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The Pennsylvania
Psychologist

May 2010 • UPDATE

Major Federal Health Care Legislation Passed
Implications for Psychology Unclear

We can expect substantial changes in the delivery of health care over the next several years. Stakeholders and experts widely agree that the current health care delivery system in the United States is too expensive given the quality of outcomes and the lack of comprehensive coverage. Compared to other industrialized countries the United States spends far more on health care, even though it does not have universal health care coverage and its indices of health are worse than those in most other industrialized countries, although lifestyle factors are responsible for much of the gap. Furthermore, pernicious trends threaten to drive health care costs up even more, including a population that is aging and has a higher percentage of persons having illnesses associated with excess weight. The ever-increasing costs of health care threaten the competitiveness of American business and account for ever-increasing government expenditures.

Although almost all experts agree with the above principles, they agree less on the ways to address these problems. Some prefer giving more responsibilities to state governments to address these problems, while others prefer more market-based solutions. The recently passed Health Care and Education Affordability Reconciliation Act of 2010 was designed to address the pressing issues of escalating costs, while providing coverage for those who are uninsured. The most controversial parts of the plan, (creating an individual mandate for insurance coverage, health exchanges, and expanding Medicaid) will not go into effect until 2014. Fortunately, the bill included provisions that will integrate mental health into community-based health plans. Other portions, such as extending dependent coverage to children up to the age of 26, will go into effect this year. The bill includes many other initiatives to improve the quality of health care, crack down on health care fraud, improve access to preventive services, increase financial aid for the education of health care professionals, and use technology to store health information. However, at this time, it is difficult to know how these provisions will impact psychologists.

The advent of mental health parity and changes in Medicare may have more immediate impact on psychologists. Mental health parity went into effect in January. However, it applies only to policies for employers with 50 or more employees, thus exempting 1.5 million Pennsylvanians with commercial insurance. The interim regulations for parity were released in February. If current provisions from the interim rules remain in the final version of the regulations, the possibility exists that parity may be required for nonquantitative aspects of health insurance, including the possibility of placing some controls on medical management procedures. PPA will be monitoring these developments very closely and informing the membership.

At the time that this article is being written, final decisions on the reimbursement rates under Medicare have not been made. Those rates are important for at least two reasons. Although Medicare is an important payer of health care in its own right (especially in Pennsylvania, where 16% of the population is eligible for Medicare), commercial insurers often base their reimbursement on a percentage of Medicare. If Medicare payments were to drop, or increase, it is likely that payments by commercial insurers would do the same.

PPA will publish articles with more detail on the health care overhaul in future issues of *The Pennsylvania Psychologist*.

PPA to Honor Four People With Awards

On Friday, June 18, we will gather to honor Pennsylvania psychologists who are being recognized for the contributions they have made to our profession, our organization, and the public in general. We will also be recognizing the contributions of other Pennsylvanians who have significantly contributed to mental health needs of citizens of our state. Please come and join us as we celebrate the accomplishments of these individuals.

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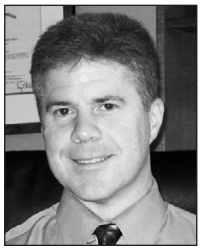
Reflections on the "Complete Psychologist"

Brad Norford, Ph.D.



Dr. Brad Norford

I neither possess the seniority nor the accomplishment as a psychologist to espouse on what constitutes a "Complete Psychologist." However, I do have the benefit of sharing ideas from a recent article in the *American Psychologist* by Dr. Jeffrey Barnett and expanding upon one aspect that may be less readily considered by the membership of PPA.

Dr. Barnett received the 2009 APA award for Distinguished Professional Contributions to Independent Practice and contributed an article to the *American Psychologist* entitled "The Complete Practitioner: A Work Still in Practice" based on his award address. Dr. Barnett describes a wide variety of attributes including passion, competence, ethical practice, being an active consumer of research, personally practicing psychological health, and aspiring to be a role model, mentor, advocate, innovator, volunteer, educator, and scholar (Barnett, 2009).

For purposes of this article, I quote his views on the attribute of being an "advocate." Barnett writes:

> The complete practitioner is a citizen psychologist who actively works to advance the profession and to impact the health delivery system in the United States to better meet the needs of those he or she serves (DeLeon, Loftis, Ball, & Sullivan, 2006). He or she engages in grassroots advocacy, political giving, support of lobbying, and teaching advocacy, seeing these as essential to the professional identity and ongoing activities of every psychologist (Sullivan, Newman, & Abrahamson, 2007). The complete practitioner does not entrust the future of the profession of psychology to other groups and accepts responsibility for helping to actively shape the profession (Barnett, 2004). He or she also sees the bigger picture and actively advocates for issues of social justice such as improved access to health care, broader health care coverage and parity, antidiscrimination measures, and related issues (p. 799).

PPA offers its members easy access to the attribute of advocacy within our profession. Through PennPsyPAC opportunities for financial contributions for advocacy efforts, contacts with legislators through action alerts, and participation in Advocacy Day are available to all.

Occasionally members have expressed a sentiment that the political activities of PPA and PennPsyPAC are not relevant to their work in the field, are self-serving, and perhaps even unseemly given the involvement in lobbying. But, upon closer examination, one can see the correspondence between the efforts of APA and PPA and the qualities/attributes described by Dr. Barnett. Consider the following:

- **Advocacy for disadvantaged populations and for social justice —** PPA has supported legislation to ban corporal punishment in schools, to establish problem solving (mental health) courts, to enable the right of adolescents to seek treatment, to expand the number of unemployed adults able to receive insurance, and to expand insurance coverage for those of lower income, those with serious mental illness, and most recently for children with autism.
- **Advocacy to impact the health delivery system —** PPA/APA members meet with legislators about mental health insurance parity, elimination of re-authorizations in managed care treatment, and patient privacy in the era of electronic health care records.
- **Taking responsibility for the future of the profession —** PPA/APA members have advocated for Medicare authority and payment, psychologist access to hospitals, prescriptive authority (in certain states), protection of psychologists from frivolous lawsuits, protection of the licenses of psychologists, and protection of the role of school psychologists.
- **Teaching advocacy —** PPA offers continuing education in advocacy, organizes action alerts, introduces graduate students to lobbying, and provides expertise through the nationally recognized staff in the PPA office.
- **Political giving —**PennPsyPAC was borne of the necessity of compliance with federal and state laws requiring separation of tax exempt organizations like PPA from political fundraising. PennPsyPAC is the means by which many of the aforementioned efforts are underwritten by concerned psychologists of PPA.

We ask you to bring your passion to PennPsyPAC and please consider annual contributions as well as volunteering for next year's Advocacy Day as a part of your efforts to become a complete psychologist!

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The Significance of Fat Stigma

Amy E. Farrell, Ph.D.

Dr. Amy E. Farrell

Shortly after the 2010 State of the Union address, First Lady Michelle Obama launched her "Let's Move" campaign, designed to end childhood obesity. While many applauded the new program, others argued that her efforts would further stigmatize and scapegoat a particularly vulnerable part of our population: fat children. These critics—and I consider myself one of them—contend that the focus on obesity is misguided, fueling a 60 billion dollar diet industry, dangerous attempts at weight loss, disordered eating, and a rise in weight loss surgeries that result in permanent and significant gastro-intestinal problems and nutritional deficiencies. The focus on obesity also exacerbates and legitimates the stigma and discrimination faced by fat people, while deflecting attention from the more fundamental culprits of our physical problems, a sedentary lifestyle and poor nutrition.

Health at Every Size

This perspective challenges much of the popular public rhetoric surrounding the "obesity epidemic." Known generally as the Health at Every Size perspective, the HAES movement draws from medical and social research of scholars such as Paul Campos and Glenn Gaesser to offer an alternative paradigm to that of conventional medical and public policy, shifting our perspective from "How do we make fat people thin? " to "How do we make fat people healthy?" Much of the work of HAES points out the connections between discrimination, stigma and ill health, arguing that one of the main reasons the life chances of fat people are limited is because of the unfair treatment they receive in employment, medical treatment, and social life. They challenge the conventional medical understanding of fatness, pointing to studies that suggest fatness is not particularly malleable, and that restrictive dieting causes only short-term weight loss but results in long-term metabolic disturbances. HAES proponents also point out that although the headlines read "Dangers of Obesity," the actual studies these articles reference usually demonstrate that a sedentary lifestyle and a diet of processed foods result in ill health. A diet rich in fruits and vegetables and an active lifestyle will improve health, but *may or may not* result in weight loss.

The 2-year CDC study completed by Linda Bacon and other nutrition researchers at the University of California, Davis, provides particularly compelling evidence for an alternative approach to working with heavy patients. In this study, a group of fat women was divided into two groups, one receiving a traditional approach—coaching in restrictive eating (dieting) and exercise, the other an alternative approach—being encouraged to eat a healthy diet, to listen to their body's cues, to foster ways to engage in fun exercise, and to take part in a fat acceptance discussion group. Significantly, group one—the traditional diet/exercise group—initially lost weight, but by the end of the 2-year study half had dropped out; most had regained weight; blood pressure, cholesterol and other metabolic measures had not improved; and self-esteem levels dropped. In contrast, most group two participants stayed with the 2-year program. Their blood pressure, cholesterol, and other metabolic measures had improved dramatically, and they exercised regularly. Significantly, their self-esteem levels increased substantially. Encouraged to pay attention to their bodies, to stop restricting calories, to fight the discrimination they experienced as fat people and to *enjoy* their bodies through physical movement and eating well—with more fruits and vegetables and fewer processed foods—the non-dieters showed significant health improvements. But, and this is the key point, they never became thin.

Fat Stigma

One of the key aspects of the UC Davis non-dieting group was a regular program of meetings where the women met to discuss their experiences as *fat* women. They shared practical information, such as the names of clothing stores that catered to large women and the difficult stories of

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Health at Every Size

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

Dr. Sam Knapp

I thank Dr. Farrell for introducing us to the essential points of the "Health at Every Size" movement. Some of the points made by her and other advocates are that excess weight is not easily lost; dieting alone may cause a short-term decrease in weight, but eventually the weight will be regained and may cause the person to gain even more weight in the future; and discrimination and stigma against persons with excess weight is harmful. Let me address each of these issues in sequence and add additional comments.

Weight loss is difficult. Although many diets can lead to temporary weight loss, dieting alone appears inefficient to maintain the weight loss. Dieting can be harmful and lead to even greater weight gain if it is not done properly (the "yo-yo" effect). Furthermore, these failures may demoralize and discourage dieters. However, programs that emphasize weight loss combined with exercise and proper diets tend to be more successful in keeping weight down. For example, the National Weight Control Registry, which follows those who had been successful at losing weight and keeping it off, found that one of the defining characteristics of this group was their high level of physical activity (Catenacci et al., 2008)

Dr. Farrell correctly notes the discrimination against persons who are overweight. Shame or embarrassment actually reduces the willingness of overweight persons to address their health concerns. This is consistent with findings of research psychologists who note that many, including persons with excess weight themselves, view extra weight as evidence of personal weaknesses or laziness (Quinn & Crocker, 1999). Many persons with excess weight avoid talking with their physicians about this issue because they fear being scolded or humiliated. Some weight-loss coaches use a "boot camp" mentality and try to motivate through confrontation, humiliation and degrading comments. However, health-improvement programs should not focus on shame, stigma, or embarrassment. If these were effective in reducing weight, then few persons would carry excess weight. Furthermore, scare tactics are not effective motivators. "Scared thin" programs should be no more successful in reducing weight than "scared straight" programs have been in reducing crime.

The relationship between excess weight and mortality is complex. Although excess weight is related to numerous health conditions such as diabetes, heart attacks, and cancer, its relationship to mortality is a source of debate. Recent questions have been raised as to whether weight itself is related to mortality, or the distribution of the weight on the body. However, other studies suggest that longitudinal studies have included the grossly underweight along with those of normal weight, thus masking a U-shaped pattern where both excessive underweight and overweight are related to mortality. Nonetheless, excess weight is related to numerous health problems, suggesting that a goal of normal weight is desirable from a health standpoint.

The relationship between excess weight and mortality is complex.

Dr. Farrell is correct that the ultimate dependent variable should be health. Weight itself is only important as it relates to health. Exercise and good muscle tone are important for all persons, including those who carry excess weight. Nonetheless, I believe that excess weight is sufficiently related to poor health in and of itself, and is probably related to mortality so that efforts should be made to reduce excess weight among children, albeit with the caveats noted above. I believe that the ultimate value of the "Let's Move" campaign will depend on how it is implemented.

Although many persons have lost weight through comprehensive weight loss programs, social interventions appear warranted to reduce stimuli that reinforce overeating and under-exercising. Although the propensity to excess weight may be genetic for some persons, most persons carry excess weight because of environmental factors, including low prices for fatty foods such as fast foods, higher prices for vegetables and fruits, advertising that promotes high calorie foods, government subsidies for corn used in making high calorie corn fructose, proliferation of soft drinks with almost no nutritional value, an increase in sedentary computer games and TV watching, and increased urban sprawl, which makes walking and other exercises more difficult. Efforts should be made to increase awareness of the factors leading to excess weight and to create a "tipping point," where daily exercise, fruits and vegetables, and balanced meals are normative and the focus will be on maximizing healthy bodies and minds, not just trying to avoid becoming ill.

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THE SIGNIFICANCE OF FAT STIGMA

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living in a fat-hating culture. The group also helped participants to imagine alternative ways of reacting to discrimination, from a new internal perspective to possible witty retorts to participation in fat-positive organizations in the area. The group also encouraged participants to exercise together, whether by taking walks or swimming or dancing, thus providing the women with a partner and friend to deflect the negative attention they often received in public. (One of the most insidiously cruel aspects of a fat-intolerant culture is the way it makes fun of fat people moving their bodies at the same time it blames fat people for failing to get exercise.)

In other words, the UC Davis non-dieting group had a built-in mechanism to help participants deal with the stigma of living as a fat person. Many years ago, Erving Goffman's pathbreaking book, *Stigma: Notes on the Management of a Spoiled Identity,* described at length the difficulties of living with a "discredited physical attribute." He concluded, "[W]e believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances." More recent work by psychologists, sociologists and legal scholars such as Esther Rothblum, Sondra Solovay, Jeffery Sobal, and Donna Maurer provide excellent studies of the specific stigma fat people face, the negative consequences of that stigma, as well as the various coping mechanisms they use. The perception of fat people as "not quite human" results in discrimination these scholars documented in schools, at physicians' and psychologists' offices, in the job market, in housing, and in their social lives. This means that effectively, their life chances—for a good education, for fair and excellent health care, for job promotion and security, for pleasant housing, for friends, lovers, and life partners—in other words, for a good and safe life—are effectively reduced.

The roots of fat stigma run deep. Indeed, the denigration of fatness reaches far back into the late 19th century and early 20th century, when physicians, anthropologists, sociologists, and psychologists argued that fatness was a sign of a "primitive" body while thinness was evidence of a highly evolved and civilized person (Farrell, in press). These historical roots mean that this stigma is that much more difficult, but also that much more important, to recognize and eradicate.

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PPA AWARDS

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Dr. Judith Blau will receive the Distinguished Service Award for the many years of service she has given to PPA. Dr. Blau has held numerous leadership positions in PPA, and has yearly organized successful fund raising events for our organization. PPA has benefited, and will continue to benefit, from Dr. Blau's efforts.

Dr. John Gerdes will receive the Award for Distinguished Contributions to the Science and Profession of Psychology. He is being recognized for the scope of his advocacy efforts on behalf of the profession of psychology. Dr. Gerdes has been a leader in formulating the Integrated Care Concept, which stresses the need to include psychologists as members of health care teams. This idea has gained national recognition and has become part of the health care debate. Dr. Gerdes also had a significant role in gaining admitting privileges for psychologists in the Geisinger Health Care System.

Supreme Court Justice Seamus McCaffery will receive the Public Service Award for his long history of support for mental health services. Justice McCaffery supported and implemented the Philadelphia Mental Health Court, has volunteered to aid the homeless, and supports NAMI. He has also introduced new programs for drug and domestic violence offenders.

Berks County Senior Judge Arthur Grim will also receive the Public Service Award. He has been an ardent supporter for the utilization of psychological services. In particular Judge Grim has significantly contributed to the Juvenile Justice System in Pennsylvania. He has also won awards from a number of organizations for the efforts he has made in addressing domestic violence issues.

Sport and Exercise Psychology

What Have Athletes and Psychologists Taught Each Other?

Mark A. Hogue, Psy.D

The sporting culture affords psychologists an incredible incubator from which to view human performance.

Dr. Mark A. Hogue

About 7 years ago, I was returning from my first conference at the Association for Applied Sport Psychology's (AASP) annual international convention where 48 countries were represented. My head was swimming with all of the phenomenal things that psychologists do on a global basis, and how we impact the areas of sport and human performance in amazingly creative ways. I was at a local hospital when a physician I knew got on the elevator and asked, "What's new?" I told him where I just was, and he asked, "Well, did you learn that sport is irrelevant to life?" I immediately shot back something to the effect of: "No, and in fact, I learned that these professionals have largely spearheaded research in performance excellence, focused concentration and motivation, social and teamwork cooperation, and most of the studies on health and wellness behaviors that you likely cite in your practice." He replied, "Oh, I never thought of it that way."

Exactly. Most people believe that sport psychologists and exercise physiologists are just psychologist-"jock" wannabes. However, attending conferences like these expands one's vision of what psychologists are trained to do. The sporting culture affords psychologists an incredible incubator from which to view human performance. I believe that sport reflects life in microcosm. Ethos. Pathos. Challenge. Joy. Failure. Triumph. Exertion of will. Self- and team-determination. It reveals the "stuff" that makes us human in a time-lapsed manner. What a laboratory for the study of human behavior!

Some say that sport develops character. Maybe. I believe that sport can either develop positive character qualities or destroy them, especially in children. When adults participate in sport, it reveals their character. It has often been said, that to REALLY know someone, play a round of golf with them. As with parenting, poor sport coaching can cripple athletes. Coaches often coach as they were coached, much as people often parent the way they were parented. Numerous studies have suggested there are tremendous benefits and hazards associated with sport participation (Martens, 1978; Brustad, 1988). Coaches' and parents' interactions have tremendous impact on sport enjoyment, character development, and increased or decreased intrinsic motivation in athletes (Amorose & Horn, 2000, 2001; Gagné, Ryan, & Bargmann, 2003). Organizations like "Coaching 4 Life" work with coaches to help develop their own character, so they can intentionally develop positive character qualities in their athletes. My personal passion is to work with athletes and coaches THROUGH their sport experiences to help them develop the positive aspects of their character. So, what is applied sport psychology? How does it fit in the world of psychology? Whom do sport psychologists treat?

"Applied sport and exercise psychology involves extending theory and research into the field to educate coaches, athletes, parents, exercisers, fitness professionals, and athletic trainers about the psychological aspects of their sport or activity. A primary goal of professionals in applied sport and exercise psychology is to facilitate optimal involvement, performance, and enjoyment in sport and exercise" (AASP Web site). Traditionally, sport psychologists work with professional and amateur athletes ranging from the elite Olympians and professionals down to novices in any sport imaginable. There are new initiatives to work with the elderly in competitive sport performance, and they are one of the fastest growing groups of exercisers globally. Sport psychologists may use their expertise to counsel, consult, and intervene with others to assist with improving exercise adherence with those suffering from medical illnesses and conditions, such as diabetes, obesity, or general injury recovery. Many have doctorates, or at least master's degrees from sport psychology programs, or migrate from clinical training, as did I. Clinical sport psychologists are licensed by state boards to treat individuals with emotional disorders, and they have received additional training in sport and exercise psychology and sport sciences (Weinberg & Gould, 1999). Many are academic psychologists or research physiologists who study human kinetics and performance. Many are university-based. Most professional sport and university-based teams employ sport psychologists on either a part-time or full-time basis.

Less traditionally, sport psychologists may work with other performers as well. These may include dancers, musicians, actors, and other professionals such as firefighters, police, and SWAT team members. Sport psychologists are running coaching and leadership academies in the civilian world and in the military. Mental skills training is taken very seriously in the armed forces, and psychologists teach these skills to soldiers daily. McGill University and other training institutions teach surgeons techniques on focus,

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attention, concentration, and freedom from distraction. There are numerous wellness, weight-loss programs, smoking cessation and habit control seminars and classes taught across the globe by sport psychologists. It is preventative health psychology at its finest, and I believe that it is iconic of what our future as psychologists needs to be. In addition, the world of neuropsychology has learned a great deal about concussion, brain injury, and injury recovery from combat sports.

Personally, I have worked with various individuals (and teams) ranging from gymnasts, figure skaters, golfers, basketball players, an eye surgeon wanting to improve his operating room skills, hockey and other team sport athletes, as well as equestrians. I have done mental skills training with distance and ultra distance athletes who push the limits of endurance and what we think are possible or even reasonable. When I am fatigued and think of "shutting down," I quickly reflect back to the privilege I've had to work with the fastest man and then woman to swim the 24.3 miles across Lake Erie. Imagine swimming anywhere from 10 to 14 hours in open water as fast as you can. It expands your horizons of what you believe is reasonable for humans (much like doctoral training!).

Some Brief History of Sport Psychology

Coleman R. Griffith, Ph.D., is widely accepted as the father of sport psychology in the United States. While pursuing his doctorate, he studied football and basketball players. He studied reaction times, mental awareness, muscle tension, and the role of relaxation in performance. He became a researcher at the University of Illinois, and he wrote numerous articles and books on the psychology of sport. In 1938, P. K. Wrigley, the owner of the Chicago Cubs, hired him to utilize his knowledge of individuals and social systems to improve his baseball team. The Coleman Griffith lecture is a highlight at AASP's convention. An invited lecturer in sport or exercise psychology performs this prestigious honor each year.

Before the Griffith era, however, Norman Triplet (1898) began testing the effects of cycling alone as compared with cycling with a group. This was the foundation for the "mere presence" effect, which repeatedly shows that most "automated" performances, (when not mediated by undue anxiety) are enhanced in the presence of others. It is foundational of the social facilitation studies in social psychology that continue to have noticeable robust effects on performance psychology.

Over the past several years many pioneers in sport psychology, relying on their scientific training AND their artful practice have created wider acceptance of psychologists' influence in the world of sport than ever before. Many of the world's Olympic committees now hire full-time sport psychologists. All USA Olympic psychologists are APA members and are mandated to be AASP Certified Consultants.

Professor Dorothy Harris (1931-1991) developed an exercise and sport psychology graduate program at Penn State, and she was instrumental in organizing the first research conference on women and sports in 1972: a forerunner to affirmative action in sport at the high school and university levels.

Sport and performance participation or even observation is a wonderful way for psychologists to engage in self-care.

Certification

AASP is the largest free-standing sport and exercise organization that certifies sport consultants. AASP is closely linked to APA's Division 47, Exercise and Sport Psychology. While there are many "certification mills," I personally find that AASP's peer-reviewed process is the most thorough and best accepted certification program. For example, even after 32 years of practice, extensive training in the neurosciences, and 20 years of working with athletes and other performers, I still fail to reach certain criteria for certification, and it is something that I continue to pursue.

What we've learned and what can we offer

Yerkes & Dodson (1908) and later Hebb and Thompson (1954) defined arousal levels that affect performance. Martens, Vealey, and Burton (1990) expanded on Hebb and others' theories with their multidimensional theory of anxiety, which further defined varying arousal levels that affect performance as being highly dependent upon the individual's appraisal

and performance situations. Commonly accepted concepts of "peak performance," "flow states," "individual zones of optimal functioning," etc., define handling pressures of competition, stage performances, or even interview situations through anxiety management. These have infiltrated industrial and organizational psychology, not to mention the concept of "coaching." Other concepts include goal-setting, mental imagery, the use of positive self-talk, anger and anxiety management, focus, and concentration (sustained focus). Many research studies have helped define the psychology of "excellence" and team dynamics including "teamwork," which has also infiltrated into the work culture. Self-concept, "performer self," (Loehr, 1995), character development, injury recovery, spectator and team identification dynamics, and concussion management are just a few other areas of psychology that have benefited from sport psychology research. On the other hand, Deci and Ryan's self-determination theory (SDT) has received a great deal of attention in the sport community "to better understand the cognitive, affective, and behavioral consequences of different types of motivation in sport and other physical activity settings" (Ntoumanis & Stadage, 2009, p. 365). In their recent work, they utilized SDT to study levels of sportpersonship and antisocial moral attitudes in athletes (Ntoumanis & Stadage, 2009).

Finally, let's talk about self-care. Sport and performance participation or even observation is a wonderful way for psychologists to engage in self-care. Participating in a sport or exercise activity or even taking in a wonderfully masterful performance is good for one's soul. My own injury recovery after tearing my Achilles in a racquetball tournament created new challenges for me in taking care of myself, so I could be fresh to care for others. Research on the benefits of exercise and positive mood elevation is no longer in question. Encouraging exercise adherence best rounds out non-pharmacological interventions into depression management. Obesity, diabetes, heart disease, chronic obstructive pulmonary disease, (and the list goes on) all can be positively managed or eradicated by

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Bylaws Amendment Needs Membership Vote

The following amendment was approved by the Board of Directors on March 20, 2010, and is now being proposed to the membership. This change is consistent with the amendments to the Pennsylvania Psychological Foundation bylaws, which were approved in December 2009. This amendment integrates the foundation more closely with PPA. It takes advantage of the foundation's tax-deductible status while still maintaining a degree of autonomy. The Board of Directors recommends a positive vote on this bylaws amendment.

New Article IX. The Pennsylvania Psychological Foundation

1. Affiliated with the Pennsylvania Psychological Association shall be the Pennsylvania Psychological Foundation, which is organized exclusively for charitable, educational, literary, and scientific purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code.

2. The Board of Directors of the Pennsylvania Psychological Foundation shall consist of
   (a) the president of PPA,
   (b) the immediate past president of PPA,
   (c) the chair of the Public Interest Board of PPA,
   (d) two other members of the PPA Board of Directors appointed by said Board. These members shall serve terms of one year and may be reappointed.
   (e) at least one but not more than four other individuals selected by the PPA Board of Directors.

3. The initial directors appointed under subparagraph e shall serve terms of one, two, or three years. Those directors appointed for less than a full three-year term shall be eligible, after the initial term, to be appointed to serve two consecutive three-year terms. After the first year, all directors shall be appointed for a three-year term. A director may serve two consecutive terms; thereafter at least one year must expire before said person is eligible for reappointment to the Board.

4. The president of the Pennsylvania Psychological Foundation, who shall not otherwise be a current member of the PPA Board of Directors, shall be an ex officio member of the PPA Board of Directors.

Deadline: June 1, 2010

I ❑ approve ❑ do not approve the amendment to the PPA bylaws concerning the composition of the PPF and PPA Boards of Directors.

Print name _____

Signature_____

Please return to the Pennsylvania Psychological Association, 416 Forster Street, Harrisburg, PA 17102, or fax to 717-232-7294.

SPORT AND EXERCISE PSYCHOLOGY

Continued from page 9

sport and exercise adherence. Our profession should be leading the way in these endeavors; and it is the future of health care.

In summation, if it involves a court, a field, a rink, a stage, a battlefield, an operating room, classroom, or even a psychologist or other professional's office, a sport psychology consultant can improve and enhance the performance of those involved. For more information, consult AASP's Web site at: http://appliedsportpsych.org/home.

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Resources

United States Olympic Committee: Sport Performance Division: http://www.teamusa.org/resources/usoc-sport-performance-division.html

Association for Applied Sport Psychology: http://appliedsportpsych.org/home

Coaching 4 Life: http://www.coaching4life.us/

Member News

Dr. Eric Affsprung

Dr. Eric Affsprung, Assistant Professor at Bloomsburg University, and chair of PPA's Internal Affairs Board, has an article entitled "Legal action taken against college and university counseling centers 1986-2008" that will be published in the next issue of *The Journal of College Student Psychotherapy.*

Public Education in the Capitol

Two PPA members recently made presentations to staff members of the state General Assembly on dealing with difficult constituents and other contributors to stress. Shown above are Dr. David Palmiter Jr. (left) and Dr. David Rogers making their presentations.

Classifieds

POSITIONS AVAILABLE

PSYCHOTHERAPIST – A non-profit interdisciplinary counseling center is seeking an experienced and PA licensed psychotherapist (Doctoral psychologist preferred; Master degree minimum). Candidates must have experience in individual and couples counseling with adults. Testing experience and comfort also desirable. Full time preferred but would consider part time. Send resume and cover letter to Samaritan Counseling Center, Attention: Executive Director, 1803 Oregon Pike, Lancaster, PA 17601. Visit www.scclanc.org to learn more about the Center.

EXPERIENCED PA LICENSED PSYCHOLOGIST is needed for thriving Delaware Valley psychology practice. Multi discipline practice serving diverse patient populations for over 25 years. Candidate will possess experience and competence in working with adults, adolescents, marital and family counseling. Excellent opportunity for highly motivated individual with ownership aspirations. Reply in confidence to papsycopp@verizon.net

OTHER

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Check out PPA's Career Center

The Membership Benefits Committee would like to remind all PPA members that the new online Career Center is up and running! Simply click on the green box labeled "Career Opportunities" on the right hand side of the PPA home page (www.PaPsy.org). This is a resource for both job seekers and employers/ recruiters.

Join PPA's Listserv!

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

iva@PaPsy.org.

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2010 CE Calendar

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

May 14, 2010
Parenting Coordination Training: Understanding High Conflict Families and Resolving Their Disputes
Philadelphia, Allentown, Pittsburgh, Mechanicsburg, and Wilkes-Barre
Rachael Baturin, MPH, J.D.
(717) 232-3817

June 16–19, 2010
Annual Convention
Harrisburg, PA
Marti Evans (717) 232-3817

September 24, 2010
APA Insurance Trust Risk Management Workshop
Harrisburg, PA
Marti Evans (717) 232-3817

November 4–5, 2010
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

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

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

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

Ethics and Professional Growth*
3 CE Credits

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

Foundations of Ethical Practice*
6 CE Credits

Ethics and Boundaries*
3 CE Credits

Readings in Multiculturalism
4 CE Credits

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

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

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