Greater Pittsburgh Psychological Association

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(412) 441-7736 www.gppaonline.org

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A View From the Chair

Larry Glanz, PhD
President of GPPA

This has been a good year for GPPA. We are growing, and our bottom line is good. We have a blossoming connection with Carlow University, and our committees are active. So why am I feeling frustrated?

As with most organizations, a relatively small number of folks do the majority of the work. We have well over two hundred members, and we provide a good service to them as well as to the larger community. We could greatly benefit from your help on our committees.

On my wish list: more help for Arnold Freedman on the Legislative Action Committee. He has been so informative and active for many years. It is surprising what you can learn and how easy it is to contribute to our understanding of issues vital to psychology. I would love to have some help on the Membership Committee. Right now I am the sole member of this committee, and I know that with some help we could attract more new GPPA members. In addition, we have no chair for the Disaster Response Committee, or for the Health Care Committee.

It would be terrific to boost our communication with the academic community. I would appreciate someone to serve in this capacity. I am also looking for help with minorities, social service, and veterans' issues. Please call me if you have an interest in any of these committees. None of them require a lot of time, and you will have my gratitude as well as that of all GPPA members. Just give me a call at 412-687-8700 ext. 2 or e-mail me at glanzlaw@yahoo.com

The 2007 National Survey of Counseling Center Directors

Robert P. Gallagher

The National Survey of Counseling Center Directors has attempted to stay abreast of trends in college counseling center work for the past 26 years. The findings of the 2007 National Survey have just been released by the University of Pittsburgh and the American College Counseling Association (co-sponsors of the research project). Some of the 2007 findings are summarized in this article. The full survey report can be found on the International Association of Counseling Center Services (IACS) website: http://www.iacsinc.org

There has been a growing concern in recent years about the large numbers of students coming to college counseling centers with serious psychological problems. Of the 272 counseling center directors surveyed, 91.5% reported that this trend continues to be problematic on their campuses. Directors report that 49% of the students seen in their centers have significant psychological problems. Of these, 7.5% have impairment so severe that they cannot remain in school without extensive psychiatric/psychological assistance and 41.5% experience severe distress such as depression, anxiety, panic attacks, suicidal ideation etc. but are able to be successfully treated within existing treatment modalities. In addition, close to 2,000 students from the surveyed campuses were hospitalized for psychological reasons during 2007. This is an average of almost 9 students per school. In 2001, only 5 students per school, on average, were hospitalized.

Directors reported 105 student suicides in the past year. It should be noted, however, that 78% of the students who committed suicide had never sought assistance at their campus counseling or mental health service. Of these 105, 74% were male, 82% were undergraduates and most of the suicides (63%) occurred off-campus. To the extent that directors were able to access

this information, 63% of the suicidal students were depressed, 24% had relationship problems, 12% had academic problems, 32% were on psychiatric medication, and 15% had a previous psychiatric hospitalization.

Most of the responding directors (85%) reported an increased level of concern on campus about liability risks regarding student suicides. This concern may explain why 36% of counseling center directors now favor mandating a certain number of counseling sessions for any student who mentions suicidal thoughts to anyone on campus. Most counseling professionals, however, continue to be opposed to mandatory counseling, barring exceptional circumstances. Most counseling center directors, however, are in favor of a mandated student assessment when this appears to be in the student's best interest.

In response to the growing concern about student problems, 51% of the counseling centers surveyed held a Depression Screening Day on their campuses. Based on this screening, over 10,000 students were screened and almost one-third of these were referred for treatment. Other actions taken by directors included increased time spent training faculty about how to respond to students in trouble (63%), increased training for staff working with difficult cases (58%), providing psycho-educational assistance on center websites (56%), and expanding external referral networks (48%).

When responding to a question about how the Virginia Tech tragedy impacted on their centers:
• 66% of directors reported a significant increase in calls from faculty seeking consultation about students of concern.
• 61% reported an increased interest on their campuses in developing a crisis management team or in redesigning one that already exists.
• 50% of directors have been asked to prepare reports for higher level administration about their center's capacity for handling the problems that students are bringing them .
• 31% reported that their policies about communicating with the parents of students in crisis are now being revised.
• 30% indicate that the pressure to share more information with the administration about "difficult" cases is increasing.

During 2007, The Bazelon Center for Mental Health Law released a model policy for colleges and universities for responding to students in crisis due to mental health problems. A number of the recommendations are already standard operating procedure in most counseling centers, but some recommendations need further review (for details, see full report at http://www.iacsinc.org/)

In general, all policies for responding to students in crisis need to be continually reviewed and up-dated. The growing incidence of students with more serious psychological problems does have an impact on college life. Mental health problems adversely affect academic achievement, classroom management, and student retention. On an individual level, mental health problems can impact negatively on a student's physical, emotional, cognitive and social well being and in some of the more severe cases lead to suicide or violent acting out.

There are many signs that this area of concern is receiving increased attention by colleges and universities throughout the United States and I am hopeful that this attention will lead to expanded and improved student services in the years ahead,

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 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

Want to Share your Wealth (of Experience)?

You can mentor to early career psychologists. Send your name, contact information and perhaps speciality area and theoretical approach to Irv Guyett, Ph.D. at ipguyett@comcast.netwith "Mentoring" in the subject e-mail line in order to compile a resource list. The list will be made available to Dr. Burke, at Carlow or other responsible gatekeepers

Yearning: A Neglected Affect in Psychotherapy with Teens

Charles Bonner, Ph.D.
Editor, *GPPA Report*

Almost all infants and children yearn for affection, warmth and love from their caretakers. Omaha (2004) has highlighted the often neglected significance of the affect of yearning (also, referred to as "longing"). Interestingly, in common experiences for all of us, yearning is often hiding behind the affects that arise when we feel rejected in our yearning for closeness with another person. It appears that yearning or longing for nurture from caregivers often underlies the more common presenting affects of anger and sadness. Omaha (2004) summarizes how:

> Yearning, or longing, is the affect,,,, [originally] directed toward the mother and her nurturance and nourishing qualities. Sadness [and/or anger] is the affect the infant, child, adolescent, and adult feels when the yearning is frustrated, thwarted, neglected, or punished. (p. 56)

In psychotherapy, patients will usually not become aware of their yearning affect until their sadness and/or anger has been recognized and regulated. This is certainly a frequent phenomenon with teenagers who present as intensely sad or angry in reaction to a romantic rejection. It is important for the clinician to not only help teens decrease the intensity of their sadness or anger, but also help them notice, name, and manage the yearning that engenders

these other affects. Teenagers will often also be overly focused on reducing their pain through reuniting with the rejecting other, and need help recognizing that this is a temporary and undependable solution to the inescapable dilemma of being driven by yearning that will often be unrequited. This dilemma is complicated for teens whose development has been characterized by insecure attachments to primary caregivers. These teens tend to be even more desperate in their yearning for sustained and uninterrupted connection with peers, particularly in romantic relationships.

What are the sensory, postural, and behavioral components of yearning? Omaha (2004) notes that "while most affects are identified by a facial expression, yearning, because it is so archaic and primitive, may be identified by a whole body expression, the act of turning toward the objects of one's yearning" (p. 56) This is certainly observable in 1) the infant's turning toward the mother's breast, voice, face, and body; and 2) the younger child's sensitivity to separation from caregivers, dramatic distress if lost in a store, and relieved clinging when reunited.

For teens, contemporary markers of yearning for connection now include cell phones, text messaging, instant messaging, blogs, and the vast social networking Internet universe. Further, if you listen to the lyrics of most hit pop songs, the story being told is usually a choice among yearning for love, joy about winning this love, the sadness about losing the love, or anger about unrequited yearning. The clinician can discuss these common cultural references to help teens appreciate the universality of the affect of yearning and its complications. Beyond these external markers, though, the astute clinician should assist teens in identifying and managing the specific physical sensations that characterize the yearning affect, along with the other idiosyncratic aspects of this experience—such as specific memories, images, cognitions, and action urges.

On May 9, at the 2008 Star-Center Conference, Dr. Bonner will present a workshop on "Techniques for Rapid Relief of Adolescent Distress." See the Continuing Education Calendar for registration information.

References

Omaha, J. (2004) *Psychotherapeutic interventions for emotion regulation* New York: W.W. Norton.

Mentoring Forum: Developing a Mentoring Community

Irv Guyett, Ph.D.
Chair, Mentoring Committee

The adventure in mentoring marches on with GPPA providing guest lectures to Mary Burke's Carlow University Class on Foundations of Counseling Psychology. We are appreciative to her and Dr. Reed who championed this experiment and to Stephen Schachner, Rami Rao and Ed Zuckerman for stepping up to present in this class. The feedback from all concerned is that this bridging effort was a successful first step, with students finding it helpful to go beyond the usual textbook material and to see things through the experiences of those engaged in full time practice of the craft. A value added outcome of this effort will be Carlow University's Department of Psychology & Counseling hosting GPPA's spring meeting.

To march on another front (and stick with me on this point), consider this: molecular biologist Bonnie Bassler and other scientists discovered years ago that as the density of bacteria increase in a given area, they glow. In fact, the bacteria studied are capable of perceiving when they are in a dense population, a phenomenon called "quorum sensing." Further, the bacteria can differentially identify bacteria of their own kind or other kinds.

This molecular model is an interesting example of cooperation for survival. That is, at a basic biological level, building sufficient numbers of similarly disposed entities which can cooperate enhances their survival. Other researchers found that disrupting their degree of communication will leave them vulnerable to predators of various kinds.

Of course one can play with and stretch metaphors, but perhaps we should respect our elders or distant evolutionary cousins even if several million generations removed. We are here perhaps because the process of communication and cooperation has paid off over the millennia. What higher species add to the survival competency mix is the capacity to pass on learning from one generation to the next, even if some of these skills like competing and making war are not the most adaptive to pass on.

Ahh, but psychological skills, these should certainly be worth passing on and maintaining. To this end of increasing the communication and sharing in the local psychology community, let me propose the notion that all psychologists in the GPPA region of Southwestern PA should belong to a non job, face to face group which meets six or eight plus times per year. Last Spring's networking event and its data indicate there are people who might be interested in meeting along several lines such as:

- Innovative strategies for practice, careers, and personal life.
- Marketing to generate more clients.
- Discussions about interesting cases.
- Learning how to make a practice more fun and productive.

Themes of fun, innovation, and even marketing seem to dominate. If those who expressed interest last spring in the above or anyone else in psychology would like to follow through with exploring these themes, please contact me at dart.calm@hotmail.com.

Legislation in Progress

Arnold Freedman, Ph. D.
Chair, Legislative Committee

HEALTHCARE ISSUES-STATE

I am focusing this report solely on House Bill 1000, which would restrict

commercial managed care companies to one authorization per episode of treatment

I consider this legislation among the top three issues we have worked for in the 18 years I have been the Legislative Chair. As you all should know by now, HB 1000 passed the State House unanimously last year. Although the original bill dealt with outpatient authorizations for mental health treatment, it was amended in the state house to also include provisions limiting the retroactive denial of reimbursements by insurance companies.

The next step is to get it through the State Senate, which will be a much greater challenge for a variety of reasons. Insurance groups have had years of long-standing relationships with some senators, many of whom believe major issues concerning insurance should be settled by the free market. Also, some insurance companies sat out the battle in the House choosing to focus their efforts on killing it in the Senate.

Since the fall of 2007, PPA members and staff have been talking, with Senators or their staff, to convince them of the merits of HB 1000. Some progress has been made; a lot more work has to be done. PPA feels we can have success. I was recently informed that Senator Jake Corman, who has long been a champion of mental health issues and is highly respected, has agreed to sponsor the Bill in the Senate.

PPA has established a detailed plan to work on all aspects of this issue. A major part of this plan, one that is absolutely essential, is grassroots support. This not only involves YOU but also others you can encourage to act since we believe strongly that the bill will benefit our clients greatly.

GRASS ROOTS EFFORTS

During the next several weeks representatives of the insurance industry will be meeting with Senators encouraging them NOT to cosponsor Corman's bill. They will, among other things, present arguments that authorizations save money, ensure prudent use of resources, and help patients decide how to use their health care benefits wisely. Although our data shows that these arguments are not true, most Senators have not had personal experience with authorizations and are looking at this issue for the first time. They have to rely on information from secondary sources to make up their minds. If they fail to hear from their constituents on these issues, they will follow the lead of the insurance and managed care lobbyists.

PPA is sending an email blast to all PPA members for whom they have email addresses, giving instructions on how they can use the Capwiz system to contact their Senators. Capwiz is a computer-based system that PPA members (and others) can access through the internet. The process takes a few minutes and users only need to indicate their zip code and a prewritten letter to their State Senator will appear which they can edit as they see fit.

In addition, PPA will be sending out a snail mail letter to all PPA members, all non-PPA licensed psychologists, and a large number of social workers urging them to contact their state Senators. In addition, all PPA members will receive a follow-up post card and PPA members in certain important districts (such as the districts of members of the Senate Banking and Insurance Committee or Senate leadership), will be receiving personal phone calls from a PPA volunteer.

It is easy to say that PPA should also apply some other technique to ensure a grassroots response. However, our resources are limited and we will be spending many thousands of dollars on these grassroots efforts. PPA members can help with the grassroots effort by responding to the alert yourselves, and sharing the alert with co-workers, friends, or family. Capwiz is set up so that anyone who is a resident of Pennsylvania can respond easily. Furthermore, every citizen of Pennsylvania has a right (or an obligation) to contact their elected officials concerning issues of importance to them.

Please respond to all requests from PPA on this issue. Better yet, contact Sam Knapp or Rachel Baturin at PPA and ask how YOU can help out. This is especially important if you reside or have patients who reside in a district of one of the key Senators. You can get this information from PPA. If you want to read more about HB 1000, go the PPA website http://www.papsy.org/ and click on the "Governmental Affairs" tab.

Arnold Freedman, Ph.D.
afreedman3@verizon.net

A Letter from the Editor

Charles Bonner, Ph.D.

This is my first issue as editor of the *GPPA Report*, and I am pleased to report that we have had a smooth transition of tasks from able hands of Steven Feinstein. The true glue for the newsletter is provided by the computer savvy of Ed Zuckerman, whose desktop publishing prowess is responsible for the streamlined, easy-to-read layout of the *Report.*

Electronic versions of the *Report* are emailed to members who ask for them and back issues are on our website: www.gppaonline.org. Some of its advantages are listed on the back cover.

Save These Dates

The Spring Conference
March 27–28, 2008 in Harrisburg.

PPA's 75th Anniversary Celebration
June 18–21, 2008 in Harrisburg

Finally, save this date! PPA comes to Pittsburgh in the Fall of 2008!

PPA Fall Continuing Education and Ethics Conference
October 23–24, 2008 in Pittsburgh!

Networking and Social Events Committee

Katie Hammond Holtz, Psy.D.

Thank you to the women who turned out for the first networking event entitled "Women in the North", which was held on November 30, 2007, at the offices of Dr. Elaine Malec, Dr. Jacki Herring, and Dr. Elizabeth Krause in Mars, PA. Approximately 15 women turned out to socialize, enjoy wonderful food, and then share with each other in a group circle format. Dr. Herring led the group, asking each of us to share our vision for the purpose of the group, our professional interests and talents, the areas in which we would like to see ourselves grow and be supported, and the ways in which we could help one another to achieve these goals. It was great to meet new and old friends, and to learn of all the wonderful services available north of Pittsburgh. I personally found it very beneficial.

By the time of this publication, the group will have had its second meeting on February 1st at the offices of Malec, Herring, and Krause. "Women of the North" continues to be open to all women psychologists and psychotherapists in independent private practice, who are living or practicing in Butler, Cranberry, Wexford, Sewickely, Saxonburg, Sarver, Natrona Heights, New Kensington, Allison Park, or Fox Chapel. If you are among these women, please consider joining. The group will continue to meet on a monthly basis, so you are welcome to come when you can.

To attend future meetings or for further information, please contact: Jacki Herring, Ph.D., Malec, Herring, & Krause, 195 Crowe Avenue, Mars, PA 16046. 724 772 4949.

Mark your calendar for the Spring Get-Together

and

A Presentation on Mindfulness-Based Psychotherapy

Friday, April 4, 2008, 5 to 8 PM
Atrium at AJ Palumbo Hall
Carlow University
3333 Fifth Avenue
Pittsburgh, PA 15213

Hosted by The Psychology & Counseling Department Carlow University and sponsored by the GPPA Networking and Social Committee

We are pleased to announce that the Spring Get-together, traditionally known as the Spring Meeting, will be held at Carlow University this year. This will be an informal gathering with an invitation being extended to Pittsburgh-area academic psychologists, clinical psychologists, and students in the varying fields of psychology. Please feel free to invite any of your colleagues who you think would be interested, whether they are members of GPPA or not.

In addition to good old-fashioned socializing, visiting with old and new friends, we are also interested in learning about your clinical research, clinical practice and the dovetail between the two.

We will have a table available for your business cards, pamphlets, brief write-ups on your clinical practice and your area of research. Please consider sharing your expertise with us so that we can get know you.

This event promises to be an engaging evening. Refreshments and a light meal will be offered along with a presentation on Mindfulness-Based Psychotherapy.
To RSVP or for further information contact: Katie Hammond Holtz, Psy.D. e-mail: katieholtz@verizon.net phone: 412 361 0773 RSVP by March 28th

Continuing Education Calendar of Events

Francine Fettman, Ph.D.

MARCH

Friday and Saturday, March 28-29

The Marriage of EMDR and Ego State Theory in Couples Therapy

Barry Litt, MFT, AAMFT Approved Supervisor, EMDRIA Consultant
Location: North Park Club House, Robinson Town Centre, 1960 Park Manor Boulevard, Pittsburgh, PA 15205. 412-787-2252
This venue is located across from IKEA and under the clock.
8 AM - 5 PM (includes continental breakfast and afternoon snack)
Price: $310 plus $25 for 13 CE's
This workshop will provide EMDRIA CEes as well as APA, SW, MFT, LPC CEs. To register, call Lisa Schwarz, M.Ed at 412-221-3211 or email at JCCharlieinc@yahoo.com.

Wednesday, March 12

Myths and Facts of Substance Abuse

John Massella, PhD.
The GPPA Second Wednesday Luncheon Series.
See below for information.

APRIL

Wednesday, April 9

Practice Specializations: The Key to the Future of Independent Clinical Practice

Edward Zuckerman, PhD
The GPPA Second Wednesday Luncheon Series
12:15 PM -1:45 PM. Registration 12:00-12:15 PM. CE Credit: one
Cost: $5.00 for GPPA Member; $7.00 for others. Does not include lunch.
Molly Brannigan's Restaurant, 660 Washington Road, Mt. Lebanon, PA 15228. 724-341-7827.
RSVP no later than Monday, March 10 to Hilda L Schorr-Riberra, PhD at 412-344-0222 or schorribera@Yahoo.com

Thursday and Friday, April 18th-19th

Motivational Interviewing for Health Behavior Change

Presented by Collaborative Change Solutions and sponsored by GPPA

Tad T. Gorske, PhD; Steven J. Feinstein, PhD; Anne Marie R. Kuchera, MS, MA, RD. CE Credits 14.
8:30 AM-4:30 PM
Four Points by Sheraton Pgh North, 910 Sheraton Drive, Mars, PA 16046
Tuition: $250 (early registration-March 17th), includes complementary continental breakfast, along with mid-morning and afternoon refreshments on both days. For registration/additional information, please call
412-370-2637 or visit our website at www.collaborativechangesolutions.com

MAY

Friday, May 9, 2008

2008 STAR-CENTER Conference (Services for Teens At Risk).

8:30 a.m. to 3:30 p.m. (Registration: 8 to 8:30 a.m.). William Pitt Student Union, University of Pittsburgh.

There is a $54 registration fee, $27 for employees of W.P.I.C. Cost includes a light breakfast (coffee/tea/muffins), training materials, and 5.5 CE credits. Full tuition must accompany the registration form, which can be downloaded at. http://www.wpic.pitt.edu/oerp/conferences
Please return the registration form by Friday, May 2, 2008.

The GPPA Report

Editor
Charles Bonner Ph.D.
drbonner@mindspring.com

Publisher
Ed Zuckerman, Ph.D.
edzucker@mac.com

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 1st of the month prior to 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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Please contact Elissa Manka (412) 856-6301 for address changes or mail to .E.M. Manka
GPPA Administrator, 10411 Forbes Rd, Penn Hills, PA 15235-291 or emanka@aol.com

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emanka@aol.com

Benefits of GPPA Membership

• Collegial sharing by phone, in person, at committee meetings, and online. Supporting each other to accomplish personal and professional goals.
• The Fall Meeting and Legacy Awards planned for November, the Spring Meeting in April, and CE Workshops and Seminars throughout the year.
• A way for newer professionals to get started in the field, learn of local opportunities, get mentored, meet peers, and get answers.
• Personalized and very competitively priced insurance just for GPPA members.

For **Long Term Care Insurance** call Malachy Walen at 412-281-4050 or email at mw@malachy.com. Malachy Walen & Co. Inc., 725 Olliver Building 635 Smithfield St, Pittsburgh, PA 15222

For **Hospitalization Insurance** email Don Ivol at don.ivol@USI.biz or Bob Cagna at bob.cagna@USI.biz.
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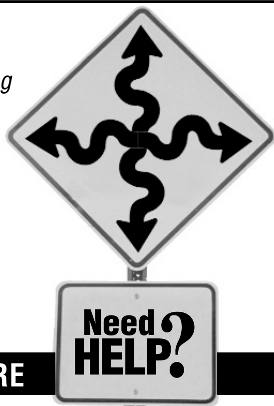

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Ninth Floor, Rockwell Hall Forbes at Shingiss or Boyd. Pittsburgh, PA 15219 (on bus line)

For the Handout about Drugs on p.9, These are the footnotes

*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.
Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.*Associated with sexual assaults.
+Not available by prescription in U.S. Printed September 2002, Revised April 2005

GPPA Member

Anna D. Halechko, PhD, JD

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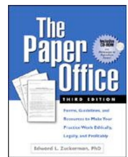
Colleagues,

For twenty years I have developed tools for clinicians. Not how-to- do-therapy-or-assessment but what we need to make our practices' work easier and better. This kind of translation of complexities to simplicities, of lab or library to how-to's, of the expensive and rare to the inexpensive and available has been a life theme - I make Tools for Busy Clinicians and I sell them at very reasonable prices.

You are likely to have seen some of them.

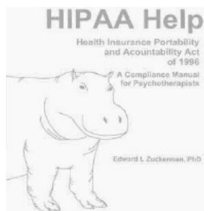
1. Do you have a copy of the **Clinician's Thesaurus** on your shelf? (You may because 250,000 clinicians have bought copies over its six editions). If you need to create any kind of psych reports the entire language of American mental health is available in it. Finding the right word from a gigantic but perfectly organized, "checklist" is mentally a lot easier than trying to invent the sentences. Also available as a computer program-a completely flexible "text library" to preserve any text you might want to use again Neat! More info at www.Guilford.com



2. Do you need to tighten up your practice's procedures, paperwork, patient education materials or the whole "contract" with patients? Or perhaps you want to start your practice out right with the best information and guidance from the literature and the experience of peers. **The Paper Office - Third edition** - has all the advice, forms, and guidance you need to operate a small practice legally, ethically, and efficiently. A cheap "malpractice-prevention kit" and source of sage advice. All the forms and handouts are on the included CD. More info at www.Guilford.com

3. The future of independent practice lies in specializing but which niches will pay back the costs of entry, have scientific support for the work, and don't require a return to graduate school? Those were the criteria we used to select the specializations in our book **Rewarding Specialties for Mental Health Clinicians.** For each niche we describe the work, the skills and training needed and offer more than enough references to start your explorations. More at www.Guilford.com

These books are in my series, **The Clinician's ToolBox** published by Guilford Press, whose name guarantees quality.



Now I have brought the same practical procedures to projects which I distribute from my own company, *Three Wishes Press.*

4. You are probably minimally HIPAA-compliant: You have a NPP and a Consent form you give to patients and have them sign. Does your Authorization to Release or Request Records meet state, federal, and HIPAA standards. My book **HIPAAHelp: A Compliance Manual for Psychotherapy Practices** gives you more forms than you will ever need, quotations from the law and regulations, and best of all, tells you what you don't really have to do to become compliant unless you want to. It covers everything and online updates keep you current. Available as a book, on a CD-ROM, or for immediate download at - www.ThreeWishesPress.com. There are 7800 copies in print which I consider a best seller.

Reference List of Psychiatric Diagnoses from ICD-9-CM

5. Do you get reports with only the diagnostic code number and have to find the name some where? Do you need the exact diagnostic label to complete a formal report? HIPAA requires the ICD-9 instead of the DSM and they are not identical. There is only one easy-to-use, absolutely complete, four laminated page **ICD-9-CM Reference Listing** available. No online searching, no heavy and expensive book, no batteries to run down. Treat yourself to a tool that will make your life simpler and may save the cost of a new DSM. More info at www.ThreeWishesPress.com.

6. Confused by all the names of psych drugs? Learn them with flashcards. Yes, simple, reliable, even fun. No picture - you know what flashcards look like. **PsychMeds Flashcards** at - www.ThreeWishesPress.com.

7. Factoid: 80% of new clients look on the net for a therapist. The simplest way to Hang out Your Shingle in Cyberspace ™ is to join a **Directory of Therapists**. Ah, but which one? See my comparison table at, of course, www.ThreeWishesress.com, under the tab, Websites for Clinicians.

Checklist of Dosages and Uses of 100 Common Psychotropic Medications by TRADE Name

Ed Zuckerman, PhD and Dan Egli, PhD as a gift to our colleagues

Names Drug Trade©	generic	Class	Usual Adult Daily Dosage Range in mgs	FDA-approved Indication(s)	Common "Off-label" Uses, if any
-Abilify	*aripiprazole*	Atypical	10-15	Schizophrenia, Bipolar, Agitation	
Adderall, XR	*D- & L-amphetamine*	Stimulant	5-40	ADHD, Narcolepsy	
Ambien, CR	*zolpidem*	Non-benzo. hypnotic	5-12.5	DFA, SCD, short-term use	
Anafranil	*clomipramine*	Tricyclic AD	100-250	OCD	
Antabuse	*disulfiram*	Alcohol antagonist	125-500	Manage chronic alcoholism	
Aricept	*donepezil*	Cholinesterase inhibitor	5-10	Mild/moderate/severe dementia	
Artane	*trihexyphenidyl*	Antidyskinetic	1-15	Anti-Parkinson's	*ExtraPyramidal Symptoms*
Ativan	*lorazepam*	benzodiazepine	2-6	Anx	*Alch withdrawal, Seiz, Insomnia*
Aventyl/Pamelor	*nortriptyline*	Tricyclic AD	25-100	MDD	*Depr*
BuSpar	*buspirone*	Anti-anxiety	15-60	GAD	
Campral	*acamprosate*	Alcohol antagonist	1332-1998	Alcohol dependence	
Catapres, TTS	*clonidine*	Antihypertensive	.1-.3	Hypertension	*Drug detox, Pain, Impulse, ADHD*
Celexa	*citalopram*	SSRI	20-40	MDD	*Depr, PmDD, PTSD, BDD, SocAnx*
Centrax	*prazepam*	Benzodiazepine	30-60	Anx	*Alch withdrawal, Seiz*
Chantix	*varenicline*	Nicotinic receptor agonist	0.5-2	Smoking cessation	
Cialis	*tadalafil*	PDE-5 inhibitor	5-20	Erectile dysfunction	
Clozaril/FazaClo	*clozapine*	Atypical	300-450	Schizophrenia	*Bipolar*
Cogentin	*benztropine*	Antidyskinetic	1-8	Anti-Parkinson's	*ExtraPyramidal Symptoms*
Cognex	*tacrine*	Cholinesterase inhibitor	40-160	Mild-moderate dementia	
Concerta	*methylphenidate*	Stimulant	18-54	ADHD	
Cymbalta	*duloxetine*	SNRI	20-80	MDD, GAD, Neuropathic Pain	*Depr, PmDD, PTSD, SocAnx*
Dalmane	*flurazepam*	Benzodiazepine	15-30	Insomnia, short-term use	
Daytrana, Patch	*methylphenidate*	Stimulant	10-27	ADHD, ages 6-12	
Depakote/-ene/-con	*divalproex*	Anti-convulsant	750-3000	Bipolar, Epilepsy , Migraine	
Desoxyn	*methamphetamine*	Stimulant	5-25	ADHD, Anorexiant	*EDS, Narco*

8. As a reward for reading this far, how about a **FREE, completely current, Checklist of Dosages and Uses of 100 Common Psychiatric Medications**? Actually there are two - one by sorted by Trade name and one by generic name. In fact, there are two more very practical and free lists there. Go to the Free Tools tab at www.ThreeWishesPress.com

Thanks for your time.
Are there tools you wish you had? Let's talk
Ed Zuckerman, PhD, Licensed Psychologist.
Owner, Three Wishes Press, P O Box 222, Armbrust, PA 15616 Email me at mail@ThreeWishesPress.com

Selected Prescription Drugs With Potential for Abuse

Substances: Category & Name	Examples of *Commercial* and Street Names	DEA Schedule*/ How Administered**	*Intoxication Effects* / Potential Health Consequences
Depressants			*reduced pain and anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration* / confusion, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest, addiction *Also, for barbiturates—sedation, drowsiness* / depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness *for benzodiazepines—sedation, drowsiness* / dizziness *for flunitrazepam*—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects
barbiturates	*Amytal, Nembutal, Seconal, Phenobarbital;* barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
benzodiazepines (other than flunitrazepam)	*Ativan, Halcion, Librium, Valium, Xanax;* candy, downers, sleeping pills, tranks	IV/swallowed	
flunitrazepam***+	*Rohypnol;* forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
Dissociative anesthetics			
ketamine	*Ketalar SV;* cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	*increased heart rate and blood pressure, impaired motor function* / memory loss; numbness; nausea / vomiting *Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest*
Opioids			
codeine	*Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine;* Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV/injected, swallowed	*pain relief, euphoria, drowsiness* / respiratory depression and arrest, nausea,confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction *Also, for codeine—less analgesia, sedation, and respiratory depression than morphine*
fentanyl	*Actiq, Duragesic, Sublimaze;* Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	
morphine	*Roxanol, Duramorph;* M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	laudanum, paregoric; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
other opioid pain relievers (oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)	*Tylox, OxyContin, Percodan, Percocet;* oxy 80s, oxycotton, oxycet, hillbilly heroin, percs, *Demerol, meperidine hydrochloride;* demmies, pain killer. *Dilaudid* juice, dillies. *Vicodin, Lortab, Lorcet; Darvon, Darvocet*	II, III, IV/swallowed, injected, suppositories, chewed, crushed, snorted	
Stimulants			
amphetamines	*Biphetamine, Dexedrine;* bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	*increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness* / rapid or irregular heart beat; reduced appetite, weight loss, heart failure *Also, for amphetamines—rapid breathing; hallucinations/* tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia,impulsive behavior, aggressiveness, tolerance, addiction *for cocaine—increased temperature* / chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition *for methamphetamine—aggression, violence, psychotic behavior* / memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction *for methylphenidate—increase or decrease in blood pressure, psychotic episodes* / digestive problems, loss of appetite, weight loss
cocaine	*Cocaine hydrochloride;* blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	
methamphetamine	*Desoxyn;* chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	
methylphenidate	*Ritalin;* JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	
Other Compounds			
anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise;* roids, juice	III/injected, swallowed, applied to skin	*no intoxication effects* / hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics

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