Greater Pittsburgh Psychological Association

The GPPA Report

The Official Bulletin of Greater Pittsburgh Psychological Association

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(412) 441-7736 www.gppaonline.org

Issue for Winter 2007

A View From the Chair

Larry Glanz, PhD
President of GPPA

The theme this year is **the young/new psychologist**. The reason for this theme is the growing desire on the part of GPPA to serve and involve the next generation of psychologists.

Our current membership is heavily weighted with baby boomers. This generation has expanded the visibility and usefulness of psychology. The training of psychologists of this generation included the highest ideals of service and scholarship. As a boomer myself, I can recall with great affection the distinguished psychologists who provided my training, inspiration, and encouragement.

Now it seems time to pass it forward, while we boomers are still highly motivated, idealistic, and informed by our experiences. We modestly believe we have something to offer. At the same time, we want the next generation to become involved.

GPPA has a mentorship program in development. We want to hear from those of you who are looking for someone who can answer your questions, provide a little guidance, and share their knowledge with you. Please call or e-mail Irv Guyett at 412-261-3522, ipguyett@comcast.com.

We also need your help. Our hope is that we can involve the next generation of psychologists in GPPA. Your involvement is guaranteed to bring many rewards, and need not require a lot of time or effort. You will connect with many fine people, do a little good, and strengthen GPPA. Please give me a call, and let me know of your interests in membership, continuing education, ethics, legislation, or any other area, and we will find a place for you. Call me at 412-400-8485, or e-mail me at glanzlaw@yahoo.com.

The GPPA Legacy 2006 Awards weere presented to Drs. Ed Zuckerman, Judy Grumet, and Shelley Roisen for their exemplary contributions to our organization.

Helping Teens Locate and Expand the Calmest Spot When Distressed: A Simple Emotion-Regulation Technique

Charles Bonner, Ph.D.

Somatic Resourcing (Levine, 1997) is a simple yet effective body-based emotion regulation method that is easily adapted for use with teens in psychotherapy. This method is built upon the fact that when we are emotionally distressed, **we often believe that the distress infects the entirely of our being and our body, from head to toe.** Yet, this is rarely the reality. Rather, our mind is usually focused on the specific physical sensations that characterize specific emotions—such in anger, when we may have a tense jaw, make fists, and experience chest tension due to breathing in an agitated fashion. However, even as anger is registering in these ways, **there are other areas of the body that are not affected and in fact feel neutral or even calm.** We just do not notice these areas because our mind is too narrowly focused on the object of our anger as well as its subjective components—which of course also includes images and cognitions in

addition to the specific physical sensations.

For example, the legs and feet are often relatively calm even when we are distressed. Emotional distress is commonly an "upper body" phenomenon —with the face, head, neck, shoulders, chest, heart, stomach, arms, and hands being the common locations for distressing sensations. When working with an emotionally dysregulated teen, it can be very helpful to ask her to shift her focus to her feet and notice if they feel at least neutral if not calm compared to the distress that she is feeling elsewhere. If her feet are also tense, then other areas can be noticed, even small spots such as the left pinky finger or right elbow. This can be a pleasantly surprising and even amusing discovery for the teen, one that can be built upon to help her develop a sense of emotional balance as well as confidence in her own ability to achieve this balance even when she is feeling emotionally overwhelmed.

Once the teen discovers the "calm spot", she can then be encouraged to **imagine a color associated with the inner sensation of calmness**. Perhaps there is also a sense of warmth or coolness in the spot where she pictures the calm color. Depending on what emotion is currently distressing, a calming temperature may be either warm or cool. For example, if the teen in angry, than a cool, calm color may be more smoothing since anger often includes physical sensations of feeling hot. On the other hand, if the teen is feeling sad and lonely, then a color coupled with warmth may be more soothing.

After identifying the calm color and temperature, the teen can next be encouraged to **imagine the calm color expanding to other areas of her body, along with its warmth or coolness.** She should pay particular attention to those spots where she has previously described feeling the most emotional distress, and then imagine the calm color surrounding, soaking, and soothing each of these distressed areas. Ideally, at the end of this exercise the teen will feel and see the calm color from head to toe. The intensity of the previous distress will have diminished, and even if some of the distress remains a focus it will no longer be the exclusive focus, instead sharing the spotlight with the calm set of sensations —becoming a "co-star" of consciousness!

Here is step-by-step summary of this technique. I often give a copy of this list to my teen patients to take with them for between session use:

1. When you are feeling upset, notice the physical areas where you feel distress sensations—such as muscle tension, stomach pains, and shortness of breath. These distressed spots will be different depending on what emotions you are feeling

2. Next scan your physical sensations from head to toe and find the spot where there is the greatest calm or least distress. This can be a small area, such as your left pinky finger or your right elbow, or even both of your feet.

3.Focus on this spot and see if a color comes to mind in connection with the calmness. You may even feel cooler or warmer in this spot. Picture this color, and feel its warmth or coolness, and notice if they are able to gradually expand throughout your body. Picture the calm color expanding to as many other areas as possible, along with its warmth or coolness.

4. Pay particular attention to the areas where you are feeling distress or tension. Allow the calm color to surround the distressed area and see if the distressed area is willing to let the calm color soothe it and even soak it up so that it becomes calmer.

5. Notice how you now feel pockets of calmness from head to toe, and that the distress you at first felt is now less intense. There is now more of a balance between distress and calm in your mind and body.

6. Even if you do not picture a calm color, and even if calmer feelings do not spread from head to toe, you can still keep your focus on the calm spot that you first found. When you notice your focus has moved back to upsetting feeling and thoughts, try your best to return your focus to the calmest spot. It is okay to go back and forth many times between your distress and the calm spot, because eventually you'll feel better than if you only focus on your distress.

This article is an excerpt from Dr. Bonner's forthcoming 2nd edition of *Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance Skills For Adolescents: A Treatment Manual*. This manual will be published in Spring, 2007 by STAR -Center of WPIC.

On May 3, 2007, Dr. Bonner will be presenting a Pittsburgh workshop on this material at the 21st Annual STAR-Center conference (see Continuing Education section for registration information)

Reference: Levine, P. (1997) Waking the Tiger. Berkely, CA: North Atlantic Books

Mentoring Forum: So You Want To Be A Psychologist?

Irv Guyett, Ph.D.
Chair, Mentoring Committee

Every profession or guild recognizes the need to acculturate new members, not just to see that they operate within the "culture's" parameters but also to enable them to recognize the subtle uncertainties that all must negotiate to be successful in their professional roles. Senior members of the profession, who continue to be enthusiastic about their calling, wish to pass on both their pride and the expertise gained by experience. Still more senior members, become even more reflective of how the profession has developed and its direction. They have a sense of legacies, theirs and the profession's, which they wish to share to those interested. As in any system there are matters of what we know and don't know or care to discover. This column will offer perspectives, intended to enliven our enthusiasms for playing out and playing with our professional roles.

The following article is the first in a regular series that will focus on the importance of mentoring in our profession.

Some students and experiences with them stand out, for good or ill.

I remember meeting such a student when I was a greenhorn instructor. I had just finished my MA at Louisiana State U. and started teaching with a three day notice at Western Illinois University in Macomb. I had been a teaching assistant but taking on four courses a term was a leap into a deep lake when I had only been wading.

My five colleagues were great. Four of them were freshly minted PhDs. At the time, I was sure they all knew exactly what to do and had it all down to be superb "professors." Reflectively, they certainly would have been helpful coaches if I would have asked any of them for suggestions. But alas, I was caught on the horns of the narcissistic, dilemma: Do I pretend to know and hope I can figure it out before someone discovers what I don't know or do I take the short cut and admit my uncertainties and become more skillful by getting the coaching I need.

If I weren't just paddling around in the lake but had to swim the Channel, I might have been afraid of my own short destiny enough to ask. More relevantly, if I were piloting a ship with passengers, I would certainly have wanted to know what I was doing and would to be well coached and practiced (not that anyone is going to let me pilot a ship under any circumstances).

A turning point for me came in my second term of teaching when a young, enthusiastic student sat down with me to talk about his interest in psychology. He said, **"I want to be able to put my feet up on the desk and do strange and wonderful things!"**

This was an amusingly great reality check for me. I wasn't the "superb professor" but I wasn't a naive neophyte either. I was somewhere on a continuum between the two that was now a lot clearer to me. I knew I knew a lot and had certain skills that I could see from students as my teaching improved. But, I realized professional psychology embraced diversity of content, teaching, research, and/or practice, but that it had a core quality of both knowledge and performance.

Part of what attracted me was the diversity of challenges with which psychologists must cope. To hone these core skills, I could profit from anyone and everyone. If you're a plumber, you can learn a finite body of knowledge and skills and be quite excellent. Perhaps Psychology has a finite body of knowledge too in the same way that the Library of Congress has finiteness of information. If you think you have to know it all, it's of course hopeless. But if you have good librarians, colleagues to teach you the system of retrieval and models of understanding, it's quite manageable.

With the right tools and the right coaching, I might even try my hand at ship piloting... so check the pilot house before taking your next cruise.

Wherever you are on the professional continuum, it should be exciting because it has several inherent features. You have an excuse to reach out to make contacts to help you up to the next level and to discover something more about yourself or to reach down to help someone else up to your level and to discover something more about yourself.

I once read that 90% of psychologists are *first-borns* or *only* children. We are responsible care givers. We may not reach out to allow much caring to improve ourselves. Take a chance! Seek mentoring support. It's part of your professional core.

The Research-Practice Forum

Tad Gorske, PhD and
Sander J. Kornblith, Ph.D

Psychologists in the community are increasingly called upon to provide services to severely mentally ill individuals. Dr. Sander Kornblith provides suggestions for relapse prevention strategies based on his experience in clinical practice and research.

Effective relapse prevention strategies for severe mental disorders are increasingly necessary as managed care shrinks patients' exposure to outpatient mental health services. As patients and their support networks identify key principles, which forestall or prevent relapse, the misery of new episodes of illness can be averted. Based on research conducted at the Environmental and Personal Indicators in the Course of Schizophrenia (EPICS) program, clinical researchers have determined that relapse prevention in serious mental illness, such as schizophrenia, requires the following key elements:

1. Understanding the nature of the disorder and what constitutes reasonable expectations for treatment,
2. Pacing recovery and resumption of responsibility as symptoms are resolved,
3. Determining the patient's early warning signs and the importance of monitoring progress and problems,
4. Developing an understanding of what promotes and deters treatment compliance,
5. Identifying factors, which increase versus decrease the probability of relapse.

First, all psychiatric illnesses must be understood as bio-psychosocial disorders. For example, schizophrenia can be thought of as a genetically inherited vulnerability, which emerges as a function of environmental factors that thwart the effective pruning of neuronal connections in the developing brain. This is thought to result in the creation of less efficient pathways for the modulation of arousal and greater disorganization of information processing in response to

everyday levels of stress as the individual develops.
Schizophrenic patients are thus more likely to manifest psychotic symptoms in response to stress unless they have a means of reducing this vulnerability and the nature and extent of stressors to which they are exposed. It is essential then that patients and their support systems understand these factors and learn to measure their current functioning (level of recovery, symptom severity, level of protection vial medication and risk of exposure to environmental stressors).

Knowledge of one's early warning signs or "prodromes" that indicate the patient is at risk for relapse is also essential. Each patient may have an affective dysregulation pattern that marks the beginning of his or her pattern of destabilization from health to illness. Often this may be characterized by emotional and neurovegetative features such as irritability or agitation and/or an impaired sleep cycle. Failure to seek treatment to counter this emerging pattern can result in further destabilization and decompensation. Alternatively, adjusting the individual's exposure to environmental stressors by medication and psychosocial strategies that promote rest, mood regulation and decreased conflict have regularly been demonstrated to abort new episodes of illness. The treatment team, the patient and the support network use practical expectations to maximize treatment compliance, promote time for recovery and pace the patient's return to responsibilities.

Identifying toxic factors, which destabilize the illness and typical pitfalls that patients encounter, including medication non-compliance are also essential to the prevention of relapse. In recovery from an episode of schizophrenia, the prospect of depressive symptoms and risk of suicidal ideation in response to the emerging awareness of impairment and losses must be discussed and treated. Furthermore, the risk of alcohol and drug abuse and its direct impact as a cause of relapse must be reviewed and managed.

Helping patients to understand such factors and guiding them to partner with the treatment team in monitoring their illness and developing healthy coping strategies for affective and social struggles is key to maintaining their recovery.

WHAT YOU CAN DO!

1. Provide education on the nature of severe mental illness from a biopsychosocial perspective.
2. Work to identify a patient's "relapse pattern" beginning with the earliest warning signs that symptoms may be developing.
3. Develop collaborative relationships with the patient, family members, other support networks, and treatment team members to develop a comprehensive plan for relapse prevention.
4. Identify specific steps the patient and other family members can proactively take to manage relapse-warning signs.

For further information see the following resources:

www.psychiatrictimes.com/p980520.html

Hogarty, G. E. *(*2002). *Personal therapy for schizophrenia and related disorders.* NY: Guilford

Hogarty, G., Kornblith, S., Greenwald, D., et al. (1995). *Personal therapy: A disorder-relevant psychotherapy for schizophrenia*. *Schizophrenia Bulletin*, 21, 379-393.

Hogarty, G., Greenwald, D., Kornblith, S., et al. (1997).Three-Year Trials of Personal Therapy Among Schizophrenic Patients Living With or Independent of Family, I: Description of Study and Effects on Relapse Rates. *American Journal of Psychiatry, 154* (11), 1504-1513.

Hogarty, G., et al. (1997). Three-Year Trials of Personal Therapy Among Schizophrenic Patients Living With or Independent of Family, II: Effects on Adjustment of Patients. *American Journal of Psychiatry, 154* (11), 1514-1524.

Sander J. Kornblith, Ph.D. is the Co-Director of Training at the Center for Cognitive Therapy and the Mood Disorders Treatment and Research Center at Western Psychiatric Institute and Clinic. He is a Founding Fellow of the Academy of Cognitive Therapy. Dr. Kornblith (Sandy) is a licensed psychologist and is a partner in Allegheny Mental Health Associates, P.C., a group private practice in Pittsburgh.

Legislation in Progress

Arnold Freedman, Ph. D.
Chair, Legislative Committee

GIST: 2006 brought significant changes and 2007 promises some needed progress in mental health legislation, but only with your ongoing grassroots lobbying and financial support.

HEALTHCARE ISSUES IN PA

The 2006 legislative year was eventful in Pennsylvania, as the state legislature passed HB 845 which would provide that **court appointed child custody evaluators could not have a licensing board complaint filed against them by a licensing board for 60 days after the custody decision is made.** The intent of this bill is to dissuade parents from filing ill considered complaints, almost all of which get dismissed. The bill was introduced by Senator Jake Corman (R, Centre) and John Evans (R, Erie). The costs associated with processing complaints against psychologists doing custody evaluations was a factor in the increase in licensing board fees YOU had to pay last year.

Also the state legislature passed **a new child protective services law** which will go into effect 60 days after the governor signs it. PPA will be providing more information about this law shortly.

Meanwhile Governor **Rendell vetoed a bill that would have automatically adjusted the state allocation to the mental health and mental retardation program.** The Governor feared that such a law would unnecessarily limit the legislature"s ability to control the budget. PPA and other groups have been concerned about how the funding for MH/MR programs has consistently failed to keep pace with inflation.

In 2007, PPA will be focusing very heavily **on a bill to limit the ability of commercial health insurers to require authorizations as a condition of getting outpatient mental health treatment.** This is an initiative of the practical importance to both our clients and us and will need a lot of work on your part in

terms of contacting your state legislators when called upon to do so.

HEALTH CARE ISSUES-FEDERAL

The atmosphere in Congress will be different in 2007 as the Democrats have taken control of both the House and the Senate. APA, in conjunction state psychological associations, will be **working to overturn the cuts in Medicare and in promoting mental health parity.** Russ Newman sent a letter to Senator Frist and Speaker Hastert requesting action before the end of this year. See http://capwiz.com/apapractice/home/.

Without Congressional intervention psychologists and social workers will face **a 14% reimbursement cut for the mental health services they provide to Medicare beneficiaries** (both the 5% "SGR" cut and a 9% cut in psychologists' and social workers' services). This cut is deeper than that for other professionals and further burdens Medicare beneficiary access to needed mental health services. Cuts under the "SGR" formula are forecasted to continue, totaling 37% by 2015.

More strategically we are asking Congress to eliminate the 5-Year Review cut for our professionals OR **allow their eligibility for reimbursement for the evaluation and management (E&M) services that they can provide** (since the 5-Year Review raises reimbursement levels for these services). Of note, we have been able to refine our cost estimate for taking psychologists and social workers out of the 5-Year Review cut, which would be approximately $30 million out of the $4.5 billion total. Allowing psychologists to bill for the E&M services they provide would cost the Medicare program approximately $6 million. **These are almost trivial costs.**

APA is among many associations pressing Congress to amend the formula in the law to prevent these yearly Part B cuts. A high psychology grassroots push in 2002 and in 2005 succeeded in delaying the almost 5% cuts scheduled each time. **LATE NEWS: Success.** The 5% cut has been delayed once again. Thank you to all who wrote and called. But the 9% cut remains.

Mental Health Parity

With Democrats taking control of the House there's a strong likelihood of the bill moving early in 2007. Once a bill is introduced, we will reactivate our grassroots to rebuild the record-setting number of Senate cosponsors (70 in 2004).

Scope of Practice

APA oppose the Healthcare Truth & Transparency Act, H.R. 5688. This AMA bill attempts to combat expanding non-MD scope of practice (such as **prescription privileges for psychologists)** by prohibiting misleading and deceptive advertising or representation in the provision of health care services. Among its backers is the American Psychiatric Association, which has pointed to psychologists having won prescriptive authority in several states. Newman's letter said that APA:

> "opposes H.R. 5688 as unnecessary legislation, which inappropriately disadvantages non-physician healthcare professionals, while simultaneously favoring physicians in the healthcare marketplace, has the effect of making accurate information less available to consumers rather than more available, and will serve the financial interests of physicians rather than protect consumers."

HIMMA/Association Health Plans

The impending takeover of Congress by Democrats appears to have doomed S. 1955, a controversial health insurance deregulation bill. Peter Newbould of the APA Practice Organization cochaired the Stop HIMMA coalition composed of more than 240 groups. The Health Insurance Marketplace Modernization and Affordability Act, **was an insurance deregulation bill that allows all state-regulated health plans to evade parity, mandated benefits and other consumer protections.**

Health Care Choice Act

This is proposal to deregulate the state individual insurance market. H.R. 2355, Health Care Choice Act, **allowing individual health insurance to be regulated in the originating state, regardless where the purchaser resides, thus escaping the purchaser's state mandated benefits.** Opposition from provider and consumer groups has been increasing, so it is now unlikely that it will be brought up. The APA Practice Organization worked with the National Partnership for Women & Families to get 51 national organizations on a letter opposing the bill.

Privacy

Health information technology legislation passed the House after we were successful in persuading the Republican Leadership to **drop a provision that would have allowed HHS to reopen HIPAA and preempt stronger state privacy laws with a national standard.** The legislation, H.R. 4157, now will be conferenced with the Senate-passed bill, S. 1418.

Mentally Ill Offender & Crime Reduction Act

We're pleased that **2007 appropriations for this law are assured**, with the Senate committee's decision to give $5 million (the same as in the House bill) to the Justice Department to implement this law. Working with the Council on State Governments, the APA Practice Organization led the effort within the Campaign for Mental Health Reform (www.mhreform.org) to get funding for the law, which was originally sponsored by Rep. **Ted Strickland, a psychologist who is now the governor of Ohio,** and Sen. Mike DeWine (R-OH). While authorized at $50 million, getting any funding for this new program in this tight budget year is remarkable. At our suggestion, Sen. DeWine and Rep. Strickland had sent letters to the Appropriations Subcommittees urging funding for this program.

We must be vigilant and active. Happy New Year!

The Winter CE News

Katie McCorkle, Ph.D.
Chair, Continuing Education Committee

I hope you had a happy and stress-free holiday season, receiving and enjoying all the blessings this time of year bestows on us. If not, perhaps some Continuing Education in Positive Psychology would help get you on track for the year. The CE Committee would like to know if you'd be interested in attending a workshop on this emerging area of psychology.

What's new on the CE Committee for 2007 is **a focus on reaching out to students.** CE workshops offer a great opportunity for practitioners in the field to get to know students and help them become integrated into the professional community. They bring fresh perspectives to our CE offerings, and represent the future membership of GPPA. We have added local colleges and universities to our mailing list, and welcome your assistance in promoting our programs to professors and students you know.

The deadline for proposals for CE workshops to be offered between July-December 2007 is Feb. 28. If you have something you'd like to share with your colleagues, please download the user-friendly proposal form from www.gppaonline.org, and mail it to Dr. Katie McCorkle, PO Box 730, Warrendale, PA 15095.

A hearty thank-you to Dr. Bill Fetter for three years service on the CE Committee! His willingness to do whatever needed to be done, grounded presence, and team spirit will be sorely missed! Bill has been our "expert" in making venue arrangements for CE events. If you know of a great venue for future CE offerings, please tell us, and if you'd like to step into Bill's shoes on the committee, please contact me at drkatie@zoominternet.net or 724-776-5534. If you have a different gift you'd like to contribute to the committee, we welcome your inspiration and would love to have you join us! Many blessings for a happy and healthy New Year,

Continuing Education Calendar of Events

Francine Fettman, Ph.D.

JANUARY 2007

Monday, Jan.15, 2007
Socially Impaired Children & Adults. Five Impairments: Autism/Asperger Syndrome/PDD, Social Phobia, Avoidant Personality Disorder; Selective Mutism, Schizoid Personality Disorder. David B. Goldstein, Ph.D. 7:30-4:00. Sheraton Hotel Station Square, 300 W. Station Square Drive, Pittsburgh, 15219, 412-261-2000. CE Credits: 6. Fee:$169 by 12/24/06; $179 after. For information: 800-843-7763 or www.pesi.com

Wednesday, Jan. 17, 2007
Self-Mutilation Behavior in Youth and Adults: Causes, Prevention and Treatment. Joseph W. Shannon, Ph.D. 7:30-3:30. Holiday Inn Pittsburgh Airport, 8256 University Blvd., Moon Township, PA 15108, 412-262-3600. CE Credits: 6. Fee: $149 1/7/07, $169 after. For information: 800-397-0180 or express at www.CrossCountryEducation.com, use registration number 17097.

WPIC/University of Pittsburgh School of Medicine Videoconference Series. See locations for these, below.
Wednesday, Jan. 17, 2007
Attention Deficit Hyperactivity Disorder in Adults. 9:00-11:00. CE Credits: 2. Fee: Free, $5 for CEU Certificate. Course Code: T209

Tuesday, Jan. 31, 2007
Treatment of Children and Adolescents with Bipolar Disorder. 9:00-11:00. CE Credits: 2. Fee: Free, $5 for CEU Certificate. Course code T210

To download registration form: www.wpic.pitt.edu/oerp. No telephone registrations. For information: 412-802-6905. For locations please call:
Beaver County 724-847-6225.
Allegheny County
For CCBHO: 412-454-8625.
VA Pittsburgh Healthcare System, 412-365-4550.
UPMC Biomedical Science Tower, 412-802-6905
Washington County
Mayview State Hospital, 412-257-6738
Value Behavioral Health, 724-744-6308

FEBRUARY 2007

Friday, Feb. 2, 2007
His Brain, Her Brain.
8:30-3:30. Radisson Hotel, Pittsburgh, 101 Mall Blvd. Monroeville, PA. CE Credits: 6. Fee: $79. For information: 1-877-246-6336.

Monday, Feb. 6, 2007
Working with Older Adults and Their Caregivers: Comprehensive Mental Health Assessment and Treatment. Roy Steinberg, Ph.D. 8:00-4:00. Holiday Inn North Hills, 4859 McKnight Road, Pittsburgh, 15237, 412-366-5200. CE Credits: 6. Fee: $149 by 1/2/07, $159 after. For information: 800-726-3888 or www.cmieducation.com

Monday, Feb. 13, 2007
Understanding Anxiety: New Developments in Evidence-Based Treatment. Bruce M. Hyman, Ph.D., LCSW. 7:30-4:00. Sheraton Hotel Station Square, 300 W. Station Square Drive, Pittsburgh, PA. 15219, 412-261-2000. CE Credits, 6. Fee: $179 by 1/23/07, $189 after. For information: 800-843-7763 or www. pesi.com

WPIC/University of Pittsburgh School of Medicine Videoconference

Tuesday Feb. 14, 2007
Identifying At-risk Older Adults for Behavioral Health Services And Support. 9:00-11:00. CE Credits: 2. Fee: Free, $5 for CEU certificate. For registration and locations, please see January information, above.

Thursday, May 3, 2007
Annual Conference of S.T.A.R.-Center (Services for Teens At Risk, W.P.I.C.), William Pitt Student Union, Pittsburgh, PA. This an all day conference with 2 keynote addresses and multiple clinical workshops (C.E. credits 5.5). Fee: $50 ($25 for WPIC employees) For information: phone (412) 687-2495 http://www.wpic.pitt.edu/research/star/

Several Companies are offering CEU **Home Study Opportunities**:

J&K Seminars, 800-801-5415 or jk@jkseminars.com

Professional Development Resources, 1-800-979-9899 or www.pdresources.org

AATBS Online Continuing Education Program, www.com/ceintro.asp. $9 per CE hour

PPA's courses can be seen at www.papsy.org//home/online%20ce.html and at www.papsy.org/resources/ce_convention/nonmember%20HS%20order%20form.html

Save These Dates

Please join us at the ***Pennsylvania Psychological Association's Annual Conference***, June 27th through 30th in Harrisburg. The theme of the conference is ...

"Psychology and the Mind-Body Relationship"

Three reasons to attend PPA this year:
1. **Learn...** about the latest knowledge psychological science has to offer in the application of mind-body interactions in helping clients. In addition, see some of our own Pittsburgh psychologists present their knowledge and experience in mind body healing.
2. **Socialize...** with psychologists from all over the state. In addition, find out how state and regional representatives are working together to enhance the profession of psychology in Pennsylvania.
3. **Have Fun....** with fellow psychologists either informally or formally through scheduled social hours. New at PPA this year is the opportunity to exercise your mind-body health and wellness through a Walk Around the River" event. Finally, learn about the hidden talents your colleagues possess through a celebrity look-alike event and PPA Karaoke and Dance Party. We look forward to seeing you in Harrisburg!! For more information see the PPA website http://www.papsy.org/.

A Get-Together for Psychologists

Katie Hammond Holtz, Psy.D
Chair, Networking and Social Committee.

I've talked with a number of our GPPA members and non-members, and there appears to be a real interest in a networking party. One purpose is to **educate each other about what types of services we offer**, for example, when we need to refer out of our area of expertise and may not know who to call. Another purpose of the event is to **allow newcomers and old timers to introduce themselves** so referral networks can improve and expand. An interest has also been expressed in **supporting mentoring** and **developing more consultation** and **study groups.** Meeting together creates a chance to set these great ideas into motion and to get to know one another.

Please join us for an engaging evening with one another. **Refreshments** and a light meal will be offered along with some **wellness door prizes** to help support our own well being for a few lucky winners (massage gift certificates for example). Additionally, information will be available on **how to painlessly create your own web site.**

A Social Networking Party

When: Friday, March 23, 2007
From 5 to 8 PM

Where: 401 Shady Avenue, Suite B-207
Pittsburgh, PA 15206

Contact: Katie Hammond Holtz, Psy.D.
RSVP by March 18th: 412 361 0773

What to Bring: Business cards, pamphlets, brief write ups, or just yourself.

What if you are unable to attend that evening? Send along business cards and a pamphlet or brief write up of your practice. We will make them available to everyone.

Happy New Year Everyone!

The People of GPPA

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And now a few words from our sponsors ...

All the good news in the papers in in the ads.

Marshall McLuhan

Write for the *Report*

PLEASE share your inspirations, experiences, and projects. The deadline for the next issue is February 28, 2007. For more information or a "consultation" with the Editor, send an email to **steven.feinstein@va.gov**

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Drs. Jeff Freedman and Jon Spiegel are looking to hire additional psychotherapists for their private practice offices in the Shadyside and North Hills areas. The group provides psychological care to a wide variety of populations. They are looking for clinicians who are psychodynamic in their orientation. If you are interested, please call our office and leave a message for Dr. Jon Spiegel.

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Recognition Awards

The GPPA Board of Directors

Please help GPPA recognize outstanding students and early career psychologists in the Pittsburgh area. During our **spring meeting on Tuesday April 24, 2007** we will present awards to a graduate student in psychology and an early career psychologist who have shown outstanding potential for contributing to the psychological needs of the Pittsburgh community. Award recipients will be able to attend the meeting free of charge, receive an engraved plaque recognizing their achievements, a $100 stipend, and a free one year membership in the Greater Pittsburgh Psychological Association. Through these awards, we hope to help young professionals become recognized in the Pittsburgh community. The eligibility criteria for the awards are:

Student of Psychology: A student studying for a doctorate in any field of psychology. This includes students currently placed at an internship site or in post-doctoral study.

Early Career Psychologist: An individual who has been licensed as a psychologist for 5 years or less.

To nominate a person go to our website, www.gppaonline.org and print out the form on the announcement of the Spring Meeting. Provide as much detail as possible. Mail it to: **GPPA Spring Meeting Award; 211 North Whitfield Street, Suite 645; Pittsburgh, PA. 15206.** You can also email your candidate information to **emanka@aol.com** . **We must have the information by March 1, 2007**

Thank you for helping make the Pittsburgh area a home to current and future psychologists..

Dealing with a Request for "All Your Records"

by Ed Zuckerman, PhD

Insurance companies "request" information which they say is necessary for them to base their decisions about the "medical necessity" (a concept they invented) and "level of care" the patient needs. They cope with the variety in notes (due to 1 and 2, above) by asking for "any and all notes …" on your patient. HIPAA is clumsy but has some good points and one is just about this. Let us go step by step.

First, **a request is not a subpoena.** It is bound by the state and national rules about releasing PHI. **You need to understand what you can and don't have to release to meet the legitimate needs of the insurer.** To anticipate, HIPAA limits what they can ask for to the information in Protected Healthcare Information (PHI) or, for us, our routine notes. They may not ask for our HIPAA-protected Psychotherapy Notes.

Next, decide **it this is a battle worth entering.** Do your notes contain embarrassing, libelous, illegal, or information you don't want to release for other reasons? If so, call the client and discuss this. If neither you or the client has a problem with the contents, send the stuff.

If the client has no problem but you do have concerns, discuss this with the client. He or she **has the right to privacy but you must assert it for and with the client.** This includes patient education and advocacy. If the client still wants the Notes released, do so but document your discussion and the issues.

If you agree to refuse to release the notes, or some parts of them, here are the next steps:

The client can ALWAYS revoke an Authorization/Release to the extent of any material that has not already been released. In fact, the Authorization he or she signed is required by HIPAA to contain a statement to this effect. (Parenthetically, this is why clinicians should not just make up their own legal forms.)

Call the insurer or other recipient of the notes and discuss what they need. If you get stonewalled or no compromise, **ask to speak to their Privacy Officer.** Since they are a Covered Entity, they must have an identifiable and accessible person to handle these issues. Try to get an agreement with the PO about what to release to them.

If you get no satisfaction, **revise the Authorization** to allow you to send only the contents of the Routine Note and include the HIPAA rules. Clearly indicate the this new, signed, Authorization replaces and revokes the earlier one. Send a copy of all this to whomever requested your notes AND a copy to the Privacy Officer of the requester.

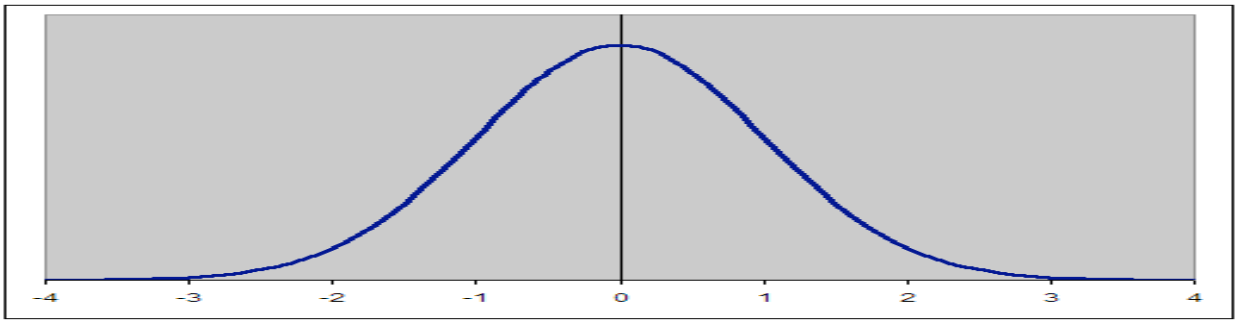
One of the rules is that an insurer may NOT REQUIRE more information beyond the Routine Note to provide reimbursement. This called "Non-conditionability of Authorizations." In sum, payment for covered servicies cannot be made contingent on the client's signing an Authorization to Release Records. Here is one statement of this point:

"In addition to the general prohibition on conditioning treatment and payment, covered entities are also **prohibited ... from conditioning eligibility for benefits** or enrollment **in a health plan on obtaining an authorization**. This prohibition extends to all authorizations ...(and) **is intended to prevent covered entities from coercing individuals into signing an authorization for a use or disclosure that is not necessary to carry out the primary services that the covered entity provides."** A. Federal Register / Vol. 65, No. 250 /Thursday, December 28, 2000 /Rules and Regulations p82516

There is the law (actually in a commentary by the Secretary but carries the weight of law).

For more on HIPAA for psychotherapists, see www.hipaahelp.info

Conversions of Scores Based on the Normal Curve of Distribution



Percentage of cases under portions of the normal curve	0.13%	2.14%	13.59%	34.13%	34.13%	13.59%	2.14%	0.13%	
Standard Deviations SD, sigma, ∑, or σ	-4	-3	-2	-1	0	+1	+2	+3	+4
Z - Scores (Mean = 0, SD = 1)	-4.0	-3.0	-2.0	-1.0	0.0	+1.0	+2.0	+3.0	+4.0
T - Scores (Mean = 50, SD = 10)		20	30	40	50	60	70	80	
Deviation IQs (Mean = 100, SD = 15)	40	55	70	85	100	115	130	145	160
Wechsler Subtest Scaled Scores (Mean = 10, SD = 3)		1	4	7	10	13	16	19	
Binet L-M IQs (Mean = 100, SD = 16) (Same on Otis-Lennon)		50	66	84	100	116	132	148	
Cumulative percentages, exact		0.1%	2.3%	15.9%	50.0%	84.1%	97.7%	99.9%	
approximate			2%	16%	50%	84%	98%		

Stanines (Width = .5 SD) (Mean = 5, SD = 2)	1	2	3	4	5	6	7	8	9	
Percent in each stanine	≤4	7	12	17	20	17	12	7	<4	
Percentile Rank	≤4	4-10	11-22	23-39	40-59	60-76	77-88	89-95	≥95	
Normal Curve Eqivalents (NCE) (Range 1-99, Mean = 50)	1	10	20	30	40	50	60	70	80	90	99
Percentile equivalents/ranks	1	5	10	20	30	40	50	60	70	80	90	95	99

Modified from Zuckerman, E. (200). *The Clinician's Thesaurus.* 5th Edition. NY: Guilford Press

Comments and Suggestions

How can the *GPPA Report* be improved?

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_____ Thank you!

Please Contribute !

We would like to publish documents, articles, lists, graphics or whatever that would be of wide interest. What do you use, what have you created, what do you wish you had that a.) could be printed in 2 pages or less, b.) meets a practical need of psychologists, and, c.) is not copyrighted or has similar limitations. Send and email to the editor at steven.feinstein@va.gov or call Ed at 724-838-9509 to discuss it. **Ideas**: _____

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