AUTHORS:

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

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

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

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

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

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

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

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

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

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

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

The Georgia Psychologist
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Reflections on the Role of the President

James A. Purvis, Ph.D.
Past President

About two months into my term as President of the association, I chose to reread my earlier platform statement written to the membership prior to the election. I wanted to be sure that I was on course to meet all of the goals that I had set out for the presidential year. I examined my earlier thoughts on insurance and managed care, our efforts to protect our patients, expanding psychology’s scope of practice, our relationship with the state licensing board, and those issues of importance to the regional associations across the state. Needless to say, this exercise was sobering in its effect.

What I came to recognize was that each issue was not a one-year task. Indeed, each of these areas of concern could best be described as an arc issue; appropriate attention to an arc issue must extend over time as an ongoing process. Action taken on an arc issue would need to be in small discrete steps that could result in solution over a period of time. But what does that mean for the role of the President? What must an individual do to successfully discharge his or her responsibilities during the Presidential year?

In the spirit of comedian Jerry Seinfeld, one of our past presidents remarked that his own issue platform and his presidential year “would be about nothing.” This comment was not made just for the laughs. He believed that trying to get any large issue solved in a year was simply not possible. With a degree of frustration, I began to realize that one person, working within a single year, must define the role of the Presidency in a more limited fashion if he or she wishes to serve the Association effectively.

Within days, events in the election year demanded the involvement of the Association. As President, I was called on to organize actions taken by the Association. These initial events were the first of a series of situations that required the Association to formulate a well-considered response. On the job, I was to learn that an effective “reaction” was equally as important as the planning of an “action.”

Ongoing events during the year began to define for me the appropriate role of the President. He or she is to be a “steward” of the organization. A steward is formally defined as, “one employed in a large household or estate to manage domestic concerns.”

In terms of our Association, I have come to believe that the President’s appropriate role is to keep the existing arc issue action plan on course, with any necessary corrections that might be demanded by circumstances arising during the presidential year. The President must also provide leadership in the formulation of an effective response to events that occur during the year. This can only be accomplished through organized consultation with the broader leadership of the Association. Finally, and most importantly, is the President’s task of recruiting those members who will serve in the various appointed leadership positions so critical to the success of the Association. Those members appointed as leaders will make or break the ongoing arc issue action plan. They will either keep the Association strong and effective, or bankrupt and floundering.

As President, no person should expect that his or her role will be all about action and activism. That should be encouraging for any member who would like to lead our Association. Instead, aspire to be a thoughtful steward. Our Association needs those of you who will “manage the domestic concerns of this large household.”

---

GPA Legislative District Reporting Form

Your legislative districts can be found on your voter registration card or by calling “Voter Registration,” listed in the phone book under your county government.

Name: ______________________
Home Address: ______________________
E-mail Address: ______________________
Congressional District # ________ Senate District # ________ House District # ________
It is the province of knowledge to speak and it is the privilege of wisdom to listen.

Oliver Wendell Holmes

Having had the advantage of being naturally stupid, I have often had to rely on asking questions in order to learn about people. As a result, I learned to develop an understanding of people by listening. Although my early psychotherapy research and subsequent clinical practices were based on empirical procedures, I was often amazed that my best treatment outcomes came after I simply listened to the patient. Especially when working with so-called “difficult” patients, listening was what often seemed to matter the most. I have heard the same thing from colleagues, with skills far exceeding those of mine, who have confided that some of their best psychotherapeutic work was done when they did nothing at all—except listen.

During my years of providing hospital consultations, I often observed the same. Once when I was asked to provide a consultation to a team of board certified psychologists (armed with their MMPI-2s, Rorschachs, and Exner scoring systems), I provided a simple opinion that seemed to remove the stumbling block that had impeded a patient’s path to recovery. When the chief clinician asked how I had been able to unravel the diagnostic enigma, the treatment team seemed taken back in perplexity when I simply replied, “I asked the patient.” It was an old trick that I learned from the floor nurses at the hospital: Ask the patient.

Sometimes, the most obvious questions are the ones that people think of asking themselves. As psychotherapists, by the time we have really gotten to know a person, we’ve basically introduced the person to himself or herself. By then, the person often has some of the answers to the questions that he or she had never previously thought of asking. Of course, some of the best questions are asked by the unspoken word, the subtle inflection, or the silent reflection. Just as good communication involves listening, good listening involves waiting in the silence. As listeners, we are often silent witnesses to the unspoken process of transformation that takes place within the person’s life.

This issue of the Georgia Psychologist focuses on the theme of empirically validated treatments and, at the request of several readers, informal theories of personality, observations in psychotherapy, and the art of simple listening. If you do not find what you are looking for, consider contributing to a future issue.

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1 Dr. Oliver Wendell Holmes (1809-94) was an American physician, professor, and a man of letters. His son was Mr. Justice Oliver Wendell Holmes (1902-1935), a justice of the United States Supreme Court (1902-1935).

2 Empirical approaches have been variously described as “empirically-based,” subsequently known as “empirically-validated,” and more recently known as “evidenced-based practice.”

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GPA's 2005 MENTAL HEALTH APPOINTMENT BOOK

It's time for us to re-order. To reserve your calendar, send GPA a check for $30 (Add $3 for shipping).

More than just a calendar, the Mental Health Appointment Book contains:

- DSM-IV-TR
- Psychotropic Drugs
- Internet Guide
- Overview of ADA
- Year In View Calendar

Plus, additional pages for:

- Names/Phone Numbers
- Address/Phone Directory
- Continuing Education Records

Make your check out to: Georgia Psychological Association.
Mail to: 1750 Century Circle, Suite 10, Atlanta, GA 30345.
FROM THE CENTRAL OFFICE

Executive Director’s Report

Pat Gardner, CAE
Executive Director
patgardner@gapsychology.org

ANNUAL MEETING
On May 25-27, 2006 GPA and the Family Law Section of the State Bar of Georgia will gather at the Hilton Sandestin Golf Resort and Spa for a blockbuster Annual Meeting. The schedule is slightly different because it is Memorial Day weekend so plan to arrive on Wednesday, the 24th of May for the Thursday morning opening of the conference. Our meetings will end at noon on Saturday.

CALL FOR PROGRAMS FOR 2006 ANNUAL MEETING
Psychologists and Family Law Attorneys will meet in joint sessions in the mornings on Thursday and Friday. Psychologist Dr. Joan Kelly is the featured presenter on Thursday morning for the combined groups. The afternoon and Saturday morning sessions will feature programs for psychologists only with a three-hour presentation by Dr. Kelly and regular annual meeting programming. Please submit program ideas for the Thursday and Friday afternoons and Saturday morning segments of the Annual Meeting through the Call for Programs on page 14.

CONTINUING EDUCATION: A DREAM COME TRUE
GPA’s Continuing Education programs have provided excellent and timely educational and networking opportunities for our members over the years. This year’s CE Chair, visionary Dr. Joanne Peeler, has put together a series of outstanding workshops for this year and the coming year to help prepare our members for licensure renewal in December of 2006. Hooray for you, Joanne. You will find these programs listed elsewhere in this magazine, on the GPA web page and in a brochure to be mailed the end of July. Of course, there is always room for those presenters you would like to add. Let us know.

The revenues from the CE Workshops have helped underwrite the escalating expenses of GPA. We appreciate your support of these workshops and hope you will continue to join your GPA colleagues at these workshops.

DUES
Dues have remained the same since 1998 but that doesn’t mean we haven’t tried a variety of ways to cut the costs of collecting them. You should have received your GPA Dues Invoice as an attachment to an email from Ellen. Many of you paid promptly with either a fax or a check. A few brave souls experimented with our on-line dues payment system. It did a good job of capturing the basic dues but, unfortunately, some members never found the second step with the required assessment, the optional divisional payments and other member services so we disabled this form of payment for now. If you have not yet paid your dues, you will receive additional email invoices and finally the traditional snail mail version in August. Thank you for helping us save the cost of printing and mailing by responding to the email.

MEDICAID
Medicaid will announce the names of the companies who have won the contract to manage the health services of the TANF population in mid July. This is not a voluntary program so all families will have to choose a “Care Management Organization” by January 2006. Speculation is that once the contracts are signed the companies will solidify their contracts with providers and begin soliciting Medicaid members. PeachCare, the Aged, Blind and Disabled and the foster care populations will not be covered by managed care at this time. Details will be forwarded in emails as they emerge.

OMBUDSMAN FOR REIMBURSEMENT ISSUES
Bobbi Hightower of A/C Services has agreed to contract with GPA to provide trouble-shooting services for GPA members with billing questions about Medicaid, Medicare and private insurers. Members will be able to begin calling her beginning July 1, 2005. Watch for more information. Insurance/Managed Care Chair Michael Sessions was responsible for this great idea.
Trust Term Life takes the uncertainty out of life.
Unlike other low cost term plans you see advertised on TV or in the newspapers, Trust Term Life guarantees continuation of coverage until age 75 without further evidence of insurability. A change in your health status can never deny you the ability to renew your coverage at the most cost effective rates.

State-of-the-Art coverage at really affordable premiums.
Coverage automatically includes:
- **Inflation Safeguard**—designed to prevent changes in the cost of living from eroding your death protection.
- **Living Benefits**—allows early payment of death benefits if you become terminally ill.
- **Disability Waiver of Premium Benefit**—pays the premium if you become totally disabled.

Trust Group Term Life is “trustworthy” and it’s easy to get!
Put your trust where it belongs. Premiums for the Trust's plan have never been so low. Take a moment to compare Trust Group Term Life to those other plans and you’ll see how trustworthy it is! The application is easy to complete and we won’t ask you to run a 100-Yard Dash in order to qualify.

For details, call the Trust at (800) 477-1200 (voice) or (800) 477-1268 (fax).
You may also access the Trust website at www.apait.org.

*Coverage is individually medically underwritten. Coverage provided by Liberty Life Assurance company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets. For costs and details, call the numbers listed.
and psychological procedures in the amelioration of specific disease-related problems. Psychologists are eligible to bill for applicable services and receive reimbursement from Medicare using new “health and behavior assessment and intervention” CPT codes. These codes apply to psychological services that address behavioral, social, and psychophysiological conditions in the treatment or management of patients diagnosed with physical health problems. The use of these CPT codes requires a physical health diagnosis.

Health and behavior assessment and intervention services address an assortment of physical health issues — including patient adherence to medical treatment, symptom management, health-promoting behaviors, health-related risk-taking behaviors, and overall adjustment to physical illness.

There have been numerous changes in Current Procedural Terminology (CPT) codes. The Practice Directorate of APA has been working to assist psychologists in obtaining adequate compensation for their services. Representatives of the Practice Directorate have noted that psychologists remain conservative in using CPT codes. Although there are approximately 50 CPT codes available for psychologists to use in billing for their services, we tend to use no more than 10 of the codes.

Health and Behavior Codes: 2002 was a landmark year, which was when the Federal Government began to recognize the contribution and success of cognitive, social

The health and behavior assessment and intervention code numbers and their descriptions can be found in a section of the CPT manual entitled, “Health and Behavior Assessment and Intervention”. The codes are not listed in the psychiatric section of the CPT manual. Only an ICD-9-CM physical diagnosis code should be used in connection with these services. A physical diagnosis code applies since health and behavior assessment and intervention services focus on patients whose primary diagnosis is a physical health problem.

Below are the reimbursement rates for the Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Service</th>
<th>Est Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>15 min: 1 unit</td>
</tr>
<tr>
<td>96150</td>
<td>Assessment: initial</td>
<td>$26 *</td>
</tr>
<tr>
<td>96151</td>
<td>Re-assessment</td>
<td>$26 *</td>
</tr>
<tr>
<td>96152</td>
<td>Intervention: individual</td>
<td>$25</td>
</tr>
<tr>
<td>96153</td>
<td>Intervention: group (per person)</td>
<td>$5 **</td>
</tr>
<tr>
<td>96154</td>
<td>Intervention: family w/patient</td>
<td>$24</td>
</tr>
<tr>
<td>96155</td>
<td>Intervention: family w/o patient</td>
<td>$23</td>
</tr>
</tbody>
</table>

Medicare reimburses for five out of the six codes, with the exception of 96155. Some private health insurance plans have begun to pay for these codes as well. Psychologists should check with the private insurer about a plan’s payment policies regarding these codes.

Each code is based on 15 minutes of service, face-to-face contact with the patient. Consequently, psychologists should report 1 unit per 15 minutes of the service. For example, a psychologist would bill 2 units for a 30-minute service and 3 units for a 45-minute service. When the service falls between units, the healthcare provider must round up or down to the nearest increment.
It should be noted that health and behavior assessment and intervention codes cannot be used for treating patients with a psychiatric diagnosis. In addition, the clinician cannot bill psychiatric codes (CPT codes 90801 - 90899) and health and behavior assessment and intervention codes (CPT codes 96150 - 96155) on the same day. For services rendered to patients that require both psychiatric and health and behavior assessment and intervention services, the clinician must report the principal service being provided.

We have made progress in billing for the H&B codes. In 2002 Medicare processed 64,017 claims using the H&B codes. In 2003, that number increased to 251,722, a 390% increase. That translates to an increase of $4.5 million for clinicians.

It is extremely important that psychologists use the health and behavior codes when appropriate and participate in related code surveys, for two main reasons. First, the survey process involves health professionals comparing codes for the specified service(s) to other services for which they bill. Psychologists’ services generally are valued more highly than the services provided by other health care professionals who also use the health and behavior codes. Therefore, when surveyed, psychologists will make their comparisons to CPT codes that generally carry higher reimbursement values. Since other health professionals being surveyed will compare the codes to services with lower reimbursement values, their final recommendations for revised values for the health and behavior codes likely will be lower than those of psychologists. In addition, the health professional association whose members bill particular codes most often have the lead role on any projects involving the codes, including conducting surveys on code values. Until now, APA has headed all efforts involving the health and behavior CPT codes. However, if other health professionals bill for these codes more often than psychologists, another professional group is likely to assume the lead role in the future.

Changes to the Testing Codes: Effective January 2006, there will be further changes to the CPT codes. The changes will affect Psychological Testing (CPT 96100), Neurobehavioral Status Examination (CPT 96115), and Neuropsychological Testing Battery (CPT 96117). The changes will establish a work relative value for the psychologists’ efforts and will capture “who is doing what”. Technical staff services will be reimbursed at a rate less than for psychological services. The changes were made because, understandably, Medicare does not want to pay technicians and psychologists at the same rate.

Most of the information included in the report came from the APA Practice Organization Portal at www.apapractice.org. For more information related to CPT codes or other practice issues, please visit the website.

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Living a Relational Life
A special evening event for therapists and the general public
Presented by Georgia Regional Imago Therapists, the Imago Couples Association and Imago International Conference, Atlanta, 2005 - "Embracing The Relational Paradigm"

Harville Hendrix, PhD and Helen LaKelly Hunt, PhD
"Getting the Love You Want", "Keeping the Love You Find", "Receiving Love"
"Faith and Feminism" (Hunt)

Pat Love, EdD
"Hon Monogamy" and "The Truth about Love"

7.30pm, Wednesday October 26th, 2005
Reception 6.30pm, Lecture 7.30pm
Sheraton Colony Square, Ballroom South, Atlanta, GA
$20 per person; $35 per couple
For more information call Kathy Malcolm Hall on 770 806 9600

Reservations and tickets at:
www.imagogeorgia.com
Our focus this year was maintenance
We worked to maintain the offering of psychological services and services for women in insurance mandates. We were successful. This is a victory for us because without it psychological services and the reimbursement fees paid to many of you for those services would have decreased as insurers would no longer have to offer mental health coverage as part of their packages. Our lobbyists Sue Hamilton and Christina Searles carried the ball for us in these endeavors.

We worked to have input and maintain our involvement in the current efforts to create a managed care system for health care for Medicaid. Having several informational meetings with those submitting RFP’s for providing services, keeping abreast of the offerings they were making to psychologists, and making sure that those who currently provide services are eligible to continue to provide services under a managed care system if they desire to participate, are some of the areas we have focused on.

We carefully watched for the proper time to introduce the issue of prescribing. Our prescribing task force chaired by Dr. Andrea Fleming has focused on developing a strategy to educate all of the new members of the legislature about our bill and garner the support to pass the legislation. Although it was decided originally to hold the introduction of our bill this session, during the last days of the session a task force was established to look into scope of practice issues. Our lobbyists immediately found a sponsor in Representative Clay Cox and introduced our bill (HB 923) so we would be “at the table” during the discussions over the summer.

The committee scheduled two legislative dinners set up by the lobbyists to meet new legislators. The meetings were fruitful and we made several new and significant friends. We have already begun to implement our strategy for next session and will work through the summer to meet legislators across the state and garner support to pass prescribing legislation in 2006.

We have a desperate need.
We need you to give us your legislative districts numbers. Because districts have changed, it is difficult for us to let legislators know how many psychologists there are in their districts. Legislators like to know how many people in their districts could be interested in an issue or piece of legislation.

Committee members
Ann Abramowitz, Ph.D.
Bill Buchanan, Ph.D.
John Dickens, Ph.D.
Andrea Fleming, Ph.D.
Linda Wilson, Ph.D.
Jennifer Kelly, Ph.D.
Nancy McGarrah, Ph.D.
Lori Muskat, Ph.D.
Marsha Sauls, Ph.D., Chair
Gayle Spears, Ph.D.
May 19-22, 2005....Psychologists from around the state recently met at the Crowne Plaza Resort in Atlanta for GPA’s Annual Meeting. Continuing Education, networking with other psychologists and renewing friendships were the primary purpose. Some brought family members for a long weekend while others caught up with old friends, enjoying some of the finest shopping and restaurants in the city.

Dan McAdams, Ph.D. (Northwestern University, Evanston, Ill) topped a list of exceptional presenters that included GPA members. Students from the Atlanta area participated in the Annual Poster Presentations session. Poster Session awards were presented by GPA and Divisions F (Women Psychologists) and G (Family, Adolescent, Child, Evaluation And School Psychologists) at a Mentoring Reception which also honored past members of GPA’s Board of Directors.

GPA’s Political Action Committee - GAP-ACT held a Silent Auction and Reception where numerous items, vacation getaways, restaurant certificates, art and much more were bid on while attendees enjoyed socializing with friends and colleagues.

The 2006 Annual Meeting will be jointly sponsored by GPA and the Family Law Section of the State Bar Association. The conference will be held at the Hilton Sandestin Beach Golf Resort & Spa from Wednesday, May 24 - Saturday (noon), May 27. Workshops will appeal to both psychologists and family law attorneys in the morning and workshops for psychologists in the afternoon. GPA’s keynote presenter will be Joan B. Kelly, Ph.D. a clinical psychologist, researcher, teacher, and consultant.

Annual Meeting Awards & Recognition
The following awards and recognitions were given at the Annual Business Lunch

President’s Awards
Dr. Andrea Fleming, Columbus Area Representative, Prescriptive Authority Task Force
Dr. Joanne Peeler, C.E. Chair
Dr. Suzann Lawry, Division F Chair, for her work on the Georgia Marriage Amendment

Community Service Award:
Jon Lawry for his work on the Georgia Marriage Amendment brochure and presentation

Public Education Award
Dr. Dina Zeckhausen for her contributions to Psychology and the citizens of Georgia through eating disorders education.

Recognized for their contributions to the GPA Board (Out-going Board Members):
Dr. Cynthia Messina, Vice-President
Dr. Scott Jones, Membership Chair
Dr. Marsha Sauls was given special recognition for her work as Chair of the Legal & Legislative Committee. Dr. Sauls received a recent appointment to the Georgia Board of Examiners of Psychologists.

Legislative Awards
Dr. Marsha Sauls announced the Legislative Awards for Courageous Advocates for Psychology
The Honorable Clay Cox
The Honorable Pete Warren

The Media Award was presented to Cynthia Tucker, Editorial Page Editor, Atlanta Journal Constitution for her editorials on Child Support

Division F Woman of the Year Award was presented to Dr. Rosemary Padilla by Dr. Suzann Lawry
Dr. William Doverspike announced GPA’s new President-Elect: Betsy Gard, Ph.D.

Presidential Recognition
(From L) Drs. Andrea Fleming (Columbus Area Representative, Prescriptive Authority Task Force) and Joanne Peeler (C.E. Chair)
<table>
<thead>
<tr>
<th>Award</th>
<th>Student/Sponsor</th>
<th>Title</th>
<th>School</th>
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<tbody>
<tr>
<td><strong>Division G</strong></td>
<td></td>
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</tr>
<tr>
<td>Undergraduate (1st)</td>
<td>Jocelyn Barton</td>
<td>Unique Brain Activations to Audio-Visual Emotional Cues</td>
<td>Georgia State</td>
</tr>
<tr>
<td>Graduate (1st)</td>
<td>Michael T. Rothman</td>
<td>Associations between Expressive and Receptive Nonverbal Ability and Behavior Problems in Children</td>
<td>Emory</td>
</tr>
<tr>
<td>Graduate (2nd)</td>
<td>Laura Bennett Howell</td>
<td>The Influence of Past Victimization on Narcissism and Risk of Subsequent Acts of Domestic Violence in Male Perpetrators of Domestic Violence</td>
<td>Brenau</td>
</tr>
<tr>
<td><strong>Division F</strong></td>
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<tr>
<td>Undergraduate (1st)</td>
<td>Crissy Baker</td>
<td>Memorable Incidents on Campus: Gender Differences in the Experience of Street Harassment</td>
<td>Georgia State</td>
</tr>
<tr>
<td>Graduate (1st)</td>
<td>Anneliese Singh</td>
<td>Ethnic and Sexual Identity Attitudes of Asian American Lesbian and Bisexual Women: An Exploratory Analysis</td>
<td>Georgia State</td>
</tr>
<tr>
<td>Graduate (2nd)</td>
<td>Krista Thomas</td>
<td>Breastfeeding and Full-Time Work: The Struggles Facing Black Women</td>
<td>Georgia State</td>
</tr>
<tr>
<td><strong>GPA</strong></td>
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</tr>
<tr>
<td>Undergraduate (1st)</td>
<td>Leslie Williams</td>
<td>Professor and Student Ethnicity: Impact Student Perceptions of Learning to Cultural Change</td>
<td>Georgia Southern</td>
</tr>
<tr>
<td>Undergraduate (2nd)</td>
<td>Angela Choi</td>
<td>A Comparison of International Students’ Emotional Responses to Cultural Change</td>
<td>Emory</td>
</tr>
<tr>
<td>Graduate (1st)</td>
<td>Pavel Blagov</td>
<td>Neurotic Styles: The Case for a Classification of “Subthreshold” Personality Dysfunction</td>
<td>Emory</td>
</tr>
<tr>
<td>Graduate (2nd)</td>
<td>Mark Gapen</td>
<td>Self-presentation as Role Enactment: A Look at Acting in Everyday Life</td>
<td>Emory</td>
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(From L) Drs. James Purvis (GPA President), Marsha Sauls (Legal & Legislative Chair), Cynthia Messina (GPA Vice-President) and Joanne Peeler (C.E. Chair)
Public Education

CNN - Sports Scholarships Scarce, Malcolm Anderson
CNN - Using exercise or other sport-based activities as part of therapy, Erik Fisher

RADIO
CBS Network Radio NY had Erik Fisher on call as a psychologist to answer questions on psychological issues surrounding the Michael Jackson trial.

Erik Fisher was on Star 94 AM with Steve and Vicki for a 20 minute segment on “How to help parents avoid violence and enjoy their children’s sporting events.”

PRINT
Atlanta Women’s Magazine interviewed Pauline Clance on the Imposter Syndrome
Atlanta Parent Magazine interviewed Carol Drummond and Nancy McGarrah on School Related Anxieties

Mark Roland was interviewed by the Atlanta Journal Constitution (AJC) on why it’s harmful for an un-psychologist to represent themselves as a psychologist in the article, “Just sit right back and you’ll hear... the truth: ‘Real Gilligan’ star is a phony psychologist.”

The Atlanta Journal Constitution reviewed a new product called Table Topics. The product contains many topics that can be used for dinner table conversation and other family situations. The product is, apparently, selling out and the AJC wanted a psychologist’s opinion which Betsy Gard provided.

‘Round Georgia

ANNOUNCEMENT
Rick Van Haveren was recently awarded the designation of Master Career Counselor by the National Career Development Association.

PRESENTATION
Avrum Weiss was the keynote speaker for the Clinical Social Work Association of Savannah’s Annual Professional Conference, in Savannah. The topic was “Re-Humanizing Psychotherapy.”

CONGRATULATIONS
Mark Roland on the birth of your son, William. Born on April 21, 2005 at 4:13 am, Kennestone Hospital in Marietta. Weighing in at: 8 lbs 13 oz Length: 21 inches. Now at 2 months, he is 12 lbs 7 oz. “I don’t think growth is going to be a problem,” says proud Poppa, Mark.

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What Really Makes People Tick:
Informal Theories of Personality

Melton Strozier, Ph.D.

(Just a few observations after seeing patients for 30 years)

1. People are extremely social creatures—“Even a bad love is better than no love at all”.
2. People come to therapy wanting two things:
   1. Not to hurt,
   2. Not to change.
3. Change is incredibly hard.
4. Freud was right—biology is destiny. We work with the small percentage of things that people can change, and/or help them cope with what they cannot.
5. When a husband makes an appointment for couples therapy, you are usually going to work very, very hard.
6. When a wife says her husband won’t come in, see rule #2. Most husbands come in when their wife really asks them to, or when we do.
7. People are equal but different. Know the differences. Relate as much as you can to everyone from their own Gestalt.
8. We like to think we’re culturally sensitive. We’re not. Some things we not only don’t know, but also would never even think about. My wife told me, “You don’t know what it’s like to be a 5’2” woman, leaving her office after dark knowing that she does not have the physical strength to resist male attackers.” I’m getting older and have less physical strength. I think about her comment often. It scares me.
9. Children are wonderful barometers—pay special attention to “problem” children—they usually have the best grip on what’s really going on in the family.
10. In working with families, people KNOW there is absolutely no problem that would not be better if their spouse, child, or parent would just change. We have to juggle that.
11. Pay attention to your own countertransference—learn to match it to particular types of patients—this is often more diagnostically valuable than the DSM.
12. Play the little game in your head called “How would I feel if this person was my neighbor?”
13. In ethical dilemmas, talk to colleagues, consult the code of ethics, and play the little head game called “I’m on the witness stand in the courtroom and an attorney is asking me these questions…”
14. Fritz Pearl was right—most verbal communication is a lie. In a test to determine who could determine if a person was lying or telling the truth, only Secret Service people could do so consistently. My hypothesis—they don’t listen to what people say; they only watch what they do.
15. No matter what someone tells you, watch what happens when they say it, and don’t let it just pass by.
16. Wherever we go, there we are. People will always re-create their pathology in the room with you. Watch for it—catch it when it happens—be a process junkie.
17. In chemical dependency cases, there is a sure way to know if the patient is lying—their lips are moving.
18. Real estate—know three things—location, location, and location. Substance abuse—know three things—denial, denial, and denial.
19. Unless you are in recovery yourself, you haven’t “earned the right” to speak to addicts and alcoholics aggressively enough. You will be ineffective until they bring you a white chip from an AA group.
20. No matter how skilled you are, people will not respond unless they know you care for them.
21. No matter how badly someone is behaving, always remember that everyone is doing the best they know how at any given point in time.
22. There are three reasons why people don’t do better:
   1. They don’t know how,
   2. They can’t, and
   3. They don’t want to.
   With 1, support and educate them. With 2, get them medicine and a lot of therapy. With 3 (which is rare), leave them alone. They are either just happy the way things are, or they are a sociopath.
23. Always remember that in all of life, including therapy, everything has a beginning, middle, and end. Be aware of this in all things.
24. Psychological testing is invaluable in more instances than it is asked for. But never produce a report without knowing who the person is and what their life is like.
25. Never become so jaded that you forget to marvel at the human struggle and courageousness our patients demonstrate every time they come in. Remember we are honored and privileged that they have chosen us to be a part of their struggles.
26. “Everything old is new again…” When I hear of a new whiz-bang therapy, I usually think, “Didn’t we call that approach the…?”
27. “Remember Thou Art Mortal—Remember Thou Art Mortal—Remember Thou Art Mortal...”
Empirically-Supported Therapies...One Size Does Not Fit All: The Role of Culture in Treatment Recommendations

J. Kip Matthews, Ph.D.
AK Counseling & Consulting, Inc, Athens, GA

Empirically supported therapies (EST) have gained increasing attention from psychologists in response to socio-political pressures (e.g., managed health care, advancements in psychopharmacology, etc.) to better demonstrate the effectiveness and efficiency of psychotherapeutic interventions. Chambless and Hollon (1998) defined EST's as “clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population.” The EST movement was launched through the efforts of APA’s Division 12, Clinical Psychology producing a list of up to 71 treatments in the first few years.

There were a variety of reactions to the work produced by the Division 12 Task Force with a number of articles both criticizing and praising their work (e.g., Crits-Cristoph, 1996; Elliot, 1998; and Henry, 1998). Specific concerns to listing EST’s have revolved around two areas. First, some writers expressed fear that this would give managed care organizations power to dictate the treatment process, further weakening the role of behavioral healthcare providers in counseling clients (Henry, 1998). Thus, psychologists and clients were concerned that a recipe approach to therapy would significantly limit treatment options. Another concern is that if a treatment or therapeutic approach is not identified on the list, some might suggest that those treatments are ineffective and should not even be considered (Beutler, 1998).

Conversely, Elliot (1998) noted that this movement had a number of benefits including better dissemination of our knowledge of the effectiveness of clinical interventions. In Elliot’s view, having a list of EST’s should help practitioners in their intervention/treatment planning and decision-making. Moreover, Chambless (1996) speculated that the EST movement would facilitate clinical training.

In 1996, a Special Task Group (STG) was formed to examine empirically supported interventions in counseling psychology (Wampold, Lichtenberg, and Waehler, 2002). This STG created a set of principles that would help the practitioner determine the efficacy of any particular intervention or procedure. These principles reflected counseling psychology’s value of diversity in all forms...diversity of settings, diversity of service providers and clients, and diversity of empirical methodologies.

The Division 12 Task Force report did not address the role of culture in determining the efficacy of the EST’s. Most of the research the Task Force reviewed paid minimal or no attention to the cultural aspects of their samples. Not surprisingly, many studies employed samples of convenience, using White, middle-class subjects. The underlying assumption is that if a particular approach is effective for White, middle-class individuals, then it is valid for all clients. In other words, one size fits all.

The 2002 APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists state that psychological service delivery, including research and practice, is enhanced by the knowledge and understanding of the intersection of cultural/ethnic variables with other aspects of identity including gender, sexual orientation, SES, disability status, age, religious/spiritual orientation, and educational attainment (APA, 2002). With this view, every interaction between psychologists and those we serve can be considered a cross-cultural interaction. How, then, can we expect any particular approach to be equally effective across all providers and all clients?

The Multicultural Guidelines have a number of implications for those involved in both the research and application of EST’s. First, psychologists must become more intentional about incorporating culture, in its broadest form, as a central and specific contextual variable while examining efficacy of treatment approaches. It is not enough to classify people into broad categories (e.g., Asian-Americans, Latino/as, etc.), but rather to look at specific culturally relevant factors such as acculturation level, cultural values orientation, and culturally bound self-construals (Quintana & Atkinson; 2002; Wong, Kim, Zane, Kim, and Huang, 2003).

Secondly, recognizing that there may be significant within-group variation, we must acknowledge that any particular treatment may work for some clients but not for others within any specific group. Consequently, a variety of research methodologies should be employed in our assessment of EST’s. For example, Bernal and Scharrón-Del-Rí o (2001) assert that a combination of hypothesis-testing and discovery-oriented research approaches should be used to advance treatment research with ethnic minorities. Finally, by assuming a “person-in-context” stance in our professional work, it becomes clear that no single list of EST’s will fit all people across all situations. The advancement of our field depends on the integration of scientific rigor with the art of the culturally competent practitioner; taking the research that is being generated and applying that cultural knowledge and awareness to those we serve.

J. Kip Matthews, Ph.D. is the Vice President and co-founder of AK Counseling & Consulting, Inc. More information can be found at: www.akcconline.com

References available upon request at drkip@akcconline.com.
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PRESENTER INFORMATION: (Attach full names of all presenters along with degrees, titles, positions, affiliations, addresses, and telephone numbers. This is important as it is for the conference program).

PROGRAM/WORKSHOP TITLE: 

LIST experience in your area of expertise, i.e., publications, workshops, etc.

DESCRIPTION: 100 words or less for the conference program (on a separate sheet).

TYPE OF PRESENTATION: (Check one)

- C.E. Workshop*
  - 1 hour
  - 2 hours
  - 3 hours
  - 6 hours

- Presentation Level:
  - Introductory
  - Intermediate
  - Advanced

- Poster Session
- Conversation Hour

*C.E. Workshop: Please enclose CV and clarify target audience (introductory or advanced). Enclosure of your CV is required for APA CE approval.

ROOM SETUP:

- Theater
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Please indicate if you have:

- Minimum number of attendants. Number: 
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AUDIO/VISUAL REQUIREMENTS:

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- Other: 

- I will be providing handouts. (If so, please forward copies to the GPA central office two weeks before the conference.)

The more information we receive from you prior to the conference, the better prepared we are for your workshop.

DEADLINE: DECEMBER 15, 2005

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Bernard C. Murdoch, Ph.D., Duke University*
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*Psychotherapy practice, Macon, GA 1955-2000; Chairman, Wesleyan College Psychology Department & Social Science Division; Dean Muskingum College, OH; Dean Presbyterian College, SC; Taught Graduate School, Mercer University; GPA President, Fellow and Life Member; President GA State Board of Examiners of Psychologists.
As we head into summer, we are thrilled to wrap up our year with the well-received Women’s Intensive, “Empowering Women as Agents of Change...One Woman at a Time.” The feedback from the workshop was incredible...and already there are requests for more like it from Division F. Our featured speaker was Nina Utne, who is highly active in her work toward enlightening and empowering women in the professional and personal arena. The breakout sessions were also a highlight, with offerings of “Difficult Dialogues,” “The Everyday Ethics of Social Justice,” “Self-Empowerment: Keeping Hope Alive,” “Raising Socially Conscious Children,” and “Making Change Happen.” The workshop was a brilliant success, and thank you to Nina Utne and all the workshop breakout speakers, as well as those who helped with all the hard work to make this event possible. The workshop also raised over $400 for the Alternate Life Paths Program, which funds transitional housing for girls and women in at risk situations.

Division F sponsored several awards at the Annual Meeting, and a highlight every spring is our “Woman of the Year” award. This year, we are honored to give this award to Julia Perilla, Ph.D., who is a clinical community psychologist and Associate Research Professor in the Department of Psychology at Georgia State University. Dr. Perilla has worked extensively with victims of domestic violence, and founded Caminar Latino, a comprehensive intervention for Latino families affected by domestic violence. Our research awards were given to two individuals this year – first place was given to Anneliese Singh and second place to Krista Thomas. Congratulations to all of you.

Continued thanks to all our members for your support and feedback on the programs sponsored by Division F. Have a great summer.

The GPA Central Office owns an LCD projector which is available for member rental at $100 per day. The LCD is easy to hook up to your laptop for presentations. Contact us if you are interested (404-634-6272).
The past year for Division H (Sexual Orientation Issues) has been one of success and uncertainty. Under the guidance of its current Chairperson, Arlene Noriega, Division H continued its tradition of working for social and political change to improve the lives of lesbian, gay, bisexual, questioning, and transgendered (LGBQT) individuals. Division H joined with Division F (Women Psychologists), the greater GPA membership, and Georgians Against Discrimination to end discrimination against same-sex individuals and their relationships. The division also participated in a LGBTQ Health Awareness Fair, developed an expanded directory of LGBQT-affirmative psychologists and allied professionals, planned the participation in Atlanta’s Pride events in late June, and organized the upcoming half-day workshops on the intersection of sexual orientation and spirituality, to be led by Doug Haldeman on Friday, June 24th.

In spite of these commendable successes, the future of Division H became uncertain this year. As many of you already know, a proposal for Division H to go officially inactive was placed before the division’s Board members earlier this year by one of its most active members, Jim Fitzgerald, due to relative inactivity of the Division H membership. Most of the above successes had been carried out by the same few members and the Board. It appeared, initially, that the division would, indeed, agree to end 12 years of participation within GPA.

A small but vocal group of current division members, including Renelle Massey, one of the individuals who helped establish Division H, as well as non-members stepped forward to voice their concerns and disappointment that Division H could become inactive. With so many important issues facing gay, lesbian, bisexual, questioning and transgendered (LGBQT) individuals, some felt that too much was at stake to go inactive now. Some wondered whether the relative inactivity of the group’s membership in recent years had something to do with recent political setbacks with regard to the same-sex marriage debate and other recent anti-LGBQT election results. Others wondered if the inactivity was better explained by improvements in the social climate for LGBQT individuals.

The call for a vote to go inactive officially led to an active discussion on the division’s listserv. Many agreed with Renelle Massey’s opinion that the current political climate did not suggest that now was a time to go inactive. Same-sex marriage, adoption rights, custody rights, lack of insurance benefits, and continued discrimination in the workplace and other settings continued to be unsettled and vital issues still facing LGBQT individuals. Some of the division’s “veterans” expressed that they were “burnt out” from serving on the Board in previous years and were hoping the newer generation of LGBQT-affirmative psychologists would take the reigns and fill roles of leadership. Their inactivity was not a sign of apathy but of being worn out from the fight. Others expressed reasons for lack of participation in division activities which ranged from personal illness, to taking on new parenting roles, to professional commitments, to desires...
to work actively within other divisions. The opinions of those talking on the listserv seemed fairly united — “Stay active!”

In response to this discussion, the Board of Division H decided to postpone the official vote regarding active vs. inactive status, and an email-based survey was sent to Division H members and the larger GPA membership. Below are some of the results of the survey:

Sixteen current Division H members (representing 34% of the division’s membership) and 16 GPA members outside of Division H responded, for a total of 32 returned surveys. Twenty-seven of the 32 surveys indicated a desire for Division H to remain active; five voted for the division to go inactive. Of the five votes to go inactive, three came from non-Division H members. Recipients of the survey were asked to give input on the mission of Division H, should it remain active. Overwhelmingly, returned surveys indicated that the division should focus its attentions on: 1) being an educational resource for GPA psychologists on LGBTQ-related issues 2) being a source of support and networking opportunities for LGBTQ-affirmative psychologists within GPA, and 3) providing resources for GPA members on LGBTQ-related issues.

Among the responses, a clear pattern emerged. Those who completed and returned this survey wanted to attend programs or events that were organized for them by other Division H members, but many did not want to actively participate in organizing these activities.

The apparent outcome of the proposal to go officially inactive has been to breathe some life back into Division H. The Board put the proposal to a vote, and the division will not — at least not this year — go inactive. Elections for new officers are, at the time this article was written, being held, and most, if not all, of the Board positions will be filled by individuals who are running unopposed.

Now is the time for current members, past members, and new members of Division H to step forward, become active, and help shape the division into an organization that serves the needs expressed above — to be an educational, networking, and social support to LGBTQ-affirmative psychologists, their clients, and the larger GPA membership.

**Division H June Workshops Score a Hit! Sexual Orientation, Religion, and Spirituality: Difficult Intersections, Difficult Dialogues**

Douglas Haldeman, Ph.D., Keynote Presenter, receives recognition from Dr. Noriega. Dr. Haldeman, is the Past-President of APA’s Division 44, Lesbian, Gay and Bisexual Issues, and a member of APA’s Council of Representative. An active member of the Washington State Psychological Association, Dr. Haldemann, has received numerous awards for his work on Lesbian/Gay/Bisexual issues.

Allan Vives, Ph.D., Division H Chair receives his gavel from Arlene Noriega, Ph.D., Outgoing Chair.
Learning Psychology

Jim Dillon, Ph.D.
University of West Georgia

Psychology’s future will be as bright as the education of the next generation of psychologists. Teaching psychology is thus an important task, and one for which many of us are unprepared. For the most part, our professional training takes place in large universities where graduate teaching assistantships involve working with large introductory classes. What this means is that most of us have learned to teach in the traditional lecture style, one of the few feasible options with such big groups of students.

The lecture cannot and should not be replaced. However, the traditional arrangement has some serious limitations that need to be supplemented with other methods. Students do not retain much of what they learn in lecture-only settings. Further, the lecture does not provide students with many opportunities for engagement and reflection, both of which are key to long-term learning and personal development. One of the activities that the classroom assessment literature has shown to be particularly effective for both retention and engagement is the seminar.

Many of us think of a seminar as an open discussion. Teachers often try to “open the floor” to questions and are frustrated by the lack of student response and interest. Understandably, they soon toss the seminar from their teaching repertoire. But the seminar is actually much more rule-governed than a free discussion.

When trying to use the seminar, it is important to describe its nature and purpose to students at the beginning of the semester. Seminar is an opportunity to systematically and democratically reflect upon important texts for discrete periods of time. During our first few meetings, I have students write down and then discuss things that teachers have done with them in the classroom that really helped them learn, and things teachers have done that haven’t. From this we generate some “seminar rules” that will govern our discussion over the semester. Students now “own” the discussion and see it as connected to their learning.

During these initial meetings, I also present students with the goals of seminar discussion. These will vary from professor to professor, but some of mine include “respecting others’ opinions,” “articulating your views out loud,” “learning to work with difficult ideas,” “thinking through problems that do not have easy answers,” etc. I then have students circle which goal they think will be hardest for them to achieve. We then go around the room and share this information with each other. This convinces students that everyone in the room—including the professor—struggles with something and is not a perfect student. All of this is important groundwork before actually conducting a seminar.

I usually use a seminar to supplement a 20-30 minute lecture. I choose a 2-3 paragraph piece of text that will amplify whatever I am trying to cover in class, e.g. the difference between sensation and perception, the nature of memory, mind vs. brain. The text should be small and complex enough to provoke thought and discussion. I typically have a student read the text aloud, while the remaining students follow silently. Students then formulate a discussion question that will initiate and guide the seminar. I stress that discussion questions should be short, easy to understand, and formulated in such a way as to be interesting to other students. Students present their questions to the group.

We select one as a point of focus and then begin our discussion.

There are many structural variations that can be employed in a seminar. For example, the seminar can be staged as a debate between two sides of a controversy. In large groups, students who do not participate in the seminar for that day can observe and take notes on the smaller group having the discussion. After the smaller group is finished, the larger group can be invited to discuss how well they thought the discussion went and weigh in on particular ideas that were previously on the floor.

I have also found it particularly effective to conduct meta-discussions every three or four weeks in which the topic of discussion is discussion itself. Students evaluate how well the group is working to facilitate learning. They share with each other what is helping and what might change to help them learn better. Sometimes they make a request to the group to change; sometimes they admit that they must change something in themselves.

While not perfect, targeted use of the seminar really can help students learn. Students learn best when they are encouraged to take responsibility for their learning rather than look to the professor to do their learning for them, when they must work through differences with others, and when they are called upon to articulate their questions and beliefs to others. Each of these conditions is present in the seminar.

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Ethics of Record-Keeping: Psychotherapy Notes & Progress Notes

William F. Doverspike, Ph.D., ABPP

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

At the 2005 GPA Annual Conference, one of the most frequent topics in hallway conversations related to the question of whether or not psychologists should keep psychotherapy notes. Although at first glance the answer may seem obvious, the matter is more complex than its initial impression.

PSYCHOTHERAPY NOTES

QUESTION: Do I have to keep psychotherapy notes?
ANSWER: Professional standards and state laws require psychologists to maintain records, but such statutes do not specifically require psychologists to maintain psychotherapy notes. According to the American Psychological Association (APA) Practice Organization, the HIPAA statutory definition of Psychotherapy Notes consists of the following:

Notes recorded (in any medium) by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. (2002, p. 3)

According to the HIPAA Privacy Rule, “Psychotherapy notes are limited to only that information that is kept separate by the provider for his or her own purpose, and contain sensitive information relevant to no one other than the treating provider” (Smith, 2003, p. 6). Rather than advising therapists to keep psychotherapy notes, which are the same as the traditional concept of process notes, some ethicists and legal analysts (e.g., Stromberg, et al., 1988; Harris, 2004, Younggren, 2005) recommend that therapists keep progress notes. In contrast to process notes, which may include not only facts but also fantasies and free-associative material of interest only to the therapist, progress notes are factual and procedural. Progress notes are problem-oriented, behaviorally-descriptive, and outcome-focused on treatment planning.

PROGRESS NOTES

QUESTION: How much detail should I put into my progress notes?
ANSWER: This question should be answered within the context of the more general question: What has to be kept in records? As a point of historical reference, the APA General Guidelines for Providers of Psychological Services (1987) state that case notes minimally include dates and types of services as well as any “significant actions taken” (p. 717). The more current APA Record Keeping Guidelines (1993) specify the following:

Records of psychological services minimally include (a) identifying data, (b) dates of services, (c) types of services, (d) fees, (e) any assessment, plan for intervention, consultation, summary reports, and/or testing reports and supporting data as may be appropriate, and (f) any release of information obtained. (p. 985)

For licensed psychologists, Section 510-5-.04(1) of the Georgia Code of Conduct specifies that records of psychological services include:

(1) identifying data, (2) dates of services, (3) types of services, (4) fees, (5) assessments, (6) treatment plan, (7) consultation, (8) summary reports and/or testing reports, (9) supporting data as may be required, and (10) any release of information obtained. (p. 53)

Because the current 2003 Georgia Code of Conduct Section §510-5-.04 does not require the inclusion of some types of information (e.g., diagnosis) that were previously included in the 1994 Code of Conduct, it may be useful to review the types of information required for retention under the previous code. For licensed psychologists, Section §510-5(7)(a) of the 1994 Georgia Code of Conduct specified that professional psychological records include:

(1) the presenting problem(s) or purpose or diagnosis; (2) the fee arrangement; (3) the date and substance of each billed contact or service; (4) any test results or other evaluative results obtained and any basic test data from which they were derived; (5) notation and results of formal consultations with other providers; and (6) a copy of all tests or other evaluative reports prepared as part of the professional relationship. (p. 43)

Keep in mind that most managed care companies have published their own documentation guidelines that must be followed by providers who have signed contractual agreements. For example, Magellan Behavioral Health (1999) has published Documentation Standards for Behavior Treatment Records, which contains a provider checklist of 30 items that must be documented in the clinical record.

Recommendation: Combining the best of the old and the new versions of the Georgia Code of Conduct, a progress note should minimally include identifying information, date of service, type of service, and documentation of any significant actions taken by the psychologist. A progress note may also include information such as session start and stop times, progress toward goals, specific interventions used to address objectives, and the patient’s response to interventions.

In addition to containing progress notes, the complete record of psychological services should minimally include: (1) identifying data; (2) the presenting problem, reason for referral, purpose of sessions, and/or diagnosis; (3) types of
services, (4) fees and financial arrangements, (5) assessments, (6) treatment plan, (7) summary reports, testing reports, test results, or other evaluative results obtained and any basic test data from which they were derived; (8) consultation, notation, and results of formal consults with other providers; (9) supporting data as may be required, (10) dates of service, including the date and substance of each billed contact or service, and (11) any release of information obtained.

Recommendation: Combining the best of the old and the new versions of the Georgia Code of Conduct, a progress note should minimally include identifying information, date of services, type of service, and documentation of any significant actions taken by the psychologist. A progress note may also include information such as session start and stop times, progress toward goals, specific interventions used to address objectives, and the patient’s response to interventions.

In addition to containing progress notes, the complete record of psychological services should minimally include: (1) identifying data; (2) the presenting problem, reason for referral, purpose of sessions, and/or diagnosis; (3) types of services, (4) fees and financial arrangements, (5) assessments, (6) treatment plan, (7) summary reports, testing reports, test results, or other evaluative results obtained and any basic test data from which they were derived; (8) consultation, notation, and results of formal consults with other providers; (9) supporting data as may be required, (10) dates of service, including the date and substance of each billed contact or service, and (11) any release of information obtained.

Coming next issue: What is a “summary” of the record? How much time should be spent on writing notes, keeping records, and maintaining documentation?
OFFICE SPACE

Buckhead
Spacious, quiet office available in Buckhead location, view of downtown skyline. Two office suite with established psychiatrist in other office, call 404-233-4261 for further information.

Midtown
Great Mid-Town Location! Near City Hall East - 547 Ponce de Leon Ave. Spacious newly renovated offices; great waiting area; beautifully furnished conference room for group work; ample parking. Secured building and parking lot. Perfect for individual practices or small group practice. Call Burt Tillman, TILLMAN & YORK, LLC, 404-315-0000, ext.“8118”.

Dunwoody

Decatur
Charming, bright office with fireplace & cabinets in renovated/soundproofed bungalow available for full-time practice August 1 at $530/month. Smaller office avail for part-time/hourly. Near Marta/downtown Decatur. Contact Wendy West 404-218-8141 or wendygrw@mindspring.com.

North Druid Hills/Lenox Area

New 14’ x 12’ office with one wall in windows and extra sound protection. Rent is $850 and includes phone, fax/copier, waiting room, and play therapy room. On Buford Hwy. Near Midtown/Buckhead/ Lenox area. Free parking, handicapped accessible/Marta. Mary Summersville at 404-431-4359.

Norcross
Norcross/Peachtree Corners: Large furnished office with windows in an established psychotherapy practice. Call Loretta Steurer at 770-449-0815.

Lawrenceville
Newly renovated and nicely appointed space in office condominium complex next to Summit Ridge with ample parking, security system and night lighting. Current tenants are mental health professionals – psychiatrists/psychologists. Utilities and weekly cleaning service included in rent. Office rent - $425 unfurnished/$475 furnished. Contact Janet Cox, 404.816.3475 or janetcox@bellsouth.net.

Welcome New GPA Members!

Full Members
Gayle M. Robbins, Ph.D.
CAPS/UGA
370 River Road
Athens, GA  30602-1755

Burton Bradley, Ph.D.
1803 Haygood Drive, NE
Atlanta, GA  30307

Sandra Schein, Ph.D.
2833 Orion Drive
Decatur, GA  30033

Constance West, Ph.D.
Fulton Cty Juvenile MHC
395 Pryor Street, SW/Ste 2128
Atlanta, GA  30312

Jay A. Weinstein, Ph.D.
2160 Fountain Drive
Snellville, GA  30078

Student/Post Doc
Lizbeth Ann Archer
5312 Mandrake Ct.
Raleigh, NC  27613

Shelley Hersh
6595 Roswell Rd., #224
Atlanta, GA  30328

Stacy Smith
224 Cole Drive
Marietta, GA  30068

Shelly N. Waters
9211 Wesley Providence Pkwy.
Lithonia, GA  30038

Hetal Patel
457 Lee Lewis Road
Moultrie, GA  31768

Scott Smith, Psy.D.
3995 South Cobb Drive
Smyrna, GA  30080

China D. Allen, Ph.D.
1720 Peachtree St., NW
Suite 325N
Atlanta, GA  30309

Mark Gapen
138 Kirkwood Road, NE, Apt. 13
Atlanta, GA  30317

Rashaana Blenman
204 Summit Springs Drive
Atlanta, GA  30350

Martha Stroh, M S
3197 Post Woods Dr., Apt. D
Clayton Ctr, Jonesboro
Atlanta, GA  30339

Edward C. Fernandez, Ph.D.
U. S. Penitentiary
601 McDonough Blvd.
Atlanta, GA  30315

Phillip Stepka
4010 Chipley Court
Roswell, GA  30075
CONTINUING EDUCATION WORKSHOPS

Invited Workshops for 2005-2006

1. September 16, 2005
Understanding International Terrorism And Terrorists: Psychosocial Perspectives
Anthony J. Marsella, Ph.D., D.H.C.
9:00 am-12:00 pm, Location: Marriott Century Center Hotel
Workshop Description: This presentation will discuss current knowledge regarding psychosocial forces that contribute to the emergence and growth of international terrorism and terrorism, with a special focus on Islamist figures, and cultural variations in the construction of reality (i.e., values, beliefs, perceptions, motivations, epistemologies). The focus will include explanatory frameworks for understanding the complex psychosocial forces that enable, inform, and sustain terrorism.
Presenter: Anthony J. Marsella is Professor Emeritus, Department of Psychology, University of Hawaii. Dr. Marsella has been the recipient of numerous awards including the APA award for the International Advancement of Psychology. His most recent book, Understanding Terrorism: Psychosocial Roots, Consequences, and Interventions, co-edited with Fathali Moghaddam, was selected as a title of the year by CHOICE (Current Reviews for Academic Libraries), American Library Association.

2. September 23, 2005
The HIPAA Security Rule: Getting Ready
Paul Berman, Ph.D., Director of Professional Affairs, Maryland Psychological Association
9:00 am-12:00 pm, Location: Marriott Century Center Hotel
Workshop Description: This workshop presents an overview of the basic elements of the HIPAA Security Rule as it specifically relates to psychologists and other mental health professionals. The workshop will provide attendees with the understanding and skills to undertake compliance activities as part of their obligations under new federal requirements to assure the security of confidential electronic patient information.
Presenter: Dr. Paul Berman has been actively involved with legal, ethical, and legislative issues related to Insurance and Managed Care for more than fifteen years. Dr. Berman serves as a liaison between psychologists, managed care/insurance companies, state agencies, and other professional associations. Dr. Berman is an invited speaker from APA.

3. September 30, 2005
Help Your Mind, Help Your Body
Nancy McGarrah, Ph.D. and Richard Blue, Ph.D.
1:00-4:00 pm, Location: GPA
Workshop Description: The Mind/Body Health campaign will position psychologists as the best trained to help the public understand the intersection of psychological and physical health—or, the mind/body connection. The campaign will focus not only on the mind/body connection in general, but also on three areas much in the news: stress, obesity, and heart disease.
APA is offering materials as part of a continually updated online toolkit intended to help psychologists hold or participate in public education campaign outreach opportunities, such as health fairs and other community events. The materials provide information on how to participate in local events, useful statistics and data on mind/body health, and tips and strategies on dealing with the media.
Presenters: Nancy McGarrah, Ph.D., is a licensed psychologist and co-director of Cliff Valley Psychologists, P.A. She is a Past President of GPA, has served on the advisory boards of many child and family advocacy organizations, has authored numerous articles and papers on subjects pertaining to mental health. Dr. McGarrah has served as the Public Education Chair for Psychology for the state of Georgia for the past several years and is involved in educating the public through discussions and training sessions.
Rick Blue, PhD, ABPP, is a licensed Psychologist in Georgia, North Carolina and Virginia. He is a Diplomate in Counseling Psychology from the American Board of Professional Psychologists. His thirty years of experiences have included Community Health Psychology, Director of Psychology at Charter Hospital of Winston-Salem, NC for twelve years and currently he is in solo practice in Sandy Springs where he specializes in all relationship issues. He currently has a weekly radio show on Star 94.

4. October 8, 2005
Ethical Decision-Making for Mental Health Professionals and the New APA Ethics Code (Ethics C.E.)
Stephen H. Behnke, J.D, Ph.D. Director, APA Ethics Office
9:00 am-12:00 pm, Location: Marriott Century Center Hotel
Workshop Description: The workshop will address ethical decision-making, the relationship between ethics and law with specific attention to state law, and ways to minimize exposure to legal and ethical liability. The program will highlight significant differences between the 1992 and the new Ethics Code, with emphasis on differences most relevant to practitioners of various disciplines.
Presenter: Dr. Stephen H. Behnke received his J.D. from Yale Law School and his Ph.D. in clinical psychology from the University of Michigan. Dr. Behnke later directed a program in research integrity, in the Division of Medical Ethics at Harvard Medical School. Dr. Behnke is Director of Ethics at the American Psychological Association.

5. October 9, 2005
Ethical Decision-Making for Mental Health Professionals and the New APA Ethics Code (Ethics C.E.)
Stephen H. Behnke, J.D, Ph.D. Director, APA Ethics Office
2:00-5:00 pm, Location: Savannah, Georgia
6. October 21-22, 2005
Forensic Examinations Involving the MMPI-2: Using the MMPI-2 in Personal Injury, Employment, Criminal, and Parenting Matters
Roger Greene, Ph.D. and Stu Greenberg, Ph.D.: In-depth MMPI
9:00 am-12:00 pm, 1:00-4:00 pm ea. day, Location: Marriott Century Hotel
Workshop Description: This workshop will present the use of forensic examinations involving the MMPI-2 in a variety of forensic settings. This will include the basics of forensic examinations, the relevant law and legal procedure, and how the MMPI-2 works, its validity & clinical scales, and its uses & misuses in forensic applications. An overriding goal will be to distinguish fact from fiction in the MMPI-2 testimony of experts.

This workshop will also provide psychologists with practical working knowledge of the forensic application of the MMPI-2 from two nationally recognized experts.

Presenters: Roger L. Greene, Psy.D., is a Professor at Pacific Graduate School of Psychology in Palo Alto CA. where he teaches in the Forensic Specialization Sequence and the J D/PhD program. Dr. Greene has written a number of texts and articles on the use of the MMPI. His books on the MMPI/MMPI-2 have been among the standard references for over two decades. Dr. Greene is a frequent presenter on the MMPI-2 for the American Academy of Forensic Psychology.

Stuart A. Greenberg, Ph.D., ABPP/ABPP. Dr. Greenberg is a clinical faculty member at the University of Washington, Seattle. He is a Fellow in both the American Academy of Forensic Psychology the Society for Personality Assessment in. Dr. Greenberg was elected President of the American Board of Forensic Psychology in 2002 and chaired the committee that wrote the first national examination for ABPP Board Certification in Forensic Psychology. He currently is vice-chair of the Specialty Guidelines for Forensic Psychologists revision committee.

7. November 4, 2005
The Clinical Implications and Applications of 30 Years of Research in Near-Death Experiences
Paul Schenk, Psy.D.
9:00 am-12:00 pm, Location: GPA
Workshop Description: The workshop begins with a critical analysis of what has been learned in 30 years of research on near-death experiences. Drawing on family/systems research, Dr. Schenk will present a theoretical model derived from her 1999 article in the American Journal of Clinical Hypnosis which explores some of the resulting clinical implications and applications of this research. Building on classic work in dream interpretation by Jung, Perls and others, he will discuss strategies for the clinical use of facilitated imagery.

Presenter: Paul W. Schenk, Psy.D. Dr. Schenk is an Approved Consultant with the American Society of Clinical Hypnosis. He is the current president of the Georgia Hypnosis Society. In addition to presenting numerous workshops related to hypnosis, his writings include a book (2003) about near death experiences.

William Doverspike, Ph.D.
Consulting With Colleagues: Interactive Discussion of Common Ethical Dilemmas (Ethics. C.E.)
9:00 am-12:00 pm, Location: GPA
Workshop Description: The workshop will consist of a sampling of some of the most common scenarios and questions that are encountered in ethics consultations. With an emphasis on applying ethical principles to clinical situations, the workshop will be based more on interactive case discussions of scenarios involving ethical dilemmas. As an ethics consultant for several professional organizations, Dr. Doverspike will lead a discussion among participants in order to explore creative solutions to common ethical dilemmas.

Presenter: William F. Doverspike, Ph.D. is a former President of the Georgia Psychological Association (GPA) and a member of the Advisory Panel of the GPA Ethics Committee. He is the author of Ethical Risk Management (1999), a practical handbook that evolved out of his experiences as a member of the GPA Ethics Committee. Dr. Doverspike provides ethics consultations on a daily basis to a variety of mental health professionals including psychologists, counselors, and social workers.

J anuary 27-29, 2006
Division E Midwinter Conference (Brochures to be mailed)
Location: Emerald Pointe, Lake Lanier Islands
"The Illusion of Therapy: Discover the Magic Within"
Keynote Presenter: Froma Walsh, Ph.D.

9. February 17, 2006
Divorce-Related Adjustment Problems in Children and Their Parents
Ann Hazzard, Ph.D.
9:00 am - 12:00 pm, Location: GPA
Workshop Description: This workshop will provide the general child or adult clinician with information about evaluation, child interventions, and parent consultation to address common divorce-related problems. Topics will include defining one’s role, developmentally appropriate contact plans, and addressing children’s reactions to loss and continued parent conflict. Participants will be introduced to longitudinal research on factors affecting post-divorce adjustment as well as empirically-based interventions, including the work of Dr. Joan Kelley, who will be a featured speaker at GPA’s 2006 Annual Meeting.

Presenter: Dr. Ann Hazzard is on the faculty at Emory Medical School and has a private practice with a specialty in divorce-related issues.

Consulting With Colleagues: Interactive Discussion of Common Ethical Dilemmas (Ethics. C.E.) see description December 2, 2005
William Doverspike, Ph.D.
9:00am – 12:00pm, Location: GPA

11. March 17, 2006
Evidence Based Practice in Psychology: What It Means, Where It Is Headed, & How It Affects Practitioners
Carol Goodheart, Ph.D.
9:00am-12:00pm, Location: Marriott Century Hotel
Workshop Description: This workshop describes Evidence-Based Practice in Psychology (EBPP), introduces the multiple streams of research evidence that inform and guide practice, presents the role of clinical expertise, and discusses the need for careful attention to patient characteristics, culture, preferences, and values. The process and findings of the APA Task Force on EBPP are discussed. Clinical examples are integrated throughout the workshop.

Presenter: Dr. Goodheart is the Co-Chair of the APA Presidential Task Force on Evidence-Based Practice. She is co-editor with Alan Kazdin and Robert Sternberg of the book Practice and research perspectives on the evidence for psychotherapy (in press). Dr. Goodheart is Past President of Psychologists in Independent Practice, the current Treasurer of the American Psychological Association (APA) and serves on the APA Board of Directors.
Workshop Description: This workshop presents a conceptual framework for the theory and treatment of psychopathology, which includes the recognition of four characteristic perspectives by which clinical phenomena are understood. Each perspective (the disease model, the dimensional model, the behavioral model and the life-story model) has its own characteristic forms of reasoning, its own strengths, and its own weaknesses. A major goal of the workshop is to describe how the perspectives can inform clinical practice and teaching, and provide a reasonable compromise between unprincipled eclecticism and dogmaticism. The workshop will provide multiple examples of how the conceptual framework can be applied to concrete clinical problems.

Presenter: Patrick Barta has an M.D. degree from Johns Hopkins University as well as a Ph.D. in Biomedical Engineering, also from Johns Hopkins. He is an Associate Professor of Psychiatry at the Johns Hopkins Hospital, and an Associate Professor of Biomedical Engineering at the Whiting School of Engineering at Johns Hopkins University. Dr. Barta's clinical interests include major mental illnesses, especially schizophrenia, neuropsychiatry, and rehabilitation of the chronically mentally ill. His research involves the analysis of medical imaging data in patients with psychiatric conditions.

April 7, 2006
The Effective Integration of Clinical Psychopharmacology into the Clinical Therapeutic Process: A “New” Paradigm in the Age of the Prescriptive Privilege or “Business as Usual” with the Split Treatment Model? (Psychopharmacology C.E.)
Arthur Schlosberg, Ph.D.
9:00am-12:00pm, Location: TBA

Workshop Description: The introduction of legislative authorization of limited prescriptive privileges in NM and LA creates a defining opportunity for the profession to re-evaluate the role of clinical psychopharmacology and its impact on the nature and scope of practice, and on the process and outcome of therapy. Within the context of clinical psychopharmacology, this workshop will examine effects on the therapeutic process, the therapeutic alliance, and the ultimate achievement of therapeutic goals.

Presenter: Arthur J. Schlosberg, Ph.D. is Associate Professor at the Georgia School of Professional Psychology where he teaches physiological psychology and clinical psychopharmacology. He has served as Assistant Professor, Neurosurgery Section/Surgery Department, Medical College of Georgia, Assistant Professor, Department of Psychiatry/Neuroscience Program and Department of Psychology, University of Alabama and as postdoctoral neuroscience fellow in the Laboratory of Brain and Metabolism at MIT.

April 28, 2006
An Introduction to Psychological Assessment with Individuals with Autism Spectrum Disorders
Jonathan Campbell, Ph.D.
9:00 am-12:00 pm, Location: TBA

Workshop Description: Dr. Campbell will provide an overview of psychological assessment of individuals with autism spectrum disorders, such as Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, and Childhood Disintegrative Disorder. The workshop will review findings in the domains of cognitive functioning, adaptive behavior, and social communicative functioning that may guide differential diagnosis. Dr. Campbell will also provide an introduction to measures used to assist with differential diagnosis, such as parent interviews and semi-structured observations.

Presenter: Dr. Jonathan M. Campbell is an Assistant Professor of Educational Psychology at the University of Georgia. He received postdoctoral training at the Yale Child Study Center. Dr. Campbell is an editorial board member for the Journal of Psychoeducational Assessment and the Journal of Pediatric Psychology. He currently serves as the Director of the School Psychology Clinic and teaches doctoral level seminars on autism spectrum disorders and pediatric psychology applied to school settings.
Recent Advances in the Treatment of Bipolar Spectrum Disorders in Children and Adolescents
Presenter: Ashraf Attalla, M.D.
Date: August 5, 2005
CE: 5 Hours
Location: Ridgeview Institute
Contact: Dianne Gayl/ 770-434-4568 or dgay@ridgeviewinstitute.com

Divorce & Custody Issues Impacting the Psychotherapist Practitioner
Presenter: Howard A. Gold, J. D., MSW
Date: August 19, 2005
CE: 3 Hours
Location: Ridgeview Institute
Contact: Dianne Gayl/ 770-434-4568 or dgay@ridgeviewinstitute.com

Addictions, Start to Finish: Assessment, Treatment, and Ethical Concerns (Ethics C.E.)
Presenter: Stephen Mathis, Psy.D.
Date: August 26, 2005
CE: 4 Hours
Location: Peachford Conference Center, Atlanta, GA
Contact: Dr. Stephen Mathis, 770-645-1800, ext. 11

Clinical ADOS Workshop
Presenter: Catherine Rice, Ph.D.
Date: August 30-31, 2005
CE: 12 Hours
Location: Emory Conference Center
Contact: Sharon Hynes/ 404-727-8350 or shynes@emory.edu

Communicating Across Differences
Presenter: Michael B. Rosenberg, Ph.D.
Date: September 2, 2005
CE: 6 Hours
Location: Winshop Ballroom/ Emory University
Contact: Mark Feinknopf/ 770-938-1558 or info.sacredspace@mindspring.com

Therapists of Film: Issues of Treatment & Professional Identity
Presenters: Sherry McHenry, Ph.D.; Jackie Johnson, Ph.D.; Gus Kaufman, Ph.D.; Helen Coale, LMFT, LCSW; Bruce Pemberton, Ed.D.
Date: October 7, 2005
CE: 3 Hours
Location: Peachford Conference Center/2153 Peachford Rd/Atlanta, GA 30338
Contact: Penny LeNormand/770-986-1817

PsychoNeuro Immunology
Presenter: Richard Blue, Ph.D., ABPP
Date: November 18, 2005
CE: 3 Hours
Location: Peachford Conference Center/ 2153 Peachford Rd/Atlanta, GA 30338/
Contact: Penny LeNormand/770-986-1817

Be sure to visit our new website
www.gapsychology.org
TESTING MATERIAL & EQUIPMENT

Large practice in South Georgia downsizing. Psychological, Vocational and Neuropsychological testing equipment and materials for sale. Items include multiple sets of WAIS-III, WISC-III, and WIPPSI-III; a complete 17 unit VALPAR vocational laboratory with additional single units and storage (will not separate); Learning Disability testing materials, etc. Please contact: Dr. Shirley Chandler at (229) 228-6182 for more information and a complete listing of items available.

VACATION OPPORTUNITIES

For Rent: Can you resist a beach house named Dreamweaver? Located at Carillon Beach in the Florida Panhandle between Panama City and Destin. This 2 bedroom, 2-bath house sleeps 5 comfortable and is 27 yards to beach access. Rental fee discounted 30% of listed price for psychologists (based on availability). For more details, visit www.emeraldwaters.net (click on Carillon Beach Rentals). Contact Ellen McBrayer, 770-378-6091.

ANNOUNCEMENTS

A workshop with Paula Reeves, Ph.D. Synchronisms and Spirituality: The Heart of the Matter, Saturday, October 8, 2005. Decatur, GA 30030. Sponsored by The Society for the Integration of Spirituality into Psychotherapy (SISP). For a brochure about the workshop or information about SISP, please call Dayle Hosack at 404-818-6535.

The Down Syndrome Association of Atlanta will be holding it’s first “Betting on the Future,” a Casino Night on November 12 at Atlanta National Golf Club, Alpharetta, Georgia. The evening will include an array of art, services, memorabilia, and products donated by citizens and businesses across Georgia in a fantastic silent auction, raffle, faux-casino gambling, live entertainment, buffet, and cash bar. For further information, please contact Becky Samitt about sponsorships, donations and participating in the committee at 770-619-0930 or bsamitt@pobox.com

For additional Calendar information, visit www.gapsychology.org and click on Calendar.
PROFESSIONAL TASK FORCES
Prescriptive Authority: Andrea Fleming, Ph.D.
Insurance & Managed Care: Michael Sessions, Ph.D.
Licensing Board Issues: Barbara Calhoon, Ph.D.
Children’s Legal Issues: Nancy McGarrah, Ph.D.
Scope Of Practice Issues: William Buchanan, Ph.D.
Business of Practice: Joni Prince, Ph.D.

STANDING COMMITTEES
Annual Meeting Committee: Nancy McGarrah, Ph.D.,
Rene Zweben, Ph.D., & Betsy Gard, Ph.D.
CE Committee: Joanne Peeler, Ph.D.
Ethics Committee: Steven Perlow, Ph.D.
Human Welfare Council: David Proefrock, Ph.D.
Grassroots & Federal Advocacy: Jennifer Kelly, Ph.D.
Legal & Legislative Committee: Marilyn Vickers, Ph.D.
Membership Committee: Andy Blatt, Ph.D.

CONSULTATIVE TASK FORCES
Academic Affairs: Susan Logsdon-Conradsen, Ph.D.
Colleague Assistance: Robert Margolis, Ph.D.
Disaster Response Team: Betsy Gard, Ph.D.
Disability Adjudication/GA Rehab.: John Mallet, Ph.D.
Ethnic Minority Affairs: Kaprice Brown, Ph.D. & Debra Roberts, Ph.D.
GAP-ACT: Marsha Sauls, Ph.D.
Interprofessional Affairs: Nick Humé, Ph.D.
Peer Review: Richard Gross, Ph.D.
Policy & Planning: Linda Campbell, Ph.D.
Public Education: Nancy McGarrah, Ph.D.

Emerging Professionals: Shawn Blue, Ph.D.

STAFF
Executive Director, Pat Gardner, CAE
Cyd Preston Wise, Director of Communications
Ellen McBrayer, Director of Business Services
Samantha Scott, Administrative Assistant
Robert Remar, Legal Counsel

ADVERTISING RATES
The Georgia Psychologist, the official publication of the Georgia Psychological Association, is published quarterly with a circulation of approximately 2,000. Please note: all ads must be submitted in black and white; Camera ready art in PMT or Velox form; halftones must be 133 line screen; no bleeds accepted. If any inhouse art production is needed, client will be billed accordingly. If your ad has been designed electronically, please submit all associated files by e-mail or disk along with a hard copy. Ad dimensions: Full page 7 (w) x 9 1/2 (h); 1/2 page, 4 3/4 h x 7 w (horizontal); 1/2 page, 9 1/2 h x 3 3/8 w (vertical); 1/4 page, 3 3/8 (w) x 4 3/4 (h). Mail to Cyd Preston, Advertising, Georgia Psychological Association, 1750 Century Circle, Suite 10, Atlanta, Georgia 30345. E-mail cydwise@gapsychology.org.

Publication Deadlines & Rate Card

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<td>November 17 (Winter issue)</td>
<td>1st Week of January</td>
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<tr>
<td>March 1 (Spring issue)</td>
<td>1st Week of April</td>
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<td>June 1 (Summer issue)</td>
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<td>September 1 (Fall issue)</td>
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Circulation — 2,000

ADVERTISING RATES

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Web-Site Classified Ads (ads are online for 6 weeks):

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Special Placement Ads:

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<td>Inside Cover – Full page:</td>
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MARK YOUR CALENDARS!

Division E Midwinter Conference
January 27-29, 2006
Emerald Pointe, Lake Lanier Islands
"The Illusion of Therapy: Discover the Magic Within"
Keynote Presenter: Froma Walsh, Ph.D.

2006 GPA Annual Meeting
May 25-27 (noon)
Hilton Sandestin Beach Golf Resort & Spa
Sandestin, Florida
Jointly sponsored by GPA &
the Family Law Section of the State Bar
Keynote Presenter: Joan Kelly, Ph.D.