GPPA

THE GPPA *Report*

FALL 2016

THE OFFICIAL NEWSLETTER OF THE GREATER PITTSBURGH PSYCHOLOGICAL ASSOCIATION

From the Editor...

PAVEL SOMOV, PHD

THE STEREOTYPICAL THING about our profession is that we always have something to say. We are generally short on silence. We've taken our opinionated nature and sublimated it, hopefully, for the good of humanity, haven't we? At least, that's what we tell ourselves. We – the workers of the mind – are closeted commentators, tamers of our own proverbial monkey mind. We notice the world, we observe reality with a keen eye, and we constantly develop opinions. We cannot not "psychoanalyze." But we know how to silence these opinions, how to filter out the useless subjectivity of our witnessing, and how to let out only doves of peace out of the chaotic flock of consciousness. This, however, changes when we sit down to write. We come full bloom in writing. We sharpen our opinions. We crystallize our insights. And if we pull these verbal punches, it's only so that we can re-deploy them in a more poignant, more targeted manner. And that's what I love about this editing gig – it's an opportunity to listen to this vibrant orchestra of psychologically attuned minds.

But, perhaps, I am poeticizing. I have a bad habit of that. So, while I am ahead (am I still?), I better step aside and let you read (which is a form of visual listening) to this autumnal choir of GPPA and GPPA-affiliated minds.

A Letter from the President

VICTOR BARBETTI, PHD, LICENSED PSYCHOLOGIST

Dear Members of GPPA,

I HOPE YOUR SUMMER was relaxing and enjoyable. Since our last newsletter, much has happened within the organization. Besides the wonderful networking opportunities we've had each month, the GPPA Board also met over the summer for a Strategic Planning session, incorporating Member feedback to develop areas of focus for the upcoming year. Areas of focus for the 2016-2017 year include:

- Create a Continuing Education committee to explore the feasibility of re-applying for CE granting status with APA. This committee will make its recommendation to the Board by spring 2017;
- Collaborate with Chatham University's Counseling Psychology program to explore a one-day themed CE conference to be held at Chatham's Eden Hall campus in the Spring;
- Establish a 2017 Networking Fair committee to begin the work of preparing for a Fall 2017 Networking Fair;
- Continue our focus on monthly socials and informal workshops to provide networking opportunities and information sharing for graduate students, ECPs, and seasoned professionals; and
- Create group opportunities for Members to volunteer for local organizations (e.g. Greater Pittsburgh Community Food Bank, Meals on Wheels, etc.), allowing us to participate collectively in giving back to the community.

One of Board's recent accomplishments was the completion of a much needed revision to the Organization's By-laws, including new language reflecting the reality of digital communications to and from Members. In August, the Bylaws were unanimously approved by the Membership and officially adopted at the September 14th Board meeting. The Board would like to thank Drs. Kevin Bursley, Beth Silver and Teal Fitzpatrick on their year-long efforts on this important project.

Please note that Members are always welcome to attend the monthly Board meetings. Although recent meetings have generally occurred on Chatham University's campus, we have several upcoming meetings planned around the city at different Board member's offices. Information about the locations of these meetings will be announced electronically.

Finally, in July, the Board approved the development of a new website using the Squarespace platform. Shortly thereafter, the existing website (a Wordpress site) was apparently "hacked," causing it go offline for several weeks. In mid-September, the new website was unveiled. The new website will allow us to save money as we will no longer be dependent on a specialized programmer. We always welcome your feedback and ideas so please take a moment to check out the new website.

Best wishes for a productive and healthy fall season, and I look forward to seeing you at one of our upcoming events.

Victor Barbetti, PhD
President, GPPA

WELCOME NEW MEMBERS:

Members

Barbara Baumann, PhD
Leswin Laubscher, PhD
Tim Murphy, PhD
Rowan Flamm, PhD
Ed Michaels, PhD
Cheryl Pierce, MSW, PhD

Affiliates

Jodie Hnatkovich, MS, LPC, CRC
Alicia Logue, MA, LPC, BCBA

Student

Jennifer Black
BreAnne Healey
Kalia Mason, MA

AN INTERVIEW

DAN WARNER, PhD, Founder & Executive Director, Community Data Roundtable

Q: ***Tell us about Community Data Roundtable. Why did you start this organization?***

A: Community Data Roundtable (CDR) was founded with the idea that data can be helpful in the child serving system as long as it is shepherded responsibly, and used for the common good. I founded the organization in 2013, with the mission of improving behavioral health outcomes for children and families through the implementation of a data-driven behavioral health outcomes management and decision support system. Thanks to the support of so many who believe in our mission, we are now working with behavioral healthcare providers in 21 counties across the Commonwealth.

Q: ***Describe the needs that the CDR evaluator project is able to meet and/or the problems that the organization is addressing.***

A: If you have a child diagnosed with autism, one of the first places you seek services is a psychologist evaluator. This evaluator performs a thorough biopsychosocial assessment, and then recommends appropriate services. As treatment progresses, the psychologist re-evaluates on a regular basis, and then updates the prescription based on current needs and functioning.

Until this point, this process of evaluation, referral and follow-up has not been done in such a way that outcomes can be objectively tracked at the individual or aggregate levels. This is why CDR has collaborated with stakeholders and subject matter experts to develop a tool designed specifically for psychologists performing "BHRS evaluations" in Pennsylvania.

CDR's entire model is based on developing local norms, and getting a ton of local input, and at this time we do not have much from Allegheny and the surrounding counties. That is the point of this project that I'm pitching here! If we had more local data we would be able to supply all sorts of helpful information about programs that match particular needs, as well as compare outcomes between providers and so forth.

In CDR's vision, psychologist evaluators are the nexus point for data capture, and knowledge execution in the child serving system. (Yikes! Maybe not such great words when working with children … Ok, how about learning about our communities' needs, and then acting on our insights? Yes, that's much better!) And in fact, I think this little problem of language is illustrative of exactly why psychologists are necessarily the right professionals for bringing data to the child-serving system. Psychologists' unique training in both the humanistic side of our field, as well as statistics, and research design, has always made us the profession with the most ease in interfacing between the general populace and science. I might argue that all professional psychologists find that much of their day is spent explaining a concept to someone who needs to know it (be it a patient, a supervisee, or a consultee), or acting on data that the patient in front of you may not fully understand, but trusts that you do thanks to your training and licensure. Psychologists have a unique position to help build knowledge bases, and act on them, and that is why I'm hoping I can get some volunteers for this project!

Q: ***Where are you currently operating and what has been your biggest accomplishment to date?***

A: Our largest initiative is in PA's Medicaid child serving behavioral health system, where we are demonstrating impressive outcomes, thanks to our multi-stakeholder collaboration (we have brought together providers, HealthChoices groups, MCOs, government, advocacy groups, etc.).

I would say our biggest accomplishment to date is the fact that our outcomes project is increasing appropriate referrals to evidence-based programs, and facilitating improved access to higher-levels of care for those who need the care most. Meanwhile, we are able to show cost savings through improved utilization, and improved communication amongst entities for care coordination and authorization issues.

You can read our latest white paper that discusses project outcomes at www.communitydataroundtable.org/white-paper.html

Q: ***Tell us a little about what you are hoping to do in Allegheny County?***

A: We are excited to announce that our project is expanding into Allegheny County, with the hopes of replicating the successes that we have shown throughout the state. We have been working together with NAMI and Autism Connection of PA, to identify evaluators and providers who are interested in becoming part of our collaborative effort. We are looking for professionals who are as passionate as we are about making a data-driven child serving system in Pennsylvania. I'm thankful to the GPPA for helping us get the word out about this project!

Q: ***Please tell us a bit more about the tool evaluators will be using for their assessments.***

A: The CDR CANS-PA is a specialized version of the internationally recognized CANS assessment, which is used to assess children all over the globe. The CDR CANS-PA builds on this success, by making it available to clinicians online, and programming it in ways that make it the keystone for the treatment of children with significant biopsychosocial needs.

The CDR CANS-PA assessment offers a means to get detailed and important information that does more than diagnose, but also guides treatment through a child's rehabilitative journey. It provides measures and metrics to help understand a child's needs, communicates these to the treatment team, and provides ways to objectively measure progress over time.

Something that is new and that we are very excited about is the ability for the CDR CANS-PA to assign an "Autism Level." With the specificity of the CDR CANS-PA assessment, the CDR CANS-PA is able to compute a bottom-line score on a child's level of dysfunction due to autism. This score is based on the DSM-5 "Autism Severity Level," and helps clinicians provide a more specific definition of the child's needs, including information on language limitations and intellectual disability. This information helps the whole treatment team by clarifying exactly the nature of the child's problems, and what needs to be worked on.

What we won't have at the onset in Allegheny County (but will hopefully grow to) is the service-matching that we are now able to facilitate in the counties where we have been active for some time. In these counties, the CDR CANS-PA is not just a clinical decision support tool, but also has information on services that can help a child's unique needs. Once assessed, the child's assessment profile is compared to services in the local area, and then information on the best match for a child's needs is presented. As a child's needs change over time, so will the service matches – helping to ensure that a child is getting the care they need, when they need it.

Q: ***What does participating mean?***

A: It means using an online app during your evaluations. Participating psychologists will score the tool and receive a read-out of the results. These results include a summary Severity Score and Autism Score, as

CONTINUED ON PAGE 3:

CLIENT STALKING

FRANCES KELLEY, PHD
PROFESSOR, DEPARTMENT OF PSYCHOLOGY AT CARLOW UNIVERSITY

CLIENT STALKING is an unfortunate reality for psychologists. Studies have found that the prevalence of client stalking varies from 5.6 to 13% (Corder & Whiteside, 1996; Lion & Herschler, 1998; Romans, Hays, & White, 1996). Stalking occurs when an individual repeatedly intrudes upon another resulting in the recipient fearing for his/her safety and wellbeing (Meloy, 1999; Purcell, Pathe´ & Mullen, 2001). In some cases, stalking can lead to physical violence and even murder (Tjaden & Thoennes, 1998).

Stalking Behaviors

Mastronardi, Pomilla, Ricci, and D'Argenio (2012) sampled psychiatrists in Italy and found that 10.2% of their sample reported more than 10 events that involve telephone calls, loitering at the victim's house, and two cases of physical assault. Gentile, Adamen, Harmell, and Weathers (2002) found that 10% of their sample reported being stalked. Of these, 25% reported being physically assaulted; 70.6% experienced anxiety over the event; and 41.2% reported experiencing problems sleeping afterwards.

Why Clients Stalk

Mastronardi, et al. (2012) found that clients who stalked were diagnosed with personality disorders, schizophrenia, and/or bipolar disorder. Clients who stalk have been found to have disturbances in attachment, the inability to maintain successful intimate relationships, and are unable to develop long-term relationships (Gentile, et. al., 2002; Mastronardi, et al., 2012). Client motivation for stalking includes fear of abandonment, wanting a closer relationship with their therapist, holding a grudge and having resentments and disillusionment about the therapy relationship (Mastronardi, et al., 2012).

Even though as many as 13% of therapists sampled have reported being stalked by a client, as a profession, we seldom talk about the reality of client stalking and how it can have lasting negative personal and professional consequences for mental health professionals. Very little research has been done on this important topic especially in the United States. A research team at Carlow University that I lead aims to change this by completing a qualitative study about psychologists who have been stalked by a client.

There is a paucity of research or information on how therapists have addressed stalking situations. Client stalking can impact a psychologist's practice, personal life, and sense of safety and well-being. My research team is interested in gaining a better understanding about the experiences that psychologists have had when being stalked by a client and how they addressed the situation. If you are a psychologist who has been or who is being stalked by a client, please consider participating in this research study.

Eligibility:

1. Must be 18 years old or older.
2. Must be a doctoral-level psychologist.
3. Must be willing to complete a 45-60 minute confidential and anonymous phone interview about your experiences of being stalked by a client, and a 15 minute follow-up interview approximately two weeks later.

If you meet the eligibility criteria and are interested in participating in this study, or if you have any questions, please contact me at fakelley@carlow.edu.

This research project was reviewed and approved by the Carlow University Institutional Review Board on February 9, 2015. Questions concerning your rights as a participant in this research may be addressed to the Committee Chairperson, Dr. Robert Reed at rareed@carlow.edu. If you meet the eligibility criteria, please consider participating in this study and/or passing this request on to anyone you know who may meet the eligibility criteria.

REFERENCES

Corder, B. F., & Whiteside, R. (1996). A survey of psychologists' safety issues and concerns. *American Journal of Forensic Psychology,* 14(3), 65–72.

Gentile, S. R., Asamen, J. K., Harmell, P. H., & Weathers, R. (2002). The stalking of psychologists by their clients. *Professional Psychology: Research and Practice*, 33(5), 490-494.

Lion, J. R., & Herschler, J. A. (1998). The stalking of clinicians by their patients. In J. R. Meloy (Ed.), *The psychology of stalking* (pp. 163–173). San Diego, CA: Academic Press.

Mastronardi, V. M., Pomilla, A., Ricci, S., & D'Aregenio. (2012). Stalking of psychiatrists: Psychopathological characteristics and gender differences in an Italian sample. *International Journal of Offender Therapy and Comparative Criminology*, 57(5), 526-543.

Meloy, J. R. (1999). Stalking: An old behavior, a new crime. *Psychiatric Clinics of North America*, 22, 85–99.

Purcell, R., Pathe´, M., & Mullen, P. E. (2001). A study of women who stalk. *American Journal of Psychiatry,* 158, 2056–2060.

Romans, J. S. C., Hays, J. R., & White, T. K. (1996). Stalking and related behaviors experienced by counseling center staff members from current or former clients. *Professional Psychology: Research and Practice*, 27(2), 595-599.

Tjaden, P., & Thoennes, N. (1997). *Stalking in America: Findings from the National Violence Against Women Survey*. Denver, CO: Center for Policy Research.

INTERVIEW... CONTINUED

well as track needs in terms of risk, functioning, caregiver needs and more. This information is often shared with the family to ensure that all are in agreement on the client's needs, and can be used to track progress over time. You can reference the CANS in the evaluation for being a comprehensive substance abuse and trauma assessment, as well as demonstrating quantitatively the client's needs and strengths that justify the prescription. The evaluation can be submitted as a part of your packet to the managed care firm, and referenced to substantiate all sorts of claims. In short: it means making this app a part of your clinical encounter, and drawing on it to make the best evaluation and referral possible. It's also going to mean getting to participate in the data analysis process.

Q: ***What is involved in the data analysis project?***

A: First, CDR will make available to participants their own aggregate data. Participants will be able to run reports and outcomes on their own clients. This has a lot of value, from both gaining insight on one's clinical strengths and opportunities, as well as in presenting the value of your work to possible clients, like managed care firms, the state and providers.

Second, when we hold our wider "Roundtable," where we look at community needs and strengths, we'll invite your participation and really get you to weigh in on what we're seeing. Once again, psychologists are uniquely qualified to participate in such a process. We will be identifying opportunities that we hope to use to influence the government and managed care in shaping an improved child serving system.

Q: ***Who should an evaluator or provider contact for more information?***

A: They can email me directly at DWarner@communitydataroundtable.org. And I really hope they do! There is a lot that psychology as a profession and contribute to community behavioral health, and I hope CDR is seen as a resource for making a difference.

Phenomenological Research Meets Social Advocacy Filmmaking

Nisha Gupta
Duquesne University

THROUGHOUT MY DOCTORAL studies in clinical psychology, I have become heartbroken by not only the personal traumas endured by patients who come to psychotherapy, but by the sociocultural traumas endured by all of us living in a wounded world: senseless acts of violence directed at marginalized minority groups, intolerance and hostility across religious, ethnic, and racial lines, and growing isolation as the desire for commodity usurps our needs for community and connection. In response, I have pledged that my ethical responsibility as a psychologist will not only remain at the level of individual healing, but also include social advocacy efforts to help heal sociocultural wounds.

I have found a vehicle for doing this macro-level work through phenomenological research. The first time I read Max Van Manen's Researching Lived Experience, I became enchanted by the healing possibilities of phenomenological research, which is a kind of qualitative inquiry that collects people's intimate stories of lived experience as its chief form of data. It is my belief that human beings' stories have enormous power to create social change—to alleviate loneliness and isolation, to inspire empathy and compassion, to break down social barriers, and to open up dialogue about silenced human experiences. The healing power of storytelling is possessed in the back pocket of all phenomenological researchers, within the data of every project we pursue. It can absolutely be tapped into if we allow our imaginations to soar.

Key to effecting widespread sociocultural change is to disseminate our research beyond academic journals and out into the world. Throughout graduate school, I have experimented with making phenomenological research accessible to the mainstream public by disseminating it through the media arts, such as digital storytelling, cinematography, photography, and social media. These different forms of media are influential publishing platforms that engage the vast majority of citizens in our 21st century technology-driven society. By blending our methods of inquiry into the multimedia landscape that surrounds us, researchers might not only contribute innovative knowledge to the social sciences, but also strive to evoke lasting ripples across society.

For instance, I developed a social media platform called "Stories of Faith / Stories of Humanity," which fuses phenomenological research with digital storytelling to establish common humanity among people with different religious identities. I interviewed 10 diverse participants about the role that faith plays in their life. Using iMovie software, I transformed their interviews into digital stories—short films that edit together images, sound, and text—which were published onto the website: www.storiesoffaithstoriesofhumanity.com. The website highlights existential themes of humanity resounding across the faith stories, so visitors might experience empathic identification with participants regardless of religious affiliation. Though the idea of "filmmaking" might intimidate some academics and researchers, digital storytelling is a relatively simple form of multimedia art that can be learned by anyone who has access to free video editing software such as iMovie. Tutorials are available at http://www.storycenter.org.

At present I am working on my dissertation, which involves producing a short film that conveys the felt sense of being in the closet as a sexual minority. To accomplish this, I have developed an innovative research method called "cinematic-phenomenology," which involves interviewing participants who identify as gay, lesbian, and bisexual about painful experiences of being in the closet, and guiding them to discern symbolic images that capture their embodied feelings of the phenomenon. I will then bring participants' feelings and images of the closet to life via cinematography, and the final short film will be published on a public website. I intend to collaborate with participants and local artists throughout each steps of filmmaking, from storyboarding to post-production. Ultimately, I aspire for our final film to illuminate the felt sense of the closet in a poignant manner that can induce empathy among viewers, thereby propelling LGBT advocacy and solidarity. This process has also beckoned me to reframe my research participants as fellow "artist-collaborators"—a perspective which invites exciting possibilities for research to become a creative partnership that may yield future opportunities for collaboration, innovation, community art-making, and social advocacy projects.

This dissertation project will be the first film produced by the "Phenomenological Film Collective," a community-engaged filmmaking group that I have founded which uses my "cinematic-phenomenological research method" to produce social advocacy films: www.pfcollective.com

Increasingly, it seems that the discipline of psychology is asking the question: how can we do our part, as both citizens and professionals, to help heal society's fractured bonds? One avenue is to intertwine our research endeavors with the media arts to incite societal empathy, advocacy, and dialogue. Yet I am certain that the possibilities are endless, and I look forward to the inspiring conversations and ideas that will unfold as our field seeks answers to this important question.

Melbourne Perfection

Pavel Somov, PhD
Private Practice

MELBOURNE, AUSTRALIA, June 2016: I am here to teach a two-day workshop on mindfulness applications for worry, dysthymia, substance use, anger management, etc (through TATRA, the Australian continued education equivalent of PESI). I get set up: PowerPoint slides - check, mic - check, a glass of water - check, coffee - check... The conference room of the Darebin Arts & Entertainment Center slowly fills up with local psychologists and mental health clinicians. With fifteen minutes to kill, I step outside to check the grounds. The venue sits on a beautifully landscaped park that commemorates the Lebanese immigrants to Melbourne.

With a cup of coffee in hand I start out on a winding path through the park and I stop: ahead of me - to be more precise, under my feet - worms. It had rained and these silly little bastards crawled out from cracks in the pavement. I know the horror that awaits them - in an hour or two, as the Australian sun takes off the invisible runway in the sky, these worms will turn into bacon, fried alive. They somehow know it - they are hustling away from the pavement, towards grass. I hear the swooshing sound of bike tire on wet asphalt and I step aside - a kid on a bike plows through, oblivious to the tragedy down below.

I flashback to a similar moment in my childhood: the Arbat neighborhood of Moscow, I come out for a bike ride - meaning well, meaning no harm - and yet becoming an unwitting instrument of Darwinian selection as the tires of my own bike turn the asphalt below into a chopping board - as I plow through earthworms.

My mind returns back to its objective moment of now - the one in Melbourne, not in Moscow. I put the coffee cup down on the sidewalk and bend down to look for a tool of rescue - for a twig. I find a suitable enough piece of wood - pliable, gentle, gnarly enough to hook up a worm without doing damage to it (him? her?). To my right I see a tall guy come outside - a guy I just saw a few minutes ago in the conference room of my workshop. I turn to him and say: "I have a job for you." He looks puzzled but open-minded. I hand him a twig and explain the tragedy of survival that both of us are in a position to witness. Still puzzled and still open-minded, he says "Sure" and puts down his cup of coffee on the sidewalk. And we both go to work - scooping up these silly little writhing bastards from the frying pan of the sidewalk, from the killing fields of pedestrian traffic.

His name is John. He is a handsome fellow, a kind of Crocodile Dundee with a touch of Bohemian intelligentsia in his looks and manners. But humble as hell and self-disclosing. Tells me that psychology is his second career. Tells me that he just succumbed to his kids' plea to get a pet hamster and he has been suffering ever since as he watches the pet hamster "incarcerated" in a cage, as kids, of course, quickly lose interest in this little pet project.

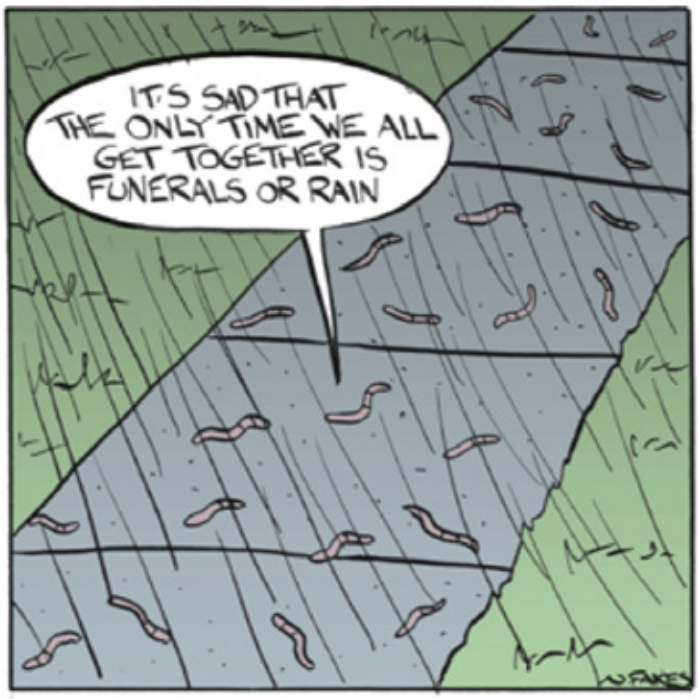
John is a fellow sufferer - a perfect helper in this strange project of street-side salvation.

I tell John about my crazy notion of "neural tribe" - "a neuron is a neuron is a neuron... there is no difference between my neurons and your neurons, John, and the neurons inside these worms... we are neural diasporas - one of a kind - scattered amidst infinite body-forms, life-forms... body is but a house on legs... an RV - a recreational vehicle... neurons - the info-processing charioteers... all the same..."

He gets it. "Intriguing," he says.

But time is running out - we can't save them all, we go back in, to talk about mindfulness, to talk about the possibility of radical transformation - from fear and anger to compassion.

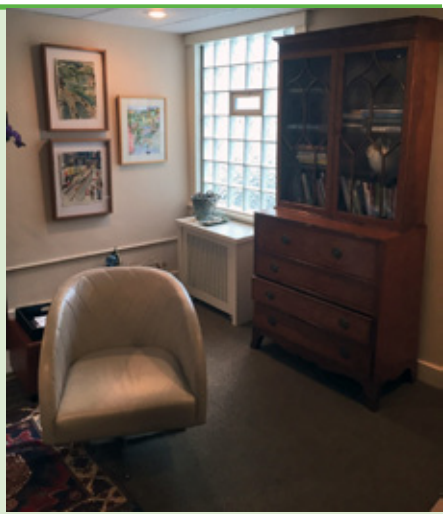
The alchemy of awareness ... The ordinary perfection of life recognizing the validity of life … Just life on Earth, you know, amongst us fellow earthworms ...



AVAILABLE: Up to 3 weekdays (M, W, F) & 2 weekend days

SIZE: approx. 12' x 12' size with glass block window

AMMENITIES: fully furnished; large shared waiting room; central AC & carpeting; updated electrical outlets & fixtures; separate client & therapist restrooms; entry/exit from front or back of building; security system



Empty Nest Transitions: The "Re-entering the Workforce" Question

Karen Litzinger, MA, LPC
Private Practice

FALL IS THE TIME of year when people think of back-to-school and new beginnings. If a stay-at-home mother or father has a child entering first grade or college, the empty nest experience might give rise to wanting to re-enter the workforce. Sometimes actually getting a job is what the parent wants, but sometimes the need may be addressed in another way.

In conducting Women Re-entering the Workforce workshops and in client appointments, I present statements to reflect on, to see what resonates. (This, of course, can apply to dads as well as moms). The following statements can help your clients clarify if the need may be met by volunteering, a job, and/or further education. Sometimes there are emotions that cause the client to seek re-entering the workforce from internal or external pressures; if so, this may not always be the best motivation.

Following are four categories of statements that can be used for exploring this "re-entering the workforce" issue.

Fulfillment Motivation:

- I would like to have more adult interactions in my life.
- I would like to use my skills outside of my home life.
- I would like to contribute something to the workings of society.
- I have interests that I feel need to be expressed outside of my home.

With these statements as motivation, the path could be either employment or a professional volunteer role.

Education Focus:

- I would like additional education or training to be intellectually stimulated.
- I would like additional education or training in order to increase my marketability.

These statements reflect both internal desire and practical need, both of which are good reasons for education activities to prepare for the empty nest stage.

Meaning and Money:

- I would like to use my education or degree in the workplace.
- I would like more financial independence.
- I must find work in order to support myself and/or my children.
- I would like a career or job to give another dimension to my life.

These statements are clear, positive motivations for the employment path rather than volunteering.

Emotional Issues to Explore:

- I would like to work because I feel in a rut.
- I feel guilty that my partner is bearing the financial responsibility for our family.
- I hate when I get asked the question, "So where do you work?"
- I feel like I shouldn't be wasting my education and training.

These statements reflect internal pressures that may prompt seeking employment. These motivations may cause a client to be ambivalent about the career decision-making and job search process.

Naturally, clients often relate to statements from multiple categories and motivations. Often it can be helpful for clients to explore some of the above emotional issues in therapy simultaneously.

Even if the client doesn't appear to be ready for career counseling, it can often be helpful to begin such a discussion. Thoughtful career decision-making to prepare oneself for the job market takes about six months, and longer if further education is involved. An average job search takes typically three to five months, but with the obstacle of gaps in employment or a career change, it often takes longer.

Professional career counseling and job search coaching can help this workforce re-entry process be as efficient as possible so the client isn't wandering aimlessly or losing time and money by choosing educational or career paths that are not a good fit.

Contact Karen if you would like the reflection questions to use with your clients, litzingerkaren@aol.com, www.KarensCareerCoaching.com.

COMMITTEES AND LIAISONS

Continuing Education (Teal Fitzpatrick, Ph.D.)

- Communicates with the public regarding psychological services

Legislative Action (Shannon Edwards, Psy.D.)

- Plans and implements continuing education events

Membership (Cynthia Magistro, Ph.D.)

- Plans membership drives, processes applications

Networking & Social (Shannon Edwards, Psy.D.)

- Plans networking and social events

Newsletter, Publications, Website (Victor Barbetti, Ph.D.)

- Publishes quarterly GPPA newsletter

Volunteering (Terry O'Hara, Ph.D.)

- Quietly assist the underserved who need help (not necessarily psychological) and to provide more connection into the community

Interested in contributing to The GPPA Report? Email editor Pavel Somov at psclinical@hotmail.com

Interested in Advertising in the Newsletter? Contact Angie at GPPAPittsburgh@gmail.com

HR 2646: Helping Families in Mental Health Crisis – Treatment Before Tragedy

Dr. Shannon Edwards, GPPA Board Member

AMERICA IS IN THE midst of a national mental health crisis. Roughly 43 million Americans are diagnosed with a mental illness and approximately 10 million adults have received a diagnosis qualifying as a "serious mental illness (SMI)," including schizophrenia, bipolar disorder, and major depression. Approximately 4 million of individuals with SMI will not receive care. Our correctional systems have become the new mental institutionalizations; Cook County Jail in Chicago, IL and Los Angeles County Jail have been named our nation's largest mental health facilities. The rates of inmates diagnosed with a mental illness are staggering: 64% at the county level, 56% in the state prison system, and 45% within our Federal prison systems. Inmates with mental illnesses cost taxpayers roughly three times more than inmates without mental illness. Even with statistics at that level, over 80% of the mentally ill within the corrections population will not receive care.

Each year, approximately 43,000 Americans die from suicide and roughly 47,000 die from drug overdoses. These numbers are equal to the combined U.S. combat deaths from wars in Korea, Vietnam, Afghanistan, and Iraq.

Historically, the government has offered assistance for the mentally ill; yet the assistance has been statistically ineffective and unable to fulfill the growing demands our nation. Shortages in psychiatrists and psychologists, particularly in rural areas, has made treatment of the seriously mentally ill especially challenging. As of 2015, the U.S. had 9,000 Child and Adolescent Psychiatrists for 17 million children with a mental health condition. Approximately 55% of counties do not have a practicing psychologist, psychiatrist, or social worker. While psychologists are attempting to fill the gaps of our psychiatry counterparts, we have struggled with barriers to care including insurance coding, resources, and our patient's access to care.

Rep. Tim Murphy (R – PA), a child and adolescent psychologist by trade and the only psychologist in Congress, recognized the immediate need for action. In 2013, he and Eddie Bernice Johnson (D – TX) originally introduced H.R. 3717, the Helping Families in Mental Health Crisis Act of 2013 following a post Newtown investigation by the House Energy and Commerce Subcommittee on Oversight and Investigations. The investigation included a comprehensive review of Federal programs, policies, and our government's mental health expenditures. The outcomes were two reports from the Government Accountability Office, as well as their initial legislation with wide-ranging suggested reform. After a year of countless meetings with practitioners, organizations, and advocates, Reps. Murphy and Johnson made the decision to withdraw the original legislation in an effort to modify and restructure their findings in a constructive manner.

In June 2015, Reps. Murphy and Johnson reintroduced H.R. 2646, the Helping Families in Mental Health Crisis Act of 2015. The transformed legislation delivered a bipartisan bill, which provided reforms of multiple systems. Some of which included an Assistant Secretary of HHS – an individual possessing a medical or doctoral degree with experience treating the SMI population to oversee agencies and ensure best practice standards were being met, increased NIMH research funding, innovative block grants, and workforce provisions to decrease our nation's clinician deficit and increase our efficacy in treating the seriously mentally ill population. After its lengthy mark-up in the Energy and Commerce Subcommittee in November 2015, Rep. Murphy continued meeting with organizations, practitioners, advocates, and bipartisan leaders to ensure the bill maintained its efficacy for patients, while attempting to integrate feedback from numerous groups and individuals.

The result? A bipartisan bill, which is cosponsored by 207 members of the House of Representatives; something uncommon given our current political climate. The current version of the bill provides grants for states with established assisted outpatient treatment (AOT) programs, which is intended for individuals with a substantiated history of posing a danger to themselves or others. However, the bill would not penalize states without AOT standards in place. With the addition of the Assistant Secretary position and National Policy Laboratory, the bill reorganizes and integrates the government's systems to advance the importance of evidenced and empirically based mental health research and treatment across the Department of Health and Human Services.

Approximately 75% of individuals with a SMI have at least one chronic physical illness and 50% have two or more. Individuals with a SMI tend to die 10 to 25 years sooner than the general population due to the lack of follow-through with medical care. The bill instructs HHS to complete a study on existing Federal privacy laws regarding compassionate communication between practitioners and responsible caregivers of those with serious mental illness. In limited circumstances, the communication would allow appropriate caregivers to receive information in order to continue or facilitate treatment. Psychotherapy notes would remain completely confidential. In addition, the bill reiterates HHS's existing privacy laws, such that providers are able to communicate with caregivers when individuals are in acute psychosis and unable to provide valuable information for themselves.

The bill provides funding of grants for psychology workforce; practicum students will be funded in an effort to increase their knowledge and conceptualization of the SMI population earlier, as well as additional funded APA-accredited internship and fellowship opportunities to increase the overall treatment availability for the SMI population. Lastly, funding will increase to support research on brain-based disorders and reauthorize the Garrett Lee Suicide Prevention Program.

On July 6th, 2016, HR 2646 passed the House, almost unanimously, 422-2. It now needs immediate action in the Senate in order to be signed into law. No bill, of course, can satisfy everyone; however, these are the dramatic reforms needed to address the holes in our mental health care system.

Now is an especially important time to advocate on behalf of our patients, clients, and our field. You are urged to contact your U.S. Senator, as soon as possible, and request they pass HR 2646 and S. 2680, the Mental Health Reform Act of 2015. Enactment of this bill in September before the session expires is of great importance. Grassroots advocacy makes an incredible difference and you could play a large role in transforming our nation's mental health care system.

For more information on the bill, a summary of the bill, or to contact Rep. Murphy, please visit: https://murphy.house.gov/

GPPA Fall Social Calendar

Check out our new social media: 'Like' us on Facebook: https://www.facebook.com/GPPACommunity/
Add us on Twitter: @GPPACommunity

FRIDAY, OCTOBER 21ST:

Monthly meet-up at
Wingharts Burgers, Downtown
5 Market Square
Pittsburgh, 15222
6:00 – 8:00PM
Street parking free after 6PM, valet parking available, and bus line accessible!

THURSDAY, NOVEMBER 17TH:

Monthly meet-up at
The Sharp Edge Beer Emporium
East Liberty
302 S. St. Clair St. 15206
6:00 – 8:00PM
Plenty of merriment and cheer with the @GPPACommunity!

THURSDAY, DECEMBER 8TH:

GPPA's Fall Networking Social
The Round Corner Cantina
Lawrenceville
3720 Butler Street, Pittsburgh 15201
6:00 – 9:00PM

To foster our community sentiment, please join the GPPA Community for a holiday-themed evening of networking and socializing in a relaxed atmosphere. GPPA will supply the heavy appetizers, conversation starters, and general merriment!

GPPA especially encourages Students and ECPs to attend. Significant others, partners, and friends are also welcome. We hope to continue growing our @GPPACommunity and see you there!

GPPA BOARD OF DIRECTORS:

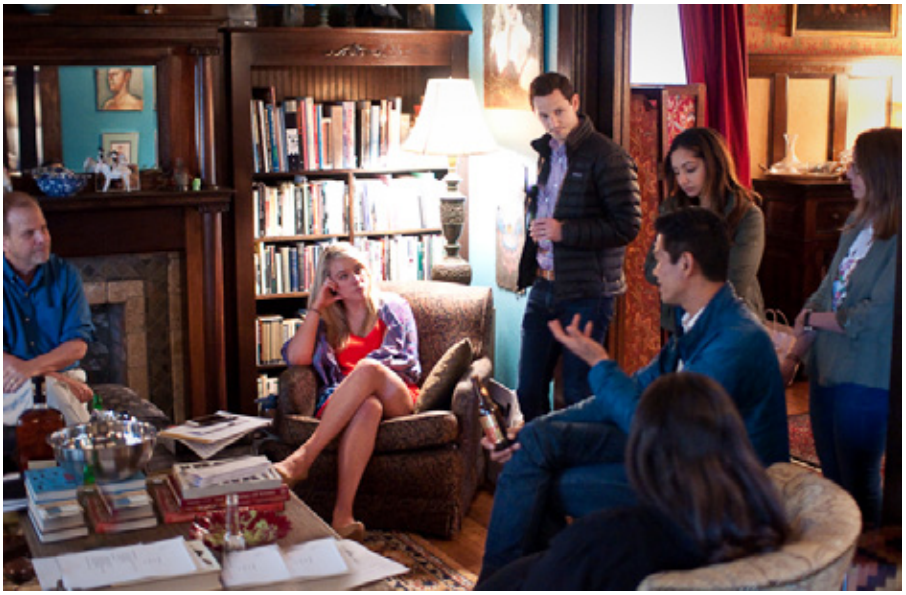
OFFICERS:

Victor Barbetti, PhD
President
Cynthia Magistro, PhD
Secretary
Teal Fitzpatrick, PhD
Treasurer
Lisa Strauch Scott, PsyD
Assistant Treasurer

BOARD MEMBERS:

Shannon Edwards, PsyD
Terry O'Hara, Ph.D
Nick Flower, PsyD

Angie Phares
GPPA Assistant



Above: GPPA members listen to a presentation from Quartet during the Spring Social

Top right: New member Representative Tim Murphy, PhD joined Drs. Victor and Claire Barbetti at the Spring Social in May

Right: Nick Flower, PsyD and Lisa Strauch Scott, PsyD are GPPA's newest Board members