI
Andrew Benjamin, JD, Ph.D.	Seattle, WA
Damian Vraniak, Ph.D.	Madison, WI
*Linda C. Dyer	Madison, WI
Armanad A. Akire, Ph.D.	Sepulveda, CA
Jane Redfield Yank, MSW	Lake Elmo, MN
*Maynard E. Gilgen	Auckland, New Zealand
*Lesa Taylor	Stillwater, OK
*Joseph J. Juelfs	Cambridge, MA
Anonymous	California

## CALL FOR PAPERS

The Committee on Ethnic Minority Affairs (CEMA), as part of its mandate, has chosen to take an active role in addressing pressing social issues facing ethnic minority communities. In an effort to facilitate action planning of its commitment to social issues, CEMA is soliciting proposals for papers from APA members addressing the following concerns:

1. The psychosocial and long-term implications of violence in ethnic minority communities, e.g., the precursors and effects of drug-related violence, the increasing lethality of violence, precursors of racially motivated violence, and tolerance of violence. Proposals for innovative and culturally-appropriate interventions will also be considered.
2. Ethnic minority youth and school achievement, e.g., the impact on self-esteem of minority (Black) male schools, the psychological value of ethnic school achievement of ethnic minorities.

Once papers have been finished, they will be submitted to a journal for publication or bound into a single collection. If you are interested in submitting a proposal for a paper, please send - (1) a statement of intent; (2) a proposal abstract of less than 500 words; and (3) a copy of your vita to: The Office of Ethnic Minority Affairs, American Psychological Association, 1200 Seventeenth Street, NW, Washington, DC, 20036. Please ensure that all entries are post-marked no later than October 1, 1991.

## NATIONAL ORGANIZATION FOR FETAL ALCOHOL SYNDROME

The National Organization for Fetal Alcohol Syndrome (NOFAS) is a recently established 501(c)(3) non-profit organization concerned with raising public awareness and implementing innovative ideas in prevention, intervention, information dissemination and advocacy. NOFAS will also provide a central source of information concerning Fetal Alcohol Syndrome/Fetal Alcohol Effect prevention and intervention. The Board of Directors includes:

Alberta Arviso, MS  
M. Frances Ayer, Esq.  
Ben Nighthorse Campbell  
\*Kevin Costner  
Thomas A. Daschle  
Christopher J. Dodd  
Michael Dorris  
Wayne Ducheneaux  
Jeaneen Grey Eagle  
Suzan Shown Harjo

LaDonna Harris  
Daniel K. Inouye  
Christopher Lawford  
Patricia Marks, Esq.  
George McGovern  
Gay Munsell, MS  
Theda New Breast, MPH  
Lucille Newman, Ph.D.  
Gwendolyn Packard  
Ann Streissguth, Ph.D.

\*Honorary member

For more information, please contact Patti Munter, Executive Director, National Organization for Fetal Alcohol Syndrome, 1815 H. Street NW, Suite 750, Washington, DC 20006, 202/785-4585.

## SIP PRESIDENT AND PRESIDENT-ELECT TO BE NAMED AT AUGUST BUSINESS MEETING

In May, the SIP Executive Committee received the resignation of Dan Foster as President of SIP. Dan's increased professional responsibilities do not permit him to continue in a leadership role with SIP at this time. We thank Dan for his contributions to SIP and we wish him well in the months ahead.

There are two vacancies on the Executive Committee that need to be filled at the August business meeting. If you are interested in serving as the President or President-Elect or you wish to nominate someone, please submit the name(s) to Candace Fleming (303/270-4600) by August 14.

## JUSTICE DEPARTMENT APPEALS INDIAN CHILDREN'S PROGRAM DECISION!

EPICS recently learned that the Justice Department is appealing a court order to have the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA) reestablish the Indian Children's Program. In response to a lawsuit filed on behalf of Indian parents, Judge Juan Burciaga ruled in July, 1990 that the program had ended illegally and should be reestablished (see September, '90 Messenger).

Even though the Justice Department is appealing the decision, the Indian Health Service and the Bureau of Indian Affairs must reestablish the program until the appeal is heard. A work plan has been developed, and the program should be operational by March 1, 1991. The Indian Children's Program (ICP) was a combined IHS and BIA project that operated from 1979 to 1985, providing multidisciplinary educational and health assessments to American Indian children.

Dr. Jerry Lyle, IHS coordinator for the program, informed EPICS that a consortium of three different southwestern university programs is currently negotiating an agreement to conduct clinical services. If this happens, the ICP Clinical Program would be made up of three different clinical teams located in Arizona, New Mexico, and Utah. Each team would have the expertise of a developmental psychologist, developmental pediatrician, clinical child psychologist, social worker, educational diagnostician, occupational therapist, physical therapist, and speech pathologist.

Parents of children that were being served by the ICP when it was ended should expect to be contact by program staff. ICP services cannot take the place of any service provided to children under the Education of the Handicapped Act, though they may supplement EHA services.  
*[Reprinted from The EPICS Messenger, March 1991]*

## FREE POSTERS FOR NATIVE AMERICANS

"Let the Light of Our Teachings Guide the Way to Healthy Behavior" is a composite photograph of a camp fire and Two Moons, a Cheyenne Indian who lived in the early 1900's. The strength and self confidence of Two Moons transcends the years and encourages the viewer to return to healthy traditions. The subtitles are: "Avoid using drugs or alcohol;

Respect your partner by using condoms; If you think you are at risk for AIDS, ask your doctor about getting tested."

"No Matter What Path You Walk You Should Get The HIV Antibody Test" is a colorful painting of four Indian people walking in different directions; various ages and sexes are depicted. Painted by Native American artist, Ernie Whiteman, the poster reflects a wide spectrum of lifestyles for Indian people - all the way from the very traditional to a more current approach. The poster is meant to encourage every Indian person to assess their risk of HIV infection.

One free copy of each poster is available to all Native American and Alaska Native individuals or groups. For your free posters, please write to: Joan Myrick, American Indian Health Care Association, 245 East Sixth Street, Suite 499, St. Paul, MN 55101, (612)293-0233.

[Reprinted from *American Indian Health Care Association AIDS BRIEFS*, April 1991]

### DEMONSTRATING ALCOHOL AND OTHER DRUG ABUSE TREATMENT OF HOMELESS PERSONS

Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons began operations in 13 cities in October.

Supported by the National Institute on Alcohol Abuse and Alcoholism, in consultation with the National Institute on Drug Abuse, the studies, totalling \$16 million, are being undertaken to learn more about the kinds of treatment services that are appropriate for homeless people with alcohol and other drug problems. Barbara Lubran, Chief of NIAAA's Homeless Demonstration and Evaluation Branch, said "All the projects have service interventions that will be evaluated individually and on a national level." The 14 demonstration sites (Chicago has two) will serve about 4,500 clients.

The Stewart B. McKinney Homeless Assistance Amendments Act of 1988 authorized the 3-year projects. The awardees were chosen from a pool of 53 applications submitted by researchers who were asked to test hypotheses in terms of (1) reducing consumption of alcohol and other drugs, (2) increasing residential stability, and (3) enhancing the economic status of the target population. Many of the projects are considering additional goals, such as improvements in physical and mental health and increased linkages among service agencies in addressing the multiple needs of homeless persons.

In each project, the principal investigator is a researcher working with established service providers, such as alcohol and other drug treatment agencies and community health centers. "These research demonstration projects represent a strong partnership between members of the academic research and service provider communities," Lubran said, "a factor that makes a research demonstration program unique." A minimum of 25 percent of each cooperative agreement award is required to be allocated to evaluation research. "This is the second round of research demonstration projects on homelessness NIAAA has supported," said Lubran, "and we are strengthening their research component. All projects will participate in a national evaluation as well as individual site-specific evaluations. (For a description of the earlier projects, see *Alcohol Health & Research World*, Vol. 13, No. 3, 1989, pp. 281-284.)

Project leaders met in December with NIAAA staff to discuss major issues, including the national evaluation plan, the use of the four core assessment instruments, and common programmatic aspects across the sites.

A variety of interventions for several subpopulations of homeless people will be demonstrated. The interventions include outreach, sobering, detoxification, case management, residential and nonresidential treatment and recovery programs, supportive and transitional housing, and prevocational training and job placement services. Chronic public inebriates, women with children, young adult males, and individuals with alcohol and other drug problems, and with mental illness, are some of the targeted subpopulations. The projects are:

**Albuquerque, NM:** Dr. Sandra C. Lapham of the Lovelace Medical Foundation is working within an existing program for homeless abusers of alcohol and other drugs who are primarily Hispanic or Native American. Lapham's project adds a residential detoxification program to outreach programs being conducted by St. Martin's Hospitality Center and Health Care for the Homeless. Persons who have completed detoxification are assigned to one of three treatment strategies: a high-intensity program of supervised housing, case management, and recovery services; a medium-intensity program of supervised housing and self-initiated treatment; and a low-intensity program of motel housing and self-initiated treatment.

**Birmingham, AL:** Dr. Jesse B. Milby of the University of Alabama and the Birmingham Health Care for the Homeless Coalition, Inc., are conducting a study that compares standard clinic treatment with an intensive outpatient intervention for homeless persons with alcohol and other drug abuse problems. Clients are assigned to one of the two treatment strategies on a random basis.

**Chicago, IL:** Dr. Michael Sosin of the University of Chicago, and Dr. Jean Rhodes of the University of Illinois are working with Travellers and Immigrants Aid of Chicago in a study to evaluate the effectiveness of two types of extended interventions. Clients from short-term alcohol-treatment programs in the Chicago area will be randomized to one of three groups. The first group receives intensive case management; the second group receives case management as well as single-room housing; and the third group receives routine services.

Also in Chicago, Dr. Kendon J. Conrad of Northwestern University's Center for Health Services and Policy Research is collaborating with the Hines Veterans Administration Hospital in a study involving homeless male veterans with alcohol and other drug problems. Following detoxification, subjects are randomly placed in either a conventional VA alcohol and other drug abuse program or an intensive case management program including residential care.

**Denver, CO:** Dr. George N. Braucht of the University of Denver is collaborating with Arapahoe House to supplement an existing program for homeless clients with alcohol and other drug problems. For a randomly selected group of subjects, Braucht and his staff are adding an intensive case management program to an array of services already offered. The case management involves increasing the level, quality, and continuity of services, and tailoring services to client needs. The case-managed group will be compared with subjects who utilize the regular-care program.

**Newark, NJ:** Dr. John E. Franklin of the University of Medicine and Dentistry of New Jersey is working with the city on a study involving urban Black and Hispanic males. The subjects receive treatment for alcohol and other drug abuse, transitional housing, and inpatient rehabilitation. The project also addresses the gap in the vocational system for these homeless people and provides an enhanced case management model.

**New Haven, CT:** Dr. Philip J. Leaf of Yale University is collaborating with the Hill Health Center and the Grant Street Shelter in a study of homeless males with a history of cocaine abuse. The program offers subjects a closely monitored drug-free residential shelter, day treatment, and 6 months of intensive case management services. Participants in the program will be compared with a control group receiving limited case management services in unmonitored shelters.

**New Orleans, LA:** Dr. James D. Wright of Tulane University is working with the Center for Supervised Residential Services, of Metairie, in a study of homeless individuals, couples, and women with children. The project expands an existing social detoxification program to accommodate homeless husband-and-wife pairs and homeless women with children, provides 21-day transitional housing for homeless alcohol and other drug abusers, and offers a 1-year extended care/independent living program. Wright will compare the results for participants with results for a group of clients who return to the streets following detoxification.

**Philadelphia, PA:** Dr. Thomas E. Shipley of Temple University is collaborating with the Diagnostic and Rehabilitation Center to study homeless Black males addicted to multiple drugs. The project randomly assigns subjects to one of three interventions: typical shelter services with minimal casework; shelter with intensive case management and a community network of services; and intensive case management and services at a single site as well as placement in transitional housing.

**St. Louis, MO:** Dr. Elizabeth M. Smith of Washington University is working with Grace Hill Neighborhood Services and the Salvation Army Family Shelter in a study involving women with children. The project offers subjects three programs: (1) alcohol- and drug-free supervised housing with a holistic approach to support services; (2) long-term child development services and family therapy, including alcohol and other drug abuse support groups; and (3) intensive 1-year case management. The interventions involve greater linkage and cooperation among agencies serving homeless clients.

**Santa Monica, CA:** Dr. M. Audrey Burnam of the RAND Corporation is cooperating with three Los Angeles treatment facilities in a study of adults with both severe mental illness and dependence on alcohol or other drugs. Burnam will compare four programs: (1) treatment in a new nonresidential program specially designed for subjects who are diagnosed with both problems; (2) treatment involving a new service linkage with an existing residential treatment program; (3) no treatment beyond the current socialization program; and (4) standard residential treatment.

**Seattle, WA:** Dr. Gary B. Cox of the University of Washington is working with the King County Division of Alcoholism and Substance Abuse in a study of chronic inebriates who are homeless. In this project, the effects of a new long-term case management program will be compared

to results of usual treatment of clients at the King County Detoxification Center. Cox and his co-workers are selecting groups of women, Native American men, and men of mixed race (White, Black, Hispanic, and Asian) from the pool of clients at the center.

**Tucson, AZ:** Dr. Sally J. Stevens of Amity, Inc., is working with the University of Arizona College of Medicine to study homeless adults. The project will compare the results of two treatment groups; an outpatient service and a residential therapeutic community. Stevens also will compare these results with those of a control group using conventional services in the community.

**District of Columbia:** Dr. Robert E. Drake and a research team from Dartmouth Medical School and Howard University are collaborating with Community Connections to evaluate two state-of-the-art models for treating alcohol and other drug abuse in homeless people with severe mental illness. The project focuses on women and minorities. Drake and his co-workers are expanding and comparing two existing services: an integrated treatment, in which case managers provide services for alcohol and other drug abuse and mental health, and a parallel treatment, in which case managers provide mental health services and link clients with local services for alcohol and other drug abuse. Supportive housing also will be available.

Results from the research demonstration projects should assist in the development of more effective strategies for treating homeless people with alcohol and other drug problems.

*[Reprinted in part from ADAMHA News, Vol. XVII, No. 1, January-February, 1991]*

## **BAPPI 1991 THEME: VIOLENCE IN SOCIETY**

Meeting for the first time, members of the American Psychological Association's new Board for the Advancement of Psychology in the Public Interest (BAPPI) chose as the public interest theme for this year, "Violence in Society: Research, Prevention and Treatment."

At the close of a three-day retreat February 22-24 in Chantilly, VA, board members elected Melba Vasquez, a university counseling psychologist and private practitioner in Austin, Texas, as BAPPI's chair.

In an interview, Vasquez said BAPPI would review research, "take a very broad perspective and figure out a broad range of strategies" for dealing with priority issues, such as violence.

In a report of BAPPI's priorities to members of the Public Interest Directorate's committees, Vasquez noted that the directorate is sponsoring a miniconvention on violence and youth at this year's APA convention in San Francisco.

But Vasquez said BAPPI is interested in violence in all its forms, such as violence against women and against lesbians and gay men. When BAPPI meets formally in May, she said, members will discuss additional ways in which the theme of violence "can be translated into service to the community."

BAPPI is the centerpiece of the reorganization of the Public Interest governance structure that was approved by APA's membership last year. It replaces two boards—the Board of Social and Ethical Responsibility for Psychology (BSERP) and the Board of Ethnic Minority Affairs (BEMA).

The new board was given the responsibility of coordinating the work on public interest issues that is undertaken by the directorate staff and by the six constituency group committees.

These committees are Women in Psychology; Disability Issues in Psychology; Children, Youth and Families; Lesbian and Gay Concerns; Ethnic Minority Affairs; and Psychology and AIDS.

Vasquez asserted that BAPPI was envisioned as being much more than just a combination of the two boards it replaced; the new board, she said, has a mission to forcefully address public interest concerns at a time when these concerns are much more paramount within APA as a whole.

Vasquez and others noted BSERP used to be called the "conscience of APA." Now she said, "My sense is that APA has evolved in such a way that public interest concerns are more mainstream, compared to 20 years ago and maybe even 10 years ago. We have a burgeoning, evolving body of knowledge and research that has all kinds of implications for the work we can do out of concern for the public interest."

James Jones, interim executive director of the Public Interest Directorate, said that in addition to the violence theme, four other general areas were identified for current or future focus: work-place issues; children and families; ethnic, racial and cultural diversity; and the psychosocial implications of the changing demography of the United States. Many of these issues, Jones said, are already being worked on by the directorate and committees, and all will be targeted in the future. In addition to Vasquez, the other BAPPI members are: Olivia Espin of San Diego State University; Israel Goldiamond of the University of Chicago; Teresa LaFromboise of the University of Wisconsin at Madison; Nancy Felipe Russo of Arizona State University; Reiko True, deputy director of the San Francisco Department of Public Health; Elizabeth Robinson, a private practitioner in Everett, WA; Henry Tomes, Massachusetts Commissioner of Mental Health; and Jack Plumner, Director of Psychology, Gaylord Hospital, Wallingford, CN.

[Reprinted in part from APA's Monitor, May 1991.]

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## FROM THE FIELD

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### WHO IS A MEMBER OF SIP?

Although the Society of Indian Psychologists is in its second decade of operation, many aspects of functioning have not been formalized. The Executive Committee has established a subcommittee to draft by-laws and articles of incorporation which would be used to obtain non-profit status. (The mailing of the Newsletter would then cost two-thirds as much, allowing for the use of more SIP funds in other projects.) Without formal by-laws, one question that has multiple answers is "Who is a member of SIP?"

Although SIP is a professional association for American Indians and Alaska Natives who are psychologists or psychologists-in-training, the Society has always welcomed Indians and Natives from other disciplines. Likewise, non-Indian psychologists and others are invited to affiliate. Through the years a diverse group of over 250 individuals and agen-

cies interested in supporting Indian mental health has been identified. This has been the mailing list for the Newsletter.

The issue of SIP membership was decided by the Executive Committee with input from the persons who attended the August, 1990 business meeting. **SIP membership will be based the submission of a membership form (found in each Newsletter) and payment of yearly dues.** No member shall be turned away because of an inability to pay full dues; one just needs to submit the membership form requesting a waiver or reduction of the dues.

SIP needs to establish an acceptable level of financial viability through dues assessment of the membership so that more diverse projects that support SIP goals can be undertaken. At the same time, SIP would like to continue to have the annual dues be much lower than most associations to keep the needed diversity and to encourage members to belong to other professional groups. Therefore, it was decided to maintain the current dues structure and increase membership through outreach.

**January has been chosen as the common anniversary date for all members.** Bills will be mailed in November or December as reminders. To get everyone on the same schedule, it was decided that dues paid in 1990 and 1991 apply to 1991 membership. To date, 78 individuals and agencies are in that category. This leaves approximately 200 on the mailing list that will be put on a list called "Friends of SIP" if 1991 membership is not established. The winter issue of the Newsletter will be their last complementary issue. The "Friends of SIP" list will be kept confidential and will be used only as part of a SIP-sponsored project.

The Society of Indian Psychologists is currently enjoying rapid growth. Indian mental health is finally getting attention in a variety of spheres: the clinic and community setting, the university classroom, the research center, the tribal council/business committee, and the U.S. Congress, to name a few. In the coming years a major goal of SIP is to be highly visible in the:

- 1) dissemination of knowledge;
- 2) transfer of skills among Indian communities, institutions of higher learning, and other entities;
- 3) development of state-of-the-art practice and research; and
- 4) development of policy-making at the tribal, state, and federal levels.

Current members of SIP are individuals with diverse experiences and professional backgrounds. It is exciting to note that **half of the 1990 new SIP members are undergraduate and graduate students pursuing degrees in a variety of disciplines.** They deserve the opportunity to be mentored in such a way that their unique needs are addressed and their commitment to Indian mental health is honored and nurtured. SIP desires to be an association that would provide such opportunities. To accomplish this goal and others, SIP strives to be an association that values all perspectives and ideas of an involved membership. Please join and become involved!

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## LETTERS

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[The following letter was directed to Candace Fleming. A portion of that letter is reprinted here]

15th May, 1991

Tena koe Candace,

...Presently, Maaori graduates, similar to myself, are working, towards: supporting Maaori students; challenging our psychological departments, regarding those Western-based perspectives which are inappropriate for our people; meeting our own requirements for the degrees or diplomas we are working towards; and, when able, attempting to write papers sensitive to our view of the world for publication. I am sure you can relate.

We would be interested to know all about SIP, such as your beginnings and how strong you are today. A more detailed letter informing you about what we have been doing here will be sent ASAP. Thank you for remembering me down in the South Pacific and sending your application paper.

Wishing you all the best with your work.

Haere atu ra ragatira.

Manaakitanga

Maynard E. Gilgen  
Nogati Tahinga, Tainui  
(Trainee, Clinical Psychologist)  
37 First Avenue  
Kingsland, Auckland  
New Zealand/Aotearoa

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## SCHOLARSHIPS/GRANTS/TRAINING

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**UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER PSYCHOLOGY TRAINING FOR AMERICAN INDIANS AND ALASKA NATIVES.** Each year since 1989, the Division of Clinical Psychology and the National Center for American Indian and Alaska Native Mental Health Research have offered specialized training to two American Indian predoctoral students in clinical or counseling psychology, and now will offer this training to one American Indian psychologist at the postdoctoral level. These two programs have been developed in conjunction with existing APA-accredited psychology programs which train six predoctoral interns and one postdoctoral fellow each year. The training plan for each intern and fellow identifies the Denver Indian Health and Family Services as the major site for out-patient work and three Indian behavioral health programs for on-site observation of reservation systems. The trainees also rotate through a number of pediatric services, most of which are multidisciplinary in nature, within the University of Colorado Health Sciences Center. The overarching goal is to provide clinical experiences in rotations that not only treat children and adolescents within the majority culture but also treat American Indian youth in urban and reservation settings.

Through carefully planned supervision, didactic training, and scholarly research the Indian trainees and their peers increase their awareness and knowledge base with respect to cultural issues relevant to clinical work in the American Indian community specifically, and in ethnic minority communities in general. Ultimately, these programs serve to increase the number of American Indian psychologists who are trained to assess and treat American Indian children and their families. Address requests for information concerning predoctoral internships and postdoctoral fellowship to William E. Sobesky, Ph.D., Director of Psychology Training, University of Colorado Health Sciences Center, Box C258, 4200 East Ninth Avenue, Denver, CO 80262.

**UNITED NATIONAL INDIAN TRIBAL YOUTH (UNITY) ANNUAL CONFERENCE.** Was held June 28-July 2 at the Westcoast Redpath Hotel in Spokane, WA. The annual meeting of the Native American youth councils and youth leadership. Call 405/424-3010 for more information.

**TWO SPIRITS & HIV: A CONFERENCE FOR THE HEALTH OF GAY & LESBIAN NATIVE AMERICANS.** Was held July 1-3, 1991 at American Indian Community House in New York, New York. For more information, contact Curtis Harris at 212/779-3151 or 212/598-0100.

**ASSOCIATION OF AMERICAN INDIAN PHYSICIANS ANNUAL CONFERENCE.** Will be held August 2-8, 1991 at the Sheraton Hotel in Spokane, WA. For information, call 405/592-1202.

**CIRCLES OF STRENGTH: HEALTHIER COMMUNITIES BY 2000.** Will be held September 3-6, 1991 in Washington, DC. A health promotion/disease prevention conference sponsored by the Indian Health Service. Contact Donna Leno at 301/443-1870.

**SPIRITUAL UNITY OF TRIBES GATHERING III.** Will be held on the Nambe Indian Reservation, July 28- August 3, 1991. The Gathering will be totally non-political. What we are seeking is a healing of the mind, the environment and the ills of the world. We feel that the time has come for all people to come together in Spiritual Unity and speak about the teachings of our Grand-mothers, and our Grand-fathers -- and to learn from them. For further information contact Joe L. Garcia at 505/455-2036 during working hours; or at 505/455-3688 during the evening and week-ends.

**THIRD ANNUAL NATIONAL CONFERENCE OF THE NATIONAL ASSOCIATION FOR AMERICAN INDIAN CHILDREN OF ALCOHOLICS.** Will be held September 7-10, 1991 at the Sheraton Denver Tech Center Hotel in Denver, CO. For registration information write Ms. Carolyn Holloway, American Indian Institute, University of Oklahoma, 555 Constitution Avenue, Norman, OK 73037 or call 405/325-4127.

**FOURTH ANNUAL CONVENTION OF AMERICAN INDIAN PSYCHOLOGISTS AND PSYCHOLOGY GRADUATE STUDENTS.** Will be held July 29-30, 1991 in Logan, UT at The Bear Lake Retreat. The theme is "Issues in American Indian Mental Health: Co-Morbidity." The two events are



sponsored by the American Indian Support Project, Utah State University Psychology Department and the Indian Health Service Mental Health Programs. For more information, call Carolyn Barcus, Ed.D at 801/750-1466.

**THE NATIVE OFFENDER CONFERENCE '91.** A three day workshop will be held October 5-7, 1991 at the Delta Be-sborough in Saskatoon, Canada. Registration fee is \$225 before September 1, 1991 and \$250 after September 1, 1991. Sponsored by Native Mental Health Association of Canada, Box 89, Shannonville, Ontario K0K 3AO, phone 613/966-7619 or 613/966-0888.

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## JOB ANNOUNCEMENTS

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**DIRECTOR:** Urban Indian Mental Health Clinic located in Oakland, serving Native Americans of varying tribal backgrounds. Clinic uses approach which blends Western and Traditional Indian methodology. Applicants should have Ph.D. in Clinical Psychology, be licensed or eligible for licensure in California. Duties include supervision, therapy and assessment, proposal development, consultation with traditional providers and other Indian agencies. Experience with Native people preferred. Salary commensurate with experience. Position beginning September, 1991. Send Vita and references to Eduardo Duran, Ph.D. Family and Child Guidance Clinic, 3124 E. 13th Street, Oakland, CA 94601.

**COUNSELING/CLINICAL PSYCHOLOGIST:** Individual and group psychotherapy; crisis intervention; outreach and consultation; supervision of interns and graduate students in an APA approved internship program; research and teaching opportunities. Opportunities for involvement with issues of cultural diversity. A Ph.D. or Psy.D. in Clinical/Counseling Psychology (APA approved program and internship preferred); eligibility for New York licensure. Salary is \$35,000 - \$35,000 with excellent benefits and a 12-month appointment. The position will start Summer, 1991. Send statement of interest and professional goals, vita, three letters of recommendation (at least one from a current psychotherapy supervisor), and official transcripts to: Tim Tavis, Ph.D., Search Chair, Counseling Center, University at Buffalo, 120 Richmond Quadrangle, Buffalo, New York 14261. Review of applications will begin April 30, 1991, and continue until the position is filled.

**ASSISTANT/ASSOCIATE PROFESSOR:** The School Psychology Program is seeing a tenure-track faculty member to collaborate in preparing school psychologists with multicultural expertise who hold a vision of equity in education. Must have a strong foundation in school psychology, research, and systems perspectives with commitment to exploring non-traditional service delivery models. Background in culturally appropriate assessment and intervention desirable. (A.B.D. candidates will be considered; completion of dissertation may be a requirement for reappointment). Mentoring, research, supervision of these and field placements, and contribution to our four federal grants (\$1,645,000) in Latino, American Indian, and multicultural school psychology. To apply send letter of application, vita, and three references to: Valerie J.

Cook, Ph.D., Chair, School Psychology Search Committee, College of Education, San Diego State University, San Diego, CA 92182. For information call: 619/594-4626. Applications will be accepted until the position is filled. SDSU is an equal opportunity, affirmative action employer.

**CLINICAL PSYCHOLOGIST:** The Department of Psychology at Queens College of the City University of New York anticipates a tenure-track position at the assistant professor level for a clinical psychologist starting September 1991. The applicant should hold a Ph.D. degree and be licensable as a psychologist. Salary range: \$28,630-\$49,029 depending upon qualifications and experience. The candidate must have an active research program; those with expertise in health psychology, counseling, rehabilitation, or clinical neuropsychology are of special interest. Strengths in psychological testing and assessment are essential. The applicant should submit a letter of application, a curriculum vitae, sample publications, and three letters of recommendation to: Clinical Psychology Search Committee, Department of Psychology, Queens College (CUNY), 65-30 Kissena Blvd., Flushing, New York, 11367-1597. Applications will be reviewed upon receipt, and will be accepted until the position is filled. AA/EOE.

**ASSISTANT/ASSOCIATE PROFESSOR:** Two year appointment, renewable and tenurable at Teachers College, Columbia University, Department of Speech and Language Pathology and Audiology is designed around the basic sciences and disorders in communication processes. We are seeking a faculty member with special interest in one or more of the following areas: fluency, cleft palate, and speech disorders associated with neuropathologies. Earned doctorate, CCC-SLP, eligibility for state license, evidence of successful teaching experience, record of research and experience or potential for garnering outside funding to support research and students. Sensitivity to needs of inner city populations. Responsibilities: teach graduate courses, lead doctoral dissertations, maintain active research program and share responsibility for clinical applications of computer programs. Letter of application, CV, 3 letters of recommendation to: Search Committee Chair, Dept. of Speech and Language Pathology and Audiology, Box 99, 525 West 120th Street, New York, New York 10027. Review of applications will begin march 30 and continue until the search is successfully concluded. Teachers College as an institution has long been committed to a policy of equal opportunity in employment. In offering higher education in the discipline areas of education, psychology, and health services, the College is committed to providing expanding employment opportunities to minorities, in its own activities and in society. Candidates whose qualifications and experience are directly relevant to complementary College priorities (e.g., urban and minority concerns) may be considered for a higher rank than advertised.

**ASSISTANT/ASSOCIATE PROFESSOR:** The Social and Behavioral Sciences Department of Boston University, School of Public Health is presently looking for an individual to being the academic year 1991. Responsibilities include individual and team teaching of graduate courses in areas such as behavioral and community-level prevention and intervention methods, health promotion and disease preven-

tion and program evaluation. The position requires development of an independent and collaborative research program in disease prevention and intervention. The search committee is requesting applicants to have a record of research distinction including experience as principal investigator of funded research awards, a strong publications record, and expertise in development and evaluation of behavioral and community-level prevention and intervention programs. In addition, the committee is seeking applicants who can meaningfully contribute to the goal of preparing students to address public health problems in ethnic minority communities. We especially invite applications from minorities and women. Interested applicants should submit a letter of application, three letters of recommendation and a curriculum vita to: Hortensia Amaro, Ph.D., Chair, Search Committee, Social and Behavioral Sciences, Boston University School of Public Health, 85 E. Newton St., Boston, MA 02118. AA/EOE.

**CLINICALLY-ORIENTED PSYCHOLOGIST:** Candidates should be able to teach Abnormal Psychology, Introductory Psychology, and other clinically-relevant courses within the department (e.g., Psychological Assessment, Developmental Psychopathology). There is ample opportunity to develop other courses in the candidate's area of interest. The mentoring of students in internships and research will also be a normal part of the candidate's academic commitment. The candidate should possess or be near completion of the Ph.D. in Psychology. Send all materials to: Dr. Andrew Futterman, Psychology Department, College of the Holy Cross, Worcester, MA 01610.

**PHYSIOLOGICAL PSYCHOLOGIST/BEHAVIORAL NEUROSCIENTIST:** Candidates with research interests in any area of Neuroscience/Psychobiology will be considered. Course requirements will include Introductory Psychology, Experimental Psychology, and courses within a Psychobiology concentration in the candidate's area of interest. Ph.D. is required. Send all materials to: Dr. John Axelson, Chair, Psychology Department, College of the Holy Cross, Worcester, MA 01610.

College of the Holy Cross invites applications for the above two tenure-track positions beginning Fall, 1992. Candidates must be firmly committed to teaching and research in a small liberal arts college. Rank and salary are open. Applications must be received by October 18, 1991. Materials must include curriculum vitae, three letters of reference, at least one of which comments on teaching or teaching potential, and recent reprints. The College of Holy Cross, a Jesuit, undergraduate institution with a strong commitment to teaching, scholarship, and the liberal arts, is an Equal Opportunity/Affirmative Action Employer.

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## BOOKS/ARTICLES/VIDEOS NOTED

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### STRONG TRIBAL IDENTITY CAN PROTECT NATIVE AMERICAN YOUTH/HOW CAN WE HELP?

This 24-page booklet explores the concern that many Indian young people are caught in a "no-man's land" between

their traditional tribal culture and the culture of the dominant society. This, it is suggested, produces fuzzy self-images and confusion concerning identity which, in turn, lessens self-esteem and robs Indian youth of clearly defined values to help them make positive life choices.

The booklet looks at data concerning the relationship between tribal identity and risk for alcohol and substance abuse, implications for substance abuse prevention programs, and examples of various efforts to increase the tribal identity of Indian youngsters.

The examples include a living history village operated by teens on the Wind River Reservation in Wyoming, the adaptation of a tribal tradition by youngsters on the Fort Peck Reservation in Montana, and a youth council with representation on the tribal council at the Gila River Reservation in Arizona.

All of these efforts are dedicated to building the tribal identity of Indian youngsters in a manner which promotes positive self-esteem and healthy life choices.

### BLUE BAY: A TRIBAL APPROACH TO FIGHTING ALCOHOL AND DRUG ABUSE/OUR WAY OF HEALING

This 20-page booklet focuses on the idea that best means for fighting alcohol abuse in a Native American community is a means which has been developed by the community itself. A community-designed approach, the booklet states, has the indisputable advantage of belonging to the people it is designed to help.

The Blue Bay Healing Center of the Confederated Salish and Kootenai Tribes in northwestern Montana is described. The booklet looks at the process by which Blue Bay was designed and operates. It explores how the Salish and Kootenai Tribes see the problem of alcohol abuse on their reservation; and it describes the values and principles on which the tribes operate their prevention and treatment campaign.

The booklet also looks at the resources upon which the Salish-Kootenai have called and reviews the action plan and strategy which are now Blue Bay.

Finally, a step-by-step outline summary of the Blue Bay approach is presented. The text was developed from information gathered in interviews with Anna Whiting-Sorrell, Administrator of the Blue Bay Healing Center, and her staff.

You may obtain copies of the above two booklets from: Native American Development Corporation, 1000 Connecticut Avenue, N.W., Suite 1206, Washington, DC 20036, or for further information contact Nancy Gale at 202/296-0685.

### INDIAN WOMEN'S HEALTH ISSUES ROUNDTABLE

The Indian Women's Health Issues Roundtable, sponsored by the Indian Health Service, the Office of Planning, Evaluation and Legislation, and the Office of Health Program, Research and Development met in January 1991 in Tucson, AZ, to discuss the major health problems facing Indian women today and to develop strategies to address these problems. The Indian Health Service (IHS) convened the group of experts from the fields of health care, research, tribal



leadership, and community development to develop consensus around major health problems. The following represents a summary of those consensus findings and recommendations of the Indian Women's Health Issues Roundtable.

**Major Health Problems Facing Indian Women:** The Roundtable participants agreed that the following list represent the most important health issues facing Indian women today.

1. Cancer
2. Diabetes
3. Family Planning and Reproductive Health
4. Alcoholism and Substance Abuse
5. Psychosocial Problems
6. Family Violence
7. Women's Health Research
8. Elderly Women's Health
9. Access to Care

**Summary Of The Discussion Of Major Health Issues:**

It was the consensus of the Indian Women's Health Roundtable that virtually all the major health problems affecting Indian women are based on psychosocial factors. The discussion of psychosocial health needs cannot be neglected in any effort to address health needs of Indian women. The psychosocial factors such as poverty, racism, sexism, abuse, cultural loss are all contributing factors to the prevention, intervention, early detection and treatment of such major killers as cervical cancer, type II diabetes, accidents, cirrhosis of the liver, and violence. If the IHS and tribal communities are to effectively address Indian women's health, they must understand her relationship to her cultural, social, physical and spiritual environment.

**Overriding Recommendations From The Group:** In addition to the recommendations for each of the major health issue areas identified, the Roundtable participants also identified overriding recommendations which are described below:

- IHS should develop an Indian women's health initiative which will stimulate increased, specialized services for women.
- A national conference on Indian women's health issues should be held by 1992 to provide the needed forum and reinforcement to develop Indian women's health initiatives.
- Additional study and research should be undertaken to further identify Indian women's health issues, their attitudes and beliefs related to those health issues and to provide IHS and tribes with recommendations to improve health care and health status for Indian women.
- IHS should convene a panel of advisors to monitor its efforts to improve health care for Indian women and to develop strategies to improve the health of Indian women.
- At least once every year, the IHS and BIA should hold one national meeting and one meeting in every Area to bring together providers in the fields of medical care, mental health, substance abuse treatment and welfare. It was the consensus of the Roundtable that Indian women and Indian children should not suffer or die from Turf Wars among the professions who are supposed to serve them.

For a copy of the 56-page report entitled "Indian Women's Health Issues: Final Report" contact: Kauffman and Associates, Incorporated, 206 G. Street, NE, Washington, DC 20002, 202/543-3944, JoAnn Kauffman, President, Teri Davis, Research Assistant.

**FIGHTING FOR OUR LIVES:  
WOMEN CONFRONTING AIDS**

A new release from the Center for Women Policy Studies. The 29 minute video features AIDS projects developed by and for women-of-color. The AIDS project of the Native American Women's Health Education Center in Lake Andes SD is profiled. The video can be ordered along with a community action kit for \$28.00 from Center for Women Policy Studies, 2000 P Street NW, Suite 508, Washington, DC 20036, phone 292/872-1770.

**THE JOURNEY BEGINS...**

A 10 minute video from the United National Indian Tribal Youth (UNITY) which outlines their Youth Agenda 2000 and invites participation in shaping the youth activities and promises of the Year 2000.

**NATIVE YOUTH COUNCILS:  
KEYS TO THE FUTURE**

This 17 minute video, conducted in a news cast format, features interviews with youth who've worked successfully to form youth councils in their area.

*The Journey Begins and Native Youth Councils videos are available for viewing and community use from UNITY, PO Box 25042, Oklahoma City, OK 73125, or phone 405/424-3010.*

**"AIDS AND THE NATIVE AMERICAN FAMILY"**

A Native American woman living in Los Angeles is told by her husband that he has AIDS. She soon finds out that she is HIV positive and that she is five months pregnant. This video is a poignant portrayal of her feelings and her attempts to live her in a healthy way and to come to terms with her diagnosis.

"AIDS AND THE NATIVE AMERICAN FAMILY" illustrates all three main, HIV transmission modes: IV drug use, sexual contact, and infected mother to unborn baby. The video also presents a message to Indian people that a strong family life is important in maintaining healthy behaviors which will prevent the spread of HIV infection. Finally, a Native American spiritual advisor, Bruce Miller, emphasizes the importance of treating the spiritual part and not giving up hope. For more information about the availability of the video, contact: Collen J. Colson, County of Los Angeles, Department of Health Services, 313 North Figueroa Street, Los Angeles, CA 90012, 213/974-7741.

*Prayer for Wellness*

*Spirits of the West--  
Help us with the power  
of the Thunder-Beings  
To admit the pain that has  
led us to shut out your Wisdom.*

*Spirits of the North--  
Open our memories to the  
lives of our Ancestors  
To the ways of relating  
in Traditional Harmony.*

*Spirits of the East--  
Shine the light of New Days  
on our lives  
To open our eyes to what  
we cannot see in the  
darkness of Dysfunction.*

*Spirits of the South--  
Tie us to all the Peoples  
who walk this Sacred Path  
To the Spirit within us,  
our source of life and support.*

*Oh Great Spirit--  
Grandfather--  
Grandmother--*

*Help us to accept our history that we may be wise.  
Help us to use our memories to revive our ways.  
Help us to use our vision to see new paths clearly.  
Help us to accept our spirits to be our strength.*

*To stand with feet firmly planted on this good Earth.  
To speak only which comes from the Truth.  
To be Proud.  
To HEAL WITH DIGNITY*

*April, 1991  
Minneapolis, Minnesota*

*Note: This prayer was given to me because only with the truth will we be able to give our people the help that is really what they need, and only with Spirit will we know that truth. This prayer was given to me, but it is for all the People.*

*--M. Christina González*

**NEWSLETTER PRODUCTION**

The Society of Indian Psychologists Newsletter is the official publication of the Society of Indian Psychologists, and is published two times per year.

The Newsletter is mailed to all members of the Society of Indian Psychologists. News items, articles, announcements, letters to the editor, etc. should be typewritten and double spaced. Deadlines are: October 15 for the Winter Issue, April 15 for the Summer Issue. Send to:

Glenn W. Humphrey  
207 W. 96th Street  
New York, NY 10025

**STATEMENT OF AIMS AND OBJECTIVES**

The aims and purposes of the Society of Indian Psychologists includes but not limited to the operation of a national body organized for non-profit, charitable, and professional purposes; to provide an organization for Indian and Native peoples who are vitally concerned with improving the mental well-being of their people; to create, through an exchange of skills, expertise and experiences, opportunities for career development, positive inter-and intra-personal relationships, and general personal enhancement of Indian and Native peoples; to encourage all Indian and Native people to become involved in improving the quality of their lives.

**EXECUTIVE COMMITTEE (1991)**

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**President-Elect:** Vacant

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Candace Fleming, Ph.D.  
Dept. of Psychiatry, C249-17  
4200 E. Ninth Ave.

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Glenn Humphrey, Ph.D.  
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3207 Stevens, #5  
Madison, WI 53705

**MEMBERSHIP APPLICATION  
SOCIETY OF INDIAN PSYCHOLOGISTS**

To apply for membership in the Society of Indian Psychologists or renew your membership, please provide the following information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Present Position (Title) \_\_\_\_\_  
 Highest Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Are you a student? ( ) Yes ( ) No If yes, major field of study: \_\_\_\_\_  
 Institution attending: \_\_\_\_\_ Degree seeking: \_\_\_\_\_  
 Other Professional Memberships: \_\_\_\_\_

Please enclose check payable to the **Society of Indian Psychologists**, and mail with application to:

Candace M. Fleming, Ph.D.  
Department of Psychiatry  
4200 E. 9th Avenue, #C249-17  
Denver, CO 80262

\_\_\_\_\_ New Member \_\_\_\_\_ \$15 Regular Membership  
 \_\_\_\_\_ Renewal \_\_\_\_\_ \$10 Student Membership  
 \_\_\_\_\_ \$50 Organizational Membership  
 \_\_\_\_\_ Tax Deductible Contribution  
 \$ \_\_\_\_\_

\_\_\_\_\_ I do not give permission to release my name and address

SIP NEWSLETTER  
c/o Department of Psychiatry  
University of Colorado Health Sciences Center  
4200 East Ninth Avenue, Campus Box C-249-17  
Denver, Colorado 80262



**BULK RATE**

Gyda Swaney  
Mental Health Program  
Tribal Human Services  
26 Round Butte Road W.  
Ronan, MT 59864

**SIP NEWSLETTER  
VOL 2, #5  
SUMMER, 1991**

**IN THIS ISSUE...**

1991 Annual Business Meeting of SIP  
National Organization for Fetal Alcohol Syndrome  
Demonstration Projects for Homeless Persons include Native Americans  
Indian Women's Health Issues Roundtable  
...plus Book Reviews, Conferences, and more.