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The Georgia Psychologist, the official publication of the Georgia Psychological Association, is published quarterly in the Summer, Fall, Winter and Spring. The Georgia Psychological Association Central Office is located at 1750 Century Circle, Suite 10, Atlanta, Georgia 30345.

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On the Cover: Based on 2006 Annual Meeting theme design, by Patricia McDonald

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Register online for the Annual Meeting at www.gapsychology.org and click on "Conference Details" under Annual Meeting.

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A respected colleague recently observed that psychologists are on the verge of practicing law when they provide peer consultations regarding legal questions. At first glance, my colleague’s comments reminded me of the protests heard three decades ago when psychologists were accused of practicing medicine without a license when they provided psychotherapy in hospitals.

I share my colleague’s concern that many psychologists who request “ethics consultations” are in reality needing legal consultations. In my own experience, the majority of therapists who call to ask a “quick question” usually have a more complex legal question that is the crux of the matter. In fact, when conducting ethics workshops over the past several years, I try to avoid the “quick question” of the hallway consultation because in reality it is often the tip of the iceberg, under which lurks a more complex legal question complicated by clinical dynamics that would baffle even a master psychotherapist (which I am not). At the same time, I can understand why a therapist earning 10 times the minimum wage would be reluctant to consult with a lawyer charging 50 times the minimum wage. Nevertheless, asking a psychologist for free legal advice is probably worse than asking an attorney for free psychotherapy.

In order to become licensed, psychologists are required to demonstrate knowledge of applicable statutory and case law (knowledge competency) as well as proficiency in being able to integrate and apply such knowledge in practice (skill competencies). Georgia psychologists are required to pass the Georgia Jurisprudence Examination (see Paragraph 2(c) of Section 510-2-.01, Application by Examination), covering “current laws, rules and regulations, and general provisions.” The American Psychological Association (APA; 2002) Ethics Code explicitly states, “In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations (p. 1062; emphasis added). An underlying assumption in the APA code is that psychologists understand applicable laws and legal regulations. In fact, the word ‘law’ is explicitly stated approximately 30 times throughout the APA Ethics Code, which itself is incorporated into psychology board rules and regulations in many states—including Georgia.

To know one’s ethical duty, a psychologist must also understand his or her legal duty (Benhke, 2005). A good place to start is by learning the laws and knowing how to integrate them into one’s practice. In other words, know the code. Keep a desk reference of Law & Mental Health Professionals (Remar & Hubert, 1996), and then do your homework. In other words, know which questions to ask when seeking a legal consultation—from an attorney. Get to know an attorney who has specialized knowledge and proficiency in mental health law. If you don’t wish to retain a private attorney, then call the risk management service provided by your professional liability insurance company. In either event, because there are significant differences in the statutory laws and legal precedents (case law) in different states, be sure to get a legal opinion based on the specific laws of the state in which you are practicing. Finally, remember that the most effective and least expensive form of liability insurance is good documentation (Schaffer, 1997, p. 21). In plain English, keep good notes of your consultations, decisions, and actions.

In summary, consult with a colleague when in doubt about a course of action. As Benhke (2005) succinctly states, “Don’t worry alone.” An experienced colleague can often help distinguish the clinical dynamics from the ethical dilemmas of a case. Consulting with a colleague is one of the best ways to achieve a reasonable standard of care. In my opinion, psychologists are not on the verge of practicing law when we discuss legal questions, but we are certainly on the verge of malpractice when we fail to provide a reasonable standard of care to our clients.

Footnotes

1 Notwithstanding the number of psychologists who proclaim, “I don’t accept managed care,” I have consulted with many therapists who have shared their frustrations when working for little or no pay on complex cases that have required legal consultations costing hundreds of dollars per hour.

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FROM THE PRESIDENT

I Encourage All of You to Become More Involved

Carol Drummond, Ph.D.
President

As I write this article, I am still experiencing jet lag from my trip to Washington, D.C. for the APA State Leadership Conference. Our Georgia contingent of twelve members experienced an exciting four days of spending time among the leaders of all the state organizations and the APA staff. I returned exhausted, but energized about our profession, especially our own state organization. As I heard from other state leaders about the initiatives in their states, I was very proud of GPA and all that we do. One of our members overheard someone say, “Listen to the Georgia people, they really make things happen.” Our own Jennifer Kelly was Chair of the Committee of State Leaders, and did a masterful job of organizing the conference. Linda Campbell won the State Leadership Award given by the Committee of State Leaders. She made us proud that she is a Georgia psychologist. Also, Pat Gardner, our Executive Director, was an invited legislative presenter and Betsy Gard, our President-Elect, an invited presenter on Disaster Response.

We visited Capital Hill and the offices of six of our legislators, receiving positive responses from all. Particularly notable to me was our visit to Congressman John Lewis, one of the leaders in the Civil Rights movement. He was very gracious, and pointed out his favorite pictures from his lifetime in politics, including shots of himself and Martin Luther King and the march to Selma.

Throughout the conference, a major theme was continuing involvement of potential new leaders in our state organizations, long a concern of the GPA Board. Personally, my participation in our state organization has been one of the most powerful forces in shaping my professional career. I was fortunate to become involved in GPA as a student through friends and colleagues, and the networking and support have been invaluable to me. Over the past year I have had the opportunity to meet many new friends in other regions and areas of professional interest. We are a diverse group with regard to geographic location, interest, and experience and I think that this offers many opportunities to members.

As an organization, we always need energizing by new leaders. I encourage all of you to become more involved in GPA – be you newly licensed psychologists, retired professionals, or those of you who only pay your dues. GPA needs you and the valuable input that you can offer. Here are my tips in becoming a more active and visible GPA member:

• Volunteer to serve on a committee, such as Annual Meeting, Membership, or Legal and Legislative. This is the best way to connect on an individual basis with other members. Time commitments tend to be less than you would expect, and the relationships forged can be so important. I never realized what I was getting in to when my dear friend Nancy McGarrah called me 6 years ago to ask me to co-chair the Annual Meeting. I immediately agreed, but at the time I never realized that that telephone call started a long journey of GPA involvement.

• Serve as a mentor to a newly licensed psychologist and give back to our wonderful profession. GPA has an organized mentoring program that pairs members with new psychologists that share the same interests. Ellen can provide you with more information.

• Become a political advocate for our profession by going to the Capital, contributing to GAP-ACT, or contacting your state politicians. GPA is involved in many initiatives that allow psychologists to better serve our public and protect our scope of professional practice. I think that is a common misconception that GPA focuses solely on prescriptive privileges in the legislative arena. Over the past few years, we have promoted the protection of Medicaid/Medicare services, helped to pass legislation to provide immunity to psychologists involved in custody evaluations, stepped up to the plate in opposing the ban on same-sex marriages, and become involved in many more issues. Contact Marilyn Vickers for more information about becoming involved.

• Make an effort to get to know our wonderful Central Office staff: Pat, Cyd, Ellen and Samantha. They are closely involved in all GPA activities and can help you find a niche that interests you.

• Attend a Division Board meeting or social function in an area that interests you. To my knowledge, all groups welcome interested members who would like to know more about their activities. Contact the Division Chair for information re meeting dates and times.

• Contact a member of the Executive Committee or Board to learn more about our organization. I personally would be delighted to meet any of you for lunch or coffee to help you become more connected, and promise not to ask you to Chair Annual Meeting!
As the Federal Advocacy Coordinator for Georgia, I am frequently asking for your assistance on issues important to the practice of psychology. Having worked closely with the APA Practice Organization for seven years, I can tell you that there is much more going on “behind the scenes” that you may not hear about. So, I want to take this opportunity to let you know about the work that was done to secure new testing codes along with all of the advocacy efforts following Hurricane Katrina. I look forward to providing similar updates for you in the future.

Testing Codes

Psychologists providing testing services now have a more accurate way to bill as seven new Current Procedural Terminology (CPT®) codes became effective on January 1. Implementation of the codes reflects a change in thinking by the Centers for Medicare and Medicaid Services (CMS), which by awarding work values to the codes is finally acknowledging that psychologists are engaged in professional work when providing psychological and neuropsychological testing services.

These changes are the result of continued advocacy by APA over the past several years. Due to concerns about the level of professional work involved in furnishing testing services, previously CMS only reimbursed psychologists for the estimated costs of practice expense, essentially overhead, and a small amount for malpractice insurance. The psychologist’s time and effort in providing the service went unrecognized.

The professional work values assigned to the new codes will significantly improve the amount paid by Medicare for these services. The previous psychological and neuropsychological testing codes (96100, 96115 and 96117) were all reimbursed at an average hourly rate of $74. Under the 2006 Medicare fee schedule, average payments for outpatient testing services under the new codes will increase from 26% to 69%. For a complete list of the revised codes and their new values go to: http://www.apapractice.org/apo/payments.html#.

Hurricane Relief Efforts

In the weeks and months following Hurricane Katrina, Congress focused its attention on a wide range of proposals to provide relief to hurricane evacuees, including relief for evacuees’ health care needs. In December 2005, the Senate approved a measure to provide a 100% federal match of existing Medicaid plans for those states with evacuees. Significantly, this measure will allow states the option of expanding their Medicaid mental health services while receiving the 100% federal match for up to nine months. This program will enhance opportunities for psychologists in the affected states of Louisiana, Mississippi, and Texas, as well as in other states where evacuees currently reside that do not normally cover outpatient psychologist services in their Medicaid programs.

This critical provision was included in the Budget Reconciliation legislation that passed both the House of Representatives and the Senate in December in the final hours of the Congressional session. Due to amendments made in the Senate, however, the Budget Reconciliation legislation must come before the House for one more vote before final passage; as of this writing a vote is predicted for early February 2006. The Practice Organization is pleased that, in the interim, state-by-state Medicaid waivers are allowing funds to be spent on mental health services not previously covered by the hurricane affected states.

At our urging, S.1716 would have required coverage for a wide range of mental health services as part of the proposed relief, including for example screening, assessment and diagnostic services, psychotherapy, rehabilitation and other therapies, medications prescribed by “health professionals,” inpatient care and other mental health services, as well as alcohol and substance abuse treatment resulting from circumstances related to Katrina, and family counseling for Katrina survivors and for first responders. The Practice Organization particularly appreciated the sponsors’ express recognition of mental health services as an important part of Disaster Relief Medicaid. This bill stalled in the Senate due to budgetary concerns, however.

The debate in Congress over the need to offer some form of health care relief to the Hurricane victims presented the Practice Organization with a unique opportunity to inform members of Congress about the significant mental health repercussions of major natural disasters and the extensive volunteer relief services that psychologists have been providing “on the ground” to hurricane victims through the Disaster Response Network. In September, APA’s Chief Executive
Officer, Norman Anderson, Ph.D., sent a letter to the Senate, prepared by the Practice Organization, endorsing S.1716. The Practice Organization also developed and distributed widely an informational fact sheet concerning the substantial mental health needs of disaster survivors, highlighting the fact that when natural disasters cause extensive community-wide destruction and disruption — as with Hurricanes Katrina and Rita — 25 to 30% of the survivors are likely to develop anxiety disorders, including post traumatic stress disorder (PTSD), depression and other clinically significant problems. The fact sheet is available at: http://www.apapractice.org/apo/pracorg/legislative/HurricaneImpact.html The Substance Abuse and Mental Health Services Administration (SAMHSA) recently confirmed these statistics, and is now projecting that up to 500,000 people may be in need of professional assistance as a result of the hurricanes. The SAMHSA news release is available at: http://www.samhsa.gov/news/newsreleases/051207_hurricane.htm

This information has been very favorably received by Senator Trent Lott (R-MS), who suffered the personal loss of his home, and other key Members of Congress, and continues to be requested by other offices on Capitol Hill.

### APA Council of Representatives Report — February 2006

Jennifer F. Kelly, Ph.D.
*APA Council Representative*

This is the beginning of my third year as your representative to the American Psychological Association. After two years I continue to remain enthused and intrigued by the council process. I appreciate the opportunity to be able to represent you. We have had some very important, and sometimes emotionally charged, discussions about agenda items. I feel good to have been a part of the process.

Ron Levant presented the Past President’s report. He had four initiatives and feels good about the way they progressed. The initiatives included the following: Making Psychology a Household Word, Public Education, Health Care for the Whole Person, Task Force on Enhancing Diversity, and Evidence-Based Practice. Three major events during his term that were addressed included psychologists’ response to the Tsunami Disaster, Hurricanes Katrina and Rita Disasters, and the PENS Task Force.

CEO Report: APA has done well financially, with the greatest surplus in APA history. The buildings continue to do well, the publications are a success, and our stocks are doing well. The two buildings are almost fully leased, and provide income for APA. Salaries and benefits are up. We approved the 2006 budget, which includes an $8.00 cost of living due increase, full funding for academic enhancement, full funding for the Public Education Campaign, and full funding for Public Communications NPR Campaign for APA Psychology. Because of the surplus, they awarded the staff bonuses. Dr. Gwendolyn Keita has been appointed as the new Executive Director for Public Interest and Mr. Dan Horsey has been hired as Chief Information Officer, which is a new position. He comes with 20 years of professional experience.

There was focus on New Orleans because of anxieties many have expressed about holding the annual convention there. Health and Safety: Reports have shown that New Orleans is environmentally healthy and safe for the visitors; that includes reports regarding the ozone, particle pollution, and mold levels. The main area most affected is the lower 9th ward, and it still remains a problem. However, we will not be meeting there. It is felt that transportation (air travel and local transportation) will not be a problem. Ninety-five percent of the hotel rooms are operational and it is expected that all the area hotels we have contracted with will be operational at the time of Convention. In regard to the Convention Center: all the space APA contracted for will be available for the meeting. Restaurants in the French Quarters and the Central Business District will be open. There will also be adequate access to health care facilities in case of an emergency. In summary, it is safe to hold the annual convention in New Orleans. There will be ways that APA can help with the New Orleans rebirth, such as having a Habitat for Humanity day.

President Gerald Koocher presented his initiatives: Psychology: Building Stronger Families; Diversity in Psychology; Mentoring Initiative, and Early Career Support Initiative (improving access to loan forgiveness programs). I currently serve on the task force of the latter initiative. There will be information related to access to the program at the following website: http://www.apa.org/ppg/funding/atoz.html. There was an Expert Summit of Immigration held in February, which was successful.

Council passed a very important item. Council voted to adopt the following statement as APA policy: “The American Psychological Association affirms the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

The American Psychological Association recommends that for admission to licensure applicants demonstrate that they have completed a sequential, organized, supervised professional experience equivalent to two years of full-time training that can be completed prior or subsequent to the granting of the doctoral degree. For applicants prepared for practice in the health services domain of psychology, one of those two years of supervised professional experience shall be a predoctoral internship.

[Continued next page]
The American Psychological Association affirms that postdoctoral education and training remains an important part of the continuing professional development and credentialing process for professional psychologists. Postdoctoral education and training is a foundation for practice improvement, advanced competence, and inter-jurisdictional mobility.

In adopting the preceding policy statements, the Council supports further development of competency goals and assessment methods in the professional education and training of psychologists.”

Now we will work with the various jurisdictions to facilitate implementation of this policy into practice. CAPP has announced that they have grant money available to pursue this sequencing in licensure change.

There was a report of the American Psychological Association Presidential Task Force on Psychological Ethics and National Security, or the PENS Task Force. This charge was under the Ethics Committee. There have been numerous distortions in the media regarding psychologists’ role in interrogations. We have attempted to clarify APA’s position on the issue. The important aspect of the report is that: “Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment. Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities. Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual’s medical record to the detriment of the individual’s safety and well-being. Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights.” The entire report may be found at http://www.apa.org/releases/PENSTaskForceReportFinal.pdf. Comments may be sent to PENS@apa.org. The question/comment period will be through June 30, 2006.

There was petition for two new divisions: Trauma Psychology and Society for Human- Animal Studies. The Division for Trauma Psychology passed without any difficulty or challenges. The petition to establish a division on Human-Animal was revisited and again posed a challenge as there was much controversy on that issue. There was much concern about the establishment of the division, for various reasons, including concern about the relationship of petitioners of the division with animal activists groups that are not seen as being friendly to animal researchers. Although there seem to be policies put in place by APA as a check and balance, the science council members were still quite hesitant to have that division formed. In support of our science colleagues, Council overwhelmingly voted to not allow the formation of the division of Human-Animal studies. In the future, members who wish to support the formation of a new division can provide either a written signature with address and member number or provide their member number on a member only website created for that purpose.

Council passed the resolution on Drug Abuse Treatment to prevent HIV among Injecting Drug Users in both urban and rural environments. Council adopted the Resolution on Prejudice, Stereotypes, and Discrimination of all its forms. It addresses both interpersonal and institutional discrimination. This builds upon the work that was done after the Task Force on Racism. It will be disseminated widely to APA governance groups, divisions and SPTA’s. It will also be posted on the website. In addition, we voted to support the National Conference on Training in Professional Geropsychology.

Council approved funding for several Task Forces. They include the following:

1) Task Force on Psychopharmacology. This will look at the proficiencies for Psychopharmacology. Two members of the Task Force will be experts in child and adolescent psychopharmacology.

2) Task Force to revise the APA Model Act for state licensure of psychologists.

3) Task Force to look at increasing the number of quantitative psychologists. It was especially noted that the Task Force should pay particular attention to increasing the number of women and ethnic minorities going into the area.

4) Task Force on the Sexualization of Girls.

5) Task Force on Socioeconomic Status.

6) Task Force on Guidelines for Assessment and Treatment of Persons with Disabilities.

7) Task Force on Training Issues in Psychological Testing and Assessment for Graduate Students with Disabilities.

8) Task Force on Gender Identity, Gender Variance, and Intersex Conditions.

9) Task Force on Mental Health and Abortion.

10) APA received the revised report of the Task Force on Mental Disability and the Death Penalty. This revision reflects the input from the American Bar Association and American Psychiatric Association. Council voted to have the four Ethnic Minority Psychological Associations (Asian American Psychological Association, Association of Black Psychologists, National Latino/a Psychological Association, Society of Indian Psychologists) to become observers at the Council meetings. It is felt by most that this would be a good move, to assist with diversity and inclusion.

At the February 2006 Council meeting, Dr. Nadine Kaslow (who represents the Division of Clinical Psychology) was presented with a Presidential Citation for her assistance in finding appropriate predoctoral internship and post doctoral training sites and funding for the residents of Louisiana and Mississippi who were displaced from Hurricane Katrina. They were placed at sites in the United States and Canada.

OK, if you made it to the end you are truly a dedicated member of APA. I appreciate your patience in going through these sometimes tedious details. I also appreciate the opportunity to be able to continue to represent you at APA.
APA 2006 State Leadership Conference
Psychology and Communities
Advancing Health, Building Resilience and Changing Behavior

Cyd Wise
Communications

A delegation of Georgia psychologists recently attended APA’s State Leadership Conference in Washington, DC. The group included: Rep. Pat Gardner (Invited Presenter), Carol Drummond, Ph.D. (GPA President), Betsy Gard, Ph.D. (President-Elect, Disaster Response Network Coordinator), Jennifer Kelly, Ph.D. (Chair, APA Committee of State Leaders, Federal Advocacy Coordinator), Joni Prince, Ph.D. (Business of Practice Network Coordinator) Nancy McGarrah, Ph.D. and Cyd Wise (Public Education Coordinators), Kamieka Gabriel, Ph.D. (Diversity Delegate), Linda Campbell, Ph.D. (President, APA’s Division 31), James Purvis, Ph.D. and John Stuart Currie, Ph.D. Delegates representing various positions from each state were also in attendance.

APAs Conference is an opportunity for networking with peers, continuing education and, as a result, greater appreciation for the efforts of our Association and activities and support of our members.

Following are some of the highlights:

\* Public Education Campaign Coordinators Networking & Orientation Breakfast gave an opportunity to meet with coordinators from across the country and discuss how all are using the Mind/Body Campaign, along with additional public education activities originating from each state. New coordinators attend an orientation breakfast where APA presented a review of campaigns and met with more experienced coordinators from other states.

\* Disaster Response Network (DRN) & Public Education (PEC) Advisory Councils: APA has developed Councils for both DRN and PEC and are comprised of 6-8 members from each group. Council members meet via conference calls and provide input on campaigns and newsletters. PEC Council (Cyd Wise-Georgia) and Disaster Response Network Council members attended an appreciation dinner giving both groups an opportunity to discuss joint projects in each state. Georgia’s DRN and PEC have been closely aligned since APA’s inception of the Warning Sign’s Campaign and the school shootings here in Georgia.

\* Public Education Business Meeting: Nancy McGarrah attended the review on the new grant guidelines, which we will have in hand within the next few months.

\* National Psychologically Health Workplace Award Ceremony was definitely a highlight of the conference. Award winners from participating states were submitted for the National Awards. One of the winners aptly described the ceremony as “the Oscars of Business.”

\* Talking to the Media about the Psychologically Health Workplace Awards — Review of the basics on the most effective way to contact the media, how to pitch a story and what to present.

\* Connecting Psychology with the Community — Community involvement and leadership in public education, politics and service organizations. This presentation highlighted psychologists involved in community outreach. These leaders have learned to think outside the box — to think large. We were proud to have Jennifer Kelly, Ph.D. representing Georgia.

\* Getting out the Prescriptive Authority Message: Using Multi-Media and the Media to Educate Legislators and the Community: The Media likes a story — The Psychological Associations from Indiana and Tennessee have developed DVD’s telling a story about real people and their difficulties receiving treatment/medication. This has been highly successful with the legislators of these states. They have also shown the DVD to psychologists, which has helped to unite the association and raise funds. The DVD’s are backed up with PowerPoint presentations, however, the presenters stressed, the success is in the story.

\* Government Relations — And Congressional Visit Rehearsal: The Honorable Pat Gardner, invited presenter, and a number of other legislators, participated in educating attendees on the issues to present to Congressmen on the Hill visits. There were a number of sessions focusing on legislative issues of interest to psychologists around the country.

\* Beyond Immediate Aid: Bolstering Communities with Psychological Support Following Disaster: Betsy Gard, Ph.D., was among the presenters addressing the community needs created by recent disasters. Betsy Gard reviewed Georgia’s activities following Hurricane Katrina and the latest — Project COPE. Further information on Project COPE in this issue or on www.gapsychology.

The last day of the Conference was spent making Hill visits. The delegation visited Aides for Representatives John Linder, Phil Gingrey, Nathan Deal, Charlie Norwood, Senator Johnny Isakson. Our unexpected surprise was

Continued next page
arriving at Representative John Lewis’s office early to meet with his Aide, Michaeleen Crowell and spending time with the Representative himself.

These are just some of the highlights. Other sessions focused on Presidents, Presidents-Elect, Diversity Delegates, Legislative Advocacy, Best Practice Issues, Volunteerism, Probono Services, and much, much more. The Georgia delegation came home exhausted, energized, and filled with ideas. Some ideas will go by the wayside and some you will be hearing about in the months to come. Stay tuned for more.


Linda F. Campbell, Ph.D. Honored with 2006 State Leadership Award

The following comments from Jennifer Kelly, Ph.D., Chair, APA Committee of State Leaders

The award is given to a person who has exhibited outstanding service to their SPTA, has significant participation in advocacy and legislative efforts, and exhibits national leadership. Dr. Campbell exemplifies exceptional psychological leadership, in her service to the psychological profession through her work with the Georgia Psychological Association, American Psychological Association, and in her career. When considering all she has given to psychology, one is left wondering when she finds time for sleep. It is clear that she has a commitment to the profession of Psychology.

Since becoming a member of GPA, Dr. Campbell has served in many areas, including President of the Association, APA Council Representative, Ethics Committee Chair, Post-doctoral Psychopharmacology Curriculum Committee Co-Chair, Continuing Education Chair, Membership Committee Chair, and Policy and Planning Committee Chair. There are very few members who have served in so many capacities within the association and even fewer who have done so quite effectively and graciously. Generally, after one completes their term as President of GPA, they “retire from service”. It seems that the Presidency for Dr. Campbell was quite the contrary—it served to charge her up. She left the presidency and moved on to become one of the co-founders of the psychopharmacology program between the University Of Georgia School Of Pharmacy and the Georgia State University Brain Sciences. She participated in the development of the psychopharmacology model curriculum. She currently serves as Vice-President of the State Licensure Board (2002-present). In addition to her work with GPA, she has served on numerous Boards and Committees within APA. She has served on the Ethics Committee, including Chair, and now serves on the Board of Education Affairs. She is a past President of Division 29, Division of Psychotherapy and current President of Division 31.

In 2003, Dr. Campbell was granted Full Professor in the Department of Counseling and Human Development Services at The University of Georgia. She has served as the major professor to over 20 students. She had been a mentor to numerous psychologists and has made sure her students joined GPA. She has shown a commitment to diversity within the profession, not only in mentoring students of color in her graduate program, but also in making sure that diversity is a key component in the Divisions she has been active in.

Dr. Campbell has also been a major advocate in promoting the psychological agenda in the state legislature and on the national level. She has been a recipient of the Heiser Award, in recognition of her state advocacy efforts. With all of this, she remains a devoted wife to her husband, Mr. Alan Campbell.
Nadine Kaslow Honored with APA’s Presidential Citation Award

Following is the presentation made by Gerald Koocher, Ph.D., APA President, at the February Council meeting in Washington, D.C.

When Hurricane Katrina struck the Gulf coast last year, our attention became riveted on the terrible toll taken on many citizens. Easily overlooked amid the massive human tragedy, many young psychologists confronted the loss of training sites where they had expected to complete internships or postdoctoral fellowships. Hurricane Katrina disrupted or devastated at least five training programs, resulting in terrible hardship for the patients, faculty, and trainees, at those sites.

Acting in your role as an emerita board member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), you sprang into action reaching out to both trainees and training sites. You located trainees and training directors in the region who had lost their homes and offices; you identified sites for relocation; you lobbied for funds; you coordinated with graduate programs; you talked to worried parents and partners; you provided solace and support. Reliable accounts suggest that you worked with at least 17 predoctoral interns and 5 postdoctoral fellows at 14 different sites throughout the United States and Canada to help rescue their training year. Although many members of the APPIC leadership and many training directors across the country took part in making the intervention a success, your unhesitating and energetic leadership at a time of crisis moved all to action.

In recognition of this outstanding service to our young colleagues and to our profession, the American Psychological Association applauds and acknowledges your efforts with this Presidential Citation.
Project COPE Outreach

Dear GPA Members,

It is known that there are still thousands of hurricane evacuees that are still in Georgia. Over 10,000 children are enrolled in Georgia Public Schools for the academic year 2005-2006. Although the major response work is over, the recovery work the survivors have to complete is a long and often lonely process. We know that many of the survivors experienced harrowing and life threatening events. They will be coping with the memories of those events in the days and weeks ahead. Many of these individuals will have ongoing anxiety, depression, and health related effects from the stress and trauma they have experienced.

To assist the newest residents of our State, we are organizing a network of mental health professionals who are willing to donate mental health services to assist these survivors. We are asking you to join this Network. We would like you to donate 6 hours of pro bono services to a client or family OR take on a client for as long as that client needs services; whichever you feel most comfortable doing. We will refer you a client/family who is referred by an agency working with the survivors. We will try to match the survivor based on location and by the expertise you have that they may need.

We need you and the survivors need you. We hope you will take this opportunity to serve your community, once again, and assist the evacuees who have endured so much. Our services can be of great value. Thank you for all you do.

To receive the Project COPE enrollment form, contact GPA at (404) 634-6272 or visit www.gapsychology.org and click on “Join GPA’s Probono Network.”
Public Education

TV

CNN
Erik Fisher interviewed on topic of Bod Squad: Emotions and Exercise.

Rick Blue talked about Sperm-Banking for Babies: Hope and Reality Check for Single women.

CNN en Español
Angela Londoño-McConnell on the following topics:
- Entendiendo el Trastorno Bipolar (Understanding Bipolar Disorder)
- Perspectivas de discriminación en los esfuerzos de recuperación en New Orleans (Perceptions of Discrimination in New Orleans’ Recovery Efforts)

CWK Network (Connecting With Kids)
The impact of a good relationship with a high school teacher on acting out behaviors.

Tracey Talamdage interviewed on how the media’s portrayal of boys as sloppy and not caring about education can affect how they feel about themselves.

PRINT
Atlanta Journal Constitution
Stephen Mathis, Adolescents dealing with anger and video games
Betsy Gard, Gossip: While gossip can be destructive, can there ever be positive results?
John Stuart Currie, Blackberry Addiction
David Woodsfellow, Ending relationships electronically
Steve Rogers interviewed on dog owners developing websites for their pets.

Atlanta Parent Magazine — Stephen Mathis interviewed on parents dealing with kids and their gameboys.

APA Monitor interviewed Avrum Weiss for an article, The Power of Reaching Out. The article focused on psychologists across the country that are involved in community outreach. Avrum began working with veterans returning from Vietnam and still works with vets today.

The Augusta Chronicle interviewed Cynthia Kahn on the benefits of preschool for Richmond County.

Savannah Morning News
Interviewed Charles Williams on premarital counseling.

Clayton News Daily interviewed Linda Foltz on counseling sex offenders.

COMMUNITY OUTREACH
Judy Wolman
• St. Francis School (parents) — Managing Your Kids and Liking Them Too
• Schenck School (parents) — After Schenck Admission, What Now
• Schenck School (teachers in training with Rosalie Davis) — Understanding Psychoeducational Evaluations
• B’nai Torah Preschool (parents) — Raising A Mensch (good kid) — 1-1/2 hours

CONGRATULATIONS
To Jennifer Kelly on her election to the Board of the Association for the Advancement of Psychology.

Neha Shah on the birth of her son, Avinash (Avi) Narula. He was 6 lb. 14 oz. and 19.5 inches in length. His Dad’s name is Anupam Narula.

Be sure to visit our website www.gapsychology.org

2006 ANNUAL MEETING
Thursday, May 25 – Saturday (noon), May 27
Don’t be left out! To make your hotel reservation at the Hilton Sandestin Beach Golf Resort & Spa, go to www.gapsychology.org and click on “Conference Details…”

If you plan to attend the entire conference, be sure to book your room beginning Wednesday, May 24.
Ten Ethical Pitfalls to Avoid
When Doing Child & Family Forensic Work

Elizabeth Ellis, Ph.D.

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 Georgia State Board of Examiners of Psychologists. This article is intended to be educational in nature and it is not intended to provide legal advice. The reader is encouraged to contact an attorney for legal advice regarding state laws governing professional conduct.

William Doverspike, Ph.D., Editor

If you work with children and families—even if you do only clinical work with children and families—you are bound to be drawn into multiple ethical dilemmas when the parents of those children are involved in protracted disputes over visitation and custodial issues. These cases are potential minefields of ethical dilemmas. Buchanan (2006) made a very salient point in his recent workshop at the GPA Division E Midwinter Conference: the APA ethics code was designed for the traditional model in which the psychologist is rendering treatment, and only treatment, for one adult. It has not caught up with the realities of providing a multitude of services to families involved in divorce conflict.

These cases are vastly more challenging ethically for the following reasons: (1) You are often working with multiple members of a family in some capacity. (2) Those family members do not live together and they do not have a common agenda. In fact, they have an adversarial relationship with one another. (3) These family members are likely to make requests for multiple types of services that represent a blend of clinical, forensic, and consultative roles. (4) These family members are litigating, they are represented by attorneys, and they will use the court to maneuver you into getting what they want. (5) Ultimately you may be governed by the laws of the state and by the court—an arena that is foreign to us—and not by your ethics code.

Thus, much of the time the psychologist is attempting to make rational and ethical decisions, while under the scrutiny, as well as the demands of, the child-patient, the mother, the father, the guardian, the two attorneys, the court, and the licensing board. Given the levels of conflict involved between the parties, and their desire for you to be allied with them against the others, some individual is likely to claim he or she has been harmed by your actions. Here are the top 10 scenarios:

(1) Child wishes to have records kept confidential. You are seeing a child or adolescent for treatment. The parents have joint legal custody and are involved in a custody dispute. One parent wants copies of your records, specifically to use as a weapon against the other parent in court. That parent asserts his or her right to the records under law, as the joint legal custodian of the child or adolescent. However, your patient, the child or adolescent, has asked you to shield the records and not release them and has given good reason for his or her concerns. The other parent, acting as the child’s representative, and concerned that the records may be used against them, has forbidden you to release them.

Dilemma: Legally the parent does have a right to the records. You may have to turn them over. However, you are also bound by a duty to honor your patient’s request, even if he/she is a minor. See the Ethics Code of the APA:

Principle E: Respect for People’s Rights and Dignity. Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, conﬁdentiality, and self determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making.

Principle 3.10, section (b): For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual’s assent, (3) consider such persons’ preferences and best interests…

Best Practice: The ethics code specifies that when your ethical obligations collide with the law, you attempt to seek a compromise. You might offer a compromise to the two attorneys, e.g., have the adolescent review the record and black out the section which he/she feels would be most damaging. You might also turn the record over to the guardian ad litem and ask the guardian to contact the attorneys and work out a compromise. If you are in court, or if litigation is pending, you might ask the judge to consider the matter and issue a ruling. Sometimes the judge will review the records “in camera” (in chambers) and decide whether they should be released. Consider this the APA standard:

Section 1.02. Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve conflict.

(2) Taking on the “abuse validator” role. A mother brings a child or children to see you “for counseling.” The parents have just separated and the mother has filed for divorce, alleging the children have been “abused” by the father or alleging that the father is somehow mentally unstable or neglectful. She has asked that you not involve the father in their treatment as it would be “too traumatic” for the children. She is clear that she is not asking you to be involved in a court proceeding but simply to provide treatment. After you have seen this same parent and children a few times, this parent asks you to write a letter or a report stating that the children are too traumatized to see their father.
Dilemma: In any treatment scenario with children, it is wise to involve both parents, even if it is by phone to the parent in another state. A request to not contact another parent should be viewed as a strategic maneuver to procure your influence in a custody proceeding. Writing a letter in this case is a slippery slope. You have not interviewed the other parent, nor his family and friends, nor looked at his documents, to obtain the other side of the story. Emotions are running high at the time of a marital separation and each parent’s perspective is likely to be very distorted. Do you want to write a letter based on such limited and biased information?

Best Practice: Make it clear from the outset that you would like to interview the other parent to obtain history and stay in touch with that parent to provide feedback. Make it clear that you cannot provide treatment to the child while totally excluding the other parent. Some clinicians ask the parent who is requiring treatment while in the midst of a divorce proceeding to sign an agreement stating they will not subpoena the clinician to consult with their attorney, submit a letter to the court, or attend a judicial hearing. If you feel you have sufficient evidence that the children may be at risk with the other parent, write the letter, but be careful to indicate that your information is very limited, and why it is limited. Do not make a recommendation as to a visitation and/or custodial arrangement. Simply write about your observations of the children and their self-report to you. For a full explication of the separation between therapeutic and forensic roles, see Greenberg and Shuman (1997).

(3) Custody evaluator steps outside his/her role. If you do custody evaluations, you are aware that in the course of spending 20 or more hours with a family, you learn a great deal about them. The parents may feel a special attachment to you, or feel that you understand them and can help them. They will ask for feedback about how they are doing and for parenting advice. They may ask you what you think about settlement offers. At the conclusion of the evaluation, they may ask you to be the family therapist or coparenting counselor.

Dilemma: It is tempting to veer outside your role and into related roles such as advisor, mediator, and coparenting coordinator. There are so many specialized mental health professionals involved in these cases that it is easy to rationalize the cost savings to the family that might come from your wearing many hats. Beware the pitfalls. If you put the evaluation on hold while you try to help the parents reach a settlement, what will you do if the mediation fails? Do you disclose the results of the attempt at mediation in your final report? Did you let the parents know you would be including those results in your report? Will you return to your evaluator role? What if one parent won’t continue the evaluation because he/she felt you favored the other parent’s position in the mediation effort? See Gorman (2004) for a fuller treatment of this problem with case examples.

Best Practice: Keep your boundaries clear. Stay in your role as the neutral evaluator/investigator. Allow the different experts to play their part in sequential order. Persuade the parents to finish the evaluation, review the results with their attorneys, and then consider whether they want to sit down with a mediator to work out a settlement. If that fails, the court may, at a later date, order them to meet with a parenting coordinator.

(4) Limited access to collaterals. A father comes in for a parental fitness evaluation. He states he is attempting to defend himself against claims by the mother that he is unfit. He has been unable to get the mother to agree to a full custody evaluation. His attorney has asked you not to contact the mother as this would “tip off” the mother to the lawyer’s case strategy.

Dilemma: The request for an evaluation may be valid in assisting the court to sort out what may be frivolous and spurious allegations. However, the request to not speak to certain people should be a red flag that you are heading into a danger zone.

Best Practice: State from the outset that you will be contacting the other parent in order to learn why they made the allegations they did. Also state that you will be interviewing collateral witnesses suggested by the other parent as well. Make it clear to your client that the client will be billed for these interviews also. If your parent has nothing to hide, then he will raise no objection.

(5) Requests from the non-custodial parent. The parent who has less than 40% physical custody of the child (previously referred to as the “non-custodial” parent, but this is a pejorative term) brings a child to see you for treatment or an evaluation of some kind. He asserts he has joint legal custody and the right to seek treatment for the child. He brings in the divorce decree to back up his statement. You read it and find that the language governing his rights is vague or nonexistent.

Dilemma: This is a tricky situation. Legally, this parent may have the right to take his child to see a professional and not notify the other parent. In reality, if he doesn’t tell the mother, however, she may be angry and threaten you. Make it clear to your client that he is to notify the other parent of the appointment with the child, either just before or just after the appointment. If you do not hear from the primary custodial parent, send them a letter notifying them that you have seen the child. If that parent requests that you not see the child, then don’t.

(6) Parent and child are both patients and you owe a duty to both. The psychologist is providing treatment for a parent going through a difficult divorce. After a few visits the parent asks you to see the child “to see how she is doing with the divorce.” The therapist complies with this seemingly innocuous request. The child tells you in treatment that mother has a drinking problem and has been yelling at her a lot. This statement is documented in your notes. Now the father requests to come and see you about the child and asks to look at your notes. The guardian ad litem would like input from you about the child’s relationship with her mother. The mother’s attorney is asking that you not release information about his client that would be damaging to her.

Dilemma: You cannot serve two masters. Seeing the parent and child in individual therapy, especially while they are
in a divorce proceeding, is a poor idea. The two may have needs that collide with each other. In the above case, I interviewed the therapist and questioned her conduct. I learned that she did not report the mother’s drinking to the court because she owed a certain level of loyalty to the mother who was her patient. The child felt “not listened to” and betrayed by the mother’s therapist. (Maybe take out personal reference since this is the only place you refer to the personal)

Best Practice: Don’t see both parent and child in therapy. Refer one to another therapist.

(7) Requests for fraudulent billing. You see a person or family and provide one of the following services: a custody evaluation (evaluation of both parents, the children, the collateral witnesses, with custodial recommendation); a parental fitness evaluation (you do all of the above except you may have access to only one parent and make no custodial recommendation); oversight of a re-unification plan or of a supervised visitation; divorce coaching (providing consultation and advice to a parent going through a protracted custody dispute); consultation with a 14 year old who is considering exercising her right to a change of custody and wants your advice first.

Your client then asks you to help them out financially by billing the visit to their insurance company.

Dilemma: It is unethical to alter a billing statement in any way for the purpose of getting an insurance company to pay for a service that they would not ordinarily pay for. State law forbids fraudulent billing and considers it a criminal action.

Best Practice: Explain to your client at the outset what is covered by insurance and what is not. Let them know that their insurance company looks at three criteria to determine if a service is covered: (1) There is an identifiable patient who has symptoms that warrant a psychiatric diagnosis, (2) You are rendering a form of treatment to the patient with the goal of reducing those symptoms, (3) The treatment is “medically necessary,” that is, necessary to restore the person to reasonably normal functioning. If your service does not meet these criteria, then it is not going to be covered by insurance.

(8) Marital therapy and the request for testimony. You see a couple for marital therapy. They subsequently file for divorce. One parent asks you to testify in court as to his or her relationship with the children or as to his or her fitness.

Dilemma: By now everyone should know that we cannot ethically see a couple for marital therapy, then go to court (or write a letter) recommending one of the parents for custody of the children. But what if one parent asks you to testify about only themselves? Can you separate out one person’s part of the treatment plan and make no mention of the other parent?

Best Practice: If you saw one parent for 20 sessions of individual therapy, but saw them together only 3 times, you might have some relevant observations to make about the one parent. Even so, you cannot testify as to fitness as you did not conduct an extensive evaluation. You might be able to testify as to the person’s diagnosis, treatment plan, level of improvement, etc. But if you saw them together throughout treatment, it may be impossible to sort out your observations of just the one parent. The two are woven together like threads in a tapestry. It would be better to decline to say anything about the parent.

(9) Does the parent in family therapy have privileged communications? You see a child or adolescent in treatment at the request of one parent, say, the mother. After a few individual visits, you see the child or adolescent with the mother for a few visits of family therapy. After a crisis with the adolescent, the mother comes to see you for one visit to ask for advice in dealing with this child or adolescent. She discloses that she is depressed and can’t get out of bed in the morning and doesn’t know what to do with this child or adolescent.

Treatment is going reasonably well. Then the father, who has joint legal custody, asks for copies of the records—all the records, including the visits where the mother was present. All the visits were recorded as treatment for the child and the father is adamant he is entitled to them. The mother is adamant that she is owed a duty to protect the records of those sessions she attended and demands you not release them.

Dilemma: Who is the patient? Were the mother’s remarks privileged? Was she a patient if you did not open a chart under her name and did not give her informed consent? Either way you turn, one of the parents will be angry at you.

Best Practice: Consult a colleague. Consult the Ethics Committee. Consult attorney Rob Remar. Consult the risk management department of your professional liability insurance company.

(10) Excessive Fees. It is easy to justify to oneself the charging of excessive fees to families who request your services in court cases. The cases are stressful, they require a very high level of expertise, and you must work under a great deal of pressure. They take up a great deal of time. They involve a high volume of phone calls, correspondence, and copying of records, etc. You may have to do outside research on a specific topic, consult with a colleague, or pay an attorney for advice. They carry a high risk of licensing board complaints and malpractice actions. Since there is no set standard of exactly what to do in these evaluations, it is easy to do an excessive amount of testing, and an excessive amount of interviews, and take an excessive length of time to write a report and justify it as “just being thorough.”

Dilemma: All of your actions, including your fees, are subject to intense scrutiny by the court and by the parties in the case. A good attorney will use your excessive billing to damage your reputation and harm your credibility.

Best practice: Do only what is necessary to do a reasonably good job. The rule of thumb is that when doing court-related work, you charge one and a half times the rate you charge for clinical patients. For actual court testimony or depositions, charging double your clinical fee is not out of line. Review the prevailing clinical fees for your geographic

Continued on page 17
the history behind a therapist’s responsibility to third parties has evolved over four phases in the past century: 1) Pre-
Tarasoff (before 1974), when warning foreseeable victims was not a legal duty; 2) Inception (1974-1980), when the
duty to protect other persons from a patient’s potential violent conduct was introduced; 3) Diversification (1980s),
when courts issued various rules defining protective duties; and 4) Substantial Retreat (1990s), when courts began backing
away from the Tarasoff-principle and third party liability. In 2004, however, the California Supreme Court ruling in the case
of Ewing v. Goldstein actually expanded the Tarasoff ruling, perhaps paving the way to a new phase.

The 1974 California Supreme Court decision of the Tarasoff v. Regents of the University of California case held
that when a health care provider determines, or should determine, that a warning is essential to avert
danger rising from the medical or psychological condition of his patient, he incurs a legal obligation to give that
warning. In 1976, the Court went a step further, modifying the “duty to warn” to “duty to protect.” Essentially, the
court said that the provider bears a duty to exercise reasonable care to protect the foreseeable victim of that danger in
various ways, such as issuing a warning to the intended victim or others likely to appraise the victim of danger, notifying
police, securing hospitalization for the patient, increasing the frequency of therapy, involving the targeted victim
in psychotherapy, or referring the patient to a more structured treatment program.

During the 1980s, some courts seemed to expand the Tarasoff ruling. For instance, in Jablonski v. United States
(1983), the court held that specific threats are not the only indicator of foreseeability, but rather that a patient’s
history of violence towards a specific victim or class of victims may be sufficient. In this case, Jablonski was
released from a psychiatric hospital after which he murdered his girlfriend. The Court ruled against the therapist
for failing to obtain previous psychiatric records, which would have established Jablonski’s homicidal ideation against
romantic partners. Other courts, however, seemed to limit the Tarasoff ruling. For instance, in Thompson v. County of Alameda (1980), a juvenile
delinquent stated that if released from custody, he would kill a young child residing in his neighborhood. Though
this threat was, in fact, carried out, the California Supreme Court ruled in favor of the defendant (the county
institution), that in the absence of a readily identifiable foreseeable victim, there was no duty to warn.

During the 1990s, retreat from the Tarasoff ruling became so prevalent that some courts went so far as to
punish therapists who broke the bonds of confidentiality in therapy by trying to protect third parties. For
instance, in Garner v. Stone (1999), a police officer undergoing a fitness-for-duty interview described fantasies
of killing his captain, the police chief, the county commissioner, and eight to 10 other people. The psychologist (Stone) reported the conversation to the officer’s superiors, after which Garner was suspended, demoted, and eventually fired. He then sued Stone for negligence and defamation. A Dekalb County Court found Stone liable and ordered him to pay $287,000 in damages for violating the confidence of a patient.

Ewing v. Goldstein (2004) has added a new level of responsibility for therapists: if a relative of a client (i.e., a
third party) reveals information that the client has made a threat, the therapist must act as if he or she personally heard
the threat. In Ewing, the father of a law enforcement officer informed a clinical social worker that his son made threats
to kill the man who was dating his ex-girlfriend. The officer was voluntarily hospitalized for one day and then
released; he killed the named person within 48 hours. The Court ruled that the source of the information of the
threat is not as important as whether or not the therapist believes the patient is at risk of inflicting harm.

Laws regarding confidentiality versus a therapist’s duty to warn and/or protect vary from state to state and year
to year. Court cases involving such are likely to remain numerous as states wrestle with such issues as HIV (What is
our obligation if an HIV-positive client is having unprotected sex?), disorders with a genetic component (Is there an
obligation to protect unborn children of a mother with schizophrenia?), and internet counseling (How can we
warn third parties if without contact information for a “virtual client?”). There is legal chaos here: As of 2001,
only 22 states had legally codified the therapist’s duty to protect and had outlined the discharge of that duty. In contrast, by 1996, all 50 states had enacted some type of psychotherapist-patient privilege.

To protect oneself, the basic consensus seems to be to err on the side of caution and to document extensively
what you are thinking and why you are thinking it. Consulting with colleagues and with a lawyer who has
extensive knowledge of your state’s laws is also essential. Though most therapists struggle with the idea of
breaching confidentiality, one should keep in mind that the right to life of a third party supersedes the right of the
client to keep trust, as the latter can be regained (albeit with difficulty) and the former cannot.
Financial Reimbursement: Ethical and Legal Considerations

Rebecca Beaton, Ph.D.

For some psychologists, charging a fee for what they do can feel incongruent and superficial. For others, a business is still a business. Whatever the case, learning to manage the financial side of any mental health practice is not only important to avoid collection agencies showing up at your doorstep, it is critical to avoid committing ethical and/or legal violations. Keep in mind, all responsibility for any financial arrangement made between a psychologist and his or her client, for whatever reason, falls upon the psychologist. Furthermore, better business self-care policies actually work toward better client care. When a client is unable to stay current with his or her bill, treatment becomes compromised. As Zuckerman (1997) puts it, “If you allow a client not to pay you, you will both feel rotten” (p. 33).

What Can A Psychologist Charge For?

First and foremost, clients must be informed ahead of time of any services rendered by the psychologist that will incur a charge. Inform clients about your charges prior to ever setting up an appointment to avoid putting the client in the position that he or she feels coerced to at least go through with the appointment that he or she showed up for. Lawyers view this as “undue influence,” and this can easily be avoided. Also, not disclosing charges could inadvertently impose financial hardship or even be perceived as exploitive.

Next, according to Standard 10.01(a) of the American Psychological Association’s (APA) Ethical Principals of Psychologists and Code of Conduct (2002), psychologists must provide the client with an informed consent to treatment form, which addresses all foreseeable charges (e.g., office visits, telephone conversations, consultations, etc.). If the psychologist plans to charge a client for services rendered that have not been previously negotiated (as in the informed consent), it is advised that these terms be detailed in writing, discussed with the client, and written consent from the client be obtained prior to giving the client an invoice. Written consent should include detailed descriptions of possible charges, such as time spent while in depositions with attorneys (regardless of whose attorney), time spent reviewing notes in preparation for testimony, cost incurred for reproducing records, etc. (Diekoff, 2003).

A psychologist may hire a collection agency to recover an unpaid balance only if the client is notified in writing ahead of time (certified mail is recommended) and given the opportunity to pay his or her balance promptly (by a certain date) before collections will begin (APA, 2002, Standard 6.04[e]). Some psychologists include this in their informed consent to treatment form. It is imperative that the psychologist only disclose the minimal information that is necessary to achieve the purpose, such as the dates of service and the fees incurred (APA, 2002, Standard 4.05). Furthermore, a psychologist may never withhold records that are requested and needed for a client’s emergency treatment solely for the reason that payment has not been received (APA, 2002, Standard 6.03).

Fees need to be “reasonable and customary,” which is determined by whether a client is able to pay the fee without causing undue financial burden and whether the fee is commensurate with those of other mental health professionals with similar training and experience in your community. The newsletter “Psychotherapy Finances” publishes a survey taken each year of fees set by psychologists. This newsletter is published by Ridgewood Financial Institute, PO. Box 8979, Jupiter, Florida 33468; (800) 869-8450.

Fee Splitting, Referral Fees & Kickbacks

Although accepting fee splitting, referral fees and kickbacks are acceptable in most other professional businesses, they are unethical and often illegal in the mental health profession. According to Bernstein and Hartsell (1998), “Federal and state statutes make kickback arrangements in connection with health care criminal acts subject to fine and imprisonment” (p. 162).

The service a psychologist offers is client care, and this needs to be at the forefront of every referral made to a practicing clinician. What about handing over a percentage of your fee in lieu of rent, insurance billing, supervision, etc.? This is permissible as long as the percentage agreed upon is for office rental or a definite service that is being provided and is not based on the referral itself. Again, referrals must be based on client care to a psychologist who will best serve a particular client’s needs (APA, 2002, Standard 6.07).

Flexible Fee Policies

While it is completely understandable (even admirable) to offer a sliding fee scale for individuals who are having financial difficulty, it is critical to be aware of the various legal and ethical ramifications of doing so. Please keep the following in mind:

• It is illegal to charge a higher fee to a client with insurance coverage than a client without insurance. That is, when the only differentiating factor between the two clients is the presence (or absence) of insurance. Giving a client without insurance a discount could result in a criminal conviction, fines, or even imprisonment. In general, when a therapist provides a service to one client for a particular fee and subsequently charges another client a lower fee, “misrepresentation of the fee can be argued and used to establish a basis for a civil or criminal fraud complaint” (Bernstein & Hartsell, 1998, p. 98).

• Many insurance benefits plans restrict the fees that can be charged to a client if the client runs out of insurance coverage. It might be that the psychologist is not allowed to receive any kind of payment from the client if the psychologist decides to continue treatment once benefits run out. It is imperative that a psychologist read insurance contracts very carefully, particularly before offering any additional benefits.
Never waive an insurance co-pay. When a psychologist contracts to provide a service for a set fee, this is the fee that must be charged. If the co-pay is waived, the psychologist is essentially charging the client a lower fee (APA-COPPS, 2003).

It is important to note that the contracts of most third-party payers contain an audit clause, which gives them the right to audit a psychologist’s financial records and ascertain that the psychologist is in compliance with the contract she or he signed. Generally, audits are conducted to uncover fraudulent practices and recover funds. However, criminal conviction is certainly not out of the question.

Based on the above, is it legal/ethical for a psychologist to have a sliding fee scale? Yes, as long as insurance or lack thereof is not the only factor considered when setting a given fee for service. Keep the following in mind:

- One way to support your decision-making process and substantiate your reasoning for offering a reduced rate is to develop a needs-based policy. This could include an intake form requesting a copy of the client’s income taxes from the previous year, a copy of pay stubs, or asking the client to fill out a scholarship (or partial scholarship) eligibility form. The latter might request information regarding household income to expense ratio.
- If you decide to offer a sliding fee scale, set a limit in terms of how long the arrangement will last. Some psychologists have found themselves in the position of negotiating a reduced rate and, when the client became more financially secure, raised his or her rate to the surprise of the client. The client then complained that the increased rate was not part of their original arrangement. In a nutshell, avoid surprising clients, and spell it out all financial agreements at the onset.

What About Bartering?

Bartering is not forbidden by the APA Ethics Code. However, psychologists are only permitted to barter if it is not clinically contraindicated and the resulting arrangement is not exploitive (APA, 2002, Standard 6.05). With bartering, it’s virtually impossible to determine what constitutes an even playing field and, therefore, virtually impossible to assure that the parties involved will not at some point feel exploited. Most importantly, it distorts the professional relationship. Although it is not strictly forbidden, there are very few situations that it would be considered the best ethical practice.

Summary

Based on the above, it is easy to see why financial reimbursement issues are common sources of malpractice claims. Although discussing finances can be difficult for some psychologists, not discussing finances can prove to be harmful to clients. Furthermore, money is often considered the “secret client issue” that is less frequently discussed in session (Reece, 2006). Therefore, discussing financial arrangements openly with clients can be excellent role-modeling. In general, as in all ethical dilemmas, placing client care first and foremost is our best risk management strategy.

References

Marketing Services Through Technology — How Ethical Is It?

Rick Van Haveren, Ph.D.

Over the past decade there have been several technological developments that have allowed psychologists to better market their services. One such development has been the proliferation of the internet. Psychologists have been able to develop websites to promote their services, provide education to the public, and communicate readily and easily with colleagues. Another development that has been of great benefit to psychologists is the development of marketing software. More specifically, programs such as Microsoft Publisher have provided an economical means to develop marketing brochures and materials. While marketing software is relatively inexpensive, advances in color printing have also made it cheaper to produce high-quality materials by a professional printer.

While these examples have created many opportunities for practice advancement, this also appears to have broached questionable ethics and professionalism. More specifically, it is now in vogue to include testimonials as a part of marketing materials such as brochures and especially websites. This directly applies to the APA ethical Standard 5.05 (Testimonials) that states “Psychologistsonly solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.”

Practitioners in two specialties that are consistently using testimonials are sport psychology and career counseling. For example, a website advertising the services of a licensed psychologist practicing sport psychology in Ohio provides 9 testimonials (http://www.optimalperformanceconsulting.com/testimonials.php). A second website (http://www.mindsetofachampion.com/clients.htm) offers testimonials from 16 clients including some names of actual clients.

In the career counseling/career coaching world, the use of testimonials might be even more prevalent. As an example, the authors of the website careermotiv8.com (http://www.careermotiv8.com/testimonial-career-resume.html), both of whom are licensed psychologists, highlight multiple testimonials. A second career-related website offers over 20 testimonials (http://www.kensoper.com/career_coach_testimonials.htm). However, the practitioner is a master’s level counselor and not a licensed psychologist.

There are multiple reasons why this is happening. One includes psychologist’s competition with non-psychologist practitioners. Those who are not licensed psychologist have few, if any, ethical guidelines to follow. This allows them to utilize effective marketing strategies such as testimonials where psychologists are discouraged, if not prevented, from using such strategies. Coach U offers nothing related to ethics although 9 “Guiding Principles” are outlined. The ethical code of the International Coach Federation (http://www.coachfederation.org/ICF/) states “I will not knowingly make any public statements that are untrue or misleading, or make false claims in any written documents relating to the coaching profession.” A major professional association in sport psychology, the American Association for the Advancement of Sport Psychology (http://www.aasponline.org) also does not address ethics.

A second reason is the blurred line of professional roles. Psychologists can serve as licensed psychologists, but also as seminar leaders, motivational speakers, career/life/business coaches, consultants, or even resume writers. Perhaps this creates the perception that ethical guidelines do not have to be followed while serving in these roles? Are we required to follow the ethics guidelines in such cases?

Finally, it should be noted that close scrutiny of the aforementioned examples reveals loopholes. One website author indicated that the testimonials used in the website were unsolicited, which is technically ethical by the APA ethics code. Perhaps the clients used in some testimonials were from former clients, not current? In others specific names are not used and in another the clinician was a master’s level counselor. Another testimonial was provided by David Robinson, a former MVP in the National Basketball Association (NBA). Who’s going to question a psychologist who worked with an NBA MVP?

In doing research for this article examples can be cited for other specialties such as ADD and parenting. In some ways I feel the use of testimonials and the larger issue of new marketing strategies are important issues as we try to hold ourselves to a high level of professionalism while being competitive in the market place. However, in other ways this issue seems incidental, especially compared to other ethical standards such as multiple relationships and confidentiality. Perhaps it’s time to find loopholes in our own game of “if you can’t beat ‘em, join ‘em,” or do we take the high road?

When Ethical and Legal Issues are a Matter of Life and Death

Renelle Massey, Ph.D.

Linda Wilson, Ph.D. has been a past chair of Division H, a participating member of Division F, and a valued GPA member and colleague for many of us over the years. Dr. Wilson was diagnosed with leukemia early in January 2006. Doctors then told her that she would not be able to resume her clinical practice again for at least a year, as she undergoes chemotherapy, bone marrow transplant, and other treatments. She had wisely pre-arranged for a colleague to take care of her practice issues in the event of her death. Fortunately, she had a few days of being lucid before the first devastating rounds of chemotherapy and other medications took effect. This allowed us to coordinate turning over all of her personal and professional affairs by dividing tasks among a circle of friends.

As other colleagues and I tackled the duties at hand, such as contacting clients, we noticed several ethical and practical issues that we all may need to address in the event there is not the luxury of time to coordinate these matters. For example, Linda was able to give me her passwords to get on her computer and get into her electronic client files. Also, she had included extenuating circumstances in her clients’ releases of information, so we felt comfortable receiving information about them. She then managed to give us brief notes on who she thought we should refer some clients to or what their clinical issues were so that we could make referrals based on that information.

Other Ethical, Legal, and Practice Issues

Linda hopes her story will help others realize these crises can happen to any of us at any time. Recalling that, we can make advance preparations in our lives, finances, and practices to endure this type of catastrophic blow...as much as possible.

• Establish powers-of-attorney for personal financial and medical affairs. For married heterosexual couples, this matter is already done. But same-sex couples and single people need to attend to this matter via proper legal paperwork, as Linda had done.
• Arrange for one or two colleagues who will share the complicated process of dismantling your practice. I’ve been glad that Dr. Chris Crowe and I have shared these duties with Linda’s practice.

It has been an involved and unusual task to break this news to patients and find them new clinicians (some chose to transfer, some to wait and process these events). Various legal, financial, and ethical issues have arisen too.
• Obtain and/or check on your own disability insurance. What does it cover, how soon does it start upon being incapacitated, and how much does it really provide? Does it cover office expenses as well as provide income?
• Ensure you have liquid cash reserves to cover your expenses until your disability benefits are effective.

I hope this article provided informative information and encourages you to prepare yourselves in your practices, which is something Linda wanted shared with colleagues. If you want further information, you may email me at drrenelle@comcast.net or call my office at 404-292-3400.
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DIVISION E NEWS

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Division E News

Mark M. Roland, Ph.D.
Newsletter Editor

As expected, this year’s Midwinter Conference was informative and “magical”. The theme for this year’s conference was “The Illusion of Therapy: Discover the Magic Within”, with keynote speaker Froma Walsh, MSW, Ph.D. from the University of Chicago. She is a professor in the Department of Psychiatry, is a Co-Director for the Center for Family Health, and is well published in the areas of family, couple, and individual resilience in crisis and persistent adversity, and recovery from trauma and loss. Her presentations were entitled “The Power of Resilience: Bringing out the Best in Our Clients and Our Therapeutic Practice”, and “Strengthening Family and Couple Resilience: Rebounding from Crisis, Adversity, and Loss”. Her presentations addressed various contexts of trauma, as she focused on the process and power of resilience in our clients’ lives.

Another highlight of the conference occurred on Saturday evening when magician Michael Boone entertained all. During the social hour he casually moved among the crowd performing various acts of magic. With people standing around him, he was able to take various items, such as jewelry, rubber bands, and playing cards, and perform acts that could only be called “magical.” Besides being amazed by Michael’s slight of hand artistry the surprised expressions on people’s faces was also quite entertaining. Following the social hour, Michael Boone then performed on stage, with the occasional “voluntary” lovely assistant or two. Thank you Dr. Blue. The photos from the event do not convey all the fun, entertainment, and laughs experienced that night. If you missed the magic, I hate to say it, but you really missed it! Please do not miss out on what will be in store at next year’s conference.

Sunday morning began bright and early with an open session Division E Board meeting. The topics presented and discussed included: potential location sites for the 2007 Midwinter Conference, the e-mail newsletter for Division E called E~Notes, the availability of the newly revised Division E sponsored Toolbox for Clinicians, membership dues update, and the proposed task to revise and update Division E’s Bylaws and the development of a Policy Manual. This is also a good time to express many thanks to the members who attended the Board meeting, as your ideas and comments were welcomed and appreciated.

Many thanks also need to be given to all persons who had a hand in the magical production of the Midwinter Conference. Dr. Staci Bolton spearheaded this year’s conference and proved to be invaluable as a leader who provided vision, direction, and many hands-on hours to this event. There is not enough space in this article to mention everyone by name that also contributed to the Midwinter Conference’s success. Kudos to all for a wonderful conference. Hopefully we’ll be seeing you in the crowd next January!
Whitney Loring
Student Member

I was a student volunteer at the GPA Midwinter Conference and I have both positive and negative observations about the weekend. On the positive side, I felt that the conference was very well run and I personally enjoyed the workshops, particularly the one on ADHD. Also, all of the presenters were very nice, professional with us and treated us with respect. In addition, many of the attendees did the same and went out of their way to thank us, which was very kind. Unfortunately, there were some attendees who did not. Some acted very annoyed that we required them to be present for the entire workshop and that we required them to fill out the evaluation to receive the CEU certificate. One attendee called us “anal,” whereas others were very pushy and rude in trying to leave the workshop quickly when we were handing out the certificates. I also felt that during the keynote workshop, some attendees presented themselves in an unprofessional manner, putting their feet up, reading the newspaper and noticeably knitting or sleeping. Overall, however, it was a very enjoyable experience for me. It was just disheartening to see some of the professionals conduct themselves in that way.

I hope my observations are helpful. Thank you for all the work you put into the conference!

Sima Zadeh

I think my biggest reaction to the GPA Midwinter Conference was disappointment in the members of the field who participated in the conference. Within each lecture I attended, there were numerous individuals who were reading outside material, knitting, talking aloud to those sitting near them, putting their feet up on the tables, etc. I just felt that those behaviors were largely inappropriate to the setting and, quite honestly, very disrespectful to the speakers. I was also appalled at the individuals who would come in during the last segment of the lecture and then attempt to sign up to receive CE credit for a lecture they didn’t attend. The whole process of obtaining a CE certificate just seemed very outdated and unorganized and it left the system open to being taken advantage of.
The Illusion of Therapy: Discover the Magic Within

Keynote Presenter: Froma Walsh, Ph.D., presenting on Strengthening Family and Couple Resilience

Student Volunteers at the Conference are (L) Shawn Blue (Chair, Emerging Professionals Task Force) with Sima Zadeh, Cristy Pierce and Whitney Loring.

Trying a little magic of her own is Dr. Irma Best.

(L) Susan Rudnicki, Ph.D. (Midwinter Conference Chair-Elect) and Staci Bolton, Ph.D. (2006 Midwinter Conference Chair).

Frances Reedy, LCSW and Dr. Steve O’Hagan.

The Magic Hour of Illusion with Magician, Michael Boone.

CONGRATULATIONS, CONFERENCE CHAIR STACI BOLTON, FOR A GREAT CONFERENCE!!!
DIVISION F NEWS

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Division F News

Molly Keeton, Ph.D.
Public Relations Co-Chair

As we wrap up another eventful year, I would like to highlight our many activities and encourage the women of GPA to join us in a very active, passionate, and committed division! We started the year with our CE workshop, Women & Money, where Dr. Mary Gresham discussed the business of practice from the view of women's perspectives on money. Following this, we presented another successful CE workshop by Drs. Jill Barber and Melissa Alves on the Ethics of Social Justice, an exploration of integrating social justice values in our lives and in our work. We also have contributed actively to some of GPA's legislative and community work challenging oppressive laws and bills, and we are planning, as always, to sponsor women-focused programming at GPA's Annual Meeting in May. We have been busy!

I would also like to acknowledge all of the Division F Board members who have worked to make this our best year yet. A very special thanks goes to our President, Susan Reviere, who has been tireless in her devotion to the Division's continued growth. I would also like to recognize those Board members who will be stepping down from their posts and turning their attention to other professional pursuits. You will be missed! As you move on, you are creating space for other Division members to get more involved. We anticipate having several vacant positions and hope that some of you will consider joining our team.

When I began my own practice in 2002, I quickly noticed that entire days could go by without having a single conversation outside of my session hours. I longed for the camaraderie and collegial environment I had experienced on internship. I felt isolated and also knew that my work was not as strong without other professionals nearby. I began looking for ways to immerse myself in a community of psychologists (and specifically women) who shared my commitment towards issues of social justice and improving the lives of women. My almost two years on the Board have more than fulfilled this goal.

Given my overwhelmingly positive experience on the board, I encourage other members of the Division to take advantage of this unique opportunity. A few of the many benefits include building professional relationships with other female psychologists, networking within GPA, and – most importantly – focusing on creating positive change for all women and girls. Our work has been strengthened by partnering with GPA's Ethnic Minority Affairs Committee and the Division for Sexual Orientation Issues. We look forward to ongoing collaboration with these and other committees as we continue to work towards increasing equality, empowerment, and enrichment in the lives of women and girls.

I hope that you will consider getting more involved in Division F, whether you choose a leadership role or just to participate in our exciting programming. Stay tuned for updates on our plans for the 2006-2007 year. We promise that it will be a great one!

Due to unforeseen circumstances, our Second Annual Women's Conference, “Reclaiming Beauty...Celebrating Every Body” has been rescheduled for Saturday, September 9. Please hold the date. See the Summer issue of the Georgia Psychologist and the GPA website, www.gapsychology.org, for further details on registration.
Division G News

Ann Abramowitz, Ph.D.

Chair

Beginning with Hurricane Katrina, this has been a busy year for Division G, and being Chair this year definitely has kept me challenged. Fortunately, I’ve had lots of support from the other Division G Board members; the agendas for our monthly meetings have been packed, and the meetings have been lively.

Many Division G members served on the Red Cross Disaster Response Team, working at shelters, Dobbins Air Force Base, the service centers, and Red Cross headquarters. Even as we began our efforts it was immediately apparent to us that this disaster would have monumental impact on children and families, not just in its immediate aftermath, but for the rest of these people’s lives. As we continued to work with the evacuees, we would exchange stories with one another, always remarking on how much these people’s experiences were affecting us.

Because of our realization that Katrina evacuees here in Atlanta continue to experience significant issues in adjusting to their new lives, Division G members are now organizing pro bono services targeting children and families, with an emphasis on both the home and school settings. Services will include therapy sessions for families, evaluations to assist with school-related questions, and school consultations.

Legislative issues have kept many Division G members busy this year. The Division G Board unanimously voted to join Divisions F and H in preparing to oppose any plans by the legislature to make adoption by same-sex couples illegal. Although that issue may not reach the floor of the legislature this year, I, along with representatives of Divisions F and H, worked on preparing materials summarizing what psychological research tells us about same-sex parenting. Many of us have been involved as well in Marilyn Vickers’ group of Capitol Psychologists, spending a day (or more) at the Capitol, talking with legislators about the important mental health issues in the state.

This fall we planned our joint workshop with AAMFT (thank you, Andy Blatt), and are now planning the annual Division G Members’ Workshop (thank you, Donna Ulrici). We are also planning to have an informal “discussion table” at the Annual Meeting (thank you, Kindell Schoffner), focusing on the mental health needs of adjudicated youth.

Three Division G Board members (Dale Carter, Karen Stiles and I), are serving on a committee, headed by Div. G member and GPA vice president Peter Thomas) looking into the feasibility of licensed psychologists with school training and experience becoming eligible for school psychology credentials that would enable them to be employed by school systems.

If you’re a GPA member with interests in children, families or assessment, I hope you’ll join us in Division G. We have had an active year and would welcome your enthusiasm and leadership as we head into next year.
Membership News

Andrew D. Blatt, Psy.D.
Chair, GPA Membership Committee

Members,

As the Membership Chair of GPA I thought that it important to tell you how your dues have been spent this year. I also want to thank you for choosing to remain an important part of the GPA family. It has been a productive year for our membership. Over the past year our members have:

ASSISTED IN DISASTER RELIEF- GPA, in conjunction with the Red Cross, is very proud of taking the lead in organizing and providing mental health relief for victims of the recent hurricanes. About 170 Georgia psychologists volunteered. If you were one of our members who sacrificed their time as a part of GPAs efforts I would like to thank you on behalf of the GPA Board. You can further help meet the needs of survivors of disasters by being a part of GPAs Disaster Response Network, and by volunteering some of your time to Project COPE (see application this issue) and provide 6 hours of counseling to evacuees and their families.

MONITORED MANAGED CARE- GPA has been monitoring managed care organizations to ensure psychologists participation and asking for a more reasonable reimbursement rate.

UTILIZED OUR FREE INSURANCE CONSULTATION- As a member of GPA, you are entitled to a free consultation with a billing professional to answer questions on issues such as billing and panel inclusion. Bobbie Hightower, A/R Management Services, (478) 405-5880

FOUGHT BACK MEDICAID CUTS- On behalf of much of our membership, GPA successfully maintained psychological services coverage under Medicaid. Our legislative efforts effectively saved the practices of many of our members.

BENEFITTED FROM THE REFERRAL NETWORK- GPA is committed to building your practice through our online and phone referral service. This past year we have referred approximately 2600 consumers to our members.

ETHICS ADVISORY COMMITTEE- This committee is comprised of several longtime Ethics Committee members. They are available to answer any ethical questions for GPA members and received numerous call throughout the year.

LEGAL CONSULTATION SERVICE – Members who select this service receive 2 hours of legal consultation from GPAs attorney, Rob Remar.

So far this year we have surpassed our initial goal of 25 new members. We continue to meet with our retention rate of current members. Our Membership Committee is committed to inviting emerging professionals, which includes students, interns, post docs and newly licensed psychologists into GPA. Further, we hope to create family oriented programs and events which will help members who are starting families maintain their connection to the GPA family.

I am available if you have any questions, comments or concerns about membership. Please do not hesitate to call or email me at 404-509-9252 (cell) or docandyatl@earthlink.net or Ellen McBrayer at ellen@gapsychology.org or 404-634-6272 x 201. I thank you for your continued participation in one of the strongest state psychological associations in the nation.

Welcome New GPA Members

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<th>Full Members</th>
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<tr>
<td>Christine L. Chukabarah, Ph.D. WRALC/DPH100 Page Road/Suite D160 Robins AFB, GA 31098-1600</td>
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<tr>
<td>Cheryl Gratton, Ph.D. 550 Peachtree St., #1577 Atlanta, GA 30308</td>
</tr>
<tr>
<td>Suzanne Fischer, Ph.D. 203 Greenview Road, SW Rome, GA 30165</td>
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<tr>
<td>Fontina Rashid, Ph.D. Atlanta Speech School 3160 Northside Parkway Atlanta, GA 30327</td>
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<tr>
<td>Melanie J. Bliss, Ph.D. 954 Wandering Vine Drive Mableton, GA 30126</td>
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<tr>
<td>Zane T. Scarborough, Ph.D. 187 Maple Creek Drive Newnan, GA 30263</td>
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<th>Student/Post Doc/Intern Membership</th>
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<tr>
<td>Deborah Weisshaar, MA 1138 Morningside Place, NE Atlanta, GA 30306</td>
</tr>
<tr>
<td>Whitne Loring, MA 623 Jefferson Drive Atlanta, GA 30350</td>
</tr>
<tr>
<td>Sima L. Zadeh 5674 River Heights Crossing SE Marietta, GA 30067</td>
</tr>
<tr>
<td>Cristine Pierce, MA 6295 Ferry Drive, NE Atlanta, GA 30328</td>
</tr>
<tr>
<td>Kenneth Neal, MS P. O. Box 292 Collegetdale, TN 37315</td>
</tr>
<tr>
<td>Jennifer Clark 1553 Mallory Lane Lithia Springs, GA 30122</td>
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| Laura Hoffmann 407 Pendleton Place, #8 Valdosta, GA 31602 |
| Stephanie Klein 822 Charles Allen Drive Atlanta, GA 30308 |
| Alicia Patrice Rogers P. O. Box 566864 Atlanta, GA 31156 |
| Lori H. Colwell 1002 Slater Street Valdosta, GA 31601 |
| Katherine Simpson 1131 Princeton Walk Marietta, GA 30068 |
| Nathan Mascaro 894 Fireside Way Stone Mountain, GA 30083 |
| Tara Dawn Milton 4423 Shadowood Parkway Atlanta, GA 30339 |

| Alysa G. Wall 977 Katherwood Drive Atlanta, GA 30310 |
| Jessica Graham 799 Hammond Drive, #129 Atlanta, GA 30328 |
| Susan M. Hay 1196 Jefferson Avenue East Point, GA 30344 |

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<td>EagleSoft Solutions Steve Raslan</td>
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<td>Inner Harbour Hospitals Beverly Watson</td>
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<td>Ridgeview Institute Dianne Gay</td>
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<td>The Intervention Group, LLC Brian Moore, Ph.D.</td>
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CONTINUING EDUCATION WORKSHOPS

GPA Approved CE Workshops and Conferences

Title: Integration of Sexuality and Psychotherapy  
Presenter(s): William Talmadge, Ph.D., Lynda Talmadge, Ph.D., W. Tracy Talmadge, Ph.D., and Erika Pluhar, Ph.D.  
CE: A total of 26 Hours, including Ethics, for all workshops  
Location: 34 Lenox Pointe NE, Atlanta  
Contact: William Talmadge, Ph.D./ 404-261-9325 or will7699@bellsouth.net

Title: WWW.VIRTUALSEXNOW.COM: The Impact of the Internet on Today's Sexuality  
Presenter: Brian J. Dew, Ph.D.  
Date: April 21, 2006  
CE: 3 Hours  
Location: Ridgeview Institute  
Contact: Dianne Gay/ 770-434-4568, x3001 or dgay@ridgeviewinstitute.com

Title: Ethics with Couples  
Presenter: David Woodsfellow, Ph.D.  
Date: May 12, 2006  
CE: 5 Ethics Hours  
Location: Ridgeview Institute  
Contact: Dianne Gay/ 770-434-4568, x3001 or dgay@ridgeviewinstitute.com

Title: The Ethics of Re-Humanizing Psychotherapy  
Presenter: Avrum Weiss, Ph.D.  
Date: May 12, 2006 (9:00-12:00)  
CE: 3 Ethics Hours  
Location: Georgia State University, Urban Life Building  
Contact: Hal Rogers, Ph.D./ 404-651-2859 or hrogers@gsu.edu

Title: Advanced Psychopharmacological Treatments for Anxiety and Mood Disorder: New Medications and Use of Combination Drug Therapies  
Presenter: Randall Tackett, Ph.D.  
Date: May 12, 2006 (1:00-4:00)  
CE: 3 Psychopharmacology Hours  
Location: Georgia State University, Urban Life Building  
Contact: Hal Rogers, Ph.D./ 404-651-2859 or hrogers@gsu.edu

Title: Ethical Issues in the Assessment and Treatment of Family Violence  
Presenter(s): Drs. Nadine Kaslow, Ann Hazzard, Marianne Celano  
Date: May 12, 2005  
CE: 3 Ethics Hours  
Location: Emory Faculty Office Building  
Contact: Ann Hazzard, Ph.D./ 404-616-4875

Title: Cross Battery Assessments of Children and Adolescents: Intelligence Tests as Processing Instruments  
Presenter: Alcuin Johnson, Ph.D.  
Date: June 16, 2006 (9:00-12:00)  
CE: 3 Hours  
Location: Georgia State University, Urban Life Building  
Contact: Hal Rogers, Ph.D./ 404-651-2859 or hrogers@gsu.edu

Title: Cultural Diversity in the Assessment of Children and Adolescents  
Presenter: Alcuin Johnson, Ph.D.  
Date: June 16, 2006 (1:00-4:00)  
CE: 3 Diversity Hours  
Location: Georgia State University, Urban Life Building  
Contact: Hal Rogers, Ph.D./ 404-651-2859 or hrogers@gsu.edu

Title: What You Say Next Will Change Your World  
Presenter: Marshall B. Rosenberg, Ph.D.  
Date: September 19-21, 2006  
CE: 18 Hours

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Spacious office available for rent in a beautiful wooded setting. Great location providing easy access for clients. Includes use of play/art therapy room, waiting room, fax, copier, 2 bathrooms, kitchenette, cleaning service, and utilities. Office is in a suite with one clinical psychologist and one LMFT. Rent is $400 a month. Call Sue Bruder-Mattson, Ph.D. at (770) 521-0511.

Sandy Springs
Great location near intersection of 400 and 285. Great building, large offices, covered/ free parking, full office equipment set-up, private restroom, security, cleaning, handicapped access, security, kitchenette, free health club in building. Wonderful group of professionals. Billing/insurance support available. Full/ part-time. Call Tom at 404 257 9991/ e-mail tdfvermont@aol.com.

Marietta
Office Space available in historic downtown Marietta. Reasonable rent includes fully furnished office and waiting room area, telephone/fax/copier, utilities, kitchen area, daily cleaning services, and free parking. Handicapped and public transportation accessible. Office is in suite with two well-established psychologists. Call Dr. Sheri Siegel at 770-428-7395 or e-mail her at drsheri@mindspring.com if interested.

East Paulding/West Cobb County
Office Space - Two office spaces for lease in. Starting at $450/month, includes utilities and use of group room. Contact Dr. Theresa Sparks at 678-986-8759.

Lawrenceville
Newly renovated office space in an office condominium complex located next to Summit Ridge Hospital with ample free parking. Two office spaces are available – one is 9 X 12 and the other is 8.5 X 9 with natural light exterior walls. This is a two-story office building with available spaces on the first floor. There is a nicely appointed sitting room, two restrooms and a small kitchen on the first floor with five offices and a business suite. The building has a security system with automatic night lighting. Currently, the five tenants in the building are mental health professionals – psychiatrists and psychologists. A professionally warm environment in a clean office space with a great location awaits you. Utilities and a weekly cleaning service are included in the monthly rent. A one-year lease with deposit is required. The office space rents for $425.00 unfurnished and $475 furnished. For more information contact Janet Cox at 404.202.0390 or janetcox@bellsouth.net.

Suwanee/Alpharetta
Congenial group of three established psychotherapists forming group and seeking additional colleague(s) for fall, 2006. Interested parties, call Lorna Benbenisty, Ph.D., 770-923-4100.

Duluth
Office for rent Part-Time (2 or 3 days per week). Great location near I-85 and half a mile from Discovery Mill Mall, Gwinnett Arena and Gwinnett Civic Center. Fully furnished, waiting area, fax, copier, local phone, Internet access, kitchenette, receptionist, testing room, free parking. A wide choice of psychological tests is available for a small fee. Ideal for part-time psychologists, LPC or LCSW’s. $375.00 to 450.00. Contact: Angel Lopez at 770-232-0555.

Unique opportunity! Immediate opening to share office space 1-2 days a week with opportunity for full-time office space starting December. Great way to build practice! A group since 1990, our thriving practice is located in Duluth. Please contact Steven Weinstein, Ph.D. or Julie Friedman, Ph.D. at 770-923-4100.

Woodstock
Office space in Woodstock. Seeking licensed psychologists, LMFT’s or LCSW’s to share office space with three clinical psychologists in a growing, thriving community. Clients are drawn from Cherokee, Cobb and Pickens counties. Support staff does scheduling and billing. Call Irv Smith 770-592-0150.

PRACTICE OPPORTUNITY
GA Licensed Psychologists, Social Workers, Counselors, Opening for a full time therapist in well established, expanding private practice group in Columbus, GA. Specialty in children/adolescents a plus. Fax Vita/Letter to (706) 569-0832. Columbus Psychological Associates.

Part-time Psychologist needed to join an established practice in an affluent area of Duluth/North Fulton. The office is in a new building that is adjacent to an established family practice. It has been designed for the special needs of a therapy practice with extra soundproofing, solid insulated doors and much more. Totally furnished including all office needs. Many opportunities for referrals in a growing area with a shortage of psychologists. For further information, contact Sandra Spahn, 770-476-4550 x 3.

Psychiatrist and Psychologist in Gainesville looking for a licensed psychologist to join private practice. Applicant must have experience and interest in working with children and adolescents. Great opportunity for someone to build a practice quickly. Fax CV to 770-718-5531.

For up-to-the-minute Calendar information, visit www.gapsychology.org and click on Calendar
COMING NEXT ISSUE...

The upcoming summer issue of the Georgia Psychologist will focus on topics related to ways that psychologists restore and rejuvenate themselves through play, recreation, and leisure activities. What do you do when you are not in the office? How do you spend your time when you are not working? How do you nurture and express your creativity? How do your leisure activities enrich your professional life?

We invite interested readers to become writers for our summer magazine. Please submit one or two paragraphs (maximum 50 to 100 words) describing how you use your leisure time, how you express your creativity, where you volunteer your time, or how your hobbies and forms of recreation express yourself. How do your leisure activities nurture your life as a psychologist? The deadline for the next issue is 5:00 PM Thursday June 1, 2006. Send an email with attachment file in Word format to Cyd Wise, GPA Director of Communications, at cydwise@gapsychology.org

If you do not receive an e-mail confirmation that your file attachment was received, call Cyd at (404) 634-6272 x-208 to follow-up. In keeping with budget constraints, the Editorial Committee makes a final selection of articles based on the magazine theme, interests of the membership, and consideration of our current page limit for the magazine.

William Doverspike, Ph.D.
Editor
It's Re-Licensure Time:  
December 31, 2006

For those of you needing Ethics, Psychopharmacology or extra CE credits, we will be adding workshops up to the end of the year. Visit www.gapsychology.org and click on CE/Conferences for the latest GPA workshops. Also, if you want us to present on a particular topic - just ask! Contact Samanatha Scott at samantha@gapsychology.org