



The Official Bulletin of Greater Pittsburgh Psychological Association

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Issue for Fall 2010

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## A View From the Chair

**Mick Sittig, Ph.D.**

President of GPPA

Two GPPA Board members, Dr. Ray Naar and Dr. Steve Feinstein, recently completed their terms of office. Their presence on the Board was deeply appreciated. I, and other Board members, will miss the wit and 'presence' of Ray and Steve. There's also some 'upbeat' news to report from the Board. The GPPA membership recently elected two new Board members: Dr. Jamie Pardini and Dr. Terry Wolinsky McDonald. Dr. Pardini is associated with UPMC's Sports Medicine program, as well as the neuropsychology training program at that facility. Jamie has made significant contributions to the field of post-concussion management, recovery, and rehabilitation. Dr. Wolinsky McDonald also worked in the neuropsychology arena and developed a most useful modification of the G.O.A.T., a tool used to measure movement away from an amnesic state. Terry recently developed a community-based private practice that includes a focus on treatment of anxiety and depression.

The BIG NEWS is the Legacy Awards Dinner that will occur on October 22, 2010, at the LeMont Restaurant on Mt.

Washington. You can read more about this event elsewhere in this edition of our newsletter. Our collective hat is off to Dr. Walter Howard Smith and Dr. Lillian L. Meyers, who will be recognized at this event.

Dr. Walter Howard Smith serves as Executive Director of Family Resources, a non-profit organization with a mission to prevent and treat child abuse by strengthening families and neighborhoods. Dr. Smith is the recipient of several awards that recognized his numerous contributions to the community, including the "Kids for Keeps Community Champion Award", the "Frieda G. Shapira Medal", and "Champion for Children Award".

Dr. Lillian L. Meyers is associated with the University of Pittsburgh's School of Medicine, Department of Psychiatry. Dr. Meyer's work history includes tenure as Director of Mayview State Hospital from the mid-70's to the late 80's. Dr. Meyers has accepted the nomination for a Legacy Award but is committed to a different venue on October 22<sup>nd</sup>. We will formally present Dr. Meyers with her Legacy Award in 2011.

Please make every effort to attend the Legacy Awards presentation and dinner on October 22. The cost of the dinner is significantly reduced for

GPPA members 'in good standing' – i.e., for dues-paying members! The Legacy Award dinner is one of the benefits that accrue as part of your membership. Another benefit is the significantly reduced rate of CE credits. Your dues payment serves to offset the cost of presenting CE workshops.

If you are not current with your dues, you will soon have an opportunity to get current when you receive your dues statement later this Fall. Please take the time to fill out this particular statement in a timely way. You will be asked to help us shape our future. Specifically, we hope to learn what GPPA members want to get out of their membership, where members stand on the national "Going Green" movement, and how we on the Board can continue to serve the interest of our members, our community, and the Greater Pittsburgh area.

Next-to-last: It has been an honor to serve as President of our GPPA Board. Katie Hammond Holtz is our new President. Yea, Katie!!! I'm looking forward to serving on the Board as Chair of the Membership Committee, along with Katie, Jamie, and any interested GPPA member who reads this article and wants to 'give back' to our membership.

## Legacy Awards Dinner October 22!

**Jamie Pardini, Ph.D.**  
Social & Networking Committee

GPPA and the Social Committee invite you to attend the thirteenth annual Legacy Awards Dinner, which will be held on Friday, October 22<sup>nd</sup>. We are delighted to host this dinner and celebration at the legendary LeMont Restaurant. Social hour will begin at 5:00 pm, followed by dinner at 6:30. The Legacy Awards ceremony will begin at 8:00. This year, we are proud to recognize Drs. Lillian Meyers and Walter Smith.

The event is open to GPPA members and a guest. The cost to attend the event is \$10 for GPPA members and \$25 for non-members. Please send fee and registration by October 15, 2010 to Jacki Herring, PhD at 195 Crowe Avenue; Mars, PA 16046. Any questions can be directed to Dr. Herring at 724-772-4949 or [Jaclyn.herring@gmail.com](mailto:Jaclyn.herring@gmail.com).

Come out and enjoy a wonderful dinner, beautiful view of the city, and lively interactions with your colleagues as we honor two of our community's leaders in psychology. See you there!

### **SAVE THE DATE!**

## **The Psychology and Neuropsychology of Traumatic Brain Injury Conference**

November 19, 2010 8:00a – 4:30PM  
Co-sponsored by the University of Pittsburgh Department of Physical Medicine and Rehabilitation, Division of Neuropsychology and Rehabilitation Psychology, and GPPA.  
For more information see page 6

## Legislation in Progress

**Arnold Freedman, Ph. D.**  
Chair, Legislative Committee  
[afreedman3@verizon.net](mailto:afreedman3@verizon.net)

### HEALTHCARE ISSUES-STATE

In Pennsylvania, the state legislature will be meeting only briefly during the fall as is typical during election years. Although the legislature did eventually pass a bill that would lend support for problem solving courts, it will likely leave unfinished a lot of business, including a bill that would require education on head injuries for high school athletes. The bill would also require high school athletes with suspected head traumas to get screened by a high level professional before returning to play. PPA strongly endorsed language that would include psychologists among those who can perform these screenings, although some groups wanted the eligible professionals restricted to physicians.

### HEALTHCARE ISSUES-FEDERAL

Nationally, recent years have seen mental health parity and comprehensive health care reform that could substantially impact the practice of psychology. Some optimists claim that parity and national health care will increase public access to quality psychological services. They note that it will increase the number of insured persons and those ensured will have greater access to mental health services because of reduced co-payments and deductibles and an end to arbitrary restrictions on the number of sessions. Pessimists note that mental health parity exempts employers with less than 50 employees, allows insurers to exclude diagnoses, and that regulators have yet to settle all of the questions related to the mandate for equality in non-quantitative aspects of treatment, such as managed care oversight. The net effect of these changes, they argue, will be at best to slow the decline in

public access to psychological services.

Others take a middle approach. Sam Knapp has argued that mental health parity alone can be expected to increase utilization by about 10. New coverage plans for the uninsured must have mental health coverage, so the eventual coverage of the uninsured will lead to another 8% having access to mental health treatment (Pennsylvania's uninsured rate of 8% is one of the lowest in the country). As a result, the demand for mental health services could increase by about 18% by 2014. Also, the new health care law will eventually require insurance companies to pay for preventive programs such as weight reduction programs or smoking cessation programs. Furthermore, there is some wording in the parity regulations that allow for the possibility that some of the more onerous managed care oversight mechanisms unique to mental health may have to be changed.

On the other hand, there are many unknowns. The eventual reimbursement levels for psychologists will be influenced substantially by Medicare fees, since many private insurers base reimbursement on a percentage of Medicare. Currently, there are several proposals to reduce the fees under Medicare and the outcome of these proposals will impact all psychologists, even those who do not participate in Medicare.

Also, it remains to be seen how much psychologists will take advantage of the patient incentives for health promoting or illness prevention programs. Furthermore, the new federal health care law will eventually require quality assurance programs. It is currently unclear whether these will be programs that actually improve patient care, or whether they will be window dressing quality programs that only increase administrative burdens on providers. Of course, all of this will also be impacted by other forces such

as the unemployment rate or state of the economy.

The net effect of these changes, in the eyes of many, leads to an atmosphere of cautious optimism. Although the potential exists for substantial improvement in the public access to quality psychological services, there are forces at play that could undo these gains.

Consequent to the above, it behooves all of you to stay alert to the unfolding processes that influence healthcare delivery. Money for reimbursement is likely to be tight, with competing forces struggling to get it as is the case now with Medicare (where technology seems to be given preference over face to face contact, which is psychology's forte). You must be ready to lobby your representatives for resources or they will shrink, in spite of a growing need for and acceptance by the public of our mental health services. I suggest you seek out contact with your state and federal representatives and senators so you can communicate the value of our services. APA and PPA have dedicated people for this work, but your grass roots support is essential to the successful prosecution of their job.

## Connecting with Teens' "Inner Adult"

Charles Bonner, Ph.D.  
Editor, *GPPA Report*  
[www.drbonneronline.com](http://www.drbonneronline.com)

**Book Review** of: Allen, J. & Allen, C.W. (2009) *Escaping the Endless Adolescence: How We Can Help Our Teenagers Grow Up Before They Grow Old* Ballantine Books.

Are you the parent of a teen? Do you work with teens and their parents in your practice? If so, you will welcome this recent book by Drs. Joseph Allen and Claudia Worrell Allen, psychologists involved both in

psychotherapy and research with teens. The book's core claims are that contemporary teens are too disconnected from the adult world, are insufficiently challenged in their daily activities, and are overindulged by their parents in ways that ultimately stunt their growth (this phenomenon has been referred to as "The Nurture Paradox"). As a result of the industrial revolution and the creation of mandatory high school in the early 20th century, teens' roles have shifted from actively contributing to their families (e.g. Working on family farms) to being passively served by others (including years of sitting in school). The Allens summarize this shift in describing how:

Adolescents who had previously been seen as competent and productive junior adults were now increasingly viewed as highly dependent and incompetent large children. Adolescence shifted from being a time of doing to being a time of preparing (p. 79-80).

The first half of the book reviews the historical context for the fact that adolescence is now often extended through the college years and beyond (Chapter 1's title: "Is Twenty-Five the New Fifteen?"). Did you know that ages 18-30 is now referred to as "Emerging Adulthood" by some developmental psychologists? To illustrate their points, the Allens include psychotherapy cases, examples from both the juvenile justice and education systems, anecdotes from their own lives, and data from research studies in a variety of disciplines.

In the second half of *Escaping the Endless Adolescence*, the authors detail the practical steps parents and other adults can adopt to help teens move sooner rather than later into basic adult competencies and responsibilities. Their mantra is "Let's put the adulthood back in adolescence!" (p.95), which includes the clever corollary of helping locate and cultivate teens' "Inner Adult". For example, parents all too often perform tasks for their teens (and even

preteens) that their kids are perfectly capable of learning to accomplish, perhaps with a little encouragement and modeling. The Allens use the metaphor of "scaffolding" to describe the type of support adults can provide teens to help them grow into capable adults, and they suggest that whenever parents are about to do anything for a teen, they should ask themselves (p. 175):

1. Why don't they know how to do that yet?
2. How can I best teach them?
3. Is this a good opportunity?

Common parental beliefs that interfere with implementing these guidelines include: 1) The teen won't get it right, 2) He will resist the request, and 3) I can do it faster than she. Besides such common chores as helping clean the home and doing the dishes, Allens add these to an adolescent task mastery list: Changing light bulbs, doing household repairs, cooking family meals, learning to shop for groceries, and making more phone calls relevant to the teen's life (e.g even calling to schedule doctors' appointments).

What I have learned from this book helped me recently when my 12 ½ year old son left a library book at the movies. He realized this once we were already home. My first impulse was to phone the theater and have them hold the book for us to pick up. Then I thought "Why can't he make the phone call himself? He can speak clearly and is not a shy boy." When I suggested this to my son, he was aghast with protest and anxiety! He worried that the person at the theater would judge him as foolish for forgetting his book and that he would feel embarrassed. I reassured him that this person's job was to help customers and that it is common for even adults to forget things at the movies. My son persisted in his protest, but he soon changed his tune when I said that if he did not make the call then the library would charge him for the lost book and that this would come out of his money. There's nothing like a real world, monetary consequence to instill the final dose of motivation required to

perform a difficult task. We rehearsed what he would say on the phone, he made the call, described the book he had lost, and much to his relief, learned that it had been found. His feeling after calling was clearly not just relief but pride—he could barely suppress his smile as he agreed that he had done a good job and that it went better than he expected. In making this phone call, my son had experienced what the motivation literature has called a “sense of mastery”. The Allens make the case that:

The sense of mastery is a powerful reinforcer; often, it seems, more powerful than simple physical rewards. . . . Again and again, however, we pass up opportunities to allow our teens the experience of mastery, usually in the mistaken notion that we are nurturing them and showing them love by doing things for them (p. 175).

The story of my son’s phone call illustrates another powerful principle: dispassionate consequences from the larger world can be more effective than parental nagging. When my son heard that he would have to pay the library fine, that tipped the motivational balance and convinced him it was worth tolerating the anxiety of the call. The Allens are very helpful in describing what this principle means for how parents should structure the household and communicate with their teens:

The goal is to create a house environment that does nothing more or less than dispassionately mirror the inevitable rewards and consequences of the larger world. . . . We find that figuring out how environments can provide such natural feedback requires a little thought and ingenuity, but ultimately this is the easy part; the hard part is to simply let these environments do their work. No lectures No nagging. Just natural feedback, perhaps punctuated every so often with the mildest of suggestions that the system is designed to help teens someday thrive as adults (p. 184).

I have found this a very helpful framework for counseling parents about how to transform communication habits with their teens. In particular, parents need to be weaned away from their over-dependence on lectures and criticism as the main mode of communication. The Allens advise parents to “. . . use the same conventions of respect and politeness when talking with teens that we use when talking with adults (p. 151). . . . Adults typically don’t learn from lectures and nagging; neither do teens” (p. 183).

One helpful suggestion is for parents to intentionally spend some time each week with their teen that is completely free of any effort to provide guidance, advice, or criticism.

The Allens also offer a valuable perspective for parents on how to hear and interpret their teens often rude, angry and confusing ways of expressing themselves or behaving. They propose the “Plus or Minus Five” guideline: i.e. consider your teen’s age to be equal to chronological age plus or minus five years, in this way capturing the wide variability in how he or she speaks and behaves. Here the authors summarize this strategy:

The approach we suggest is not to reply to the childlike portion of what’s being said, but to respond as though we’ve just heard an adult put forth a far-more-reasonable version of what we’d guess our teens might be feeling (p. 130). . . . Remember, there’s adult in there! Once we remember this, it’s easier to direct our conversation to that (often well-hidden) adult, in an effort to bring him or her to the surface (p. 131).

This speak-to-the-inner-adult script also requires parents to manage the strong emotions evoked by their at times antagonistic teens and avoid slipping into what the Allens call the “bickering script” (p. 130). The authors are compassionate toward parents and the inner emotional challenges they must navigate in helping their teens become adults. This

compassion is clear when the authors declare that “in some ways adolescence requires as much emotional work and growth on the part of parents as it does of teens” (p. 149-150). To connect with their teen’s inner adult, parents must remain moored to their own inner adult! It is a credit to the Allens that they have written a book that will help parents feel less alone in this task and more aware of what’s at stake in easing their teen’s transition to adulthood.

*Have you recently read a book that excited you and might interest other psychologists?*

*Write a review for the GPPA Report, and send it to me at [drbonner@mindspring.com](mailto:drbonner@mindspring.com)*

## Effective Communication – Where are the Leaders?

**Rex Gatto, Ph.D.**  
Gatto Associates, LLC  
[www.rexgatto.com](http://www.rexgatto.com)

How can something as seemingly simple as communication be the most complex and problematic issue in today’s business world?

Communication can have tremendous positive and negative consequences. Effective communicators create a connection between themselves and others through the communication of mutual understanding so they can focus on achieving goals. “Great Communicators” can be identified by their ability to communicate clearly where they want others to go and how they will get there. This ability differentiates real leaders that people want to follow from positional wannabes that people go along with to keep their jobs.

Many people in positions of leadership are telling us what is, but are they communicating as leaders or as managers, and what is the difference between the two? Leaders communicate from the perspective of

the present to the future while managers communicate from the past to the present. That is, managers focus on where we have been and tell us about where we are. Leaders, on the other hand, talk about a place to which we are going; it is like taking an organizational trip.

Effective orators realize the power of communication is the conversion of thought into action, the glue that holds teams together, sets the course and instills trust and confidence. Peter Drucker, the father of American management, says that sixty percent of all management problems are the result of ineffective communication. Communication is not only talking, but also listening, and is the essence of leadership. The leader must be able to share knowledge and ideas with passion, and convey a new understanding of thoughts and ideas that will influence us to take action.

A leader reinforces and communicates six key areas: 1) future goals, 2) how we get there, 3) when we'll get there, 4) who we'll get there with, 5) what we'll be doing and 6) progress updates:

1. Leaders, on a daily basis, describe where we are, and clearly state goals and results they are aspiring to achieve. The destination needs to be defined, like driving from Pittsburgh, where we are presently, to Chicago, our goal destination. Other possible destinations may be discussed, but clearly a leader justifies each option. Where are the two gubernatorial candidates going to take us? Leaders design and discuss, both formally and informally, the plan to reach our destination.

2. Leaders communicate the methods to reach the destination and may discuss other possible choices. We can arrive in Chicago by car, plane, bus, train, motorcycle, horseback, bicycle or on foot. Leaders communicate options and explain why a given approach is chosen. Leaders ensure on-time arrival through continual updates, course correction and

collection of input by listening. Leaders communicate the goal in terms that all understand, helping followers to know the measurable progress points through the goal achievement process

3. Since we are driving, we will be able to have check points along the way. So we will stop at Youngstown and ensure we are together, communicate our level of achievement to that point, and then continue to Columbus, onto Cincinnati through Indiana and onto Chicago.

Communicating daily our achievement and corrective actions, if needed, is critical to the leadership of an organization. Given these check points, a leader could estimate, and re-estimate, time arrival to our goal.

4. Throughout the trip, leaders communicate as to who is in the car with us and why. It is imperative that a leader be candid and differentiates the talent and ability of employees.

5. What are the responsibilities of the people while in the car traveling together? We need to be taking the most effective actions during the trip so we will meet our goals.

6. While traveling to the destination, effective leaders communicate by asking how followers feel as they move toward the goal. This is an opportunity to build team relationships through leadership communication.

Next time you listen to a political commercial or speech keep this in mind. Imagine if you and your governmental leaders put these six leadership communication concepts into practice. How different would they be as a leader and you as a follower? Are leaders communicating in the most effective manner? Measure the leaders against these six key areas. Congratulate those that are incorporating these key measurements, and, if possible, give feedback to those that are not. Further, use these six concepts and become the leader you want to be.

## Identity Recovery

Pavel G. Somov, Ph.D.

[www.drсомov.com](http://www.drсомov.com)

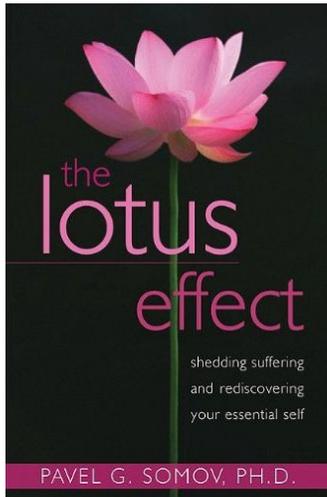
Identity theft is when someone identifies themselves as you and steals your resources. Identity giveaway is when you identify as someone else and surrender your sense of individuality and uniqueness. All identification with the external is a giveaway of your essence.

The word "identity" comes from the Latin word *idem*, which means "same." Identity is built through identification with the external, with what you are not. We determine our identities by comparing ourselves to "not-ourselves" and thereby try to determine who we are. We tend to think along the lines of "I am like this or that" or "I am like so-and-so or that-and-such." Therein lies the problem.

You aren't like anything or anybody else, even if you are similar. Similarity isn't sameness. No one is the same as you. Number 1.0000001 is very, very close to 1, but it still isn't a true 1. Only 1 is 1. And only you are you. There is no one like you. You are not an almost-you, or a kinda-you, or a sorta-you. You are one of a kind, fully and uniquely you! When we identify (equate) ourselves with the external, with what is not us, we ignore the very uniqueness that makes us different.

Recognize that uniqueness is beyond comparison. Recognize that you are beyond comparison. Recognize that as long as you define what you are by what you are not, you are exchanging your uniqueness and oneness for similarity. And, in so doing, you are giving away your identity and losing sight of your essential, unique self. Identification with the external is an identity giveaway. Identity giveaway, just like identity theft, is a loss of self. Look inside to re-discover yourself.

This an excerpt from Dr. Somov's new book *The Lotus Effect: Shedding Suffering and Rediscovering Your Essential Self* (Oct, 2010, New Harbinger)



couldn't afford it! Tom expanded my basic research skills and taught me SPSS, BMDP, and SAS so by the time I got into graduate school, I had a great foundation in research. I coauthored several articles with Tom and presented at professional conferences. Tom always believed in me and said he thought I was smarter than the tests showed and I have always appreciated his vote of confidence.

I had many mentors in graduate school, including to my advisor, Dr. Felicisima Serafica, also known as "Ping." When I was working on my Master's Thesis she made me go to writing tutors to improve my skills. I still remember how hard it was to take that feedback but it really helped me develop my writing skills, so much so that I have published three books and even edited the GPPA Report!

## Special Professional Education Section

### 1. The Psychology and Neuropsychology of Traumatic Brain Injury Conference

November 19, 2010 8:00a – 4:30;  
UPMC Mercy, Sr. Ferdinand Clark Auditorium A, located at 1400 Locust Street, Pittsburgh (near Duquesne Univ.)

Co-sponsored by the University of Pittsburgh Department of Physical Medicine and Rehabilitation, Division of Neuropsychology and Rehabilitation Psychology, and GPPA.

Recent stories in healthcare news have brought attention to the growing evidence of serious long term physical and cognitive deficits from traumatic brain injury. The march is on in both research and clinical settings toward developing successful rehabilitation methods applicable to the ongoing recovery after brain injury.

This conference, the first of its kind offered by the Greater Pittsburgh Psychological Association (GPPA) and the Division of Neuropsychology and Rehabilitation Psychology, Department of Physical Medicine at the University of Pittsburgh, will describe the role of the psychologist and neuropsychologist in the brain injury rehabilitation continuum of care.

This conference is designed for psychologists who care for or make referrals for individuals with traumatic brain injuries (TBI).

Topics will include:

- The development & implementation of rehabilitation plans
- Important community resources
- Basics of brain injury and current

## Consulting/Mentoring Forum

### Mentoring Memories

Sally Hoyle, Ph.D

[drsallyghoyle@hotmail.com](mailto:drsallyghoyle@hotmail.com)

I have several mentoring stories to share. When I was a sophomore at Brandeis University, a new faculty member, Dr. Malcolm Watson, gave me a volunteer job running his lab and helping with his research studies on children's play. This experience solidified my interest in the area of child psychology and my orientation as a developmental clinical child psychologist.

I then worked at Yale University in the department of Child Development as a research assistant. I didn't get into graduate school the first time because my GRE scores were not good enough. I was mentored for two years by Dr. Thomas Berndt, ran his lab and interviewed hundreds of children for his research on children's friendships. He advised me to take a GRE prep course and I did so even though I

### Share Your Mentor Memories!

Charles Bonner, Ph.D.

Editor, GPPA Report

- What are your most memorable mentor moments?
- Who had the biggest impact on your development as a psychologist early in your career?
- Would you be willing to share stories of your experiences as a mentor or as a mentee (or as Irv might say, mentar/menta)? The GPPA Report wants to publish mentoring stories. You are invited to write as little or as much as you want. Please send submissions to me at [drbonner@mindspring.com](mailto:drbonner@mindspring.com)

research

- Sports concussion and mild TBI
- The role of outpatient neuropsychology in TBI rehabilitation
- The role of neuropsychology in the rehabilitation of inpatient TBI

For details & registration information visit the Division of Neuropsychology and Rehabilitation Psychology site at [www.rehabmedicine.pitt.edu](http://www.rehabmedicine.pitt.edu); for questions call 412-648-6137

6.5 Continuing Education Credits are offered through the Greater Pittsburgh Psychological Association (GPPA). GPPA is approved by the American Psychological Association to sponsor continuing education for psychologists. GPPA maintains responsibility for this program and its content.

## 2. The Pennsylvania Psychological Association 2011 ANNUAL CONVENTION

June 15-18, 2011  
Hilton Harrisburg

### “Celebrating Human Performance in Mind, Body, Spirit, and Community”

The study of human performance is the study of life in microcosm. Human performance reflects the substance of individual and organizational determination. This determination helps reveal the possibilities of what people can accomplish. Whether struggling to overcome depression, anxiety or loss, improving health & wellness, or attaining a personal best, psychologists help others to achieve positive goals toward self-improvement. Mind, Body, Spirit, and Community define the essence of human existence and psychologists have much to offer in facilitating change in each area toward improving

human performance and human potential.

Celebrate with us! Help make PPA’s continuing education programs high-quality learning experiences. Submit your proposal today!

The Call for Presentations form is available in the CE-Convention Section of our Web site, [www.papsy.org](http://www.papsy.org). The deadline for submissions is October 10.

## 3. Continuing Education Calendar

Compiled by  
**Francine Fettman, Ph.D.**

### October

**Thursday, 10.14.10**

#### **Psychopharmacology.**

*Fran Miller, RN, MSN, BC.*

Doubletree Monroeville, 101 Mall Blvd., 412-373-7300.

CE Credits: 6. Fee: \$179.99; \$199.99 after 9.30.10. For information: [www.pesi.com](http://www.pesi.com) or 800-844-8260.

**Friday, 10.15.10**

SAME AS ABOVE, different location: Sheraton Hotel Station Square, 412-261-2000.

**Saturday, 10.16.10**

#### **Keys To Success with the Special Needs Child.**

*Linda Smith, Ph.D.*

Four Points by Sheraton Airport, 1 Industry Lane, 15275, 721-695-0002. 8:00-3:30.

CE Credits: 6. Fee: \$159; \$179 after 10.6.10. For information: [express.CrossCountryEducation. Com](http://express.CrossCountryEducation.Com) or 800-397-0180.

**Thursday, 10.21.10**

#### **Solutions for Impulsivity: Teaching Kids to Slow Down and Think.**

*Tonia Caselman, Ph.D., LCSW*

Sheraton Station Square, 412-261-2000. 7:30-4:00.

CE Credits: 6. Fee: \$184; \$199.99

after 10.7.10. For information: [www.pesi.com](http://www.pesi.com) or 800-844-8260.

**Wednesday, 10.27.10**

#### **Anxiety & Panic: Techniques to Blend Evidence-Based Approaches into Individualized Treatment**

*David Carbonell, Ph.D.*

Sheraton Hotel. Station Square, 412-261-2000. 7:30-4:00. CE Credits: 6. Fee: \$189.99; \$199.99 after 10.6.10. For information: [www.pesi.com](http://www.pesi.com) or 800-8448260.

### November

**Friday, 11.5.10**

#### **Current Trends in Pharmacology.**

*Thomas A. Smith, Ph.D. &*

*Barbara J. Smith, JD.*

Doubletree Hotel, Monroeville, 101 Mall Blvd., 412-373-7300. 7:30-3:30. CE Credits: 6. Fee: \$179; \$199 after 10.3.10, For information: [HealthEd.com](http://HealthEd.com) or 800-830-4584.

**Wednesday, 11.10.10**

#### **The Nuts and Bolts of Legal and Ethical Practice. And Risk Management**

*Edward Zuckerman, Ph.D.*

Hotel Station Square, 412-261-2000. CE Credits: 6. Fee: \$189; \$199 after 10.19.10.; 7:30-4:00. For information: [www.pesi.com](http://www.pesi.com) or 800-844-08260.

**Thursday, 11.11.10**

SAME PRESENTATION but a different location: Doubletree Hotel 101 Mall blvd. Monroeville, 412-373-7300.

**Friday, 11.19.10**

#### **The Psychology and Neuropsychology of Traumatic Brain Injury**

UPMC Mercy Hospital, Sr. Ferdinand Clark Auditorium A 1400 Locust Street, Pgh. PA 15219 (near Duquesne Univ); 8:00a-4:30p; CE Credits: 6.5; Fee: \$35 for GPPA members

\$45 for non members; for more information: 412.648.6137 or [www.rehabmedicine.pitt.edu](http://www.rehabmedicine.pitt.edu)

**WPIC Continuing Education offerings**

- **Loss, Grief and Mourning with Children and Adolescents.**
- **Group Treatment for Addiction: Introduction and Overview**
- **Teaching Individual Resilience Evidence Based Treatment**
- **Strategies for OCD in Children and Adolescents**

*11.1.10*

**Evidence Based Treatment of OCD in Adults**

*11.18.10*

**Group Treatment for Addiction: Advanced**

*11.30.10*

**Mental Health 101: Working with Adolescents and Young Adults Who Are Intellectually Challenged and Have a Mental Health Diagnosis**

For credit, location and fee information contact Nancy Mundy: 412-802-6900 or [mundynl@upmc.edu](mailto:mundynl@upmc.edu)

I receive brochures and information about CE events continuously. If you want information about these in between newsletter publication please feel free to call me at 412-635-9377 or 412-367-1369

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