



# THE GPPA Report

FALL 2018

THE OFFICIAL NEWSLETTER OF THE  
GREATER PITTSBURGH PSYCHOLOGICAL ASSOCIATION

## A Letter from the President

TEAL FITZPATRICK, PhD

*Dear GPPA Members,*

IT IS MY PLEASURE to write my first letter to the GPPA Membership as President. I presume to speak for the entire GPPA Board when I say we are looking forward to this year and a host of new projects. Let me fill you in on some important news and updates before I extend the invitation to get involved, share your ideas, and network over the coming year.

As we were excited to announce this Spring, GPPA is now an APA Approved Continuing Education sponsor. We have already sponsored a suicide prevention program in Harrisburg and are of course eager to host events by and for our membership here in the Pittsburgh area. The program application forms are available on the GPPA website ([www.gppaonline.org](http://www.gppaonline.org)) so please submit for review any CE Program that you would like to take on, or email us your ideas at [gppapittsburgh@gmail.com](mailto:gppapittsburgh@gmail.com).

We are thrilled to roll out the first ever Graduate Student and Early Career Professionals Workshop Series, a free professional development monthly series. By the time this newsletter is published we will have hosted two of our fall series events, on Building a Private Practice and Managing Pre and Post Doctoral Internships. It has been wonderful to see so many individuals make time to attend these events and please check our website and calendar for the Spring series! Our next event is titled More or Less Expected: A conversation about careers in Psychology that are in and outside the box, with a focus on careers sought by those with a psychology advanced degree. It will be Friday, November 16th from 3:30-5:30 at the University of Pittsburgh Counseling Center.

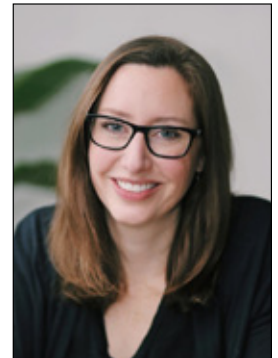
Our board has identified integration and collaboration with various community events and organizations as a priority over the next year. Dr. Will Hasek is in communication with planning leads from the 21st Annual Summit Against Racism, to be held in Janu-

ary of 2019, and we hope that members might participate as educators, panelists, or volunteers at this event. Please feel free to reach out to Dr. Hasek for more information. Additionally, GPPA will be collaborating with the Pennsylvania Psychological Association as they bring their 2019 Annual Convention to Pittsburgh between June 19th-June 22nd this year. We encourage all of our members to consider submitting proposals for programming to showcase the expertise, talent, and diversity of knowledge represented by our region. The deadline for submissions is December 10th.

I invite you to become an active member in any way that works best for you! We need lots of help with Continuing Education and Community Partnership Committees, so please let us know if you would like to be a committee member. We welcome members at any board meetings, particularly if you would like to speak about a topic of particular interest. And please check our calendar and look for emails about monthly social events. Finally, we are hoping to diversify content for our newsletter. You may notice we have added an ethics corner, where we speak to issues related to ethical concerns. We look forward to adding book reviews, creative writing pieces relevant to our work, or poetry if you feel so moved.

I look forward to growing our community and working hard to meet membership needs over the next year.

Teal Fitzpatrick, Ph.D.



## Firearms Risk Assessments in Mental Health

DAN WARNER, PhD

IT SHOULD BECOME a regular part of our psychosocial evaluations to account for "firearms risk." Firearms risk is not an assessment of someone's ability to own guns (as is done in traditional evaluations for firearms ownership), but an assessment of the increased risk that occurs to a person when they have ready access to firearms. Firearms risk is akin to self harm risk, danger to others, exploitation risk, and so forth: the odds of something going wrong in a particular way, based on what we currently know about a client. Firearms should be assessed just like these other risks, without fuss or fanfare, and should be considered standard operating procedure in mental health.

Why should a firearms risk assessment be included in every psychosocial evaluation?

There are two compelling reasons to ascertain someone's firearms risk. The first is concrete: as a person's access to firearms go up, so does that person's risk to themselves and/or others. The research showing the increased risk is so well established that it should not need repeating (but it does because of the second overarching reason that I will get to in a second.) Public health assessments on access to firearms make it clear that "Across states,

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FIREARMS RISK ASSESSMENTS (CONTINUED FROM PAGE 1)

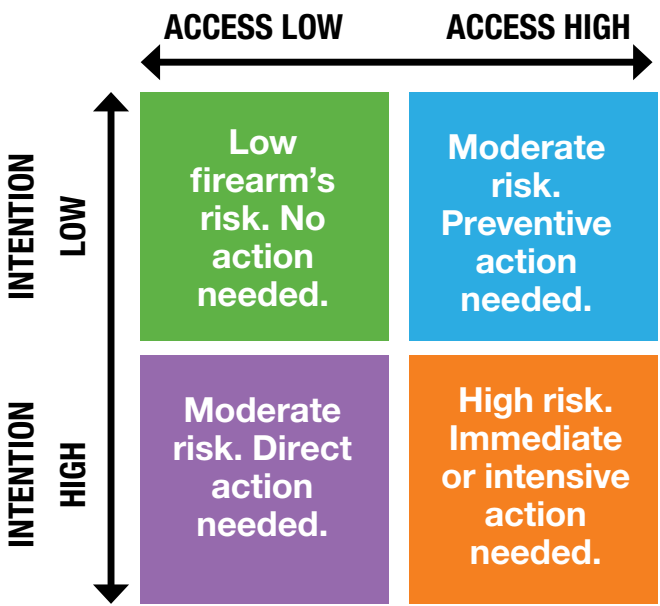
more guns = more unintentional firearms deaths” (Miller, Azrael, & Hemenway, 2001). Owning a gun or having it readily accessible, radically increases the odds of gun accidents, gun violence, lethal domestic violence, and suicide death.

In short, if you want a steady mathematical predictor of an increase in risk for bad things, knowing someone’s access to firearms can help you.

However, the second important reason to assess for firearms risk is much more philosophical, in a way that I would call existential. This is a little odd, because obviously the facts that guns increase odds of death are clearly “existential.” However, I mean a deeper kind of existential when I talk about a relationship someone has to their guns. And I think understanding this relationship is key if one is to do therapeutic work in mental health. Philosopher Don Ihde points out that one’s ownership of firearms is linked to notions of his or her agency and identity. It is a recourse for strength in the face of hopelessness. It is the ability to control the end of one’s lived horizon on one’s own terms, and the ability to go out in flames in a last hurrah of glorious violence.

Here’s a clinical question to consider: how often have you had talks about what your client’s guns mean to them? Over 1 in 4 (25%) Pennsylvanian adults own a gun (Kalesan, Villareal, Keyes, & Galea, 2015). What does this gun mean to a client? Is it the torture device wielded against them? Is it the family relic that is certainly more dangerous than useful? Is it safety? Is it the reason they vote? Becoming comfortable with these questions and these conversations, I believe, is a fundamental clinical skill that anyone working in America should develop.

So, what is firearm’s risk, and how is it measured?  
Firearms risk is based on two concepts: access to firearms, and intention to use the gun. Since we are geeky psychologists, we can make a T-square out of this:



BIBLIOGRAPHY:

Kalesan, B., Villarreal, M. D., Keyes, K., & Galea, S. (2015). Gun ownership and social gun culture. *Injury Prevention*, 2(3), pp. 216-220.  
Miller, M., Azrael, D., & Hemenway, D. (2001). Firearm availability and unintentional firearm deaths. *Accident Analysis and Prevention*, 33, pp. 477-84.

With this model in mind, our organization, Community Data Roundtable, developed the Firearms Risk Item which is being used in psychosocial assessments across Pennsylvania. It is included as a part of the biopsychosocial assessment done in many areas, including psychosocial evaluations done for the wrap-around program, BHRS. It is a simple rating of a person on a scale of 0 to 3, based on the following logic:

FIREARMS RISK

This item measures the access to firearms risk in the client’s social world.

0	No firearms risk exists. Client has no access to firearms.
1	Mild firearms risk. Firearms are available to the client in his or her home, or a place where he or she spends much time (e.g. a car, a close family member). But in those areas the guns are appropriately stored, and client has expressed no interest in obtaining access to these guns. Or, if he or she does want to obtain these guns, has gone through appropriate safety training, and has a non-pathological intent for their use (e.g. hunting, sport).
2	Moderate firearms risk. Firearms are readily available to the client and are not stored in such a way that meets safety standards. Client may have an interest in obtaining access to the firearms, and is not properly trained in safety precautions, or has a mental health diagnosis that makes access to guns concerning (e.g. suicidality, anti-social, impulse control, etc.).
3	Severe firearms risk. Client has ready access to firearms that may or may not be properly stored, and has a significant threat to use the guns to hurt him or herself, or others.

It is expected that at a score of 2 or higher, some action in the treatment would involve mitigating this risk. Interventions include locking up firearms correctly (i.e., in a gun case, with a gun lock, ammunition in a separate locked space), or in more extreme cases, getting rid of guns entirely (giving to family, etc.). In practice, I have no pre-defined goal for what a client does with their guns. My job is to bring to attention the risks they involve and then to make it a comfortable thing to discuss. Because I do respect their existential commitment to firearms, while simultaneously knowing the math, and the significantly elevated risks for themselves and their family due to this commitment – so we should talk.

Firearms risk assessments are extremely important. The psychic life of each person in relation to their guns is rich and important, and very much connected to the things for which they come to therapy. If people can come to therapy and expect a respectful, affirming discussion of firearms, it will only help our work.

In conclusion, I would like to highlight that as I go around the state and train people in assessing firearms risk, after every presentation I have had, someone from the audience comes up and tell me how helpful this tool is for them. And 100% of the time, that person has been a white, gun owning male. These are people who were raised in, and appreciate, gun culture, and can tell that nowhere in our assessing gun risk, are we disrespecting this culture. The whole point is that guns are dangerous. When we acknowledge that and bring this danger into our client’s consideration of their life choices – we show therapeutic courage and respect. It’s what our profession expects of us.

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# *A Statement from the GPPA Board*

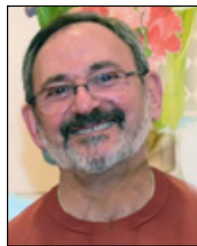
## *written by Dr. Will Hasek*

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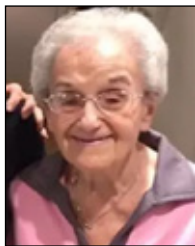
ON OCTOBER 27, 2018, eleven Jewish worshipers at the Tree of Life Synagogue were murdered while attending a baby-naming ceremony. This was a cold-blooded act of anti-Semitic terrorism. As psychologists, we might be tempted to talk about this act in terms of trauma, but this is deeper than trauma. This is horror. We know from our clinical training that one can find words for trauma – even though it might take decades to find those words. There are no words for horror. To face horror, one does not speak – one remembers and listens. So before any more is written, let us remember the names again and pledge to keep those names forever in our memory:



*Joyce Fienberg*



*Richard Gottfried*



*Rose Mallinger*



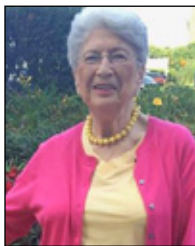
*Jerry Rabinowitz*



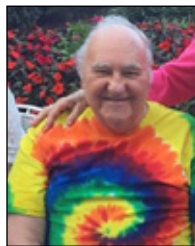
*David Rosenthal*



*Cecil Rosenthal*



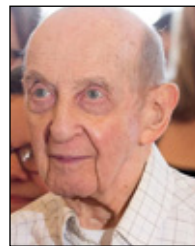
*Bernice Simon*



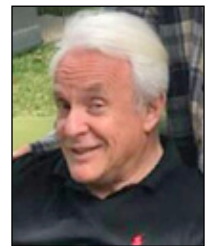
*Sylvan Simon*



*Daniel Stein*



*Melvin Wax*



*Irving Younger*

In the days since this terrorist act, politicians and media pundits have offered words of solace and hope to the nation. They've pleaded for more civility, kindness, and tolerance. To be sure, nurturing these characteristics is an important part of the healing process, but we should avoid the comforting narrative that if we were all nicer and more open-minded tragedies like this wouldn't happen. As scientists, it is beneath us to embrace such facile solutions – solutions that don't account for the complex web of societal, developmental, and emotional factors that feed into acts of hatred. As clinicians, we should not endorse a narrative that doesn't deeply challenge us to live our lives differently. The civility-and-tolerance narrative asks us only to make a private, individual commitment to change our ways, not to go into our communities and speak with those who are different – those who we might consider the Other. It doesn't challenge us to hold our national leaders responsible and to agitate for change, both on the streets and in the voting booth. It doesn't demand of us self-reflection. It doesn't ask us to confront our own participation – both active and passive – in a national culture where attacks like this are increasingly common.

After the Holocaust, the world rose up with one voice and said, "Never Forget." We've forgotten. But Pittsburgh can be the place

where we begin to remember again. The board calls upon all psychologists, but especially those psychologists in Pittsburgh, to act as a model for the world. We must begin with the work of memory. We call upon psychologists to listen to and join with marginalized communities. Remember their words and join in their efforts to prevent and heal from violence. Never forget that Jewish leaders warned that an attack like this was coming. Perhaps it could have been prevented if we heeded their words sooner.

Remember those cut down in the name of racism, xenophobia, and nationalism. Name them at every opportunity and in their memory fight for a righteous and peaceful world. Remember those who work to end violence and discrimination. Name them at every opportunity, and join them in their efforts to bend the arc of the moral universe toward justice. Remember the names of those who peddle these vile ideologies. Name them at every opportunity, and work to extinguish their influence.

As psychologists and clinicians, we know that comfort and healing can only happen after one has confronted painful truths about oneself that are easier to deny. We must bring that wisdom to our work in the months and years ahead. Before we offer comfort and healing, we must confront the world with the truth that is easier to deny: horror only happens if we let it.

BEGINNING WITH THE OBVIOUS is like beginning at zero – a nice clean start. And so I begin another epistolary foray into nowhere – as always, for my own obscure reasons – and, as always, without an addressee in mind. Just another verbal canoe paddled out into the waves of semantic turbulence ... A pernicious habit of mine, you know ...

A word of caution: I am absolutely Machiavellian in my desire to help you learn to not mind your mind. I am willing to use any analogies, any metaphors, any scientific trivia and any psychobabble to help you see the so-hard-to-see irrelevance of our minds. If all ten of my fingers are not enough to point you in the direction of the *Moon of What Is*, I'll use my toes.

**Here's what is obvious to me:** man won, nature lost. (Of course, nature's loss is man's loss, too. But, we don't get it yet. As a civilization we, the modern-day apes, are still toddlers.)

The problem is most of us live too long and too comfortably. We live way beyond our evolutionarily calibrated expiration date, way past our procreative mandate. This means that, aside from the legitimate battles of survival, we are all eventually doomed to fight a very peculiar, very human battle: a battle against meaninglessness, a battle that we need to lose, not win, if we are to win the existential war against suffering. Nature is the first casualty in this misguided battle for meaning.

Back in the day, when our sky-clad ancestors made their migratory ways up north across the sub-Saharan savannas, our life-spans and life-styles were proportionate to our modest biological mandate. We were busy hustling and surviving. In the Bronze and Iron Ages, for example, the life expectancy at birth, for a given cohort, was about 26 years. Time was not yet on our side. And boredom was largely unknown. Hunger and fear, those were the foes we battled against; tangible, concrete, commonsensical foes. As a species we were not yet lost in abstraction, we were nowhere near asking the existential questions that plague us today. We were still in the Eden of timelessness, still faithfully married to nature.

Countless millennia passed and we eventually divorced nature and re-married the ever-cheating mistress of time. By the Middle Ages, time was definitely on our side. Childhood mortality – the merciless scythe that had been mowing down generations upon generations – was on the decline. By the middle of the 15th century, a male member of English aristocracy, who survived to the age of 21, could be expected to live to the age of 71!

These expanded life-spans made many of us into time-keeping silverbacks. Our beards grew longer as did our shadows; and this newfound luxury of longevity introduced us to a new foe, the abyss of meaninglessness. A battle-hardened soldier without another battle is a sorry sight to see. And that's what we were fast-becoming – evolutionarily engineered survival-machines – idling in the warehouses of time. Born to kill, we didn't know how to kill time. We were coming to discover time as the ultimate and, admittedly, undefeatable foe.

**John Cassian, a Christian monk and theologian**, while cataloguing the challenges that beleaguer monastic life, described this battle against time as far back as the 4th century. He called it “the sixth battle.”

“The sixth battle for us is what the Greeks call *acedia* which we can render as weariness or anxiety of heart. This is related to depression and is a more pernicious and frequent enemy, greatly experienced by solitaries and dwellers in a hermitage, troubling the

monk most greatly at about the sixth hour [noon], even like some fever, increasing at an appointed time, it brings the most burning waves of its approach at customary fixed hours on the diseased soul. Hence some of the elders say that this is the demon of noonday.”

In *acedia* there is a sense of forlorn fantasizing, a sense of a better life and greener grass somewhere out there. John Cassian writes:

“[The monk] cries up distant monasteries and those which are a long way off, and describes such places as more profitable and better suited for salvation; and besides this he paints the [interaction] with the brethren there as sweet and full of spiritual life.”

This is a sense of missing out and wasting time, a sense of being existentially short-changed somehow. In this pining for optimization we, as a civilization, glimpse the beginning of a transition from the priority of survival to the priority of fulfillment.

Cassian continues:

“And when [*acedia*] has taken possession of some unhappy soul, it produces dislike of the place, disgust with the cell.”

This, I find, is the most curious manifestation of *acedia*. It is literally the dis-PLACE-ment of our dissatisfaction with time onto place. These monks, embattled by the surplus of time, misunderstood their enemy as the place (the situation, the circumstance they were in).

**Acedia is not just for monks.** It's a secular matter too. All of us are monks, all of us are solitaries, all of us hermits. Each mind is a hermit of subjectivity. Each mind is a place, a field of *am*-ness, doing a life-long solitary sentence. Like the anchorites of old, who'd voluntarily entomb themselves into cells of worship adjacent to the walls of a monastery, all of us – the living minds – are encased inside our skulls, with no way out. And sooner or later, definitely by the time we hit the middle age, we begin to confuse the foe of time with the enemy within.

“Self,” you see, is a place. You are more of a “here” than a “now,” more of a field of being than a moment of being. And when you eventually run into the surplus of time, there is a good chance you will decide that you don't like your self, i.e. the place, the conscious arena of your existence, and you will reflexively embark on some kind of “greener grass, better cell” self-optimization project; a mid-life crisis, by another name.

**Acedia, if we are to be semantically precise**, is the Greek for “not giving a fuck,” i.e. a slothful lack of care. But that is a somewhat narrow view of *acedia*. *Acedia* is best understood not as carelessness, but as apathy – a loss of passion. Like a medusian god-head, *acedia* grows with hundreds of self-cannibalizing dreadlocks. Amongst them are weariness, listlessness, boredom, ennui, meaninglessness, despair, despondency, anhedonia, suicidality (particularly of the passive kind), nihilism, angst, insomnia, restlessness, sloth, indolence, loss of motivation, tedium, fatigue, lethargy, emptiness, disillusionment, melancholia. And, of course, the infamously escapist and agenda-abortive mid-day nap.

**Before too long I am going to tell you** the story of the Sea Squirt. It has many lessons for us humans. But for now, I just want to float this idea, as an oblique kind of foreshadowing – a metaphoric prop for a point that I will shortly make. Why do I need to do that? Because the point, arguably, is too shocking. So, a warm-up is in order.

And the warm-up proposition is this: mind is a leg.



[That “mind is a leg” is a point that I have made in many of my previous writings. Reliably, this point remains overlooked. Could it be that I am once again trying to massage this point into the collective psyche? If so, I remain a hopeless fool.]

**Mind is a certain kind of leg.** True, it has no toes. It doesn't walk on ground. Mind walks on air – on the groundless air of abstraction. Mind is an information-processing leg that is in the business of evolutionary navigation. In its primordial function, mind is merely a trip-wire that alerts the body to take evasive or predatory action. Mind moves the body. This e-motion (endogenously-generated motion) is the very first step of the mind-leg.

At higher levels of complexity, mind infinitely expands the menu of its survival dance-steps. It becomes more precise. Mind informs the body as to the direction and velocity of the escape route and to the velocity and the direction of target acquisition.

At even higher levels of complexity, “left” and “right,” “forward” and “backward,” “up” and “down” begin to lose their concrete physicality and acquire ephemeral idealism. What used to be a specific coordinate in space becomes a vague goal in time. The “left” and “right” may even eventually acquire totally disembodied meaning of morality and ideology. That's why mind keeps racing – the information-processing leg that it is – mind is in competition with itself.

I am not being metaphorical. Rodolfo Llinas, a famous neuroscientist, proposes that mind is a kind of glorified movement system that has evolved to assist a multi-cellular organism with motricity (evasive and predatory action).

The mind, for all intents and purposes, is the body, and thinking is nothing other than action.

Mind is in a constant state of becoming. Notice the gerundive

nature of this word. “Becoming” says it all: life is motion; it's always in process, always in formation. Not coincidentally, the word “emotion,” for example, is related to the word “motion.”

Indeed, we experience emotions as some kind of inner motion: first, you feel one way; then, all of a sudden, you are moved in another affective direction.

Mind is restless with urges and impulses. And these words also tell the story of motion. The original Latin word “impulse” means “push, shock, pressure.” The word “urge,” also an import from Latin, means “to press hard.”

Mind streams, presses, pushes, shoves, urges, moves and acts out. Ever restless it keeps us up night and day.

Mind battles against rest and that is its restlessness. Rest is danger. When at rest, when mind-leg is asleep, the body is vulnerable to predation.

So, mind tosses and turns as much as it can, battling against the lethargy of acedia, ever afraid to slow down and to fall prey to the unknowns. Acedia is a restless mind-leg syndrome.

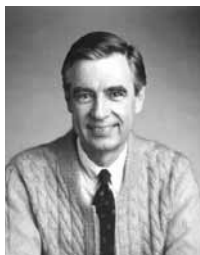
**Mind is a chatty leg.** At higher levels of organismic complexity, mind speaks symbols rather than signs. Symbols are more strategic and ephemeral whereas signs are more tactical and concrete.

But language is language whether it keeps us close to home or carries us off into the far-away lands of abstraction. Language is always in motion. Your tongue, the extension of your mind, is also a leg. Open your mouth and watch it move to see what I mean.

Made for processing information, in the absence of real survival battles, the mind-leg paces the info-vacuum of its own skull-cell like a sleepless monk who is on the brink of losing faith, talk-walking and walk-talking to itself about what might be, about what lurks in the silence of the world ...

## Quoting Mr. Rogers

DR. LESWIN LAUBSCHER at Duquesne University recently taught an undergraduate class on Personality Psychology. One of the sections was on Humanistic Psychology, where students had to wrestle with the insights of psychologists Carl Rogers and Abraham Maslow, specifically. The assignment for this class, however, had the students watch the new documentary on Fred Rogers, of Mr. Roger's Neighborhood fame, and argue how and why Mr. Rogers might exemplify core Humanistic psychological assumptions. Here are some quotes of Fred Rogers with which students argued their cases:



- When I was a boy and I would see scary things in the news, my mother would say to me, ‘Look for the helpers. You will always find people who are helping’.
- When we love a person, we accept him or her exactly as is: the lovely with the unlovely, the strong with the fearful, the true mixed in with the façade, and of course, the only way we can do it is by accepting ourselves that way.
- The world needs a sense of worth, and it will achieve it only by its people feeling that they are worthwhile
- The only thing evil can't stand is forgiveness.
- Love is like infinity: You can't have more or less infinity, and you can't compare two things to see if they're ‘equally infinite’. Infinity just is, and that's the way I think love is too.

- We speak with more than our mouths. We listen with more than our ears.
- It's not so much what we have in this life that matters. It's what we do with what we have.
- People have said, ‘Don't cry’ to other people for years and years, and all it has ever meant is, ‘I'm too uncomfortable when you show your feelings. Don't cry’. I'd rather have them say, ‘Go ahead and cry. I'm here to be with you’.
- When I say it's you I like, I'm talking about that part of you that knows that life is far more important than anything you can ever see or hear or touch. That deep part of you that allows you to stand for those things without which humankind cannot survive. Love that conquers hate, peace that rises triumphant over war, and justice that proves more powerful than greed.
- Love isn't a state of perfect caring. It is an active noun like struggle.
- Life is for service.
- Confronting our feelings and giving them appropriate expression always takes strength, not weakness. It takes strength to acknowledge our anger, and sometimes more strength yet to curb the aggressive urges anger may bring and channel them into nonviolent outlets. It takes strength to face our sadness and to grieve and to let our grief and our anger flow in tears when they need to. It takes strength to talk about our feelings and to reach out for help and comfort when we need it.

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# Research Briefs

or, a roundup of unabashedly skimpy summaries from recent research studies.

- Many schools encourage placement of twins in separate classrooms, but a study in *Developmental Psychology* finds this practice has no significant effect on academic performance, academic motivation, or cognitive development.
- A study in the *Journal of Occupational and Environmental Medicine* finds that travelling frequently for work can be detrimental to your health. After analyzing nearly 20,000 health records, the researchers found that employees who travelled for work more than two weeks per month were significantly more likely to have anxiety, depression, smoke, have trouble sleeping, and/or have alcohol dependence, compared with workers who traveled only one to six nights per month.
- Data from 24 countries reveal that people who believe in conspiracy theories are also more likely to oppose vaccinations, according to research published in *Health Psychology*.
- The journal *Psychology of Religion and Spirituality* reports that people in religious countries are no more generous with their time and money than people in nonreligious countries. An interesting finding, however, was noted with respect to wealth: religiosity in poorer countries was associated with prosocial behaviors, but there was no significant correlation between religiosity and prosociality in wealthier countries.
- Transgender youth who can choose and use a name reflecting their gender identity in schools, at home, or in other settings, are less likely to consider or attempt suicide, according to a study in the *Journal of Adolescent Health*. These findings hold across geography or socioeconomic status.
- The *Journal of Personality and Social Psychology* published a study that suggest people who live in more racially diverse neighborhoods are more likely to help neighbors, friends, and strangers.
- The homeless smoke at four times the national rate. Researchers compared a standard smoking cessation program consisting of counseling and nicotine replacement therapy with a program that did almost exactly the same, except that it added a contingency based reward (money) for abstinence. If, at each counseling session, a breath test revealed that they abstained from cigarettes, a reward was offered. Results, published in the *Psychology of Addictive Behaviors* report that the reward intervention had a 22% abstinence rate at the end of the four week program, compared to 9% of the standard program. However, that advantage faded after six months, with both groups at around 10% abstinence then.
- A study in *Psychological Science* considered hypothetical moral quandaries and actions in real life. After completing an online version of the “trolley test,” where people decide to passively allow a runaway train to kill multiple people or actively throw a switch to send it onto a different track that would kill only one person, some participants were then invited to a “real life” experiment and decision. Participants were shown two cages, one with five mice in it and another with one mouse. They were told the five mice would receive an electric shock unless the participant pushed a button to divert the electric current to the cage with the single mouse (of course no mice were really shocked). Some other participants were shown the exact same scenario, except that it was an online version and not “real life.”

## ETHICS CORNER

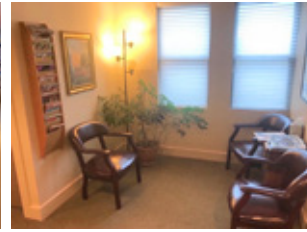
FOR OUR FIRST TOPIC, we have been asked to speak to insurance billing practices that fall outside legal and ethical boundaries. For practitioners that bill insurance, one must remember that you have contracted with the insurance company to accept the rate designated for the service code billed, no more and no less. It is considered insurance fraud (not to mention placing additional burden on a client) to “upcharge” the difference between one’s stated hourly rate and the reimbursement amount. If you are aware of colleagues participating in these practices, please follow the Ethics Code recommendations to speak with the colleague to educate or remind them of the illegality of this action, and to then report to the licensing board or professional ethics organization if the behaviors continue without appropriate reconciliatory steps.

Additionally, lowering a client’s rate must be done in coordination with the insurance company if the provider bills insurance for service. The most common reduction in fee is waiving a copay. Although many providers make this choice independently, as there is no easy way to verify whether the copay has been collected by outside parties, the proper steps are to call the provider service at the insurance company, report the reason for the requested waive of the copay (most companies will not refuse this request, anecdotally) and take a confirmation number to document the agreement.

*What topics or ethical questions would you like to address in future issues? Please email us your suggestions or questions.*

Researchers found that 84% of participants responding to the online mouse scenario allowed multiple mice to be shocked, compared to around 65% of the “real-life” participants.

- Trauma may be passed on epigenetically through male sperm, according to a study in *Translational Psychiatry*. Analyzing sperm from men who experienced childhood abuse, researchers found substantially lower concentrations of microRNA’s, which regulate gene activity, than men who were not abused. Those very same patterns were found in male mice, who had been stressed as infants, and whose sperm as adults showed the same low concentrations of microRNA’s as opposed to mice who were not traumatized as infants. More alarmingly, the mice transmitted these lower concentrations of microRNA’s to their offspring.
- A meta-analysis, published in the journal *Health Affairs*, concludes that the Affordable Care Act’s Medicaid expansion provision significantly improved quality of care as well as access to care, inclusive of mental health care, in all states that implemented it. Not a single instance of decreased quality of care was found.
- A study in the *Journal of Clinical Child & Adolescent Psychology* report that children of highly critical parents are less attuned to other people’s emotional facial expressions. Results are supported by fMRI’s which show these children paying less attention to all facial emotions; the researchers speculate that this may be because such children learn to avoid paying attention to their parents’ critical expressions, which then generalizes to all faces.



## SQUIRREL HILL OFFICE AVAILABLE

Heart of Sq. Hill on Forbes Ave; Monday, Wednesday & Friday available, with weekend option. Fully furnished; large waiting room with water, tea, and coffee; separate therapist bathroom. Direct, easy access from city parking lot through back entrance. This is part of a renovated, 4 office private practice suite of Drs. Jeff Weise & Carl Bonner.

**For more information, contact Carl: [drbonner@mindspring.com](mailto:drbonner@mindspring.com)**

## WEXFORD AND BUTLER OFFICE SUBLET

Attractive professional office space for rent for practicing therapist. Will share waiting room with other therapists. Aesthetic location in Wexford near Whole Foods.



Office space also available in Butler.



**Contact Jeffrey Wolfe • 724-935-3022**  
**[lizzimjw@zoominternet.net](mailto:lizzimjw@zoominternet.net)**

## REGENT SQUARE OFFICE AVAILABLE TO RENT

One 10' x 10' furnished office in a suite of three available for rental Mondays, Wednesdays, and Saturdays.

7625 West Hutchinson Street • Pittsburgh, PA 15218

Rental is \$325 monthly and *includes* utilities, waiting room, refrigerator, microwave, and bathroom. Two day/week rental arrangements will also be considered.

In quaint building with character just three blocks off of the Edgewood/Swissvale exit of the Parkway East. On bus line & convenient parking on residential streets.

AVAILABLE MAY 1, 2019

Prefer renter in counseling/helping related professions.

For questions or to see, contact  
**Tory Butterworth, PhD, LPC at 412-841-9872**

## QUOTING MR. ROGERS (CONTINUED)

- Our society is much more interested in information than wonder, in noise rather than silence ... And I feel that we need a lot more wonder and a lot more silence in our lives.
- We all have different gifts, so we all have different ways of saying to the world who we are.
- No one else can live the life you live. And even though no human being is perfect, we always have the chance to bring what's unique about us to live in a redeeming way.
- There is something of yourself that you leave at every meeting with another person.
- *It's a beautiful day in this neighborhood,  
A beautiful day for a neighbor.  
Would you be mine? Could you be mine?*  
...

*I've always wanted to have a neighbor just like you.  
I've always wanted to live in a neighborhood with you.*

*So, let's make the most of this beautiful day.  
Since we're together we might as well say:  
Would you be mine? Could you be mine?  
Won't you be my neighbor?*

*Won't you please, won't you please?  
Please won't you be my neighbor?*

## ASPINWALL OFFICE SUBLET

17 BRILLIANT AVE • PITTSBURGH 15215



Bright and beautiful office, 11' x 11' with large window for sublet in a 3-office suite.

The other 2 offices are occupied part-time by a psychiatrist and a psychologist. Suite has a shared waiting room and kitchen.

Monthly rent approx. \$500  
(not including internet and utilities)

Available January 1, 2019 (flexible).  
Seeking practitioner in the mental health field.

PLEASE CALL OR EMAIL:  
412.496.3134 • [dedeewilsonmd@gmail.com](mailto:dedeewilsonmd@gmail.com)

# Continuing Education Calendar

FRANCINE FETTMAN, PhD

## NOVEMBER

Thursday, 11/15/18 8:00-4:00  
Credits: 5.75 Fee: \$229.99

### **Ethical Principles and the Assessment, Treatment and Management of Suicide Risks for Pennsylvania Mental Health Professionals**

**Alan M. Tepper, JD, PsyD**

Crowne Plaza Pittsburgh South  
164 Fort Couch Road, 15241  
412-833-5300

For information or to register:  
800-844-8260 or [pesi.com/express/65211](http://pesi.com/express/65211)

Wednesday, 11/28 7:30-4:00  
Thursday, 11/29/18 7:30-4:00  
Credits: 12.5 Fee: \$439.99

### **Post-traumatic Growth**

(a two day advanced trauma certificate workshop)

**Lisa Ferentz, LCSW-C, DAPA**

Crowne Plaza Pittsburgh South  
164 Fort Couch Road, 15241  
412-833-5300

For information or to register:  
800-844-8260 or [pesi.com/express/65221](http://pesi.com/express/65221)

## DECEMBER

Wednesday, 12/5/18 7:30-4:00  
Credits: 6.25 Fee: \$229.99

### **Transforming Grief and Loss**

**Ligia M. Houben, MA, FT, FA, FAAGC, CPC, CHT**

Crowne Plaza Pittsburgh South  
164 Fort Couch Road, 15241  
412-833-5300

For information or to register:  
800-844-8260 or [pesi.com/express/66045](http://pesi.com/express/66045)

### ***GPPA invites contributions to our newsletter.***

Please contact our editor, Dr. Leswin Laubscher at:  
**[Laubscher@duq.edu](mailto:Laubscher@duq.edu)**  
or GPPA:  
**[gppapittsburgh@gmail.com](mailto:gppapittsburgh@gmail.com)**



## **GREATER PITTSBURGH PSYCHOLOGICAL ASSOCIATION**

### **THE 2018 - 2019 GPPA OFFICERS:**

TEAL FITZPATRICK, PRESIDENT

WILL HASEK, SECRETARY

GEORGE HERRITY, TREASURER

SEAN MOUNDAS, ASSISTANT TREASURER

ALLIE JEDINAK, BOARD MEMBER

NICK FLOWER, BOARD MEMBER

MARJORIE WEINSTOCK, BOARD MEMBER

## **GRADUATE STUDENT AND EARLY CAREER PROFESSIONAL SERIES: FALL 2018**

### **MORE AND LESS EXPECTED:**

**A conversation about careers  
in Psychology that are in and  
outside the box.**

**Friday, November 16th from 3:30-5:30  
pm at the University of Pittsburgh  
Counseling Center**

Historically, graduating with an advanced Psychology degree has suggested a specific set of professional opportunities: an academic teaching or research position or clinical psychotherapy in outpatient and inpatient settings. This event is designed to talk about the myriad of ways that Psychologists or those with an advanced degree in Psychology have found meaningful career paths in both expected and unexpected ways. A panel of individuals has been invited that represent a wide variety of career paths and as always, plenty of time for questions and discussions is built into the program. Snacks will be provided. We invite all attendees to join us afterwards for our November GPPA Social Event at Hidden Harbor in Squirrel Hill between 6-8 pm, where you will have the opportunity to network and meet with our board and other members.

All Graduate Student and Early Career Professional Events listed here are FREE and open to all interested parties, whether or not you are a member of the Greater Pittsburgh Psychological Association.