The GPPA Report

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A View from the Chair

Joshua Gregson, PhD

In my first column as president, I outlined some of the services offered by GPPA and some of the ways we are working to improve our service to members. We have made progress on many fronts I outlined there, including the website and finding new office space at Chatham (thanks to Cynthia Magistro and her colleagues in the psychology department). We are now working on a web membership directory and a GPPA listserv. Planning is taking place for the fall 2013 Networking Fair. All in all, things are moving forward.

I would like to use this column to introduce myself in a more personal way, and to tell you about the unusual route I took to becoming a psychologist. Before becoming a psychologist, I was a career student. I spent 5 years as an undergraduate at the University of Alabama at Birmingham and 4 years as a graduate student at the University of Pittsburgh. During these years, I obtained degrees in mathematics, physics, and the history and philosophy of science before finding my way to clinical psychology. When other psychologists learn of my background they often ask how my earlier learning in the "hard" sciences informs my work as a psychologist. I have always found it a difficult question to answer. But when confronted with the task of introducing myself in this article, I thought this was a good opportunity in which to offer an answer.

Certainly our understanding of the cosmos has been a strong influence on me in many ways. The basic picture of us as having somehow emerged on this planet encircling our sun, which in turn floats on the outer portion of a spiral arm of the Milky Way— and all that comes with that picture—is one I have taken on as my own, at least in its broad strokes. How does such a picture, seemingly so far from the psychotherapy relationships I engage in with clients, influence my day-to-day work? More than one might guess, at first glance.

For one thing, our current cosmology is more expansive, awesome, and mysterious than anyone could have imagined even 100 years ago. Just go see the movie "Hubble" at the Carnegie Science Center to have your mind blown by the world as we now understand it on a large scale. And on a small scale, very few people had any inkling of the exotic and counterintuitive behavior displayed by the smallest bits that comprise our physical bodies and environment: the quanta. To me, the scientific picture of our physical world is more fertile and awe-inspiring than previous worldviews-- which were increasingly confined by everyday experience and scales, the further one traces back in the history of science.

From my perspective, the fertility and awesomeness of the scientific worldview feels like a reward for the careful observation of many curious minds over the ages, and for the imagination and courage needed to construct theories that conform to the phenomena. These efforts were sometimes undertaken in the face of strong pressure to arrive at already entrenched, foregone conclusions. Galileo and Darwin are two examples of figures who persisted in the face of strong opposition to point out phenomena in need of explanation, and to propose imaginative and powerful, yet unpopular, understandings.

My chosen profession, psychotherapist, gives me the opportunity to live out a narrative similar to the above characterization of scientific progress. In some small measure every day, every hour, I help clients recognize and surmount the "shoulds" and demands they have tacitly taken on that have ultimately confined and channeled them into their misery. To help clients gain awareness of the fear, shame, guilt, and other overriding forces shaping their difficulties I must help them develop the courage needed to openly confront such things. I also must help them replace premature and unhelpful

judgment of their experience with openness and curiosity. In other words, my schematic for how scientific progress happens has also provided me, unwittingly, with a model for helping clients make individual progress. Also, I see the rewards of scientific inquiry and the rewards of psychotherapy as similar: more room for greater imagination, and enlivened engagement with the questions and mysteries of existence.

My training in math, physics, and the history of science taught me other things. I learned to tolerate uncertainty, suspend judgment, and remain open to revisions in my understanding. I learned that powerful and surprising insight can come from sustained and careful reflection and inquiry. I came to view phenomena as the culmination of interactions among potentials, inclinations, and motive forces. I learned to appreciate that however much I may come to know, more remains hidden than what has been shown. My experience and training in psychotherapy has led me to realize that, in many ways, these lessons apply to not only to the physical world, but the realm of psyche as well.

I welcome any questions or feedback, and I am pleased to serve as your president. Email me at phoenix345@gmail.com

Save the Dates

PPA's Spring Continuing Education and Ethics Conference
April 4 and 5, 2013
Doubletree by Hilton Hotel in Monroeville, PA
Twelve 3-hour continuing education workshops will be offered, including six ethics workshops.
The brochure will be available at www.papsy.org on February 14.
REMINDER: Licensed psychologists in Pennsylvania must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics education) between December 1, 2011 and November 30, 2013. Do you have your 30 hours?

Legislation in Progress

Arnold Freedman PhD
Chair, Legislative committee

This is going to be a difficult year for psychology and one filled with a great deal of uncertainty and anxiety, according to Sam Knapp of PPA. Almost every area of psychology is experiencing some unusual stress. Psychologists who work with Medical Assistance patients are experiencing an increased risk of audits as the Governor has promised to save hundreds of millions of dollars in Medicaid "waste and fraud". However, the audits often appear to be unusually draconian. Some psychologists report that procedures that were acceptable (or even exemplary) a year ago are now grounds for returning money. Psychologists working in BHRS services have learned that there will be a "redesign" of that program. It is unclear if the redesign will be done in a manner that will actually improve the quality of services provided. What is more likely is that service quality will be reduced.

Huge cuts in Medicare were averted recently, but only for one year. Some school districts have eliminated school psychology positions in order to balance budgets. As this article is being written, we do not yet know if the new CPT codes represent a mere change in the number assignment of a particular procedure, or an opportunity to adjust rates downward for health care professionals. Psychologists will have to adjust to a new DSM manual later this year as well. Confusion still exists around the use of telepsychology and many psychologists are feeling pressure to convert to electronic health records. Business groups want to restrict patient access to health providers under Workers Compensation. Student loans are at an all time high and the shortage of internships was made worse by the recent recession.

At this time, there are still many issues concerning the Affordable Care Act that are not yet settled. According to the Affordable Care Act, about half of the uninsured will be covered through Health Exchanges and another half will be covered by Medicaid expansion. Governor Corbett has decided that the state of Pennsylvania will not run the Insurance Exchange itself, but leave that up to the federal government. As we go to press, the Governor has not yet decided whether to expand Medical Assistance to cover additional unemployed persons. Although the federal government will pay for all expanded Medical Assistance services for several years, Pennsylvania must pick up 10% of the Medical Assistance costs after that. Given the tight state budget, Governor Corbett has been reluctant to commit future Pennsylvania governors to that obligation.

Meanwhile, Pennsylvania's Task Force on Child Protection, created by the Pennsylvania legislature in response to the Penn State sexual abuse scandals, has made some recommendations concerning reforming the child protective services law that, in the opinion of PPA, would harm the public.

Fighting Back

As you can see from the above,this year represents the joining of many different factors that will tax the patience of psychologists and threaten our ability to provide quality services to our patients. PPA is taking action to address these problems. They have already met with representatives of DPW concerning what they perceive to be their "attack" on providers. There is no promise of a quick solution to the problems with Medical Assistance. However, there will be a push back against unfair practices.

On the state level, PPA has joined with a coalition of other health care professionals to fight any reduction of patient access to services under Workers Compensation. We expect to oppose changes in the Child Protective Services Law that we consider harmful. But we are pleased to note that many of the proposed changes are beneficial to children. Also, PPA

representatives have met with state agencies and private groups to encourage the development of more sites for training psychologists.

While we do not know if Pennsylvania will have an expansion of Medical Assistance, we know that by 2014 approximately half of the Pennsylvanians who currently lack health insurance will be covered by a Health Exchange. Although we do not expect to have a generous mental health package, these health exchanges must include some coverage for mental health problems.

Finally, we expect to have a major initiative in the next year addressing problems with Medicare reimbursement. We have been through bad times before and we have too much Steeler blood in our veins to let these problems go unchallenged. Psychologists, along with other health care providers, are being challenged to provide potentially more service with potentially less reimbursement, and under more stringent controls and regulations. It is unlikely that we can prevent some of the changes that are troubling to us but if we are not alert and active in the interests of our patients and ourselves, the negative changes will come about. We need to work locally, with PPA at the state level, and with APA at the national level. The APA Practice Organization has been requesting funding from us more urgently than ever. They have to. Without their vigorous campaigning on our behalf our profession will be in real trouble.

I am nearing the end of my career. I have seen enormous growth in the ability of psychologists to provide beneficial services to the public. The need is great and is likely to expand rather than contract. Because of the problems noted above we, as well as other healthcare providers, must assert ourselves with state and federal legislative bodies. Psychology has been less forthcoming with the necessary funding to promote our agenda than other professions. If you want psychology to survive and function with minimal bureaucratic impediments, open up your wallets and give generously, when asked, which will continue to happen at both the state and federal level.

Happy New Year,
Arnold Freedman, PhD
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Memory Reconsolidation: A Framework for Psychotherapy Integration?

Charles Bonner, Ph.D.
www.drbonneronline.com

Book review of: Ecker, B.; Ticic, R.; & Hulley, L. (2012) *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation.* Routledge.

Therapists of all stripes agree that troubling memories, especially from childhood, often stubbornly underpin a host of emotional symptoms throughout adulthood. Indeed, even neurobiologists have identified the phenomenon of *implicit memory* as a fundamental mechanism accounting for the endurance of distressing memories and the challenge of transforming them through psychotherapy.

In this remarkable new book, the three psychotherapist authors review and integrate a relatively recent discovery of neuroscience research called *memory reconsolidation*. This research has established that, by enacting a specific series of steps, it is possible to permanently erase the distressing aspects of a memory and for the memory to be re-encoded in a transformed version -- analogous to how you can overwrite a computer document with an updated edition.

After summarizing the research on memory reconsolidation, the authors elucidate the corresponding psychotherapeutic steps required to achieve similar transformative results. Their preferred approach is Coherence Therapy, which was originally called Depth Oriented Brief Therapy (Ecker, B. & Hulley, L., 1996). The name "coherence" was chosen to reflect the fact that even the most seemingly irrational emotional symptoms are often serving compelling purposes and are coherent expressions of underlying core constructs that are themselves a product of the implicit memory system.

In this extended passage, the authors summarize the essential elements of memory reconsolidation, which they also refer to as "emotional unlearning":

> The erasure of an emotional learning is the dissolution of certain constructs in use by the emotional brain, and this dissolution occurs only when these constructs receive such a direct and decisive disconfirmation through vivid new experience that the emotional brain itself recognizes and accepts the disconfirmation of its own constructs. In those moments of disconfirmation, what had seemed real is finally recognized as being only one's own fallible constructs. Only upon their experiential disconfirmation are the constructs that make up emotional learnings recognized by the individual *as* constructs, rather than reality. The results of construct dissolution is a fundamental change in one's experience and perception of the world. Something that seemed self-evidently true about the world no longer seems true at all. (p. 55)

In this passage, the authors describe what elsewhere they deem to be one of the essential ingredients in achieving symptom resolution: the sustained, vividly experiential *juxtaposition* of the symptom's emotional truth with an alternative truth that is completely incompatible with the symptom's underlying core construct. Common examples include "I am worthless and unlovable" vs. "I am worthy of being

loved" and "I am in danger" vs. "I am safe". Often, though, the juxtaposed truths are much more personal and idiosyncratic than these. The authors emphasize the importance of therapists' choosing words that directly express the client's emotional dilemma, drawing upon the client's own spontaneous speech to compose between-session index cards to help the client stay connected with emerging material and maximizing opportunities for transformative juxtapositions to transpire (the authors use the phrase "limbic language" to designate this guideline for emotionally evocative choice of words).

The authors present numerous clinical cases to illustrate how memory reconsolidation results in the permanent resolution of emotional symptoms. Although they favor the framework of Coherence Therapy, the authors' acknowledge that other psychotherapeutic approaches can achieve similar results. Detailed case analyses are given of the following therapy methods: EMDR, Accelerated Experiential Dynamic Psychotherapy (AEDP), Interpersonal Neurobiology (IPNB), and Emotion-Focused Therapy (EFT). The authors acknowledge but do not detail their framework's compatibility with the Internal Family Systems Model, a psychotherapy approach I summarized in the previous *GPPA Report* (Bonner, 2012)

There is also an outstanding chapter on what has been called "the Great Attachment Debate" in contemporary psychotherapy (Psychotherapy Networker, 2011). The authors clarify both the contributions and limitations of attachment theory for therapists once they are clear on what is required to achieve memory reconsolidation.

The most impressive accomplishment of this book is that it offers a framework for psychotherapy integration. Practitioners of any orientation can compare their methods to the steps required for reconsolidation and determine how to sharpen, refine, and improve their approach so that it maximizes the likelihood that permanent symptom resolution is accomplished. The authors argue that beyond the common factors so widely accepted as shared by all successful psychotherapy—namely, client qualities and the psychotherapeutic relationship—the discovery of memory reconsolidation offers a *specific* factor that may prove to be even more powerful than the common factors in dependably producing psychotherapeutic transformation.

Are you intrigued to learn more about these dramatic claims? You can download a free PDF of the book's first chapter at this link: http://www.coherencetherapy.org/files/Unlocking_the_Emotional_Brain-Ch1.pdf

References

Bonner, C. (2012) Introduction to Internal Family Systems Therapy: Preview of GPPA Cosponsored Workshop. In *The GPPA Report* (quarterly newsletter of the Greater Pittsburgh Psychological Association), Fall Issue.

Coherence Therapy website: www.coherencetherapy.org (home page includes links to interviews with Dr. Ecker and numerous articles)

Ecker, B. & Hulley, L. (1995) *Depth Oriented Brief Therapy: How to Be Brief When You Were Trained to Be Deep and Vice Versa*. Jossey-Bass.

Psychotherapy Networker (March/April 2011) The Great Attachment Debate: How important is early experience?

GPPA Legacy Awards Dinner

October 26, 2012

At the gorgeous Grand Concourse restaurant, GPPA members, friends, and family celebrated the bestowal of Special Recognition Awards to: Charles Bonner, Ph.D; Katherine Hammond Holtz, Psy.D; Jaclyn Herring, Ph.D.; John Holtz, P.E.; and Pavel Somov, Ph.D.

Award recipient Carl Bonner & his wife Cydra

Pavel Somov, award recipient and next Editor of The GPPA Report

Jaclyn Herring receives her award from Joshua Gregson, GPPA Board President

Katherine Hammond Holtz receives her award from Mick Sittig

John Holtz receives his award from Mick Sittig

GPPA member Tad Gorske and his wife Jennifer enjoy quality appetizers and beverages

Neural Tribe

Pavel G. Somov, Ph.D.
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Introduction of the Neural Tribe Meme

A human – or any animal, for that matter – is a multicellular colossus that consists of various cellular types. One way of looking at our nervous systems is that they are not really systems but colonies of stand-alone neurons (all neurons – as close as they are to each other – are separated by synaptic gaps and, as such, stand-alone). A cellular colony is a community of certain cell types. A human, in a typical sense of the word, is an agglomeration of such various cell types as blood cells, adipose cells, muscle cells and neurons. Neurons are cells – at least, that's how we usually think of neurons. The Neural Tribe perspective is a fundamentally different narrative: it's an attempt to recognize that any life-form that is inhabited by neurons is part of our Neural Tribe (NT).

NT Perspective

The Neural Tribe (NT) perspective is that we are the neurons, not the specific body-forms we inhabit, not the non-neural cellular bricks of our bodily habitats. Indeed, you can lose and/or replace (in theory) any type of cells without experiencing a change in your humanity. This is the promise of the next-paradigm prosthetics. Before too long we will be entering an era of cyborg, an era of brain-machine interfaces in which we hook into/plug into various types of assisting machinery. Before we get lost in the cyborg housing of the future, we have to, at least for once, get clear on what we are and what we aren't. The NT perspective is that Neural Tribe is a Species that inhabits a variety of life-form habitats (we live in human form, in bird form, in fish form, in insect form but we aren't the body-forms we inhabit).

What We Are and What We Aren't

So, the question is: who are we? We are that which we cannot be without. We can lose limbs full of muscle cells without a sense of being lost, we can take in an infusion of someone else's blood cells without a sense of being replaced, we can undergo a liposuction and get rid of pounds of adipose cells – all without losing our sense of am-ness, without losing our minds, without losing our consciousness, and a sense of personal continuity. So, then once again, what are we? We are our own neurons. This doesn't sound as strange when we say that we are our brains. But what is a brain but a colony of stand-alone neural cells?!

New Narrative

The old narrative was: we are "humans," meaning we are thinking ape-like bipeds. The new narrative is that we are nervous systems, i.e. we are our neurons. "So what?!" you might ask. Well, here's the kicker: neurons are pretty much the same throughout the animal kingdom. Sure there are differences but, all in all, neurons are neurons regardless of the animal-form they inhabit. What this means is that if you identify yourself not with your human form but with the neurons that live inside, then the proper biological designation for what you are isn't "human" but "neuron."

Neural Tribe as a Species

I invite you to think of neurons not as just some cells that make up your brains but as your quintessential self. You are your neurons and your neurons are you. And: I invite you to think of neurons as a species and to recognize your neural kin throughout the animal kingdom. For example, when you look at your dog, the old you would think my dog is a… dog. She/he is a different species. The new you would look at a dog and see a dog-form with your neural kin inside. This way when you look at a dog or any life-form that is inhabited by neurons, you will see your own kind. This is a kind of neural namaste, a neural tat-tvam-asi, a neural hello of self-recognition.

Why Does This Matter?

Three reasons: defining ourselves as a Neural Tribe (that lives across the diversity of animal housing) allows you to:
1) know what you are not
2) know what you are
3) relate to what you used to objectify as the not-you.
Does this change anything? Maybe nothing, maybe everything. I don't know… For me personally, it's a good enough basis for identification and, thus, a basis for compassion.

Is This The Only Way to Look at What We Are and What We Aren't?

Of course, not. There are many different ways to see what we are and what we aren't. In my experience with "truth," everything is and isn't "this" or "that." For example, in the ancient Indian approach to knowledge called Syadvada, a fact is in the eye of the beholder. My particular choice to think of us as a Neural Tribe is just a reference frame with its pros and cons. Take a moment to examine the so-called multi-value logic of Syadvada to loosen up the hold of your old narrative on your mind. Might come in handy as you play with the neural-tribe meme.

What Are My Credentials for Proposing This Idea?

I (Pavel Somov) – by profession – am a clinical psychologist. This gives me a certain knowledge foundation to talk about our brains and nervous systems. But that is not the basis for my "authority" on the matter. Professional credentials aside, my most relevant credentials for this idea are:
1. I am alive.
2. I know what I am and what I am not.
3. I am myself a Neural Colony.

The 2012 National Survey of College Counseling

Robert P. Gallagher
University of Pittsburgh

The American College Counseling Association, along with the University of Pittsburgh, has announced the release of their co-sponsored 2012 National Survey of College Counseling (formerly the National Survey of Counseling Center Directors). The survey has been conducted annually for the past 31 years and includes data provided by the administrative heads of counseling centers in the United States and Canada. Its purpose is to stay abreast of current trends in counseling centers and to provide counseling center staff, higher education administrators, and the public with ready access to the clinical, ethical and administrative issues counseling staffs confront on a daily basis. This brief summary will focus primarily on several critical clinical issues. The full survey report can be found at either of the following sites: www.collegecounseling.org or www.iacsinc.org

The results on comparable items for the 2012 survey are generally similar to the 2011 findings, although the 2012 sample was larger. The 293 centers surveyed represent 2.7 million students who are eligible for counseling services at these institutions. Of these students, 278,000 (10.4%) sought personal or group counseling. If these numbers are representative of the 2,400 four-year colleges and universities in the U.S., it suggests that approximately 2.2 million students across the country sought professional counseling assistance during the past year. In addition, another 30% (810,000) of the students from the surveyed schools were seen in other contexts by counseling center staff (workshops, orientations, presentations etc.).

An area of continued interest by directors, college administrators and the media is the rise in recent years of the number of students arriving at college counseling centers with severe psychological problems. Although this problem is not escalating, 88% of directors reported that this is a reality on their campuses and, at least for the past 10 years, this has become the new normal. The majority of students come to counseling centers to resolve the normal developmental concerns of this age group, (separation-individuation, relationship problems, and making significant life choices). However, 108,000 (39%) were identified as having serious psychological problems. Of these, 17,000 (6%) had impairment so severe that they could not remain in school without extensive psychiatric/psychological assistance, and 92,000 (33%) experienced severe distress such as depression, anxiety, panic attacks, suicidal ideation, etc., but were able to be treated with available treatment modalities.

Two thousand students were hospitalized for psychological reasons during 2011, an average of almost 8.5 students per school. This average number of hospitalizations is up from 5 per school in 2001, and 3 per school in 1994. Also, 24.4% of center clients were on psychiatric medication, up from 20% in 2003, 17% in 2000, and 9% in 1994. In addition, 87% of counseling center directors believe that there has been a steady increase in the number of students arriving on campus who are already on psychiatric medication.

Directors also reported 106 student suicides in the past year. While prior research studies have shown that the suicide rate for young adults (18-24) who are not in college is significantly higher than the rate for students in college, this continues to be an area of deep concern in higher education.

College counseling centers have had an important role in keeping these numbers down, but year after year, the data demonstrate that the vast majority of students who do choose to end their lives have never sought professional help on campus. In 2012, for example, 79% of the students who committed suicide had never sought assistance at their campus counseling or mental health service. Clearly, we must continue to find ways of identifying these troubled students and encourage them to seek help.

In attempting to better serve at-risk students, the following percentages of counseling centers have initiated:

- 74% Targeted programs for faculty, coaches, advisors, and resident assistants.
- 71% Off-campus referral networks
- 70% Emergency services
- 69% Stress-reduction programs
- 69% Medical leave policies
- 55% Broad based campus–wide

educational programs
- 50% On-site psychiatric services
- 52% Depression Screening Days
- 44% Education programs and materials for parents/families
- 35% Non-clinical student support network

In an attempt to get more people on campus to work toward establishing a healthier campus environment, the following percentages of counseling centers were also involved in these initiatives:

- 71% serving on interdisciplinary committees aimed at the early identification of troubled students.
- 60% providing skills training for clients to help them learn to tolerate and manage mild to moderate emotional discomfort without medication.
- 58% training faculty and others who work with students to help normalize manageable emotional distress.
- 45% working with student leadership organizations to help them assist other students to develop better coping and resiliency skills.

All of these initiatives, along with the growing demand for counseling services and the prevalence of students with more serious psychological problems, have also made it necessary for counseling centers to find ways of managing their demanding caseloads.

Some examples follow:

- 73% Non-critical clients are seen less frequently.
- 50% Make more use of external referrals
- 46% Put more focus on brief-therapy models.
- 41% Hired new counseling staff.
- 37% Established an urgent-care triage system.
- 33% Added part-time staff during busy times.
- 21% Assigned students to groups directly from intake.
- 14% Extended evening hours.
- 9% Initiated a telephone assessment/intake system.

The task of continually improving the quality of the services provided for students is, of course, unending. What is encouraging is that the problem of solving the overwhelming demand for help by students and the increasing complexity of the problems they are bringing to college campuses is no longer the concern of just counseling center staff.

Surveys, such as this one, other research studies, the Virginia Tech tragedy, high profile lawsuits following a suicide, and increasing media attention have greatly increased the awareness of top-level college and university administrators, the faculty, and student-service staffs. National conferences with a mental health focus now bring together all of these groups on an annual basis.

It is evident that the mental health of college students affects all aspects of campus life and, consequently, will require the attention of everyone who interacts with these students.

Counseling centers are likely to have an expanded role in the years ahead in helping their institutions work in a more unified fashion to address these concerns.

It is unlikely that the trends that we have been tracking for a number of years will change in the near future, and given economic realities and growing discouragement about the direction of our country, it is more likely that the stress on college students will continue to grow as will the need for better staffed counseling centers, expanded and improved student services programs, and a growing sophistication about student needs by everyone on our college campuses who have regular face-to-face contact with students.

This annual survey is conducted by Robert P. Gallagher. Dr. Gallagher is the former Vice Chancellor for Student Affairs at the University of Pittsburgh and was a Counseling Center Director for 25 years. He is currently an Adjunct Associate Professor in the Administrative and Policy Studies Department in the School of Education. He can be reached at rgallagh@pitt.edu

Share your Mentor Memories

- Who had the biggest impact on your development as a psychologist early in your career?
- Would you be willing to share stories of your experiences as a mentor or as a mentee?
- What are your most memorable mentor moments?

The GPPA Report wants to publish mentoring stories. You are invited to write as little or as much as you want. Please send submissions to Pavel Somov, Ph.D. at psclinical@hotmail.com

"If it wasn't written down, it didn't happen" Really?

Edward L Zuckerman, PhD

This much *is* true:
- Our documentation is our best defense against both frivolous and weighty licensing board complaints and malpractice suits.
- Paper does not fade but memories do and jurors know that too.
- If you don't have the documentation, it boils down to "He said, she said" and these arguments are always decided on irrelevant points. (If there were good data they would *not* have become a "He said; she said" argument).
- Always write it down. Make a note; a full note. Document, document, document.
- If we write it down it is much more likely to happen. Spoken intentions are much weaker than written ones.
- "If it was not written down, it did not happen."

Wait. Really?

Read that last rule again. As a guideline it makes no sense. Did you just write down that you read the sentence above? No? So that means that you didn't read it? How about this sentence? Written or non-existent? Utter nonsense. We all know that events and documentation are not identical - the map is not the territory - but this simple rule contradicts the obvious fact.

A fuller perspective suggests that we are always editing. That is what our nervous systems do. Our visual cortex receives a thousandth of what our retinas sense. Are you aware of your left foot's position? Of course not; unimportant, irrelevant at this time, and so disregarded. We, like everyone else in the world, choose what to attend to, how to conceive of it, what to ignore, and what to record.

Our training, just like any other profession's, teaches us what is important and what is irrelevant. We learn what to attend to, how to parse the stream of experience into what deserves more attention and what less. When we are doing therapy do we record the temperature in the room? The exact words spoken by all parties? We are not video cameras. We are thoughtful, attentive, hard-working professionals and our documentation shows that. It ignores the work-irrelevant events no matter how often they happen.

Time for logic

Why have we not questioned this simplistic rule? Perhaps because some versions of it *are* usually accurate. First, the **inverse is the negation of the two clauses** and it would usually be true for our notes: "If it was written down, it did happen." We are not, when operating as professionals, producing fiction. Since we do tend to record what we find important we can usually conclude that what is on paper is much more likely to have occurred than what was not written down. However, the likelihood of the inverse says nothing about the truth of the original statement. A more realistic version would be, "If it was written down, it is very likely that it happened." However, this is not so certain that it should be adopted as a universal rule, the way the original seems to be interpreted by our lawyer consultants.

Secondly, let us look at the **converse** of the original: "If it did not happen, it was not written down." **A converse swaps the clauses.** Few of us choose to lie on paper so this is likely true. But the truth of a converse has no bearing on the truth of the initial statement. "If A, then B" has nothing to say about "If B, then A." "If it rains we will get wet" it true but it ignores all the other ways in which we might find ourselves wet not just having been out in the storm. We cannot conclude that "If we are wet we must have been in the rain." In fact, don't we shower more often than get drenched by rain? The converse and the inverse are equivalent but neither speaks to the truth of the original.

Just for completeness, the **contrapositive** would be, "If it happened, it was written down," **swapping the two clauses and negating both**. But we certainly do not, *and cannot* record all events. Our editing prevents the contrapositive from being universally true and the practicalities of our work prevent its being more than frequently true. It would be a mistake to conclude that what might be frequent is universal. It is further nonsense to require such a rule for our protection, namely the infamous "If it wasn't written down, it didn't happen."

I am not at all suggesting we not keep full and accurate notes. They are our best defense and valuable tool for our work. Just as most people put more faith in what is written that what is spoken, when they are on juries they tend to believe documents more than witnesses. A vague or hesitant recollection is no match for the permanency of paper. We know from experience that memories fade but documents don't distort with time.

What I am objecting to is the almost automatic acceptance of a simple (and illogical) statement as a guide, almost a principle, for record our record making efforts.

Alternatives

What would be better guides to recording when there are risks? Here are a few ideas.

• "If it might make a mess, make a note." The tiny voice that whispers, "This smells a little fishy" or "Something is going on here and I don't feel good about it" is not an auditory hallucination. It is our training warning us of what we don't yet fully understand and that there are risks around.

• "More risk, more notes." More serious threats, more vulnerabilities, more opportunities for things to go wrong should impel more documentation. Simple as that.

But what to write?

• "Write at your current level of understanding." Partial and incomplete, poorly phrased, uncertain and unclear don't matter. Get it down so you will be sure to explore it more fully later.
• "Think out loud for the record." suggests Gutheil (1980). We are trained professionals, trained in what to ask, where to follow the information, how to weigh it, which options are available and the pros and cons of each. Documenting on paper the thought processes of a typical professional peer shows we understand and are following the standard of care. This is all we have to do and what will protect us if things go terribly wrong.

Summary

Do not be intimidated by legalistic - and irrelevant - logic. Lawyers are not therapists doing therapy. In their zeal to protect us they preach an impossible guideline. Instead know, understand, and demonstrate the standards of care in your documentation.

Reference
Gutheil, T. G. (1980). Paranoia and progress notes: A guide to forensically informed psychiatric recordkeeping. *Hospital and Community Psychiatry, 31,* 479-482.

Handing off the Editorial Baton!

Charles Bonner
www.drbonneronline.com

This is my last issue as the Editor of the *GPPA Report*. It has been my privilege to serve in this role since 2007. I have been rewarded with getting to know many more of my psychologist colleagues, both through he newsletter and also by attending almost all GPPA Socials since I became Editor.

Pavel Somov, Ph.D. is one of the psychologists I have met through the *GPPA Report*. Dr. Somov has contributed many articles over the past several years, including another in this issue. I am very pleased to announce that Dr. Somov will be taking over as Editor for the next issue of the *GPPA Report*. We will be in good hands! Dr. Somov is the author of 5 self-help books, and also regularly blogs for *Huffington Post* and psychcentral.com. You can learn more about his work by visiting his practice website at www.drsomov.com or his book site www.eatingthemoment.com.

I also want to again thank Ed Zuckerman for his invaluable help in putting together each issue, as well as for writing many articles for the newsletter. Ed will continue to contribute his computer and software expertise to the *GPPA Report*. I will also remain the Advertising Editor, so keep me in mind for your office rental ads and other forms of self-promotion!

Continuing Education Calendar

Compiled by
Francine Fettman, Ph.D.

Non-GPPA Sponsored CE Events

February

Friday, 2.15.13
Neuroscience For Clinicians.
C. Alexander Simpkins, Ph.D. and Annellen M. Simpkins, Ph.D. Double Tree By Hilton Pittsburgh Green Tree, 500 Mansfield Avenue, Pittsburgh, 15205, 922-8400. 7:30-4:00. CE Credits: 6. Fee: $189.99 before 1.25.13, $199.99 after. For information: 800-844-8260 or www.pesi.com

Friday, 2.15.13
Aging and Cognition.
William Matteson, Ph.D.
Holiday Inn Monroeville, 2750 Mosside Blvd., Monroeville, 15146, 412-372-1022. 7:30-3:30. CE Credits: 6. Fee: $199. For Information: 800-839-4584 or www.health-ed.com

Friday, 2.22.13
School Refusal Behavior.
George B. Haarman, Psy.D., LMFT.
Holiday Inn Pittsburgh Airport, 8256 University Blvd. Moon Township, 15108, 412-262-3600. 8:00-3:30. CE Credits: 6. Fee: $169 before 2.12.13, $189 after. For information: 800-397-0180 or express.CrossCountryEducation.com, use express #271467

March

Thursday/Friday, 3.14-15.13
Two-Day Trauma Competency Conference. Day One: The Ten Core Competencies of Trauma, PTSD, Grief & Loss. Day Two: Evidence–Based Trauma Treatments & Interventions. DoubleTree by Hilton Pittsburgh Green Tree, 500 Mansfield Ave., Pittsburgh 15205, 412-922-8400. 7:30-4:00. CE Credits: 6 per day. Fee: One Day, $199.99; Both Days, $369.99 – includes 1 year free IATP membership. For information:800-844-8260 or www.pesi.com

Friday, 3.22.13
Advanced Mindfulness Techniques for Clients.
Ira Israel, LMFT, LPCC.
Doubletree by Hilton Pittsburgh Green Tree, 500 Mansfield Ave. Pittsburgh, 15205, 412-922-8400. 7:30-4:00. CE4 Credits: 6. Fee:$199. For information: 800-844-8260 or www.pesi.com

April

Friday, 4.18 or 4/19
Revolutionizing Diagnosis & Treatment Using the DSM-5.
Jack Klott, MSSA, LISW, CSW.
4.18 at Doubletree Pittsburgh/ Monroeville, 101 Mall Blvd. 15146, 412-373-7300 or 4.19 at Westin Convention Center, 1000 Penn Ave. 15222, 412-281-3700. CE Credits: 6. Fee: $89.99 before 3.25.13, $99.99 after. For information: 800-844-8260 or www.pesi.com

The GPPA Report

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Advertising Director Charles Bonner Ph.D. drbonner@mindspring.com
The *GPPA Report* is the official bulletin of the Greater Pittsburgh Psychological Association. A subscription is included in your dues and a subscription for former members who are not residents of this area and for professionals not eligible for membership is available for $15 per year.
The *GPPA Report* is published quarterly in January, April, July and October. If you would like to publish in the GPPA report contact the Editor. Copy should be submitted to the editor, via e-mail by the first of the month before publication. Articles in the *GPPA Report* represent the opinion of the authors and do not necessarily represent the opinion of the Board of Directors, membership, or staff of GPPA.
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Contact Information

• For all regular mail correspondences, please use the following address: Greater Pittsburgh Psychological Association (GPPA), 211 North Whitfield Street, Suite 645 Pittsburgh, PA. 15206

• For general questions about GPPA or to request a referral, please call 412 441-7736 (the GPPA office) or call Dr. Joshua Gregson at 412-708-4862 or email to phoenix345@gmail.com or go to www.gppaonline.org and click on "Contact Us"
• For mail correspondence related to dues renewal or contact information changes, please send to GPPA, 211 N.Whitfield, Suite 645, Pittsburgh, PA 15206, 412-441-7736 or www.gppaonline.org or phoenix345@gmail.com

The People of GPPA

Board of Directors: The GPPA Board directs policy, administers finances, and oversees committees.
Chair: Joshua Gregson, PhD at 412-708-4862 or email phoenix345@gmail.com
Board Members: Jamie Pardini, Ph.D. (Secretary), Amanda Lowe, PhD. (Treasurer), Robert Schwartz, PhD. (Assistant Treasurer), and Terry Wolinsky McDonald, Ph.D., Ann Barrows, PhD., Angela Hartman, PsyD
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Chair: Francine Fettman, Ph.D.
Early Career Psychologists:
Chair: Sam Schachner, Ph.D.
Electronic Transition: Special committee for 2011 transition to electronic "green" communication systems.
Co-Chairs: Ed Zuckerman, Ph.D. and Michael "Mick" Sittig, Ph.D.
Legislative Action: Deals with legislative issues affecting the practice of psychology.
Chair: Arnold Freedman, Ph.D.
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Chair: Joshua Gregson, Ph.D
Networking/Social: Plans social events for members; Coordinates our fall Legacy Awards Dinner and our spring Meeting.
Chair: Jamie Pardini, Ph.D.
Newsletter/Publications and Ads: Edits the GPPA Report; handles ads
Chair: Charles (Carl) Bonner, Ph.D.
Assistant: Ed Zuckerman, Ph.D.
Layout. **Proof readers:** Dorothy Gold, Ph.D. and Joshua, Gregson, Ph.D.
Scientific/Academic Affairs: Fosters integration of science and practice within/outside of GPPA.
Chair: Open
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