

Georgia Psychologist

Volume 60, Number 1

Winter, 2006



The Hands of a Child

Georgia Psychologist

Publication Guidelines

AUTHORS:

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

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

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

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

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

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

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

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

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

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

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

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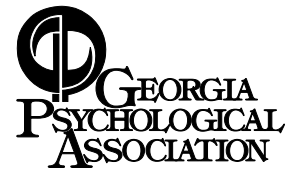
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**The deadline for the Spring Georgia Psychologist is February 22, 2006.
The topic is on Legal & Ethical Issues.**

To find your legislators, go to
<http://www.sos.state.ga.us/cgi-bin/locator.asp>

Visit our web site at
gapsychology.org

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FROM THE PRESIDENT



I Encourage All of You to Actively Seek Volunteer Opportunities

Carol Drummond, Ph.D.
President

This is a very exciting time to be a member of the Georgia Psychological Association (GPA). GPA members rallied to volunteer aid to victims of Hurricane Katrina. We owe a special thanks to Dr. Betsy Gard for her leadership role with the Red Cross during Hurricane Katrina and Ellen McBrayer of the Central Office for organizing and scheduling volunteers. Be sure to read Dr. Betsy Gard's article and the volunteer experiences in this issue. I am so proud of the rapid response of our members.

Our Legal and Legislative Committee (LLC) has been very active over the past few months under the guidance of Dr. Marilyn Vickers. This committee now has many new and active members involved in a variety of activities. Regional events with

legislators have been held in Augusta and Athens, and GPA is involved in a number of important legislative issues addressing access to services and children's issues.

Over the past few months, I have had the opportunity to meet with many of the various groups that

comprise GPA. Most recently, I attended a social gathering of the Emerging Professionals and was most impressed with the energy and enthusiasm for our profession that these young people exhibit. I also had the opportunity to meet with interns from around the state, and, again, heard many positive comments. The future of psychology lies with those now entering the field, and I am pleased that many are becoming members of, and active in GPA. The Membership Committee sponsors a mentoring program that pairs newly licensed psychologists with experienced members who share similar professional interests and, GPA is now establishing a way for emerging professionals to become aware of post-doctoral opportunities on our website.

As psychologists, many of us are actively involved in community activities and I would like to see our visibility in the community grow even more. We have unique skills to offer the public, and our response to Hurricane Katrina is a perfect example of what we can accomplish. I encourage all of you to actively seek volunteer opportunities, either through organizations or pro bono work and increase your involvement in legal and legislative issues that impact our profession and the public.

Weekend of Recovery for Male Survivors of Sexual Abuse

**Sponsored by Male Survivor: National
Organization Against Male Sexual
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...Facilitated by a team of experienced psychotherapists who specialize with male survivors.

...Application process open to any man 18 & older who has been sexually victimized as a child &/or adult.

**Simpsonwoods Conference Center
Friday thru Sunday April 28th - 30th**

For a brochure with schedule, rates, & registration:
www.malesurvivor.org

For questions or more information, contact
Jim Struve, LCSW at 801-364-5700, X1 or
jimstruve@mindspring.com

The 2006 Georgia Psychological Association Legislative Agenda

Marilyn Vickers, Ph.D.
Legal and Legislative Committee Chair

This year's legislative agenda continues the efforts of the Georgia Psychological Association to advocate for accessible, safe, and affordable 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 2006 session are as follows:

1. Prescriptive Authority for Psychologists.

We will work to introduce and pass legislation authorizing specifically trained 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, at least 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. Protecting Parity for mental health benefits in the Georgia Law

We will support common coverage of mental and physical health conditions.

- The term "mental health benefits" means eligible expenses covered by the policy with respect to mental health services.
- Medical necessity will be clearly defined in the policy.
- Any out-of-pocket limit and visit limit, as defined by the plan, shall be the same and common for coverage of mental and physical health conditions.

4. Providing information to support legislation that is non-discriminatory



STATE NEWS

Hurricane Katrina: Mental Health Volunteers Unite

Betsy A. Gard, Ph.D.

Disaster Response Coordinator for Georgia

Manager, Disaster Mental Health Services for the Atlanta Red Cross

On August 28th, Hurricane Katrina struck the Gulf Coast, causing more death and destruction from a hurricane than has been seen in the U.S. in over 100 years. Over 1,213 have been counted dead, and another 2500 are missing. Over 75% of New Orleans was flooded and 1.5 million people evacuated from Louisiana. Georgia received an estimated 120,000 survivors and evacuees, second only to Texas. They arrived with many physical, psychological, and economic needs.

Typically, in a disaster with over 100,000 homeless people, the Red Cross Chapters would be expected to use their local volunteers for a period of a week and, then, trained volunteers from around the country would come to relieve the volunteers of the affected chapters. However, the National Red Cross was overwhelmed with the scope and magnitude of the needs of so many people across so many states. Georgia was told we could expect few national volunteers to assist and would have to manage the thousands who were arriving with only their local disaster volunteers. The Red Cross has only 3% paid staff and 97% volunteers.

As Disaster Response Network Coordinator and Disaster Mental Health Manager, I served on-site and off-site to assist with providing services and help staffing, training, overseeing sites, and disaster planning. Dr. Barbara Calhoun (Macon), co-founder of the GPA Disaster Response Network also came and served as co-coordinator for a week with the Red Cross. There were shelters that needed 24 hour mental health coverage. Evacuees and survivors streaming into the Chapters looking for food and assistance needed crises intervention while the staff working with them needed support. The

volunteers answering the telephone hotlines needed mental health support given the incredibly stressful nature of the calls as people desperately searched for missing loved ones. Mental health workers were requested to meet the convoyed evacuees at Dobbins to triage and support their getting to hospitals or shelters. Mental health workers were requested to assist at Service Centers as clients applied for aide and told stories of loss and often horrific conditions. The needs were enormous and there were too few trained and prepared Red Cross mental health workers to meet all the needs.

The request went out for volunteers and Georgia Psychological Association (GPA) members responded. Psychologists gave up days of their practice and income, telling clients they would have to reschedule them. Almost one out of every five members of GPA (approximately 177 psychologists) came to help. GPA provided a staff person, Ellen McBrayer, on site at the Red Cross for administrative assistance. GPA also developed, with the assistance of Susan Joseph, LPC, Cyd Wise and Pat Gardner, a web site to help mental health administrators track the scheduling of volunteers and provide up-to-the minute information via the

web on training/orientation times, sites where mental health providers were needed, tips on providing services and links to other web sites. The GPA Red Cross Volunteer information operated throughout the disaster operation and helped the different mental health administrators and managers who worked the disaster week after week.

As of the writing of this article, over 9,000 volunteers worked for the Red Cross in the state of Georgia. Mental health workers were there, by their side, doing their best to support the volunteers and provide psychological first aide to the clients. Even now, mental health volunteers are still providing services to the Red Cross, calling volunteers to allow them a chance to share their experiences and providing opportunities for mitigating the stress after a very long and difficult disaster operation.

The members of the Georgia Psychological Association provided a leadership role in the mental health response and recovery. We can take pride in ourselves and our organization for the important work and responsive caring we provided to our communities and, to our state in this difficult time.

For the latest information on CPT Codes, visit the GPA website - www.gapsychology.org

“People Loved or Hated New Orleans, But Few Were Neutral About It”

Frank Meaux, Ph.D.

Numb, sad, angry, frustrated, but mostly sad. My emotions were conflicted during a week that saw a hurricane ravage my favorite city — an exotic city where I went to school, where my son attended college. People loved or hated New Orleans, but few were neutral about it. New Orleans was a city that rose from the marshes and swamps surrounding it, and like the marsh, spawned new life forms...music of such texture and variety from the first Opera house in the United States to the blues and jazz of Storeyville; food with flavors that redefined the culinary habits of America and the world; literature that endures and nourishes us all from Kate Chopin and Tennessee Williams, to Anne Rice; architecture from the Pontalbo apartments to the mansions of the Garden District, to the simple beauty of colorful shotgun homes. New Orleans: a city truly unlike any other.

My grandmother, rocking in the front porch of her home in Abbeville, Louisiana, often talked in French about going “en Ville,” to the city. To Cajuns all over south Louisiana, New Orleans was The City, the only city. The crescent city, the city that care forgot, the Big Easy. Will Rogers once said there were only five real cities in the United States, Chicago, New York, San Francisco and St. Louis were the other four.

I worked as a mental health volunteer for the Red Cross in Atlanta. A trauma expert briefed me before sending me out to help. Her comment was that, as a group, these refugees from New Orleans were incredibly resilient. That was my experience. I went on a visit to a local Holiday Inn with a Red Cross caseworker to visit a gentleman named Jessie Mayeaux. Jessie’s story typifies that resilience. His son was killed two weeks ago in Iraq. Jessie buried his son the day before the hurricane and stayed in the city to help an invalid neighbor. After the ordeal at the Superdome, Jessie was put on a bus to Houston. FEMA then put him on a bus to Utah, then Detroit, and finally to Atlanta. On his last leg, his heart began to show signs of distress (he already had by-pass surgery) and he was hospitalized here and then put up in the Holiday Inn temporarily. He had no clothes and no money, only the surgical scrubs that St. Joseph hospital gave to him and the 300 or so dollars that the case worker provided to get him to a friend’s home in New York until he could return to New Orleans. Jessie displayed no anger, only gratitude.

The next interaction I had was with

an elderly mother, her two daughters and their two young sons. They were staying with another daughter in a poorer section of Atlanta. They had pooled their money to take a cab to the Red Cross headquarters, the wrong location as it turned out. A week after being buffeted by hurricane winds and flood waters, like Jessie, this family was tossed about by a beauracracy overwhelmed by need. This family was resilient, strong, and clearly frightened. We talked about their first evacuation stop in Lafayette, Louisiana. One daughter emphasized how kind the people in Lafayette were and hoped that Atlanta would also be kind to them. Contrary to the images of looters and rapists shown non-stop on media venues, this family and Jessie typified most of the people, Cajun, Creole, African-American, I have known over the years in New Orleans. Resilient, gentle, friendly, and grateful.

The mother told me what terrific cooks the Cajuns in Lafayette were. We talked about her cooking, her gumbos, her jambalaya, and her red beans and rice. We talked about

the real things that she loved and we both tried to keep from crying as I am doing now while I write this. A kind Red Cross employee, sizing up the magnitude of their pain, ushered them into a private office and helped them cut through the maze of confusion and get whatever assistance the agency could provide. I was grateful and so were they. As they walked toward this opportunity, one daughter grabbed my hand and squeezed, quietly saying, “Thank you!” I had done little and they had given me so much.

A Rare Opportunity!

Master Class with Sonia March Nevis, PhD and Pauline Rose Clance, PhD

Learn from and interact with Dr. Nevis & Dr. Clance as they discuss select cases presented by participants for consultation.

Sonia March Nevis, PhD, has trained therapists and organizational consultants from around the world, and has been an innovator in developing a Gestalt model of relationships.

Pauline Rose Clance, PhD, is the author of the influential book, *The Imposter Phenomenon*, and has written and taught on many aspects of psychology and women's issues.

Date: **March 10, 2006** Location: **Atlanta, GA**
Cost: \$100 Continuing Education Credit available

This Master Class is a pre-conference workshop presented in conjunction with the 3-day conference for women:
The Influence of Power... The Power of Influence.

Visit www.AWomansInitiative.com or call **404-325-1567** to learn more and to register.

“...So Many Gave All They Were Able To Give...”

I know from personal experience, that what we think we will do in a “disaster” and what we actually do are often very different things. As human beings, and perhaps even as mental health professionals, we make assumptions about what people will feel and what they may do.

As with my personal losses, and those of others, it seems likely that the true crisis in emotional reaction to the disasters will occur in months from now, perhaps even longer. Therefore, it is difficult to imagine the extent of the emotional reactions that will be seen

in individuals from the Gulf region for many years to come.

Finally, I was gratified to see so many colleagues, from every field of mental health, reach out to those in need (often at significant personal cost). Some reached out in large ways,

some in smaller ways, but so many gave all they were able to give and for that reason, I am extremely proud of Georgia psychologists. The GPA staff alone gave so much in so many ways – as a newer member of GPA, I am glad to know that our organization is full of this kind of heart.

Norlydia McBee, Ph.D.

“...We Realize the Commitment is for the Long Haul”

My church took in a family of eight that is living in the upstairs of our facility, which happens to be next door to my office. We are a small church family with limited resources and filled to the brim with responsibilities, but we felt compelled to be of service in this way.

It has required major adjustments on our part — food, transportation, and security arrangements. Also, significant expense added to utility bills, namely for air-conditioning. And, we realize the commitment is for the long haul. We’ve received an outpouring

of support from the surrounding community (free furniture, baby paraphernalia, toiletries, money, and even a contractor putting in shower facilities for the family free of charge. They just moved in yesterday, and the kids will be starting school this

week, coincidentally in schools that are within a mile or two of our church location. We’re being stretched and who knows how it will all turn out, but that’s our story and we’re sticking to it.

Parn Thompson, Psy.D.

“...I am Reminded that We are All Separated by Only a Few Degrees”

When the videos and stories of Katrina survivors began to appear in the media, I experienced a bittersweet blend of emotions — sadness and compassion for those affected by the floodwaters, and gratitude for the safety and security of my own “dry haven” here in Georgia.

Underlying my gratitude, however, was the certainty that the people I saw clinging to rooftops, or wading through fetid water up to their necks, easily could have been me, my friends, my family. Next time it may be our turn.

So, as I sat in a shelter, with an 80 year old man whose entire family perished in the rising waters, or listening to another man describe the painstaking work he had done in remodeling his (now destroyed) family home, I am reminded that we are all separated by

only a few degrees. This time I can offer comfort. Another time, it may be me, or my loved ones, who seek the support and comfort of others.

If I said I volunteered to help the Katrina survivors, it would be only a partial truth. Really, I volunteered for me.

Micky O’Leary, Ph.D.

“...I Could See His Resilience Shining Through”

It was an inspiring, exhilarating, and very sad experience. I certainly felt that all of my skills, both as a psychologist and a nurse, were used to the maximum. I also felt that my presence as a human being with many suffering people was very valuable to me, and hopefully to them.

My most visceral memory of working with the evacuees was a very small child who crawled onto my lap while I was sitting on a cot, talking with some adults about their experiences. The little boy started rocking back and forth, saying, “Put your head down when the glass on the windows breaks.

Put your head down...” I asked him if he was remembering something, and he said that he was in the attic when the hurricane hit, and his mother told him to put his head down when the glass broke so his eyes wouldn’t get hurt. I asked him if he did put his head down, and he proudly said, “Yes!” I was

able to mirror back to him how well he handled the situation and what a big boy he had been.

I looked into his eyes and told him how beautiful and perfect they were. He glowed with pride, and I could see his resilience shining through. Later when I went home, my own eyes filled with tears.

Kitty Deering, Ph.D.

“...I was Moved by the Outpouring of Loving Support...”

I worked at one shelter. In addition to the marvelous efforts of the Red Cross staff and volunteers I was moved by the outpouring of loving support by the community itself. Restaurants and churches provided many of the meals. The Community Mental Health Center staff worked tirelessly, particularly, Frank Barry. Physicians and nurses staffed the infirmary and provided care to anyone who came by. Many Church and community civic association members spent time at the shelter doing anything that needed to be done. Churches and their choirs came to provide services.

I was, as other volunteers were, filled with a mixture of feelings as I tried to do what I could to help, person-by-person. I was especially impressed with how quickly some of the evacuees

were attempting to cope with the devastating loss by doing what they could to become self-sufficient again. One man decided that working would be the best way for him to deal with

his “nerves” so he went out and got a construction job. I was also moved by a mother of two young adult sons who insisted that they work instead of “lay around.” Both of them started jobs.

Jane Yates, Ph.D.

“The Experience was Gratifying...”

I volunteered at the main office of the Salvation Army on Friday morning September 9th. When I got there, I was prepared to see evacuees but, they wanted me to talk to staff instead. I met with five staff members for approximately 45 minutes each. As we have all experienced, when a stressful event of any magnitude hits, it most often acts as a catalyst for us to look at our own issues. Due to the opportunity, the staff talked a lot about their own issues and not much about the Katrina disaster.

One of the administrators told me they were called the week before by FEMA and told to expect 100 evacuees. A few of hours later they were called, again, and told the evacuees be much

later than expected. This followed by another phone call that said they were not coming at all. The point is - after all the staff got prepared and focused to offer relief efforts they were all

tremendously disappointed. They prepared for something that never happened. That is a different kind of stress to deal with. The experience was gratifying and I felt very appreciated by the staff.

David Raque, Ph.D.

“...They Saw God in All the Volunteers Around Them”

I work with trauma survivors every day in my practice, and I didn't think anything could surprise me, plus I'm pretty "hardened" to trauma. Or so I thought before Katrina. The people I talked to were significantly more stressed and in shock than others I've worked with.

They were grateful for the help, but the fact that they needed that much help was hard for them to accept. One woman with her three children had left her city with the first driver who left her neighborhood. The first intervention we did was find alternative housing for her and her children.

All the individuals with whom I worked seemed most helped by a

friendly face and a person who they could talk to or cry in front of. They were most interested in getting their immediate needs met - such as housing, transportation, and medical needs. Most did not have their regular medications, and one woman was helped to the hospital during an asthma attack. Just being a calm presence to accompany people through their

circuit around the service center was most helpful. When they asked why God let this happen, as many did, they often answered the question that they saw God in all the volunteers around them. I was most impressed with the entire staff of employees and volunteers, and even more impressed by the courage of the evacuees.

Nancy McGarrah, Ph.D.

“My Experiences in the Past Week Will Be Burned into My Brain...”

I worked for two days at Red Cross/Metro greeting incoming evacuees at the front door; triaging those with urgent medical needs (e.g., asthmatic kids with no inhalers; psychiatric/seizure patients who had gone cold-turkey off their medications) to the nurses/physicians; trying to reassure frustrated and scared victims waiting in the long lines in the hot sun; and, doing some crisis interventions with sobbing pregnant women and panicked parents falling apart in front of their children.

In addition, I worked all Labor Day Weekend at one of the Shelters. Having had a lot of experience working on multidisciplinary teams, I slipped into the rushing current of Red Cross volunteers from many disciplines to evaluate urgent medical and psychological needs...all buzzing within the protective cocoon of

about 15 uniformed officers from the Sheriff's Department standing alert at every door and in the parking lot.

I was surprised at how quickly this shelter transformed from an initially chaotic appearance to a sort of improvisational orchestra. On Labor Day, the principals from several area schools came into the shelter to help

evaluate the children for classroom placement — and those kids were in the County schools by Tuesday morning. This disaster differs from 9/11 with the complete disruption of nuclear families and social support networks and the destruction of entire cities. My experiences in the past week will be burned into my brain for the rest of my life.

Cynthia Kahn, Ph.D.

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Public Education

TV

Connect with Kids (CWK Network)

- Methamphetamine use — **Robert Margolis**
- Teens dating much older teens — **Nancy McGarrah**
- Long Term Teen Dating — **Jim Purvis**
- Seasonal Affective Disorder — **Mark Roland**

WSB-TV-Channel 2 — **Jennifer Kelly** on Clark Howard special on Spenders and Savers

WFOX-Channel 5 News — Health Reporter Beth Galvin interviewed **Dina Zeckhausen** on the warning signs of eating disorders for parents.

PRINT

APA Monitor interviewed **Avrum Weiss** on probono work

Marietta Daily Journal

- Dads Coaching Their Kids — **George Williams** and **Rick Van Haveren**
- Article on seasonal depression: Feeling Blue? **Mark Roland**
- Talking to your kids about religion — **Rena Zweben**

Atlanta Journal Constitution

- **Ann Hazzard, Barbara Rubin** and **Paul Schenk** interviewed in an article on “Halloween costumes for young children” and should parents be concerned if their daughter wants to be Superman or son, Cinderella?
- Trapped in transit — Staying positive, reaching out can ease anxiety, **Rick Blue** and **Barbara Rothbaum**
- Toxic Co-Worker — **Luis Valdes**
- **Bill Doverspike** interviewed on how the public is handling all the weather disasters.

Family Style Magazine interviewed **Carol Drummond** on the lessons children learn from gift giving.

Publix Grocery Store Publication (circulation 100,000) interviewed **Carol Drummond** on holiday stress.

CNN.com Education Page interviewed **Carol Drummond** on holiday stress.

PRESENTATIONS

David Proefrock presented to approximately 250 Teachers in Augusta on Warning Signs

Jennifer Kelly spent the day working with survivors of domestic abuse. Nurturing the Soul: Reclaiming Self — Southern Christian Leadership Conference and The Purple Door Spa along with supporting partners: Partnership Against Domestic Violence, American Psychological Association Division 31, Georgia Psychological Association. Victims of domestic abuse received a day of pampering: massages, facials, new hairstyles and make-up. Psychologists were available at the sites to provide support. Resilience brochures were handed out.

ANNOUNCEMENTS

Congratulations:



Dr. Harriet Brodsky and husband Bruce are proud to announce the arrival of their new daughter, Lainey Morgan Weissman. Lainey weighed 7lbs, 1oz and joins her sister, Deirdre Michelle, who is 2 years old. Lainey arrived on August 31, 2005.



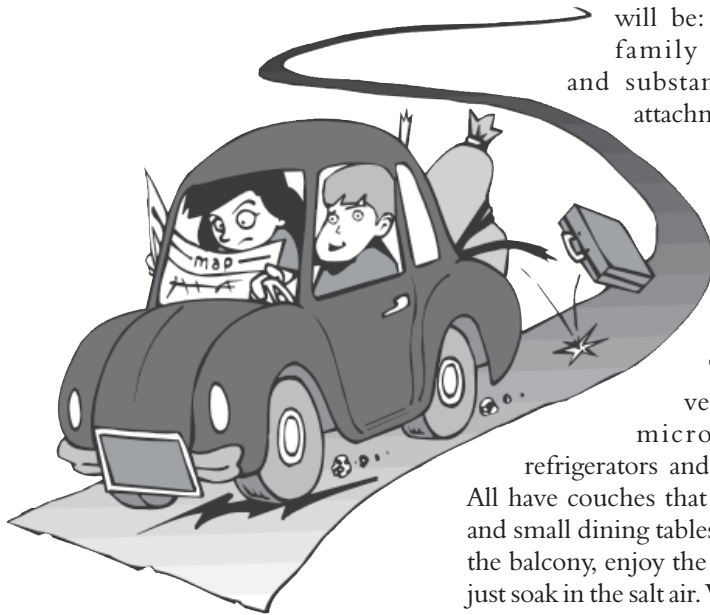
Dr. Rebecca Rogers, Augusta's GPA Board Representative, gave birth to Robert “Zahner” Reynolds was also born on August 31, 2005, weighing 5lbs, 7 oz. and measuring 19 inches.

Condolences to Dr. David Proefrock on the loss of his mother.

On the Road ... with Cyd & Ellen

Destination: Hilton Sandestin Beach Golf Resort & Spa

It's Friday afternoon. We've attended the Lobbying Training at the Capitol and we're heading south towards the Hilton Sandestin Beach Golf Resort & Spa. What a way to spend the weekend!



will be: abuse/stalking, family intervention and substance abuse and attachment/adoption.

We arrive late (we're known for getting lost). All we care about Friday night is sleep!

The rooms are very large, with microwave ovens, refrigerators and coffee makers. All have couches that open into beds and small dining tables. You can sit on the balcony, enjoy the ocean view and just soak in the salt air. We were amazed at how close the hotel is to the ocean. Indoor/outdoor pools, indoor/outdoor snack bar, Starbuck's coffee and hotel shops. Bringing the kids? Family rooms have bunk-beds (with portholes) as you enter. Your kids will have their own storage area and flat screen TV! You can also bring their favorite movies to watch on the DVD. And Dads - you can even take your kids fishing with cane poles and never leave the property!

Saturday morning finds us refreshed and ready to go. We meet our group at Sandcastles for a buffet breakfast. There are about eight other

people from around the country visiting the hotel. After breakfast, we tour the hotel and meeting rooms.

There is so much to do here. Once you arrive, you can park your car and never use it again 'til you leave. If you're into tennis or golf, they have it. If you'd like a massage or facial, try the spa. Just make sure to book your appointments ahead of time - this spa is becoming well-known in Destin!

Sandcastles has a daily breakfast buffet - you can special order your omelette or order from the menu. Lunch and dinner are also available. Seagars, a 4 diamond restaurant located in the Hilton has steaks, seafood, caviar, and some of the finest wines in their cellar.

You can ride the shuttle to the Village, a New Orleans replica, with numerous restaurants, shops and entertainment - New Orleans jazz at its best! Or, hop in your car and explore Destin, a charming town on the Florida Gulf.

We have the afternoon off and meet our group at the end of the day in Seagars for an incredible dinner of the freshest seafood, thickest steaks and sinful desserts.

Sunday finds us...on the road again... with Cyd and Ellen.

GPA is having a joint 2006 Annual Meeting with the Family Law Attorneys. Since this will be the final year before re-licensure, it's a good time for psychologists to pick up C.E. credits along with vacation time. Our Keynote Presenter will be Joan Kelly, PhD., who is known for work on child custody, access issues and divorce mediation. We will also have a mock trial, ethics and psychopharmacology workshops. Some of the other topics

2006 ANNUAL MEETING

Thursday, May 25 – Saturday (noon), May 27

Don't be left out! To make your hotel reservation at the Hilton Sandestin Beach Golf Resort & Spa, go to www.gapsychology.org and click on "Conference Details..."

If you plan to attend the entire conference, be sure to book your room beginning Wednesday, May 24.

Clinical Wisdom for Parenting Children & Teens

Jonathan C. Robinson, Ph.D.

Parenting is the toughest job for which most people never have any training. The emotional transactions among a typical family of four make the job exponentially more difficult when you factor in ages of the children and parents, parenting role models, and impact of general and specific life stressors. In my thirty-three years of clinical practice, family therapy remains the most exhilarating challenge of my work. “Why can’t we all just get along?” is the question troubled families ask. In struggling to answer this question with thousands of families over the years, I have tried to convey the wisdom of the following truths:

1. Clearly define who’s in charge.

When the child is wrecking havoc in my office and the parents are making excuses, I know who’s in charge. Parents are in charge when they convey authority, set firm boundaries, and work with their child on meeting their needs within those boundaries. Their children will be relieved because...

2. Children will always test the limits.

Testing the limits is how children explore their environment. They test the limits to be sure that they are there. Being in charge makes children anxious and afraid. They have neither the emotional nor intellectual maturity to handle it. Children will act out continually until parents reassert their authority and set limits. Yet, children will never ask for limits nor beg you to be in charge because...

3. Children never mean what they say.

For children, actions always speak louder than words. Atypically lower school grades frequently say, “I’m stressed, disorganized, overwhelmed.” Angry outbursts often say, “I’m afraid or depressed.” Extreme measures like running away or cutting often say, “Listen to me. I’m hurting.” Children’s words need to be decoded. Their behavior conveys what they mean much more than do their words. When children begin to want a say in conducting their lives, they need to know that...

4. A family is not a democracy.

While democracy may be the greatest gift to political structure, it does not bode well in a family. Democratic families yield factions, lobbyists, “seed money” and strategizing. Parents need to be benevolent despots. They share the power, confer with each other out of earshot of the children, and convey decisions with the support of one another. The children may have opinions, fight respectfully for causes, but never have a vote on matters that impact the entire family. As utopian as this system may be, forces are afoot that challenge its very fiber. Notably, as children enter latency age and move toward puberty...

5. Hormones will wreck havoc.

While Lawrence Kohlberg hails adolescence as the age of developing a capacity for abstract reasoning, Eric Erickson sees the teen’s challenge to form a personal identity. As adolescent hormones carom off all points inside the youth’s body, the ricochets are dodged by all family members. Irritating habits of untidiness, extreme mood swings, saying no just because they can, and finding every last parent nerve to pluck are only a few of the outcomes of hormonal imbalance with which families must contend. As if this is not enough, its twin force challenging family harmony is simply stated...

6. Teenagers will rebel.

In childhood, kids want to be just like their mom or dad. In adolescence, they want to be exactly opposite of mom and dad. Ironically, this is a good thing, for it is out of this exploration that youth begin to form their personal identity. I heard once that eighty percent of teens rebel, to the exasperation of their parents. And yet, eighty percent of the rebels return to the values, conditions, and lifestyles of their parents by age twenty-five or when their first-born turns two years old, whichever comes first. I believe that even the twenty percent that do not rebel in adolescence do rebel. They just have a delayed reaction developmentally. Their rebellion comes about later in the form of extramarital affairs, failed marriages, job-hopping, drug and alcohol addictions, or other limit-testing adult behavior. The stabilizing counterforce to these two developmental challenges to family harmony is stated in the following concluding truth about parenting ...

7. Effective parents exercise the principle of responsible freedom.

All children explore as they grow. Our brains crave stimulation and experience. Parents need to nurture this process of exploration, but within healthy limits. Thus, parents give children as much freedom as they demonstrate responsibility for. Parents define for the child what is responsible at any given age. Parents set the limits and boundaries for the child’s exploration and freedom. When a child exhibits irresponsibility, parents pull back on the freedom. When the lesson is learned and trust renewed, parents can again allow the child freedom to further explore and experience.

Preparing to Die by Continuing to Live

Joetta Prost, Ph.D.

I was just looking for a vegetable peeler. My Mother, to whom I credit my love of cooking, has three large drawers full of every kind of kitchen utensil, tool and gadget that one can imagine. As I pulled open the drawer, I spotted the peeler, but also saw an item I couldn't identify – what on earth was this for?? At that moment, my Mother walked into the room, smiling and chatting. I looked at her, held this unusual utensil up to show her, and blurted out "I'm not ready for you to die – I don't know what all your kitchen gadgets are!" She came to hug me, chuckling with affection as I began crying. "I understand. It's not easy." A moment later she added, "by the way, that's a tool for cleaning the George Foreman grill." Having vented my emotions briefly, I wiped my tears and marveled once again at my Mother's ability to be present with her own reality while not losing her sense of hope and optimism.

What an odyssey it has been for our family during the three years since Mother's diagnosis with an aggressive type of sarcoma called retroperitoneal liposarcoma. Our journey has taken us to M.D. Anderson Cancer Center in Houston where we experienced the most caring treatment environment one could wish for. It has taken us all over the World Wide Web, as we researched her disease and as she became an active participant in an international listserv of persons with liposarcoma. It also led us to travel for fun, making the most of available time to take three family vacations, including one to Puerto

Vallarta, Mexico. And I think we've all 'traveled' within ourselves, to new depths of understanding about death – and life.

We've known from the beginning that there is no cure for her illness, which makes it difficult to be in denial, even during the periods between surgeries and chemotherapy. Her willingness to face this illness head-on has helped all of us to do the same. My brothers and I have joined Mother in reading and discussing *Tuesdays with Morrie* and Stephen Levine's *A Year To Live*. We've planned her funeral and tidied up her financial affairs. Mother

has 'taken care of' other issues too, sharing more about her family history and her childhood experiences. She's busy writing her family history and sorting old photographs. She has also elected to 'speak truth to power' by writing to her Bishop to express her views about the Church that has been such an important part of her life.

Her coffee table includes a copy of Studs Terkel's book *Hope Dies Last*. One day she was describing the schedule for taking Gleevec (a final type of chemotherapy that has a 30% chance of slowing the growth of her tumors), and how she hates swallowing the larger vitamins she's taking. We joked that she could probably forego that calcium pill since it's not likely that osteoporosis will be a big concern for her at this point! She laughed heartily and then commented on the surreal feeling of knowing you have a terminal illness even while you do not yet have serious symptoms. She concluded with "And I'm still clipping coupons!"

When people try to offer encouragement by saying they are praying for a cure, she tells them "I'm on the list for a miracle, but I'm not first on the list!" I won't say that her amazing ability to prepare for death – by continuing to live her life fully as long as she can – will make her passing easy when that time comes. But I know it has made the present time – while she's still alive – more meaningful and memorable for me and for all of her family and friends. I only hope that, if faced with similar challenges, I would have as much resiliency and serenity as she has demonstrated.

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The Ethics of Record-Keeping: Risk Managed Notes and Record Summaries

William F. Doverspike, Ph.D.

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

The Georgia Code of Conduct (§510-5-.04(2)) requires a seven-year record retention period for a complete psychological record, and it requires an additional eight-year retention period for a summary of the record.

Psychologists are aware of relevant federal, state, and local laws and regulations governing records. Laws and regulations supercede requirement of these rules. In the absence of such laws and regulations, complete records are maintained for a minimum of seven years after the last date of service was rendered. A summary of the records are then maintained for an additional eight years before disposal. If the client is a minor, the record period is extended until three years after the age of majority. (p. 53).

QUESTION: What is a "summary" of the record?

ANSWER: Neither the 2003 Georgia Code of Conduct nor the APA (1993) Record Keeping Guidelines nor defines what is meant by the term "summary of the record." In the absence of a clearly defined term, a prudent policy should take into consideration client welfare in terms of what kind of summary would provide the greatest benefit to the client. As a practical matter, it may be more cost effective for most psychologists to simply retain the complete record, rather than spending time culling through each record in an attempt to retain only a summary.

For psychologists who have worked in institutional settings, it may be helpful to think of the summary as being similar to a hospital discharge summary. A discharge summary typically consists of a one or two page report that

includes date of admission, reason for admission, preliminary diagnosis, brief history, course of treatment, discharge plan, final diagnosis, and prognosis. A summary of a psychological record would be different depending on the type of services rendered to the client. For example, in assessment and evaluation cases, a psychological report might be considered a sufficient summary, whereas in longer term cases a closing summary may be required.

In psychotherapy cases, a more formal and comprehensive closing summary may be required, although the minimum requirement would be a termination note that provides a closing summary of the case. A closing summary typically includes a few of the elements that are required in a complete record, such as (1) identifying data; (2) presenting problem, reason for referral, purpose of sessions, and/or diagnosis (including admission and discharge diagnoses; (3) types of services rendered; (4) frequency of sessions, and (5) dates of services, including intake and termination dates. In addition to these elements and depending on the type of services provided to the client, a closing summary should also contain a termination

note, documentation of treatment outcome, statement of prognosis, or documentation of the resolution of the presenting problem or the reason for referral.

Recommendation: For assessment records, consider retaining a summary of the record that includes (1) identifying data, (2) reason for referral, (3) type of evaluation, (4) dates of services, (5) assessment report, and (6) any recommendations. For treatment records, consider retaining a discharge or closing summary of the record including (1) identifying data, (2) presenting problem, and/or diagnosis (including admission and discharge diagnoses; (3) types of services rendered; (4) dates of services; (5) termination

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note, and (6) documentation of treatment outcome or prognosis. In either case, clinicians should consider that it may be more cost effective to simply retain the complete record rather than spending time creating a summary of the record.

RISK MANAGED NOTES

QUESTION: How much time should I spend on writing notes, keeping records, and maintaining documentation?

ANSWER: From a risk management perspective, think of documentation as a business decision of how much time and energy are needed to justify your desired level of protection (Bennett, Harris, & Remar 1997; Younggren, 2002). Psychologist/attorney Eric Harris, Ed.D., J.D. has advised that progress notes should not only explain “what you did and why you did it” but also “what you didn’t do and why you didn’t do it.” Remember that good record keeping provides the first indication to a reviewer that your treatment meets minimum standards of care. In fact, case law supports the position that the quality of one’s documentation may be taken as indicative of the quality of the services provided (Donaldson v. O’Connor, 1974; White v. United States, 1986; Whitree v. State, 1968).

In discussing the client record as a tool in risk management, Piazza and Yeager (1991) recommend that psychologists “not write anything in the client’s records

that you would not want a client’s lawyer to read” (p. 344). Doverspike (1999) suggests that you not only write your notes the way you would like to read them in court, but that you also “write your notes the way you would like someone else to read them in court” (p. 11). An even more paranoid documentation strategy is suggested by Gutheil (1980) who recommends, “In writing progress notes, trainees are urged to hallucinate on their shoulder the image of a hostile prosecuting attorney who might preside at the trial in which their records are subpoenaed” (p. 481).


Risk management considerations aside, think of record keeping as an ethical decision of how much time and energy are needed to achieve your desired level of service to your client. Besides, “reasonable clinicians protect themselves by protecting their patients” (Doverspike, 2004, p. 210). Write your notes in a risk-managed way so that they can be read by your client’s attorney in court, but also write them in a user friendly way so that they can be read by your client in your office.

Recommendation: Write your progress notes in a user friendly way so that they can be read by your client in your office, and write them in a risk-managed way so that they can be read by your client’s attorney in court.

Coming next issue...

“What if my client wants to see my notes?”

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E

DIVISION OF INDEPENDENT PRACTICE

DIVISION E NEWS

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Division E News

Mark M. Roland, Ph.D.

Newsletter Editor

It is that time of year again for the Midwinter Conference. This year the conference will be held at Emerald Pointe, Lake Lanier Islands, Georgia, January 27-29, 2006. Hopefully you have already registered for the conference and are preparing for another experience of joining other clinicians for an infusion of clinically relevant learning experiences, fun, and relaxation.

If you have not already registered, time is quickly ebbing away. As always the conference will present timely and relevant clinical workshops. This year the theme is *The Illusion of Therapy: Discover the Magic Within*, with keynote speaker Froma Walsh, MSW, Ph.D. from the University of Chicago. She is a professor in the Department of Psychiatry, and is a Co-Director for the Center for Family Health. She is a leading expert on family, couple, and individual resilience in crisis, persistent adversity such as serious illness, and recovery from trauma and loss. Her main keynote address will be on *The Power of Resilience: Bringing out the Best in Our Clients and Our Therapeutic Practice*. On Saturday she will lead an

all day workshop entitled, *Strengthening Family and Couple Resilience: Rebounding from Crisis, Adversity, and Loss*.

Of course, a wide range of other workshops will also be offered on Friday through Sunday, including workshops that fulfill the Ethics and Psychopharmacology requirements. All workshops offer 3 hours of C.E., unless otherwise indicated in the program. Available social activities will include a bonfire with S'mores on Friday night, and a social hour with appetizers, cash bar, and "An Hour of Illusion" with magician Michael Boone.

If you have not already registered or if you have any questions concerning the conference, call the GPA office at (404) 634-6272. To inquire about remaining accommodations at the Emerald Pointe Resort and Conference Center, call (770) 945-8787. Come and enjoy the relaxed setting of Emerald Pointe Resort as you enhance your clinical skills and get the chance to meet some old and new friends. You may register online at www.gapsychology.org



Froma Walsh, MSW, Ph.D.

Keynote Speaker at the upcoming

Division E Midwinter Conference

*The Illusion of Therapy:**Discover the Magic Within*

January 27-29, 2006

Emerald Pointe, Lake Lanier Islands, GA



F

DIVISION OF WOMEN PSYCHOLOGISTS

DIVISION F NEWS

Division F News

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Division F is off to an energetic start with programming dedicated to our focus on community and social justice. The division has just updated our bylaws to emphasize our support for the professional and personal growth of women psychologists, while promoting practice, research and scholarship, advocacy efforts, and community activism related to women's issues. We are committed to celebrating inclusiveness and diversity in our membership and in the issues that we explore and promote. I am excited to share with you the abundance of events that Division F has planned for 2006, all of which honor this mission.

We will begin the New Year with a daylong social justice forum on January 13th, 2006. Drs. Jill Barber and Melissa Alves will offer a morning session on **The Ethics of Social Justice**, which will be followed by an afternoon session on **Difficult Dialogues** (the presenter for this segment will be announced at a later date). Participants can register for the morning, afternoon, or both and are encouraged to attend a brown bag discussion over lunch between the presentations. Participants can earn up to 7 continuing education credits (3 are ethics hours).

On February 10th we will join with the Atlanta Center for Reproductive Medicine in co-sponsoring a workshop entitled **Infertility Counseling: A Comprehensive Approach**. This workshop will award 4 psychopharmacology credits and promises to be an informative day.

Infertility and third-party reproduction will be discussed, with a focus on the psychosocial, medical, mind-body-spirit, and psychological impact.

We are also very much looking forward to our second annual women's conference which will be held March 18th, 2006. This daylong event will focus on the theme of **Reclaiming "Beauty": Celebrating Every Body**. The program will include a panel discussion about the portrayal of women in the media, how this has evolved over the last two decades, myths about beauty, and passing on positive messages to women and girls in the future. This interactive panel discussion will be followed by a reception, a silent auction (benefiting Charis Circle), and an evening of entertainment and performance art focusing on the celebration of women's bodies and beauty in its myriad of forms.

As we look ahead to these events, the benefits membership in Division F are clear, and we want to make this known to increase the involvement and vibrancy of our division. Our division is extremely active within GPA and provides countless opportunities for professional development and education, networking, building community with other women psychologists, and involvement in our legislature's decision-making about issues relevant to the women's lives and the field of psychology.

For more information about any of these events, joining Division F, or how you can get involved, please contact us at GpaDivisionF@yahoo.com.

The Division of Women Psychologists (Division F) invites you to the 2nd annual Community Conference on Women
Theme: *Reclaiming 'Beauty:' Celebrating Every Body*
March 18, 2006
Visit www.gapsychology.org for more information.



GAMFT and DIVISION G: FACES of GPA* WINTER CONFERENCE

SATURDAY, FEBRUARY 25, 2006
LOUDERMILK CONFERENCE CENTER
ATLANTA, GEORGIA

Family Treatment of Addiction: Motivational Interviewing and Other Evidence-Based Innovations

Experts in the addiction treatment field have known for some time that treatment is greatly enhanced when more than just the identified patient is included in the process. People whose families are part of the recovery effort have much improved prognoses. In the treatment of adolescents, it is important to involve the parents. When one person from a committed relationship is dependent, the partner's participation is critical. Addicted parents often benefit from their children's input during recovery. And family members have their own issues, which are often intertwined with the addiction and its consequences.

How can family therapists best help addicted families? Where is the best place to begin? What treatment modalities have been most studied and which are most likely to succeed? These topics are rapidly gaining interest in our field. We are beginning to develop protocols for assisting families struggling with addictions and, as a result, are able to measure the treatment process and to evaluate its effectiveness. While an in-depth study of all the evidence-based approaches would require more than a one-day workshop, this presentation will provide an overview of the treatments with proven efficacy, and will focus on several of those that have proven to be most helpful and successful.

Brochures will be mailed. If you have questions, contact Carl Johnson, GAMFT, 404-261-1185.

Jeanne Obert, M.A.

Jeanne Obert is a founder and the Executive Director of the Matrix Institute, an outpatient treatment center in the greater Los Angeles area with five sites. The Matrix Institute is best known for developing the Matrix Model, an evidence-based, intensive outpatient alcohol and drug treatment program that is being implemented in a growing number of treatment facilities nationwide. She is also the Director of Outpatient Services for the Matrix/UCLA Integrated Substance Abuse Programs.

Jeanne is a licensed Marriage and Family Therapist, an AAMFT Approved Supervisor, a motivational interviewing trainer trained by William Miller – who first described the concept of motivational interviewing – and a consultant for the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, and various other agencies. She served as an expert trainer on a motivational enhancement study led by Yale University as part of the NIDA Community Trials Network, and is working with UCLA researchers to set up a NIDA-funded, distance learning project in South Africa. In addition, she worked with Walter Ling from UCLA to establish over 4,000 Matrix programs in Thailand over the last 5 years.

She has authored or co-authored over 50 articles, book chapters and treatment manuals, most recently *The Family Unit: A 12-Session Alcohol and Drug Education Program for Parents and Families* (2005) published by Hazelden. Several of her recent articles, along with a treatment manual entitled *The Matrix Model of Intensive Outpatient Alcohol and Drug Treatment* (2005), describe the Matrix Model, explain how the model incorporates and uses recent research findings, and elaborate on efforts to replicate the program in community based clinics. Jeanne has trained professionals nationally and internationally in chemical dependency treatment and the Matrix Model since 1985, and in motivational interviewing since 1993.

* Division G is the Division of Family, Adolescent, Child, Evaluation and School Psychologists.



H DIVISION OF SEXUAL ORIENTATION ISSUES

DIVISION H NEWS

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Division H Hosts Fundraiser/Social for Victims of Katrina

Allan Vives, Ph.D.
Division H Chair

Division H member and former Division President, Renelle Massey, and her partner, Amanda Tarkington, hosted a fundraiser/social at their home Sunday, October 16th. The event was Division H's first official event since Board members of Division H voted this summer to maintain an active status with GPA. Past, current, and potential new members of the Division, as well, as non-Division H supporters from GPA, joined together for a great cause and enjoyed food and drink, poolside, at the host's home.

The social was originally intended to provide an opportunity for current and past members to re-establish old connections and for new or potential members to make new connections within the Division. The social was planned prior to the devastating landfall of Hurricane Katrina, but the hosts decided to give this event a dual

purpose. In addition to the "meet and greet" objective for the social, those in attendance were asked to bring food, clothing, and/or other donated items to assist residents of the Gulf Coast displaced by Katrina. Approximately twenty members, family, and friends of Division H attended the social and provided donations to completely fill the bed of a pick-up truck.

The first social event for Division H since the decision to remain active was, thankfully, a tremendous success. The Board of Division H would especially like to thank Renelle Massey and Amanda Tarkington for opening up their newly renovated home to host this event. The Board would also like to thank the hosts for providing an opportunity to donate much needed necessities to those who were affected so terribly by Hurricane Katrina.



Division H Hosts Party to Benefit Katrina Survivors

(L) David Moore, M.A. and Jennifer Stapel-Wax, Psy.D.



(L-R, Front row seated) Daniel Berman, Betsy Gard's son; Jennifer Stapel-Wax, Psy.D. holding Caleb; Theresa Lupcho, Psy.D., and son, Sebastian. (L-R, Back row standing) Barry Berman, Betsy Gard's husband; Betsy Gard, Ph.D., GPA President-Elect; Stephen Mathis, Psy.D.; Rebecca Stapel-Wax, M.A., holding son Oren in a chest carrier; Allan Vives, Ph.D., Division H Chair and Renelle Massey, Ph.D.

An Overview of Ridgeview Institute

Debra Bergman Carter, LMFT
Ridgeview Institute Director of Business Development

Founded in 1976 in suburban Atlanta, Ridgeview Institute provides the highest quality treatment for mental health and addiction problems. Over the past 29 years, more than 55,000 patients and their families have turned to Ridgeview for help in addressing these issues. Through our effective treatment programs, they have found pathways to healing body, mind, and spirit and have returned to their communities with new hope and new tools for healthy living.

Ridgeview Institute Access Center personnel are available in person or by phone, 24 hours a day, to answer questions, provide referrals and complete clinical assessments, all at no charge. Trained clinicians provide comprehensive assessments which enable patients to receive appropriate treatment recommendations. If the individual being assessed is appropriate for treatment, we offer a cost effective continuum of care, including inpatient, partial hospitalization, and intensive outpatient treatment programs for children, adolescents, young adults, adults, and seniors. Additionally, many of our programs offer aftercare programs following discharge.

We've earned a national reputation for quality care and service. That quality is grounded in our exceptional staff and their sensitivity to the needs and concerns of our patients and families. Experienced, compassionate, and professional, Ridgeview staff work together as an interdisciplinary team under exemplary clinical leadership. Our individualized treatment approach helps each patient progress at his or her own pace. Family treatment programs focus on beginning the healing process for the entire family, because everyone is affected when one member is hurting.

Ridgeview also has programs for patients with special needs. The Impaired Professionals Program at Ridgeview offers a model intervention and treatment program. In 1977, Ridgeview set the standard for treatment of the impaired health professional. In later years, we discovered that professionals in other fields experience similar stress, develop similar coping mechanisms, and often require the same kind of intervention and treatment to bring about recovery. The program was expanded in 1987 to include treatment for all professionals with addictive or dual diagnosis disorders. In 2005, the program further expanded to include psychiatrically impaired professionals.

The Women's Center at Ridgeview offers the most sophisticated treatment available for adolescent and adult women with eating disorders. We also provide treatment to women experiencing trauma and a range of mood disorders who would benefit from participating in treatment within a community of women.

Our Young Adult Addiction Program is designed to address the age-specific needs of 18- 26 year olds who are struggling with addiction. Psycho-educational and process

groups are provided for patients and families to explore developmental delays and complicated separation issues related to addiction and dual diagnosis disorders.

The Seniors Program was established at Ridgeview over five years ago in response to a growing community need for specialized behavioral health services for the elderly. The program offers comprehensive evaluations and inpatient care for adults, ages 60 and older, with psychiatric or addictive disorders.

Ridgeview's on campus Recovery Residences offer supportive community living for adults in our partial hospitalization treatment programs. Community living gives patients the opportunity to work on restoring the balance between work, family, and leisure while still in treatment. Whether they are in the recovery process for addiction, eating disorders, depression or another illness, patients develop a bond of community and a partnership in healing. The residence includes separate male and female apartment-style quarters, a separate residence for young adult males in our Young Adult Addiction Program, staff monitors, and 24-hour clinical staff on-call.

Ridgeview has a large active Alumni Association and Steering Committee committed to supporting patients in the adult addiction programs. Alumni are available to talk with patients and families new to recovery, support and reinforce the 12-Step programs, and help bridge the gap between treatment and the outside world. The Association regularly sponsors speaker meetings, family events, parties, and retreats.

We are committed to professional education. Ridgeview is a respected training resource for hundreds of psychiatrists, psychologists, master's level therapists and nurses throughout the Atlanta area. In addition to regular Professional Education Seminars, some Ridgeview programs offer internships for master's and doctoral level clinicians, as well as internships, externships, and preceptorships for nurses. Our Child and Adolescent Program provides a rotation for an Emory Psychiatry Resident.

Mental health and addiction problems can seem hopeless. At Ridgeview, we know they're not. Our treatment programs provide the tools and support needed to facilitate recovery.

Ridgeview Institute is a private, not-for-profit hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations, earning the Gold Seal of Approval.

For more information on our treatment programs, admission, or referral to a therapist or physician, call the Ridgeview Access Center, (770) 434-4567 or 1 (800) 329-9775 or visit our website at www.ridgeviewinstitute.com.

Ridgeview Institute is a new Corporate member of GPA.



BOOK REVIEW

Autobiography of a Georgia Cat by Michael Gorden, Ph.D.

Reviewed by Robert Margolis, Ph.D.

When Mike Gorden's wife died a few years ago, he coped with the loss by writing a journal. At first there was no thought of writing a book, just a way for Mike to work through the pain of his loss and to find a renewed sense of purpose in his life. As the journaling progressed the idea of a book began to seem like a viable option and *Autobiography of a Georgia Cat* was conceived.

Autobiography of a Georgia Cat has much to recommend it. First, it is a great story. It is eminently readable and can easily be finished in a weekend. Secondly, it deals with important themes: adversity, loss, facing overwhelming odds and finding the inner strength not just to go on, but to triumph. Finally, the book avoids the cynicism and negativity of much

contemporary literature, opting instead for a more spiritual life affirming approach.

What keeps the book from descending into bathos or melodrama is that it is told through the eyes of an irascible cat named Black Jack. Black Jack, who is adopted by Kenny, the patriarch of an African-American family, offers his observations about cats, people, the meaning of life, and drinking water from the toilet bowl, etc. As the story progresses we follow Black Jack and the family as they cope with life's struggles, especially the death of the granddaughter who is married to a Jewish man. Also in the book is a story within the story. A fable about another cat, Follows the Sun, who must succeed against impossible odds. Initially Follows the Sun is flustered when he loses his magic pouch. Eventually, however, he comes to realize that the strength he needs to prevail comes from within.

Autobiography of a Georgia Cat is a book, which has a lot to say about a variety of topics, which are relevant to the practice of psychotherapy. Among these are addiction and recovery, grief and the will to persevere, and the triumph of the human spirit. This is a book which can serve as a valuable resource for clients who might want to use journaling to work through their own issues in psychotherapy. Still other clients may simply find solace in reading the story of recovery, and knowing that someone else has traveled the road they are on and has emerged a stronger, more spiritual person. This may comfort some therapists as well. I wholeheartedly recommend this book to all.



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Annual GPA Internship Fair and Workshop

On Friday September 23, 2005, the fourth annual internship fair and workshop was held at GPA. The program, which is sponsored by GPA, who also provides the breakfast, was a rousing success. The attendees were welcomed by Pat Gardner, GPA Executive Director, and Carol Drummond, Ph.D., GPA President. In attendance were 37 graduate students applying for internship for the 2006-2007 year. These students represented all of the clinical, counseling, and school psychology Ph.D. and Psy.D. programs in the State of Georgia. Also in attendance were the internship training directors from the majority of internships throughout the State of Georgia.

Nadine Kaslow, Ph.D., ABPP, former Chair and Emeritus Board Member of the Association of Psychological Postdoctoral and Internship Centers (APPIC), and Professor and Chief Psychologist at Emory University School of Medicine Department of Psychiatry and Behavioral Sciences

based at Grady Hospital, presented a workshop on applying for internship. The internship training directors also offered their insights and responses to questions. The students found the information extremely helpful and informative. They appreciated all of the factual information and observations and insights from those in the internship trenches.

Then, each of the internship training directors shared information about their sites and answered questions about their programs. In addition, they provided comments about other similar programs throughout the country.

Many thanks to GPA staff for making the program a success, to the graduate school directors of training who encouraged their students to attend, and to the internship training directors who give graciously of their time and expertise. Best wishes to all Georgia graduate students who are applying for internship.

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Dear GPA Members:

The Committee for the 2006 GPA Annual Meeting is hard at work planning an exciting program for the meeting with programs of interest to everyone. As you may know, we will be holding a joint meeting with the Family Law Section of the Georgia Bar Association. We will be sharing the cost of some very special events that will be stimulating and enjoyable. This means, we will be incurring more expenses than usual for an Annual Meeting.

The Planning Committee is hoping to attract more sponsors to offset costs rather than simply raising the fees for the conference. Sponsors will be given credit and press by various means including projection banners which will be projected on the screen at the joint/events, listed on a poster at registration and noted in the printed program and the web program.

Given this conference includes both attorneys and psychologists; sponsors will be marketing to a larger audience. Please consider the opportunities for marketing your practice OR those of other professionals with whom you work, e.g. accountants, real estate brokers, financial planners, publishers.

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See page 8 for the Sponsorship Form. You may send us a check for the category you select (please indicate the category on your check) or call us with your credit card information.

If you or your group have ideas about vendors who may be interested in being a Sponsor or Exhibitor, please contact Cyd Wise at the GPA Office, cydwise@gapsychology.org Thanks, and stay tuned for more regarding this fun and exciting conference.

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Chicago, IL	July 22-26, 2006

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Atlanta, GA	Feb. 23-26, 2006
Minneapolis, MN	April 27-30, 2006
Anaheim, CA	May 18-21, 2006
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CONTINUING EDUCATION WORKSHOPS

Invited Workshops for 2006

February 17, 2006

**Divorce-Related Adjustment Problems in Children
and Their Parents**

Ann Hazzard, Ph.D.

9:00 am – 12:00 pm, Location: GPA

Workshop Description: This workshop will provide the general child or adult clinician with information about evaluation, child interventions, and parent consultation to address common divorce-related problems. Topics will include defining one's role, developmentally appropriate contact plans, and addressing children's reactions to loss and continued parent conflict. Participants will be introduced to longitudinal research on factors affecting post-divorce adjustment as well as empirically-based interventions, including the work of Dr. Joan Kelley, who will be a featured speaker at GPA's 2006 Annual Meeting.

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

March 3, 2006 (June 2, 2006)

**Consulting With Colleagues: Interactive Discussion of
Common Ethical Dilemmas (Ethics. C.E.) see description
December 2, 2005**

William Doverspike, Ph.D.

9:00am –12:00pm, Location: GPA

March 17, 2006

**Evidence Based Practice In Psychology: What It Means,
Where It Is Headed, & How It Affects Practitioners**

Carol Goodheart, Ph.D.

9:00 am-12:00 pm, Location: Marriott Century Center Hotel

Workshop Description: This workshop describes Evidence-Based Practice in Psychology (EBPP), introduces the multiple streams of research evidence that inform and guide practice, presents the role of clinical expertise, and discusses the need for careful attention to patient characteristics, culture, preferences, and values. The process and findings of the APA Task Force on EBPP are discussed. Clinical examples are integrated throughout the workshop.

Presenter: Dr Goodheart is the Co-Chair of the APA Presidential Task Force on Evidence-Based Practice. She is co-editor with Alan Kazdin and Robert Sternberg of the book Practice and research perspectives on the evidence for psychotherapy (in press). Dr. Goodheart is Past President of Psychologists in Independent Practice, the current Treasurer of the American Psychological Association (APA) and serves on the APA Board of Directors.

March 31, 2006

Four Perspectives on Psychopathology

Patrick Barta, M.D., Johns Hopkins

9:00 am-12:00 pm, Location: GPA

Workshop Description: This workshop presents a conceptual framework for the theory and treatment of psychopathology, which includes the recognition of four characteristic perspectives by which clinical phenomena are understood. Each perspective (the disease model, the dimensional model, the behavioral model and the life-story model) has its own characteristic forms of reasoning, it's own strengths, and it's own weaknesses. A major goal of the workshop is to describe how the perspectives can inform clinical practice and teaching, and provide a reasonable compromise between unprincipled eclecticism and dogmatism. The workshop will provide multiple examples of how the conceptual framework can be applied to concrete clinical problems.

Presenter: Patrick Barta has an M.D. degree from Johns Hopkins University as well as a Ph.D. in Biomedical Engineering, also from Johns Hopkins. He is an Associate Professor of Psychiatry at the Johns Hopkins Hospital, and an Associate Professor of Biomedical Engineering at the Whiting School of Engineering at Johns Hopkins University. Dr. Barta's clinical interests include major mental illnesses,

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especially schizophrenia, neuro-psychiatry, and rehabilitation of the chronically mentally ill. His research involves the analysis of medical imaging data in patients with psychiatric conditions.

April 7, 2006

The Effective Integration of Clinical Psychopharmacology into the Clinical Therapeutic Process: A "New" Paradigm in the Age of the Prescriptive Privilege or "Business as Usual" with the Split Treatment Model? (Psychopharmacology C.E.)

Arthur Schlosberg, Ph.D.

9:00am-12:00pm, Location: TBA

Workshop Description: The introduction of legislative authorization of limited prescriptive privileges in NM and LA creates a defining opportunity for the profession to re-evaluate the role of clinical psychopharmacology and its impact on the nature

and scope of practice, and on the process and outcome of therapy. Within the context of clinical psychopharmacology, this workshop will examine effects on the therapeutic process, the therapeutic alliance, and the ultimate achievement of therapeutic goals.

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

Continued on page 26

GPA Approved CE Workshops and Conferences

Title: Integration of Sexuality and Psychotherapy

Presenter(s): William Talmadge, Ph.D., Lynda Talmadge, Ph.D., W. Tracy Talmadge, Ph.D., and Erika Pluhar, Ph.D.

Date: February 4-November 3, 2006

CE: A total of 26 Hours, including Ethics, for all workshops

Location: 34 Lenox Pointe NE, Atlanta

Contact: William Talmadge, Ph.D./ 404-261-9325 or will7699@bellsouth.net

GAMFT And Division G: Faces Of GPA

Title: Winter Conference: Family Treatment of Addiction: Motivational Interviewing and Other Evidence-Based Innovations

Presenter: Jeanne Obert, M.A.

Date: Saturday, February 25, 2006

Location: Loudermilk Conference Center, Atlanta, GA
Contact: Carl Johnson, GAMFT, 404-261-1185.

Title: Ethnocentric Monoculturalism & "Whiteness," Making the Invisible Visible

Presenter: Derald Sue, Ph.D.

Date: March 20, 2006

CE: 3 Diversity Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

Title: Emotional Roadblocks to the Path of Multiculturalism

Presenter: Derald Sue, Ph.D.

Date: March 20, 2006

CE: 3 Diversity Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

Title: Coalitions that work: Connecting deeply across multicultural differences

Presenter: Joanne DeMark, Ph.D.

Date: March 20, 2006

CE: 3 Diversity Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

Title: Building for Eternity: Solidifying Our Competence Through Ethical and Principled Strength, Part I

Presenter: Thomas Parham, Ph.D.

Date: March 21, 2006 (9:00 a.m.-12:00 p.m.)

CE: 3 Ethics Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

Title: Building for Eternity: Solidifying Our Competence Through Ethical and Principled Strength, Part II

Presenter: Thomas Parham, Ph.D.

Date: March 21, 2006 (1:30 p.m.-4:30 p.m.)

CE: 3 Ethics Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

Title: Cultural Salience in the Classroom: Two Videotaped Examples of Applied Principles

Presenter: Asa Hilliard, III, Ed.D.

Date: March 21, 2006

CE: 3 Diversity Hours

Location: Georgia State University

Contact: Virginia Bell-Pringle, Ph.D./ 404-463-9531 or couvjb@langate.gsu.edu

April 21, 2006

Title: APA Risk Management Workshop & Student Poster Session

Presenter: Jeffrey Younggren, Ph.D.

9:00am-12:00pm & 1:30-4:30pm

Location: Marriott Century Center

April 28, 2006

An Introduction to Psychological Assessment with Individuals with Autism Spectrum Disorders

Jonathan Campbell, Ph.D.

9:00 am-12:00 pm, Location: TBA

Workshop Description: Dr. Campbell will provide an overview of psychological assessment of individuals with autism spectrum disorders, such as Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder, and Childhood Disintegrative Disorder. The workshop will review findings in the domains of cognitive functioning, adaptive behavior, and social

communicative functioning that may guide differential diagnosis. Dr. Campbell will also provide an introduction to measures used to assist with differential diagnosis, such as parent interviews and semi-structured observations.

Presenter: Dr. Jonathan M. Campbell is an Assistant Professor of Educational Psychology at the University of Georgia. He received postdoctoral training at the Yale Child Study Center. Dr. Campbell is an editorial board member for the Journal of Psychoeducational Assessment and the Journal of Pediatric Psychology. He currently serves as the Director of the School Psychology Clinic and teaches doctoral level seminars on autism spectrum disorders and pediatric psychology applied to school settings.

June 2, 2006

Consulting With Colleagues: Interactive Discussion of Common Ethical Dilemmas (Ethics C.E.)

William Doverspike, Ph.D.

(see descriptions for Dec. 2, 2005)

9:00 am-12:00 pm, Location: GPA

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CLINICAL CONSULTATION

Interdisciplinary group of licensed professionals forming in Buckhead area with focus on addiction and dual diagnosis. Supervision provided by licensed psychologist with extensive experience in multiple modalities of addiction treatment, including in-patient, out-patient, recovery residence, and private practice. Group format will be case consultation. We will meet monthly at a time to be determined for 1.5-2.0 hours depending on group size. Limited to 6 participants. Individual supervision by appointment. Centrally located off I-85 near Lenox. Call for interview or further information. Terri Clements Dean, Ph.D., CACII, CCS. (404) 237-9828.

ANNOUNCEMENTS

The Emory Psychoanalytic Institute will present its 21st Annual Movie Series, also known as "Movie Mania", beginning this January, 2006. All the films will be shown on the Emory campus in 205 White Hall and begin at 7:30 PM. Following the movie a discussion will be lead by a psychoanalytically informed speaker. The schedule this year will be:

- January 13 - "Snow White: A Tale of Terror" Michael Bain, M.D.
- February 3 - "Everybody Wins" George Ganaway, M.D.
- March 3 - "Pollock" Nora Dougherty Zee, D.S.W
- March 31 - "On the Waterfront" Steven Levy, M.D.
- April 21 - "Marnie" Elissa Marder, Ph.D.



CALENDAR

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Publication Deadlines & Rate Card

<u>Publication Deadline</u>	<u>Mailed</u>
November 17 (Winter issue)	1st Week of January
February 22 (Spring issue).....	1st Week of April
June 1 (Summer issue).....	1st Week of July
September 1 (Fall issue).....	1st Week of October

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.

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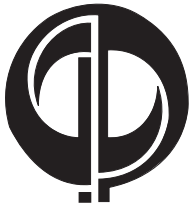
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