Vol. 70, No. 10

A PUBLICATION OF THE PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION • www.PaPsy.org

The Pennsylvania
Psychologist

November 2010 • UPDATE

Give Your Apportionment Votes to Pennsylvania

The short request: Please support PPA by returning your APA apportionment ballot, ideally giving all 10 votes to Pennsylvania. You will receive your apportionment ballot around November 1 (if you are an APA member). Don't throw it away!

The longer rationale, if you want to know why: The APA Council of Representatives is the decision-making body for APA. Council controls the organization, and determines how funds are used in the $110 million annual budget. There are a fixed number of seats on Council: 162

Council seats are apportioned according to the annual APA apportionment ballot (that only 10% of members usually return). Members are given 10 units to apply to divisions and/or state, provincial or territorial associations (SPTAs). These votes result in seats on Council in proportion to the member votes (more or less – the system is complicated). The balloting this fall determines the composition of Council for 2012.

Even though only about half of APA members belong to a division, divisions get about 60% of the apportionment votes and SPTAs get the remainder. SPTAs are more supportive of policies that promote practice and solve practice-related problems, via APA resources. Many divisions don't support the practice agenda.

Currently, all SPTAs have one seat on Council, and Pennsylvania is the only one with two seats for 2011. Some divisions have up to 5 seats. If the imbalance in the apportionment vote moves another 2-3% toward divisions, Pennsylvania will lose one of our two seats, other big states such as California and New York will not be able to regain a second one, and some small states will lose their single seat on Council. We have excellent representation in Drs. Steve Berk and Don McAleer. We do not want to have to recall one of them!

If you want to support APA resources helping practice issues, the best way is to return your annual apportionment ballot and give all 10 votes to Pennsylvania. Please do so!

Concussion Management Bill Passes House

On September 28 the state House of Representatives passed a bill requiring secondary schools in Pennsylvania to educate coaches, student-athletes, and their parents on the facts surrounding head concussions. The bill, introduced by Rep. Tim Briggs (D-Montgomery) also requires that if a student receives a concussion he or she must be removed from competition and not return to play until evaluated and cleared by a health care practitioner whose scope of practice includes the management and evaluation of concussions. This includes psychologists with the requisite training. At press time it was unclear if there was enough time on the legislative calendar for the state Senate to consider this bill. If the Senate runs out of time the bill is expected to be reintroduced early in 2011. More information will be provided in the December *Pennsylvania Psychologist*.

Licensure Task Force Seeks Input

The PPA Board of Directors, at the request of President Mark Hogue, has appointed a task force to review the licensing law in Pennsylvania with the goal of suggesting amendments to it. Among other responsibilities, the Licensure Task Force will be reviewing the recently passed APA Model Licensing Law to determine if changes in that model law warrant a change in Pennsylvania's licensing law. The task force is required to finish its work and to make recommendations to the PPA Board of Directors by June 2011.

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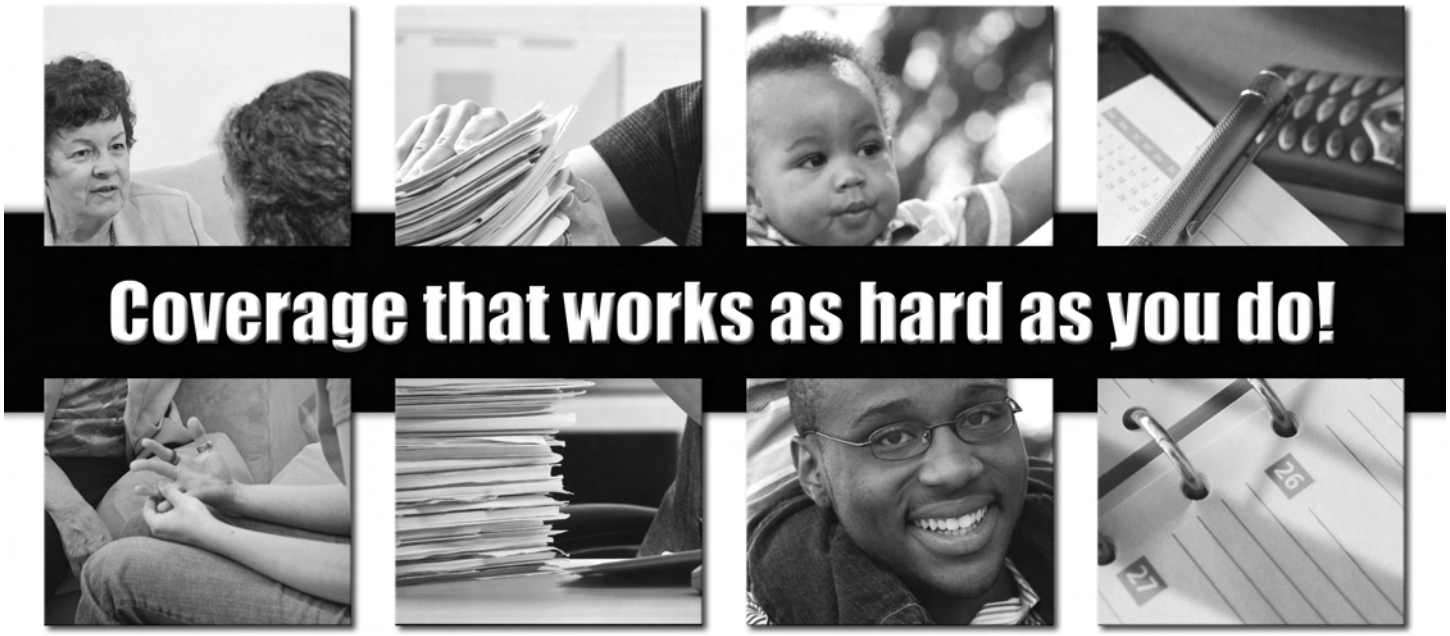

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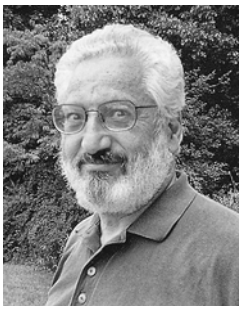
What Names Shall We Use?

Ed Zuckerman, Ph.D.



Dr. Ed Zuckerman

What names are best for those person/context/symptom complexes borne by those who come to see us as clients/patients/consultees? Naming has power and so requires responsibility. Just naming lowers anxiety. Names may connect knowledge and so be helpful and heuristic. Diagnoses' names are shorthand, summaries, gists to communicate about something, but what if they point poorly? What if they are so unreliable they cannot be valid? What if they are just conjecture and opinion or too inconsistent and rigid to apply to reality? Time for better names. And here they come.

The Future Diagnoses

Implementation Date for the United States

DSM-IV-TR	Now (Since 2002[1])
ICD-9[2]	Now (Since Oct. 1, 2003)
ICD-10[3]	Oct. 1, 2013
DSM-V[4]	May 2013
ICD-11[5]	?
ICF	?

The Centers for Disease Control and Prevention is in charge of maintaining all of the ICD systems in English, and their website has much to offer at www.cdc.gov/nchs/icd.htm.

The last classification is of great interest to psychologists. As its sponsor, the United Nation's World Health Organization, explains, the ICF, *The International Classification of Functioning, Disability and Health, ...* is a classification of health and health-related domains. These domains are classified from body, individual, and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors.

> The ICF puts the notions of 'health' and 'disability' in a new light. It acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. Disability is not something that only happens to a minority of humanity. The ICF thus 'mainstreams' the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Furthermore ICF takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction. By including Contextual Factors, in which environmental factors are listed ICF allows one to record the impact of the environment on the person's functioning. (http://www.who.int/classifications/icf/en/). As can easily be seen, this is all good for psychology.

Back to the future

What is out there that might help our work? Out of the awareness of most psychologists, even dynamically oriented ones, solid research on the effectiveness of dynamic therapies and models of pathology has been accumulating. The single best source for this may be the last 450 pages of the Psychodynamic Diagnostic Manual (PDM) (2006), a book that offers a variation on DSM/ICD with great explanatory power.

The PDM (2006) represents the most sophisticated, comprehensive, research-based, current, psychodynamic case conceptualization. Using it allows integration along the following axes: Personality type and dynamics (P) ; Mental functioning and adaptability (M); and Symptom patterns (S) that address the person's subjective experiences. The same apply to children with an additional axis for issues of Infancy and Early childhood (IE). The formulations integrate symptoms, personality type and dynamics, functioning and adaptability, and life stages and developmental issues, each of which is addressed as an axis. The diagnoses have multiply-supported causative, functional, and treatment implications as described in the PDM.

Uniquely but quite logically from a dynamic point of view, Personality – the P Axis–is the first consideration. How is the personality Organized – on a continuum of severity with levels of normal/healthy, neurotic, and borderline – based on these Capacities: identity maturation, ability for stable satisfying relationships, affect tolerance and regulation, moral reasoning,

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[1] Actually DSM-IV came out in 1994 and the TR (Text Revision) had minor changes.

[2] The ICDs contain only the names and codes for diagnoses. DSM, of course, offers diagnostic criteria, life course, prognoses, etc.

[3] Actually 1996 with yearly minor updates, the next due in October 2010. The US date has been set by CMS and medical systems are gearing up for the change. For our purposes while the ICD 10 is not conceptually different from ICD-9, all the code numbers begin with the letter "F" and it is not yet finalized.

[4] Although delayed several times, this date appears certain because it can be "harmonized" with ICD-10 by this time. However, moving the date up a year might allow integration with ICD-11. We shall see.

[5] Its shape is unknown at present but has great promise to include wider models of conceptualization of disease and of treatments' effectiveness.

WHAT NAMES SHALL WE USE?

Continued from page 3

reality testing, and ability to respond to and recover from stress. The patterns are addressed with each personality disorder ranging from adaptive to disordered in degree and with subtypes for some patterns. Examples include:

P102 Paranoid
P103 Psychopathic/antisocial with subtypes
P103.1 – Passive/parasitic and
P103.2 – Aggressive
P104 Narcissistic with subtypes
P104.1 – Arrogant/entitled and
P104.2 – Depressed/depleted
P107 Depressive with subtypes
P107.1 – Introjective
P107.2 – Anaclitic, and the converse manifestation,
P107.3 – Hypomanic disorders

The second axis is M for Mental Functioning. On this axis the level of functioning of nine Capacities is assigned a code from M201 – Optimal age- and phase-appropriate mental capacities to M208 – Major defects in basic mental functions. The list of capacities seems comprehensive and especially relevant when compared with the DSM/ICD model. The capacities assess: Regulation, attention, and learning; Relationships (depth, range, and consistency); Quality of internal experience (level of confidence and self regard); Affective experience, expression, and communication; Defensive functioning and patterns; Forming internal representations; Differentiation and integration; Self observation (psychological mindedness); and, Construct and use of internal standards and ideals (sense of morality).

In the DSM/ICD, disorders are diagnosed by their symptoms and especially by their externally observable ones. On the S Axis, Symptom Patterns – like Axis I of the DSM-IV-TR but emphasizing the subjective experience of the person – are viewed in the contexts of the person's personality and mental functioning. The codes range from S301 – Adjustment disorders, through S304 – Mood disorders, to S310 – Impulse Control disorders, to S313 – Mental disorders based on a general medical condition.

Take a moment to review this review. Would this approach to diagnosis aid your understanding and ability to affect your clients? If so, the PDM is well organized and very readable.

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The Fair Use Doctrine and Its Application to Psychologists

The general rule concerning copying other people's materials is that authors may copyright their works, including writing, music, art, or film, and others may not use those productions without the permission of the author. However, the "fair use" doctrine in American copyright laws allows people to use copyrighted material without permission in limited circumstances. For example, the taping of television shows for private use is permitted (*Universal City Studios v. Sony*, 1984). Psychologists are concerned about the "fair use" doctrine when they copy materials for educational purposes, such as in classes, continuing education programs, or public education programs.

The circumstances in which teachers can use copyrighted materials are determined by the application of four factors, which are the: (1) nature of its use, including whether for profit or for nonprofit purposes; (2) type of work that is copyrighted; (3) amount or portion of the work that is being used; and (4) effect of its use upon the market value of the original work.

The application of the fairness test requires balancing these four factors. Generally, although not always, greater discretion is given if: the copying is for teaching, research, or scholarship, or for other nonprofit enterprises; the work is factual or nonfiction (as opposed to fiction or a creative work of art); a limited portion of the work is cited; or few copies are made or the impact on the market is minimal. Sometimes the application of the fair use doctrine appears subjective, although sufficient case law and guidance has developed to guide psychologist/educators or psychologist/teachers in most situations (Polytech Institute of NYU, n. d.).

For example, teachers may copy a few paragraphs from a news article and give it to their class as part of a lesson, or may copy several articles from professional journals to distribute to their classes or continuing education programs. Similarly teachers may play an episode of a popular television sitcom that they videotaped to illustrate some psychological principles as part of an educational program. Also, teachers may use copyrighted photographs and cartoons as part of a PowerPoint slide show in a continuing education program.

Other applications may be more problematic. For example, it would be acceptable for teachers to copy 80 pages from a 160-page out-of-print textbook and give it to their students. However, it would be more problematic if the 80 pages were from a 160-page in-print textbook because the distribution of such a large quantity of material could undercut the market value of the book (whereas in the previous example the book was out of print, and its market value was greatly diminished). Although it is permitted to use copyrighted photographs or cartoons as part of a continuing education program, a line might be crossed if teachers used many cartoons from one particular artist as part a public presentation where they earn a lot of money, as the extensive use may undercut the market value of the artist's work, and the commercial nature of the "public education" activity appears greater than the educational benefit. Although teachers may copy professional articles for educational purposes, it could be a violation if a teacher copied many articles by one particular author and distributed them to students, instead of requiring the students to purchase the textbook by that same author, as it could be argued that the extensive copying of articles was a substitute for purchasing the textbook.

As readers can see the exact line where the fairness doctrine is breached can be hard to discern. When in doubt obtain permission of the copyright holder.

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Universal Studios v. Sony, 464 U. S. 417 (1984).

Confessions of an Underinvolved (Who Knew?) Psychologist

R. Richard Schall, Ph.D.

Dr. R. Richard Schall

It was all going pretty well until I got the call. I was very busy in a rehabilitation hospital psychology practice, volunteered my time by facilitating several health-related support groups, did community speaking, and served on some boards. I was paying my dues (PPA included), literally and figuratively. What more could one ask? (Yes, Iva. I suppose I could have worked on sending in the dues in a more timely manner. This year for sure. I'm sending the check this morning. Honest.)

Then came the call from out of the blue from Al Jumper, a colleague from John Heinz Rehabilitation Institute. Would I be willing to serve on the PennPsyPAC board? I'll have to admit that my immediate internal reaction was to say "No!" Hey, I send them money, too. What more do they want? (Al, how hesitant and guarded did I sound?) Then the moral worm started turning. I do send them money, but that was the extent of it. Did I read the material PennPsyPAC sent or the articles in the *Pennsylvania Psychologist*? Did I send letters/e-mails or make calls to my political delegates on issues related to psychology? Did I ever attend fund raisers for the cause? The answer to only one of those questions was "rarely." I'm not saying which one. Although this is a confessional piece, only Oprah could get the full truth out of me on this one.

That got me thinking about my level of active participation in and advocacy for psychology, and "when he got there the cupboard was bare." Many years ago my mentor, Dr. Steve Berk, enlisted me in serving on a PPA committee, I suppose in an effort to recruit a young psychologist in becoming an advocate for the cause. I don't remember which committee it was. I am pretty sure my contributions to that work were not memorable either. So over the years I sent money and was content to let other psychologists do the heavy lifting. You know the names as you see them listed year after year. Well, Al managed to engage the moral compass of a now much older psychologist with that one simple question, a straightforward invitation to do a bit more.

I said "yes." And you know what? It hasn't killed me. In fact, I have had the opportunity to meet and work with some of the colossuses (collossi?) of Pennsylvania psychology, become more educated on the issues involved, and take a more active approach to invite others to be involved as well. I'd have to say that there has been a pretty good "fun" component to this work, so much so that I did not feel at all guilty or hesitant to make my own invitation calls on behalf of PennPsyPAC this past spring.

Recently PennPsyPAC has been active in advocacy issues related to managed care, better services for persons with concussions and head trauma, improving court processes for people with mental health concerns and a host of other issues. It has been a good return on the investment of my money and, more recently, my time.

What will be your call? It doesn't always come with a ringtone. Thanks, Al, for dialing my number.

Psychologists and Weight Loss: Essential Ingredients of Competence

Samuel Knapp, Ed.D., Director of Professional Affairs

Dr. Sam Knapp

Psychologists have an opportunity to make a substantial contribution to the overall health of the community by offering individual or group services to persons seeking to lose weight. Currently weight reduction programs are not covered by insurance reimbursement,[1] but many consumers are willing to pay out-of-pocket for quality services, as evidenced by the popularity of Weight Watchers, or other weight reduction programs.

What competencies or training should psychologists have before offering such groups to the public? It is impossible to give an exact number of hours of continuing education to attend or books that need to be read to prepare a psychologist to run a weight loss group. Much depends on the existing knowledge base of the psychologist. My sense is that many psychologists with a generally good background in core areas could be ready to co-lead a weight loss group after attending two or three CE programs, reading several books on the topic, and getting consultation. Others with less familiarity with the content areas may need more intensive reading, continuing education, or tutoring. In all cases, I recommend that psychologists who start weight loss groups or counseling for the first time have ongoing feedback and consultation with an experienced weight loss professional.

One way to conceptualize the competency process is to look at both the general and domain-specific skills. General competencies are skills that all professional psychologists have obtained regardless of their particular domain of practice. Domain-specific skills are those unique to the assessment or treatment of a specific problem area.

General Competencies

The general competencies that psychologists need to have are interpersonal skills, knowledge of psychopathology, elements of behavior change (including impact of environmental stimuli), and basic research design, among others.

Psychologists need knowledge of basic psychopathology to screen out prospective participants who may have eating disorders, gross psychopathology, or other traits that would limit their ability to adhere to a weight reduction plan. Overweight persons have higher rates of mental illness than the population in general, and some participants may be interested in more traditional psychotherapy after the termination of the weight loss group. Psychologists may vary in how they handle these requests, depending on the degree of comfort in mixing modalities and the individual needs of the patients. Some psychologists may prefer not to take as a psychotherapy patient anyone who participated in a weight control group. Other psychologists may consider taking former weight loss participants as psychotherapy patients depending on the type of problem, the match between their skills and the needs of the patients, and whether or not the therapy would be likely to compromise the effectiveness of the weight control maintenance activities.

Psychologists also need good relationship-enhancing skills including listening to clients carefully, explaining concepts, knowing when (and when not) to self-disclose, handling disruptions in treatment alliances, showing empathy, motivating participants, and helping them select realistic goals. Furthermore, effective psychologists with weight management programs need to know about behavioral interventions, including the role of environmental stimuli and the activation of self-defeating thoughts.

Finally, effective psychologists need to know basic research design. The weight loss field is deluged with legitimate scientific controversies as well as unscientific faddism and gross misinformation. Psychologists need to know enough about research to identify claims that are more fad than substance, and to review popularized research that the news media have oversimplified or distorted.

Specialized Skills

In addition to basic skills, psychologists need to acquire special skills and knowledge unique to weight loss. Psychologists need to have basic information about the population being treated and the unique characteristics of the disorder. That is, they need to understand the unique psychosocial stressors experienced by persons who have excess weight, and they need to understand basic information on the physiology of eating. Also they need to know what programs work; what programs do not work; and what are the active ingredients of effective programs.

Qualified psychologists should be prepared to address the common psychological themes that occur when offering weight loss programs. These include, but are not limited to, dealing with stigma and social discrimination experienced by overweight persons; handling serious events that place participants at risk for relapse; dealing with unrealistic goals; helping participants determine reasonable exercise schedules, and so on.

It is not the purpose of this article to list all of the psychological skills needed to help participants lose weight. However, two examples are given for illustrative purposes only. How would you respond when participants express reluctance to exercise, even though it is a key ingredient in keeping weight off? Beck (2007) motivates participants through a combination of cognitive strategies and environmental changes. For example, a habit of taking the stairs instead of an elevator is one of many small changes that has a

[1] This may change next year as insurers will be required to have "wellness" programs.

cumulative impact. Similarly, Steinmeyer (2006) would park his car a few blocks from his office or walk briskly when possible. Wadden, Brownell, and Foster (2005) found that several brief episodes of exercise were as effective as one long episode, and often easier for participants to adhere to.

How should psychologists respond when participants express unrealistic goals for weight loss? Often issues of weight loss are tied to issues of social acceptance and self-confidence. Some participants feel such self-dissatisfaction that they are at risk of engaging in intensive crash weight loss programs, only to be at risk for relapse if the expected social and psychological benefits do not come quickly or in the manner desired. Other participants establish goals that are so unrealistic that they easily become discouraged and refrain from following through with their plans. Beck (2007) notes the importance of establishing realistic short-term goals that can be revised over time. She tells participants that "the rate at which you should try to lose weight is the slower the better" (p. 113).

Although I recommend that psychologists work closely with physicians or nutritionists when offering weight loss programs, I also recommend that psychologists have some familiarity with nutritional literature so that they can educate participants and respond to common questions. It is not the purview of this article to describe all of the nutritional information that psychologists need to have. A few examples are given for illustrative purposes only. For example, psychologists should know enough to identify which food pyramid to use and why they would make that choice. The interactive USDA's "My Pyramid" is one way to track food consumption (www.mypyramid.gov), but Tufts researchers have created their own food pyramid (http://nutrition.tufts.edu/pdf/pyramid.pdf), as has the Mayo Clinic Staff (2010).

Should participants eat three servings of dairy products a day? The United States Department of Agriculture revised its dietary recommendations to recommending three servings of dairy products (low fat milk, low fat cheese, or yogurt) a day. However, other critics disagree and recommend two a day (Antinoro, 2006; Popkin, 2006).

Should participants drink metabolism-enhancing beverages? In 2006 two companies began to market carbonated diet green tea that allegedly would improve metabolism and contribute to weight loss. However, critics claim that the "negative drinking" campaign is based on misleading research. Although people burned slightly more calories in the short term, long-term studies showed that these drinks had no consistent impact on weight (Weight, 2007).

Are diet soft drinks an adequate alternative of non-diet carbonated drinks? Popkin (2006) believes that the jury is out on this issue. It is true that those who drink non-diet carbonated drinks tended to gain more weight than those who drank diet drinks. However, there was concern that taking diet drinks may reinforce a preference for other sweetened foods or drinks.

For those who are familiar with the research and literature on weight loss, those preceding questions were not that difficult. For those new to the weight loss literature the questions may have been unexpected.

More Practical Steps

Psychologists who offer weight loss programs need to embed themselves with journals or organizations that update or expand their knowledge and skills in this domain of practice. This includes subscribing to journals; psychologists may consider *Obesity Research, The International Journal of Eating Disorders*, and *Eating and Weight Disorders*, although many good articles appear in more general journals such as *Health Psychology* or *The Journal of Clinical and Consulting Psychology*. It also includes attending continuing education programs or belonging to professional associations involved in weight loss programs (such as the North American Association for the Study of Obesity).

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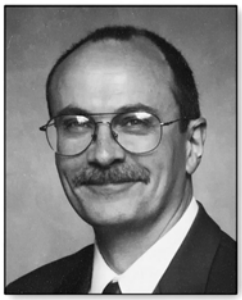
Political Action at Work at the National Level

Donald McAleer, Psy.D.



Dr. Donald McAleer

Twice yearly, AAP-PLAN sponsors a black-tie fundraiser for select members of Congress who value the mission and can push the agenda of psychological care. These fundraisers typically are held at the APA State Leadership conference in February and again at the APA convention. This August, I had the pleasure of attending the reception for Senator Al Franken from Minnesota.

Senator Franken serves on the following committees: Health, Education, Labor, and Pensions; the Judiciary; Indian Affairs; and finally Aging. He has long been an admirer of Senators Wellstone and Domenici, who together advocated for mental health parity. Senator Franken has been a vigorous supporter for parity and also for mental health screenings for veterans returning from the Mideast conflicts.

The evening was divided into two parts. The first was an outdoor reception held at the San Diego Convention Center for members of AAP's Century Club. It was well attended by approximately 60 people who had the opportunity to converse socially with the senator and colleagues. The second part consisted of a formal dinner attended by 30 donors. During the four-course meal, Senator Franken rotated to each of four tables, allowing those in attendance to speak with him more personally and directly about issues facing the practice of psychology and those we serve.

Issues of mental health and substance abuse resonated with the senator, who spoke of personal concerns from his own family. It was clear that "he got it" and repeatedly throughout the evening said, "I need to thank you all for what you do." During dinner we were able to address concerns such as the routine cuts in Medicare reimbursement and the need for psychologists to be included in the Medicare definition of "physicians." I believe he expanded his understanding of exactly what psychologists can do and would do if not artificially constrained by antiquated rules. He appeared surprised that psychologists are involved in treating patients outside of the traditional mental health arena, something that was particularly relevant in his capacity as a member of the Committee on Aging. His closing remarks were, "You've given me many things to think about and I feel this has been a very worthwhile meeting."

I want to thank all of the donors who allowed me to attend this meeting and look forward to your support for other Pennsylvania psychologists to participate in the advocacy process.

Dr. Frank Dattilio

Member News

PPA member **Frank Dattilio, Ph.D.**, of Allentown, was recently notified by the APA Fellows Committee that he was elected to Fellow status in Division 12, Clinical Psychology, of the American Psychological Association, effective September 2010.

In Memoriam

PPA member **Betty Goldbloom, Ph.D.,** passed away on April 23, 2010. Dr. Goldbloom, of Pittsburgh, had been a member of PPA since 1961. She received her doctorate from the University of Pittsburgh in 1949. She was both a clinical and school psychologist.

LICENSURE TASK FORCE

Continued from page 1

According to Dr. Paul Kettlewell, chair of the task force, "We are interested in hearing from PPA members on their perceptions of aspects of the law that need to be changed." The Licensure Task Force will consider revisions to the scope of practice of psychologists; changes in the sequence for licensing (such as allowing students to complete both years of supervised experience at a predoctoral level); whether some of the exemptions to the licensing law should be closed; and some technical amendments designed to streamline the functioning of the State Board of Psychology.

The Professional Psychologists Practice Act was passed in 1972 and amended in 1986 to require a doctoral degree for licensing. Pennsylvania was the 47th state to pass a psychology licensing law. Pennsylvania currently licenses almost 5,600 psychologists, the fourth largest licensing jurisdiction in North America (behind California, New York, and Quebec).

The members of the task force are Dr. Paul Kettlewell, Geisinger Health Systems, Danville; Dr. Tammy Hughes, Duquesne University, Pittsburgh; Dr. Cheryll Rothery, Chestnut Hill College, Philadelphia; Dr. Linda Knauss, Widener University, Chester; and Dr. Michael Schwabenbauer, North Shore Psychological Associates, Erie. Comments can be sent to Dr. Samuel Knapp at PPA at sam@PaPsy.org, faxed to 717-232-7294, or mailed to 416 Forster Street, Harrisburg, PA 17102.

Psychologically Healthy Workplace and Student Awards, 2010

Separate ceremonies were held at the PPA Convention in June for the Psychologically Healthy Workplace Award and several student awards.

Paulette Calabro (right), of Immaculata University, received the Graduate Student Research Poster Session Award from Dr. Eleonora Bartoli.

Dr. Bartoli (left) presented the Undergraduate Student Research Poster Session Award to Samantha L. Bernecker.

Marie C. Weil (right) received the Student Multiculturalism Award from Dr. Bartoli, who chairs PPA's Committee on Multiculturalism.

▲ *Five companies in Pennsylvania won this year's Psychologically Healthy Workplace Award. Pictured left to right are Rachael Baturin, PPA's staff person for the Business and Psychology Partnership Committee; Dr. Alan Morse, member of the committee; Marcos Lopez, president of eXude Benefits Group, of Philadelphia; Daphnee Theodore, from Main Line Health; Mary Grasha Houpt, of VisitPittsburgh; Dr. Rex Gatto, chair of the Business and Psychology Partnership Committee; Karen Varga, from Wessel and Company of Johnstown; and Sherry Bender, from Indiana Regional Medical Center.*

Dr. Charles LaJeunesse (left) presented the Science-Practice Research Poster Session Award to Dr. A. Rand Coleman and Jamie Price. ►

PPA Grassroots Network Excels Again!

Last year we reported that Pennsylvania was the leader among state psychological associations in generating grassroots responses to Congress concerning national health care reform, sending more messages to Congress than any other state. In data recently released by the APA Practice Organization, PPA again is the leading state in getting messages to Congress concerning Medicare. Reporting on messages to Congress from July 25, 2010, to September 10, 2010, Pennsylvania was the top state, with 816 messages. California was second with 516, followed by Texas with 384, Washington with 318, Florida with 213, Oregon with 198, and New York with 174. However, even when the analysis is done on the basis of population, Pennsylvania was still the leader with an average of 42 responses per Congressional district, followed by 40 per district by Oregon, 35 per district for Washington, 33 for Wyoming, and 29 per district for Utah. Nationwide there was an average of 10 responses per Congressional district.

Grassroots, or individual psychologists communicating directly with their legislators, is a major part of the nationwide effort to ensure adequate reimbursement for psychologists under Medicare. In generating grassroots responses, APA works directly through the state associations, all of which have federal advocacy coordinators. Rachael Baturin is the federal advocacy coordinator in Pennsylvania.

Pennsylvania Psychological Association
2011 Award Nominations Sought

Several PPA committees are still seeking nominees for awards for 2011. For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and send the information to the following address by the deadline listed.

Pennsylvania Psychological Association
416 Forster Street
Harrisburg, PA 17102-1748

Award for Distinguished Contributions to School Psychology: The School Psychology Board nominates a candidate annually for this award. Criteria for nominations include persons who have contributed significant research in the field of child, adolescent, school, or educational psychology; have contributed significant public service to children, families, or schools; have made major contributions to the field of assessment; have made significant contributions in the media; have advocated politically for children, families, or schools; have been a voice advocating for school psychologists in Pennsylvania; and/or have made significant contributions to the Pennsylvania Psychological Association. Deadline for entries is **December 31, 2010**.

Psychology in the Media Award: Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2011 Psychology in the Media Award. Members who have written newspaper or magazine articles or books, have hosted, reported or produced radio or television shows or commercials about psychology or psychological issues, or have designed psychologically oriented websites are eligible for the award. We are seeking candidates who have had a depth and breadth of involvement in these areas with the media over a period of time. Some of the work must have been published or broadcast during 2010. An application form, which is available at www.PaPsy.org, must accompany all entries for this award. Applicants who have received this award in the past are not eligible. Deadline for entries is **December 31, 2010**.

Early Career Psychologist of the Year Award to be given to a Pennsylvania Early Career Psychologist (ECP) who, in his or her practice as an early career psychologist, is making a significant contribution to the practice of psychology in Pennsylvania. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2011**.

Student Multiculturalism Award to be given to a psychology student who is attending school in Pennsylvania and who produced a distinguished psychology-related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2011**.

Classifieds

POSITIONS

CBHNP/PerformCare, An AmeriHealth Mercy Company, is offering the following growth opportunity in Harrisburg, PA:

PSYCHOLOGIST ADVISOR- REQ #371

The Psychologist Advisor ("PA") supports the clinical department by providing consultation regarding the clinical aspects of specific cases and offering guidance pertaining to best practice standards and quality of care issues. The PA is responsible for activities and consultation regarding program initiatives, committee representation, and process enhancement. These activities involve research and data analysis, special projects, program development, evaluation of new services, writing best practice guidelines, and quality monitoring. Additional responsibilities include making utilization determinations, as needed, addressing quality concerns through peer to peer consultations, and providing internal and external training. The PA will perform utilization management activities consistent with qualifications as approved by the CBHNP Credentialing Process and verified through an NCQA Credentialing Verification Organization.

We are looking for a Doctoral level Psychologist with unrestricted license to practice psychology in Pennsylvania or any other applicable states, minimum of 5 years clinical experience in behavioral health, Behavioral healthcare management and managed care experience strongly preferred. Previous Quality Improvement experience; Academic research, teaching and data analysis experience strongly preferred; Demonstrated knowledge of prescribed and established clinical procedures and practices; Care management and authorization review experience; Strong leadership background, skills, and experience; Excellent communication skills: Verbally and in writing with all internal and external customers; Strong presentation skills required; Ability to use PC's in a Windows based environment; Familiarity with federal, state, and local regulations that pertain to the clinical operations of CBHNP.

CBHNP/PerformCare offers a competitive salary and comprehensive benefits package. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin. Failure to submit your expression of interest as asked will automatically remove you from consideration. Your cover letter and resume must reference Job Title/Req # and must state your salary req. Please mail to CBHNP, Attn: HR, PO Box 6600, Hbg, PA 17112 OR HRAdministrator@cbhnp.org OR Fax (717)909-2108 EOE/AA Employer

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UNIVERSITY OF PITTSBURGH
DEPARTMENT OF PSYCHOLOGY

Visiting Faculty

The Department of Psychology at the University of Pittsburgh invites applications for two positions at the level of Visiting Assistant Professor in Psychology. These positions, which are outside of the tenure stream, would begin with the Fall Term 2011, subject to budgetary approval. Duties for each position will include teaching three courses per academic term. Candidates should be able to teach several of the following courses: Social Psychology, Introduction to Psychology, Research Methods, Developmental Psychology, Sensation and Perception, History of Psychology, and Learning and Motivation. The initial appointment is for one academic year; positions are renewable subject to a performance review and budgetary approval. A PhD or equivalent, with teaching experience and exceptional instructional skills, is required.

Applicants should apply electronically by sending a curriculum vitae and relevant teaching materials to psysrch@pitt.edu. Three letters of recommendation should be mailed to: Visiting Faculty Search Committee, Department of Psychology, University of Pittsburgh, 210 South Bouquet Street, 3129 Sennott Square, Pittsburgh, PA 15260.

Review of applications will begin immediately and will continue until the positions are filled. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Women and members of minority groups under-represented in academia are especially encouraged to apply.

OTHERS

CMT CONSULTING LLC, a member of HBMA (Healthcare Billing and Management Association), is an established medical billing company specializing in Behavioral Health. We have been serving individual to small practices in the health care community for over eight years. For personalized, professional and diligent service contact us at christalucci1@comcast.net or 215-588-6586.

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$30 FOR 10 CE Home Study on love relations, also CE on ethics, psychotherapy, MMPI-2 and more. At: www.mmpi-info.com

OFFICE SPACE in Morrisville available by the hour, day or month. Greesh Sharma, Ph.D., 215-295-3099.

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Vol. 70, No. 10

The Pennsylvania Psychologist

November 2010 • UPDATE

The Pennsylvania Psychologist
416 Forster Street
Harrisburg, PA 17102-1748

Editor — Andrea L. Nelken, Psy.D.
PPA President — Mark A. Hogue, Psy.D.
PPF President — Richard F. Small, Ph.D.
Executive Director — Thomas H. DeWall, CAE

The *Pennsylvania Psychologist* Update is published jointly by the Pennsylvania Psychological Association (PPA) and the Pennsylvania Psychological Foundation in January, February, April, May, July/August, October and November. The *Pennsylvania Psychologist* Quarterly is published in March, June, September and December. Information and publishing deadlines are available from Marti Evans at (717) 232-3817. Articles in the *Pennsylvania Psychologist* represent the opinions of the writers and do not necessarily represent the opinion or consensus of opinion of the governance, members, or staff of PPA. Acceptance of advertising does not imply endorsement.

Join PPA's Listserv!

The listserv provides an online forum for immediate consultation with hundreds of your peers. Sign up for FREE by contacting:

iva@PaPsy.org.

2010–11 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

November 4 – 5, 2010
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

March 31 – April 1, 2011
Spring Continuing Education and Ethics Conference
Harrisburg, PA
Marti Evans (717) 232-3817

June 15 – 18, 2011
Annual Convention
Harrisburg, PA
Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.PaPsy.org/resources/regional.html.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

also available at www.PaPsy.org – HOME STUDY CE COURSES

*Introduction to Ethical Decision Making** – NEW!
3 CE Credits

Staying Focused in the Age of Distraction: How Mindfulness, Prayer and Meditation Can Help You Pay Attention to What Really Matters – NEW!
5 CE Credits

*Competence, Advertising, Informed Consent and Other Professional Issues**
3 CE Credits

*Ethics and Professional Growth**
3 CE Credits

*Confidentiality, Record Keeping, Subpoenas, Mandated Reporting and Life Endangering Patients**
3 CE Credits

*Foundations of Ethical Practice**
6 CE Credits

*Ethics and Boundaries**
3 CE Credits

Readings in Multiculturalism
4 CE Credits

*Pennsylvania's Psychology Licensing Law, Regulations and Ethics**
6 CE Credits

***This program qualifies for three contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.**

For all Home Study CE Courses above contact: Katie Boyer (717) 232-3817, secretary@PaPsy.org.