

# Georgia Psychologist

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Winter, 2005



***SPECIAL LEGISLATIVE ISSUE***

# Georgia Psychologist Publication Guidelines

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## 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](mailto:cydwise@gapsychology.org).

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

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# Georgia Psychologist

WINTER 2005

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### *Cover:*

*The Georgia Capitol*  
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## FROM THE PRESIDENT



### Availability of Psychological Health Services Has Been Demonstrated to Reduce Overall Healthcare Costs

James A Purvis, Ph.D.  
*President*

Last month, I had the opportunity to attend the Athens Area Psychological Association's annual Legislative Breakfast. It was an opportunity to say hello to old friends, meet new friends, and renew our support for our legislators as we thank them for their work on behalf of our legislative concerns. Composing my brief remarks for that occasion offered me the opportunity to reflect on a topic of longstanding concern for the citizens of Georgia.

Over the past two decades, the cost of healthcare has skyrocketed beyond all previous expectations. Controlling healthcare costs has come to be of critical importance for both

business and government. In the past decade, we have seen a proposal for a single payor system jettisoned and replaced by a managed care industry developed in an attempt to control the steady rise of healthcare costs.

Initially, that plan did seem to slow the skyrocket. But after the fat was cut from the old "fee-for-service" model, there was no more to be sacrificed but muscle and bone. This developing trend has been especially tragic in the area of psychological healthcare. Initially, in the new managed care model, there was to be careful treatment planning and well-grounded justification for continuing care. Unfortunately, after these reasonable measures were put into place, managed care companies could offer payors no further savings unless there was a forced reduction in necessary and appropriate benefit coverage. So that they could continue to demonstrate cost savings, managed care companies recommended to payors a severe reduction or an outright elimination of psychological healthcare benefits.

This resulted in federal "mental health parity" legislation, originally written to prohibit such discriminatory limits in coverage for those with psychological health needs. However, this legislation was found to contain a fatal flaw. Congress only prohibited

differing annual and lifetime dollar caps for the treatment of mental and physical illness. The U.S. General Accounting Office found that fully 87% of complying healthcare plans evaded the spirit of the law by simply replacing dollar caps with limits on the allowed number of inpatient days, the allowed number of outpatient visits, by raising patients' coinsurance obligations, by raising their deductibles, or by increasing patients' out-of-pocket stop/loss limits. As employers have put the more extreme recommendations of the managed healthcare industry into effect, this disparity has reached a critical state for our citizens in need of psychological treatment.

Recently, a critical weakness in the instituted disparity between coverage for psychological and physical healthcare has come to be recognized. The strategy now has been shown to be extremely shortsighted from a healthcare cost savings perspective. Careful research has repeatedly demonstrated that when psychological healthcare is made readily available to individuals, couples, and families, the number of unnecessary visits to physicians for physical health complaints is reduced. This results in a substantial overall healthcare cost savings and a significant reduction in the bottom line.

Tightly written mental health parity legislation, without loopholes, could save money for both business and government, and end the discrimination against those seeking psychological healthcare treatment. A recent study by the National Association of Managed Care Physicians found that when depressed patients received psychological treatment along with treatment for their physical illness, those treated for depression showed improved remission and a reduction of 18.7 percent in overall healthcare costs. That is true cost savings for business and for government, and is indeed, the most appropriate care for the citizens of our state.

Recently, some very few enlightened managed care companies have begun to recognize that including psychological treatment as a critical component of overall healthcare is not only the most appropriate strategy to treat the patient, but is also the best strategy for really reducing the financial bottom line. I encourage all Georgia psychologists to strongly support those of our legislators who recognize both the cost benefits, and the patient benefits, of true mental health parity legislation.

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# FROM THE EDITOR

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## Letter to Legislators

Bill Doverspike, Ph.D.

Editor

**W**elcome to your new seat in the Georgia General Assembly. Let me introduce you to my colleagues in the Georgia Psychological Association (GPA).

GPA is a professional organization of over half of our state's 2,000 psychologists. With an average of more than seven years of doctoral education, psychologists are known as the educators of the mental health field. Described by some legislators as "doctors who listen," Georgia psychologists serve people in a variety of roles including working as therapists who provide marital and family counseling, behavioral scientists who are on the cutting edge of research, and professors who are the educators of students ranging from

undergraduate business majors to post-doctoral residents in psychiatry and family medicine.

As the voice of professional psychology in Georgia, GPA's mission is to further the development of psychology as a science, as an applied practice, and as a means of promoting human welfare. The practice of professional psychology has evolved so rapidly in our country that legislation in many states has not been able to keep pace with new developments in the field. Yet the Georgia legislature was the first in the country to license psychologists to practice, the first to require continuing education for psychologists, and the first to require psychologists to undergo continuing education in psychopharmacology. The Georgia legislature was also among the first in the country to consider legislation on our state's post-doctoral program of education, training, and supervised

experience in psychopharmacology. Although most legislators know that psychologists are the leading professionals in the diagnosis and treatment of mental disorders, many legislators are surprised when they learn that the number of hours of psychopharmacology training for specially trained psychopharmacological psychologists actually exceeds that of most other health care professionals already prescribing medications.<sup>1</sup>

Yet Georgia psychologists are interested in more than psychotherapy and psychopharmacology. GPA includes organizational consultants who provide career counseling, executive coaching, and team-building in companies ranging from small businesses and international corporations. GPA includes behaviorists who practice biofeedback, neuropsychologists who diagnose brain disorders, and cognitive rehabilitation

specialists who help stroke victims learn to talk and walk again. GPA includes diagnosticians and health care providers who admit, evaluate, and treat patients in psychiatric hospitals. GPA includes expert witnesses who testify in court on forensic issues ranging from child custody to adult competence to stand trial. GPA includes rural practitioners who provide counseling for families and children living anywhere from the North Georgia mountains to the coastal plains of our state.

As representatives of the people of our state, legislators and psychologists have distinct and separate roles. At the same time, we have a common role in which we share a common goal—serving the people of Georgia. Thank you for your support of Georgia psychologists and our ongoing efforts to set new standards of care for the people in our state.

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<sup>1</sup> Georgia includes approximately 2,000 psychologists and 600 psychiatrists, which are the two mental health disciplines specifically trained to provide diagnosis and treatment of mental disorders. With exception of the training of psychiatrists, Georgia's requirement of 350 hours of post-doctoral training in neurosciences and psychopharmacology, followed by 1 to 2 years of clinical practicum and supervised prescribing, actually exceeds that of other health care professionals already prescribing psychotropic medications.

### Remember, psychologists are doctors, too

*Reprinted with permission of the Atlanta Journal Constitution (Dec. 4, 2004 "Letter to the Editor")*

The Atlanta Journal-Constitution has relegated mental health once again ("Georgia adds 4 to Congress' medicine chest," Page One, Nov. 27). It is great news that four of Georgia's representatives are in health care (two physicians and two dentists) and that the total number in Congress is 15. But the article failed to acknowledge five psychologists re-elected to Congress — Tim Murphy (R-Pa.), Brian Baird (D-Wash.), Diane Watson (D-Calif.), Tom Osborne (R-Neb.) and Ted Strickland (D-Ohio). That brings the number of doctors serving in Congress to 20, not 15.

WILLIAM L. BUCHANAN

Buchanan, of Alpharetta, is a clinical psychologist.



## Legislative Agenda of the American Psychological Association's Practice Organization: Mental Health Parity Remains Primary Focus



Jennifer F. Kelly, Ph.D.  
*Federal Advocacy/Grassroots Chair*

**Mental Health Parity.** The American Psychological Association's Practice Organization continues to have mental health parity, or the Paul Wellstone Mental Health Equitable Treatment Act, as one of its most important legislative agenda items, and much progress has been reached. Support for mental health parity legislation is at an all time high. For the first time ever both the Republicans and Democrats included parity in their party platforms during the national conventions. The list of congressional cosponsors also continues to grow, with a record number of cosponsors to 249 in the House and 70 in the Senate. Our coalition also continues to add supporters as we now stand at 369 organizations nationally. Both Senators from Georgia, Senators Saxby Chambliss and Zell Miller have co-sponsored the legislation, while eight members of the House of

Representatives from Georgia have co-sponsored the legislation. They consist of Representatives Sanford Bishop, Max Burns, Phil Gingrey, Johnny Isakson, John Lewis, Denise Majette, Charles Norwood, and David Scott. We need to thank our legislators for their support.

Although progress has been made, we will need a major push in reinforcing the message that mental health parity is needed now. Therefore, we need to continue to contact our legislators and urge them to pass the legislation. If your representative has co-sponsored the legislation, please thank them for their support. If they have not co-sponsored the legislation, please contact them and encourage them for their sponsorship and support.

**Mentally Ill Offender Treatment and Crime Reduction Act:** The Mentally Ill Offender Treatment and Crime Reduction Act (S. 1194) of 2004, which will improve access to mental health services for adult and juvenile non-violent

offenders, was signed into law by the President on October 30, 2004. The Mentally Ill Offender Treatment and Crime Reduction Act of 2004 authorizes \$50 million in federal grants to expand prisoners' access to mental health treatment while incarcerated and upon re-entry into the community, and provides additional resources for pre-trial jail diversion programs, mental health courts and related initiatives. The legislation also funds increased training for law enforcement officials and mental health personnel who work with adult and juvenile offenders with mental health disorders or co-occurring mental and substance-abuse disorders.

**Patient Protection:** Patient Protection will be a priority for the APA Practice Organization during the next Congress. It is our concern that patients often do not receive the quality care from their insurance providers that they should be receiving. APA's Practice Organization believes that holding managed care accountable for the care they provide is a sound way to encourage

greater attention to quality and less attention to profits. With an emphasis on health plan legal accountability, the Practice Organization lobbies for patients to receive quality care and adequate compensation for their injuries. Of course, we are expected to continue to receive protests by the insurance and managed care organizations as we have this push and emphasis.

**Associated Health Plans:** APA's Practice Organization continues to reject the Associated Health Plans. Associated Health Plans (AHPs) are health plans usually sponsored for small businesses and professional groups. They exist in some form today in many states and are subject to state consumer protection and other laws. During the last congressional session, the bill in support of Associated Health Plans did not make it out of committee, but it will be back this session. APA believes that Congress should reject the bill by Senator Olympia Snowe and Representative Ernie Fletcher that would exempt Association Health Plans

from state laws that protect health care consumers, such as laws to help persons who need or seek mental health services.

Under S. 545/H.R. 660, AHPs would likely reduce costs by offering pared-down benefits, often excluding coverage of mental health services and prescription drugs. Low-cost plans would appeal to those employers with primarily young, healthy employees. As a result, persons in need of more comprehensive benefits would be forced into traditional coverage at higher cost.

While S. 545/H.R. 660 is meant to make insurance more affordable for small businesses, the Congressional Business Office has predicted that AHP legislation would increase coverage for only 330,000 persons, out of approximately 43 million uninsured. Most of those covered by AHPs would have been previously covered by traditional plans. This minor increase in coverage would come at tremendous cost. Employers with the healthiest employees would choose AHPs, which could provide coverage at a lower cost because they would no longer be state regulated. Unfortunately, these plans would also potentially have inadequate benefits, including mental health benefits, and inadequate quality checks provided by consumer protection laws. We will continue to reject the AHPs as the bill currently exits.

**Political Giving:** Effective advocacy depends on more than the good work of a government relations team in Washington, D.C. and our grassroots national network of constituent psychologists. It also depends on political contributions that can open doors to key decision-makers and provide the opportunity to present positions important to practitioners. When strategically coordinated, lobbying, grassroots activities and political giving are the keys to success. As a result of the formation of the Practice organization with a 501(c)(6) tax status, the Practice Organization is now able to play a direct and collaborative role in the Association for Advancement of Psychology's (AAP) important fundraising for Psychologists for Legislative Action Now (PLAN), a role prohibited in the past. We encourage you to join the Association for Advancement of Psychology.

Much of the information contained in this report came from the website of APA's Practice Directorate. Please visit the website at <http://www.apapractice.org>. There are updates on APA's advocacy efforts and links available where you can contact your legislators. If you have questions regarding APA's Practice Directorate advocacy efforts, please feel free to contact me.

## The deadline for the Spring Georgia Psychologist is March 1, 2005.

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## STATE NEWS



### The 2005 Georgia Psychological Association Legislative Agenda

Marsha B. Sauls, Ph.D.  
*Legal & Legislative Committee Chair*

*This year's legislative agenda continues the efforts of the Georgia Psychological Association to advocate for safe, affordable, and accessible mental health services for the people of Georgia.*

As always we want to meet and get to know all of our legislators, especially those who are new, to let them know that, as doctors with extensive training in mental health, psychologists are available to be "on call" to provide information about a variety of mental health issues.

**Our legislative goals for this 2005 session are as follows:**

1. **Prescriptive Authority for Psychologists.**  
 We will work to introduce and pass legislation authorizing psychologists to prescribe medications used for the care and treatment of mental and nervous disorders for their patients.  
 The psychologists authorized to prescribe will *in addition to their doctoral degrees in psychology*,
  - have had extensive postdoctoral training in neuroscience and psychopharmacology
  - have passed a national exam in this subject matter
  - have had a year of clinical prescribing supervision
2. **Medicaid psychology benefits for children**
  - We will support the maintenance of psychology benefits for children in the Medicaid and Peach Care Systems.
3. **Child support or child custody legislation**
  - We will work to support legislation that provides for the best interest of the child.
4. **Protecting Parity for mental health benefits in the Georgia Law**
5. **Providing information to support legislation that is non-discriminatory**

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### 53 Years of Legislative Progress

<p><b>1951</b> Licensure of Applied Psychologists</p> <p><b>1972</b> Insurance Law allows access to psychologists          Recognition in Medicaid as independent provider</p> <p><b>1976</b> Insurance Law: Freedom of choice without physician referral</p> <p><b>1980</b> "Treating and diagnosing mental and nervous disorders" added to definition</p> <p><b>1982</b> Mandated offering of parity of mental health benefits</p> <p><b>1983</b> Hospital Privileges established</p> <p><b>1988</b> Authorization for emergency transportation of mentally ill (1013)</p> <p><b>1991</b> Mental Health code includes psychologists as evaluators for involuntary commitment (1014 &amp; 1021)</p> <p><b>1992</b> Psychologist title protection changed to practice protection including neuropsychology language          Psychologists authorized to evaluate competency for probate court</p> <p><b>1993</b> Protection of psychologist testing for psychologists</p> <p><b>1996</b> Regulation of HMO's disclosure          Point of Service Option required if only HMO is offered          Authorization to write orders for nurses in hospitals          Federal Mental Health Parity Passes impacting all policies</p>	<p>Psychological Testing Reserved for Psychologists through objections to LPC Rules</p> <p>Definition of Psychological Testing Added to Psychology Board Rules</p> <p><b>1997</b> Improved Mental Health Parity Law in Georgia</p> <p><b>1999</b> Patient Protection Act sets up process of appeals and Independent Review of managed care companies' decisions</p> <p>Enactment of a Consumer Choice Option in health care</p> <p>Research by Psychologists results in maintaining the "best interest of the child" rather than mandated joint custody</p> <p><b>2000</b> Insurance Commissioner issues directive that mental health be treated like other illnesses when offering POS coverage          Agreement reached with GAMP on licensure of mental health professionals with an MA in psychology</p> <p><b>2001</b> Psychologists Authorized to provide involuntary evaluations</p> <p><b>2002</b> Legislation passed providing for those with masters degrees in psychology to be licensed as professional counselors</p> <p><b>2004</b> Reinstate psychological services budget through Medicaid &amp; Peachcare          Legislation passed to allow psychologists ordered to do court ordered custody evaluations to be immune from civil suit.</p>
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## Athens Area Psychological Association: A 25 Year-Long Tradition

On Friday, December 3, the Athens Area Psychological Association continued their 25 year-long tradition of an annual legislative gathering. A group of approximately 30 local psychologists and 6 legislators enjoyed time together which highlighted a number of issues important to psychologists – managed care, prescription privileges and funding for public mental health services.

The highlight of the event was the chance to honor retiring legislator Louise McBee, who has been such an outstanding public servant and supporter of psychology. Pat Gardner paid tribute to Dr. McBee and Gayle Spears, President of AAPA, announced the establishment of a scholarship fund in honor of Dr. McBee. The fund will be

used to underwrite the expense of attending GPA conventions for three female doctoral students from UGA for the next five years. This scholarship highlights Dr. McBee's commitment to psychology, women and the University of Georgia.

Several GPA leaders also attended the breakfast – Jim Purvis (GPA President), Jennifer Kelly (APA Representative) and Marsha Sauls (Chair, Legal & Legislative Committee). The legislators who attended were Senators Brian Kemp and Ralph Hudgens and Representatives Bob Smith, Keith Heard, Tommy Benton and Jane Kidd, who will fill the seat vacated by Dr. McBee.



Dr. Marsha Sauls (Chair, Legal & Legislative Committee) and Rep. Tommy Benton.



Dr. Marilyn Vickers (Division P Rep.) and Sen. Ralph Hudgens.



Rep. Louise McBee, Rep. Bob Smith and Rep. Pat Gardner.



Rep. Pat Gardner, Rep. Louise McBee, and Dr. Gayle Spears (AAPA President).



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Sonny Perdue  
GOVERNOR

October 18, 2004

GREETINGS:

It is a great pleasure to extend my best wishes at the first annual Psychologically Healthy Workplace Awards hosted by the **Georgia Psychological Association**. While I am unable to join you in person, I am delighted to send greetings and to welcome your distinguished guests, honorees and other attendees.

I congratulate the businesses and organizations that have demonstrated a commitment to the psychological health and well-being of their employees. You have our gratitude.

Best wishes for a memorable celebration.

Sincerely,

*Sonny Perdue*  
Sonny Perdue

SP:pm



(L-R) Guest Speaker, Ed Baker (Publisher, *Atlanta Business Chronicle*), Dr. Joni Prince (Chair, Business of Practice Network), Dr. Justine Meaux and JoAnna Joel, Thinkers & Strategists with BrightHouse, Small Business Category winner.



(L-R) Dr. Joni Prince, Dr. Paula Gomes (Dir. Faculty Staff Assistance Program, Emory University) & Katherine Hinson (Dir., Human Resource Communications, Emory University), Non-Profit Category winner.

## How The Georgia Psychological Association Helps Both Business and Psychology in Georgia

Joni E. Prince, Ph.D.  
*Chair, Business of Practice Network*

As a means to promote business and employee well-being, the Georgia Psychological Association, supported by the American Psychological Association, has initiated a program aimed at supporting and encouraging businesses and non-profit organizations to create workplaces, which support employee needs. The benefits of a healthy workplace can include increased productivity and employee retention rates, recruiting advantages, company image enhancement, a better workplace atmosphere, as well as workers who are less stressed and more satisfied with their jobs.

Failure to provide a psychologically healthy workplace can impact the business bottom line. A 2000 poll conducted by the American Psychological Association found that one in four employees has taken a "mental health" sick day. According to the *Journal of Occupational and Environmental Medicine*, health care expenditures are nearly 50% greater for workers who report high levels of stress.

On Tuesday, October 19<sup>th</sup> 2004, the Georgia Psychological Association announced that Emory University and BrightHouse were our two 2004 Psychologically Healthy Workplace Awards winners. The publisher of the *Atlanta Business Chronicle*, Ed Baker, was our guest speaker and supported our efforts with his comments. Additionally, the Governor of Georgia sent a supportive and encouraging letter

to us on the preceding day, which he asked to have read at the event.

BrightHouse has experienced over 500% growth in the past 18 months, with a current total of 58 employees. Their offices have a "living room" with couches and bookcases and all employees are encouraged to take time to convene there, especially on Friday afternoons. All employees are encouraged to take time "to think" rather than simply act. There is a small organization with many new challenges given such growth; however, they are working to respond to individual employee needs.

Emory University is a large, private university in Atlanta. One of their challenges is to respond to the diverse needs of over 18,000 faculty, employees and staff. Additionally, Emory has several off-site locations

with smaller numbers of employees, including satellite classrooms, residencies and affiliations with other hospitals in the area. Despite this, they make certain to get out into the employee community and educate them about their benefits, wellness programs, and opportunities for personal and professional development. Emory's Faculty and Staff Assistance Program not only offers EAP services, but also organizational development and change management for various school departments.

The Georgia Psychological Association was most impressed with the progressive programs and community involvement of these organizations and is dedicated to do our part to improve the environment for the business community in Georgia.



### Georgia Psychologists in Action

(L) Dr. James Purvis (GPA President), Sue Saleska Hamilton (GPA Lobbyist), Dr. Ann Abramowitz (Division G Rep.), Hon. Terry Coleman (Speaker of the House), Rep. Pat Gardner (GPA Executive Director), and Dr. Marsha Sauls (Chair, Legal & Legislative Committee).



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## Public Education

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The APA's public education campaign was launched in 1996 to communicate the value of psychology to the public and provide them with information about when and how to seek help. It is based on a grassroots model with messages carried out by APA members at the local level and has proven to be an effective tool for increasing the visibility of psychologists in their communities. All campaign materials are free to APA members.

Public Education Coordinators for Georgia are Dr. Nancy McGarrah and Cyd Wise. Georgia Psychological Association (GPA) members have participated in pro bono community outreach efforts in order to educate Georgia's citizens on the "Warning Signs of Violence" and learning how to be resilient. Psychologists have been trained and received materials, which, in turn have been disseminated to legislators, churches, businesses and schools.

### Resilience for Kids & Teens

"*Resilience for Kids & Teens*," focuses on teaching the skills of resilience, or the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress. Also visit [Resilience: Inoculating Children From the Inside Out](#).

### Road to Resilience Campaign

This initiative is designed to provide the public with tools and information to help them develop and build resilience.

### Resilience in a Time of War

Resilience can be an important part of your emergency preparedness kit. It is a psychological tool that can help us deal with anxiety, fear, and distressful events in a time of war.

*Continued on page 12*

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**Bessel A. van der Kolk, MD**  
**Professor of Psychiatry**  
**Boston University School of Medicine**

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*Continued from page 11 — Public Education*

**Warning Signs Campaign**

A partnership with Music Television (MTV) to get important information to the nation's youth about warning signs of violent behavior.

**Talk to Someone Who Can Help Campaign Kit**

Grassroots activities to educate the public about the value of psychology and psychological services.

**APA Launches Redesigned Online Help Center**

Psychologists looking to provide their clients with quick, easy-to-understand information about how psychology helps people with a broad range of life challenges can send them to APA's redesigned online help center, [www.APAHelpCenter.org](http://www.APAHelpCenter.org).

**Business of Practice Network**

GPA's Business of Practice Network, Chaired by Dr. Joni Prince has also taken the message into the business community with a program honoring employers for creating workplaces that foster psychological well-being among employees.

See *Psychologically Healthy Workplace Awards* in this issue.

**Disaster Response Team**

GPA's Disaster Response Team, headed by Dr. Betsy Gard, expanded efforts to train psychologists for the Disaster Response Network. Dr. Gard is also Coordinator of Metro Atlanta Disaster Mental Health Services. Members are informed about what we and others in the country are doing to prepare and respond to natural and other disasters.

GPA remains committed to the American Red Cross and providing volunteers to assist with the mental health needs after a disaster. The Team is also exploring other disaster relief organizations we can provide support to such as the Health Department and the Emergency Management Associations.

**GPA'S 2005  
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## Public Education

### TELEVISION

NBC: Today Show

- Katie Couric interviewed **Dina Zeckhausen** on the possible “anorexic relapse of Mary Kate Olsen.”

Ch. 11-WXIA (Atlanta)

- Interviewed **Nancy McGarrah** on “hot saucing as a form of discipline.”
- Featured **Betsy Gard** for “online bullies” and
- **Stan Hibbs** on the 90’s “no” kids.
- **Jim Millhouse** interviewed on the “Detroit baseball players and fans.”
- Avrum Weiss on the “Georgia Marriage Amendment.”
- Voter Anxiety
- **Betsy Gard** on the “Midtown plane crash.”

Ch. 46 (Atlanta)

- **Betsy Gard** interviewed on “how children may react to the beheadings in Iraq.”

### RADIO

- **Kamieka Gabriel** appeared on “Women’s Place,” on AIB (Atlanta Interfaith Broadcasters) discussing women’s mental health with an emphasis on black women.

### PRINT

*Atlanta Journal Constitution*

- Interviewed **Suzann Lawry** on the “Georgia Marriage Amendment.”
- Struggles of Twenty-somethings in emerging adulthood with careers and relationships.
- **Avrum Weiss** and the “Georgia Marriage Amendment.”

*Southern Voice* featured the Georgia Marriage Amendment story on the cover.

*PR Newswire & CBS Marketwatch* featured Psychologically Healthy Workplace Award Announcements.

*Workforce Management Magazine* featured an article on GPA’s Psychological Healthy Workplace Awards.

### EMORY UNIVERSITY

Students at Charles R. Drew Charter School in the East Lake community of Atlanta will have better access to comprehensive educational and psychological services, thanks to a new strategic agreement with Emory University. A team of Emory clinical psychologists, faculty members and graduate students will work with Drew staff this school year to provide academic support, individual testing and on-site therapy to charter school students.

**Nancy McGarrah**, GPA Public Education Coordinator, will provide training to teachers on the “Warning Signs of Violence” and “Resilience” skills. The four-year-old charter school for 770 students will offer individual therapy and support groups for students dealing with attention deficit/hyperactivity disorder, anger management, grief and divorce, partner education and behavior management training; and professional development seminars and techniques for teachers to increase positive classroom experiences.

We will continue to report on this project throughout the year.

### PRESENTATIONS

**Betsy Gard** presented to the Center for Disease Control on stress reductions and burnout.

Presentations were made on the Georgia Marriage Amendment at Columbus State University, Paidiea Parent Meeting, Cobb County Rally, African American Rally and WRFG Radio.

### 'Round Georgia

#### ANNOUNCEMENTS

GPA member, **Garnett Stokes**, head of UGA’s psychology department, became dean of UGA’s Franklin College of Arts and Sciences June 30, replacing Wyatt Anderson, who also returned to a faculty position.

**Jennifer Kelly** recently received an award from the Georgia Tech Women’s Basketball Booster Club for her leadership in the field of psychology.



#### Oh! You Beautiful Baby!

**Staci and Brook Bolton:** We are very excited to announce the birth of our son, Braydon Clay Bolton! He was born on Thursday November 4<sup>th</sup> at 8:12am, weighing 7 lbs. 4 oz. and measuring 20.5 inches long. We were blessed with a smooth delivery and healthy baby!

We look forward to introducing him to each of you soon!

#### Hope all’s well!

**Jill Barber:** Our daughter, Jordan Bryce Lee-Barber, was born on July 20<sup>th</sup> at 8:38 pm and weighed 9 pounds 2 oz. My partner (Trudy Lee) and I are thrilled.

## Listen to Your Body Week 2005 — Saturday, Feb 19<sup>th</sup>- Monday, Feb 28

### COMMUNITY EVENTS

There will be more events included in the final calendar. Visit [www.edin-ga.org](http://www.edin-ga.org) for updates and more information.

<b>Feb 19th:</b>	<b>Saturday</b>	Listen, Let Go and DANCE!
<b>Feb 20th:</b>	<b>Sunday</b>	Do You "Listen to Your Body?"
<b>Feb 21st:</b>	<b>Monday</b>	Recovering From Eating Disorders: The Real Story
<b>Feb 22nd:</b>	<b>Tuesday</b>	Low Carb Mania: The New Food Obsession
<b>Feb 23rd:</b>	<b>Wednesday</b>	Full Lives Honoring Your Appetite: A workshop for women in recovery
<b>Feb 24th:</b>	<b>Thursday</b>	Losing the Weight of Shame: Discovering the Source of Your Soul-Power, by Lisa Sarasohn, BA Lets Talk about Men's Bodies The Pomegranate Seed: a musical exploration of appetite, body-image and myth in modern culture Families to Families: Supporting My Loved One Towards Recovery From His/Her Eating Disorder, Reckless Goals: Slimness vs. Strength in Athletics
<b>Feb 25th:</b>	<b>Friday</b>	Body Stories
<b>Feb 26th:</b>	<b>Saturday</b>	Let's Talk about Men's Bodies (and Women's too!) A New Twist on an Old Favorite: (Yes, We're Talking Chocolate!)
<b>Feb 27th:</b>	<b>Sunday</b>	Merrick's Walk <i>Full Mouse, Empty Mouse: The Musical</i>
<b>Feb 28th:</b>	<b>Monday</b>	Let's Talk about Men's Bodies, (and Women's too!)

### EVENTS FOR PROFESSIONALS

<b>Feb 17th:</b>	<b>Thursday</b>	Children in Crisis: Food, Fat, and Fear
<b>Feb 18th:</b>	<b>Friday</b>	Children in Crisis: Food, Fat, and Fear Eating Disorder and Addiction, Helping women find substance of self underneath the substance of addiction
<b>Feb 20th:</b>	<b>Sunday</b>	The Quest for Beauty in Stories and Poetry
<b>Feb 21st:</b>	<b>Monday</b>	Eating Disorder 101
<b>Feb 24th:</b>	<b>Thursday</b>	Losing the Weight of Shame: Discovering the Source of Your Soul-Power
<b>Feb 25th:</b>	<b>Friday</b>	Men and Eating Disorders Meet-N-Greet

## In Memoriam

### Carmie Cochran, Ph.D.

It is with sadness that we inform you of the passing of our dear friend and colleague, Dr. Carmie Cochran (September 28, 2004). Her son stated, "Keeping in mind her deteriorating health, her passing was due to natural causes. He wishes to thank all who have shown his mother love and support throughout the years. "The best part of her goes on eternally."

Carmie was active in GPA for many years, founded Division F and was the President of GPA in 1982-1983.

### Founder of Division F Leaves Legacy

William Doverspike, Ph.D.

*Editor*

Carmie was the person who got me involved with GPA about 25 years ago when we shared an office at the North Dekalb Mental Health Center. She told me she had just been nominated GPA President-Elect and she was organizing a new Division of Women Psychologists. When I asked her if I could join, she smiled, said no, and invited me to join the GPA Annual Meeting Planning Committee. The work that Carmie began when she founded the new Division is the same type of work that continues to be done by the beneficiaries of her legacy-Division F.

Carmie never pushed her beliefs onto me, but through her actions I learned about feminist ideals such as choice, assertiveness, empowerment, and relationships. She was my

first example of a really strong woman psychologist whose Southern drawl and gentility were combined with an incredible interpersonal power and an ability to make things happen. I admired her because she was always so kind to me, and I respected her because she was always so strong. Whether it was in our office, at committee meetings, or down at the Capitol, Carmie always seemed to make things happen simply by asking.

### Margaret Turkheimer, Ph.D.

Maggie Turkheimer died on October 16, 2004 at Hospice Atlanta after a long, brave struggle appendiceal cancer.

Maggie received her B.A. from New York University and her M.A. and Ph.D. in clinical neuropsychology from Georgia State University. She entered private practice in 1989 and in 1996 established Lenox Psychological Associates in Buckhead with Dr. Pamela Frey, later joined by Drs. Carol Drummond and Clare Rubin.

She was a member of the American Psychological Association, International Neuropsychological Association and the Georgia Psychological Association, of which she was a Fellow and former Chair of the Assessment Division.

Maggie will be missed by a wide circle of friends and colleagues, who will fondly remember her sharp wit, infectious laugh, and warm and embracing smile.

Survivors include her husband of 34 years, David Turkheimer and her son, Stefan Turkheimer.

# Pediatric Antidepressants: FDA Warning & Implications for Psychology

Robert Kleemeier, Ph.D.

Nine months of intense, and often bitter, hearings involving the FDA, U.S. Congress, drug manufacturers, physicians, and consumer rights advocates culminated in the FDA's issuing of a public health advisory regarding the use of antidepressant medications with children and adolescents. This article summarizes the FDA's actions and their implications for psychologists and our patients.

## FDA Orders "Black Box" Warning

On October 15, 2004, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory, *Suicidality in Children and Adolescents Being Treated With Antidepressant Medications*. The FDA ordered drug manufacturers to include a "black box" warning with all

antidepressant medications. This is the most serious warning placed in the labeling of prescription medication. . . . (FDA News, 10/15/04) The FDA stated that this warning must "alert health care providers to an increased risk of suicidality (suicidal thinking and behavior) in children and adolescents

being treated with these agents." . . . This warning was based on an "analysis {that} showed a greater risk of suicidality during the first few months of treatment in those receiving antidepressants. The average risk of such events on drug was 4%, twice the placebo risk of 2%" ("FDA Health Advisory," 10/15/04).

The drugs named in the Health Advisory are not limited to the SSRIs as is evident from the following comprehensive list: Anafranil, Aventyl, Celexa, Cymbalta, Desyrel, Effexor, Elavil, Lexapro, Limbitrol, Ludiomil, Luvox, Marplan, Nardil, Norpramin, Pamelor, Parnate, Paxil, Pexeva, Prozac, Remeron, Sarafem, Serzone, Sinequan, Surmontil, Symbyax, Tofranil, Tofranil-PM, Triavil, Vivactil, Wellbutrin, Zoloft, and Zyban.

The FDA Labeling Change Request Letter included the following: "All pediatric patients being treated with antidepressants for any indication should be observed closely . . . Ideally, such observation would include at least weekly face-to-face contact with patients or their family members or caregivers during the first 4 weeks of treatment, then biweekly for the next 4 weeks, then at 12 weeks, and as clinically indicated beyond 12 weeks. Additional contact by telephone may be appropriate between face-to-face visits" (FDA Labeling, 10/15/04).

## Implications for Psychologists

**Duty to Protect Patients:** Psychologists are ethically, morally, and legally obligated to protect our patients from treatment-related harm. The issue is clear when we provide the treatment — we have full responsibility — but it becomes much more complex when our patients are prescribed antidepressants by someone else, especially given the close working relationships that many of us have with prescribers. Once the "black box" labels are in place, we may be able to fulfill our obligation by encouraging patients to read the label and discuss it with their physician. Will this suffice?

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Probably not. Clearly psychology's primary duty is patient safety. We need more deliberation on how best to do so.

**Safe and Effective Alternatives to Antidepressants:** Evidence-based, safe and effective, psychosocial therapies are readily available to the public. The National Institute of Mental Health (NIMH 2003) reports that most studies in which Cognitive-Behavioral Therapy (CBT) is used to treat depression find efficacy rates in the 60 % range, which is comparable to the findings with antidepressants. A perhaps even more important finding is that CBT is virtually free of adverse-effects. (March, et al. 2004) As the primary providers of CBT, psychologists must inform parents that we can provide their children a safe and effective treatment alternative to antidepressants.

**Treatment Costs:** Medication no longer enjoys a "cost" advantage over psychosocial therapy in the aftermath of the FDA warnings. Although, Cognitive-Behavioral Therapy has been found to effectively treat pediatric depression in 8 to 16 weekly sessions (Bent et al. 1997; Harrington, et al. 1998) it has been argued that medication costs less than psychosocial therapy in terms of professional time as well as money. However, the new FDA labeling directive changes this. The recommendations are that for 12 weeks of treatment there be 4 weekly face-to-face sessions for the first 4 weeks, 2 more sessions for the next 4 weeks, and a session at 12 weeks. To this must be added at least one initial session for diagnosis and to write the prescription. This yields a total of 8 sessions for 12 weeks of medication treatment plus the cost of the medication. On top of this, there is the inconvenience and cost to parents

of having to make repeated trips to their doctor's office for brief medication checks and multiple trips to the pharmacy (it is recommended that the size of prescriptions be limited). And each time the patient is tried on a new antidepressant, this cycle of face-to-face sessions must be repeated.

**What's a Psychologist to Do?** Patient welfare and professional psychology are equally well served by psychologists who strongly advocate for the efficacy of psychosocial therapy in the treatment of pediatric depression. Let's not be shy. The world awaits our message of hope.

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Continued on page 18

**Your client ...**

- ... tells you about a medication she is now on. You've heard the name but recall nothing else.
- ... says his MD put him on this new dose and asks, "Should I be taking so much?"
- ... worries about some terrible rumored side effects.
- ... asks you, "Will I have to take this forever?"
- ... complains that the med is expensive and asks if there is a way to make it less so?
- ... describes a serious side effect and asks, "Should I stop taking the medicine?"<sup>1</sup>

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1. A trick question: Directing a patient to stop, start, or change a medication is practicing medicine. Illegal (for most of us), and unethical (practicing outside our areas of competence).



## Kids and Antidepressants: A Reasoned Consideration

Joan Read, Ph.D.

There may soon be black box warnings on Selective Serotonin Reuptake Inhibitors (SSRIs) regarding administration to children and adolescents. Black box warnings appear on medications with a known history of a life-threatening reaction or fatality, even if it is only one or two incidents in thousands of medication recipients. In listening to excerpts from the congressional hearings, I was most struck by how simple the legislators were making this case—either these drugs are safe or they are dangerous. The answers to questions regarding research studies on efficacy of SSRIs in children were clearly not understood by the legislators.

This is not an apology for the drug industry here. One very fine outcome of this focus on antidepressants may be a national research trials registry. The goal of such a registry would be to publish results of *all* drug studies, regardless of outcome. Within the limitations inherent in drug trials, the consuming public would have access to all the data for the first time. Consumers and prescribers could make more informed choices.

The issue for me is the simplifying of a matter that is anything but simple. To understand the actions of antidepressants in the brain and their resultant behavioral impacts, one must know how a 'normal' brain is reputed to work, how a depressed brain is different, what an antidepressant is supposed to do and how this is supposed to help. Sounds straightforward enough until you realize that there are a number of theories of depressive etiology, each one of which explains some portion of depression cases, but not all cases. And as we learn more about neural mechanisms of depression, more candidates for etiology present themselves (e.g., Substance P and neurokinins 1 and 2).

Add to this picture the reality that the child or adolescent brain does not equate to the adult brain, and the merely complex becomes labyrinthine. Frontal lobe functions mature in late adolescence (20-25 years old, biologically). During puberty the brain undergoes a major reorganization involving pruning of neural connections and myelination of frontal lobe axons (Case, 1992; Damasio, 1992; Thatcher, 1991). Since the frontal lobes are responsible for overriding impulsive behavior, rationalizing emotional responses and formulating judgments, one can see that a child or adolescent brain would not have the cognitive control over emotional behavior that the adult brain would.

Does this mean that antidepressants are dangerous for minors? Not

necessarily. The implication is there is less executive control over impulsive behavior, but this does not mean there is no control. It also does not mean that all impulses are self-destructive or that all ideation becomes action. Interestingly, of the 50,000 children and adolescents surveyed for behavioral antecedents to antidepressant medications, there were no suicide *attempts* (NPR report on children and antidepressants, September 14-16, 2004). What did increase was suicidal *ideation*, certainly a warning flag, but not the act. And in a study of 109 suicidal young adults treated with antidepressant medication, Joiner and colleagues found that only those who had an incomplete remission after one month were at higher risk of suicide (Joiner, 2004). In other words, those patients whose energy increased without a lifting of depressive symptoms were more prone to suicide.

So why take the chance, you may ask. Because not treating depression in children and adolescents may court more damage, neurally and emotionally, than a potential for suicide would. Research with animal models strongly suggests that depression reduces brain volume, particularly in the hippocampus, a region implicated in memory instantiation (e.g., Shimizu, 2004). When antidepressant medications are administered, this volume reduction is reversed.

In the Shimizu study, SSRIs in particular appear to replenish hippocampal neurons. And serotonin, the neurotransmitter SSRIs make more available to neurons, appears to support dendritic branching, increasing volume and connectivity (Magarinos, 2002).

Serotonin is only one of a number of neurotransmitters affected by antidepressant medications. It is the retuning of the symphony of neural chemicals that permits behavioral changes. No one neurotransmitter does the job alone. And it is not only

medication that creates change. Brain imaging studies comparing brain changes with psychotherapy and with medications support different target tissues affected, but comparable behavioral outcomes (Goldapple, et al., 2004). Psychotherapy-developed behavioral changes are the result of active participation of the patient/client and therefore maintain after they are learned. Withdrawing medications when no behavioral intervention has occurred more often risks a return of the depression.

There is nothing simple about the decision to prescribe antidepressants to children and adolescents. There are risks to either position. An informed opinion, and adequate support for the minor and the family, provide the best possible context for making such a decision.

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## Do You Hear What I Hear?

John Dickens, Ph.D.

"While I was lying there, I noticed a mirror. I would look into this mirror and pretend that I was someone else. I did it to help ease the pain of what he was doing to me. I would make faces and imagine that I was someone else. It just made it easier to handle." (15-year-old female)

"He had a way of convincing me that it was my fault." (16-year-old female)

"My grandmother told me that my mommy and daddy don't love me. I sorta think it's true." (8-year-old male)

"What else could I think? He was my step dad and I loved him. He had been having sex with me since I was eleven and I thought it was what everybody was doing. When I got pregnant, I didn't understand." (15-year-old female)

"He told me that is what daddy's do; teach their kids about sex." (13-year-old female)

"I live with foster parents. It is where kids go who don't have a mommy and daddy." (6-year-old male)

"He hit me and sissy in the face with a belt. He didn't hit anybody else with a belt. I don't know why he just hit me and sissy." (5-year-old male)

"I cut myself because it makes the pain go away." (12-year-old female)

"Dr. Dickens, my daddy killed my mommy this weekend. He choked her until she died." (11-year-old male)

Each of these statements has two things in common.

First, children spoke each to me.

Second, thanks to the psychological services program within Medicaid and Peachcare, each of these children received care from a licensed psychologist.

These are the unbelievable voices of the wounded. These small bodies carry a big load. During a time when their biggest concern should be who to play with, what to play, and what piece of candy to eat next, they are forced to struggle with adult situations and face the sequela of experiences that many of us can only imagine. For many, they were simply in the wrong place at the wrong time.

These children are also important threads in the patchwork that is Georgia's future. These children will grow to be our lawyers, doctors, schoolteachers, and legislators. They will be mothers, fathers, and grandparents. They will experience success because we know that adversity is often the foundation for success and many of the greats in our time have overcome the most horrendous adversity to persevere.

Through their experiences, these children are poised for greatness.

However, the link that bridges the child from victim to successful adult is the opportunity to heal. This opportunity is found in every dollar spent through the psychological services program within Medicaid and Peachcare. In a time when we are preoccupied with numerous economic concerns, these programs can lose their human impact and are viewed simply as a line item on a budget. However, these precious dollars are often the lifeline for a young child who has so much potential, but whose life circumstances have placed a barrier in the way of achieving their greatness. This money provides services that remove these barriers and reestablishes a connection between the child and his/her inherent potential. It offers many children the opportunity for care they might otherwise not have available. This is crucial in that we know psychological intervention during the childhood years is the best bet for long-term improvement. These psychological services are crucial for rebuilding young lives that have been damaged by abuse

and neglect. Therefore, these dollars are not only an investment in the successful future of a child, but of our State as well.

Every day Licensed Psychologists listen to these children and conduct the necessary interventions that serve to rebuild lives. We offer support, direction, and scientifically sound interventions that are crucial in moving the child from victim to survivor. The Medicaid and Peachcare programs link one of the most highly trained mental health doctors to the children who need them the most. Quite simply, these programs offer thousands of children the opportunity to heal.

The words of these children remind us of the world in which we live. We hear the shadow of a society where children are abused and neglected. We also hear the beauty in a society that provides the opportunity for a level playing field where these children receive the services they need to heal.

If you listen closely, I think you too can hear what I hear. It is the beautiful sound of a child's excitement as she says "thank you" and moves forward to conquer the world.

### *Continued from page 16 — Pediatric Antidepressants*

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# Psy.D. Program for Georgia Southern University

Edward W. L. Smith, Ph.D., ABPP

*Professor and Coordinator of Clinical Training*

The Department of Psychology, within the College of Liberal Arts and Social Sciences, and in conjunction with the College of Graduate Studies, at Georgia Southern University proposes to establish a Doctor of Psychology (Psy.D.) program with emphasis on rural mental health. This program is designed to meet the urgent mental health needs of rural Georgia, the Psy.D. being explicitly a degree for the *practice* of professional psychology.

The proposed Psy.D. degree is central to the **institutional mission** of Georgia Southern University. The university's mission statement, as found in the Undergraduate and Graduate Catalog 2004-2005, states that the institution is "a University granting professionally-oriented doctoral degrees." Continuing, it states, "Our comprehensive curriculum focuses on undergraduate programs of high quality, enhanced by master's and *professionally-oriented doctoral programs pertinent to the region.*" A few lines later, it says specifically that the university is a center of learning applied (among other things) to "the *health of South Georgians*" (italics added). The proposed Psy.D. program will fulfill a vital facet of the mission of Georgia Southern University as that mission has been defined by the Board of Regents, and is consistent with the university's strategic plan and its priorities.

Rural mental health has been identified by the American Psychological Association (APA) as a major focus of need throughout the United States for this new millennium. With respect to our state, the United States Public Health Service list of the top 15 states needing mental-health practitioners has placed Georgia at number eight. According to the statistics generated by the Georgia Psychological Association (GPA), there are 71 counties in our state where there are currently no licensed psychologists. These and additional data well document the **societal need** for doctoral level clinical psychologists in rural Georgia.

There is no publicly supported Psy.D. program in Georgia. Nor is there an APA approved Psy.D. program in the neighboring states of Alabama,

Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, or West Virginia. (As of Summer, 2004, there are fifty-eight APA approved Psy.D. programs in twenty-one states, Puerto Rico, and the District of Columbia.)

The University of Georgia and Georgia State University offer research-oriented, scientist-practitioner, Ph.D. (Boulder model) programs, as distinct from the practice-oriented, scholar-practitioner, Psy.D. (Vail model). Therefore, our proposed program will not duplicate a Psy.D. program within the university system. (The University of Georgia and Georgia State University psychology departments are members of the Academy of Psychological Clinical Sciences [APCS], an organization of departments reporting a strong research emphasis.)

The two previous paragraphs imply a need on the part of students for the proposed Psy.D. program. More direct evidence may be gathered from the rejection rates of applicants to the Psy.D. programs closest to Georgia. In a recent report, the Florida Institute of Technology accepted 42 of 110 applicants, Spalding University in Kentucky accepted 42 of 78, and the Virginia Consortium for Professional Psychology in Virginia Beach 20 of 128. For comparison, one can look at the rejection rates for the Ph.D. programs in clinical psychology at the University of Georgia and Georgia State University – accepted, 13 of 139 applicants, and 23 of 247, respectively. These data also suggest strongly that the proposed Psy.D. program would not present any significant competition for applicants to either of the state's research institutions that offer the Ph.D. degree in clinical psychology. It seems clear

from these data that there is a significant **student demand** for the proposed program.

An **economic needs** assessment carried out by the Department of Finance and Economics, College of Business Administration, at Georgia Southern University reached the conclusion that "increasing the number of psychologists that serve [rural southeast Georgia] by providing a locally based Psy.D. Program in Clinical Psychology could result in the region receiving *millions of dollars in benefits. These benefits should easily offset the costs of staging and certifying a Clinical Psychology Psy.D. program*" (italics added).

The **curriculum** is designed to be consistent with APA guidelines for doctoral programs in professional psychology and the guidelines of the National Council of Schools and Programs of Professional Psychology (NCSPP). The theoretical orientation of the curriculum will be eclectic, honoring the best of the behavioral, cognitive, existential, humanistic, and psychodynamic perspectives. In terms of **delivery**, it is planned that there will be extensive collaboration between the psychology department and other units both within the College of Liberal Arts and Social Sciences (The Center for Latino Outreach and Research Services, the Department of Sociology and Anthropology) and across colleges within the university (College of Health and Professional Studies Center for Rural Health and Research, and its Master of Public Health; the College of Education Department of Leadership, Technology, and Human Development), as well as with the Counseling and Career Development Center.



# E DIVISION OF INDEPENDENT PRACTICE

## DIVISION E NEWS

### 2004-2005 Board of Directors

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## Division E Newsletter

Mark M. Roland, Ph.D.

*Newsletter Editor*

Winter is finally here! The change in seasons is both exciting and daunting. However, there is no uncertainty concerning how exciting the Division E Midwinter Conference will be. The conference will be held at the Asheville Renaissance Hotel on January 21 -23, 2005. In addition to the well planned program, Asheville, North Carolina offers a wonderful place to explore and enjoy this time of year.

The theme of this year's conference is "*Trauma: From Crises to Recovery.*" The featured presenter is John Briere, Ph.D. Dr. Briere is an Associate Professor of Psychiatry and Psychology at the Keck School of Medicine and the University of Southern California, and the director of the Psychological Trauma Clinic at the LAC-USC Medical Center. He is the author of a number of books, articles, and chapters in the areas of child abuse, psychological trauma, and interpersonal violence. He will be speaking specifically on treating complex psychological trauma during the keynote presentations. There will also be a large variety of break out groups to choose from over the course of the weekend. The program is currently on the GPA website: [www.gapsychology.org](http://www.gapsychology.org)

Following the scheduled presentations on Saturday evening, a reception is planned from 6:00-7:00 pm where you can relax, talk with colleagues, and have the opportunity to actually learn the art of drumming! The reception will provide a great prelude to the daunting task of deciding upon which restaurant to enjoy with friends later in the evening.

You can register for the conference online at [www.gapsychology.org](http://www.gapsychology.org) or mail the conference registration material to the Georgia Psychological Association, 1750 Century Circle, Suite 10, Atlanta, GA. Directions to the Renaissance Asheville Hotel, as well as other points of interest, are on the website [www.renaissanceasheville.com](http://www.renaissanceasheville.com). Make your room reservations directly with the Renaissance Asheville Hotel. Phone: 828-252-8211. Room rates are: \$109 single/double plus tax. When you make your reservations, be sure to say you're with the Georgia Psychological Association. This conference will be well worth your time, as you are presented with meaningful information regarding the practice of psychology, and as you get reacquainted with current colleagues and meet new ones. I, and many others, personally look forward to seeing you there.

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).



# F

## DIVISION OF WOMEN PSYCHOLOGISTS

### DIVISION F NEWS

### Division F News

Coleman Allen Gfroerer, Ph.D.

*Public Relations*

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Anneliese Singh

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Parn McMichen

Wendi Williams



With winter quickly approaching and the holidays underway, Division F is already looking ahead to spring. We are happy to announce that we will be offering a day-long Women's Intensive workshop in early spring. This Intensive Continuing Education Training is entitled "Empowering Women as Agents of Change...One Woman at a Time." This will be a multidisciplinary institute, with a keynote speaker in the morning and several breakout workshops in the afternoon, so look for further details to be sent via GPA email and Division F newsletter.

While looking ahead to a busy spring, Division F is also "enjoying the moment" with our recent Forum and new programs underway. On November 12, Dr. Cathy Brack gave an excellent and comprehensive program entitled "Feminist Ethics." Dr. Brack discussed at length the Feminist Code of Ethics and its relation to theory, social change and practice. She discussed insightful guidelines for psychologists and mental health practitioners working with women and girls. The diversity of the audience in terms of gender, race, ethnicity, sexual orientation, and theoretical approach generated rich discussions. One theme of these discussions was how to negotiate feminist therapy's aspirational guidelines about facilitating the empowerment of oppressed groups with the need to stay authentically engaged with the needs, values, and world of the individual client. Thank you, Dr. Brack, for such a successful and awareness-raising Forum. Thanks also to Division F member, Dr. Suzanne Imes, for donating her group room for the program.

Also, "in the moment," Division F is in the process of further serving our membership by setting up a mentor/mentee program. We have our student representative, Anneliese Singh, to thank for her energy in this area. Our Board is as excited as the members are about this new program, which will be underway soon. Interested? Let us know. We are also in the process of examining Division F to ensure the Division stays vibrant, accessible, useful, and relevant to our membership. An obvious first step is to open dialogue with as much of the membership as possible. We would especially like to hear the concerns/interests from women psychologists of color and women psychologists outside of metro Atlanta, as we are aware that these two groups are under-represented in our membership, our leadership, and our programming, and we are committed to changing this. How can we become a more useful professional resource? Are there particular issues that our division may be able to address? Would you be interested in networking with other women psychologists in your area? Can we help publicize a local workshop? One effort to increase information flow to and from our membership is the development of our website, but other ideas are needed. Please contact us at [gpadivisionf@yahoo.com](mailto:gpadivisionf@yahoo.com) with your thoughts. Help us become all that you need us to be.

Thank you for all your continued interest and support in Division F. We look forward to dialoguing with you and to keeping you informed about participation in upcoming Division F activities.



**DIVISION OF FAMILY, ADOLESCENT,  
CHILD, EVALUATION AND SCHOOL  
PSYCHOLOGISTS**

**DIVISION G NEWS**

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**Division G News**

Division G is sponsoring a clothing/monetary donation drive during the holiday season to benefit the Fulton County Children's Advocacy Center. The Center is a non-profit organization working through a private-public partnership to assist in handling child maltreatment reports in Atlanta and Fulton County.

When children are removed from their homes by law enforcement and/or DFACS and placed with relative, family friend, or foster family, they are often unable to retrieve clothing from their homes at the time of the abuse report. Also, many children who are victims of neglect may not have any belongings other than the clothing on their backs. For these children, it is meaningful and encouraging to be given something of their own to take with them into care. The Center has created the Emergency Relief Closet on site that is stocked and maintained by volunteers from the community.

Division G as a box set up at GPA headquarters for receiving new clothing purchases and/or monetary donations to support the work of the Child Advocacy Center. We will be collecting donations until December 17. Checks can be made out to "Fulton County Child Advocacy Center" and given to Ellen at GPA Headquarters, 1750 Century Circle, Suite 10, Atlanta 30345.

Thanks so much for your support.

The Division G Email listserv continues to be a great way to keep in touch and even get referrals. To join the list, contact [cydwise@gapsychology.org](mailto:cydwise@gapsychology.org).

**Georgia Association of School Psychologists (GASP)**

and

**Georgia Psychological Association's  
Division G  
(Family, Assessment, Child,  
Evaluation and School  
Psychology)**

present

**RECENT DEVELOPMENTS  
IN  
PSYCHOPHARMACOLOGY  
2005 UPDATE**

with

**MICHAEL BANOV, MD  
Medical Director  
Northwest Behavioral Medicine  
and Northwest Behavioral  
Research Center  
Marietta and Roswell, GA**

and

**PEDIATRIC BIPOLAR  
DISORDER**

with

**BETSY GARD, Ph.D.  
Atlanta Area Family Psychiatric  
Clinic  
Atlanta, Ga.**

**FRIDAY, FEBRUARY 11, 2005**

**THE LOUDERMILK CENTER  
40 COURTLAND ST.  
ATLANTA, GA.**

**8:30 A.M. TO 4:30 P.M.**

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## Election 2004: Transforming Tumult into Teaching

Susan Logsdon-Conradsen, Ph.D.  
Chair, Academic Affairs Committee  
Assistant Professor, Berry College

Regardless of your feelings about the outcome of the election, we have a wonderful opportunity at hand. By using a powerful real life event to illuminate some basic psychological concepts we can shed some understanding on the emotions invoked this fall. The concepts below were chosen as highly relevant; their cumulative effect is particularly potent.

*Group Polarization: the enhancing of a group's prevailing attitudes through discussion within the group.* Whenever a bunch of like-minded folks get together and talk their views will become more extreme. As America became more polarized, people retreated into their own political parties, strengthening their views, leading to further polarization. The Internet helped this polarization via email alerts, activist opportunities, and "news" geared towards their beliefs.

*Attitude: A belief and feeling that predisposes one to respond in a particular way to objects, people, and events.* Attitudes are formed on either a cognitive or emotional basis; political attitudes are primarily based in our emotions<sup>1</sup>. This is obvious when you think about the degree of passion invoked this election. Attitudes that are emotionally based will not be changed by cognitive arguments (or vice versa); thus explaining why some discussions turn into yelling matches.

*Critical Thinking: thinking that does not blindly accept arguments and conclusions. Rather it examines assumptions, discerns hidden values, evaluates evidence, and assesses conclusions.* It is very time consuming and challenging to be fully informed on even one issue. Since numbers and "facts" are interpreted differently based upon the source, it is also necessary to examine assumptions/agendas, which takes more time. Consequently, most of the time people make decisions using heuristics and biases.

*Availability Heuristic: estimating the likelihood of events based on their availability in memory; if instances come readily to mind we presume such events are common.* A vivid image,

especially a negative one, carries more weight than facts and we ignore statistical/factual information that contradicts it. Americans fear terrorism (invoking memories of 9/11) much more than things that they are at a much higher risk of dying from.

*Belief Bias: the tendency for one's preexisting beliefs to distort logical reasoning, sometimes by making invalid conclusions seem valid or valid conclusions seem invalid.* A recent Harris Poll #79 ([www.harrisinteractive.com/harris\\_poll/index.asp?PID=508](http://www.harrisinteractive.com/harris_poll/index.asp?PID=508)) found that many people believe things that virtually no experts believe (and President Bush has not claimed are true). Over a third of Americans believe Hussein helped plan and support the hijackers on 9/11 (41%) and that Iraq had weapons of mass destruction when the US invaded (38%). Compared to Kerry supporters, Bush supporters were much more likely to believe Hussein helped in the 9/11 attack (52% vs. 23%) and had existing weapons when the US invaded (58% vs. 16%).

*Belief Perseverance: clinging to one's initial conceptions after the basis on which they were formed has been discredited.* It takes less persuasive information to form an initial opinion than it does to change it. So, once you formed a positive or negative belief about Bush/Kerry it would stick. This is partly why the media is effective in influencing public opinion, especially early on. For example, although the assertions of the Swift Boat Veterans for the Truth have been widely discredited (see <http://swiftvets.eposte.com/kerryother.htm>) the sentiment that Kerry's service in Vietnam was tainted, even dishonorable, remained.

*Confirmation Bias: the tendency to search for information that confirms one's preconceptions, and ignore/discount contradictory information.* E.g., a recent Gallup Poll found that the majority of Republicans said the current Supreme Court was too liberal, Democrats said it was too conservative, and independents said it was about right.

*The Framing Effect: the way an issue is posed can significantly affect decisions and judgments.* Voters were asked to vote on "Shall the Constitution be amended so as to provide that this state shall recognize as marriage only the union of man and woman?" The actual full text of SR 595 (a.k.a. Amendment One) was more detailed (see <http://georgiaequality.org/cms/content/view/4/34>). Frequently voters are given a truncated version chosen by the proposers of the amendment. Based on wording in SR 595 it could have asked should "states have no jurisdiction to grant ... respective rights arising as a result of ... such relationship"? A different result may have occurred with such a question about restricting rights.

Other concepts could be discussed such as religion, learned helplessness, or the hierarchy of needs. In an effort to walk the talk, I would like to end with a full disclosure statement. I voted for Kerry. Since I too am victim to cognitive errors and biases, my attempt to write this column in a non-partisan way may not have succeeded. But at least I hope by confessing this at the end your bias to either disagree or agree with a Democrat was forestalled.

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<sup>1</sup> My thanks to Victor Bissonnette, Ph.D., social psychologist at Berry College who provided consultation on attitude formation.



## BOOK REVIEW

### *The Person of the Therapist*

by Edward W.L. Smith, Ph.D.

Jefferson, NC: McFarland. 193 pages with reference and index.

Reviewed by David Ryback, Ph.D.

Every therapist has the obligation of self-examination—not only in terms of emotional self-awareness but also in the sense of how the art of therapy is practiced. Since Freud founded the talking cure about a century ago and Carl Rogers distilled it to its authentic listening essence about 50 years ago, there have been myriad therapy styles and techniques to choose from. Most therapists these days classify themselves as eclectic, with a glimmer of shame that they haven't committed to a single approach and dedicated themselves to it in singular fashion.

Now comes Edward Smith with a book that deals squarely and directly with the nature of eclectic choices that are part of the therapist's development. Having spent his entire professional life geographically in the South and philosophically in the existential mode, Ed draws comfortably from the contributions of local legends such as Irma Lee Shepard, Earl Brown, Tom Malone and Carl Whitaker as well as younger contributors such as Avrum Weiss.

Smith's greatest contributions in this book are the consolidations of eclectic theory that focus on integration rather than on comparative analysis. "To summarize," writes Smith, "in order to explicate a system of psychotherapy, one must understand its philosophical underpinnings, its theory, its techniques, and the relationship among these," as well as "the socio-cultural element." After distinguishing "*minor psychotherapy*"—"suggestion, good advice"—from "*major psychotherapy*"—"dialectical procedure"—Smith shares Richard Erskine's model of an equilateral triangle whose sides represent cognitive, affective and behavioral aspects of therapy. Every approach can be found somewhere within this triangle.

Much more meaningful are Jung's four stages of analytic therapy, "namely, *confession, elucidation, education, and transformation.*" Confession is the conscious admission of felt sin or guilt. Elucidation involves the transference relationship to resolution of infantile fantasy. Education involves "drawing the person out into the world." Transformation involves the mutual exploration of the I-Thou relationship between patient and therapist, not always achieved. In fact, points out Smith, some therapies stop at the second or even first stages, especially in these days of managed care.

A simple yet fascinating distinction between "centrists" and "wholists" is in Berl Mendel's suggestion "that

psychotherapists may be either like a hedgehog or like a fox!" Or, as the Greek poet Archilochus put it, "The fox knows many things, but the hedgehog knows one big thing." The hedgehog therapist is a strict adherent to one theory and defends it to the death. The fox therapist, on the other hand, is eclectic and can "entertain ideas that are centrifugal rather than centripetal . . . moving on many levels . . . a vast variety of experiences." The strict adherent of psychoanalysis or even behaviorism would be a hedgehog. The more exploratory, free wheeling, existentially oriented eclectic therapist would be more foxy. But this distinction also serves to separate conservatives from liberals; scientists from artists; hard working computer geeks from people-oriented, persuader types. In other words, it becomes apparent that the whole world, not just therapists, can be so divided. Is there also a fit between patient and therapist who fall along the same lines? Herein lies a fascinating dissertation topic for some enterprising doctoral candidate.

Smith's book is structured as a series of notes: personal, contextual, theoretical, research, philosophical and spiritual, political and concluding, with a note on the development of person-hood thrown in. The reader can tune in wherever it feels best. There is little continuity between chapters, and each has its own distinctive style. That is more good than bad as each successive chapter has a freshness to it that is unique. This book is excellent both for the novice who needs an overview of what's out there as well as for the master therapist who can enjoy the overview in retrospect like a good brandy after a fulfilling meal. For the rest of us, it's always nice to learn that "eclectic" isn't such a bad word after all.

And it's also nice to re-learn that behind every competent therapist is a person who's trying to come to grips with all the choices of therapy out there. Hedgehogs will choose an approach they were handed by their mentors and die by it. Foxes will continue to explore, searching for the ultimate authenticity within themselves. One of the foxier therapists may have been Carl Whitaker who claimed, "I'm here for me. If you can get anything out of it, so much the better."

As a therapist, you can't be more of a person than that!

*David Ryback is a person who happens to be a therapist. Hopefully, he's also a therapist who happens to be a person. Either can be reached at [EQassoc@aol.com](mailto:EQassoc@aol.com).*



### *Full Mouse, Empty Mouse: The Musical*

Reviewed by Kerry Aikman, Ph.D.

*Full Mouse Empty Mouse, The Musical* is a beautifully written play, which integrates poignant psychological lessons with meaningful, heart-warming songs and lyrics. Dina Zeckhausen Ph.D., founder of the Eating Disorder Information Network (EDIN) wrote the children's book *Full Mouse, Empty Mouse* and then collaborated with Larry Salberg, founder of "Applause for Kids," and Jill Hare, Music Director at Atlanta's Warren Jackson School, to produce the musical adaptation of the book.

The musical does a superb job at introducing children and adolescents to the complex issues related to disordered eating, *weightism*, and body image. It is a contemporary tale of a family of mice who live, work and struggle together in surprisingly humanlike ways. Their lives are fraught with stress. The parents are overwhelmed with work stress and managing a busy household. Furthermore, the mice live in the Grumble's house and the Grumbles have a new cat, adding another layer of fear and chaos to their lives. Billy Blue and Sally Rose, the mice children, suffer because of all they have to face each day. Their parents struggle to really see their pain and understand their needs. The mice children don't know how to make sense of their feelings and they're reluctant to reach out to their parents. Billy Blue tries to cope by overeating. He ends up being a target of bullying at school and then all he wants to be is "Invisi-Bill." His sister, Sally Rose is also unhappy. She feels inadequate and insecure and copes by under-eating. Though they are a very troubled mouse family, they are lovable, determined and well-intentioned mice.

The musical context in which this tale unfolds adds power and depth to the issues. The songs that the mice sing exude compassion, pain, struggle, truth, hope and love. The music allows the audience to connect with the plight of the characters and in a personal and profound way. The mice parents sing, "I'm Doing The Best I Can." They try hard to keep their lives on track, but without knowing why, their lives spiral out of control. Sally Rose and two school friends sing, "Why Do I Feel So Fat." This song explores many issues pertinent to anorexia. They sing about being scared of their appetites and wonder what it is that they are really hungry for. Sally admits "famished is better than frightened and hungry is better than mad." They sing about "skinny runway models" and "movies, magazines and TV shows,"

concluding that these are reasons they feel so fat!

The crisis peaks for the mice children when Billy Blue is bullied at school. Sally Rose tries to come to his rescue and Principal Ratner intervenes and sends them home. Though their parents are not available, their wise and nurturing aunt Louise and uncle Louie eagerly rush to support them and hear their pain. The Aunt and Uncle are calming, reassuring, loving and amusing as they help the mice children learn to cope and to talk with their parents. They sing, "The Things You Know To Do" about what the mice must learn to do to recover. The final song, "Thin and Fat Won't Teach You That," addresses *weightism*, and helps the mice children learn that judging themselves or others as thin or fat will never give them true insight or information.

The premier of the musical will be on February 27, 2005 during Listen to Your Body Week. It will be performed at the 200-seat "Applause for Kids" theatre in Buckhead by professional actors. The quality of the acting and singing is superb. EDIN plans to use the musical as part of its School Outreach Program to teach children and adolescents about eating disorders and related issues. Schools can use the script to create their own production of the show. Elementary, middle and high schools can have their own students perform the show for their peers. EDIN has developed a curriculum and handouts to be used along with the musical to help students and educators have thoughtful discussions about the issues raised.

This musical is very timely given the rising rates of eating disorders and obesity among children. Families and schools often struggle to address these issues because they may either find them difficult to understand or they deny that they actually exist. Furthermore, these issues are most often not understood in a psychological context. This musical makes the connection between eating problems and emotional struggles very evident. The musical is important for parents, children (grades 2<sup>nd</sup> through high school) and educators. Adults along with children can learn what eating disorders are really about and how to prevent them.

*Dina Zeckhausen, Ph.D. can be contacted at [dina@edin-ga.org](mailto:dina@edin-ga.org) or visit [www.edin-ga.org](http://www.edin-ga.org) or [www.fmem.net](http://www.fmem.net) to learn more.*  
*Kerry Aikman, Ph.D. is in private practice in Roswell, GA and specializes in women's issues and eating disorders.*



## CLASSIFIEDS

Classified advertising is \$40.00 for GPA members and \$55.00 for non-members, limit 50 words (ads over 50 words will be charged accordingly).

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Rental Office Space available full/part-time to mental health professionals or related fields. Great location on West Wieuca; easily accessible from GA. 400/285. Spacious windows overlook wooded area. Rent includes use of waiting room, kitchen, restroom, play therapy room, utilities, and janitorial service. Call Dr. Betty Noble (404) 255-4206.

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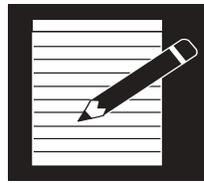
Attractive, fully furnished office space available for rent two days a week. Great Roswell location near Hwy 9. Excellent opportunity to develop a practice with a group of licensed professionals; includes a psychiatrist. Contact Erika at (678) 895-8188.

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*Continued on page 28*



## CONTINUING EDUCATION WORKSHOPS

### GPA Approved CE Workshops and Conferences

**C.E. Brochure – Check your mail!**  
You will be receiving a Continuing Education brochure mid-January on upcoming GPA workshops.

Title: **Adolescent Substance Abuse: The Initial Interview**  
Presenter: Robert Margolis, Ph.D.  
Date: January 21, 2005  
CE: 3 Hours  
Location: Ridgeview Institute/ 3995 South Cobb Drive/ Smyrna, GA 30080  
Contact: Dianne Gay/770-434-4568 x3001

Title: **Shema Yisrael...The Abused Cry Out... How do we Respond: Keynote Address-Giving Voice to the Unspeakable: A Survivor's Story; Workshop 3-Expanding Shalom Bayit: It happens in Our Families Too: including gay and lesbian people in domestic violence intervention; Keynote Address: I Thought We'd Never Speak Again: The Road from Estrangement to Reconciliation; Workshop 6-Raising the Next Generation in a Non-Violent Way; Workshop 8-The Last Frontier: Is Reconciliation Possible After Sexual Abuse?**  
Presenters: Dr. Amy Robbins Ellison, MD, Gus Kaufman, Jr, Ph.D.; Rabbi Joshua Lesser; C.J. Williams; Laura Davis; Aaron Feldman, Ph.D.; Rabbi Diana Monheit, Lynn Mandelbaum, LCSW  
Date: January 23, 2005  
CE: up to 6 Hours, with up to 3 hours in Cultural Diversity Credit  
Location: The Selig Center of the Jewish Federation of Greater Atlanta/1440 Spring St., Atlanta, GA 30309  
Contact: Wendy Lipshutz, LMSW

Title: **Revitalizing Sexuality in Low-Sex or No-Sex Marriages**  
Presenter: Barry McCarthy, Ph.D.  
Date: February 19, 2005  
CE: 6 Hours  
Location: Dogwood Ballroom/Mountain Creek Inn/ Callaway Gardens/Pine Mountain, GA  
Contact: Carl Johnson & William Buchanan, Ph.D./404-261-1185

For additional up-to-date workshop information, visit <http://www.gapsychology.org/EDUCATION/Index.htm>

To register online,  
[http://www.gapsychology.org/EDUCATION/workshop\\_registration.htm](http://www.gapsychology.org/EDUCATION/workshop_registration.htm)

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William B. Spinks, Ph.D.  
Paul P. Hirschfield, Ph.D.  
Sandra C. Lewis, Ph.D.  
Nancy Baird, Ph.D.

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Acworth, GA 30102

Robin Walsh, Psy.D.  
3534 Old Milton Parkway  
Alpharetta, GA 30005

Damond Logsdon, Ph.D.  
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Roswell, GA 30075

Thrower Starr, Ph.D.  
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Atlanta, GA 30307

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2149 Greencrest Drive  
Atlanta, GA 30345

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561 N. Palisades Circle  
Marietta, GA 30067

Mary Helen Hunt, Ph.D.  
1303 Dancing Fox Road  
Decatur, GA 30032

Nadia Ali, Ph.D.  
Kaiser Permanente  
1000 Johnson Ferry Road  
Atlanta, GA 30342

James N. Weisberg, Ph.D.  
5275 Trowbridge Drive  
Dunwoody, GA 30338

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2520 Windy Hill Rd., Ste. 203  
Marietta, GA 30067

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163 Seminole Drive  
Marietta, GA 30060

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4482 Andover Drive  
Evans, GA 30809

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703 W. Buena Vista Ave.  
North Augusta, SC 29841

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248 South Tanglewood Dr.  
Royston, GA 30662

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Myra Clark Burch, Ed.D.  
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Chauncey, GA 31011

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Athens, GA 30602

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Berkeley, CA 94707

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1518 Clifton Road, N.E.  
Atlanta, GA 30322

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1631 17<sup>th</sup> Avenue  
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Kimberly S. Adams, Psy.D.  
Harbin Clinic  
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Rome, GA 30161

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Bldg 29/Ste 350  
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Dina O'Brien, Ph.D.  
Children's Medical Center  
1446 Harper Street  
Augusta, GA 30912

Janice Shieh, Psy.D.  
719 Hidden Lane  
Marinez, GA 30907

### Student/Post Doc Membership

Kelly Lewis, Ph.D.  
771 Lindbergh Dr., Apt. 6204  
Atlanta, GA 30350

Justin Huthwaite, Psy.D.  
619 19<sup>th</sup> Street, South  
Birmingham, AL 35209

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Yared Alemu  
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Carissa Kafka  
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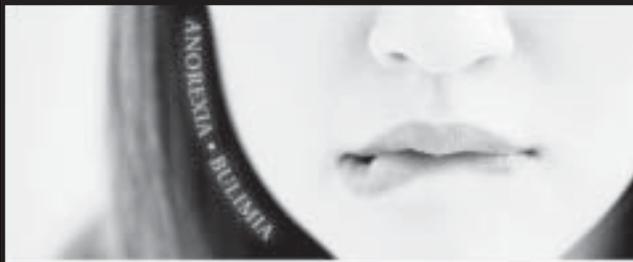
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Pamela A.T. Phillips  
478 Patterson Road  
Lawrenceville, GA 30044

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# CALENDAR

## 2005

<b>JAN</b>	<b>21-23</b>	<b>GPA Midwinter Conference in Asheville, NC</b>
	<b>21</b>	12:30-1:30 Division G Meeting 2:30 Division C Meeting (meet @ MidWinter?)
<b>FEB</b>	<b>TBA</b>	Roger Greene Presenting
	<b>11</b>	10:00 LLC Meeting 10:30-12:00 Annual Conference Committee Meeting 11:15-12:45 Division F Meeting 12:00-1:30 Division H Meeting 12:00-2:00 Executive Committee Meeting 1:00-3:00 Division P Meeting
	<b>18</b>	9:00-12:00 Dialectical Behavior Therapy (DBT)/ Lisa Lilenfeld, Ph.D. 10:00-12:00 Membership Committee Meeting 10:30-12:30 Division E Meeting 12:30-1:30 Division G Meeting 12:30-2:00 Division E-Clinical Conversations
<b>MAR</b>	<b>25</b>	9:00-12:00 If I Could Write a Book.../Erik Fisher, Ph.D.
	<b>4</b>	10:30-12:00 Annual Conference Meeting 12:00-3:00 Ethics Committee 1:00-4:00 Authentic Leadership Skills to Improve Your Organization and/or to Move Into Corporate Consulting/ David Ryback, Ph.D.
	<b>5-8</b>	<b>APA State Leadership Conference</b>
	<b>11</b>	10:00 LLC Meeting 10:00-12:00 Membership Committee Meeting 12:00-1:30 Division H Meeting 12:00-2:00 Executive Committee Meeting 1:00-3:00 Division P Meeting
	<b>12</b>	10:00-2:00 Board Meeting
	<b>18</b>	10:30-12:30 Division E Meeting 11:15-12:45 Division F Meeting 12:30-1:30 Division G Meeting 12:30-2:00 Division E-Clinical Conversations
<b>APR</b>	<b>1</b>	9:00-3:00 Asperger's Workshop/ Shelley Margow (Lunch Arrangements TBA)
		10:30-12:00 Annual Conference Committee Meeting
	<b>8</b>	10:00 LLC Meeting 10:00-12:00 Membership Committee Meeting 12:00-1:30 Division H Meeting 12:00-2:00 Executive Committee Meeting 1:00-3:00 Division P Meeting
	<b>15</b>	10:30-12:30 Division E Meeting 11:15-12:45 Division F Meeting 12:30-1:30 Division G Meeting 12:30-2:00 Division E-Clinical Conversations
	<b>22</b>	10:30-12:00 Annual Conference Meeting 12:00-3:00 Ethics Committee
<b>MAY</b>	<b>6</b>	10:30-12:00 Annual Conference Committee Meeting 11:15-12:45 Division F Meeting
	<b>13</b>	10:00 LLC Meeting 10:00-12:00 Membership Committee Meeting 12:00-1:30 Division H Meeting 12:00-2:00 Executive Committee Meeting 1:00-3:00 Division P Meeting
	<b>19-22</b>	<b>GPA Annual Meeting at the Crowne Plaza/Perimeter</b>
	<b>20</b>	12:30-1:30 Division G Meeting

For additional information,  
visit <http://www.gapsychology.org/ABOUT/calendar.htm>

**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: Judy Simmermon, Ph.D.  
 CE Committee: Joanne Peeler, Ph.D.  
 Ethics Committee: John Watkins, Ph.D.  
 Grassroots & Federal Advocacy: Jennifer Kelly, Ph.D.  
 Legal & Legislative Committee: Marsha Sauls, Ph.D.  
 Membership Committee: Scott Jones, Ph.D.

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 Disaster Response Team: Betsy Gard, Ph.D.  
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**Publication Deadlines & Rate Card**

**Publication Deadline**

November 17 (Winter issue)..... 1st Week of January  
 March 1 (Spring issue)..... 1st Week of April  
 June 1 (Summer issue)..... 1st Week of July  
 September 1 (Fall issue)..... 1st Week of October

**Mailed**

**Circulation — 2,000**  
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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](mailto:cydwise@gapsychology.org).

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Full page	\$300.00	Full page	\$475.00	Full page	\$400.00
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