Vol. 71, No. 3

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

The Pennsylvania Psychologist

March 2011
QUARTERLY

ANNUAL CONVENTION

June 15-18, 2011 • Harrisburg, Pennsylvania

Celebrating Human Performance in Mind, Body, Spirit, and Community

ALSO IN THIS ISSUE

- Special Section on Disabilities
- Review of Legislation Affecting Psychologists
- Legal Column: Release of Information
- Helping Students with ADHD

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The Pennsylvania
Psychologist

Editor: Andrea L. Nelken, PsyD

March 2011 • QUARTERLY

Pennsylvania Psychological Association
416 Forster Street
Harrisburg, PA 17102
(717) 232-3817
www.PaPsy.org

The ***Pennsylvania Psychologist*** is the official bulletin of the Pennsylvania Psychological Association and the Pennsylvania Psychological Foundation. PPA dues include member subscriptions. Articles in the *Pennsylvania Psychologist* represent the opinions of the individual writers and do not necessarily represent the opinion or consensus of opinion of the governance, members or staff of PPA or PPF.

The *Pennsylvania Psychologist* Quarterly is published in March, June, September and December. The copy deadline is the 15th of the second month preceding publication. Copy should be sent to the PPA Executive Office at Pennsylvania Psychological Association, 416 Forster Street, Harrisburg, PA 17102.

Graphic Design: LiloGrafik, Harrisburg

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Disabilities and PPA's Annual Convention

Mark A. Hogue, PsyD

Dr. Mark A. Hogue

Welcome to the March edition of the *Pennsylvania Psychologist*. Not only does this issue outline our upcoming convention, "Celebrating Human Performance in Mind, Body, Spirit, and Community," but it also reviews psychology's role in all four areas as they are expressed in disabilities. As a medically based psychologist who works in general and rehabilitation hospitals, I am excited about this issue. Also, I believe my *other* theme, celebrating human "willfulness," applies in an important way to disabilities. In my presidential address in June and in my last article, I discussed issues concerning the human will. I want to expand on that in this article, and focus on willfulness in the theme of "body."

One of my favorite psychologists was William James. He unashamedly discussed the will of humans. In 1897, he authored *The Will to Believe*. In fact, in a personal communication to a colleague, he lamented that he did not name this work "The Will to Choose." Although his work is not without critics, the issues raised more than a century ago by this psychologist, physiologist, and philosopher remain relevant and intrigue me.

In that work, and in the chapter, "The Will," of his *Principles of Psychology*, James artfully described the role of the human will, mental disturbances' effects on the will, as well as some of the limits of our will in overcoming dis-ease. James asserted that our will is essential to self-agency, and to that of belief and decision-making. He asserted that our "passions" help us to decide what it is that we will to believe, and that psychopathology essentially robs us of our ability to make rational choices in favor of passions. In regard to the loss of will due to disturbance, he said:

> It is the characteristic of most forms of mental disease for self-control to be lost, but this loss is usually part of a general mental affection with melancholic, maniacal, demented, or delusional symptoms as the chief manifestation of the disease (James, 1890).

Conversely: In addressing a number of Harvard scientists in *The Will to Believe*, he outlined some of the limits of the will:

> Can our will either help or hinder our intellect in its perceptions of truth?... Can we, by any effort of our will, or by any strength of wish that it were true, believe ourselves well and about when we are roaring with rheumatism in bed, or feel certain that the sum of the two one-dollar bills in our pocket must be a hundred dollars (James, 2008)?

So it is that I believe we psychologists are charged to protect, guide, and encourage self-agency or "rational will" in our clients.

So, sometimes psychology has done an injustice to the human will, and equally, to what we might call "objective reality." In a more modern example, psychology sometimes tells us that we can effectively "will away" our dis-ease. I mean dis-ease, very broadly defined. We see this in our practice in Erie, when patients die from cancer, and sometimes families feel not only bereft but robbed, because they believe that if their loved ones simply laughed more or willed it more, they would not have died. These families disregard the fundamental power of biology. On the other hand, we witness "miraculous healings" where people engage their willfulness to recover. Our mind/body connection is powerful indeed. I am not at all disturbed when I see very intelligent physicians dumbfounded when someone lives or dies without medical school logic. It sort of brings a tear to the eye of a romantic psychologist: some things just can't be explained medically.

So it is that I believe we psychologists are charged to protect, guide, and encourage self-agency or "rational will" in our clients. Early behaviorism favored mechanistic actions devoid of will (defined as "drive"), but they have come around now to including cognition in their psychology. Still, many factions of psychology and certainly many medical sciences seem disinterested in the power of will to change our life outcomes, and psychiatry has moved back to a more biological model to describe human behavior.

Many people have also accused psychology of becoming too medicalized. The debates regarding hospital privileging and prescriptive authority have raised the ire of many psychologists. Psychologists seeking prescriptive authority are often accused of "playing medical doctor" and *ad hominem* accusations are made that psychologists are trying to be "real doctors." Opponents of prescriptive authority fear if we do something physicians do, we'll become "more like them," that we'll be relegated to "med checks" like psychiatrists or be "junior physicians." I need to say this, folks: In my 30 years of doing medically based psychology, I have had no desire to become a physician. I hang out with medical personnel daily, and I appreciate what they do, but they are often sorely limited in their ability to explain even why some people live or die, given their patients' medical presentation. In fact, I have found that the more they hang out with *us*, the less medicalized *they* become, and the more interested they are in the willfulness of humans and what psychology offers toward understanding how their patients' medical illnesses are expressed.

Now, as a 56-year-old guy who grew up with one of the first color TVs on the block, I'm ashamed to admit that much of my current belief about psychology and the human condition was recently summed up in a single line on a TV program. In a more recent CSI episode, Dr. Ray Langston (played by Laurence

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Promoting Access to Psychological Services

Thomas H. DeWall, CAE

Thomas H. DeWall

One of the most critical aspects of our strategic plan is to advocate for public access to psychological services. We do this through a carefully planned advocacy agenda, and we involve our members in grassroots advocacy activity.

PPA has a long record of promoting public policy that makes psychological services more accessible to the public and to enhance the mental health and well-being of all Pennsylvanians. Last year our advocacy was critical in enacting Act 30, which will promote problem-solving courts, including mental health courts. It authorizes the state Supreme Court to appoint a "problem-solving courts coordinator" to provide guidance to county judges in setting up procedures to divert non-violent offenders with mental disorders from prison and into treatment. We also won passage of a series of bills that authorizes psychologists to evaluate candidates for positions as police officers and firefighters at the local government level. We successfully helped promote a new law that creates more equity and fairness in child custody determinations.

Also, in just the last few years our advocacy has helped to:

- enact legislation prohibiting licensing board complaints against court-appointed psychologists doing child custody evaluations for up to 60 days after the judge's order;
- pass a bill allowing minors over the age of 14 to consent to treatment and making it easier for parents to get their teenage children into treatment;
- pass a bill that requires many commercial insurers to cover up to $36,000 a year for individuals under the age of 21 who have an autism spectrum disorder.

This year our primary focus will be on monitoring and encouraging appropriate enforcement of existing laws concerning mental health. For example, the Mental Health Parity Act, which went into full effect in January 2011, requires parity in quantitative benefits, such as copays. However, determining parity can be quite complex, as copays for physical health can vary considerably depending on the specialty and location of the service. Consequently, the regulations provide a complicated formula for determining how to apply this general principle of parity to copays. Similarly, we will be monitoring other ways in which mental health parity is being implemented.

For the next 2 years we will probably not be pursing new changes in insurance laws, although we know that such issues are central to psychologists' practice. In the legislative process we know we have to be realistic and not expend time and money on unwinnable fights. The fact is that right now the deck is stacked against us in one important respect: the chairs of the state House and Senate Insurance Committees are very friendly to the health insurance companies and in the past have refused to move legislation opposed by the insurance industry. Committee chairs have a great deal of power. They determine what bills will be brought up for consideration, and only a small fraction of bills ever get this distinction. No matter how much support a bill may have among legislators generally, one person in each chamber can stop a bill's progress. In fact, we saw this a few years ago with legislation that would have curtailed managed care companies' use of authorizations. The bill had a substantial majority of members of both the House and Senate as cosponsors, and it passed the House unanimously, but it was never allowed a hearing or a committee vote in the Senate.

On the other hand, there are viable bills that we can pursue that will still make a difference for psychologists and their clients. It is important to get psychologists included as authorized and recognized providers in as many statutes as possible so that psychologists can practice to the full extent of their training and scope of practice. This type of legislation not only helps psychologists but also helps the public get access to critical psychological services.

> *This year our primary focus will be on monitoring and encouraging appropriate enforcement of existing laws concerning mental health.*

One of the first issues we are working on in 2011 is a bill that sets new ground rules governing how head concussions among high school athletes are treated. A similar bill, passed by the House last year, died in the Senate. At press time it was expected to be introduced again this year by Rep. Timothy P. Briggs (D-Montgomery) and Sen. Patrick M. Browne (R-Lehigh). Of primary concern to PPA last year was the language describing the credentials of the health care professionals authorized to determine whether a concussed student was able to return to play. The version that passed the House stated, "The student shall not return to participation until the student is evaluated and cleared for return to participation in writing by a licensed or certified health care practitioner whose scope of practice includes the management and evaluation of concussions." In contrast, some legislators had wanted to require that this professional be a physician. Our association was able to provide convincing evidence that this provision had to be broad enough to include psychologists. Since many psychologists, including neuropsychologists, have this expertise and, in fact, have developed many of the procedures for evaluating concussions, we believe that the language from last year's House bill is

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Pennsylvania Release of Information Form

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Dr. Allan M. Tepper

Pennsylvania psychologists are mandated to maintain a legible written record for each patient service contact (49 Pa. Code §41.57(b)). Once these records are generated, the records must be maintained for at least five years after the last date of service rendered (49 Pa. Code §41.57(d)).

In Pennsylvania, the records belong to the patient. That is, the psychologist owns the pieces of paper upon which the information is transcribed, but the information contained in the records is controlled by the patient. In this way, the psychologist is the custodian of the patient's records.

Once written records are generated, there are two primary non-mandated situations in which records may be released. First, the psychologist may receive a request for patient records from an outside third party. Second, the psychologist may seek to obtain patient records from an outside third party. In both situations, a release of information executed by the patient is necessary before releasing or obtaining records.

Pennsylvania State Board of Psychology requirements governing the release of confidential information

The Pennsylvania State Board of Psychology regulation governing the release of confidential information is contained in 49 Pa. Code §41.61, Principle 5, Confidentiality. In general, patients' information may be revealed only with the consent of the patient affected after full disclosure to them and after obtaining their authorization. Although this confidentiality regulation uses the term "information" rather than the word "records," this requirement should be read in conjunction with the Board's professional recordkeeping regulation. In addition, although a strict interpretation of this confidentiality regulation allows for oral consent, it is recommended strongly that the psychologist utilize a written consent-to-release-information form prior to releasing a patient's records to an outside third party.

HIPAA written authorization form

The Federal Health Insurance Portability and Accountability Act (HIPAA) applies to health care providers who transmit any health information in electronic form in connection with a transaction governed under HIPAA. Such health care providers are referred to as "covered entities." A transaction is defined as the transmission of information to carry out financial or administrative activities related to health care. These transmissions include such information as referral certification and authorization, health care claims, and health care payment advice.

Many psychologists, especially those who participate as managed care providers, are HIPAA covered entities. Practitioners who are covered entities must utilize a HIPAA-compliant authorization form prior to releasing a patient's records to an outside third party. In addition, the use of a HIPAA-compliant authorization form may be utilized by any psychologist, or by psychologists unclear of their exact HIPAA status.[1]

Requirements for a HIPAA-compliant authorization form

A HIPAA-compliant authorization form must be in writing, it must be written in plain language, it must be separate from all other documents, it must be signed by the patient or the patient's legal representative, and a copy of the form must be given to the patient. In addition, the following information must be included on the form:

- the name of the person authorized to release the information;
- the name of the person authorized to receive the information;
- a description of the purpose of the requested disclosure;
- a specific description of the health information to be disclosed;
- a statement that the patient has a right to revoke, in writing, the authorization;
- a statement that the patient's treatment cannot be conditioned upon the patient's permission to release health information;
- a statement that the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient.

[1] The third author recently represented a psychologist in a federal HIPAA complaint. The psychologist does not utilize a HIPAA-compliant authorization form. The complaint alleged that the psychologist impermissibly disclosed protected health care information to an outside third party. Although the psychologist participates as a managed care provider, the psychologist conducts all billing in paper form, conducts no financial or administrative activities in electronic form, and does not transmit health care information in electronic form. Following a review of the case, it was determined that the psychologist was not a covered entity under the HIPAA Privacy and Security Rule, and the complaint was dismissed. This case example must be viewed with caution, however, in that it was necessary for the psychologist to present and argue this defense in a detailed fashion.

The United States Department of Health and Human Services' "March 2006 Administrative Simplification Regulation Text" contains 84 pages of information. Included in these 84 pages are the requirements associated with the use of a written authorization form. The 84 pages of text, however, do not include a sample HIPAA-compliant authorization form.

Generally, it is difficult to rely upon clinical practice forms generated by other individuals, in that such forms may or may not be consistent with Pennsylvania law. With respect to HIPAA, however, many of the sample forms available for review or purchase from professional organizations are a helpful means of promulgating a HIPAA-compliant authorization form, in that these sample forms are generated from the same federal statute and accompanying regulations. The use of such sample forms, therefore, can provide the practitioner with an expedited method of constructing a HIPAA-compliant authorization form.

In addition to containing the statutorily required information, a HIPAA-compliant authorization form can contain additional logistical information. In this regard, a number of points are offered for consideration.

Although not required by HIPAA, the form can include the patient's date of birth and social security number. Patients may be reluctant to disclose their Social Security numbers, but the inclusion of the date of birth may avoid unnecessary confusion in the event that two or more patients share the same name.

The health information to be released must be described in detail. This requirement can be met by providing a blank space on the form allowing for a narrative description of the exact information to be released, or by using a checklist identifying what information is to be released. The use of a checklist to describe the health information to be released

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Advocacy Day

The PPA leadership has selected **Monday, April 11, 2011**, as our Advocacy Day this year. PPA members are urged to put it on their calendars. It will again be in room 60 East Wing of the Capitol Building in Harrisburg. The schedule will consist of registration at 9:30 a.m., an issue orientation session from 10:00 to 11:30, and meetings with legislators after that.

We will be providing more information about it by e-mail and on our website. Plans for CE credit are in the works. We hope to have a good turnout of PPA members. No room for social loafers here!

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Continued from page 2

Fishburne) had a particularly pointed encounter with one of his co-workers, who was attempting to convince him that the genetic imprinting of a person compelled heinous acts. In Dr. Ray's retort to her, he said, "Just because something might happen doesn't mean that it will happen.... *It's genetics, it's not destiny.*"

What a call to freedom! Those who are " helplessly bound by genetics" to obesity, diabetes, heart disease, histories of various addictions, depression, and other psychological disorders can rally behind this call to freedom. "It runs in my family" seems to roll off the lips so easily, as if someone is pushing against an inevitable genetic locomotive. Who is best trained to answer this cry of "genetic predisposition?" Psychologists. Can we, by encouraging clients to exert their will through application of effective therapeutic treatments, answer with the freedom cry of "It's genetics, it's not destiny?"

So, lest you think I've gone totally mad in touting sound bites and TV definitions of psychology and life, much has been recently written about the human genome project, and epigenetics in particular. Researchers have recently "discovered" what psychologists have known all along:

> Epigenetics introduces the concept of free will into our idea of genetics.... "People used to think that once your epigenetic code was laid down in early development, that was it for life," says Moshe Szyf, a pharmacologist... at McGill University in Montreal. "But life is changing all the time, and the epigenetic code that controls your DNA is turning out to be the mechanism through which we change along with it. Epigenetics tells us that little things in life can have an effect of great magnitude" (Watters, 2006, p. 34).

Moshe Szyf, Michael Meaney, Randy Jirtle, Robert Waterlan and others have demonstrated that common signaling pathways known as DNA-methylation act to suppress or express genetic presentation depending largely upon environmental, social, nutritional, stress, and other factors. This includes epigenetic markers that can be passed across generations, described in the work of biologist Emma Whitelaw at Queensland Institute in Australia (Watters, 2006).

I'm really pleased to see that "easier science" is finally catching up to what we "hard scientists" have known all along: *We shape the environment that helps shape us*. Please understand: I am not negating genetic factors in our development, nor am I intending to downplay the significance of our biology in our day-to-day functioning. However, the mind-body separation often embraced by the general public and by medicine in particular is false (e.g., "It's all in their head"). However, the complex interplay of all four areas of mind, body, spirit, and community determines who we are, and how illness and psychological difficulties are expressed. Because of psychology's expertise in considering all of these areas, one of my major initiatives falling under "body" this year includes looking at psychopharmacology and prescriptive authority.

One of my major initiatives falling under "body" this year includes looking at psychopharmacology and prescriptive authority.

As many of you know, two states and one territory have enacted psychopharmacology bills. We have sat back and watched. The fear of the "demise" of psychology, as demonstrated by those who are prescribing, has proven unfounded. Ask psychologists who *currently* prescribe if they have lost their identity as psychologists. I have asked many. They have not. Their relationships with physicians have in fact strengthened as they work collaboratively toward better patient care and improved holistic approaches. As our own Dr. Anita Brown, (past president of PPA, and one of the original psychologists in the DoD trial of prescriptive authority in the military) has often said, "The ability to prescribe is also the ability to un-prescribe."

As William James so aptly said, psychopathology essentially erodes the human will, and consequently, takes away self-agency. Those with significant mental disturbance can find relief with the proper and judicious use of psychopharmacology. This relief can help translate to improved participation in the psychotherapeutic process to bring about re-engagement of their will. Would you rather take a medication prescribed by someone you trust because of a therapeutic relationship, or by a stranger contacted solely to prescribe a psychotropic? That is one reason many patients feel better about getting prescriptions for psychotropic medications from their primary care physicians than from psychiatrists. This trust issue can be successfully interwoven into a psychotherapeutic relationship.

I am asking the current Psychopharmacology Committee to take on a new and more aggressive role in this matter. They have done well to educate us about this issue over the last 12 years. I am now asking them to study the different models and legislation used in different states. Cost, funding sources, and resources needed to move this legislation forward are among the initiatives charged to this committee.

I know this is controversial for some. The PPA listserv lit up last April with concerns. Our profession is moving on, and for some psychologists, prescriptive authority makes sense. We can ill afford to be obstructionist regarding this issue. As I said on the list, I wonder why we feel so bad about ourselves, or lack such trust in ourselves that we believe that if we prescribe, we'll become "junior medical doctors" or physician "wannabes?"

I encourage thoughtful discussions regarding this, even if it involves disagreement. However, the discussions will be more productive if we listen to each other carefully and avoid *ad hominem* comments or unnecessarily divisive rhetoric. It helps to do your homework and understand the issues clearly if we are going to have meaningful discussions. I believe that there is no other profession on this planet that can prescribe psychotropic medications as well as we can. I mean it. We do not treat everyone like a nail, because we have more than a hammer. We know there are limits to the use and efficacy of medications. However, to deny that they are unimportant in the treatment of certain disorders is irrational. Further education and supervision will be needed; however, I believe psychologists already have been, and will continue to be, trained to prescribe responsibly and efficaciously.

Access to psychiatry by those who truly need medications is limited. I work closely with family practitioners, some of whom are quite knowledgeable about psychotropic medications. *They* ask *me* what to prescribe. Nursing homes are full of people in need of medication when "talk therapy" isn't sufficient, as in the

case of advanced dementias. Make no mistake, folks. We have much to offer in this arena, and it ain't "playing medical doctor." Dr. Don Masey has agreed to chair this committee, and Dr. John Gavazzi is co-chairing. They are currently gathering information regarding the complex issues involved, and their committee will report their findings and recommendations to the Board of Directors by June 2011.

Please take time to look carefully through this wonderful edition of the *Pennsylvania Psychologist*. I continue to feel grateful to serve as your president as we move PPA and our profession forward.

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Election for Board of Directors Will Be Electronic

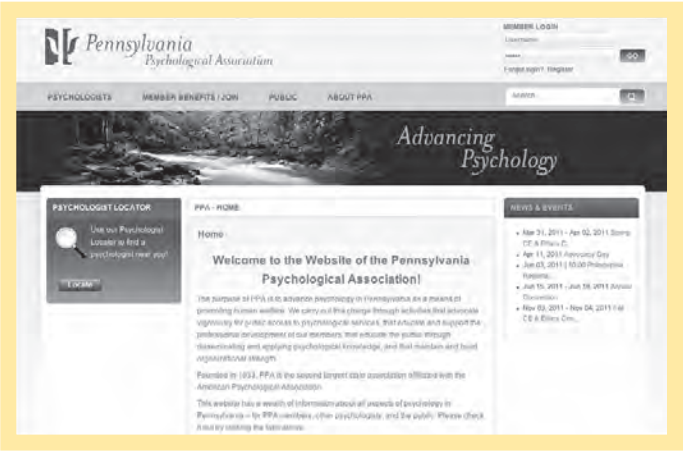
Soon your ballot for the PPA Board of Directors elections will be arriving via e-mail. Please watch for it. If you think PPA has an e-mail address for you that is not current, or if the office doesn't have your e-mail address, please e-mail Iva Brimmer at iva@PaPsy.org with a current address. Do it NOW.

We will post a few reminders to all members and those on the listserv during the month that voting is open, March 15 to April 15. As a reminder, for those of you on the listserv, as with all postings, any commentary about the election or candidates must observe the listserv rules and etiquette (http://www.PaPsy.org/collaboration-communication/listserv.html).

If you do not have an e-mail address, or if the PPA office doesn't have it, you will receive a paper ballot in the mail.

The candidates' statements will be posted on the PPA website, www.PaPsy.org, in the members-only section. We have a terrific slate of candidates who have served PPA well, and we are so pleased that each of them is willing to continue to lead. Please be sure to vote!

PPA Website Upgraded



PPA now has a newly upgraded website. The URL is still **www.PaPsy.org**. It has even more information than it had before, though it is more intuitive and the information will be much easier to find. It features pull-down tabs labeled "psychologists," "members-only," "member benefits/join," "public," and "about PPA." The Psychologist Locator will be easy to find on the first page and subsequent pages; all members in private practice get a free listing. To make information easy to find, a search window is prominent.

You will need to login to bring up the members-only section. There is no longer just one username and password for all members; instead, the username will be the member number (listed on the address label of this publication) and the password will be the member's last name (and is case-sensitive).

As before you will find:

- news on legislation of interest to psychologists and their clients
- current and past copies of the *Pennsylvania Psychologist*
- online CE programs
- announcements about in-person events
- licensure information
- membership benefits
- information of special interest to students and early career psychologists

Please check out the new website and bookmark it to keep current with everything that is happening in psychology in Pennsylvania.

LEGAL COLUMN

Continued from page 4

could include such categories as intake summaries, discharge summaries, social history, and test results.

Pursuant to HIPAA, psychotherapy notes are afforded additional protection. It is important to note, however, that under HIPAA, psychotherapy notes are part of the patient's record. In this way, similar to other confidential information, the release of psychotherapy notes is allowed and controlled by the patient. The HIPAA-compliant authorization form, however, must include verification, via specific language or a specific check-off box, that the patient is consenting to the release of psychotherapy notes.

The patient, or the legal representative of the judicially determined incapacitated patient, must sign and date the HIPAA-compliant authorization form. In Pennsylvania, a parent can authorize the release of mental health information of a minor less than 14 years old. In Pennsylvania, the consent of minors 14 years and older is required prior to the release of their voluntary outpatient treatment records. The consent and signature of the 14-year and older minor is necessary, therefore, to ensure that the HIPAA-compliant authorization form is consistent with Pennsylvania law.

Request to obtain records

At times, a psychologist may seek to obtain records from an outside third party. Such outside third-party records may be necessary for treatment or assessment purposes. In such records request situations, the need for a HIPAA-compliant authorization form will be determined by the HIPAA status of the health professional from whom the records are being requested. That is, if the outside party is a HIPAA covered entity, this individual may reject a request for records that does not contain a HIPAA-compliant authorization form, resulting in unnecessary delay in the processing of the records request.

A simple means by which psychologists can avoid this delay is to include in their own authorization forms a check-off box indicating that the patient authorizes the psychologist to "release to" an individual, or to "obtain from" an individual, the health information described in the form. In this way, the psychologist can utilize the same form when responding to a request for records and when seeking to obtain records.

Discussion

Pennsylvania psychologists are required to generate and maintain written patient records. Pennsylvania psychologists also are required to protect the confidentiality of this information. The patient controls the release of the confidential information. The consent of the patient is necessary prior to releasing records or confidential information to outside third parties.

Psychologists who are deemed covered entities under HIPAA must utilize a HIPAA-compliant authorization form prior to releasing patient health information. There is no standard authorization form included in the HIPAA statute or accompanying regulations. Sample forms, however, can be acquired from professional and psychological organizations. These forms can be modified to comply with Pennsylvania law. If desired, one form can be constructed to apply to both releasing and obtaining records.

EXECUTIVE DIRECTOR'S REPORT

Continued from page 3

most protective of student athletes.

Better education about concussions is at the heart of this legislation. It will require the state Departments of Health and Education to develop guidelines and other relevant materials related to the nature and risk of head injuries. Schools will be encouraged to hold informational meetings on this topic prior to the start of each athletic season. Students participating in an athletic activity and their parents or guardians would have to sign and return an acknowledgement of receipt of head injury information each year.

Another bill we will be pursuing in 2011 will authorize psychologists to make recommendations to a judge regarding insanity of a criminal defendant. It will not alter the standards for an insanity defense in Pennsylvania. Insanity determinations are rare and constitute fewer than 1% of all homicides. The current insanity statute permits defendants to summon an "other expert" such as a psychologist to testify on their behalf. Thus, the court can allow a psychologist expert to testify for the defense, but the law does not allow a psychologist expert to testify for the prosecution in the initial determination of insanity.

We will be working on these and other issues at our annual Advocacy Day, April 11. I hope to see you there. Please see the Advocacy Day invitation and response form on page 5.

I also hope to see you at our Annual Convention in June. You will find a great deal of information about the convention's exciting presentations in this issue of the *Pennsylvania Psychologist*.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

June 15-18, 2011
Harrisburg, Pennsylvania

Celebrating Human Performance in Mind, Body, Spirit, and Community

Namaste!

Beatrice Chakraborty, PsyD, Chair, Program and Education Board

Dr. Beatrice Chakraborty

Namaste, to my PPA friends and colleagues! On behalf of the PPA Board of Directors and the Convention Committee, I extend greetings to you and an invitation to all to attend the PPA 2011 Annual Convention, June 15-18, at the Harrisburg Hilton. The convention theme this year is "Celebrating Human Performance in Mind, Body, Spirit, and Community."

When we consider the limitless possibilities of what humans can accomplish (i.e., human potential), we cannot help but reflect upon and celebrate the concept of human performance as it reflects the substance of individual and organizational determination. As psychologists, we strive to help others to achieve their human potential whether struggling to overcome depression, anxiety, or loss, improving health & wellness, or attaining a personal best. With this in mind, under the leadership of Convention Committee chair Mary Pat Cunningham, we have developed a convention program that essentially demonstrates how our PPA psychologists celebrate human performance. Our president, Dr. Mark Hogue, invites all of you to attend the Annual Convention and learn the latest techniques used by psychologists to facilitate change in the "mind, body, spirit, and community" with the goal of improving human performance and human potential.

Our continuing education program contains a potpourri of workshops addressing the latest in psychological science in multiple disciplines including clinical, child and adolescent, neuropsychology, industrial/ organizational, psychopharmacology, legal and ethical, multicultural competence, and many more. This year we will offer two 1-hour workshops on Friday morning so that there are even more CE credit workshops available to registrants. Also, look for programs designed specifically for students and early career psychologists. Lastly, it is our pleasure to again offer free mind-body health workshops for the public on Wednesday and Thursday.

The Annual Convention is a great time to learn how PPA is advocating for psychologists around the state and a great time to use the many networking opportunities to connect or re-connect with friends and colleagues. Check out the different venues for learning and fun, including the mind-body river walk and the exhibitors' hall, where you can enter to win door prizes. Other venues for learning and networking include our annual Psychopharmacology Breakfast Symposium, the Psychologically Healthy Workplace ceremony, and the Psychology in Pennsylvania Luncheon. The three main speakers for the convention will be (1) Keynote: Dr. Daniel Gould, (2) Psychopharmacology Breakfast Symposium: Dr. Robert McGrath, and (3) Psychology in Pennsylvania Luncheon Speaker: Dr. Stephen Behnke.

New this year! Inspired by Dr. Hogue to enhance our celebration of human performance in entertainment, we have engaged Robin Spielberg, a composer, pianist, and recording artist from York County, to perform on Thursday evening, June 17, from 7:30 p.m. to 8:30 p.m. You will not want to miss Spielberg's performance or her performance anxiety workshop earlier on the same day.

Come celebrate with us. Join us in mind, body, spirit, and community as we work together to "expand our neural networks and have lots of fun doing it," as our past board chair Dr. Tad Gorske described it. We look forward to seeing you in June.

Annual Convention Guest Speakers

Mary Pat Cunningham, MA, Chair, Convention Committee


Dr. Daniel Gould


Dr. Robert McGrath


Dr. Stephen H. Behnke


Mary Pat Cunningham

Celebrating human performance! We as psychologists strive for this every day in the work we do. We attempt to facilitate change in hopes of revealing our clients' true potential. Our keynote speaker this year, Dr. Daniel Gould, will speak on his attempts to do just that in his research and work in sport psychology. Dr. Gould is the director of the Institute for the Study of Youth Sports and professor in the Department of Kinesiology at the Michigan State University. He has studied the stress-athletic performance relationship, burnout in young athletes, athlete motivation and the psychology of coaching, specifically talent development and performance enhancement. Dr. Gould's speech will focus on how to implement psychological skills training programs for use with athletes of a variety of age and ability levels. His experience of having been a consultant with the U.S. Ski Team and the pit crew of some of NASCAR's leading race teams should add an interesting feature to his talk.

Our Psychopharmacology Breakfast Symposium speaker will be Dr. Robert McGrath. Dr. McGrath is a professor of psychology at Fairleigh Dickinson University, where he directs the PhD program in clinical psychology and the MS program in clinical psychopharmacology. He is currently developing a certificate program in integrated primary care. In his address, Dr. McGrath will outline the legislative process for prescription privileges, identify training models and service delivery issues, implications for licensure, and how to combine psychopharmacology and psychotherapy.

Our Psychology in Pennsylvania Luncheon speaker will be Dr. Stephen H. Behnke, director of APA's Ethics Office. He will focus on emerging technologies in his talk entitled *Ethics in the Age of the Internet*. Dr. Behnke's address will include a discussion of values that underlie the ethics code and ethical standards that are relevant to telemedicine and the Internet. There will be a focus on ethical decision-making over risk management. He will expand this topic in a 3-hour workshop on Friday afternoon.

As you can see, we have an exciting lineup of speakers this year. All three will offer us advice and education in their areas of expertise to aid us in adapting to ever-emerging changes in our field. Join us in Harrisburg and encourage colleagues to come along. There is a lot to learn!

Robin Spielberg

Piano Concert

Thursday, June 16, 2011
7:30 p.m. to 8:30 p.m.
Hilton Harrisburg

Whether playing music that embraces the transition from summer to autumn, familiar songs for the holidays, or celebrating the glory days of summer and romance, Robin Spielberg's concerts always intertwine musician performance with stories that inspire, enlighten, and make us laugh.

"From the moment she walks on stage, until the last note gently caresses the room, Spielberg casts a spell on her audience that is palpable, visceral, and spiritual. Better said – after you see her perform, you'll just feel a whole lot better about the world." – Hippo Press, New Hampshire

Spielberg's concert performance will include audience favorites from her best-selling recordings as well as music from her newest release, "Sea to Shining Sea: A Tapestry of American Music."

Named to the prestigious Steinway Artist Roster, Spielberg has sold over a million recordings, making her one of America's most popular contemporary female pianists/composers. Her 16 recordings include music for the holidays/winter solstice, romantic standards and theater songs, a children's recording which was on the Best of the Year list from *Child Magazine*, and several ensemble and solo CDs of her melodic original work. Her music appears on over 40 compilation recordings in the United States and Asia.

Spielberg has toured throughout the United States for more than 15 years. Concert highlights include three concerts at Carnegie Hall, several tours of South Korea, and a month-long tour (with Steinway in tow) throughout rural Montana.

Spielberg has served as celebrity artist spokesperson for the American Music Therapy Association since 2000. She has given master classes and workshops around the country at public schools, colleges, and universities on the topics of "Overcoming Performance Anxiety," "The History of the Piano," and "Music and Wellness."

Robin Spielberg and her husband, Larry Kosson, reside in York County with their daughter. You can listen to music clips, view video, see Robin's tour schedule, and more on the official Robin Spielberg website, www.RobinSpielberg.com. All convention attendees, presenters, and exhibitors are invited to attend the free Robin Spielberg piano concert.

Convention 2011. . . A Preview

Marti Evans, Conference and Communications Manager

PPA's Annual Convention, to be held June 15-18 at the Hilton Harrisburg, is an excellent time to connect with colleagues and friends and learn the latest psychological knowledge in addition to the initiatives designed to enhance psychology as a discipline and profession in Pennsylvania. Celebrate with us!

REGISTRATION FEES

To help you properly plan and budget for the convention, the following convention registration fees will apply. If you need a preliminary convention registration form for employer's check-processing/approval, please contact Marti Evans at the PPA office (717-232-3817 or mevans@PaPsy.org).

	EARLY REGISTRATION *(postmark by May 22)*		REGULAR REGISTRATION *(postmark after May 22)*	
	All	**Daily**	**All**	**Daily**
PPA Member	$320	$190	$390	$215
Non-Member	515	280	570	315
First Year Post-Doc PPA Member	55	40	60	45
Full-Time Student Member	55	40	60	45
Full-Time Student Non-Member	110	80	120	85
Senior PPA Member	205	125	220	140
Senior Non-Member	340	205	385	220
Spouse/Family/Guest	70	45	75	55

HOTEL ACCOMMODATIONS

To make a reservation at the Hilton Harrisburg, call 1-800-HILTONS or 717-233-6000. When phoning for accommodations, please identify yourself as a participant in the PPA Annual Convention to obtain the group rate: $123 single/double (plus tax). The group rate is protected until May 20. If the room block is sold out before May 20, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Please make your reservation early! We expect the room block to sell out before May 20. NOTE: Last year the room block sold out in April.**

COMMITTEE

Beatrice Chakraborty, PsyD
Murrysville
Chair, Program and Education Board

Mary Pat Cunningham, MA
Peckville
Chair, Convention Committee

Ellen Adelman, PhD
Elkins Park

Steve Eichel, PhD
Newark, DE

Bruce Eimer, PhD
Huntingdon Valley

Allyson Galloway, PsyD
Havertown

Tad Gorske, PhD
Pittsburgh

Gail Karafin, EdD
Doylestown

Charles LaJeunesse, PhD
Dallas

Ann Litzelman, MA
Harrisburg

Marijo Lucas, PhD
Rockland, DE

Mark McGowan, PhD
Indiana

Cathy Petchel, MA
McMurray

Stephanie Phillips, PsyD
Mars

David Rogers, PhD
Hershey

Beatrice Salter, PhD
Philadelphia

Adam Sedlock Jr., MS
Uniontown

Diane Snyder, MA
McMurray

Linda Taylor, PhD
Wynnewood

James Vizza, PsyD, MDiv
Johnstown

RESEARCH POSTER SESSIONS

The Science-Practice Research Poster Session, in addition to the Student Research Poster Session, will be held on Friday, June 17, 2011, during the convention. We will be featuring psychological research by psychologists and graduate and undergraduate students in colleges and universities throughout Pennsylvania.

The Convention Committee will be accepting poster submissions until April 1, 2011. Copies of both applications are available in the convention section of our website, www.PaPsy.org

FREE TO PPAGS MEMBERS!

Members of the Pennsylvania Psychological Association of Graduate Students (PPAGS) willing to assist in the convention registration area at least 4 hours during the Annual Convention will be given a complimentary convention registration which will entitle you to attend any of the continuing education workshops – FREE!

And, you are also invited to attend the Annual Students and Early Career Psychologists Networking Reception on Friday, June 17, 5:00 p.m. to 7:00 p.m. – FREE!

For further information, please contact: Peggie Price, Administrative Assistant, Pennsylvania Psychological Association, 717-232-3817, peggie@PaPsy.org

PROGRAM TOPICS

The 2011 Convention Committee wishes to thank those who submitted proposals for this year's convention, and we encourage those whose programs were not accepted to send a proposal next year.

The following is a list of the convention program topics, presenters, and tentative daily schedules as of January 15, 2011. Program descriptions will be listed in the convention program booklet that will be mailed in April.

The members of the Convention Committee (see box) and I will continue to work hard to ensure a quality convention. We look forward to greeting you in person in June!

WEDNESDAY, JUNE 15

MORNING

22nd Annual Psychopharmacology Breakfast Symposium

Prescriptive Authority and the Future of Psychological Practice
Robert McGrath, PhD

- *A Must Among Leaders: Our Ethical Mandate*
  Richard Small, PhD
  Jill Braun, MEd
  Andrea Nelken, PsyD
  Dianne Salter, PhD, JD
  Erica Stovall White, PhD
  Cathy McDaniels Wilson, PhD
- *Sport and Exercise Psychology: "Running" a Practice*
  Tammy Kordes, PhD
  Jon Glass, PhD
- *Twelve-Step Programs and Psychotherapy*
  Mark Schenker, PhD
- *Striving and Thriving: Strengths-Based Therapy and the Autism Spectrum*
  Katherine Dahisgaard, PhD
  Kate Altman, MS
- *Advanced Ethical Issues within Custody Work*
  Eric Bernstein, PsyD
- *Emerging Electronic Client Records (ECR): Best Practices and Ethical Considerations*
  Andrea Ettingoff, PhD
  Derek Schauer, BS

AFTERNOON

- *Find Authoritative Content for Your Articles and Presentations*
  Pauline W. Wallin, PhD
- *Advanced Ethics: Optimizing Ethical Decision-Making Skills*
  John Gavazzi, PsyD
  Richard Small, PhD
- *A Guide on the Journey: Nurturing the Growth and Well-Being of LBTQ Youth*
  Erica Weiler-Timmins, PhD
  Virginia Murphy, PsyD
- *Technology and Psychology: Tweeting, Blogging, Skypeing, Facebook, and More*
  John Shanken-Kaye, PhD
- *Current Practices and Trends in Sport-Related Concussion*
  Anthony Kontos, PhD
  Robert Elbin III, PhD
  Nathan Kegel, PsyD
  Jonathan French, PsyD
- *Diagnosis and Treatment of ADHD, Anxiety, and Mood Disorders in Children*
  Alexandra Wojtowicz, PhD
- *Managing Violence in Schools: Assessment, Intervention and Monitoring*
  Mark McGowan, PhD
- *A Thorough Introduction to Emotionally Focused Therapy: Couples and Beyond*
  Ronald Vogt, PhD
- *Alternative Treatments for Enhancing the Well-Being of Patients with Chronic Pain*
  Barbara Golden, PsyD
  Scott Glassman, MSEd
  Francine Broder, MEd
  Allison Burns, MA

EVENING

- *Pennsylvania State Board of Psychology: Helping Our Colleagues, Helping Ourselves*
  Members of the Pennsylvania State Board of Psychology:
  Salvatore Cullari, PhD
  Alex Siegel, JD, PhD
- *Got Culture? Let's Talk about Power and Privilege*
  Lori Simons, PhD
- *Collaborative Process for Resolution of Family Disputes: Role for Psychologists*
  Joanne Harrison Clough, Esq.
  Thomas Gould, Esq.
  Dawn Sunday, Esq.
- *Pediatric Obesity: Risks, Consequences, and Psychology's Role in the Fight*
  Nicole Quinlan, PhD
  KristiLynn Volkenant, MA
- *How Clients' Distorted Images of God Can Prevent Optimal Human Performance*
  Mary Lou Mlecko, PsyD

THURSDAY, JUNE 16

MORNING

Keynote Address

Sport Psychology: A Laboratory for Understanding Human Performance in Mind, Body, and Spirit
Daniel Gould, PhD

- *Psychologically Healthy Workplace Awards Ceremony*
  Rex Gatto, PhD

AFTERNOON

- *Overcoming Performance Anxiety: The Keys to Giving an Uninhibited and Truthful Performance*
  Robin Spielberg
- *Psychological Skills Training for Athletes*
  Daniel Gould, PhD
- *Telehealth and Electronic Communications with Patients: Ethical, Legal and Clinical Issues*
  Samuel Knapp, EdD
  Rachael Baturin, MPH, JD
- *Listening to Our Clients: Ethical Practice Is Multicultural Practice*
  Eleonora Bartoli, PhD
  Hue-Sun Ahn, PhD
- *A Review of Instruments Used in the Assessment of Children*
  Robert Reed, PsyD
  Diane Snyder, MA
- *Improving Relationships in Patients with Eating Disorders*
  Karyn Scher, PhD

- *Meta-Interventions for Child and Adolescent Clinical Work*
  Hue-Sun Ahn, PhD
  David Palmiter Jr., PhD

- *High-Conflict Families and Litigation: Avoiding Problems and Finding Opportunities*
  Jane Iannuzzelli, MEd
  Steven Cohen, PhD
  David Leaman, EdD
  Marolyn Morford, PhD
  Eve Orlow, EdD

- *Mind-Body Intelligence and Mindfulness-Based Psychotherapies: Buddhist Psychology Essentials*
  Ellen Adelman, PhD

FRIDAY, JUNE 17

"Early Career Psychologists and Psychology Students Day"

MORNING

Town Hall Plenary Meeting
Mark A. Hogue, PsyD
Judith Blau, PhD
Thomas H. DeWall, CAE
Samuel J. Knapp, EdD

- *Psychology in the Doctor's Office: Use of Depression Screening Tool for Patients*
  Lynne DiCaprio, MA
  Kyle Holsinger, PsyD

- *Reflections on the Concept of Gerotranscendence: Celebrating Spiritual Lessons*
  Gail Cabral, IHM, PhD

AFTERNOON

- *Psychologist, Know Thyself: Furthering Multicultural Competence*
  Audrey Ervin, PhD

- *Case Studies in Clinical Neuropsychology*
  Tad Gorske, PhD

- *Bullying and Cyber-Bullying: Factors Underlying Effective Intervention*
  Gail Cabral, IHM, PhD
  Francis DeMatteo, EdD
  Michael Mirabito, PhD

- *From Good to Great: Using Outcomes Research to Improve Your Patients, Practice, and Purse*
  Vincent Bellwoar, PhD
  Daniel Warner, PhD
  Neal Hemmelstein, PhD

- *Mental Illness Is Not a Brain Disease*
  Thomas Fink, PhD

- *Advanced Mindfulness: The Nine Mental States of Meditation*
  Steven Pashko, PhD

- *Ethics in the Age of the Internet*
  Stephen Behnke, JD, PhD

- *Integrating Behavioral Health and Primary Care Pediatrics: Case for Change*
  Shelley Hosterman, PhD
  Paul Kettlewell, PhD
  Megan Ubinger, MS
  Stephon Proctor, MS
  Natalie Zervas, MA

- *Psychological, Vocational and Neuropsychological Assessment: The Challenge of Ecological Validity*
  Stephen Berk, PhD
  Jasen Walker, EdD

SATURDAY, JUNE 18

MORNING

- *Marketing Psychological Services Ethically and Professionally*
  Elaine Rodino, PhD
  Andrea Delligatti, PhD
  Krista Boyer, MS

- *Understanding Intergenerational Issues with Refugees: Advocacy, Treatment, and Ethical Considerations*
  Takako Suzuki, PhD
  Lavanya Devdas, MSW
  Narrimone Thammavongsa, EdS

- *Grief and Mental Illness/Addictions: Mourning the Losses*
  Lillian Meyers, PhD

- *Helping Disaster Survivors by Teaching Resilience and Relaxation*
  Simone Gorko, MS

- *Elements of Psychodrama: Imagination and Creativity in Psychotherapy (morning and afternoon)*
  Ray Naar, PhD

AFTERNOON

- *Organ Jargon: Emotional Pain Expressed Physically*
  Becky LaFountain, EdD

- *Bridging the Gap: Creating a Clinical Home within Schools*
  Michael Hayes, PhD
  Kathryn Nicholson, MS
  Cynthia Vennie, MS
  Barbara Hayes, MSEd
  Maureen Whalen, MSW
  Michelle Coleman, MSW
  Angela Farronato, MS

- *Breakthrough Moments in First Sessions: Accelerating Treatment Using Short-Term Psychodynamic Therapy*
  Steven Shapiro, PhD

- *Understanding Medicare Documentation and Rules Through Case Reviews*
  Lawrence Clark, MD

License Renewal Reminder

Licensed psychologists in Pennsylvania must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics education) between December 1, 2009, and November 30, 2011. Do you have your 30 hours?

Reduce, Reuse Recycle

The Pennsylvania Psychological Association supports efforts to make our conferences friendly for our environment. We encourage our attendees, presenters, and exhibitors to use products that are made from recycled, recyclable, and rapidly renewable materials.

Our meeting sites are making good-faith efforts to accommodate the growing demand for "green" options.

Celebrating Human Performance

Beatrice R. Salter, PhD

Dr. Beatrice R. Salter

The theme for this year's convention is "Celebrating Human Performance in Mind, Body, Spirit, and Community." PPA President Dr. Mark Hogue envisions this theme as encompassing the broad range of areas where psychologists are uniquely trained to facilitate human performance including resilience strategies and effective functioning in every area of life. This theme also embraces the multiplicity of performance issues inherent in organizations and their efforts to develop and enhance the diverse facets of individual development and functioning. There are four workshops at this year's convention that are focused on human performance.

Our keynote speaker, Dr. Daniel Gould, will present *Psychological Skills Training for Athletes*. This workshop will describe the steps involved in designing and implementing a psychological skills training protocol for athletes across age, experience, and competency levels. Workshop participants will review case examples and use the information presented to develop a psychological skills training program.

In *Sports and Exercise Psychology: "Running"a Practice*, Drs. Tammy Kordes and Jon Glass will examine the scope of human performance enhancement across a variety of settings, focusing on how psychological factors can affect individual performance. They will also review the development of sport psychology and how clinicians can expand their practices in this area. Reviewing an area that has generated a great deal of interest in the media recently, Drs. Anthony Kontos, Robert Elbin III, Nathan Kegel, and Jonathan French will examine *Current Practices and Trends in Sport-Related Concussion*. This workshop will provide information about the signs of concussion, state-of-the art neurocognitive testing, need accommodations, and risk factors utilizing case examples and research findings.

Overcoming Performance Anxiety: The Keys to Giving an Uninhibited and Truthful Performance will address multiple aspects of performance anxiety across professions, including speakers, athletes, actors, and musicians. Robin Spielberg, composer, pianist and recording artist, will provide participants with strategies to use and teach, designed to reduce anxiousness during performance situations.

These workshops highlight that there are many factors that all individuals must negotiate in order to establish balance in their lives and utilize a wellness model that promotes healthy, productive living. In order to maintain an effective professional life, developmental strategies for academic and personal fulfillment, exercise in whatever manner keeps our bodies robust, maintain spiritual well-being, and connect with personal and professional communities, we must constantly examine issues of psychological health and personal capacity. Well, at least we can try!

Clinical Workshops

Cathy Petchel, MA

Cathy Petchel

Thankfully we have a vehicle within our Pennsylvania Psychological Association to gather during our Annual Convention in Harrisburg, to welcome our colleagues and friends, spend time reconnecting with psychologists within our home state, and forge new opportunities to interact with helping professionals, students, and staff. In many ways returning to Harrisburg feels like our homecoming. We are familiar with the amenities of the Hilton, the landscape of the town and in navigating our 4-day stay. We can relax and open our minds for experiences of learning, thinking, challenging/supporting our perceptions and ultimately integrating material into our method of practice.

This June, we are able to enrich our learning through a diverse selection of clinical workshops that celebrate human performance. On Wednesday morning, June 15, we are able to select either *Twelve-Step Programs and Psychotherapy* with Dr. Mark Schenker or *Striving and Thriving: Strengths Based Therapy and the Autism Spectrum* with Dr. Katherine Dahlsgaard and Kate Altman. On Wednesday evening we can attend *How Clients' Distorted Images of God Can Prevent Optimal Human Performance and Potential* given by Dr. Mary Lou Mlecko.

On Thursday afternoon Dr. Karen Scher will guide our understanding of *Improving Relationships in Patients with Eating Disorders*. Friday morning we have an opportunity to hear Dr. Gail Cabral discuss *Reflections on the Concept of Gerotranscendence: Celebrating Spiritual Lessons*.

Two workshops on Saturday morning will address clients struggling with the effects of loss and/or trauma: *Grief and Mental Illness/Addictions: Mourning the Losses* will be presented by Dr. Lillian Meyers and *Helping Disaster Survivors by Teaching Resilience and Relaxation* by Simone Gorko. *Breakthrough Moments in First Sessions: Accelerating Treatment Using Short-Term Psychodynamic Therapy* with Dr. Steven Shapiro, and *Understanding Medicare Documentation and Rules* with Dr. Laurence Clark, Carrier Medical Director for Highmark Medicare Services in Camp Hill, will be offered on Saturday afternoon.

Our Mind-Body Health Workshops for the Public provide an additional modality for gathering of information. The workshops will be offered from 8:30 a.m. to 4:30 p.m. on Wednesday and Thursday. Please plan on attending and supporting one or more of these hour-long sessions. You will find this information and interaction valuable.

I look forward to seeing and talking with you at the convention.

Child, Adolescent, and School Psychology Workshops

Gail R. Karafin, EdD

Dr. Gail R. Karafin

This year the Annual Convention is presenting a number of fine workshops related to children, teens, and schools. In the clinical area, Dr. Alexandra Wojtowicz, of the Chester County Intermediate Unit, will be presenting on assessment and evidence-based interventions for attention, anxiety and mood disorders in children. She will discuss the fallacy of the dichotomy between the psychology and the biology of these disorders. Another clinical presentation has been prepared by Dr. Nicole Quinlan and Kristi Lynn Volkenant on the topic of pediatric obesity. They will be discussing the factors contributing to this increasing problem and listing evidence-based interventions for treatment.

In the area of assessment, Dr. Robert Reed and Diane Snyder will provide a review of instruments used in the assessment of children. They will describe the utility and the strengths and weaknesses in instruments commonly used for evaluating children's behavior, intellect, and personality. They will also compare different instruments so the evaluator can make a more informed choice when selecting a test battery.

We have two workshops presenting alternative models for coordination of programs for children. Dr. Michael Hayes, Kathryn Nicholson, Cynthia Vennie, Maureen Wahlen, Michelle Coleman, and Angela Farronato are presenting on a family-focused mental health program in schools. School-Based Behavioral Health (SBBH) Teams are used to provide a clinical home through partnerships among families, educators, county administrators, community provider agencies, and a managed care organization. This model differs from other community-based behavioral health services and employs a treatment model for positive behavioral supports. A second program for children's services is one presented by Dr. Shelley Hosterman, Dr. Paul Kettlewell, Megan Ubinger, Stephon Proctor, and Natalie Zervas, of Geisinger Medical Center. This interactive workshop describes a model integrating behavioral health and primary care pediatrics. They will discuss key research findings from peer-reviewed outcome literature and will consider practical roles for psychologists in integrated care settings.

Dr. Mark McGowan will be presenting on assessing, intervening, and monitoring violence in schools. This workshop will compare current best-practice approaches for the assessment of violence and apply the Structured Professional Judgment Model to youth in educational settings to identify treatment needs. The importance of interagency collaborations in the treatment of violent youth will be reviewed. The audience will have opportunity to apply this model to identify treatment needs in case studies.

In the area of treatment, Dr. David Palmiter Jr. is presenting on meta-interventions for children and adolescents in clinical work. Based on clinical literature, certain interventions promote wellness and resilience in children and teens. Dr. Palmiter will present on these positive interventions, which include proactive treatment plans, enhancement of parent-child relationships, promotion of adaptive thinking in children, and increasing strategies for resilience in the family.

Marriage, Family, and Assessment Workshops

Ann Litzelman, MA

Thorough Introduction to Emotionally Focused Therapy (EFT): Couples and Beyond, presented by Dr. Ronald Vogt, will be offered on Wednesday. Participants will learn the nine steps of this model and view clips of one of the originators of EFT, Sue Johnson, demonstrating four interventions. Resources will be identified for further training. Information will be presented on how this method can be used in family and individual therapy as well as its use with a variety of disorders.

In *Case Studies in Clinical Neurology* on Friday, Dr. Tad Gorske will focus on how the interpretation of neuropsychological testing can benefit a variety of patients with neurologically based conditions and psychiatric conditions. Case examples and relevant research will be presented. Hypothetical cases will allow participants to have an applied discussion of potential interventions.

Also on Friday, Drs. Stephen Berk and Jasen Walker will present *Psychological, Vocational and Neuropsychological Assessment: The Challenge of Ecological Validity.* This workshop will focus on the limits of predicting how well patients will function in their daily life based on formal psychological testing. The current state of research on ecological validity will be reviewed and examples will be provided of statements that go beyond what can ethically be predicted. Techniques will be identified to improve these statements and reports while further case examples will be provided to engage participants in problem-solving.

Improving Human Functioning: Helping Clients to Understand and Manage Physical Pain

Mark M. McGowan, PhD

Dr. Mark M. McGowan

This year's focus on human performance highlights our profession's contribution to understanding the human condition from a holistic perspective that recognizes the important contribution of mind, body, spirit, and community to healthy functioning. Under significant duress, a limitation within one of these subsystems frequently hinders the functionality of the individual in other domains of human experience. This scenario is familiar to anyone who has worked with clients struggling with chronic pain or other debilitating conditions. Fortunately, a growing body of evidence supports the benefits of treatment efforts designed to foster the development of compensatory strategies that utilize the client's available resources in the service of enhancing well-being and regulatory capacities (Adams, Poole, & Richardson, 2006; Tan, Alvarez, & Jensen, 2006). For practitioners interested in exploring or revisiting this area of practice, two presentations are being offered on pain management at the 2011 Annual Convention.

On Wednesday afternoon, Dr. Barbara Golden will explore the clinical application of mindfulness interventions as an efficacious treatment for chronic pain conditions. Dr. Golden, an assistant professor and director of clinical services at Philadelphia College of Osteopathic Medicine, will be joined by current doctoral students Scott Glassman, Allison Burns, and Francine Broder in presenting a workshop entitled *Alternative Treatments for Enhancing the Well-being of Patients with Chronic Pain*. This workshop will provide a review of neurobiological and psychological pathways for chronic pain as a context for demonstrating how the innovative use of mindfulness treatments can enhance well-being for persons in chronic pain.

Saturday afternoon, Dr. Rebecca LaFountain will be discussing preliminary research findings related to her study of back pain entitled, *Organ Jargon: Emotional Pain Expressed Physically*. Dr. LaFountain is currently an assistant professor at Penn State Harrisburg and serves as the executive director of the North American Society of Adlerian Psychology. Drawing on an individual psychology perspective, this workshop will provide participants with an introduction to the practice of conceptualizing disorders from a holistic approach, with particular emphasis being placed on the relationship between emotional and physical pain. Participants will be encouraged to explore the utility of these constructs and strategies in their work with clients.

Taken together, these presentations are certain to offer interesting and valuable information for practitioners in behavioral health as well as making a contribution to this year's convention theme. It is important to note that workshops can also be found on specialty topics ranging from pediatric obesity to integrating behavioral health and primary care practices. So, be sure to check out the upcoming schedule for the 2011 Annual Convention. I look forward to seeing you there!

References

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Ethics Workshops

Charles LaJeunesse, PhD

Dr. Charles LaJeunesse

This year the convention will offer several exciting workshops on ethics. The first of these will be offered by Dr. Eric Bernstein and is entitled *Advanced Ethical Issues in Custody Work*. His workshop will explore the many ethical pitfalls involved with conducting custody evaluations and will also discuss ways to avoid risky conduct that could lead to licensure complaints.

The next ethics workshop will be conducted by Drs. John Gavazzi and Richard Small, and is entitled *Advanced Ethics: Optimizing Ethical Decision-making Skills*. In this workshop an acculturation model will be presented. Over half of the seminar will involve ethical vignettes and group interaction. Strategies for confronting ethical conflicts will also be explored.

Finally, the Pennsylvania State Board of Psychology will present *Helping Our Colleagues; Helping Ourselves*. Here Board members will present updates on new regulations and the Code of Conduct. A practice vignette will be offered followed by an interactive audience/presenter discussion related to the vignette and the new Psychology Code of Conduct. Psychology mobility will also be addressed.

Please keep in mind that to retain one's license, one most undertake at least three hours of CE on ethics every two years. Any one of these fine workshops will serve this purpose.

Multicultural/Diversity Workshops

Stephanie Kim Phillips, PsyD

Dr. Stephanie Kim Phillips

At this year's Annual Convention, the Pennsylvania Psychological Association will again offer a variety of workshops aimed at expanding the knowledge and awareness of all who attend. In addition to workshops on our central theme, "Celebrating Human Performance in Mind, Body, Spirit, and Community," this year's program includes a number of workshops focused on multicultural issues. In particular, certain of these workshops are designed to enhance self-awareness in the area of multicultural competence, while others will provide concrete tools to assist with providing therapy to diverse clients. We highlight some of these interesting presentations below.

Several workshops will address growth and development in the area of multicultural competence. In *Psychologist, Know Thyself: Furthering Multicultural Competence,* Dr. Audrey Ervin will provide participants with a greater understanding of what it means to be multiculturally competent. Additionally, she will provide an opportunity for each attendee to "create a personal action plan for increased multicultural competence."

In the workshop, *Got Culture? Let's Talk about Power and Privilege,* Dr. Lori Simons's goals are to provide a clearer understanding of issues involving multicultural competence, the role of cultural beliefs, and the influence of power and privilege, as well as provide competent strategies for use in counseling.

We are also given a wonderful opportunity to attend a workshop presented by a number of colleagues including Drs. Richard Small, Andrea Nelken, Dianne Salter, Erica Stovall White, Cathy McDaniels Wilson, and Ms. Jill Braun, entitled *A Must Among Leaders: Our Ethical Mandate*. In this workshop, the presenters hope to provide future leaders with an opportunity to explore their "ethical mandate to be culturally competent and provide guidance in promoting diversity."

If you are seeking discussions of methods to provide clinical treatment in a multiculturally competent manner, the following workshops should be of interest. In *Listening to Our Clients: Ethical Practice in Multicultural Practice,* Drs. Eleonora Bartoli and Hue-Sun Ahn will explore "how to ethically and effectively engage clients' multicultural experiences in treatment."

Also, Dr. Takako Suzuki, Lavanya Devdas, and Narrimone Thammavongs will present *Understanding Intergenerational Issues with Refugees: Advocacy, Treatment and Ethical Considerations*.

In *A Guide on the Journey: Nurturing the Growth and Well-Being of LGBTQ Youth,* Drs. Erica Weiler-Timmins and Virginia Murphy will "provide psychologists with a greater understanding of LGBTQ youth in clinical practice and (provide) interventions that are effective in assisting this population."

As you can see, this year's convention offers a wonderful opportunity to expand, explore, and enhance your multicultural competence and professional lives. We hope you will be able to join us!

Working in the Forensic Arena

James Vizza, PsyD

Dr. James Vizza

While most psychologists receive minimal training in working in the forensic arena, few of us can escape from having to do so. The Annual Convention offers opportunities to build our knowledge base in this area and prepare ourselves to enter this often unfamiliar territory.

Custody work presents multiple challenges and can be a minefield for the unprepared. Dr. Eric Bernstein has been navigating that minefield as an appointed expert for the Family and Juvenile Court in Allegheny County and other counties across Western Pennsylvania. He will bring his expertise and years of experience to his workshop, *Advanced Ethical Issues within Custody Work*. This session will explore documentation issues, clinical practice, and testimony within the context of ethical considerations. Designated as an advanced level program, this session should interest those already involved in custody work.

A team of five psychologists will bring their combined knowledge and experience to a session on *High Conflict Families and Litigation*. This session's subtitle promises that it will help practitioners to avoid problems while finding opportunities in this contentious area. The 3-hour program, designated as intermediate level, will address the unique role of the clinician in the legal system. Using case examples, it will also incorporate consideration of ethical issues.

Finally, participants in the Annual Convention will have the opportunity to gain insights from outside our own profession. Three attorneys from the Collaborative Professionals of Central Pennsylvania will be offering a 3-hour session entitled *Collaborative Process for Resolution of Family Disputes: Role of Psychologists*. This growing area of collaborative practice offers many opportunities for psychologists but only for those who are well prepared for the challenges it presents. This introductory level program will be an excellent first step.

Offering forensic sessions at the introductory, intermediate, and advanced levels, this year's convention should meet the needs of practitioners at all stages of practice.

Therapist Practice Development Workshops

Ellen Adelman, PhD


Dr. Ellen Adelman

Intriguing opportunities for professional development can be found in the following workshops at the 2011 PPA Convention.

In *From Good to Great: Using Outcomes Research to Improve Your Patients, Practice, and Purse,* Drs. Vincent Bellwoar, Daniel Warner, and Neil Hemmelstein will discuss outcomes research, an important tool in the professional development of our field. This workshop will enhance your understanding of the current outcome tools in use, how you can employ them, and how they will help your psychotherapy practice.

Development of your practice may lead you to explore other partnerships and populations to serve. *Marketing Psychological Services, Ethically and Professionally,* presented by Drs. Elaine Rodino, Andrea Delligatti, and Ms. Krista Boyer will teach you how to ethically and professionally promote your practice to other professionals, businesses, and the public. You can translate your professional skills into successful marketing strategies that will include meeting the needs of diverse and underserved populations.

You may consider partnering with a primary care physician as a good way to expand your practice. If so, *Primary Health Care Integration: Psychology in the Doctor's Office,* presented by Lynne DiCaprio and Dr. Kyle Holsinger, will give you information about integrating psychological services into a primary health care office. You will better understand the specific needs of the medical office and see how a particular screening tool for depression was employed by psychologists in that setting.

As psychologists many of us contribute by presenting workshops or writing articles. These endeavors provide important information for the public and also serve to highlight our special skills or expertise, aiding in practice growth. Dr. Pauline Wallin's workshop, *Find Authoritative Content for Your Articles and Presentations,* will help you develop the skills you need to find high quality information quickly and skillfully.

The Importance of Mindfulness

Allyson L. Galloway, PsyD


Dr. Allyson L. Galloway

In keeping with the theme, this year's convention will offer two very interesting workshops focused on mindfulness and meditation. On Thursday afternoon Dr. Ellen Adelman will be presenting *Mind Body Intelligence and Mindfulness-Based Psychotherapies: Buddhist Psychology Essentials*. This intermediate-level workshop promises to assist participants in learning how to integrate this orientation into their own practices and self-care routines.

Interested convention goers will also be treated to a related yet very different workshop presented on Friday afternoon. Dr. Stephen Pashko will facilitate *Advanced Mindfulness: The Nine Mental States of Meditation*. As an introductory workshop, this program will focus on defining mindfulness and meditation, as well as the benefits and clinical uses of each. The wellness focus is very timely and no doubt will be of great benefit to all of us who even as psychologists are often guilty of burning the candle at both ends.

Expanding Beyond the Limits of Our Physical Office with Pen and Paper

Marijo Lucas, PhD


Dr. Marijo Lucas

As we continue to expand our lives into the Digital Age, we are becoming more receptive to new forms of communication, record keeping, learning, outreach, marketing, and networking. At the same time, clients present with problems that remind us of the various ways in which those problems are affected by these new forms of communication.

This year our Annual Convention will include a comprehensive series of six workshops, provided by an incredible group of experts in the field, who will help us expand these skills and carefully integrate technology into our professional practice in light of ethical, legal, and clinical issues. Don't miss this opportunity to hear directly from Dr. Stephen Behnke, director of the APA Ethics Office, at his workshop, *Ethics in the Age of the Internet,* on Friday afternoon.

In addition, a wide variety of other great workshops is sprinkled throughout the convention, including programs related to:

- electronic communications: *Telehealth and Electronic Communications with Patients: Ethical, Legal, and Clinical Issues* by Dr. Samuel Knapp and Rachael Baturin;
- technology and psychology: *Tweeting, Blogging, Skypeing, Facebook, and More* by Dr. John Shanken-Kaye;
- record keeping: *Emerging Electronic Client Records (ECR): Best Practices and Ethical Considerations* by Dr. Andrea Ettingoff and Derek Schauer;
- research: *Finding Authoritative Content for Your Articles and Presentations* by Dr. Pauline Wallin;
- cyber-bullying: *Bullying and Cyber-bullying: Factors Underlying Effective Intervention* by Drs. Gail Cabral, Francis Dematteo, and Michael Mirabito.

We look forward to seeing you in Harrisburg, as we continue expanding beyond the limits of the old physical office with pen and paper.

Greetings, Psychology Students!

Diane Snyder, MA


Diane Snyder

Greetings, psychology students! As a psychology student, it is my great pleasure to welcome you to the Pennsylvania Psychological Association's Annual Convention. PPA is strongly committed to supporting psychologists of the future, and student participation in the convention is both welcomed and encouraged.

This year's convention boasts a vast array of programs and workshops. Workshops will address: clinical psychology, marriage and family therapy, ethics, multicultural and diversity issues, mindfulness/wellness, child and adolescent issues, and even emerging technologies. There is so much to choose from!

Friday is designated "Early Career Psychologists and Students Day." Some highlights of this day include:

- The *Student Research Poster Session* on Friday provides a great opportunity to see the scientific research being conducted by psychology students throughout the state. The session is open to any graduate or undergraduate student currently involved in qualitative or quantitative psychological research. If you would like more information about the opportunity to demonstrate your research skills, visit http://www.PaPsy.org/ce/ppa-convention.html.
- The *Student and ECP Awards Ceremony* on Friday morning will include the Research Poster Session Awards, Foundation Education Awards, the Early Career Psychologist Award, the Student Multiculturalism Award, and the PPAGS Community Service Project Award. The master of ceremonies will be Dr. Mark Hogue, president of the Pennsylvania Psychological Association.
- The *Early Career Psychologist and Student Networking Reception* on Friday evening provides an opportunity to relax and network with peers and practicing professionals. DON'T MISS THIS ONE! Besides being a great opportunity for networking, this event is FUN!

The Annual Convention is also a great chance to get to know about PPAGS, PPA's graduate student association. PPAGS is YOUR organization and works hard to represent student interests statewide. Look for the PPAGS officers at the convention, introduce yourself and say "Hello." Learn how PPAGS serves you and what you can do to get involved!

Last, don't forget to sign up as a *student volunteer*. Students who are willing to volunteer at least four hours of their time during the 4-day convention receive complimentary convention registration.

PPA's Annual Convention is a great learning, networking, and just plain enjoyable experience. I hope to see you all there!

"Rocks in My Pockets" and Other Forms of Fun at the 2011 Annual Convention

David A. Rogers, PhD


Dr. David A. Rogers

As some of you may know, I am the proud grandfather of an adorable two-year-old granddaughter who looks like Shirley Temple. Well, the other day Chloe and her parents were taking a walk on the local Rails to Trails path and to her delight, she was picking up little "treasures" and stuffing them into her pockets. Later she very proudly announced "Opa! (German for grandfather) Chloe gots rocks in her pockets!" At that moment I was again reminded that even simple activities can bring delight and be FUN!

Each year I am privileged to write the convention article promoting the less serious/more fun side of the Annual Convention. Those of you who have read the previous articles know that some years I have detailed specifics about the restaurants, attractions, shopping, and the various activities that the Capital City has to offer. Of particular note is the paddlewheel riverboat on the Susquehanna River called the Pride of the Susquehanna as well as the National Civil War Museum located at Reservoir Park.

PPA is also offering its own sponsored activities including, but not limited to, several formally orchestrated social activities. More specifically, the Exhibitors Networking Reception will offer a time for (*free*) food, (*free*) interaction, (*free*) music, and (*free*) "stuff" offered by the exhibitors! Further, the ever popular mind-body river walk will be held again this year. This activity provides the registrants with an opportunity to explore and enjoy the natural beauty of the Susquehanna River as it flows quietly past the City of Harrisburg en route to the Chesapeake Bay. Finally, a special piano concert will be offered by the renowned pianist, composer, recording artist, and concert artist Robin Spielberg. Spielberg is quite "googleable" (I think that I made that word up, but you know what I mean) and her biography indicates that she is one of America's musical treasures who will "speak" to us through music.

I encourage each of you to follow Chloe's example and find the fun of coming to the PPA Convention and putting "rocks" in your very own pockets! We look forward to seeing you there!

Working with Disabilities: It's Them AND Us

J. Lamar Freed, PsyD

Dr. J. Lamar Freed

In the November *Pennsylvania Psychologist*, Zuckerman described the many ways we classify disease and human functioning (2010). Among them, the International Classification of Functioning, Disability, and Health notes that "every human being can experience a decrement in health and thereby experience some degree of disability." So it is for psychologists in all settings.

According to the U.S. Census Bureau (2005, published 2008), 18% of all people have some sort of disability ranging from non-severe to severe (12%). This varies significantly depending on the cohort examined. Within ages 21-64, often the prime working years, 16.5% are disabled, almost half of whom are working. For psychologists, who often spend our early years in training or other preparatory work, the relevant comparison cohort may be the group between 45 and 54 (19.4%) or 55 and 64 (30.1%). The rate rises with age. Psychologists who work between ages 70 and 75, for example, are in a cohort 42% of whom have disabilities (U.S. Census Bureau, 2008, p. 4, Figure 2).

A rough review of my psychologist friends and acquaintances suggests that psychologists may have a disproportionately high rate of disabilities, perhaps because our work attracts people who need to work sitting down. On the other hand, the training is rigorous and demanding, so it may also select people who begin healthier. In examining this topic, a comparison of the number of psychologists with disabilities to same-age cohorts was not available from the literature. Regardless, from census figures, it is likely that a significant number of Pennsylvania psychologists are practicing with some sort of disability.

As a psychologist whose often-invisible disability, multiple sclerosis, is made visible because of my decision to disclose my illness not only to my colleagues and friends, but also to my clients, I am sensitive to the challenges of working with a disability. I disclose not only for the sake of others, but to spare myself the discomfort of having to answer questions raised by last-minute cancellations, the occasional limp or use of an assistive device, and my eccentric obsession with comfortable seating.

> *For anyone with reduced capacity, it is important that we understand the change in our ability to work and make conscious decisions about it.*

But with or without a disability, our degree of ability and disability varies significantly. Some of us function with limitations set only by our expectations, the constraints of time and energy, and the capacities of normal human functioning. Others have non-normative constraints arising from chronic illnesses of various sorts. For anyone with reduced capacity, it is important that we understand the change in our ability to work and make conscious decisions about it.

These disabilities are often invisible. It is the rare psychologist who practices from a wheelchair or needs to use a visible assist to perform duties. More typically, a psychologist with a disability will elect to practice in a setting where serving patients is not impeded by a reduced capacity, which is often invisible to patients if not disclosed. Along with their peers without unusual limitations and those with visibly reduced capacities, psychologists with invisible disabilities are governed by the same practical and ethical rules: Do not take on more than can be managed.

One can look at this through two lenses. The patient-centered guideline is one where the professional determines scope by the value offered to the patient. From another perspective, the self-care guideline, professionals constrain their practice according to what they can comfortably do without personal discomfort or distress. Either way, invisible disabilities limit one's practice. How much is determined by individual circumstance.

With illnesses that reduce energy – lupus, MS, chronic fatigue, fibromyalgia, and others – a reduction in work hours or a restriction in time of appointments might be the only change necessary. For those with illnesses that cause pain – chronic back pain, unresolved injuries, migraines, and others – changes in the work environment, such as seating, lighting, or access, may be sufficient to accommodate the psychologists' needs. For those who have reduced capacity because of anxiety, depression, addictions, or other difficulties related to psychological functioning, the restriction of practice may be more idiosyncratic and may depend on advice given by treating professionals and, in extreme cases, on regulatory oversight.

Having consulting and treating professionals involved in the decisions made regarding practice is likely to be a very good idea, indeed. The advice of those professionals who assist our self-care should be sought and taken seriously. When it is not, we run ourselves into trouble.

There are personal consequences to all of these illnesses, from the frustration of limited earnings to the challenge of working in discomfort. And there are professional ones: the clinical effect on relationships with one's patients must be considered. Whether one should disclose one's own health status to one's patients is a sticky consideration that involves both what one is disclosing and to whom. Some hidden disabilities might warrant full disclosure. For example, if

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ADHD in Adults: Overrepresented, Underserved

Ari Tuckman, PsyD, MBA

Dr. Ari Tuckman

All psychologists who treat adults have clients with ADHD in their caseloads. I guarantee it – and not just one or two. How do I know? Let's run the numbers. The prevalence of adults with ADHD in the general population is 4-5%, which means most full-time therapists will have at least one or two of these clients in their caseloads.

Let's run the numbers a little more. Adults with ADHD are overrepresented in the clinical population. This is where the numbers really start to jump. Adults with ADHD are much more likely than the general population to have a comorbid psychiatric condition. One study (Kessler et al., 2006) looked at the prevalence across the country of various psychiatric disorders, including comorbidities. They found a comorbid diagnosis of ADHD in:

- 9.4% of adults with major depression,
- 22.6% of adults with dysthymia,
- 21.2% of adults with bipolar disorder,
- 11.9% of adults with generalized anxiety disorder,
- 10.8% of adults with any substance use disorder.

This suggests 10-20% of our adult clients have ADHD. If one is familiar with the struggles that so often come from untreated ADHD, it isn't surprising that the majority of these clients have comorbid conditions. The research is painfully clear that adults with untreated ADHD are at significantly greater risk for marital dissatisfaction and divorce, incomplete education, poor job reviews and dismissals, car accidents, and low self-esteem. In fact, research has found negative effects on other lifestyle markers, such as blood cholesterol levels and credit scores, highlighting ADHD's pervasive negative impact. It is this constant erosion of functioning and happiness that makes ADHD one of the most impairing of all the psychiatric disorders. Skeptical? Check out Barkley, Murphy, & Fischer (2007) for a herculean data analysis of 20 years of research.

Unfortunately, when adults with this problem seek therapy and/or medication, their underlying ADHD is often missed. Because, through confirmatory bias, clinicians tend to find what they are looking for, the more obvious comorbid condition is seen and treated first. The client may make partial progress, but even these gains may be lost gradually as the struggles of daily life continue to wear away at their progress.

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a psychologist must frequently cancel or interrupt sessions to accommodate the problem, the need to calm possible fears by revealing the reason should be balanced with the goals of the therapy one offers. An analytically oriented psychologist might weigh the patient's ego strength and capacity to tolerate anxiety.

Psychologists practicing from other perspectives may weigh personal preference and the modality of treatment employed. For example, psychologists battling an addiction who treat others battling addictions often disclose that they are in the same soup with their clients. On the other hand, a psychologist taking time off for chemotherapy may decide against disclosing because the absence is – hopefully – temporary, the information might distress clients, and the damage to one's practice through misinformation about the seriousness of the illness might be significant.

A disability might also influence the kind of work one does. Discovering that my awareness of having MS reduced my empathy for people without physical disabilities was an early post-diagnosis lesson. Limiting my practice to seniors, most of whom have some kind of physical difficulty, and to people with chronic illnesses not only serves this purpose well, but permits me to work only daytime hours, with a group of patients who understand the occasional need to cancel on short notice.

Invisible disabilities also determine other professional functioning. My aversion to attending large, freewheeling conventions such as PPA's annual convention is firmly rooted in the associated cost in MS fatigue. While I am deprived of educational benefit and stimulating interactions with other professionals, I must spend my limited energy judiciously to meet the demands of my practice and my family.

The APA recommends that, in applying the Americans with Disabilities Act to psychologists, "prior to making any assumptions about what a person needs, always ask the individual with the disability" (American Psychological Association, 1996, p. 4). When dealing with our own disabilities, it will serve us well to ask ourselves this, with considered attention and with liberal input from our professional colleagues.

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ADHD IN ADULTS

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A FOUR-PART TREATMENT MODEL

Unfortunately, standard therapy models are insufficient for these clients. While they have all the same neurotic issues as all the rest of us, generic therapy won't address the underlying information-processing deficits that cause the problems in their lives that they justifiably feel bad about. The lack of perceived benefit from therapy will cause these clients to terminate prematurely. Fortunately, there is a better way. This model, covered in greater detail in my book, *Integrative Treatment for Adult ADHD: A Practical, Easy-to-Use Guide for Clinicians* (2007) is summarized here:

Education

Simply getting a diagnosis of ADHD can be therapeutic – clients are relieved to know their seemingly inexplicable and pervasive problems can be explained neurologically. An information-processing disorder with a neurological basis is less pejorative than a moral or character failing, and offers more predictive value for strategies likely to be effective. The first and most important part of treatment involves educating clients and family members about ADHD and how it has affected this person's functioning (as well as how the family members have responded in predictable ways). Some of this is done in session through brief discussions as problems arise (e.g., forgetting to pay bills). Suggesting reliable resources such as books and websites also helps clients educate themselves.

Medication

Because ADHD is a neurological condition, medication is often part of the treatment regimen. Medications can improve clients' ability to resist distraction, start and persist at uninteresting tasks, attend to what they are told, remember more, and generally perform more consistently. The most effective medications for adults with ADHD are the same as for children – extended-release stimulants.

Coaching

Because adults with ADHD struggle with consistently doing what they know they should do, they can benefit from discussing strategies to help them be more effective. To be useful, this has to go beyond generic advice. This requires a solid understanding of how the ADHD brain processes information so the suggested strategies are more likely to be effective. For example, telling a client who has trouble with lateness to simply leave earlier will not be helpful. They already know they should leave earlier (and you will definitely not be the first person to offer such insightful advice). The problem is that they don't notice the passing of time and thereby miss the transition point when they should have left. A better strategy would be to suggest that they set an alarm to alert them that it is time to go or to reduce potential distractions that may pull them away from getting ready.

My guiding treatment philosophy is "Change what you can, accept the rest." Coaching addresses the first part, by helping clients genuinely be more successful in their daily lives. Without this crucial component, the therapy that helps them accept the things they cannot change will stall.

Therapy

Although research has found CBT to be beneficial for adults with ADHD, any treatment approach will work as long as it incorporates education and coaching. The rest of the work involves addressing the comorbid anxiety, depression, and maladaptive coping skills, and helping these clients approach life's challenges more effectively. I often find it helpful to include romantic partners in at least some of the sessions, to help the couple work together more effectively.

A CALL TO ACTION

As a profession, psychology is neglecting the unique needs of adults with ADHD. As a result, coaches have stepped in to fill this void, despite having far less training than we do. In addition, primary care physicians are relying on a rating scale and a 10-minute interview to diagnose their patients – with predictable results. Given our more sophisticated understanding of human functioning and lengthier and more frequent client contact, psychologists are in a much better position to diagnose and serve these clients.

I challenge you, I dare you, I beg you to learn more about this underserved population. At a minimum, you will better serve the clients you already have. Even better, marketing your expertise in this area will make it easier for the adults with ADHD to find a competent therapist. I get e-mail from all over the country, asking for referrals in their area. If people are e-mailing someone a thousand miles away, you know they are desperate. You can meet that need in your area.

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Disability Determination Consultation

Jacqueline Sallade, EdD

Dr. Jacqueline B. Sallade

In 1976, my boss at the Intermediate Unit, who knew I was doing private practice on the side, offered me his part-time disability consulting practice if I qualified. I had heard some people refer to these referrals as "low-paid, but steady bread-and-butter" work. Never did I imagine how interesting, sometimes fun, and usually enriching I would find one-shot evaluations, following an outline, to help the Bureau of Disability Determination of the Social Security Administration adjudicate cases. It just doesn't sound that special. So, am I weird?

I've done these mental status exams and intelligence tests in an office in a downtown ghetto community center, in my private home office, and in my office in a regular office building. I've seen people I would never have seen in my private practice. That's the part I love. Most of these folks couldn't afford to consult with a private psychologist who does not accept Medical Assistance. Ages range from infancy to elderly. Disorders range from social phobic to schizophrenic; from massively brain-injured to gifted with ADHD with a learning disability and severe physical health problems; from stroke victims to rape victims.

The exception is a claimant with just one problem. The rule is multiple problems. For example, I have seen many a "recovering" (or not) drug and/or alcohol addict, bipolar with psychotic features, traumatized by horrible family events and abuse, followed by bad experiences in jail, who suffers back pain sustained in a car crash. Although my location is relatively rural, it is surprising how many of the city's homeless people, and/or people recently released from prison, and/or addicts have ended up in Williamsport, PA. Autistic children, people with a wide range of health issues from diabetes to neurological and deteriorative disease, and with all types of mental illness abound everywhere, as we know – even among the Amish and Mennonites in Central Pennsylvania. No matter what the diagnosis, every case is different, and the variety is astounding. In one day, I can see a mentally retarded child of professional parents, a former physician with a closed-head injury, a teen with seizure disorder and a learning disability, and a former hairdresser with multiple physical complaints and bipolar symptoms.

As a result of this variety, I have learned about many medical problems and have been exposed to unusual lifestyles and dilemmas. This work teaches the examiner to be less judgmental, respectful of people in an extremely vulnerable and often embarrassing position in life, and aware of societal and cultural problems first hand. In this position, it is easy to see more of the failures than successes of surgery, health programs, and the educational system. It is important to remember that this patient population is skewed. It is also important to be skeptical. Some claimants exaggerate their situations or their progress, such as lying about their last drug use. Cross-validating questions and cross-referencing records help.

So, what are the mechanics involved? For those who don't do this consulting, once one applies and qualifies (with a doctorate and perhaps ABPP experience), one gets referrals for evaluations, which can be scheduled with a phone call to the Disability Medical Services Unit (or you can give them block times to fill in). Then, patients either show up or they don't. More often than is true of private patients, they don't, in spite of reminders by phone or mail. Sometimes, they show up with children, a spouse, partner, friend, or parent, who may also provide collateral information. Less savory "companions" may attend, as well: strong smells of tobacco smoke, muddy shoes, drinks and food, or pronounced body odor are more common than with private patients.

Sometimes health records and other psychological reports are available. The examiner learns about the person's medical and psychological complaints, life history, present circumstances and activities, and does the interview and/or testing requested by the Bureau. The goal is to give an accurate description of this person's demeanor, assets and abilities, weaknesses and disabilities, and an opinion about the patient's present and future capabilities in terms of self-sufficiency and employment potential. The report follows an outline, and can be dictated or typed, then faxed or mailed. If dictated, a draft will be sent by mail to correct and return along with an invoice. The pay is not excessive, mostly fair, but a little low for some procedures. Then, Bureau of Disability Determination officials decide what follows for the patient.

The exception is a claimant with just one problem. The rule is multiple problems.

Some psychologists, such as Drs. Richard Small and John Gavazzi, are direct consultants to the Bureau. They analyze the records and reports connected with claimants' files. Having reviewed thousands of records, Dr. Gavazzi expresses concerns about how many evaluators fail to document treatment plans, to show concern for legibility, and to include a structured intake. Dr. Small notes that some diagnoses are unsubstantiated by fact or are nowhere to be found in any manuals. Some reports are well organized and thoughtful, others are not. An organization's outline is important, says Dr. Gavazzi, who, for example, has a different outline in his consultations with the Navy. One thing Dr. Gavazzi takes with him from this position is being "more cognizant of all facets of the DSM." He also finds government rules and regulations complicated and challenging, requiring a different type of thinking than other clinical work. The technical requirements, involving studying reports on a computer and learning complex computer software applications, can be daunting, he says, but worth it.

Understanding the Impact of Limb Loss in Veterans

Christina D. Haldaman, MS, & Scott Glassman, MSEd

War-related traumatic limb loss continues to be an understudied realm of psychological care today. Amputations have been a consequence of all major conflicts since World War II, accounting for 24-35% of the amputee population (Ebrahimzadeh & Fattahi, 2009). Of these amputees, research has indicated that between 55 and 85% of these individuals experience phantom limb pain (Hill, Niven, & Knussen, 1995; Ebrahimzadeh & Hariri, 2009). Further, approximately 54% of individuals within this population are reported to experience co-morbid psychological problems including anxiety, major depression, and PTSD (Ebrahimzadeh & Hariri, 2009; Ebrahimzadeh & Fattahi, 2009). Although the prevalence of co-morbid psychological conditions is high, Price (2005) reports the rate of acceptance of an offer of counseling at about 6 months after amputation was low (23% of those eligible). Additionally, among those veterans who received counseling, depression and body image were the most frequent concerns.

Compared to those who have lost limbs due to chronic illness, people who suffer trauma-related amputation are at particular risk for poor adjustment in their first year of recovery. Pain interferes most with daily activities at six months (Kratz et al., 2010). Kratz and colleagues observe that the six-month mark may be a common time of discharge from rehabilitation therapy, marking the start of long-term adaptation to new challenges. This could be a key point of psychological intervention. Depressive and post-traumatic symptoms have been shown to increase over the first year, and lack of social support and negative social interactions can increase vulnerability. Early, effective intervention may help offset these problems.

The war amputee population is far from homogeneous. While the average age of amputee is 23.1 years, ages of amputees actually range from 14 to 60 (Ebrahimzadeh & Hariri, 2009). Differences in quality of life and perceived level of discomfort vary for individuals with primary (on the battlefield) versus secondary (away from the battlefield) amputations. Differences in perceived level of distress are also observed for those with upper versus lower body amputations (Ebrahimzadeh & Hariri, 2009; Epstein, Heinemann, & McFarland, 2010).

Christina D. Haldaman

Scott Glassman

Epstein and colleagues further note that veterans with limb loss tend to report worse quality of life if they experience additional combat-related head injuries or injuries to the non-amputated limb, or if they need assistance with activities of daily living. Surprisingly, quality of life was reported to be better for those with multiple limb loss compared to unilateral lower limb loss. The authors suggest that limb loss does not necessarily result in poor functioning, and that catastrophic injuries can stimulate a positive meaning-making process in veterans, one that includes developing new outlooks on life and stronger coping abilities. Unfortunately, there appears to be no clear standard for psychological care for these groups.

In order to better understand both positive and negative psychological impact on traumatic injury, Phelps, Williams, Raichle, Turner, and Ehde (2008) proposed a cognitive processing model of adaptation to amputation. This model suggests that when a traumatic experience is well beyond one's "normal" experience, one's coping resources are overwhelmed. However, successful adaptation can be experienced through meaning-making or cognitive restructuring. Phelps et al. (2008) also found that negative cognitive processing at baseline was a predictive factor for both depressive and PTSD symptoms at both 6- and 12-month follow-up. Positive cognitive processing was associated with positive outcomes at 12 months, suggesting that early psychological intervention after amputation may result in longer-term positive outcomes. However, the investigators also noted that early cognitive restructuring alone might not necessarily reduce distress. Coping style is also important. In adjusting to limb loss, an active, problem-solving coping style has been associated with lower levels of depression and anxiety, whereas avoidant and emotion-focused coping strategies are connected to poorer psychosocial functioning (Desmond, 2007; Desmond & MacLachlan, 2006).

In caring for veterans with major limb loss, the Department of Defense (DoD) has acknowledged the importance of involving behavioral health experts in a holistic, interdisciplinary team approach (Pasquina, 2010). Some emphasis has been placed on early intervention, recognizing that impaired mobility and lack of independence negatively affect well-being and recovery. In particular, sports and recreation activities often serve prominently in recovery. The Veterans Administration's newest program is the National Veterans Summer Sports Clinic, which teaches activities such as surfing, sailing, kayaking, and cycling to veterans coping with amputations, PTSD, and other neurological disorders.

According to the Department of Veterans Affairs/Department of Defense Clinical Practice Guideline for Rehabilitation of Lower Limb Amputation (2007), interventions must focus on depressive, anxiety, and PTSD symptoms, using empirically supported treatments for these symptoms. In looking at empirically supported treatments, the DoD has listed eye movement desensitization and reprocessing (EMDR) as one of the top four psychotherapies for PTSD (DVA & DoD, 2004). Research has also shown that EMDR has shown potential benefits with a wide range of co-morbid psychological and somatic conditions, including phantom limb pain (Russell, 2008). Russell (2008) suggests 8-12 sessions of EMDR may be necessary to achieve optimal success with this population.

In summary, while veterans comprise a significant portion of all amputees, their population continues to be significantly understudied. While the group is not homogeneous, timing of intervention may be essential to recovery. Recommendations for therapy should focus on depression, anxiety and PTSD symptoms, using empirically supported treatments and emphasizing sports and recreational activities as well as an active, problem-solving coping style.

References are available on the PPA website, www.PaPsy.org, or upon request from the authors, Christinaha@pcom.edu, or Scottgl@pcom.edu.

Welcome New Members

We offer a hearty, humongous welcome to the following new members who joined the association between November 1, 2010, and January 31, 2011.

NEW FELLOWS

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Information Processing and Retrieval Problems: ADHD's Frequent but Deadly Bedfellows

Timothy L. King, PhD, drztlk@aol.com

Dr. Timothy L. King

When I gave the workshop entitled "Fixing the Things ADHD Meds Don't Fix" at the June 2008 PPA convention in Harrisburg, I stressed that processing problems associated with ADHD are the "real killers." This potent descriptor was based on a concern that too often the focus on ADHD is its attention problems rather than the accompanying comorbid conditions that create more serious impediments than ADHD itself. As recently as November 2009, in his two-day workshop in Lancaster, Russell Barkley reinforced this view and observed that those with ADHD "know what to do but have difficulty doing what they know." These observations are supported by evidence still being gathered in his longitudinal study of individuals with ADHD (Barkley, Murphy & Fischer, 2008). However, the reality of what it means to have a processing disorder (i.e., knowing something yet not being able to retrieve "it" efficiently and effectively when it is needed) is a learning problem often as misunderstood by parents and teachers as by the students who struggle with it.

Weiss, Saklofske, Prifitera and Holdnack (2006) summarized research studies with the WISC III indicating that children with ADHD tend to earn their lowest scores on the Processing Speed Index, and that comorbid ADHD-LD children score lower on Processing Speed testing than on Verbal Comprehension or Perceptual Reasoning. The authors hypothesized that children with processing speed deficits learn less in the same amount of time or take longer to learn the same amount of material compared to those without processing speed deficits. They noted that when the human mind efficiently processes information for a task, "a crystallized base of knowledge is readily retrieved from long-term storage, activated in short-term storage, and easily chunked into large and meaningful units based on the individual's prior experience and expertise with the material" (p. 159-160). This is what reading comprehension experts such as Isabelle Beck from the University of Pittsburgh mean when they say, "Reading comprehension is all about connecting (2008)." As early as 1999, Wagner, Torgesen and Rashote documented that inefficient retrieval of data critical to the reading process (e.g., the names of letters) was highly correlated with individuals who are expected to have difficulty in reading fluency – a problem that interferes with reading comprehension.

What does this all mean for a psychologist treating a student with ADHD? The first practicality is understanding that if a student with ADHD has problems with processing speed, their information assimilation, retention, and retrieval problems can take several forms: (a) As soon as they hit the hallway they start to forget. They can sit in class, believe they have understood a concept, but start forgetting or losing information as soon as they leave. When these students begin their homework, the more serious their processing problems are, the more likely they are to appear to have been absent that day. (b) They don't know what they don't know until they have to talk about it or write about it, so they decline follow-up discussions with teachers and parents, and fail to prepare for exams because they believe they have fully grasped the information and don't need additional review. The more significant the gap between their cognitive competencies and their information processing/retrieval skills, the greater their avoidance of studying tends to be. (c) They don't ask questions; they hate to write or write sentences that are too brief. Their avoidance of class participation may truly be based on a lack of understanding so comprehensive that they cannot even formulate a question to end their confusion. Additionally, they frequently cannot retrieve associated words or funds of information to help them expand and develop their ideas in writing. (d) They become convinced that "slower means dumber" – meaning that their processing difficulties often lead to self-doubt and self-esteem problems that erode motivation and may promote avoidance of academic performance.

Addressing these issues for ADHD students is often hindered by the notion of many parents and educators that medication improves speed and efficiency of information processing. The reality, as many clinicians know, is that it does not. In fact, as recently as two months ago, a college-level student who had a 9th percentile Processing Speed Index approximately nine years ago, had only a 12th percentile index despite consistent use of medication since his last assessment. Also, parents and teachers need to understand that simply because ADHD students are less distractible in class, their processing, retention, and retrieval of data will not necessarily improve.

Psychologists working with ADHD students often need to help parents and educators understand that: (a) these students will need more supports such as "back-up" notes, study guides, and practice questions for exams; (b) these students will benefit from reduced or modified written assignments and more support to produce them, not because they are "lazy" but because so many cannot efficiently retrieve "archived" data to expand and develop their ideas; (c) these students often need aids such as headphones, note-taking, and books on CD (particularly at middle and high school levels) not only to help them focus while reading, but also to reflect that their retrieval problems can obstruct their ability to understand as they read.

The more psychologists can help parents and teachers understand that information processing, retention, and retrieval are among the many issues ADHD medications "don't fix," and guide the types of interventions that can help "fix" them, the better off these students can be.

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Lessons From the Field

Reflections on Models of Consultation Used in a Cultural Immersion Program

Lisa Fernandez, MEd, CBIST, Devereux Foundation; Graduate Student, PCOM

Lisa Fernandez

The Ecuador Professional Preparation Program (EPPP) helps pre-service professionals and current practitioners in the fields of counseling, clinical, and school psychology to gain greater understanding of the culture and language of the families and individuals they serve. The EPPP offers participants supervised work experiences in clinical, school, or counseling psychology, individual language instruction, psychological instruction pertinent to participants' professional interests, opportunities for travel, and the chance to live with an Ecuadoran host family for a month (Berzins & Raines, in press).

As an EPPP participant in July 2010, I volunteered at El Jardin, a semi-private school serving primary, elementary, and middle school grades. As part of a paired team, I maintained a caseload of five students diagnosed with intellectual/developmental disabilities, emotional/behavioral disorders, social/emotional difficulties, or attention deficit hyperactivity disorder. Students were between the ages of 6 and 14, comprising one female and four males referred for services by teachers. Intervention occurred during summer break. In the first week, I structured parent interviews, gathered social/developmental histories, and conducted adaptive assessments. In the second and third weeks, I interviewed students and made interventions. In the fourth week, I provided in-services for school staff on differentiated instruction and classroom management, wrote reports, and conducted feedback/consultation sessions with family and school.

Multicultural consultative practice in school psychology

As the population of English Language Learners (ELL) has increased, those of Latino or Hispanic heritage who speak Spanish as a primary language account for 77% of the ELL population (Kindler, 2002). School systems in the United States increasingly reflect the diversity of students, their families, and the school-based systems that partner with them. This partnership presents challenges when one or more of the system's members differ from the others culturally.

Continued on page 32

Apps for Handicaps

Edward Zuckerman, PhD

Dr. Ed Zuckerman

We humans are terrific toolmakers and users, and we are eager to use technologies to reduce any handicap imposed by a disability. But what is a disability and when is it handicapping? Some years ago, O. K. Moore of the University of Pittsburgh introduced a mind-stretching idea about the disabilities of TABs (Temporarily Able-Bodied) — those who think they have no or only minor disabilities, such as near- or far-sightedness. He pointed out that we have created a "prosthetic environment" in which our houses and clothing compensate for our lack of body hair, our telephones and cars for our limited shouting and running abilities. Of course, we TABs don't think of our common technologies as parallel to an artificial arm or leg, but are they not prosthetic? A prosthesis limits a disability's handicap. (Hmm... what in our environment is not prosthetic?)

From that perspective, much of the recently blossoming electronic technology can be re-purposed as prostheses. These solutions are far too vast to catalog here. Even those for addressing psychological limitations are extensive. When you seek a tool, Googling often will be more productive than trying to find resource lists, headquarter organizations, or "hub" websites because the developments and ideas are now better advertised and reviewed on websites and blogs.

Apps are small tools

The apps at Apple's "App Store" (at www.apple.com/app-store, or as a downloaded app) mostly apply to iPhones, iPod Touches, and iPads. Although I will discuss only apps for Apple machines, many of these are available for machines that use the Android operating system common to many other tablet-format devices. To see them go to http://www.androidzoom.com/android_applications/disability and look at the sidebar.

Apple's really valuable overview of apps for coping with vision, hearing, motor skills, and learning disabilities, unfortunately titled "Special Education" is at http://www.apple.com/education/special-education/. Apple's exceptionally thorough small book on adapting their technology for diverse-learner needs is available at the same site as a download (see the bottom right of the page).

Vision limitations

Macs have always been able to read text aloud, and the Alex voice sounds natural, pauses for breath, and sounds normal during high-speed playback. *VoiceOver* describes what is on the screen, reads text aloud, and links to many Braille displays. Zoom magnifies the screen easily and flexibly.

Among apps for those with color blindness: *PseudoChromatic ColorTest* is free for diagnosis and the elegant *iSpectrum* will name and speak the color of what the phone's or pad's camera sees. One can learn to read Braille with the apps *Learn Braille* by Paul Ziegler and *Bumps: A Braille Guide*.

Deaf and HoH

Among built-in programs, *iChat* supports signing as well as combined text and video conferencing. *GarageBand* manipulates sounds for auditory comprehension training and creates podcasts for practice. In *PhotoBooth*, a single click can record a visual message and a second click will e-mail it. Closed captioning is also widely available.

- Among programs that convert speech to text, *Dragon Naturally Speaking* is best known and available for all devices. Speakers can use this to communicate with the deaf.
- Learning to sign can be aided by programs that combine text, graphics, and American Sign Language, including *ASL Dictionary* and *iSign*.

Organization assistants

Apple's programs such as *Spaces, Finder* (the desktop), *Spotlight* (text searching of one's computer's contents), spelling and grammar checkers, dictionaries, and *iCal* (multiple calendars) are all prosthetic and can assist in organizing materials. Among specialized apps, *Things* manages to-dos, notes, due dates, and projects with a smart "today" list and intuitive scheduling features, while *Compartments* easily creates a record of possessions to help remember where everything is.

- There are many picture schedulers such as iPrompts, AdastraSoft's Steps, and Visules.

Mobile devices can identify your current location, which can be used to compensate for disabilities. For example, in (Google) Maps, a small blue pinhead on a local map shows the user's present location and the pin will move along the map as the user travels, offering real-time feedback for the geographically challenged.

- *rubiTrack* displays, analyzes, and organizes your workout information for sports and walking. It reads tracks from many GPS-enabled devices, displays them on a map, and analyzes workout details.

Dexterity difficulties

The iPad really is different. For those with dexterity limitations, almost all operations can be performed with a single finger or even a stylus. Even typing on the virtual (graphic) keyboard has clever shortcuts to make it more efficient and accurate, such as learning the user's preferred wordings and offering to complete them when only a few letters have been typed.

Many options are available for making keyboards easier to use. Apple's *Sticky Keys* and *Slow Keys* allow "simultaneous" multiple key presses and *Mouse Keys* substitute keys for mouse movements. The newer multi-touch functions of trackpads and the surfaces of iPads and iPhones include tap, touch, swipe, and multiple "gestures" that allow new ways to navigate options.

The iPhone and iPod Touch 3.0 software includes a basic *Voice Memo* app but *Voxie* does much more: labeling, categorizing, and even combining recordings; sending recordings to yourself or anybody in your address book. For a physically challenged user, tapping the screen in *Voxie's* "express mode" starts or stops a recording and will then either save the recording, send it to yourself, or send it to a contact, depending on settings. Creating reminders and sending short e-mails to people using *Voxie* is both easier and faster than using a keyboard.

- Google allows searching by spoken instructions on mobile devices.
- *Vocalia* is a sort of voice-operated *Spotlight* used to find contacts, songs, albums, playlists, and bookmarks and then interact with them in a basic manner.

Limited speech

- The built-in cameras can capture pictures to provide a nonverbal vocabulary or simply to enlarge images (using *iMagnify*).
- *Proloquo2Go* is a powerful assistive program providing voices, symbols, conjunctions, a large vocabulary, and easy expandability and adaptability.
- *iCommunicate* can create storyboards from a library of 10,000 "SymbolStix" to show one's thoughts to others.
- *iMean* creates a full-sized letterboard with word prediction and many other tools for the iPad.
- *Spubble* uses a very intuitive interface of icons to make speech.

The author has no ties, financial or otherwise, to the makers of the products reviewed.

Some starting points for resources

- For three short inspiring stories of assistive technology, see www.atmac.org/series/accessibility-changes-lives.
- For all kinds of disability resources for Macs, click on the tab "categories" at www.atmac.org. Apps are listed under Deaf, Dexterity Impaired, Environmental Control, Hearing Impaired, and Intellectually Impaired.
- Jane Farrall offers a rich data table of perhaps a hundred apps for AAC (Augmentative and Alternative Communication) at www.spectronicsinoz.com/article/iphoneipad-apps-for-aac. More on inclusive technologies can be found on this website.
- For many aspects of disability beyond the technology see the very rich site: http://accesstechnews.wordpress.com/ and especially their blogroll.
- For autism, www.autismepicenter.com reviews apps.
- A source for apps of all kinds is www.appscout.com.

CE Questions for This Issue

The articles selected for one CE credit in this issue of the *Pennsylvania Psychologist* are sponsored by the Pennsylvania Psychological Association. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period, then you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the test at home and return the answer sheet to the PPA office. Passing the test requires a score of at least 70%. If you fail, you may complete the test again at no additional cost. We do not allow more than two attempts at the test.

Complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. For each question there is only one right answer. Be sure to fill in your name and address, and sign your form. Allow 3 to 6 weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before March 31, 2013.

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Learning objectives: The articles in this issue will enable readers to (1) assess and explain current issues in professional psychology, and (2) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

DeWall

1. In 2011, PPA will be working on all of the following except:
   a. legislation authorizing psychologists to make insanity recommendations to the court
   b. legislation to prohibit complaints against psychologists doing custody evaluations
   c. the implementation of mental health parity regulations
   d. legislation establishing new policies on concussions among high school athletes

Knapp, Baturin & Tepper

2. All of the following are true about HIPAA-compliant release forms except
   a. The form needs to include the name of the patient.
   b. The form needs to include the identity of the professional or organization releasing the information.
   c. Psychotherapy notes can be released as part of a general release for medical information.
   d. The form has to have a statement that the patient has a right to revoke, in writing, the authorization.

Freed

3. In considering whether a psychologist discloses his or her health status one of the following considerations was not mentioned:
   a. the patient's ego strength
   b. calming the fears of the patient
   c. potential damage to one's practice
   d. possibly limited hours of therapist availability

Tuckman

4. According to the article, approximately what percentage of adults with major depression also have comorbid ADHD
   a. 5%
   b. 10%
   c. 20%
   d. 30%

5. Which of the following is not a primary component of Tuckman's four-part, integrative treatment model?
   a. education about ADHD
   b. lifestyle adjustments (diet, exercise, sleep, etc.)
   c. medication to reduce symptoms
   d. coaching to provide strategies
   e. therapy to address comorbid conditions

Sallade

6. Which type of examination is usually done for the Bureau of Disability Determination?
   a. mental status
   b. life history interview
   c. intelligence testing
   d. all of the above

Haldaman & Glassman

7. According to research, what problem has been shown to peak at around six months in veterans who have suffered traumatic limb loss?
   a. depressed mood
   b. interference of pain with daily activities
   c. social isolation
   d. panic attacks

8. In the veteran amputee population, worse quality of life has been associated with additional head-related injuries, the need for assistance in daily living activities, and what other factor?
   a. aversive emotional support
   b. being younger at the time of injury
   c. injuries to the non-amputated limb
   d. being older at the time of injury

King

9. Students with ADHD and processing problems:
   a. often forget information as soon as they leave the classroom
   b. hate to write or write too briefly
   c. often have self-esteem problems
   d. all of the above

Zuckerman

10. Which of the following apps was NOT mentioned in the article?
    a. dexterity-assistive apps such as Voxie, Google's search by spoken instructions, and Vocalia
    b. an assessment app for color blindness
    c. locational devices for those with geographic impairments
    d. grocery and shopping apps for those who cannot write lists
    e. a digital inventory app to catalog what you own

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Continuing Education Answer Sheet
The *Pennsylvania Psychologist*, March 2011

Please circle the letter corresponding to the correct answer for each question.

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3.	a	b	c	d		**8.**	a	b	c	d
4.	a	b	c	d		**9.**	a	b	c	d
5.	a	b	c	d	e	**10.**	a	b	c	d	e

Satisfaction Rating

Overall, I found this issue of the *Pennsylvania Psychologist*

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

Comments or suggestions for future issues _____

_____

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To be effective and collaborative practitioners, participants need consultative theories that reflect cultural diversity (Tarver Behring & Ingraham, 1998).

The distinction between traditional consultative models and those used in multicultural consultation is important. Medway (1979) offers a traditional definition of consultation:

> a collaborative problem-solving between a mental health specialist (the consultant) and one or more persons (the consultees) who are responsible for providing some sort of psychological assistance to another (the client). School consultation usually involves a psychologist as consultant, teacher as consultee, and student as client (p. 276).

Similarly, Tarver Behring and Ingraham (1998) define multicultural consultation as "culturally sensitive, indirect service in which the consultant adjusts the consultation services to address the needs and cultural values of either the consultee or client, or both" (p. 58). One of the more effective, practical models in multicultural consultation promotes a constructivist approach to consultation (Hylander, 2000): through co-construction and joint case conceptualization, conceptual change and new understandings can be supported (Ingraham, 2000).

Ingraham (2000) elaborated on an earlier framework to define Multicultural Consultee-Centered Consultation (MCCC). This approach combined multicultural consultation with a targeted focus on "consultee development, when the consultee is culturally different from the student, consultant, or both" (p. 332). In clinical work, the MCCC approach encourages the practitioner to develop a greater awareness of any cultural influences that might affect the relationship.

Program reflections

The opportunity for cultural immersion and exposure provided the chance to distinguish consultative practices that were effective in theory from those effective in practice. Through co-construction of the problem and case, input from the consultee (parent or teacher) proved invaluable, permitting the consultant-consultee relationship to develop within a sense of mutual learning and appreciation for the knowledge and experience contributed by the other party, whether parent, school psychologist, or teacher.

An overall approach in *consultative eclecticism* proved most beneficial. Applications of multicultural and culturally competent consultation models, behavioral consultation models, home-school consultation models, and mental health consultation models each contributed to developing a working alliance and efficacy in proposed interventions.

Least effective approaches included *consultative rigidity*. Flexibility in consultation was a skill developed throughout my time in Ecuador. The inherent personal challenges of participation in a cultural immersion program led me to cling to elements of traditional models I had great familiarity (and comfort) using in professional practice.

Implications for future professional practice

Development of multicultural professional competencies is key to the success of any consultative relationship – whether in a cultural immersion program or in practice stateside. Opportunities to develop competency in professional practice and training must be gathered, and their fruits integrated into a personal and professional framework for practice.

A key component to successful MCCC is the ability of the practitioner to communicate effectively with the consultee. Such communication increases trust, facilitates rapport, and reduces perceived resistance (Ingraham, 2003). Ingraham suggests developing two styles of communication: indirect (gentle, non-threatening, reserved, polite discourse) and direct communication (pointed, direct, highly specific). Depending on whether the consultant uses indirect or direct communication, a different outcome emerges. To be effective consultants, practitioners must master both types of communication and use each appropriately, depending on their clients' cultural backgrounds (Ingraham, 2003).

Participation in the EPPP increased my understanding of Latino culture and the influence of cultural characteristics on development of consultative relationships. Effective consultants and practitioners must address the needs of all stakeholders with cultural sensitivity and awareness. Continued participation in cultural immersion or similar programs will support the development of these skills and can be achieved through structured programs abroad, participation in local cultural development/training opportunities, and specific training programs available through designated colleges and universities.

Tips for integrating culturally competent consultative practice are offered below, followed by information regarding participation in school, clinical, or counseling psychology-based open immersion programs.

- Develop proficiency in communication styles and attending skills, including indirect and direct approaches.
- Gain understanding about the symbolism, importance, and history of culturally significant holidays and religious practices of the consultee.
- Although language fluency may be beyond the scope of your professional role, consider posting basic open-ended secondary language phrases in your workspace, such as "I feel..." or "I hope..."
- Develop knowledge of traditional vs. nontraditional treatments for psychiatric or mental health care (e.g., psychotropic medications, religious rituals).

In addition to university or college based studies, open opportunities for psychology immersion programs include:

- Ecuador Professional Preparation Program: http://ecuadorppp.com/
- Psychology Immersion Program, Ecuador: http://psychimmersioninecuador.com
- Summer Immersion in Panama: https://uwstout.studioabroad.com/?go=panama

References are available on the PPA website, www.PaPsy.org, or upon request from the author, lfernand@devereux.org.

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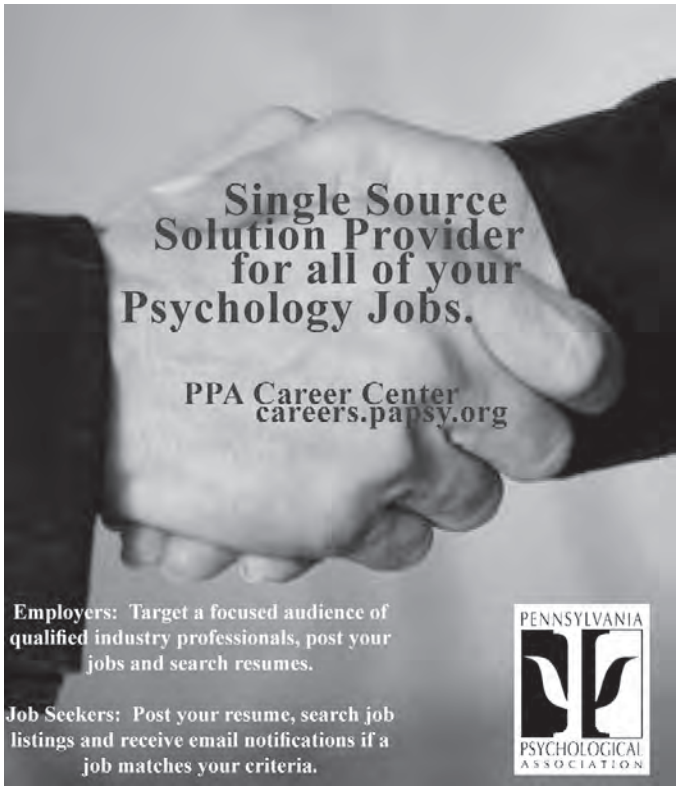

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The Pennsylvania
Psychologist

March 2011 • QUARTERLY

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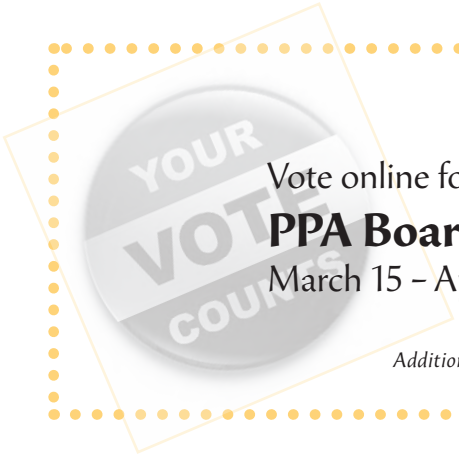

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Additional information on page 7

2011 CE Calendar

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

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

April 11, 2011
Advocacy Day
Harrisburg, PA
Rachael Baturin, MPH, JD
(717) 232-3817

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

November 3 – 4, 2011
Fall Continuing Education and Ethics Conference
Exton, 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

*Ethical Practice Is Multicultural Practice** – NEW!
3 CE Credits

*Introduction to Ethical Decision Making**
3 CE Credits

Staying Focused in the Age of Distraction: How Mindfulness, Prayer and Meditation Can Help You Pay Attention to What Really Matters
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*Competence, Advertising, Informed Consent and Other Professional Issues**
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*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.