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We invite GPA members to submit to The Georgia Psychologist, the news magazine of the Georgia Psychological Association. As Georgia’s leading source of news on the latest psychological opinions, theories and research, legislative updates, and membership information, we count on experts like you to maintain the high standards of The Georgia Psychologist.

The Georgia Psychologist is published quarterly and has a circulation of approximately 2,000. Articles cover a diverse range of topics, ranging from scientific news to professional practice issues to legislative matters. Diversity and critical analysis are encouraged in contributions. If you are a prospective author, please note the following guidelines:

LENGTH: Articles may range up to 800 words. The Editorial Committee reserves the right to edit lengthier articles.

CONTENT & READERSHIP: We accept unsolicited articles of general psychological interest. Our readers are primarily psychologists, so it is unnecessary to define common psychological terms. However, The Georgia Psychologist is read by psychologists in all specialties, so be sure to define terms unique to your specialty. The Georgia Psychologist is also distributed to state and national legislators and members of the media so your article could be quoted or referenced.

WRITE ETHICALLY: Do not blend your personal opinions and speculations with statements based on scientific studies. Be careful to distinguish between your personal views and statements of scientific findings and alert the reader when you are speculating.

CITE REFERENCES FOR FACTUAL STATEMENTS: When representing a scientific fact, include a reference with a complete citation in APA format. We will not publish the references but we will let our readers know they are available by written request. Although The Georgia Psychologist is not a scientific journal for empirical studies and reviews, we sometimes publish this type of material.

TONE: The Georgia Psychologist is a professional trade magazine. Therefore the tone of your writing should reflect a high level of professionalism.

STYLE: Write in the active voice, minimizing wordiness. Use the inverted pyramid style, called so because all the major points are touched upon in the first few paragraphs, after which important facts taper down into the least essential material. Write in the third person. While we welcome personal articles, they will only be published in select and appropriate sections of the magazine.

DIVISION NEWSLETTERS/COMMITTEE REPORTS: Division Newsletters should contain news and events from within the Division. Committee reports likewise should contain news of any Committee changes, goals, and activity. Please refer to “How to Submit Articles.”

HOW TO SUBMIT ARTICLES: Send submissions to Managing Editor, Cyd Preston Wise, at the address below with a self-addressed stamped envelope for any materials you want returned. Articles must be submitted either on computer disk or by email. Disk submissions: Send your article on disk accompanied by a hard copy. Email submissions: Email your article to cydwise@gapsychology.org.

On behalf of all of us at The Georgia Psychologist and our readers, thank you for your time and effort. We appreciate both. If you have any questions or need additional information, please do not hesitate to contact us. We can be reached at:

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The deadline for the Winter Georgia Psychologist is November 7, 2008. The focus will be Legislative related.
FROM THE PRESIDENT

Peter C. Thomas, Ph.D.
President

Our organization has been making some subtle although substantial changes recently. The Summit meetings of Divisions and Regions began a discussion about these groups relationship with GPA. The goal is to weave these divisions, regions and other interest groups into the fabric of GPA while at the same time insuring that they maintain their identity. We want them to have a greater impact throughout GPA's structure.

What does this mean practically? To begin with the executive committee has revived and refurbished the Shared Interest Group (SIG) model approved by the Board of Directors years ago. Each of the executive committee members is responsible for “super committees” with shared interests, i.e. Educational Development will include Continuing Education, Annual conference, fall conference, and Public Education. Rather than each division, region, or special interest group offering their own workshops they will have a “point person” on GPA’s CE committee. This will mean that workshops and continuing education offerings will be coordinated. No longer will we be competing against ourselves. We will be able to offer a richer CE calendar that is better coordinated. Each represented group can develop ideas for offerings. There should no longer be competition for dates or space. “Cross pollination” between groups with similar interests becomes an integral part of this process as well.

Representatives from these various groups sitting on the Financial Committee will assist with the financial planning of the entire organization with an eye on their group’s line items in the budget. And because recruitment of new members is vital to the growth of our organization representatives on the Membership Development SIG can work together to welcome new members and begin to develop a leadership pipeline in GPA.

By integrating the governance and administration of these various entities with GPA as a whole they will have more time to focus on the actual benefits they want to offer their members. All in all this will be a slow, evolving process. The Division and Regional leadership will be discussing their ongoing relationship with GPA and preparing for our next summit meeting in Macon this coming January. There are still many decisions to be made and plans to develop.

Feel free to call our Executive Director, Clark Thomas, or me if you have any questions or concerns about where we are headed. More importantly, consider volunteering to help your division, region or special interest group. There are so many committees that could benefit from your participation and experience. I look forward to hearing from you.

If you’re interested in joining GPA’s Public Education listserv, contact Cyd Wise, cydwise@gapsychology.org
Hello to all. This is the second meeting of my fourth year serving you on Council. As always it was a rewarding experience.

Dr. Alan Kazdin, the current President of APA, presided over the meeting. His initiatives for the year consisted of the following:

1. **Interpersonal violence and relationships.** There was a summit on violence and abuse in relationships, held February 28-29, 2008 in Bethesda, MD. The purpose of the summit was to create a forum for researchers, practitioners, advocates and policy makers to engage in dialogue about violence and its prevention and treatment. Nineteen divisions and external organizations were involved. A two volume book will be generated of the proceedings of the summit.

2. **Psychological Science’s Contributions to the Great Challenges of Society.** The goal of this initiative was to draw on psychological science to contribute to a deeper understanding of and offer solutions for key challenges facing society, such as health, utilization of natural resources, aging, crime, education, discrimination, international relations, business productivity, interpersonal relationships, and poverty.

3. **Posttraumatic Stress Disorder and Trauma in Children and Adolescents.** The task force identified psychological science’s understanding of and contributions to the amelioration of PTSD and trauma; summarized the current state of knowledge; and made recommendations for parents/caregivers, healthcare providers, policymakers, and government agencies to help children and their families.

Dr. Norman Anderson, CEO, presented an update of APA.

At the February 2008 Council of Representatives meeting, Council voted to have and maintain a surplus budget. We have been working hard to maintain that goal, despite the fact that we have other important goals to meet, such as funding of the Future of Psychology Task Force and the web site redesign.

The Strategic Planning Advisory Group remains active, working with consultants. We have adopted a new mission statement and vision.

APA is in the process of recruiting for a Chief Diversity and Inclusion Officer. The person will provide intellectual guidance. There will be best practices, comprehensive framework, and will revise, refine and expand the Diversity plan.

APA has received an award for “The Office Building of the year in Washington DC.” They won in the category of corporate facility. They also won the award: CIO 100 for PsycNET Technology: The web design is almost complete and should be unveiled fully in January 2009.

The Chief Financial Officer Report:

The Net Assets are made of Long-term investments, Real Estate, and Operating Budget. The 750 First Street Building has $70 million of equity, while the 10 G Street building has $55 million in equity.

As of 12-07, the total Assets totaled $235 million, while the liabilities totaled $188 million. The Web Re-launch is estimated to cost $7.4 million.

2008 Overview: For this year’s end a 1.3 million dollar deficit is estimated. There is a shortfall of member dues of 3% and a decrease in Publication Manual sales. The revenues total $110,119,000 and the expenses total $111,057,000. The Publication Revenue makes up 68% of the revenue and the dues provide 14% of the income. There will be a dues increase, consistent with the Consumer Price Index of $8.00.

Agenda Items:

- Council approved a new Mission Statement!!!!

  “The mission of the APA is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people’s lives.”

- Council voted to provide support for the 2009 Presidential Task Force on the Future of Psychology Practice, which will address the challenges facing practitioners. APA’s support provides the allocation of $50,000 with an additional $25,000 of matching funds to help support this summit planned for May 2009. The members of the task force include: Drs. James H. Bray (President and Co-Chair), Carol Goodheart (Co-Chair), Paul Craig (Co-Chair), Robert Greson, Gary Hawley, Margaret Heldring, Tammy Hughes, Jennifer Kelly, Jana Martin, Susan H. McDaniel, Thomas McNeese, Emil Rodolfá, and Sandra Shullman. These Task Force members represent
the broad spectrum of practice issues. Dr. Bray has indicated that he has raised the $25,000 to have the matching funds. The planning is going well and moving forward. It was stressed that the Task Force is committed to diversity being represented in the summit.

- The issue of providing dues credit to State, Provincial and Territorial Psychological Association members was again revisited. It was postponed again, waiting to receive information on financial implications, etc. The latest information received did not provide the necessary information to make an informed decision regarding dues reduction for joint membership in APA and SPTAs. The specifics of the information requested will be presented at the 2009 winter meeting.

- Council voted to pass the motion to support for Creation of APA Accomplishment Reports. It is a pilot test and is an initiative from the Membership Board. It allocates $60,000 from next year’s budget to disseminate a report to the membership of APA, providing information on accomplishments. This is felt to enhance communication with the membership.

- Council adopted the revised Principles for the Recognition of Proficiencies in Professional Psychology. The principles were updated to reflect current APA policy with the addition of language to evaluate the concept of “proficiencies” in psychology. Council requested that the Committee (CRSPPP) engage in further study of the role, purpose and function of proficiencies in the taxonomy of psychology, building on the work of the Board of Directors Taxonomy Task Force, providing updates.

- Council voted to approve the CRSPPP Recommendation for the following: Renewal of Recognition of Psychological Treatment of Alcohol and Other Psychoactive Substance Disorders as a Proficiency in Professional Psychology, Extension of Recognition of Psychopharmacology as a Proficiency in Professional Psychology for one year, Renewal of Recognition of Forensic Psychology as a Specialty in Professional Psychology, and the Extension of Recognition of Behavioral Psychology as a Specialty in Professional Psychology, for one year, to allow for an adequate public comment period.

- Council voted to approve the document, “Criteria for the Evaluation of Quality Improvement Programs and the Use of Quality Improvement Data”. This is an important document as it brings together guidance on the scientific criteria for evaluating Quality Improvement programs in managed behavioral healthcare organizations. It includes guidance on the outcomes and assessment instruments, as well as the analysis of the data produced, the interpretation and application of the data and other relevant concepts for use in advocacy and consultation to these groups. Council voted to receive the following reports:

  - Report of the Task Force on Evidence Based Practice with Children and Adolescents*. This extends the APA definition of EBP to an evaluation of the evidence for treatment issues with children. This report can be found at: http://www.apa.org/pi/cyf/evidence.html

  - Report of the Task Force on Resilience and Strength in Black Children and Adolescents. This report reflects the development of resilience and strengths in this population. It can be found at: http://www.apa.org/pi/cyf/resilience.html

  - Report of the Task Force on Mental Health and Abortion. This report is described as a model of professional objectivity and rigorous analysis of existing data. It has not been posted on the APA website yet, and likely will get much press attention.

  - Report of the BEA Task Force on Strengthening the Teaching and Learning of Undergraduate Psychological Science.

  - Final Report of the Task Force on Recommending Changes to the APA Convention That Would Appeal to Scientists. This reflects concerns that the format of APA convention presentations are not conducive to in depth discussion of scientific issues and makes recommendations for different formats to present work at APA Conventions that are more appealing to scientists.

  - The report on the Task Force on Gender Identity and Gender Variance, and Council passed the Resolution on Transgender, Gender Identity and Gender Expression Non-Discrimination. In summary it notes that: “APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies; APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions; APA calls upon psychologists in their professional roles to provide appropriate and nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals; This can be found at: http://www.apa.org/pi/lgbc/

Council included in the budget money to participate in the revision of the Mental Health chapter of the International Classification of Diseases and Related Disorders. The contribution will support the revision through the International Union of Psychological Science (IUPsyS) and will utilize the services of a psychologist consultant expert to work on part of the core revision team in the World Health Organization through the anticipated completion of the ICD revision in 2012.
Council voted to approve the formation of two Journals: *Industrial and Organizational Psychology: Perspectives on Science and Practice* (Division 14) and *Psychological Trauma: Theory, Research and Practice* (Division 56).

There will be an upcoming Ballot issue, which will be mailed around Oct 31. It involves Ethnic Minority Psychological Association Seats on Council. This referendum was defeated in the first ballot; however, the APA Council felt the representation of these organizations were important to APA and decided to send the item back to the membership with an explanation of the importance of a yes vote.

That’s all for now. As you can see we remain quite busy. If you have any questions please contact me.
Psychology Advocacy Efforts Yield Victory in Passage of New Medicare Law

Jennifer F. Kelly, Ph.D. & Peter L. Sheras, Ph.D.
Federal Advocacy Coordinator & APA Practice Organization Government Relations Field Staff

The new Medicare law (Public Law 110-275), the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), was enacted on July 15, 2008. Although the path to passage was far from smooth (requiring an override of a Presidential veto), the result of this legislation is of significant benefit to both psychologists and our patients. Important provisions of the bill include substantial restoration of the 2007 Centers for Medicare and Medicaid Services (CMS) Five-Year Review cuts in reimbursement of psychotherapy codes, a phase-in of coinsurance parity for outpatient mental health services and an 18-month postponement of the 10.6 percent Sustainable Growth Rate (SGR) reimbursement cut.

The restoration provision is a significant and unprecedented victory for psychology. Psychotherapy codes were the only codes that received specific reimbursement increases in MIPPA. The new Medicare law increases payments for psychotherapy by five percent for an 18-month period, from July 1, 2008 through December 31, 2009, to partially offset deep cuts imposed in 2007. Every five years CMS recalibrates reimbursement rates when it reviews certain service codes to determine whether they are overvalued or undervalued. Recalibration is "budget neutral", requiring a decrease in reimbursement rates for all other codes in order to increase payments for undervalued codes. The CMS determination that reimbursement for evaluation and management (E&M) codes needed to be increased starting January 1, 2007 resulted in steep and unfair cuts in payments for psychotherapy services. Due to the way psychologists' services are valued, psychologists were among the hardest hit by the reimbursement reductions.

At the same time, psychologists were prevented from experiencing any of the increases resulting from the five-year review because CMS continues to consider psychologists ineligible for payment for the E&M services they provide within their licensure. The APA Practice Organization (APAPO) has argued at both the regulatory and legislative levels that CMS's prohibition is outdated, since psychologists can and do provide these services now, and antithetical to quality patient care within the Medicare program. Unfortunately, we faced strong pressures in the House and Senate to avoid language that could raise opposition from other provider groups. As a result, we had to compromise this year and drop our request for psychologist eligibility for reimbursement for E&M services. With your help, APAPO will keep up the pressure for Congress to make psychologists eligible for E&M payments in 2009.

The APA Practice Organization began asking Congress in 2006 to address the CMS 5-year Review cuts in payments to psychologists, and then continued to push for reversing the cuts after they took effect in 2007. APAPO first secured restoration language in the Children's Health and Medicare Protection Act (CHAMP), which was passed by the House in 2007. All along the way, tireless and persistent grassroots advocacy, led by SPTA and Division Federal Advocacy Coordinators, kept the need to address the five-year review a priority with key members of Congress. Psychologists across America mobilized, sending more than 15,000 messages to Capitol Hill. Here in Georgia we responded to the Action Alerts and our senators and representatives heard our voices. In both 2007 and 2008, psychology leaders attending State Leadership Conferences delivered the restoration message directly to Congressional offices during their Hill visits. The cumulative impact of psychology’s efforts ensured that restoration language was included every time the House and Senate voted on Medicare legislation in 2008 – throughout all five votes. In a dramatic culmination of this tireless advocacy, the House and Senate voted to override a Presidential veto to enact MIPPA with the restoration provision intact.

An important provision in MIPPA directly affecting psychologists is the postponement of the 10.6 percent SGR reimbursement cut scheduled to take effect July 1, 2008. The new Medicare law postpones this cut for an additional 18 months and provides a 1.1 percent payment update for 2009. This key provision resulted from an intense lobbying effort by a large coalition of provider associations, including APAPO, the AMA and many others.

MIPPA contains yet another provision of major significance for psychologists and patients: “Elimination of discriminatory copayment rates for Medicare outpatient mental health services.” This parity provision articulates the phase-out of Medicare’s higher copays for outpatient mental health services, bringing them in line with copays for outpatient physical health care services. Since its inception in 1965, Medicare has required a 50 percent copay for outpatient mental health services, compared to 20 percent for other health care services. A phase-in to coinsurance parity for outpatient mental health services begins with 45 percent coinsurance in January 2010, dropping annually to 20 percent coinsurance in January 2014. According to an Administration on Aging 2001 report, it is estimated that only half of older adults with mental health problems receive treatment. MIPPA represents a major step toward full mental health parity and will go far in addressing current Medicare cost barriers for seniors needing mental health treatment. The APAPO, a founding member of the Medicare Mental Health Equity Coalition,

Continued on page 18
510-8-.02 Types of Continuing Education.

(1) Successful completion of the board examination of the American Board of Professional Psychology will satisfy all continuing education requirements in the biennium during which the examination is passed. Documentation from ABPP must be submitted to the Board.

(2) Continuing Education requirements may also be met through hours acquired in the following:

(a) Professional Ethics. A licensed psychologist must complete a minimum of three clock hours in professional ethics to renew his/her license each biennium. These hours must be earned through Areas I, II, III, or IV. The main focus of the program must be on the ethical principles involved. Hours concerned exclusively with legal, legislative, or malpractice issues will not fulfill the ethics requirement. Documentation must include date, title, location, sponsoring agency and hours. A psychologist who serves as a peer reviewer, the completion of which is acknowledged by the Board, for an alleged violation of the law or rules will also meet the three-hour ethics requirement for the current biennium if the review is submitted as a written report to the Board. A psychologist who serves on a subcommittee of the Board for oral examinations will also meet the three-hour ethics requirement for the current biennium. A psychologist who serves as a member of the Ethics committee for the Georgia Psychological Association or as a Board member of the State Board of Examiners of Psychologists during the biennium will also meet the three-hour ethics requirement.

(b) Psychopharmacology. A licensed psychologist must complete a minimum of three hours in the area of Clinical Psychopharmacology to renew his/her license each biennium. I-O psychologists or Consulting psychologists who are not otherwise engaged in a health service practice are exempt from this requirement. Documentation must include date, title, location, sponsoring agency and hours. These hours must be earned through Areas I, II, III, or IV.

(c) Cultural Diversity. All first time renewals must complete a minimum of three hours in the area of Cultural Diversity. Cultural Diversity courses will deal with issues that arise due to the differences between racial groups, gender, age, religions, lifestyles, beliefs, physical capabilities, ethnicity, socio-economic, and subcultures. Documentation must include date, title, location, sponsoring agency and hours. These hours must be earned through Areas I, II, III, or IV. This requirement may be satisfied by documentation on the graduate transcript of a specific course taken in cultural diversity while in graduate school.

(d) Area I-Academic Courses and Professional Supervision. This includes seminars and approved courses given by recognized universities, hospitals, and training institutions. It does not include courses the licensee teaches (see Area V). It may also include other courses of study, which follow the academic model, (i.e. continuity of subject matter, regularly scheduled attendance, and collateral readings). “Grand Rounds” in a hospital or professional school will qualify if there is continuity of subject matter on a single coherent topic over a series of dates, with a minimum of ten hours and collateral readings. A structured program of supervision will qualify if there are regularly scheduled supervision sessions (minimum of ten hours) and collateral readings. Document supervision with a list of dates attended, course description, location, and number of hours. If supervision credit is requested, a descriptive letter from the supervisor must be submitted. Each instructional or supervision hour qualifies for one hour of CE credit. A maximum of 20 hours is allowed in Area I biennially.

(e) Area II-Conventions. This area includes national, international, regional, and state associations of psychologists’ annual meetings that are attended in person. Documentation must include date, convention title, location, and hours. If other than a psychological convention is attended for credit, documentation must include a memo indicating relevance to one’s professional interests. This area includes use of audiotapes, videotapes, books, and journals. Credit is also given for conducting a workshop or academic course for the first time, and for preparation of articles for publication for the first time. Documentation is by a memo that justifies the credit claimed. Each hour of self-instructional activity qualifies for one (1) hour of CE credit. A maximum of 10 hours is allowed in Area V biennially.

(f) Area III-Workshops and Institutes. This area includes workshops at conventions, hospitals, and training institutions. These must last a minimum of three hours, be attended in person, cover a professional issue or topic, and be made available to the psychological community in general. A “Grand Rounds” series shorter than that included under Area I will qualify if there is one professional issue or topic covered for a minimum of three hours in a continuous sequence of conferences. Each workshop hour qualifies for one hour of CE credit. Documentation must include an official certificate of attendance issued by the CE presenter/sponsoring organization and include date, title, location, and hours. A maximum of 20 hours is allowed in Area III biennially.

(g) Area IV-APA or GPA Approved Continuing Education Programs. A certificate of attendance provided by APA or GPA must be submitted to document dates attended, title, location, approving organization, and number of hours. Each instructional hour qualifies for one hour of CE credit. These programs must be attended in person. Documentation must include an official certificate of attendance issued by the CE presenter/sponsoring organization and include date, title, location, and hours. A maximum of 20 hours is allowed in Area IV biennially.

(h) Area V-Self Instructional Activity. This is a broadly defined area intended to accommodate any self-development activities, which are relevant to one’s professional interests. This area includes use of audiotapes, videotapes, books, and journals. Credit is also given for conducting a workshop or academic course for the first time, and for preparation of articles for publication for the first time. Documentation is by a memo that justifies the credit claimed. Each hour of self-instructional activity qualifies for one (1) hour of CE credit. A maximum of 10 hours is allowed in Area V biennially.

(i) On line Continuing Education. On line instruction qualifies as CE credit only under Area V.

GPA Invited Workshops

The following workshops will be held at GPA (2200 Century Parkway, Suite 660, Atlanta, GA 30345), except the Risk Management workshop. If you have any questions, please contact: Cyd Wise, 404-634-6272, ext. 208 or cydwise@gapsychology.org unless otherwise noted.

To register, go to: www.gapsychology.org and click on “Workshop Registration” (http://www.aacro.com/gpa/WorkShops/).

Following are registration fees for GPA workshops. Pricing for Division F & Risk Management is listed with workshop information below. You may register for ANY of the following workshops on the form in this magazine OR you may go to: http://www.gapsychology.org and click on Workshop Registration at the top of the page.

Benefit from Early Registration for Invited Workshops (below): GPA workshop early registration fee (up to 5:00 pm the day prior to the workshop): $60 for members / $120 for non-members $20 for Student members / $40 for Student non-members.

The on-site registration fees apply (any time after 5:00 pm the day prior to the workshop): $80 for members / $140 for non-members $40 for Student members / $60 for Student non-members.

1 Exploring the Infertility Journey: A Clinician’s Guide to Mental, Emotional and Medical Aspects of Infertility
Date: October 10, 2008, 9:00 am-12:00 pm.
Presenter: M. Coleman Allen, Ph.D. & Andre Denis, Ph.D.
CE: 3 Hours
Program Description: Infertility is both a medical condition and a personal crisis, often affecting all aspects of a person’s life. This workshop will cover medical, emotional and mental health aspects of infertility. The goal of this workshop is to build the mental health clinician’s general knowledge and skill-set in working with clients struggling with infertility. Presenters will discuss patients’ needs from both the medical and mental health standpoint as well as options for treatment. The workshop also will cover specialized counseling needs in the area of third party reproduction and adoption.

2 Narratives and Well-Being in Developmental and Social Contexts
Presenter: Robyn Fivush, Ph.D.
Date: October 10, 2008, 1:00-4:00 pm
CE: 3 Hours
Program Description: The presenter will discuss research examining the role of narratives in making sense of our experiences and ourselves. The presenter will discuss: 1) relations between the content and structure of narratives of stressful and traumatic events and resilience, well-being and...
self-concept in adults; 2) the ways in which parents may facilitate more coherent and emotionally regulated narratives of stressful events with their children and how this relates to child well-being and self-concept; and 3) gender differences in autobiographical narratives.

3 Deep Brain Stimulation for Treatment-Resistant Depression: Background, Effectiveness and Psychological Issues (Psychopharmacology C.E.)
Presenter: Helen S. Mayberg, M.D.
Date: October 17, 2008, 9:00 am-12:00 pm
CE: 3 Hours Psychopharmacology
Presenter: Dr. Helen Mayberg is Professor, Psychiatry and Neurology Emory University School of Medicine.

4 Walking in Each Others’ Shoes: Race Conflict in Doctor-Patient Relationships (Diversity C.E.)
Sponsored by Division F
Presenter: Dawn Swaby-Ellis, M.D.
Date: October 17, 2008, 1:00-4:00 pm
CE: 3 Hours Diversity
Registration Fees: Division F Member: $60; Non-Division F (GPA) Member: $90; Non-GPA Member: $120

5 Pathways of Prescribing: Insights into How Medication Choices are Made for Psychiatric Disorders Across the Lifespan (Psychopharmacology C.E.)
Presenter: Brian Thomas, M.D.
Date: October 24, 2008, 9:00 am-12:00 pm
CE: 3 Hours Psychopharmacology
Program Description: Participants will learn rationale for medication regimens from a psychiatrists perspective. Focus will be on depression, anxiety disorder, and ADHD. Will cover child, adolescent, and adult age range.
Presenter: Dr. Brian Thomas is a child, adolescent, and adult psychiatrist in private practice with clinical experience in areas to be discussed. He is also Assistant Clinical Professor of Psychiatry at Emory.

6 Spoiled Children/Anxious Parents
Presenter: Ted Ayllon, Ph.D.
Date: October 24, 2008, 1:00-4:00 pm
CE: 3 Hours
Program Description: The typical presented efforts to deal with problematic behavior have unintended consequences that promote negative patterns of behavior. The behavioral systems approach views problematic behavior as a child’s choice to deal with and control his social environment clinical cases will illustrate alternative parental interactions that enable a child to make better choices.
Presenter: Dr. Ayllon is a licensed psychologist in Georgia and maintains a private practice in Atlanta. He is professor Emeritus of Psychology at Georgia State University where he taught in the Graduate Program of Clinical Psychology. The topic is part of a book in progress.

7 Ethical Decision Making and Risk Management in Clinical Practice: Sequence III (Ethics C.E.)
15% Discount for psychologists insured through the Trust-sponsored Professional Liability Program
Presenter: Jeffrey N. Younggren, Ph.D., ABPP
Date: October 31, 2008, 9:00-12:00 pm, 1:30-4:30 pm
CE: 6 Hours Ethics
Location: Marriott Century Center Hotel, 2000 Century Boulevard, NE Atlanta, GA 30345
Registration Fees: GPA Member: $120; Non-GPA Member: $240

8 The Role of Spirituality in the Lives of Therapists and Their Patients
Presenter: Andrew Gothard, Psy.D.
Date: November 7, 2008, 9:00 am-12:00 pm
CE: 3 Hours
Program Description: Spirit and Spirituality are basic component of the human experience that few individuals deny, but the definitions of these constructs are many and infinitely diverse. This workshop will assist therapists in exploring their personal beliefs, with the goal of learning how to utilize practical and concrete techniques to incorporate spirituality into the therapeutic setting, in a non-denominational/non-religious fashion, with the ultimate goal of empowering clients to make profound changes in their lives.

9 Clinical Psychopharmacology Update (Psychopharmacology C.E.)
Presenter: Scott N. Bay, M.D.
Date: November 7, 2008, 1:00-4:00 pm
CE: 3 Hours Psychopharmacology
Program Description: This workshop will provide knowledge of psychiatric medications for the treating clinician.

10 Sex and the Net: Understanding and Treating Sexual Compulsion
Presenter: Tracy Talmadge, Ph.D.
Date: November 14, 2008, 1:30-4:30 pm
CE: 3 Hours
Program Description: Sex, like most other behaviors, can be taken to an obsessive and compulsive extreme. The Internet is one of the most common means towards sexual compulsion today with its anonymity, accessibility and affordability. Under these extreme circumstances sexual compulsions are persistent, distressing behavioral and psychological patterns that interfere with daily functioning and wellbeing. This out of control sexual behavior often leads to relational distress, negatively impacting one’s life and can even lead to legal trouble.
Presenter: Dr. W. Tracy Talmadge is a Licensed Psychologist specializing in individual, marital, and sex therapy. He received his Ph.D. from the University of Georgia in Counseling Psychology and received specialized training in marital therapy during an internship at the University of
Tennessee Counseling Center. He has done psychotherapy since 1996 and is currently in practice with Talmadge & Talmadge, PC. Dr. Talmadge lectures, conducts media interviews, and has published in the areas of assessing and treating sexual problems as well as the psychology of masculinity. He is a member of the American Psychological Association, Georgia Psychological Association, the Society for Sex Therapy and Research, and the American Association of Sexuality Educators, Counselors, and Therapists. He is married and has two children.

11 Integrating Traditional Healing Into Psychotherapy: Clinical and Ethical Implications (Ethics C.E.) Sponsored by Division F
Presenters: Iyajoke Ojelade, LPC & Lynyetta Willis, PhD, M.Ed.
Date: November 21, 2008, 9:00 am-12:00 pm
CE: 3 Hours Ethics
Registration Fees: Division F Member: $60; Non-Division F (GPA) Member: $90; Non-GPA Member: $120

12 Practice Ethics in Multicultural Practice: Identifying, Examining and Responding to the Practitioner’s Subjective Perspectives (Ethics or Diversity C.E.)
Date: November 21, 2008, 1:00-4:00 pm
CE: 3 Hours Ethics or Diversity (choose one)
Program Description: This experiential workshop will go beyond discussion of Ethics Codes to help the psychologist identify personal worldview, values, beliefs and perspectives that influence ethical decision-making and behavior in practice. The workshop will begin with a brief overview of contemporary Multicultural and Feminist ethical decision-making models, theory and practice. A highly interactive series of individual exercises, group exercises and case analyses will follow to highlight common ethical issues encountered in a multicultural environment.
Presenters: Drs. Betan, Thomas and Zaorski teach the foundational course in Ethics to students in the clinical psychology program at Argosy University Atlanta.

13 Fees in Psychotherapy: Ethics & Issues (Ethics C.E.)
Presenter: Mary Gresham, Ph.D.
Date: December 5, 2008, 9:00 am-12:00 pm
CE: 3 Hours Ethics

14 Autism Spectrum Disorders in Very Young Children
Presenter: Diana L. Robins, Ph.D.
Date: December 5, 2008, 1:00-4:00 pm
CE: 3 Hours Ethics
Program Description: This workshop will review the DSM-IV criteria for Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS), collectively known as autism spectrum disorders (ASD), describe the most common manifestations of these symptoms in very young children, issues to consider in the screening and early diagnosis of ASD, and review the most up-to-date research regarding screening, early diagnosis, and developmental trajectory of toddlers identified with ASD.

15 Ethical Issues in the Treatment of Family Violence (Ethics C.E.)
Presenter: Nadine Kaslow, Ph.D.
Date: December 12, 2008, 9:00 am-12:00 pm
CE: 3 Hours Ethics
Program Description: The workshop will begin with a discussion of both intimate partner violence and child maltreatment. Attention will then be paid to common ethical challenges in the assessment and treatment of both intimate partner violence and child maltreatment. A model for ethical decision-making for families characterized by family violence will be offered. There will be discussion of strategies for applying this model of ethical decision-making to a range of complex and challenging family violence situations commonly encountered in the clinical arena.
Presenter: Nadine J. Kaslow, Ph.D., ABPP is a Professor with tenure, Emory University School of Medicine Department of Psychiatry and Behavioral Sciences; Chief Psychologist, Grady Health System; and Special Assistant to the Provost. She holds a joint appointment in the Departments of Psychology, Pediatrics, and Emergency Medicine, and the Rollins School of Public Health.

16 Helping Children Start Out Right
Presenter: Stephen Nowicki, Ph.D.
Date: December 12, 2008, 1:00-4:00 pm
CE: 3 Hours Ethics
Program Description: A relationship model will be presented and the basics of nonverbal communication given. Tips to assess nonverbal deficits will be described as well as a general intervention to improve nonverbal skill.
Presenter: Stephen Nowicki is a Candler Professor at Emory University who has been involved in the research involving relationships and nonverbal behavior for three decades.

17 Diversity Workshop
Presenter: Rhonda Perry, Ph.D.
Date: December 19, 2008
CE: 3 Hours Diversity
The American Red Cross Disaster Mental Health Needs Your Help

The American Red Cross Disaster Mental Health needs help of licensed psychologists and other mental health professionals. They are very much in need of more volunteers. Currently, three shelters are being staffed - one with almost 300 residents.

The requirements to volunteer are simple. You must have a current unrestricted license and you must sign off for a criminal background check done by the Red Cross. You must join the Red Cross and there are a few required courses that you will be asked to take but can attend them at a later time. You can be put to work now as a local disaster volunteer with just the license and background check. If you are not carrying malpractice insurance, that is not a problem. The American Red Cross carries an umbrella policy that covers licensed professionals.

The salary is nonexistent and the hours are long, frustrations are intermittent, but many have said that “this is the hardest job that you will ever love.”

Please e-mail Jan Zagoria at her e-mail janzagoria@aol.com or Kathy Haworth at khaworth@arcatl.org.

Thanks in advance for anyone who volunteers for this adventure.

Barbara Calhoon, Ph.D. 
GPA DRN Chair

The American Psychologist  Fall/2008  11
Record Retention Requirements for Psychological Records of Children

William F. Doverspike, Ph.D., ABPP

This article is part of a series of articles on the topic of ethical principles in clinical practice. The author provides a discussion of standards that relate to record keeping. The opinions expressed in this article are those of the author and do not reflect any official policy or opinion of the GPA Ethics Committee or the State Board of Examiners of Psychologists. This article is designed to be educational in nature and is not intended to provide legal advice. The reader is encouraged to contact an attorney for legal advice regarding state laws governing professional conduct.

QUESTION: How long should psychological records be kept for child clients?

ANSWER: Section 510-5-.04 (2) of the Georgia Code of Conduct states in part, “Complete records are maintained for a minimum of seven years after the last date of service was rendered. If the client is a minor, the record period is extended until three years after the age of majority.”

Commentary: Because the language is not explicitly stated in this section, this section requires some interpretation. Specifically, there is some need for interpretation of the phrase: “record period is extended until three years after the age of majority.” Within this context, the term “record period” actually means “record retention period” (emphasis added), and the “record retention period” is thus defined as seven years. For minor clients, the record retention period of seven years is extended until three years after the age of majority. The consensus of most clinicians is to use age 18 as the age of majority because this age (18) is consistent with the age of majority as defined in other sections of Georgia law (e.g., §19-7-5). Therefore, for clients who are minors (i.e., below age 18) at the last date of service, the full record must be maintained for at least seven years, or until age 21, whichever retention period is longer.

In its practical application, Section 510-5-.04 (2) creates different retention periods for the records of former child clients, because records of younger children would be required to be retained longer than records of older children. For illustration purposes, Table 1 illustrates the relationship between a former child client’s age at the last date of service and the age until which the records must be maintained for the former child client.

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<thead>
<tr>
<th>Age at last date of service</th>
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<td>17 years old</td>
<td>24 years old</td>
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<tr>
<td>18 years old</td>
<td>25 years old</td>
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</table>

Table 1. Record retention periods for former child clients

HIPAA Regulations. Although HIPAA regulations do not explicitly specify a period of retention for mental health records, the phrase “previous six years” occurs in several places throughout the federal regulations. For this reason, one might logically infer that seven years would be a conservative retention period for a record assuming that there are no disclosures made from the record and that there are no requests for access to the record. Such an interpretation operates under these assumptions (i.e., that there are no disclosures made from the record and that no requests made for access to the record) because the documentation requirements for such requests would themselves have the effect of extending the retention period indefinitely. Implicit in the HIPAA regulations is the assumption that documentation of access and requests for records must continue to be maintained as long as there are “requests for access by patients.” A hypothetical case example illustrates this point: “If the HIPAA compliant provider receives a ‘request for access by patients’ every five years, then it is possible that the designated record set would have to be maintained indefinitely” (Doverspike, 2008, p. 175-176). In other words, it is within the realm of possibilities that under certain circumstances the records would have to be maintained ad infinitum.

Ethical Considerations. From an ethical perspective, the practitioner’s record retention policy should take into consideration client welfare in terms of the greatest degree of the client’s...
access to records. Keep in mind that statutory regulations specify the ethical floor or mandatory requirements that must be met, whereas aspirational ethical principles define the ethical ceiling to which practitioners should strive. Although regulatory boards and ethics committees are primarily concerned about ethical violations that fall below the ethical floor, the wise practitioner stays above the floor by reaching for the ceiling. From a liability risk management perspective, a shorter record retention period creates what is called a period of uncertainty during which it would be difficult for the practitioner to defend a claim that the record should have been maintained (J. Doverspike, personal communication, March 19, 2004).

Recommendation. Remember that the rules of the Georgia Code of Conduct are subject to interpretation by the State Board of Examiners of Psychologists. When cases are adjudicated, the rules are subject to interpretation by a court of law. Consult with your attorney and adopt a record retention policy appropriate for the nature of your practice, your degree of liability risk tolerance, and your ethical consideration of the welfare of your client. Client welfare should take into consideration the length of time and the degree to which you wish to afford former clients access to their records after services have been terminated. A longer retention period affords the benefits of greater client access and a reduced period of uncertainty weighed against the increased business costs of maintaining storage for a longer retention period. In contrast, a minimal retention period affords the benefits of reduced costs of record storage for a shorter record retention period weighed against the increased costs of an increased period of uncertainty and decreased access to client records after services have been terminated. My recommendation is to retain the complete record of a former child client for at least 7 years after the last date of service, or until age 21, whichever period is longer.

References
Greetings to everyone. Most of you are probably into the swing of your fall schedule and are keeping quite busy. Similar to our last update, we wanted to keep all of you abreast of the current events in Division E. Although we are full force into the fall season, we continue to seek leadership positions including Chair-Elect, Secretary, Conference Chair, and GPA Board Representative. The Chair-Elect oversees and guides the events and overall focus for Division E; the Secretary records topics discussed during monthly meetings in order to record brainstorming sessions of events/ideas as well as the initiation and execution of tasks; the Conference Chair plans Division E’s yearly clinically-oriented conference; and the GPA Board Representative acts as a liaison by representing Division E at GPA Executive Board meetings while reporting GPA hot topics to Division E Board members. Please contact Ann McNeer, current chair, if you are interested in serving one of these positions for the current year.

Although this newsletter will be printed following the Fall Conference, we are pleased at this point that we have received a great deal of interest in the conference, entitled Modern Independent Practice: In With the New, Out With the Old. In fact, we have received calls from practitioners in different parts of the country to inquire about the conference, particularly due to the knowledgeable and informative keynote speaker, Dr. Yoseff Ben-Porath. It appears that clinicians nationwide have a keen interest in updating and sharpening their testing practices, for which we are proud to take part and deliver to the community.

In closing and, as always, we welcome your interest in Division E, especially in light of our desire to collaborate with new faces on the board. It really is an exciting time for GPA, overall, as the Division Summit met on July 26, 2008. GPA Board members are currently reviewing the structure of GPA and its relationship with the individual divisions. This translates into the need for fresh, new ideas from all active participants in the divisions. So, that means you can make a difference for your state psychological association in this defining time of structural change. We look forward to hearing from you.
A new year has begun for Division F. We have several new board members, and you can find their names, biographies and positions listed on the Division F webpage of GPA’s website. We continue to ask for Division F members who are willing to work with us on the board, particularly to fill the positions of Public Relations and Treasurer. Division F also has a listserv moderated by GPA, and we encourage you to contact Cyd Wise to sign up to participate in the listserv. It will be the fastest way to provide information to and receive comments from our membership. As always, the Board of Division F welcomes comments and suggestions related to serving the needs of women.

Division F sponsored three workshops this fall. By the time you read this, we will be halfway through our fall schedule. All workshops are open for registration on the GPA website. Please join us!

Friday, September 12, 2008
“Women and Psychopharmacology”
9:00 A.M. until 12:00 P.M.
Presenter: Nzinga Ajbu Harrison, M.D.
Credits: 3 hours Psychopharmacology
Location: Georgia Psychological Association

Friday, October 17, 2008
“Walking in Each Others’ Shoes: Race Conflict in Doctor-Patient Relationships”
1:00 P.M. until 4:00 P.M.
Presenter: E. Dawn Swaby-Ellis, M.D.
Credits: 3 hours Diversity
Location: Georgia Psychological Association

Friday, November 21, 2008
“Integrating Traditional Healing into Psychotherapy: Clinical and Ethical Implications”
9:00 A.M. until 12:00 P.M.
Presenters: Iyajoke Ojelade, LPC, and Lynetta Willis, Ph.D.
Credits: 3 hours Ethics
Location: Georgia Psychological Association
In the 2007-2008 term, we have focused on reviving energy in Division H. In that year, Dr. Faughn Adams chaired our division and Dr. Dianne Hughes served as our representative on the GPA Committee for the Annual Meeting. We also analyzed our needs for increased access to communication networks among members and as a result laid the groundwork for the creation of a Google group for our members.

For 2008-2009, we elected a new chair, Dr. Jennifer Stapel-Wax, and a new chair-elect, Dr. Dianne Hughes. In our first quarter we have already gotten the Google group up and running which will be a great benefit to our members. It is through this group that we can stay in touch with the needs of our members and members can have real and direct input in division decision-making.

We have also begun our series of quarterly Social and Discussion events. Our first event was hosted by Dr. Nancy Gup. It was well attended with much socializing and an excellent discussion about the complexity of gender. If you would like input on our next Social and Discussion event, please join Division H and become part of our Google group. The planning is currently underway.

Finally, in an effort to be more integrated into the workings of the larger organization, Division H is creating liaison positions to various GPA committees. Dr. Virginia Erhardt has volunteered to work with the Continuing Education Committee of GPA. Past Chair Dr. Faughn Adams is working with the Membership Committee. We are still seeking that special volunteer who has an interest in business and finance to work with the Finance Committee. In keeping with last year’s “tradition,” our Chair Dr. Jennifer Stapel-Wax is the representative of Division H serving on the GPA Board of Directors.
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Movie Mania 2008-2009

Movie Mania 2008-2009 is the Emory Psychoanalytic Institute's annual film series. All the movies will be shown on the Emory Campus in 205 White Hall and will begin at 7:30 PM. Following the movie, a discussion will be lead by a psychoanalytically informed speaker. Admission is free, and further information is available at 404-727-5886.

November 14, 2008........ “3:10 to Yuma”..................George Ganaway, M.D.
Department of Psychiatry and Behavioral Science
Emory University

December 5, 2008 .......... “In Treatment” episodes........Laura Westen, Ph.D.
Department of Psychiatry and Behavioral Science
Emory University

January 23, 2009 .......... “Pieces d’identities”.............Michael Janis, Ph.D.
Department of English
Morehouse College

February 6, 2009 .......... “The Virgin Suicides” ..........Sybil Ginsburg, M.D.
Department of Psychiatry and Behavioral Science
Emory University

February 20, 2009 .......... “The Namesake” ...............Bandupriya Vidanagama, M.D.
Department of Psychiatry and Behavioral Science
Emory University
Grady Healthcare

March 6, 2009............. “Ray”....................................Gregory Gray, Ph.D., M.Div.
Dean of the Chapel
Tuskegee University

March 20, 2009............. “The Secret Garden”.............Charles Zapf, M.D.
Department of Psychiatry and Behavioral Science
Emory University

coordinated an on-line advocacy campaign and worked with Senators Olympia Snowe (R-ME) and John Kerry (D-MA) to achieve the inclusion of this provision in MIPPA.

Passage of MIPPA is an extraordinary victory for practicing psychologists and will make a significant difference in both practice reimbursements and seniors' access to psychological services. It is only through the close collaboration among the Washington-based APAPO Government Relations lobbying team, SPTA and Division Federal Advocacy Coordinators, and grassroots psychologists across America that the exceptional successes for psychology were achieved in the new Medicare law. This collaboration will be critical to our success again when Congress returns to Medicare issues in 2009. Working together, we will keep up the fight to halt the next scheduled SGR cuts, extend the psychology restoration and finally provide psychologists with E&M eligibility.
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If you have questions on CE Requirements or want to know which category to list a specific workshop, contact the Georgia Board of Examiner of Psychology (Licensing Board), (478) 207-1672.