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Diamonds in the Corn

By Jenika Beck

Find yourself staring at the same old scenery in Champaign-Urbana? (Note: the lab and your office do not count as ‘scenery,’ no matter how many decorative calendars you might hang up.) You might think that you’ve visited every corner of this island in the sea of corn and soy, but we asked some Champaign-Urbana veterans to share their favorite haunts. You might take one of these tips in the coming sunny summer days:

- **Rebecca Levin-Stilton**, currently on internship, frequented BOMBAY GRILL on Green Street during her time here.
- **Greg Miller** enjoys TURKEY RUN STATE PARK in Indiana, only about a 75 minute drive away. He also says “There’s another state park right next to it that’s less well known and also very nice. Much more terrain variance than Champaign County has.”
- **Edelyn Verona** is a fan of the atmosphere at SUN SINGERS, a wine restaurant on Windsor in Champaign, which apparently has great lunch.
- **Sarah Sass** has two food recommendations: THARA THAI on Frontage road to I-74 (don’t be fooled by its nondescript exterior, she advises), and CAKES ON WALNUT – “Best cupcakes ever, good ambiance, and great chai.”
- **Elaine Shpungin** has a spot for See Diamonds on page 10

“To Work” Or “Not to Work”: Is That the Question?

Exploring the Meaning and Scope of Treatment Outcomes

By Jacob Hess

In January of 2002, President Bush signed the No Child Left Behind Act. As part of new guidelines implemented across U.S. schools, evaluation procedures were set in place, revolving around standardized, multiple-choice exams that could purportedly determine whether a class or school was “performing” and “effective” (or not). After several years, however, some in the educational research community began to raise concerns, “what does it actually mean if a child (class/school) passes these tests? To what degree is this evidence really reflective of a successful outcome?” (Illinois Educational Psychology, 2004).

Amidst the ongoing discussions regarding whether a particular educational, behavioral or medical intervention “works or not” is a related question often ignored: “what exactly does it mean to ‘work’?” Romyn and colleagues (2003) comment that while there is general scholarly agreement that “practice should be based on the best available evidence, there is a lack of agreement” in the research literature as to: a) “what the term evidence means. . .

See Treatment on page 6

The Official Newsletter of the Clinical-Community Psychology Division at the University of Illinois at Urbana-Champaign
I gave my first ever lecture in 1995, as a grading T.A. in a 300-person Social Psychology class. I was 24 years old and in my second year of graduate study at Michigan State University (MSU). Having had no public speaking or performing experience, I was more than a little terrified. In addition, I was all too aware that I looked no different than the students in the class. Indeed, in many ways, I had the same mindset they did: My role was to sit in class and try to learn from the professors, or, if they were unusually boring, to learn on my own. What right did I have, I thought, to assume their “expert” role? But I had weeks to prepare the overhead slides (no powerpoint in those days) and practice my delivery and, when the lecture was over, I thought that I managed to pull it off relatively well. Perhaps I’ve rewritten the memory as we’re apt to do, but still -- I recall feeling elated afterward. I’m good at this, I thought, and it’s fun!

A year later, with a new “M.A.” next to my name, I took a part time teaching position at the local community college while continuing my work toward the Ph.D. I was assigned to teach one of the Intro classes, and it very quickly dawned on me that the only thing I knew about teaching was how to create overhead slides and that this particular skill was not nearly sufficient. All of a sudden, I had to write lectures in hours instead of weeks, figure out how to grade assignments (and find the time to do so), and deal with everything from chronic absence to disruptive behavior. Some of the students were closer to my parents’ age than mine. It was intimidating. What could I possibly have to teach them? I made it through the semester (there was really no other option), but felt inept the whole while.

When I think back to that semester, I’m a little surprised that I came back for another, or that the college asked me back, for that matter. Sure, I learned a lot that semester (including that lecturing is only a very small part of teaching), but the learning process was a slow one, in part because there was no one I could really go to for advice or even just to talk things through.

Things are set up a bit differently at the University of Illinois (they might be set up differently at MSU now too). Graduate students here are required to teach their own course, and do so in their own department, rather than the community college across town. Moreover, for courses with high student demand, like abnormal psychology, they typically teach two sections each semester and simultaneously enroll in a graduate seminar that focuses on the teaching of that particular area of psychology. Seminar time is spent on ensuring that the undergraduate course content is standardized and that the instructors have mastery of this content, as well as on both macro and micro elements of pedagogy. Instructors also are required to do a mini-presentation during the seminar and observe each other in the actual classroom. As the faculty supervisor, I observe all the instructors as well. It’s not a perfect system, and all beginning instructors have their own learning curves, but I do think it facilitates teacher growth better than the “sink or swim” method I experienced.
Reflections

EDITORIAL

To better highlight this developmental process, I’ve asked some of our recent instructors to share a few bits of wisdom they’ve acquired through teaching Abnormal Psychology. Between them, these three graduate students have taught almost 30 sections of the course and have been on the University’s list of excellent instructors multiple times. All three are among the best I’ve supervised. Jorge offers three critical insights for the uninitiated teacher, Keith offers a perspective on having a general and constant orientation to growth, and Nori offers a perspective that the abnormal psychology course, specifically, is more than a course in a particular content area. Here is what they’ve learned (so far!) – in their own words, along with a few editorial comments from me:

Jorge Marquez

It’s hard to reduce the learning process into a few items, but three things come up.

First, I really do know a lot more than students do when it comes to psychological disorders. No matter how much they think they know about psychopathology there will be numerous opportunities to teach them something new.

Also teaching this course has helped me become more knowledgeable of the psychological disorders and the DSM.

Second, I’ve learned that no matter how hard you try, you can’t make every student happy. Some want you to lecture faster, others slower. Some want more group work, others hate it. Some students hate the lecture, others love it. Some students like it when I’m flexible; others like to know exactly what to expect. In the end, you have to be yourself and the students will learn to accept it and hopefully like you!

Finally, I learned that teaching is actually fun once you have done it a couple of times and find your own style. Most students actually enjoy attending and participating in class, which makes teaching them a memorable experience. When students personally tell you that they have enjoyed the class and have actually learned something, it makes the hard work of preparing and delivering worth it!

Jorge’s observations remind me of parenting guru Dr. Sears’s words on feeding toddlers: Our job, as parents, he says, is to create a nutritious meal and present it attractively – and then trust that the children will eat what they need. Similarly, the content we teach has to be nutritious (accurate, up to date, and no worthless fillers) and we have to present it in a way that engages different students as much as possible. And then we have to trust students to make good choices. I draw this analogy not to infantilize college undergraduates, but to agree with Jorge that it is the “nutrition” and the presentation that we should invest ourselves in and then trust that students (sometimes with our guidance) will make choices that are in their own best interest.

Keith Bredemeier

What I feel has been the most important lesson for me personally is a very general one: the more you put into your teaching, the more

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Reflections

EDITORIAL

Effective you will be as an instructor. As I see it, this basic lesson involves two interrelated sub-components.

First, it is important for instructors at every level to recognize and accept the notion that becoming an effective instructor is an ongoing, developmental process. Certainly teaching comes easier for some individuals than it does for others. Nevertheless, from an idiographic perspective, there is always room for improvement, even for the most experienced instructors. Explicitly acknowledging and accepting this notion can involve lots of specific and concrete activities, perhaps most importantly a commitment to seeking out (and being open to) formative feedback from colleagues and students.

Second, it is important to take an active role in developing teaching skills. Even though it takes time to become an effective instructor, this does not have to be a passive process. Taking an active approach toward developing as an instructor can also involve lots of specific activities, from critically reflecting on your teaching practices and experiences to attending workshops on teaching methods and pedagogy.

Of course, these ideas can be very challenging to adopt and apply in practice. Teaching is just one of the many things graduate students and faculty are called upon to do. Nevertheless, I feel that it is important to avoid viewing teaching as just another requirement or duty, and in particular one that takes time away from other "more important" activities. This perspective seems to undermine the notion that teaching can foster the development of important skills which are applicable to other aspects of what we do, including research and clinical practice. Furthermore, I believe that teaching can be a very fulfilling experience, given the right attitude and the appropriate encouragement and support. In slightly different terms, quality teaching experience can be seen as both a means and an end in itself.

When I started my first academic job (at a liberal arts college), a member of my department (who was not a clinical psychologist) asked if my clinical training helped me teach. I'm not sure what inspired that question (and regret not finding out), but I remember responding that without my clinical training, I'd be entirely lost in the classroom. With almost 10 years of teaching experience, this is much less true now, but I am still aware of all sorts of ways that my clinical training influences my teaching. And, of course, the opposite is also true. Teaching requires us to synthesize and integrate information, to explain things (even complex things) clearly and succinctly, and to interact professionally with individuals with different backgrounds and interpersonal styles. How can such skills not be useful—in any professional endeavor?

Nori Lim

Teaching abnormal psychology is unlike teaching most other undergraduate introductory courses. I found that many students take the course because the topic is personally relevant to them—because either they or others they care about suffer from a mental illness. As I reflect upon my experiences as a course instructor, I am reminded of two things that may be worth sharing with others who are interested in teaching the course in the future.
First, I learned that as instructors we have the ability to make an impact on our students’ lives. One may assume that effective interventions can only be achieved through psychotherapy or pharmacotherapy. However, I would argue that taking an abnormal psychology course is like being in a 15-week intervention program. In the course, instructors provide necessary information to help students gain more awareness of and knowledge about psychological disorders. Instructors can also promote help-seeking behaviors, dispel myths about mental illness, and address the problem associated with stigma. As instructors, we affect our students’ lives by changing their perspectives and promoting positive behaviors.

With these advantages, however, comes caution. As an abnormal psychology instructor, I learned that some students readily open up to me. Although it may be rewarding to feel trusted by our students, as instructors we need to realize the limits and boundaries of our role. Though it is important to show understanding, empathy and support—things we emphasize in the course—it is equally important for us to remind our students that, though we may be trained to provide therapy, we are their instructors, not their therapists. Referring students to the Counseling Center, McKinley, or other student resources on campus may be the best way for us to help our students while remaining within our role boundaries. Furthermore, as much as we would like to help students who are struggling with mental illness, as instructors, it is not our place to make choices for them. We cannot push students to get help; the motivation must come from them.

Brazilian educator and philosopher Paulo Freire wrote that what we usually call “learning” is actually three different processes: learning, relearning, and unlearning. As teachers, we often assume that our job is to primarily facilitate the first, the learning of new content. Nori’s observation that many abnormal psychology students have some personal experience with mental illness suggests that this is often not the case. It’s true, of course, that we have new things to teach our students, but the students are not blank slates. Not only do they come to class with both previous knowledge and misinformation but, as a group, they also have anxieties, cognitive distortions, and even personality characteristics that impact their classroom experience. And that experience, as Nori observes, can be emotional, even spiritual, as well as intellectual. For any of us who can recall some special teacher that changed our life in some way, this is an obvious truth. Yet, I must confess that I haven’t thought of teaching in this way for a long time. Even obvious truths sometimes need to be relearned.
b) the ends for which evidence is to be sought and . . . c) the means by which it is to be acquired” (p. 184). After reviewing over 4000 “scientifically rigorous studies of family-based services in children’s health and mental health,” Hoagwood (2005) noted: “The range of outcomes that are typically assessed in clinical treatment studies is too narrow to afford an adequate view of the impact of family-based interventions. A broader view of outcomes is needed” (p. 708).

This essay briefly explores five nuances associated with the meaning of outcomes in behavioral and medical treatment research, each of which may arguably shape what is ultimately “found” in evaluation studies in significant ways. These issues include: 1) Source/sponsorship: Who generates the evidence? 2) Intensity: How deep does the evidence gathering go? 3) Scope: Over what time period does the evidence span? 4) Voice: Whose views are received as valid evidence? and 5) Balance: How seriously are negative cases examined?

1. **Source and sponsorship:** Who generates the evidence?
The first issue concerns who or what institution is supporting the research financially. While obviously important, study sponsorship does not always receive serious attention. Only recently, for instance, is the funding for pharmaceutical research being more critically reviewed (Bodenheimer, 2000). Cohen and colleagues (2009) recently conducted a comprehensive review of the studies on the Ritalin replacement, “Strattera,” noting that by the time it was brought to market in 2003, all 11 studies had been funded by Eli Lilly (two co-funded by the NIMH).

It would, of course, be misguided to discount any research simply because it was sponsored by those marketing a product. If a study is undertaken and presented in a rigorous and transparent way, it can arguably be valid and legitimate regardless of its sponsor.

2. **Intensity:** How deep does the evidence gathering go? It goes without saying that the use of standardized rating scales, structured surveys, control groups and statistical measures can be beneficial in establishing a quantitative baseline that some kind of change is occurring. The precise meaning of statistical findings in a controlled study, however, can often remain difficult to interpret. In the context of drug outcome research, for instance, Jacobs (1999) points out a “disparity which exists between side effects established in randomized, placebo-controlled clinical trials (RCTs)” versus a “much broader range and severity of adverse drug reaction reports which emanate from non-RCT formats” (p. 322): “Virtually all of the researchers’ interest in ‘side effects’ in formal, hypothesis-testing clinical studies is directed at either somatic distress or what could be called the lowest level of drug-induced psychological disturbances (restlessness, agitation, nervousness, etc.)” He concludes, “Drug effects in the realm of psychosocial functioning are ruled out by default in controlled studies by virtue of non-investigation” (p. 312). In a more recent review of SSRI neuropsychopharmacology studies, Cohen, Hughes and Jacobs (2009) elabo-
rate the point, noting that traditional medication studies of “initial, ‘selective’ action” appear, at times, to draw research attention away from the larger picture of complex, rippling drug effects, including “subsequent cascades of transient and long-lasting neurochemical changes involving other neurotransmitters.” They go on to conclude that there exists an alarming inability of conventional clinical trials to provide a true picture of a drug’s . . . [full] effects” (p. 318).

One of the problems with conventional controlled studies, it appears, is an over-reliance on surface-level survey or rating questions that can leave deeper concerns with a “fail[ure] to measure outcome after discharge” (McKay, 2007, p. 74) and “very little evidence on long-term outcomes” (Knorth et al., 2008, p. 123). In a review of Strattera studies, Cohen and colleagues (2009) similarly document an average study length of 7.6 weeks, with a range of 6-12 weeks, adding, “One must note that although Strattera was approved, and is marketed and promoted, to treat a ‘chronic’ condition, the only studies reviewed by the FDA were short-term studies” (p. 323). In the absence of longer-term research, we might ask what can really be definitively said about an intervention’s true effects? In their investigation of time-limited residential treatment programs, Henggeler and colleagues (1999) argue that these centers “may affect behavior change in a controlled environment, but are not likely to maintain their effectiveness when the individual reenters his/her unchanged family, peer, and neighborhood environment” (cited in Cervenka, Dembo & Brown, 1996, p. 3).

Specific to patterns in the course psychiatric treatment, Jacobs (1999) notes that “it took time for patients to realize that their drug-induced psychological condition had become problematic”—specifically, more time than was allowed in “the six week time frame of RCTs conducted for FDA approval.” He goes on to attribute many of the limitations of drug studies to the “brevity of controlled studies” (pp. 312, 330). In my own research, I found that a significant percentage of those who spoke of initial positive antidepressant effects eventually spoke of them decreasing or ceasing all together. As this happened, a more ambiguous and mixed emotional state would often set-in (Hess, 2009).

While the meaning of “long-term” research will vary across settings, there is growing realization that if a program is “effective” it should be able to demonstrate that in more than immediate effects. One of the advantages of this longitudinal view is its greater potential for (even brutal) accuracy. The 10-year follow-up of “Drug Abuse Resistance Education” (DARE) is the most notable example of an otherwise beloved initiative shown to have dubious effects (Lynam, 1999). More recently, a 5-year follow up on a “continuum of care” innovation showed no difference in children’s improvement across demonstration and comparison sites (Bickman et al., 2000).

4. **Voice**: Whose views are received as valid evidence? Overlapping with these issues is another distinction deserving attention. In the context of depression treatment, Karp (1997) has suggested that “the essential problem with nearly all studies of depression is that we hear the voices of mental health experts . . . and never the voices of depressed people themselves.” In his review of the Journal of Affective Disorders, he noted that in twelve volumes of this journal, he could not find one word spoken by a person who lives with depression. He concluded that “research about a feeling disorder that does not get at people’s feelings seems, to put it kindly, incomplete” (p. 12).

Depending on whose views and judgments are held as credible and legitimate, researchers may arrive at very different “findings.” In 1997, Emslie and colleagues announced they had found evidence that “Prozac works for children,” with an

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almost immediate impact on rates of child anti-depressant prescriptions across the nation. Several years later, however, mounting FDA reports of adverse effects and suicides among children treated with Prozac led to a review of the original study. Although five different measures were originally used to compare medicine and placebo (three parent/child self-report scales and two clinician ratings), it was discovered that Emslie’s original conclusions were drawn almost exclusively from clinicians ratings, presumably judged to be more reliable than parent/child reports. These parent/child reports differed considerably from clinician ratings, with a separate analysis giving equal weight to all scales reaching more guarded conclusions about the safety and efficacy of anti-depressant use in children (see Safer, 2006).

In contrast to viewing researchers and academicians as the “experts” on phenomena, citizens themselves may be appreciated as possessing an “expertise from experience” that deserves a kind of legitimate trust and value. By ensuring that the voices of patients, consumers and clients are heard and valued as a part of outcome research, conclusions may arguably become more reliable and honest.

5. Balance: How seriously are negative cases examined? The final issue is perhaps the most difficult. While it is natural for individuals and organizations to assume their own interventions are positive and helpful, if this understandable bias prevents seeing or acknowledging anything negative about a given intervention, obvious problems may arise. To illustrate, under the Freedom of Information Act, Cohen and colleagues (2009) obtained all studies originally submitted to the FDA for approval of Strattera. As they reviewed details of the 11 published reports at the time of its launch, they were surprised to find that the average number of measures for drug efficacy exceeded those measuring possible adverse effects by a significant margin. While there were between 3-7 measures of positive short-term drug effects across studies, most studies had few, if any, rigorous measures of negative drug effects: “In nine published reports, measurement of adverse effects was elicited only via ‘self-report’ (one study), ‘spontaneous reports from parent or child’ (one study), ‘unsolicited adverse event reports’ (two studies), and ‘open-ended questions’ (four studies). One study did not report on how measurements of adverse effects were collected” (p. 325).

After citing other studies indicating higher levels of adverse effects including ‘extreme irritability, aggression, mania,’ compared with these short-term, rating/survey-based clinical trials, Cohen and colleagues ultimately conclude that there is an alarming pattern of “selective presentations and publication of adverse effect data in trials,” noting an impression that “ascertaining harm from treatment takes a distinctly subordinate position to the goal of establishing superiority of a tested drug to placebo” and that “published results . . . tend to distort or conceal negative findings and emphasize positive findings” (pp. 316, 320, 324).

Conclusion. In deciding on whether or not a behavioral or medical intervention “works,” this essay calls for more attention to what does it mean for an intervention to ‘work’ across five key issues: Who is sponsoring the study and how are associated researchers handling any
potential conflicts of interest? (1) At what depth (2) and duration/length (3) is the purview of the study? To what degree are non-professional, client voices also privileged in a study (4)? And how are researchers assuring that both negative and positive effects are being equally examined (5)?

In the absence of attention to these kinds of questions, I would argue that studies, even unaware, may be set-up in a way that predisposes positive results—e.g., short-term investigations using surface-level variables that minimize both participant voices and negative outcomes. As similar dynamics are replicated across many studies, consensus statements that “X treatment has been proven to be effective” may appear in academic textbooks and even ultimately form the basis for institutional “standards of care.”

Of course, if the evidence shows that any given intervention is truly effective, then such absolute statements should be made. Distressed individuals and families would deserve to know. If, however, an intervention is “effective” according to dubious methodological standards reviewed above, serious questions remain. In light of these concerns, a “broader view of outcomes” is here presented that may arguably provide for clients and the general public a more accurate and honest assessment of what effects can actually be expected from a particular treatment.

Citations


lovers of the outdoors – “THE ANITA PURVES NATURE CENTER in Urbana has some lovely walking trails, including one that is wheelchair/stroller accessible. They also have this great sitting room that looks out onto the Busey Woods and has speakers that pick up sounds from microphones planted in the woods (really cool on a rainy day).”

Wendy Heller offered up several hot spots. “The SCHNUCKS over in Urbana near downtown has a coffee shop inside that has organic coffee, brewed daily, and it’s a great place to sit and work. I have a poet friend who writes there all the time.” Dr. Heller also enjoys THE COMMON GROUND CO-OP in Lincoln Square Mall, “the place to go for wonderful organic and local produce, meat, eggs, and other stuff. You don’t have to join to shop there but if you do and if you do a little work you get a better deal on your purchases.” And last but not least, she recommends MILO’S in Urbana for the good food.

Mikhail Lyubansky, a true C-U explorer, enjoys the following:

- The ACTIVITIES AND RECREATION CENTER (ARC): Basketball, racquetball, squash, weight room, pool (that I don’t use), climbing wall (that I don’t use), and a cafe. One stop for all your non-academic needs.
- PANERA (any one): Decent food, refillable hot and cold drinks, and free Wi-Fi, all with friendly service. The perfect place to work out of the office.
- Nicole’s House: Great home cooking, fabulous conversation, and live-in entertainment for the kids. (Note from the editor: Might want to check with the host before you visit!)
- The BOARDMAN THEATRE
- PARKLAND THEATRE
- ALTO VINEYARDS Saturday evening live music

Nicole Allen also found plenty of places to love, including:

- MEADOWBROOK PARK (among other CU parks which are also great). Meadowbrook has a wonderful set of paths for biking, walking, running, roller blading, etc. There is the restored prairie, a huge play area, plentiful space for flying kites, and an organic community garden. It is the first place we go as the weather gets warm. I love that people greet each other as they pass on the paths.
- MIRABELLE is a first rate bakery. It can be found on Main St. in Urbana, but it is good enough (in my opinion) to be situated in any city and still be viewed as top rate.
- ART MART is a great locally owned store for gifts (along with Art Mart toys) in Lincoln Square mall. This is a great time to be shopping locally, and Art Mart is a great place to be doing it.
- The Common Ground Food Co-Op is a beautiful space with lots of opportunities to get to know the local “food” community.
- The URBANA FARMER’S MARKET is a treat on Saturday mornings. You can never go to the Market without seeing someone you know. It always makes me feel more at “home” in CU.
- Working in the quiet space at the URBANA FREE LIBRARY beats the Psychology building! The sun streams in the tall windows and there is just the right amount of chatter to help one focus.

Happy exploring! ★
Lemon Fish

by Shara Davis

This is an easy recipe for people who are afraid to try cooking fish! The recipe calls for Rainbow Trout, but you can easily use salmon or a thinner white fish. I make this with a large trout fillet, but you could use multiple smaller fillets if you adjust the cooking time. This is a basic recipe — you can add other spices like dill, rosemary or garlic, or you can use limes instead of lemons.

Ingredients
1 filet Rainbow Trout, skin still on (about 1 lb)
2 lemons
Olive oil
Salt
Pepper
Aluminum foil & a cookie sheet

Directions
Preheat oven to 450 degrees.
Cut a piece of aluminum foil large enough to make a packet for your fillet. Place the fillet skin side down on the foil. Take 1 lemon and squeeze the juice all over the fillet. Drizzle some olive oil over the fish so that the fillet is lightly coated. Sprinkle on a pinch of salt and some pepper. Cut the 2nd lemon into a few slices and place along the top of the fillet. Fold up the foil into a packet around the fish, leaving a hole at the top for venting (or you can poke some holes in the foil with a fork). Place foil packet on a cookie sheet and put on center rack in oven. Bake at 450 — check after 10 minutes. For thinner fillets, check and see if done at 10 minutes. For thicker fillets, cook 15-20 minutes. When the thinnest part of the fillet flakes, the fish is considered done. Serve with any remaining lemon slices as garnish. Enjoy!

Lemon Cookies

by Sadie Larsen

From Real Simple Magazine

Ingredients
• 3/4 cup (1 1/2 sticks) unsalted butter, at room temperature
• 3/4 cup granulated sugar
• 2 large egg yolks
• 1/2 teaspoon pure vanilla extract
• 1/4 teaspoon kosher salt
• 2 cups all-purpose flour
• 1 cup confectioners’ sugar
• 2 tablespoons fresh lemon juice, plus more if necessary
• 1 teaspoon grated lemon zest

Directions
With an electric mixer, beat the butter and granulated sugar until fluffy. Add the egg yolks, vanilla, and salt and beat to combine. Gradually add the flour, mixing until just incorporated. Divide the dough in half and shape into 1 1/4-inch-diameter logs. Wrap in wax paper and refrigerate until firm, about 30 minutes. Heat oven to 350° F. Slice the logs into 3/8-inch-thick pieces and space them 1 1/2 inches apart on

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Iron Chef
continued...

RECIPES

Lemon Cookies (continued)
parchment-lined baking sheets. Bake until lightly golden, 16 to 20 minutes. Let cool on the baking sheets for 5 minutes, and then transfer to cooling racks to cool completely. In a small bowl, whisk together the confectioners' sugar, lemon juice, and zest until it forms a thick but pouring glaze (add more lemon juice if necessary). Dip the top of each cookie into the glaze and let set, about 15 minutes.

Bek’s Lemon Meringue Tea Cakes

- 1 (8-oz) container of cool whip
- 1 egg white plus one cup egg whites
- 2 cups milk
- 2 (3.4-oz) packages of instant lemon pudding mix
- 2 tablespoons sugar
- ½ teaspoon of cream of tartar
- 1 lemon, zested.

Directions
Preheat oven to 350 degrees F. Mix the cake mix with the container of cool whip and add 1 egg white. Spray a muffin tin with nonstick spray. Scoop 1 tablespoon of mixture into each tin. Flour your hands or the back of a spoon and press dough, flattening it like a pie crust. Bake for 8 minutes. Remove from oven and allow to cool before removing from pan. Mix the 2 cups of milk with the 2 packages of pudding mix. Mixture should be thick. Add 1 tablespoon of pudding mix on top of each cake and spread. Raise temperature of oven to 425 degrees F. Beat the remaining 1 cup of egg whites until soft peaks form, and then add sugar and cream of tartar. Mix until stiff peaks form. Fold in the zest of 1 lemon. Spread or pipe 1 tablespoon of meringue on top of each cake. Cover the top completely. Bake at 425 degrees F until tips are slightly golden, about 3 minutes. So easy and yummy!

Avgolemono Soup: Egg (αυγο) Lemon (λεμονο) Soup

by Nicole Allen
Adapted from a lineage of yiayias

Avgolemono (Σουπα Αυγολεμονο) soup is one of my favorites. My mother and my yiayias regu- larly made this soup. I grew up eating it and it is the perfect antidote to a gray day. After reading my cooking instructions, you may conclude that it was the making of the soup that I enjoyed the most. Lemons figure prominently in this recipe not only because they are the defining ingredient (you otherwise have chicken orzo soup), but because they pose a unique challenge to the cook.

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Ingredients

- 1 small onion
- 1 to 2 stalks of celery
- 2 to 3 carrots
- 2 to 2 ½ quarts of vegetable or chicken stock (broth)
- salt to taste
- 1 cup orzo or rice
- 4 eggs (at room temperature)
- 1 ½ to 2 lemons*

Directions

1. It begins as almost all soups do (as my father would say) with sautéed onion, celery and carrot. You should chop this as fine as you prefer (there are no rules).

2. Once your vegetables are sautéed (reasonably soft) add vegetable or chicken stock.

3. Let the broth come to a boil and add orzo (you can also add rice if you prefer to avoid wheat pasta, but orzo is commonly used in this soup).

4. Add cooked chicken pieces if you wish. [Typically, my family would make their own chicken stock and add the chicken that was boiled to make the stock.]

5. Once the orzo (or rice) is cooked turn the heat off so that the broth can cool slightly.

6. Blend the eggs in your blender until they are a bit frothy.

7. While the blender continues to run, add the lemon juice gradually.

8. Here comes the tricky part: While the blender continues to run, very slowly ladle about 2 cups of broth into your blender (make sure you only grab broth – no orzo, vegetables or chicken). Tricky you say? While you do this *purse your lips and kiss the air while making an audible kissing sound*. This important step, the old wives say, prevents the lemon, egg, and broth from curdling (no one wants to eat something that looks curdled, but for the record, if you fail to engage this superstition, which results in curdled soup, you can still eat it – just close your eyes). [Alternatively, you can defy and old wives (at your own risk) and choose to skip this superstition. This is an empirical question (let me know what you find out, because I, for one, will be kissing the air).]

9. Note that you need to have the blender running as you begin to pour the broth in. You do not want strands of cooked egg in this soup (egg can cook when it encounters a hot liquid).

10. Blend briefly until the broth, egg and lemon are fully combined into a creamy looking mixture. Take the egg/broth/lemon mixture and reintroduce it to the soup while stirring the soup vigorously. Ideally, your soup will not curdle and you will have what looks like a cream soup without any dairy. [Note that if you look online you will find many recipes that involve milk. No one in my family used milk or cream...traditions likely vary, but I am sure my family is right...and talk about curdling.]

11. The greatest thing about making soup is that you can vary everything to your unique preferences as you experiment. You can vary the thickness, the amount of vegetables, the specific ingredients (e.g., you can add chicken, add more vegetables, raise or lower the amount of lemon). In many ways, avgolemono soup carries the unique signature of the cook more than any other soup I have tried. I could tell you with my eyes closed if it was mine, my mother’s, my yiayia’s, or my aunt’s.

12. Enjoy!

*I have seen recipes that call for only 3 tablespoons of lemon and others that call for up to a cup of lemon juice. So, clearly, this is something that you need to determine based on lemon preference and the amount of soup you are making.

Continued on page 15
What We Learned in Our First Year

By Shara Davis

Don’t peek!
Answers are on pg. 15.

ACROSS
3. One of Rappaport’s suggested approaches to intervention.
7. A type of statistical transformation.
8. Community interventions require ________.
11. This coefficient measures the degree of linear association on a scale of -1 to 1.
14. This theorem states that as sample size grows larger, the sample. Distribution approaches a normal curve.
18. Increasing one’s self-awareness of racism is an aspect of gaining ________ competency as a psychologist.
19. DSM Axis II disorders.
20. One of two words commonly used in research reports that irritate Greg Miller.
21. The big blue textbook used for Statistics 406 for the past 1,000 years.

DOWN
1. Serotonin, dopamine, etc.
2. Odds are this is the starting place for inferential statistics.
4. Weekly proof that first year students are “engaged” their readings.
5. A necessary support for houses, and community psychologists.
6. We’re still waiting to see someone with one of these at the weekly meeting named for it.
10. The second of two words commonly used in research reports that irritate Greg Miller.
12. These APA guidelines are assigned reading in 3 out of 5 core courses.
13. These small skills can have a big impact in a therapy session.
15. An observation that is many standard deviations from the mean.
16. Type of therapy for phobias.
17. One way to tell a story.

Answers are on pg. 15.
Crossword Answers

TRIVIA

A Bit of This N That (Iron Chef from page 13)

by Wendy Heller

Editor’s Note: Although this last recipe doesn’t feature lemons, it looked too good to leave out! We added the title for this recipe. We hope Wendy doesn’t mind!

Fry a handful of chopped onions (and garlic, if you like) and your favorite Italian sausage, sliced, in some olive oil. I use a Dutch oven for this but you could use any hefty skillet with higher sides. Let the sausage and onions get nicely browned.

Then add a can of chicken broth, or the equivalent amount of homemade broth, a big can of garbanzo beans, or two smaller cans, and a mess of chopped chard, spinach (fine to use frozen although leaves are better than chopped if you’re using frozen spinach, the chopped sort of disappear and just turn everything green), or kale.

Check for salt and pepper. Serve with some grated parmesan cheese on pasta, boiled sliced potatoes of any variety, or polenta. •
**Achievements**

**Awards**

Michelle Cruz-Santiago received an APA international travel award to attend the Interamerican Congress of Psychology.

Urmitapa Dutta won a UIUC Graduate College Dissertation Travel Grant to do her dissertation research in India.

Shabnam Javadani was selected to receive the Campus Award for Excellence in Undergraduate Teaching.

Sadie Larsen wins the Herman Eisen Award for her work with domestic violence and sexual assault survivors; and for her sexual assault prevention education efforts within the University community.

Jorge Marquez was awarded the Barbara Bremer Achievement Award for Clinical Service from the Champaign Area Psychological Society (CAPS).

Melissa Milanak wins the Frederic & Ruby Kanfer Award for her paper, “The Relationship Between PTSD Symptom Factors and Emotion”.

Greg Miller will receive an honorary doctorate from the U. of Konstanz in Germany in October 2009.

Ruchika Prakash wins the Ed Scheiderer Memorial Award for her paper, “Aerobic Fitness is Associated with Gray Matter Volume and White Matter Integrity in Multiple Sclerosis”.

Edelyn Verona was awarded an Arnold O. Beckman award for her

**Kudos**

Keith Bredemeier passed his preliminary examination titled “Basic attentional deficits associated with worry, anhedonic depression, and anxious arousal”.


Anna Engels defended her dissertation titled “Additive and Interactive Effects of Comorbidity during Emotion Processing”. She is a May graduate.

Jacob Hess defended his dissertation titled “Prozac saved my life” vs. “Prozac ruined my life”: Investigating the adoption, constitution and maintenance of distinct interpretations associated with depression and its medical treatment. He is a May graduate.

Nancy Joseph completed her masters thesis titled “Second Generation Haitians’ Own Perceptions and Reflections of Ethnic-Racial Socialization Messages and Their Identity Development”.

Professor Michael Kral defended his dissertation for a 2nd PhD titled “Transforming Communities: Suicide, Relatedness, and Reclamation among Inuit of Nunavut, Canada”. His PhD is in medical anthropology from McGill University.
Kudos (continued)

Sadie Larsen passed her preliminary examination titled “Course and Predictors of Recovery from Disruptive Life Events”.

Becky Levin-Silton will be completing her internship at University of Washington School of Medicine in June and starting a postdoctoral fellowship position in pediatric neuro-psychology at Seattle Children’s hospital in the fall.

Nori Lim passed his preliminary examination titled “Family Closeness, Parental Role Fulfillment & Immigration Stress: A Study on Young Adult Children of Filipino Immigrants”. Nori also received both the “Graduate Teaching Certificate” and the “Teacher Scholar Certificate” through the Center for Teaching Excellence.


Ruchika Prakash deposited her dissertation titled Cortical Recruitment in Multiple Sclerosis: An fMRI Investigation of Individual Differences. She is a May graduate.

Amanda Reid deposited her dissertation titled The Garden of Eves: Non-kin Social Support among Low-Income African American Single Mothers in a Public Housing Community.

Naomi Sadeh received a 2-year predoctoral fellowship from NIMH, titled, “Attention-Emotion Interactions in Psychopathy”.

Sarah Sass passed her preliminary examination titled “The Time Course of Attentional Bias in Anxiety”.

Nathan Todd has completed his “Graduate Teaching Certificate” through the Center for Teaching Excellence.

Internships

Simone Barr has been accepted to the predoctoral clinical internship at the Medical University of South Carolina in Charleston, SC.

Brenda Hernandez will be starting an internship position on September 1st at Robert Wood Johnson Medical School in New Jersey.

Sarah Sass is going on internship at the VA Illiana Healthcare System, Danville, IL.

Anne Saw will be on internship at Harvard Medical School/McLean Hospital in Massachusetts.
**Presentations**


**Larsen, S., & Allen, N. E.** (2009, August). “There is no such thing as non-compliance”: Disrupting norms to effectively serve low-income domestic violence survivors. In D. M. Johnson (Chair), Empowering Abused Women: Prevention, Advocacy, and Collaborative Treatment. Roundtable to be presented at the annual convention of the American Psychological Association in Toronto, Canada.


cognitive, affective, and clinical psychophysiology. Distinguished Seminar Series, Department of Psychology, University of Michigan, Ann Arbor.


Snap Shots

Division Events

Follies

Faculty
Snap Shots

Division Events

Follies

Students
Clinical-Community Psychology @ UIUC

Clinical-Community Division
Department of Psychology
University of Illinois at Urbana-Champaign

Phone:  (217) 333-6312
Fax:  (217) 244-5876

We're on the web at:
http://www.psych.uiuc.edu/divisions/
clinicalcommunity.php

The Clinical/Community Psychology Program at the University of Illinois at Urbana-Champaign is a Clinical Science program designed to train scholarly and scientifically oriented researchers and professionals with a variety of interests.

Our program is committed to excellence in scientific clinical training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. Our educational philosophy emphasizes a creative, scholarly, and socially responsible approach to clinical and community psychology. Our mission is to produce graduates who assume leadership roles and contribute to the discipline and to society.

Psychology @ The University of Illinois

The Department of Psychology at the University of Illinois at Urbana-Champaign has a long-standing reputation for excellence. From its inception in 1904, the department has distinguished itself with outstanding faculty, research programs, and the best and brightest graduate students.

Consistently named one of the top five graduate programs in the country, the department nurtures an environment of collaborative and independent research and outstanding scholarship. The organization of our department, the variety of divisions, and the strength of our faculty allow students the opportunity to explore their interests across the discipline and alongside some of the finest minds in the country.

At the University of Illinois we provide the resources, the network, and the experience for mature young scholars to become committed professionals who make unique contributions to the field of psychology.

Whatever your professional interests and goals, you'll find an environment of excellence in which to pursue them and a community of dedicated and experienced collaborators to assist you in the Department of Psychology at the University of Illinois.