

The Mindful Clinician

Newsletter of the Society for Clinical Mindfulness & Meditation

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Message from the Executive Director

I came across a very interesting paper on well-being, done by the Centre for Well-Being of the New Economics Foundations. It was written by Jody Aked, Nic Marks, Corrina Cordon, and Sam Thompson after review the research. It struck me that mindfulness is a big component.

Below is a summary from the article (p. 3):

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstone of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy; one that suits your level of mobility and fitness.

Continued inside...



Richard Sears, Psy.D, MBA, ABPP

From the Director

Continued from the front page...

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are on a train, eating lunch or talking to friends. Be aware of the world around you and what you are feeling.

Reflecting on your experiences will help you appreciate what matters to you.

Keep Learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident, as well as being fun to do.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and will create connections with the people around you.

The full article is freely available to the public at the following link:

http://www.neweconomics.org/sites/neweconomics.org/files/Five_Ways_to_Well-being_Evidence_1.pdf

This issue of *The Mindful Clinician* features an article about the use of mindfulness in the treatment of breast cancer. We are honored to share this article with you, sparked by the author's own personal journey.

We are also pleased to announce that the first issue of the *Journal of Clinical Mindfulness & Meditation* will be published soon. Thanks to all of your support in launching the Society!

Article

Mindfulness-Based Stress Reduction for the Treatment of Cancer: An Overview

Tiffany G. Porter, M.A., Union Institute & University

INTRODUCTION

In 2009, an estimated 19,540 African American women were diagnosed with invasive ductal carcinoma, or breast cancer (American Cancer Society, 2009). This is an interesting phenomenon because when compared to White women, there is a 10% less chance of being diagnosed with the disease. Unfortunately when diagnosed, African American women tend to be younger, have larger tumors, and have higher mortality rates than their White counterparts (American Cancer Society, 2009). As a 36-year-old African American woman who was diagnosed with breast cancer in 2009, I found learning more about mindfulness-based stress reduction (MBSR) to be salient to my own journey of recovery and healing. Initially, I was very surprised that little research exists that discusses the correlation between MBSR and disease-free survival in breast cancer patients. However, I continue to be reminded that research in this area is constantly evolving and opportunities can arise where I can use my personal experience and professional expertise to assist others who are impacted by this devastating disease. Therefore, this paper will provide an overview current research and trends as it relates to mindfulness meditation in oncology patients, MBSR as a supportive therapy in cancer care, MBSR, quality of life, and coping in breast cancer patients; and MBSR, yoga, and exercise in breast cancer patients.

Mindfulness Meditation in Oncology Patients

The Indo-Tibetan Buddhist mind and health sciences provide a 2000-year-old theoretical and practical model of stress reduction and self-healing that offers a complete system of healing insights

and skills including deep mindfulness, social-emotional self-care, visualization, affirmations, deep breathing, and systematic contemplation of healing insights (Loizzo, Peterson, Charlson, Wolf, Altemus, Briggs, Vahdat, & Caputo, 2010). The theory underlying contemplative stress-reduction and self-healing in this tradition is defined by the four noble truths, the basic framework of all Buddhist learning, scientific and spiritual. This four-fold framework is often divided into three parts, called basis, path, and fruit (Loizzo et al., 2010). The term *basis* refers to a scientific description of the basic human condition of preventable stress and distress (the first truth of suffering) correlated with a scientific analysis of their causes and conditions, identified as a cycle of 12 mutually reinforcing mind-body stress factors (the second truth of origination) (Loizzo et al., 2010). *Patli* refers to a detailed roadmap of the contemplative path of self healing Shakyamuni Buddha followed in his effort to heal suffering and cultivate well-being (the fourth truth of the path) (Loizzo et al., 2010). *Fruil* refers to a depiction of the condition of optimal health and well-being he achieved as the fruit of that path (the third truth of cessation) (Loizzo et al., 2010).

Practically, the path of contemplative self-healing is not limited to meditative stress reduction but specifically targets each of the 12 factors of distress with specific insights and motivational/behavioral techniques that foster the unlearning of distress factors and the enriched learning of positive health factors (Loizzo et al., 2010). This basic path of self-healing, based on the "vehicle" of techniques including mindfulness, acceptance, and insights including impermanence, was later enhanced by the addition of two other "vehicles" for traveling the contemplative path using techniques like social-emotional self-care, visualization and yogic breathing, and insights better suited to the conditions of secular society and culture (Loizzo et al., 2010). Tibetans adopted this comprehensive tradition of combining all three vehicles into a systematic or gradual path (Sanskrit, *pathakrama*; Tibetan, *iam rim*) tailored to the

demands of teaching contemplative self-healing to lay people in a highly active, secular culture (Loizzo et al., 2010).

Given the chronicity of cancer and its ongoing complex emotional and physical stressors, those living with and beyond cancer are challenged to overcome many crises and cope with symptoms, life changes, and uncertainty about the future (Ott, Norris, & Bauer-Wu, 2006). According to Smith, Richardson, Hoffman and Pilkington (2005) a Canadian survey of 913 patients with cancer found that 94% experienced one or more of the following psychological and quality of life-related (QOL) symptoms: fatigue (78%), anxiety (77%), depression (59%) and sleep disturbance (55%). Interventions designed to enhance coping with stress and symptoms and to promote relaxation are therefore warranted. Mind-body and complementary therapies have become more popular within cancer populations as methods to treat physical and psychiatric symptoms in conjunction with conventional allopathic care (Smith et al., 2005; Ott, Norris, & Bauer-Wu, 2006). For example, research has found that women chose complementary therapies in order to cure or slow down their cancer and relieve the symptoms of cancer and cancer treatment (Smith et al., 2005). Therefore, interventions such as support groups, educational programs, guided imagery, and expressive writing have been studied and are now frequently incorporated into plans of care (Ott, Norris, & Bauer-Wu, 2006).

Mindfulness meditation can be helpful to cancer patients across the continuum of care from diagnosis through procedures, treatments, cure, and survival as well as at the end of life (Ott, Norris, & Bauer-Wu, 2006). It is a useful therapeutic intervention that can be practiced by patients to reduce and cope with stress, promote relaxation, and alleviate physical discomfort and emotional distress (Ott, Norris, & Bauer-Wu, 2006). Additionally, mindfulness provides an internal locus of attention, empowering them to take a proactive stance by consciously directing their attention to

present-moment experiences (Ott, Norris, & Bauer-Wu, 2006).

There are 4 forms of mindfulness practice that are usually taught to cancer patients: awareness of sensations, sitting meditation, body scan, and mindful movement (Ott, Norris, & Bauer-Wu, 2006). First, patients are taught to focus attention on different sensory experiences, such as sounds, sights, or taste. Focusing on the physical sensation of breathing during sitting meditation is another common mindfulness technique (Ott, Norris, & Bauer-Wu, 2006). During this practice, patients are taught deep, diaphragmatic breathing because many are often surprised to discover they are not breathing fully but rather limiting inspiration to the upper part of the chest (Ott, Norris, & Bauer-Wu, 2006). Therefore, as patients continue to focus awareness on breathing, they are often able to breathe more easily and fully, often eliciting the relaxation response (Ott, Norris, & Bauer-Wu, 2006). With practice, the breath becomes a familiar focal point, a trusted place of refuge and stillness in the midst of uncertainty, rigorous treatments, and intense emotions (Ott, Norris, & Bauer-Wu, 2006).

MBSR, Coping, and Quality of Life in Breast Cancer Patients

Certain coping mechanisms are useful to deal with the emotional trauma that cancer engenders and may facilitate adaptation and positive growth; whereas, other coping behaviors (pessimism, cognitive avoidance, substance abuse, hopelessness) are likely to be maladaptive and lead to poor adjustment (Witek-Janusek, Albuquerque, Rambo-Chroniak, Chroniak, Durazo-Arvizu, & Mathews, 2008). Research has proven that women who enrolled in the MBSR program during their cancer treatment reported more improvement in their QOL and coping effectiveness when compared to women who did not receive this intervention (Witek-Janusek et al., 2008). Coping effectiveness has been demonstrated to improve for women with supportant coping and for

optimistic coping styles only (Witek-Janusek et al., 2008). Supportant coping styles include the use of personal, professional, and spiritual support systems (Witek-Janusek et al., 2008). Optimistic coping styles include use of positive thinking, maintaining a positive outlook, and making positive comparisons. On the other hand, those coping styles not improved by MBSR were: confrontive, avoidant, fatalistic, emotive, palliative, and self-reliant coping (Witek-Janusek et al., 2008).

Although it is purported that MBSR increases an individual's ability to cope, yet little, if any, data exists to substantiate this (Witek-Janusek et al., 2008). Furthermore, MBSR does not have a wide-ranging impact on coping but rather has specific effects that promote better use of support systems and promote a more positive outlook regarding one's cancer experience (Witek-Janusek et al., 2008). Being optimistic and using positive reframing styles of coping have been found to be related to benefit finding in breast cancer patients and may facilitate adaptation to cancer (Witek-Janusek et al., 2008). Moreover, an evaluation of early stage breast cancer patients found that trait optimism was a key predictor of long-term QOL (Witek-Janusek et al., 2008). This suggests that facilitation of psychological adjustment, conferred by MBSR, during the diagnostic and treatment phase may yield long-term benefits on QOL for cancer survivors (Witek-Janusek et al., 2008).

An increase in optimistic coping may promote a more positive affect (Witek-Janusek et al., 2008). Others have shown that MBSR in well individuals leads to increased electrical activity in areas of the brain that mediate positive emotions, while also increasing the antibody response to the influenza vaccine in those individuals (Witek-Janusek et al., 2008). Both trait optimism and positive affect have been shown to produce beneficial effects on immune function (Witek-Janusek et al., 2008). Likewise, social support has been shown to have beneficial effects on immune function in breast cancer patients (Witek-Janusek et al., 2008).

Research suggests that one's attitude and perception of control during stressful events can affect psychological and physical health (Tacon, Caldera, & Ronoghan, 2004). Greer and colleagues developed a scale to address psychological adjustment to cancer, defined as cognitive and behavioral responses to the cancer diagnosis (Tacon, Caldera, & Ronoghan, 2004). Research has identified five categories of mental adjustment—fighting spirit, helpless–hopeless, anxious preoccupation, fatalism stoicism, and denial—that have been linked to survival time (Tacon, Caldera, & Ronoghan, 2004). Specifically, it has been shown that individuals grouped in the fighting spirit or denial category are more likely to be cancer free and alive at a 10-year follow-up than those identified as having a helpless–hopeless or fatalistic– stoic response (Tacon, Caldera, & Ronoghan, 2004). More recently, 578 women 18 to 75 years of age with early stage breast cancer were enrolled in a prospective survival study in which psychological response measures included mental adjustment to cancer in terms of the five categories just mentioned (Tacon, Caldera, & Ronoghan, 2004). At 5 years, 395 women were alive and without relapse, 50 were alive with relapse, and 133 had died (Tacon, Caldera, & Ronoghan, 2004). There was a significantly increased risk of relapse or death at 5 years among women with high scores in the helplessness hopelessness category relative to those with low scores in this category (Tacon, Caldera, & Ronoghan, 2004). However, Tacon and colleagues (Tacon, Caldera, & Ronoghan, 2004) suggest that although attitudes may influence treatment compliance—and, hence, recovery progress—there is no direct one-to-one relationship between attitude and disease outcome.

Women who have been treated for breast cancer or gynecologic cancer move beyond the traumatic diagnosis and all-consuming acute treatment but often do not complete their readjustment to everyday life (Loizzo et al., 2010). At the end of treatment, their physicians, family, friends, and coworkers celebrate the success of

finishing treatment, expecting that survivors will now simply resume their lives (Loizzo et al., 2010). Paradoxically, the completion of acute treatment often precipitates increased distress, and 30% of women experience symptoms of posttraumatic stress (Loizzo et al., 2010). This transitional phase of recovery and adjustment could be a window of opportunity in which individuals begin to understand their illness and treatment experiences as health and life crises requiring adaptive changes (Loizzo et al., 2010). MBSR has been proven to help women who have survived treatment of breast or gynecologic cancer to decrease their suffering and improve their quality of life (QOL) (Loizzo et al., 2010).

Physical activity is a known, generic lifestyle behavior that improves health; however, its importance becomes intensified when the link between physical activity and chronic disease is specified; for example, the risk of breast cancer is estimated to be 20%–40% lower among physically active women than their sedentary counterparts, regardless of menopausal status or type or intensity of activity (Tacon & McComb, 2009). Until recently, physical activity after a breast cancer diagnosis had been linked strongly to improved quality of life, yet the effect of physical activity on recurrence or survival time after diagnosis was unknown (Tacon & McComb, 2009). Research has shown a significant protective association between increased activity post-diagnosis and recurrence, as well as cancer-related mortality; that is, patients who exercised after diagnosis had a decreased risk of recurrence and had better survival compared to those who exercised less or did not exercise at all (Tacon & McComb, 2009). Specifically, a certain level of physical activity after a breast cancer diagnosis appears to reduce the risk of dying from the disease (Tacon & McComb, 2009). In March 2002 the American Cancer Society (ACS) issued new guidelines recommending that adults get at least 30 min of moderate activity 5 or more days per week to help prevent chronic diseases like cancer (Tacon & McComb, 2009). Specifically, it is suggested that physical activity throughout life can

help protect against breast and prostate cancer, because exercise may aid in regulating hormone levels (Tacon & McComb, 2009). Exercise is gaining acceptance as a major QOL intervention for cancer survivors (Tacon & McComb, 2009). Walking is the preferred and most common exercise for cancer patients, and it is generally the prescribed moderate exercise for home-based programs which are in line with the recommendations of the American College of Sports Medicine (Tacon & McComb, 2009).

As already mentioned, one factor affecting QOL, depression, is among the most prevalent negative psychological consequences of cancer. Like the effectiveness of the MBSR program in reducing depression scores, there appears to be a relationship between exercise and reduced depression (Tacon & McComb, 2009). A QOL factor that, without a doubt, is the most prevalent, debilitating physical symptom of cancer patients receiving adjuvant chemotherapy or radiation therapy is fatigue (Tacon & McComb, 2009). In fact, 70%–100% of patients being treated for cancer are affected by cancer-related fatigue, which can be more distressing and disruptive to a patient's daily activities than cancer pain. Moreover, fatigue can be a problem months and even years after treatment ends; effects tend to peak during treatment, but this does not guarantee that symptoms will disappear once treatment is over. The reason why exercise improves cancer-related fatigue is that exercise enhances biopsychosocial mechanisms that underlie coping ability or self-efficacy, which in turn may reduce the occurrence of some symptoms and their impact on activities of daily living (ADL) (Tacon & McComb, 2009). Additionally, QOL issues such as weight gain, muscle atrophy, and fatigue have physical concomitants that likely make exercise a therapy that targets such problems effectively (Tacon & McComb, 2009).

The ancient system of Kundalini Yoga (KY) includes a vast array of meditation techniques (Shannahoff-Khalsa, 2005). Some were discovered

to be specific for treating psychiatric disorders and others are supposedly beneficial for treating cancers (Shannahoff-Khalsa, 2005). All KY techniques, whether they are practiced individually or in a group, are best practiced after “tuning in” to the mantra “Ong Namo Guru Dev Namo.” This is the case for either an advanced practitioner or someone practicing KY for the first time. (Shannahoff-Khalsa, 2005).

Technique 1: Tuning in to Induce a Meditative State (Shannahoff-Khalsa, 2005)

This practice helps establish a meditative state and gives the experience of being in a “womb of healing energy” if practiced for 5 to 10 minutes. Sit with a straight spine and with the feet flat on the floor if sitting in a chair. Put the hands together at the chest in “prayer pose”: the palms are pressed together with 10 to 15 lb of pressure between the hands. The area where the sides of the thumbs touch rests on the sternum with the thumbs pointing up (along the sternum), and the fingers are together and point up and out at a 60° angle to the ground. The eyes are closed and focused at the “third eye” (imagine a sun rising on the distant horizon or focus the eyes at the point where the nose indent meets the forehead). A mantra is chanted aloud in a 1½ breath cycle. Inhale first through the nose and chant “Ong Namo” with an equal emphasis on the “Ong” and the “Namo.” Then immediately follow with a half-breath inhalation through the mouth and chant “Guru Dev Namo,” with approximately equal emphasis on each word. This should be repeated a minimum of 3 times and can be repeated for 10 to 20 times or even longer for more relaxing and peaceful effects.

Technique 2: Spine Flexing for Vitality and to Help Reduce Fatigue (Shannahoff-Khalsa, 2005)

This technique can be practiced while sitting either in a chair or on the floor in a cross-legged position. If in a chair, hold the knees with both hands for support and leverage. If sitting

cross-legged on the ground, grasp the ankles in front with both hands. Begin by pulling the chest up and forward, inhaling deeply at the same time. Then exhale and relax the spine down into a slouching position. Keep the head up straight without allowing it to move much with the flexing action of the spine. This will help prevent a whip action of the cervical vertebrae. All breathing should be only through the nose for both the inhale and exhale. The eyes are closed as if looking at a central point on the horizon, or the third eye, otherwise described as the notch region on the nose exactly midway between the eyes. The mental focus is kept on the sound of the breath while listening to the fluid movement of the inhalation and exhalation. Begin the technique slowly while loosening up the spine. Eventually, a very rapid movement can be achieved with practice, reaching a rate of 1 to 2 times per second. A few minutes are sufficient in the beginning. Later, there is no time limit. Food should be avoided just prior to this exercise. If an unpleasant feeling of light-headedness develops, stop momentarily and then continue. Be careful to flex the spine slowly in the beginning. Relax for 1 to 2 minutes when finished.

Technique 3: Shoulder Shrugs for Vitality and Fatigue (Shannahoff-Khalsa, 2005)

This technique helps to increase metabolic activity and increase thyroid and parathyroid activity. This technique should not be practiced by individuals who are hyperactive. While keeping the spine straight, rest the hands on the knees if sitting in a cross-legged position or with hands on the thighs if on a chair. Inhale and raise the shoulders up toward the ears, then exhale, letting them down. All breathing is only through the nose. Eyes should be kept closed and focused at the third eye. Mentally listen to the sound of the inhalation and exhalation. Continue this action rapidly, building to 3 times per second for a maximum time of 2 minutes.

Technique 4: Meditation Technique for Fatigue and Listlessness (Shannahoff-Khalsa, 2005)

Sit with a straight spine. Place palm against palm together at the center of the chest, the base of the thumb region (area between wrist line and origin of thumb) touching the sternum lightly, with the fingers pointing up and away from the chest at a 60° angle to the ground. Eyelids are lightly closed, with the visual focus where the nose meets the eyebrows. Inhale, breaking the breath into 4 equal parts, hold a few seconds, and then exhale by breaking the breath again into 4 equal parts; then hold the breath out for a few seconds before inhaling again. If desired, instead of counting 1, 2, 3, 4 to gauge the rhythm, use the sounds Sa, Ta, Na, Ma in their place. Mentally vibrate these sounds on the inhale and exhale: it increases the effects and benefits the psyche. On each part of the inhale or exhale, pull the navel point in slightly. One full cycle or breath takes about 7 to 8 seconds. Continue this pattern for 3 to 5 minutes. Then inhale deeply, hold the breath in, and press the palms together with maximum force for 10 seconds. Relax for 15 to 30 seconds. Then repeat this entire procedure 2 times. When finished, if necessary, immediately lie on the back with the eyes closed and relax the entire body for 2 minutes. Pregnant women or individuals with high blood pressure can do this exercise but must refrain from pressing the palms together at the end.

The author provides many other KY techniques to address cancer-related difficulties, such as depression, anxiety, fear, brain fatigue, mental challenges, anger, and changing negative thoughts into positive thoughts.

CONCLUSION

Learning more about effective techniques to reduce the physiological and psychological effects of cancer is salient to the professional growth of clinicians who are interested in expanding their knowledge base and assisting

individuals and families impacted by this difficult disease. Personally, learning more about the exercise and meditation techniques have allowed me to incorporate alternative modalities in to my survivorship plan. Although experiencing breast cancer was difficult, it has allowed me to learn how to focus on my own wellbeing and self-care as I assist others with their healing journeys.

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Upcoming Mindfulness & Meditation Events

The events listed here, related to the clinical applications of mindfulness and meditation, are provided as a service to our members. The Society cannot guarantee the quality of the presentations. Please check directly with the provider to confirm the dates and details.

Clinical Meditation and Imagery Certification

Begins September 24, 2011.

Richard Schaub, PhD,
and Bonney Gulino Schaub, APRN, MS, CS.
Huntington Meditation and Imagery Center
Huntington, NY

If you are a full member of the Society, and would like your event listed, please send an e-mail to calendar@clinical-mindfulness.org. Event listings are subject to approval and editing.

The Mindful Clinician newsletter is a membership publication of the Society for Clinical Mindfulness & Meditation and currently produced four times a year. The newsletter provides a forum for sharing news and advances in practice, policy, and research, as well as information about professional activities and opportunities, within the field of mindfulness-based psychology.

The Mindful Clinician newsletter is distributed to the complete membership of the Society for Clinical Mindfulness & Meditation and includes academics, clinicians, students, and affiliates who share a common interest in meditation and mindfulness-based clinical practices. Unless otherwise stated, opinions expressed by authors, contributors, and advertisers are their own and necessarily those of the Society, the editorial staff, or any member of the editorial advisory board. Editorial correspondence and submissions are welcomed and appreciated. Please submit materials and references in APA style and send, via e-mail, as an attachment in MS Word format to newsletter@clinical-mindfulness.org exactly as you wish it to appear. Authors are also encouraged to submit their material along with a brief author statement and self-photo for publication use.

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