

The Pennsylvania Psychologist

April 2011 • UPDATE

Legislation Introduced to Protect Student Athletes With Head Injuries Psychologists Can Make Return-to-Play Decisions

At a press conference at the Capitol Rotunda in Harrisburg on January 26, Representative Timothy P. Briggs (D-Montgomery) and Senator Patrick M. Browne (R-Lehigh) announced the introduction of bills (HB 200 and SB 200) designed to protect high school athletes from further injury after suffering a closed head injury. A previous version of this bill was passed by the Pennsylvania House of Representatives last session, but time ran out before the Senate could consider it.

The press conference was attended by former Philadelphia Eagles stars, Harold Carmichael and Mike Quick, who spoke on behalf of the National Football League in support of the bill. Harold Carmichael was a star wide receiver for the Eagles, a four-time Pro Bowler, and was chosen as a member of the 1970s NFL All-Decade Team. Mike Quick, also a wide receiver for the Eagles, was a five-time Pro Bowler and is second only to Jerry Rice in all-time touchdown receptions.

Every year approximately 1 out of 50 student athletes in Pennsylvania receives a sports-related brain injury or concussion. Concussions were especially common in boys soccer and girls basketball, although they could happen in any sport (Reichel, Yard, & Comstock, 2008). According to Dr. Mark Hogue, president of the Pennsylvania Psychological Association, "Not all blows to the head will cause



Rep. Tim Briggs, at the microphone, announces the introduction of HB 200 at a press conference in the state Capitol. At far left in the front row is Sen. Patrick Browne, prime sponsor of SB 200. Between them are former Philadelphia Eagles players Mike Quick and Harold Carmichael.

It's Electric!

Election for Board of Directors

The election for members of the PPA Board of Directors is taking place over the 31-day period of March 15–April 15. Your ballot for this election should have arrived by e-mail. Please take the time to vote.

The candidates' statements are posted on the PPA website, www.PaPsy.org/governance. You will need to login as a member to see them. 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.

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 have received a paper ballot in the mail.

This is your organization, so please avail yourself of the opportunity to help determine its future by voting for the candidates of your choice.

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Mindfulness and Psychotherapy Healing from Within

Mindfulness and meditation have been used to cultivate balance and inner peace for thousands of years. Although originally practiced as part of a spiritual path, they are now increasingly utilized as potent tools for healing within modern psychotherapy. Mindfulness-based treatments have repeatedly been shown to lower anxiety, decrease susceptibility to depression, and help individuals uncover and strengthen their own inner resources. They support the psychotherapeutic process as well as the psychotherapy patient and practitioner. This two-day event will explore the exciting new ways that mindfulness and meditation support healing and growth in psychotherapy.

Mindfulness and Psychotherapy: Healing from Within An academic conference

Saturday, May 21st | Cost: \$149 (additional \$45 for CE credits)

9:00am – 4:30pm

University of Pennsylvania School of Medicine Philadelphia, PA

This day-long professional conference will provide an overview of innovative new clinical applications of mindfulness as a psychotherapeutic tool, and the cutting-edge research that supports it. Led by leaders in the field, the conference will include speaker presentations and panel discussions interspersed with brief mindfulness practice sessions throughout the day. (APA-approved CEs provided by HealthForumOnline)

Radical Acceptance: Healing and Freeing our Hearts An evening lecture with Tara Brach

Saturday, May 21st | Cost: \$25 | 7:30 – 9:00pm Friends Center, 15th and Cherry Streets, Philadelphia, PA

The experience of shame, of being deficient or “not enough,” is a pervasive form of suffering in our culture. Join Tara Brach for a discussion that will explore how mindfulness and meditation can be employed to awaken us from the trance of unworthiness and to reconnect us with our innate goodness. The presentation will include didactic and experiential components.

Meditation, Emotional Healing and Spiritual Awakening A Day of Mindfulness with Tara Brach

Sunday, May 22nd | Cost: \$149 | 9:00am – 4:30pm

Sheraton Society Hill Hotel, One Dock Street, Philadelphia, PA

In this full-day workshop Tara Brach will guide us in exploring how the practices of mindfulness and compassion can free us from the bind of difficult emotions like fear, anger and shame and reveal the loving presence that is our deepest nature. The day will include didactic presentations, guided meditations and exercises, and time for sharing and questions. Don't miss this remarkable opportunity to spend a day with Tara Brach. No previous mindfulness or meditation experience is required.



Tara Brach is a leading western teacher of meditation, emotional healing and spiritual awakening. A clinical psychologist, Tara is author of the best selling book “Radical Acceptance”. She is renowned for her skill in weaving western psychological wisdom with a range of meditative practices that cultivate compassion for oneself and others, mindful presence and the direct realization and embodiment of natural awareness.

Penn Program for Mindfulness Mindfulness-Based Tools for Living

More than 6,000 graduates trained in mindfulness and Mindfulness-Based Stress Management since 1992.

Co-sponsored by the Department of Psychiatry of the University of Pennsylvania Health System

Registration for these events will begin in March 2011.

For more information or to be added to our mailing list to receive future announcements call 215-615-2775 or email stress.management@uphs.upenn.edu



Penn Medicine

800.789.PENN PennMedicine.org

Journaling as an Aid for Overcoming Emotional Eating

Daniel Materna, PsyD

Materna Psychological Services PC, Hermitage, PA



Dr. Materna

Journaling can be a very useful activity for people trying to gain more control over their eating behaviors. This can be especially true when trying to control aspects of eating related to feelings and emotions. “Emotional eating” can be defined as the consumption of food in response to a feeling other than hunger. People often consume food when not really hungry, but when they are feeling bored, worried, nervous, alone, sad, or angry. Journaling, as an adjunct to a program of weight loss that includes exercise and healthy eating habits/diet, can further help people to gain control over their eating habits. I will describe two types of journals I use with clients during psychological treatment, when one of their treatment goals includes gaining control over emotional eating.

Benefits of journaling

One of the benefits of journaling is that it serves to increase people’s awareness about why they are eating and the roles food plays in their lives. More importantly, it allows people to decrease their use of denial regarding eating for emotional reasons. It also helps people identify other goals to work on that might get overlooked in a weight-loss program that focuses only on diet and exercise. Such problems or goals can be critical to lessening a person’s use of food for emotional reasons. Such problems may include marital or family problems, underlying problems with depression, worry, or anxiety, unresolved histories of child abuse, negative effects from other abusive relationships, and problems related to body image or self-esteem. Psychologists need to be the conduit for people (or “can-do-it”) that guides them in lessening the denial of other problems in their life.

Psychologists thereafter support clients in identifying goals intrinsic to lessening their dependence on food as a coping tool for other life stressors. This appears to be a simple process on the surface, but as will be discussed below the amount of resistance to completing journaling is often extraordinary. Thus, psychologists need to be truly healing professionals who use their extensive training and experience to persevere and help modify the tremendous hold denial has on emotional eaters.

Two types of journals

The journaling consists of two written records. One is a “food and liquid” (F&L) journal and the second is a “stress and wishes” (S&W) journal. In the F&L, clients initially record everything they eat and drink, in detail, every day. This includes quantity and size of food portions, whether client uses non-fat, low-fat, or full-fat items or condiments, etc. Some people use a daily calendar to record food and liquid intake. This also allows them to record the time of day they have eaten, which can be useful when understanding emotional eating patterns. As treatment progresses, the use of the F&L journal typically decreases or stops. However, my experience has been that this journal is needed initially to help assess knowledge about healthy eating and gauge people’s actual relationship with food.

In addition, the F&L often helps people realize how food is used for something other than hunger or nutrition. Frequently, people identify foods that are “very important and individually special” to them. “Friendships” with certain foods, often carbohydrates, sugar-based, or fat-laden, are typically identified. This supports the process of revealing how food has come to replace healthier coping strategies, such as reliance on people for support and companionship.

The second journal, S&W, has several purposes. In this journal clients first record and write about the stressors they

experience each day. Stressors include any problems, difficulties, irritations, or annoyances that make them angry or even a little bit annoyed. The clients’ minimization of daily stressors will quickly become evident, i.e., if the client doesn’t see a problem or acknowledge one then it doesn’t exist, right? Psychologists should anticipate much resistance to journaling at first. Remember, the professional is doing battle with an omnipotent foe: denial. This construct is tougher to overcome than many professionals realize. Public press has it that even Dr. Phil was not the most successful with treating obese patients. Be prepared for very limited journal entries at first.

Clients need help identifying their daily stressors. Furthermore, the relationship between current stressors and past experiences will need attention and intervention. Eventually, as journaling continues, the relationship of current day stressors to issues from people’s pasts grows and becomes more evident. The challenge is to keep clients working at the journals long enough to lessen denial, increase their awareness, see the relationship that stressors have to emotional eating, and start to work at other solutions to their problems. After assisting several of these clients, the professional will start to see why gastric bypass surgery is an attractive option for a lot of seriously obese people. Perseverance is needed on the psychologist’s part too, when treating emotional eating.

The second part of the S&W journal includes the clients also writing about their wishes, wants and needs. Thus, this part of the journal is not actually about “wishes,” but more about their wants and needs related to their problems. However, at least to start with, my experience has taught me that it is easier for clients to consider what they “wish” could be different and later their “wants and needs.” A “wish” can be viewed as a successive

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a concussion. However, athletes with one concussion have an increased risk to have subsequent concussions, and repeated concussions over a short period of time can cause life-long deficits.”

Dr. Hogue treats student athletes with head concussions in his practice in Erie.

The legislation would require the Pennsylvania Departments of Health and Education to promote awareness of the impact of closed head injuries to coaches, parents, and student athletes, including the risks associated with continued play after a brain injury. Also, all coaches would be required to complete a brief training program on concussion management. Students suspected of sustaining a head injury would not be able to return to play until an appropriate medical professional (physician, psychologist, or athletic trainer with expertise in managing concussions) clears them for return to play. The legislation also covers cheerleading, which has one of the highest rates of injury among any sports-related activity.

According to Dr. Ruben Echemendia, a neuropsychologist in State College, and a past president of the National Academy of Neuropsychology, student athletes with concussions should not return to competitive sports until a qualified health care professional has cleared them. Dr. Echemendia notes, “some athletes may appear to have recovered because they feel well and their behavior is normal. However, trained professionals can use specialized tests to evaluate for subtle and less obvious signs that the brain has not recovered.” Dr. Echemendia chairs the concussion program committees for the National Hockey League and Major League Soccer.

One point of contention has been the professional qualifications of individuals who are allowed to make return-to-play decisions for students with suspected head injuries. Many neurologists and physicians believe that only they should make these decisions. Nonetheless, the bills by both Rep. Briggs and Sen. Browne would permit psychologists with neuropsychological training in concussion evaluation and management to make those decisions as well. PPA has been working hard to ensure that

legislators understand the public policy benefits of ensuring access to qualified neuropsychologists.

Extrapolating data from an informal e-mail survey done by the PPA office, PPA estimates that between 200 and 250 neuropsychologists in Pennsylvania evaluated approximately 1,500 high school athletes with closed head injuries (and consulted on an equal number of cases) from 350 out of Pennsylvania’s 500 school districts last year. Also, at least 60,000 student athletes in Pennsylvania underwent neuropsychological baseline testing, and 12,000 of those athletes were tested again following a concussion. A few psychology practices conduct a large number of these evaluations and screenings. However, many neuropsychologists conducted one or two of these evaluations a year. Any attempt to remove neuropsychologists from this bill, at this point, would result in undermining the health care infrastructure that currently handles many concussions.

The NFL has acted very responsibly in promoting awareness of head concussions among athletes, including those at the high school level, and has provided technical support and assistance to states considering this legislation. Their active involvement has been important in helping to change a culture among athletes who are expected by others (or themselves) to “tough it out,” “play through injuries,” or otherwise minimize the impact of sports injury. Traditionally the assumption has been that “getting dinged” or “having your bell rung” is an inevitable and harmless part of playing sports. However, in recent years, sports professionals are recognizing the need to protect students from the impact of mild TBIs. In 2007, the Centers for Disease Control (CDC) introduced the “Heads Up: Concussion in Youth Sports” initiative, which included a toolkit and promotional materials, and has worked with the National Football League, *Sports Illustrated* magazine, *USA Football* magazine, the YMCA, and other groups to promote awareness of concussions in youth sports. ❧

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OVERCOMING EMOTIONAL EATING*Continued from page 3*

approximation to lessening denial about solutions to their problems. It also serves as a transition towards greater assertiveness and self-worth that corresponds to identifying and asserting a person’s wants and needs. This, I believe, is the “silver-tuna” goal when treating emotional eating. Becoming assertive about specific wants and needs is critical for overcoming denial’s toxic effects and increasing self-worth. It also supports the reduction of victimization so often experienced by emotional eaters.

Another important issue that needs to be addressed with emotional eaters, that typically arises through journaling, is why food has become so important to them as a form of coping. In comparison and more pointedly, why aren’t people more included in their support network? Ultimately, the personal issues that interfere with clients accessing other people for comfort and support need to be modified. This is another major role for the psychologist. It is hard to replace food, or other addictive substances, if the barriers interfering with interpersonal attachment are not rectified. And rectified they must be to be able to let go of emotional eating.

Conclusion

When the above two journals are used in combination with exercise and healthy eating/dieting, they enhance a person’s awareness about emotional eating and set the stage for weight loss. The hope is that such weight loss is permanent, which from my point of view is more likely. The psychologist’s role is to become the conduit for personal and interpersonal changes essential to understanding and modifying emotional eating habits. Specifically, psychologists’ overarching goal is to increase clients’ abilities to rely on people for the support and love they are typically searching for and leave behind their dependence on food. This all takes time. It is not as “easy” as surgical alterations of the GI tract, but it serves more of the purpose of helping people meet their emotional needs in healthier ways. ❧

Are Chinese Mothers Superior?

Samuel Knapp, EdD, ABPP
Director of Professional Affairs



Dr. Sam Knapp

In a controversial article in the *Wall Street Journal* entitled “Why Chinese mothers are superior,” Yale Law Professor Amy Chua relates (brags?) how she called her child “gar-

bage” to her face when she misbehaved; how she never permitted her children to attend a sleepover, have a play date, or be in a school play; and how she drilled her child relentlessly on a difficult piano lesson even refusing to let her go to the bathroom apparently for hours until she mastered it. She complains that “Western” parents are too preoccupied with self-esteem and sees the academic success of her children as evidence of the superiority of the Chinese parenting style. (Her daughters excel academically and one daughter played the piano at Carnegie Hall; Chua, 2011a.)

Within a week thousands, including many Asian Americans, commented on the story. Journalist Betty Liu Ebron responded in a blog entitled “Parents like Amy Chua are the reason why Asian Americans like me are in therapy” and, among other things, called Chua a “narrow-minded joyless bigot” (Ebron, 2011). Another respondent claimed that her parent’s strict Chinese parenting practices were responsible for her sister’s suicide. Still another decried Chua’s “bigotry and vision of Chinese supremacist thought” and noted that the goal for traditional Chinese parents should be to promote the Confucian value of *Ren*, loosely translated as humaneness, benevolence, or kindness. Hall (2011) commented that the article ignores the diversity among Asian Americans and Chinese Americans and appears to perpetuate a stereotype of Asian Americans as always high achieving. He wrote that “an exclusive focus on the academic achievements of Asian Americans has rendered them invisible at times, and overlooks their needs as a minority group.”

Journalist Betty Liu Ebron responded in a blog entitled “Parents like Amy Chua are the reason why Asian Americans like me are in therapy....”

In follow-up interviews, Chua presented a more moderate position. She said she does not believe Chinese parents are superior (“I did not choose the headline”; Chua, 2011b); said the *Wall Street Journal* article was edited without her input to present the more controversial parts of her narrative; notes that she backed away from a very strict “Chinese” approach when her younger daughter rebelled at the age of 13; and explains that her book is really a narrative about how her parenting attitudes have changed over time (Yang, 2011).

Is the tiger-like approach to parenting that is allegedly characteristic of Chinese mothers superior? Should European Americans view parenting as a battle and adopt the controlling and shame-based methods that were attributed (unfairly it seems) to Chua? Of course, parenting is influenced by the child’s temperament, the social context of the family, and other factors. Also, labels of parenting styles are necessarily summaries of thousands of complex interactions over many years in many different contexts. Nonetheless, European American children raised with authoritative methods as defined by Diane Baumrind tend to do well socially, psychologically, and academically. Those raised with authoritarian methods tend to do worse. Authoritarian parenting is characterized by rigid control, low communication, and low expressions of warmth. Authoritative parenting is characterized by flexible and reasonable rules, and high expressions of warmth.

Nonetheless, early research showed that many Chinese children appear to do well with authoritarian parents, or at least they do not suffer as much from it

as European American children. Currently no consensus exists to explain this (Sorkhabi, 2005). The differences in parenting outcomes may represent, to some extent, the influences of cultural values. Chinese tend to emphasize interpersonal interdependence (collectivism) and European Americans tend to emphasize independence (individualism). Collectivist cultures tend to emphasize deference to authority and concern about the group welfare, and minimize expression of personal needs. So, it could be argued, the stricter Chinese parenting becomes logically linked to overarching values shared by the child’s community.

Also, others claim that Baumrind’s definition of authoritarianism might not correspond directly to notions of traditional Chinese parenting. For European Americans, the strictness found in authoritarian parenting styles is often accompanied by parental hostility or aggression, but for Asians and traditional Asian Americans, strictness may be associated with parental loving and concern (Ang & Goh, 2006). According to Chao (1994), traditional Chinese parents are guided by the concepts of *chiao sun* (closely supervised training) and *guan* (which connotes loving parental support) thus they invest much time guiding their children in an affectionate manner.

Finally, even among Chinese, high levels of intrusive parental control, especially as the child enters adolescence, are associated with poor outcomes. Pomerantz and Wang (2009) note that “when parents exert control over their children by intruding, pressuring, or dominating them, children suffer, whether they live in the West or East Asia” (p. 288), although the negative impact is higher in the West.

This brief review illustrates some of the difficulties in studying parenting in general, comparing parenting across cultures, and identifying general rules for good parents across cultures.

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Advocacy Day Is Upon Us



Our Advocacy Day in Harrisburg this year is **Monday, April 11**. 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 a.m. to 11:30 a.m., and meetings with legislators after that.

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

PPA's 20TH ANNUAL ADVOCACY DAY

April 11, 2011 • State Capitol Building

REGISTRATION FEES: \$20 for PPA Members,
\$30 for Non-PPA Members, Free for Student Members of PPA

Please print.

Name _____

Degree _____

Address _____

City/State/Zip _____

Telephone (office) _____

(home) _____

E-mail _____

Total enclosed (fees listed above) _____

Check enclosed (payable to PPA)

VISA MasterCard AMEX

Card Number _____

Expiration Date _____

Signature _____

Do you have any special dietary/accessibility needs? If so please describe: _____

Send completed form with payment by **April 4, 2011** to:

Pennsylvania Psychological Association
416 Forster Street • Harrisburg, PA 17102-1748
Fax: 717-232-7294

Advocacy Day is sponsored by the Pennsylvania Psychological Association and PennPsyPAC. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for the program and its content. Credits offered: 1.5 CE credits. Certificates of completion will be mailed to participants who attend the entire workshop and complete the evaluation form. Partial credits will not be given. The Pennsylvania Psychological Association is an approved provider for Act 48 continuing professional education requirements as mandated by the Pennsylvania Department of Education.

ARE CHINESE MOTHERS SUPERIOR?

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Nonetheless, it may be that, despite some differences in outward styles, varying contexts, and cultural idiosyncracies, effective parents in all cultures will express love toward their children, have reasonable expectations on behavior, but relinquish control gradually as the child matures. So is Chinese parenting superior? My answer is, "depending on what you mean by Chinese parenting, some Chinese (and Western) parents may be superior to the extent that they set appropriate, but not oppressive standards for their children and show lots of warmth and affection."

Feel free to contact me with your thoughts on this topic at sam@PaPsy.org. ☐

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Smoking Cessation Improves Public Health

Tobacco use, either through smoking cigarettes, cigars, or pipes or through chewing, is the single leading preventable cause of death in the United States. Smoking is linked to lung cancer, heart disease, stroke, emphysema, chronic bronchitis, and other health conditions. Tobacco-related diseases will kill 50% of smokers. Second-hand smoke is harmful for children (“no level of cigarette smoke exposure is safe for . . . children,” Park, 2010, p. 66) and recent studies are pointing to the harmful health effects of “third-hand” smoke, or the residue left behind in clothing, hair, carpets, or furniture.

Although the rate of smoking in 2010 is less than one-half of what it was in 1965, about 21% of American adults still smoke cigarettes. Smoking prevalence is linked to education and socioeconomic status. For example, about 6.5% of Americans with graduate degrees smoke, but 35% of those with 9 to 11 years of education do (Cigarette smoking among adults, 2007).

Starting in 2014, all health insurers will be required to provide wellness programs for their members with little or no copays, and it is expected that smoking cessation programs will be one of the services offered. Even now, however, more policies are covering prevention programs, such as those for smoking cessation. Psychologists with an expertise in smoking cessation strategies will likely find an increased demand for their services.

Although the health damage of tobacco use is now well known, tobacco is highly addicting; and it is difficult for people to stop its use. Consequently, tobacco addiction is best seen as a chronic disease; abstinence is difficult; relapse is common. Nonetheless, the health effects of smoking are so large that even modest success rates for an initial intervention are cost-effective from a health and financial perspective.

About 5% of smokers will succeed in quitting without professional assistance or medication. Even a physician briefly talking to a patient about the benefits of quitting smoking may greatly increase a patient’s motivation to do so. There is a dose-outcome relationship between smoking cessation counseling and quit rates. That is, the longer the duration of counseling, the higher the likelihood that the smoker will be able to quit. Common counseling techniques with smokers include motivational interviewing, stimulus control (avoiding environmental cues associated with smoking), social support, or nicotine fading. Counseling techniques are often combined with pharmacological interventions, which include varenicline, bupropion and nicotine substitutes (nicotine nasal spray, transdermal nicotine, nicotine tablets and nicotine gum). The more effective programs can achieve quit rates approaching 25%. Psychologists interested in smoking cessation can start by reading the *Smoking Cessation Clinical Practice Guidelines* (AHCPR, 2008).

In the meantime, some social scientists are exploring the impact of graphic representations on cigarette boxes, such as pictures of people suffering from lung cancer or pictures of diseased body parts. These scientists speculate that graphic portrayals of suffering should help counteract hours of tobacco industry-funded advertising which associates smoking with good-looking people doing interesting things and having fun (Allen-West, 2010). ❏

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PennPsyPAC Is Essential Part of Advocacy

During 2010 our political action committee, PennPsyPAC, contributed \$37,000 to 78 candidates for the state legislature from both political parties. These contributions to candidates who support psychology were made possible by many generous donors to PennPsyPAC. Of course, our contributions to candidates are dwarfed by the contributions from the health insurance and business PACs who often oppose our agenda. PPA cannot make such contributions from association funds, which is why we have a PAC. It is important to the field of psychology to help get sympathetic candidates elected or re-elected, and we can contribute to their campaigns only through a PAC. Almost all of the money coming in to PennPsyPAC is used for candidate contributions and events such as advocacy days. Only about 16% is used for fundraising and administrative purposes.

This support of candidates who support our goals represents one part of our overall strategy in promoting policies that will help psychologists and the clients we serve. They complement our government relations efforts in Harrisburg and our grassroots efforts all around the state. It may be an unfortunate fact of life, but the fact is that in politics, money talks. State legislators determine to a great extent the conditions under which we practice – the rules that managed care organizations have to follow, the regulations governing school psychology, our scope of practice, and many other issues. If we want to have an impact on these kinds of policies we have to be players in the political process. And if we want to be significant players we will need to increase the amount that we raise and spend each year.

All PPA members will be sent a letter soon requesting donations to PennPsyPAC. Please keep an eye out for it and act on it when you receive it. Or better yet, you can get information and make a donation online at <http://www.papsy.org/advocacy/>. Please don’t wait for someone else to carry the load; they are waiting for you! ❏

In Memoriam

Dr. Roger G. Knudson of Allentown died in January. He had received his PhD degree in counseling psychology in 1967 from Colorado State University. He was retired from full-time private practice in Allentown, though he had still maintained a part-time practice. He had been a member of PPA for more than 20 years. He was also a member of the Academy of Psychologists Engaged in Private Practice in the Lehigh Valley, which made a contribution to PennPsyPAC in his memory. ❏

Board of Directors Recommends Changes in Bylaws

A task force consisting of Drs. Donald McAleer (chair), Jeffrey Pincus, Emily Stevick, and David Zehrung has been reviewing PPA's bylaws for needed changes over much of this program year. Input regarding suggested changes was received not only from members of governance but from the general membership. The task force made several recommendations, which have been approved by the Board of Directors. The amendments to the bylaws are available on the PPA website, www.PaPsy.org. Members are urged to read about the proposed amendments there and to vote on whether to approve them. The balloting period will extend from April 1 to May 1, 2011. To be approved and finalized the amendments will need approval by two-thirds of all members voting. Among the proposed amendments are the following.

A new statement of purpose is proposed that is more general and will not have to be changed every time we change the strategic plan. Some specifics are removed on issues that can be dealt with in the policy manual, such as the criteria and procedures for establishing reduced dues for retired members. The section that specifies that the president-elect shall chair the Budget and Finance Committee now specifies that he or she is a member of this committee but not necessarily the chair.

In the existing bylaws one section provides that the Board of Directors elects a successor to serve the unexpired term of a board chair who leaves office early, and another section provides that the General Assembly will have that duty in the event that an officer leaves office before the end of a term. The new language vests that duty in the Board of Directors for either type of leader, as well as for breaking a tie in a membership-wide election. Currently the president of the Pennsylvania Psychological Foundation is a voting member of the PPA Board of Directors. The new iteration will make this officer an ex officio member without vote. Currently some committees have co-chairs; the new proposal provides for the option of a vice chair in addition to the chair, and only the latter serves on the General Assembly.

Since the Board of Directors now establishes committees for one year at a time (except for four of them specified in the bylaws) there is no functional difference between a committee and a project group, so the task force recommends eliminating project groups. Language pertaining to elections and amendments to the bylaws is changed to accommodate electronic means of voting in addition to mailed ballots. ❏

Are Some Common Household Chemicals Harmful?

Laurel Lennon, MA, & Amber West Buller, PhD



Laurel Lennon



Dr. Amber West Buller

We do not really know how some chemicals affect our health, and the government is not moving ahead quickly enough to discover what risks are lurking in our cupboards. There has been plenty of information released about the issues surrounding common household chemicals and their risk to people who use them, especially the vulnerable popula-

tion of children. A report from the President's Cancer Council warned about the special vulnerability of children "due to their smaller body mass and rapid physical development, both of which magnify their vulnerability to known or suspected carcinogens" (Reuben, 2010, p. 98).

Specifically, Bisphenol A (BPA) a chemical of widespread exposure, found in many water bottles, microwave ovenware, eating utensils, baby bottles, and other products, has been registered with the Environmental Protection Agency as a possibly harmful chemical. Only 200 chemicals of a possible 21,000 have been tested, and of those, only 5 have been banned (Editors, 2010). Even though high doses of BPA exposure to rats causes an increase in fetal deaths and a decrease in litter size and live births, and low doses of BPA are linked to neural or behavioral alterations in rats and mice (National Toxicology Program, 2008), it has not been prioritized.

The most influential conclusion came from a review conducted by the National Toxicology Program, which stated that there was "some concern" for the exposure to BPA of fetuses, pregnant women, or children. "Some concern" represents the middle point of the National Toxicology Program's 5-point scale, meaning that the FDA cannot definitely conclude that BPA harms fetal or child development, but neither can it dismiss those concerns entirely (National Toxicology Program, 2008).

According to the President's Cancer Panel, "We do not know how much environmental exposures influence cancer risk and related immune and endocrine function" (Reuben, 2010, p. 97). The report also notes that "scientific evidence on individual and multiple environmental exposure . . . are not being adequately integrated into national policy decisions and strategies for disease prevention" (p. 97). Also, the Endocrine Society (Diamanti-Kandarkis, et al., n.d.) warns that environmental chemicals run the risk of harming the public and urges more scientific and epidemiological research into their impact on human health.

The European Union recently passed a law strengthening its control over household chemicals, and some American state and local governments are restricting the sale of baby bottles with BPA in their jurisdictions, though Congress failed to pass the legislation that would have overhauled the way that the federal government regulates potentially toxic chemicals. Nonetheless, last year PPA's Board of Directors passed a resolution supporting efforts to restrict baby bottles made with BPA in Pennsylvania. The legislation that PPA supported was not passed by the Pennsylvania General Assembly, and it has not yet been introduced this year. Members should be on the look-out for e-mails from PPA concerning this type of legislation. ❏

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Record-Copying Charges Changed for 2011

Under Pennsylvania's Act 26, known as 42 Pa.C.S. §6152 and 6155 (relating to subpoena of records and rights of patients), the Secretary of Health is directed to adjust annually the amounts that may be charged by a health care facility or health care provider upon receipt of a request or subpoena for production of medical charges or records. Because the law specifically references "health care providers," as opposed to just physicians, PPA believes that the law applies to psychologists. The amounts for 2011 vary only slightly from last year's amounts.

Effective January 1, 2011, the following payments may be charged in response to a subpoena:

	Not to Exceed
Search and Retrieval of Records	\$19.92
Amount charged per page for pages 1-20	\$ 1.34
Amount charged per page for pages 21-60	\$.99
Amount charged per page for pages 61-end	\$.33
Amount charged per page for microfilm copies	\$ 1.97

In addition to the amounts listed, charges may also be assessed for the actual cost of postage, shipping, and delivery of the requested records.

In addition, a flat fee that can be charged by a psychologist for a claim or appeal under the Social Security Act or any federal or state financial needs-based benefit program is \$25.24 plus charges for the actual cost of postage, shipping, and delivery

of the requested records. The flat fee that can be charged for a request made by a district attorney is \$19.92 plus charges for the actual cost of postage, shipping, and delivery of the requested records. Requests from independent or executive branch agencies of the government are exempt from the record-copying fee requirements. This law does not apply to copying required by insurance companies to monitor services under an insurance contract. The rate is increased annually according to the Consumer Price Index.

The law does not alter the requirement that psychologists must have a signed release from the patient or a court order before releasing the information to a third party. ❏



Member News

Amy Smith, a member of the Outreach/Liaison Committee of PPA's School Psychology Board, was recently elected president-elect of the National Association of School Psychologists. She is from Montgomery County

and works as an educational consultant for the Pennsylvania Training and Technical Assistance Network (PaTTAN). Congratulations to Amy!

Classifieds

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CLINICAL PSYCHOLOGIST – for small private practice in southern Lancaster County, part to full time, licensed, insurance credentialed preferred, interest in children and adolescents welcome, benefits available. Fax resume to 717-464-4348 or email to LGRLLL@comcast.net.

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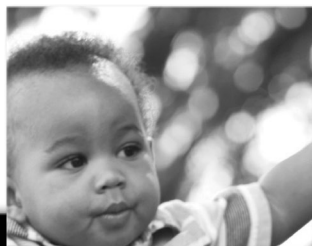
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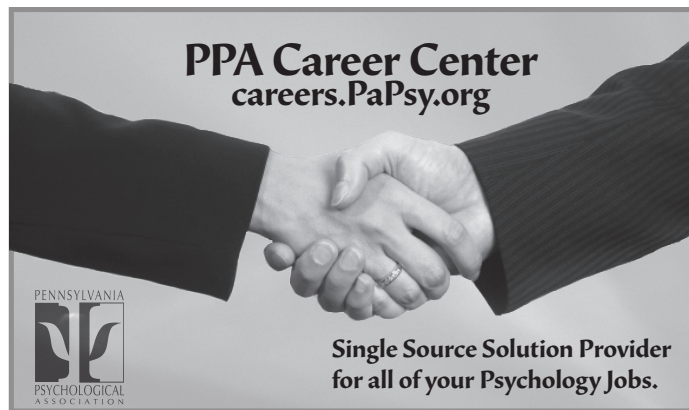
The Pennsylvania Psychologist

April 2011 • UPDATE

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

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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://papsy.org/collaboration-communication/regional-psychological-associations.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

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*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
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