



# Iowa Mental Health Counselors Association NEWSLETTER

PO Box 923  
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[www.imhca.net](http://www.imhca.net)

**IMHCA Members,**

**As I enter the role of past president, I would to thank you for your support over the last year. Being president of this association was fun and challenging. I believe in taking risks and learning from those experiences. This was an experience in which I learned about myself and others. I would like to thank the board for their support and hard work. Thank you to all who believe in our profession!**

**Sincerely,**

**Molly Wertz  
IMHCA Past President**

## IMHCA BOARD MEMBERS

|                               |   |
|-------------------------------|---|
| President                     | Erik Oostenink                            |
| Past President                | Molly Wertz                               |
| Secretary                     | Christy Royston                           |
| Treasurer                     | Stephanie Newsom                          |
| Members-at-Large              | Darcie Davis-Gage, Kelly Wagner           |
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| Membership Development        | Bridget Bencke                            |
| Student Members               | Tracie Self, Cindy Boyle                  |
| Special Liaison to IBSAC      | Isabell Lewis                             |
| BCBS Special Task Force Chair | Erik Oostenink                            |
| Web Site Coordinator          | Cindy Boyle                               |
| Database Manager              | Scott Brockmann                           |
| Newsletter Editor             | Karin Beschen                             |
| Conference Coordinators       | Bridget Bencke, Kelly Wagner, Cindy Boyle |



### ATTENTION STUDENTS!

IMHCA membership is now free for students! Present a professor's signature for a free membership up to three years.

Visit [www.imhca.net](http://www.imhca.net) for details!



## ***A Special Thank You***

*After thirteen years on the board and too many articles to count, these will be my last remarks for the newsletter. If I am honest with myself, it is probably written more to give closure for me than to motivate or inspire IMHCA members. Perhaps it can do both.*

*So much progress has occurred during my tenure, yet there is so much more to accomplish. When I attended my first meeting, mental health counselors didn't have licensure. I was worried about losing my job and looking for others in the same vulnerable position. Since that time, we have not only gained licensure, but been accepted into the provider panels for Wellmark Blue Cross Blue Shield. It appears we have finally been recognized as worthy professionals!*

*A mental health parity law has also been passed providing persons with specific mental illnesses to receive equal insurance coverage as those with physical illnesses. This has afforded our clients recognition and acceptance as well.*

*I am proud to have been part of the efforts to accomplish these goals. However, there is more work to be done. IMHCA needs a lobbyist to represent our organization to the legislature and keep us updated on bills affecting us and our clients. Efforts are being made along with marriage and family therapists to introduce any willing provider legislation. We also need a stronger parity law to include additional diagnoses, especially those for children. More time, money, and energy are being spent to increase membership particularly in the western part of the state as our numbers remain fairly constant around 100 despite the ever-increasing numbers of mental health counselors. I continue to be amazed that others are not as proud of our profession as I am and want to ensure we are recognized and heard. However, I will leave that to the current board with fresh ideas, new energy and enthusiasm, and goals of their own. While I will miss the camaraderie and sense of making a difference, I am confident they will represent us well.*

*Karen Cordes*

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***Written by: Cindy Boyle***

### **Animal Assisted Therapy with a Children's Social Skills Group**

There is beginning to be more and more literature on the positive, healing impact of the animal human bond. Although there is a great deal of research on utilizing animals with children in the classroom, or one on one with the school counselor, there is very little information about how animal assisted therapy (AAT) could be utilized in a group milieu. I decided there was enough other research to justify giving it a go. The results were incredibly satisfying and encouraging.

#### ***Brief History of AAT***

The recorded use of pets as therapeutic agents dates to 1699 when John Locke advocated "giving children dogs, squirrels, birds, or any such thing as to look after as a means of encouraging them to develop tender feelings and a sense of responsibility for others" (as cited in Serpell, 2000, p.12). In 1792, farm animals were reportedly used at an English Quaker retreat to benefit the mental health of residents. Animals were used for the same purpose at a Bethel Community in Germany in 1867 (Baun & McCabe, 2000).

The first example of using animals in mental health facilities in the United States appears to be in 1919 at the Government Hospital for the Insane in Washington, DC (later renamed St. Elizabeth Hospital). Dogs were brought in to raise spirits of the men residing there. (Strimple, 2003). Animals were first used therapeutically in the United States during the 1940s at an Air Force Convalescent Hospital in New York City (Baun & McCabe, 2000). During WWII animals had a role in U.S. prison camps where German prisoners of war were held. The prisoners used horses for logging, which led to interaction with the local townspeople in New Hampshire at Camp

Stark. German prisoners also adopted wild animals like rabbits, crows, and even a bear cub. The American soldiers posed with the German POWs for photos with the cub, until the day the mother bear dug under the fence and left with her baby! (Strimple, 2003).

In 1944 the first scientific paper was published addressing the “therapeutic value of dog ownership” (Fine, 2000). In 1990, the Delta Society established the Pet Partners Program to ensure that both people and animals were adequately prepared to participate in animal assisted activities and animal assisted therapy programs. Pet Partners is the only national registry that requires volunteer training and screening of animal/handler teams (Delta Society, 2007).

Animals have been shown to provide a sense of well-being and comfort for young people struggling with emotional, behavioral, and academic problems (Mallon, 1994). A study conducted at Colorado State University, evaluated two emotionally disturbed boys, ages 11 and 12 (Kogan, Granger, Fitchett, Helmer, & Young, 1999). The study utilized animal assisted therapy and encompassed weekly sessions over a period of between 11-14 weeks. The first 10 to 20 minutes of each session, the child was allowed to spend time building rapport with the therapy dog. At this time, the boy would discuss events of the week, positive and negative, with the animal handler. The remaining hour of the session was spent with the boy training the dog for a demonstration he would present to his class. The authors report that at the end of the study, both children demonstrated increased confidence, less hyperactivity and increased ability to pay attention in class, an increase in social skills, and less oppositional behaviors than before the treatment.

### **Multicultural Considerations**

The animal-human bond is a universal occurrence that crosses cultural barriers and boundaries. In Mallon's 1994 study, the author noted the impact farm animals had on the residents of a treatment facility. The children were in the facility for exhibiting significant behavior, emotional, and academic problems. The children, ranging from age 7-16, were primarily of mixed race and from urban areas, often from families with low socioeconomic status. The main differences noted in the study were that the younger children, ages 7-10, preferred holding rabbits, while the older children, ages 11-13, preferred riding horses (Mallon). A psychologist who utilizes AAT in her practice stated that her "therapy dog's benefits span age, culture, geography, and socioeconomic status." (Parshall, 2003).

### **The Social Skills Group Study**

#### ***Safety and Liability Issues***

Since this study was done with minor children, it was necessary to obtain parental consent to use animals with the group members. Liability issues related to allergies and student safety also need to be addressed (Flom, 2005). Parshall (2003) recommends the counselor be flexible; if the animal/client interaction is not beneficial or appears to be possibly dangerous, appropriate safety measures need to be taken, for example, removing the animal. By having two counselors present we were able to develop a safety which would allow for the animal and client to be separated if the contact seemed like it could become potentially harmful to either the client or the animal. Counselors using animals in therapy need to check with their insurance providers to find out specific liability coverages/deficits.

#### ***Participants***

Participants for this study were drawn from a private practice weekly social skills development group, facilitated by the researcher. The children, both boys and girls, ranged in age from 9-11. Members' ethnic backgrounds included: Caucasian, Native American, and Hispanic. Group members had diagnoses ranging from Attention Deficit Hyperactivity Disorder, to Oppositional Defiant Disorder, to Asperger's.

#### ***Method***

This study involved a pre and post- animal involved discussion exploring the following questions:

1. What is something special about you that people may not know?
2. What different roles do you have? In school, at home, etc...
3. What adaptations have you made, or do you think you want to make to fill those roles?
4. What are the consequences when you can't adapt to different situations?

The group first discussed these questions without any animal involvement. Themes were examined and recorded. Then the group was asked one of the previous questions per week, in conjunction with an animal

assisted activity. This experiment covered a five-week period, culminating with a discussion about how the children felt about what we discussed and the use of animals in our group work.

### Results

We found the children were able to expound in much more detail when asked questions in conjunction with an animal assisted activity. It appeared as if the children were able to easily relate some of their own insecurities and social concerns with those of their animal visitors. The children were attentive, respectful, and followed all the rules with regards to how to appropriately interact with the animals. In return, the animals were patient, yet attentive to our young group members. This experience also seemed to create a bonding effect that appears to have strengthened the cohesion and empathy among our group. The children were able to effectively articulate the ways they believed this experience helped them to recognize and develop strengths and strategies for dealing with difficult social situations. There were no safety concerns of any type during our sessions, and it appears to have been a positive experience for all involved.

### Conclusion

It is hoped this research will provide counseling students, educators and professional counselors with information about how utilizing animals in their individual and/or group practice, can enhance the therapeutic relationship and cross cultural boundaries in ways traditional talk therapy alone may not. The great psychotherapist Irvin Yalom wrote, "Accurate empathy is an essential trait not only for therapists but for patients, *and we must help patients develop empathy for others...Help patients experience empathy with you, and they will automatically make the necessary extrapolations to other important figures in their lives.*" (2003, p.23). Beyond all the things animal assisted therapy offers, it offers to opportunity to experience and foster empathy...what greater gift could we give our clients?

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## 2007 Leadership Training Highlights from New Orleans

Greeting from Naw'lins, Louisiana, where Erik Oostenink (President, IMHCA) and Christy Royston (Secretary, IMHCA) attended the annual Leadership Training offered by the American Mental Health Counselors Association on July 25 and July 26. Both also attended AMHCA's annual conference, titled Growth out of Adversity.



This year's leadership training differed from last year's in St. Louis as instead of one track for all the leadership, AMHCA offered two tracks, one for new leaders and one for more experienced leaders. Erik attended the advanced leadership track and Christy attended the new leader track. Both were very informative and helpful.

The new leadership track focused on the roles of the different state board positions, managing finances, conference planning, fundraising, and membership development. Christy indicated she found the suggestions on getting new members, peer networking meetings, and conference planning most useful.

Erik gained many ideas on how to improve services for our

membership. Some thoughts shared included offering more trainings, regional networking meetings (possibly





including CEU's if members present on topics), and utilizing the webpage to enhance communication.

Both Erik and Christy also attended a Midwest Regional breakout group with representatives of eleven out of the thirteen states represented. The discussion focused on planning for a Midwest Regional Conference. All state representatives were enthusiastic about this concept and the discussion centered on finding a central location for all the states. At the moment, Des Moines appears to be front runner for this. A planning committee has been formed including four IMHCA members (Erik Oostenink, Christy Royston, Cindy Boyle, and Susan Hoppenworth – Midwest Regional Representative for AMHCA). Planning is also focusing on having it in the spring, possibly April, 2008. More details will follow in future newsletters. Please contact your IMHCA representatives with any questions or suggestions for the conference.

The Growth out of Adversity Conference included a variety of speakers on a number of topics, highlighted by a keynote address and day long presentation by Donald Meichenbaum. He provided a humorous presentation on utilizing his Cognitive Behavioral theories in assessment and treatment. He frequently referred to his work from an Anger Management Workbook which details this approach.

Erik and Christy also took advantage of the time to tour New Orleans and observe the way local residents are trying to rebuild after Hurricane Katrina. The tour guide explained the importance of rebuilding the area due to the port along the Mississippi River controlling shipping and the need for workers in the area to support this. They also enjoyed experiencing cultural attractions including the River Walk, going on a trolley, eating southern foods, and of course, Bourbon Street. They also enjoyed spending time throughout their week in New Orleans with new found friends from other states.

Both Erik and Christy were grateful for the opportunity to represent IMHCA at the Leadership Training and look forward to sharing and using this knowledge in improving membership benefits throughout the state in the future.



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### **Upcoming Event:**

***From Innovations to Practice: The Promise and Challenge of Achieving Recovery for All.*** Dates: April 14-15, 2008. The Conference will focus on the emerging body of knowledge about implementing interventions, programs and systems designed to enable people with mental illnesses to recover. It will outline the role that psychiatric rehabilitation plays in that recovery. The Conference is co-sponsored by the Center for Psychiatric Rehabilitation, Boston University, the National Resource Center for Hispanic Mental Health at the New Jersey Mental Health Institute, CONTAC (consumer organization) and the American College of Mental Health Administration.

<http://www.bu.edu/cpr/conference/index.html>



## Iowa Mental Health Counselors Association

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**IMHCA** is the only organization dedicated exclusively to meeting the professional needs of mental health counselors in Iowa. Its sole purpose is to promote the profession of mental health counseling and the needs of our clients.

