



THE GPPA Report

WINTER 2014-2015

THE OFFICIAL NEWSLETTER OF THE
GREATER PITTSBURGH PSYCHOLOGICAL ASSOCIATION

From the Editor...

PAVEL SOMOV, PH.D.

DEAR FELLOW MINDS! Years come, years go – but what remains of our ever metamorphizing bodyminds as the quick sand of time pours through the moment-thin lens of our presence? No need to scratch your head to answer such imponderables. In my experience, questions matter more than answers. Worry not, I won't bend your ear for too long.

There is only one thing I want to emphatically celebrate in the opening lines of this newsletter: we are back to paper! That's right – ecological sensitivities aside, we are back in your mail box out of your email inbox. Why? Well, we decided to tactlessly re-invite ourselves

into your physical home – so as to linger just a tad longer on the radar of your mind. It comforts us to know that our thoughts will be laying around on your kitchen countertops and in your bathrooms. We'd rather collect physical dust in any of these savory and unsavory places than to end up in your junk folders unread.

Please, forgive this 20th century insistence on being taken seriously. We simply want to stay in more than nominal touch and a digital handshake simply doesn't feel tangible enough any more. Have a good year, fellow minds, and, please, do stay in touch. We look forward to your contributions!

A Letter from the President

VICTOR BARBETTI, PH.D., LICENSED PSYCHOLOGIST

AT THE SEPTEMBER 2014 Board meeting, I was elected president of the GPPA. It is my honor to serve in this capacity. I would like to thank outgoing president, Joshua Gregson, for his contributions to the GPPA over the past two years, including updates to the website and numerous efficiencies "behind the scenes." Thank you, Dr. Gregson, for all of your hard work!

We also want to acknowledge three other outgoing Board members for their dedication to the Association: Amanda Lowe, Angie Hartman, and Robert Schwartz. All three Board members gave their time and effort to make GPPA a stronger organization, and we sincerely thank them for their contributions.

Over the past two years, we have changed offices from a rented space in the East End to a donated space on the campus of Chatham University. For this opportunity, we gratefully acknowledge Chatham University's Psychology Department for its support.

In October, we hired a new GPPA Assistant, Angie Phares. Angie comes to us with much experience working within board and association structures, and her organization and communication skills are already making a difference. A physician's assistant by background (with a husband who is an ER doctor), Angie contributes a keen awareness of the challenges we face in the healthcare arena. I believe her presence in the organization will serve us well and keep our efforts focused.

In our meetings this fall, the Board has wrestled with the issues we face both as an association and as a community of psychologists. A significant challenge the Board encountered this past year was APA's denial of our continuing education granting capacity. The Board first received notice in April 2014 that our initial application was rejected; after an appeal was submitted, the Board learned in August that it too was rejected. This news resulted in several cancelled training events that were planned for the fall.

As a result of the loss of our CE granting privileges, the current Board has focused its training efforts in two ways: 1) reviewing the APA decision and the CE application process to better understand what went wrong, and how to make it right; and 2) focusing our efforts in 2015 to support and co-sponsor targeted trainings that will benefit GPPA members. Although our ability to grant continuing education credits was temporarily removed, our ability to cosponsor and support affordable, local, high quality educational opportunities and other related events for our members has not been diminished.

For example, the Board has recently approved the sponsorship of a 2015 GPPA Networking Fair, to be held in the fall of 2015. As many of you know, the last Networking Fair in 2011 was a great success. The current Board is excited to begin the process of coordinating this year's Networking Fair, which will include educational workshops and opportunities for members to promote their practices. More information about this event will be sent to you over the course of the spring and summer months.

In this issue of the GPPA Report, we have included a listing of the current Board and Committee Chair members. We ask that you take a moment to review opportunities for your involvement. Associations such as ours rely on Member support and contributions (including contributions of time and effort), and I encourage you to participate in an area of interest or an area that matches a strength that you can bring to our organization. We have also included the dates and times for this spring's Board meetings, as these meetings are open to attendance by Members of GPPA.

After reviewing several outstanding nominations, the Board is delighted to announce that it has selected this year's Legacy Award recipient, Dr. Mark Lovell. Dr. Lovell will join us at our Winter Social and Legacy Award dinner, to be held on Thursday, January 29th, 2015 at La Tavola in Mt. Washington. Please join us for a festive evening to celebrate Dr. Lovell and his many accomplishments and contributions to our field. I look forward to seeing you there.

Best wishes for a productive and peaceful 2015,

Victor Barbetti, Ph.D.
President, GPPA



Legislation in Progress

ARNOLD FREEDMAN, PhD, CHAIR, LEGISLATIVE COMMITTEE

Healthcare Issues – State Level

We anticipate that there will be substantial changes in how the state deals with dangerous persons who also have mental illnesses. Pennsylvania's Joint State Government Commission released its report "Mental Health Services and the Criminal Justice System in Pennsylvania, May 2014." This report contains numerous recommendations which will be considered by the Pennsylvania legislature in 2015 and 2016. Among other things, we anticipate that there will be a proposal to modify the duty to protect standard in Pennsylvania (the current Emerich decision is vague and has been open to differing interpretations), efforts to expand the criteria for involuntary psychiatric hospitalizations, and efforts to greatly expand outpatient involuntary treatment.

In the past PPA's position has been to oppose amendments to the Mental Health Procedures Act. Fortunately, the Joint Commission Task Force recommended only a modest expansion of the involuntary hospitalization criteria dealing with persons who with serious mental illnesses who are deteriorating or are likely to deteriorate in 30 days. PPA intends to revisit this issue. On the other hand, the proposals for involuntary outpatient treatment are very expansive and, unless they are modified substantially, PPA will likely continue to oppose them.

One of the proposals of the Joint State Commission Task Force was to allow "licensed clinical psychologists" to order individuals to an evaluation for an involuntary psychiatric hospitalization. Although this is a modest expansion of the statutory recognition of psychologists, it is one that PPA has long supported. Throughout the years PPA has had a "building block" or "small steps" strategy in which we deliberately tried to identify a bill every session that would advance the statutory recognition of psychology consistent with our license. (For example, last session the state legislature passed Act 21 of 2014 which allowed courts to appoint psychologists as evaluators in insanity cases). Cumulatively, these have led to numerous pieces of legislation that further distinguish psychologists from other licensed mental health professionals.

In the meantime, psychologists in Pennsylvania will spend much of 2015 getting used to the new provisions in the Child Protective Services Law. Among other things, Act 31 requires all licensed health

care professionals and funeral directors to take a minimum of two (2) hours of continuing education in child abuse recognition and reporting to renew their licenses. PPA is offering a course that would fulfill that requirement. The PPA course can also be used by licensed social workers, licensed professional counselors, licensed marriage and family therapists, nurses, and physicians.

Also psychologists will need to change their informed consent documents to reflect the changes in the child abuse reporting law. These changes should be made to all informed consent forms, even those dealing with adults, because psychologists are now required to report suspected child abuse any time any individual, even an adult, provides information that would lead a psychologist to have a reasonable suspicion that a child is being abused. The recommended changes in the informed consent procedures can be found on the members-only section of PPA website.

Healthcare Issues – Federal Level

APA and PPA will be making a strong effort to ensure passage of legislation that would classify psychologists as "physicians" under Medicare. This change will not expand the scope of practice of psychologists, but merely allow psychologists to deliver services at certain locations without being supervised by physicians. Currently all licensed health professionals at the doctoral level, podiatrists, optometrists, chiropractors and others are considered physicians by Medicare.

Also, we expect Rep. Tim Murphy to reintroduce legislation to modify the federal policy toward treatment of persons with serious mental illness. Rep. Murphy's proposal may have special relevance to psychologists in the Pittsburgh area because of the shortage of hospital beds for mentally ill persons who are also very dangerous. Sam Knapp reports that in a personal meetings with Rep. Murphy, he was surprised to learn of some of the arbitrary funding impediments that impede good clinical care (for example, federal law prohibits Medicaid payment of psychiatric hospitalizations to facilities with 10 or more beds). There are still some details to work out with this legislation, but it may end up being one of the major pieces of federal mental health legislation in decades.

CONTACT: afreedman3@verizon.net

New Books by GPPA Members

FELLOW GPPA WRITERS: *let us know about your writing projects. If you have a new professional book (either finished or in progress), let us know! And we'll be glad to interview you about it and/or to publish a review of your book in the upcoming issues of this newsletter.*

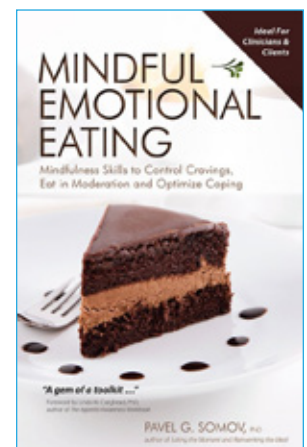
A book review of *Mindful Emotional Eating*

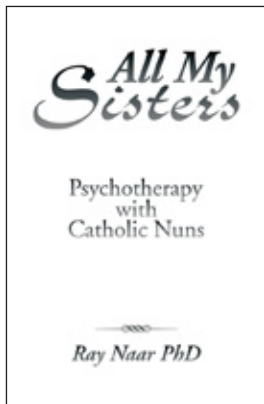
(Somov, P., PESI Publishing & Media, Jan. 2015)

BY ANDREW TATARSKY, PH.D LEADING EXPERT IN
INTEGRATIVE HARM REDUCTION PSYCHOTHERAPY:

Dr. Pavel Somov's newest book, *Mindful Emotional Eating*, offers individuals struggling with eating concerns a revolutionary guidebook for developing a satisfying, enjoyable relationship to food. The book challenges prevailing notions by de-pathologizing emotional eating and affirms that emotional eating is one among many ways that we can care for ourselves. His humanistic harm reduction approach helps

people shift from demonizing emotional eating to affirming that we all eat for emotional reasons. The positive change we seek is from mindless to mindful moderate emotional eating. His mindful emotional eating (MEE) process is the antidote to the shame, blame, self-attacks and rebellious over-eating that characterize mindless emotional eating. MEE empathizes with people's need to self-soothe and empowers people to choose how they want to do it. His Jumpstart is filled with inspiring ideas and practical strategies for developing moderate emotional eating. Ultimately this book helps us become aware, self-compassionate and empowered with the confidence and skills to choose how to best care for ourselves in each moment. Quite a lot to get from one small book! I highly recommend it to practitioners and people with eating concerns.





BOOK REVIEW

BONNIE GORSACK, PhD

All My Sisters: Psychotherapy with Catholic Nuns BY RAY NAAR, PhD

IN THE LATE 1960s, as Chief of Psychology at St. Francis Hospital in Pittsburgh, Ray Naar was contracted to provide psychotherapy to men and women, priests and nuns, of the Pittsburgh Diocese of the Catholic Church. At the time, many of these people were struggling with feelings of confusion arising from changes to the Church as a

result of the reforms of Vatican II. Unsurprisingly, what Dr. Naar found among the 180 nuns and four priests whom he counseled was the full range of psychological and emotional struggles to which human beings are susceptible.

In *All My Sisters*, Dr. Naar presents the stories of the psychotherapies he conducted with six of those nuns. Recreated from his case notes, his memories, and his own awareness of his clinical style, the accounts mix narrative history and rich, engaging therapy dialogues with these women whose presenting problems included lack of assertiveness, anxiety, depression, somatic symptoms, compulsive masturbation, self-mutilation, and religious delusion.

The book is easy to read and Dr. Naar's warmth, wisdom, occasional playfulness, and engaging, deeply compassionate personality shine through. While he takes care to protect their identities, the writing preserves the uniqueness of each person and of the therapeutic relationship they formed. We get to know his clients as he does, through his respectful and accepting clinical eyes. It is clear how much he cares for each of these women as people, not simply as clients. Yet his professionalism is also clear as he presents descriptions of his therapeutic thinking and behavioral interventions to help each woman to eventually find peace within herself.

This is an excellent book for beginning and experienced therapists alike. It teaches the importance of the human essence of a sound psychotherapy, where techniques are skillfully applied, but only within a

solid, client-centered foundation. For experienced therapists, this book can be a reminder of where the heart of our treatments belongs, and may for many be a welcome breath of fresh air in the current climate of (over-)emphasis on time limits, diagnoses, and medication treatment.

Readers looking for a "how to" book on working with nuns in psychotherapy may be disappointed. There are no formulas or rules to follow and Dr. Naar does not provide educational guidelines on working with this particular religious group. He does, however, describe and illustrate his carefully selected use of psychodramatic methods and other behavioral techniques. Experienced clinicians will likely appreciate the rationales he provides, his transparency with his clients, as well as the effective timing and use of these methods.

The reader can gain the most by gleaning Dr. Naar's keen clinical expertise in establishing and maintaining a therapeutic relationship, which is the key to his success in each of these cases. Dr. Naar's view of each of these women and their struggles with their pasts, pains, and current relationships remains consistently compassionate, respectful, and hopeful throughout their treatment. The presentation of psychological struggles artfully avoids psychopathologizing and demystifies what we, as psychologists, do for others who come to us for help. Similarly, Dr. Naar avoids the professional jargon that can alienate readers found in many case study books, describing his work in clear, accessible language. For that reason, I might also recommend this book to lay people who want to learn more about the process of psychotherapy and how it works, though some of the material presented has the potential to be disturbing or upsetting in its emotional intensity.

Early in the book, Dr. Naar makes a point of noting that while he is neither Catholic nor raised in another religion, he learned at an early age to respect all people of all faiths and backgrounds. This respect is abundantly clear throughout his telling of these women's therapeutic journeys. Getting a glimpse into the thought processes of such an experienced, wise, and caring therapist is a rare treat for those of us who do psychotherapy, and *All My Sisters* can only leave us wanting more.

A Parenting Psychologist

PAVEL SOMOV, PhD / www.drсомov.com

PARENTING AS A psychologist is tricky: we know too much (or, at least, we think we do!). So, as a parenting psychologist I asked myself the other day (while falling asleep) – what am I modeling to my kid? And here's what woke me up: "Only three virtues I know and stand for: Excitement, Compassion and Not-knowing."

Sure, as a parent, there are all kinds of things I need to teach and impart and model to my kid, but these three strike me as most essential in my own life. So, let me un-pack these three words to help you see what I mean and why these three matter to me.

EXCITEMENT: We live once. And even if we lived forever, we'd be still only living once; with this in mind, I want to model a stance of excitement about life, I want my kid to develop a sense of awe about this bewildering reality, I want to spare my kid that existentially-suicidal ennui and boredom that comes with losing interest and taking life for granted.

COMPASSION: We are all connected. In fact, life/reality/universe is one seamless oneness. Thus, a stance of compassion is about staying in touch with all that is, with that ant on the side-walk, with that fallen leaf under your feet (it too had a story of being born and dying!). Compassion helps us slice through the illusion of self: all is one and one is all. And I want my kid to also get it that compassion is self-care: if all is one and one is all, then whenever you are pausing to step over an ant on the side walk, you are also saving yourself.

NOT-KNOWING: Reality is bewildering, ever-morphing and it is always ahead of us. As information-processing life-forms we are always a phase behind: what we consider to be a Now is really a moment that has already passed. What we consider to be the Present is nothing but a short-term memory of what no longer is. What this means is that we are epistemologically limited – we cannot definitively know for sure what the truth is. Furthermore, mind is inevitably subjective, full of biased opinions that limit our ability to know (what actually is). Of course, it'd be a long while before I'd use any of these words with my 2 year old to explain the virtue of not-knowing. But I do want my kid to be okay with not-knowing. We are taught to be certain and to act certain even when we aren't. This fear of uncertainty creates stress and friction. We become too categorical, too attached to our fleeting opinions, lacking the tolerance for ambiguity. I want my kid to grow up not fearing uncertainty and knowing how to enjoy a state of not-knowing.

So, that's what I mean by 3 virtues that I stand (and, meditatively, sit) for. Excitement. Compassion. Not-knowing. All three can be communicated non-verbally through a sense of awe, a touch of empathy and a calm shrug of the shoulders when you stumble upon something that puzzles you.

And here's the trio of the "usual suspects" that I do not wish to model to my child: Fear, Judgment, and Certainty. A contrast to consider.

Summary of the 2014 National Survey of College Counseling Centers

ROBERT P. GALLAGHER, PhD

THE AMERICAN COLLEGE COUNSELING Association along with the University of Pittsburgh has announced the release of their co-sponsored 2014 National Survey of College Counseling (formerly the National Survey of Counseling Center Directors). The survey has been conducted annually for the past 33 years and includes data provided by the administrative heads of counseling centers in the United States and Canada. This brief summary will focus primarily on several critical clinical issues. The full survey report can be found at either of the following links: www.collegecounseling.org and www.iacsinc.org

The 275 centers surveyed in 2014 represent 3.3 million students who are eligible for counseling services at these institutions. Of these students, 286,700 (11%) sought personal or group counseling. If these numbers are representative of the 2,400 colleges and universities in the U.S., it suggests that approximately 2.5 million students across the country sought professional counseling assistance during the past year.

An area of continued interest by directors, college administrators and the media is the rise in recent years of the number of students arriving at college counseling centers with severe psychological problems. 94% of the responding directors reported that the large number of students with significant problems continues to be a reality on their campuses.

Directors report that, on average, 52% of their clients were identified as having serious psychological problems (up from 44% in 2013 and 39% in 2012). Of these, 8% had impairment, so severe, that they could not remain in school without extensive

psychological assistance. 44% experienced severe distress such as depression, anxiety, panic attacks, suicidal ideation, etc., but were able to be treated with available treatment modalities and within reasonable time limits.

The following percentage of centers also reported increases with these specific problems over the past five years:

- 89% Anxiety disorders.
- 69% Crises requiring an immediate response.
- 60% Psychiatric medication issues.
- 54% Clinical depression.
- 47% Learning disabilities.
- 43% Sexual assault on campus.
- 35% Self-injury issues (e.g. cutting to relieve anxiety).
- 34% Problems related to earlier sexual abuse.

In addition, 90% of centers hospitalized, on average, 9 students per school for psychological reasons during 2013. This average number is up from 8.5 in 2012, 5 in 2001, and 3 in 1994. Also, 26% of center clients were on psychiatric medication, up from 20% in 2003, 17% in 2000, and 9% in 1994. In addition, 86% of counseling center directors report that there has been a steady increase in the number of students arriving on campus who are already on psychiatric medication.

Directors also reported 125 student suicides in the past year. While prior research studies have shown that the suicide rate for young adults (18-24) who are not in college is significantly higher than the rate for students in college, this continues to be an area of deep concern in higher education.

CONTINUED ON PAGE 5

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2014 GPPA Legacy Award Recipient: Dr. Mark Lovell



THE GPPA BOARD HAS selected this year's Legacy Award recipient, Dr. Mark Lovell.

Dr. Lovell is internationally recognized as a concussion expert for his development of innovative neurocognitive testing programs. In the early 1990's he developed the ImPACT® Test, a scientifically validated computerized concussion evaluation system. Dr. Lovell's expertise led to his development and direction of the first league

wide neuropsychological testing programs for the National Football League and National Hockey League. Dr. Lovell remains a neuropsychological consultant for several organizations throughout the world including the NFL Players Association, NHL, Irish Rugby, USA Women's Olympic Hockey team, World Wrestling Entertainment and the US Ski and Snowboard team.

GPPA member Jamie Pardini, Ph.D., says, "Dr. Lovell is a visionary and a pioneer who had the courage and intellect to identify a great need and solve a problem encountered by millions of people every year – when is it safe to play after concussion? When is concussion truly healed? And what do I do when I'm not getting better?"

In 2000, Dr. Lovell became the founding director of the University of Pittsburgh Medical Center's (UPMC) Sports Medicine Concussion Program. Until his retirement from clinical practice in 2011, Dr. Lovell

directed the UPMC program, which has been regarded as the first and largest program of its kind.

Dr. Pardini adds, "Through his work as a clinical psychologist at Allegheny General, Henry Ford Health System, and UPMC, he has trained numerous psychologists and neuropsychologists, all of whom I've met have nothing but glowing things to say about him. I have spoken at length with many accomplished psychologists who are grateful for the mentorship provided by Dr. Lovell when they were his trainees, and grateful for his mentorship, friendship, and collegial relationship that continues."

Dr. Lovell has published over 100 peer-reviewed articles, authored or co-authored nine textbooks and has written over 40 book chapters. Dr. Lovell served as a panel member for the Center for Disease Control's Coaches Toolkit and has trained thousands of medical professionals on neurocognitive testing and concussion management. Dr. Lovell's contributions to the neuropsychological community have allowed him to be a frequent presenter at professional meetings internationally and serve as a member of the Vienna and Prague International Consensus Conference on Sports-Related Concussion.

Please join us in celebrating Dr. Lovell's Legacy Award at our Winter Social, to be held at La Tavola's on Mt. Washington, Thursday, January 29th.

2014 National Survey CONTINUED

College counseling centers have had an important role in keeping these numbers down, but year after year, the data demonstrate that the vast majority of students who do choose to end their lives have never sought professional help on campus. In 2012, for example, 79% of the students who committed suicide had never sought professional help available on their campuses and this percentage grew to 80% in 2013 and 86% in 2014. Clearly, we must continue to find ways of identifying these troubled students and encourage them to seek help.

In attempting to better serve at-risk students, among other activities, centers have increased programs to help faculty and others on campus to respond in helpful ways to obviously distressed students (64%), expanded off-campus referral networks (55%), increased training for center staff in working with difficult cases (49%), and 20% to 29% of schools reported increases in full-time and part-time staff and in psychiatric consulting hours. In each of these activities the percentages were considerably higher in large (over 15,000) schools. As in 2013, other actions taken included expanded crisis services, providing campus suicide prevention gatekeeper training and providing skills training for students to help them learn to tolerate and manage mild-to-moderate emotional discomfort without medication.

It was also interesting to note the use of computer technology in helping students. Apart from the increased efficiencies that computers provide in many aspects of counseling center work, 94% of centers (100% in medium or large size schools) have a counseling center website accessible to all students. All of these centers use these sites to provide information about center services, 70% provide educational information on psychological issues, 10% offer career counseling information and 17% utilize it for other purposes. Quite incredibly, centers that track this information report, on average, 206,000 hits per center on their websites.

This data provide evidence in support of the other available data that college students are experiencing considerable stress and that large numbers of them are seeking answers to their concerns. While

many of these students work at trying to find solutions to their problems through center websites and in other ways, increasingly large numbers do seek professional assistance

Counseling centers continue to work at finding ways to handle these increasing demands and pressures without reducing the quality of the services they provide. Fortunately, college and university administrators, in recent years, recognize that the growing incidence of students with more serious psychological problems does have an impact on college life. Mental health problems adversely affect academic achievement, classroom management, and student retention. On an individual level, mental health problems can impact negatively on a student's physical, emotional, cognitive and social well-being and, in some of the more severe cases, lead to suicide or violent acting out.

The task of continually improving the quality of the services provided for students is, of course, unending. What is encouraging is that the problem of solving the overwhelming demand for help by students and the increasing complexity of the problems they are bringing to college campuses is no longer the concern of just counseling center staffs.

It is evident that the mental health of college students affects all aspects of campus life and, consequently, will require the attention of everyone who interacts with these students.

It is unlikely that the trends that we have been tracking for a number of years will change in the near future, and given economic realities and growing discouragement about the direction of our country, it is more likely that the stress on college students will continue to grow as will the need for better staffed counseling centers, expanded and improved student services programs, and a growing sophistication about student needs by everyone on our college campuses who have regular face-to-face contact with students.

This annual survey is conducted by Robert P. Gallagher, former Vice Chancellor for Student Affairs at the University of Pittsburgh and was a Counseling Center Director for 25 years. He is currently an Adjunct Associate Professor in the Administrative and Policy Studies Department in the School of Education. He can be reached at rgallagher@pitt.edu.

GPPA Continuing Education Calendar

FRANCINE FETTMAN, PH.D.

PLEASE NOTE: in the interest of saving space, paper, eyesight and typing time wherever more than one event is taking place at the same address, there will be a capitol letter code at the end of the item corresponding to the same at the end of the calendar, e.g. **H, G, S, or C.**

JANUARY

- Friday
January 16
7:30-4:00
Hoarding Disorder: Assessment, Diagnosis, Treatment
Janet R. Yeats, MA, LMFT
CE Credits: 6 Fee: \$199.99
Information: 800-844-8260 or www.pesi.com. **H**
- Wednesday
January 21
7:30-4:00
Dialectical Behavioral Skills Training for Children & Adolescents
Eboni Webb, PsyD, HSP
CE Credits: 6 Fee: \$199.99
Information: 800-844-8260 or www.pesi.com **G**
- Wednesday
January 28
7:30-4:00
Self-Regulation in Children with Autism, ADHD or Sensory Disorders
Vickie Maertz, OTD, OTR
CE Credits: 6 Fee: \$199.99
Information: 800-844-8260 or www.pesi.com **H**
- Thursday
January 29
7:30-3:30
Clinical Supervision in Behavioral Health
Frances Patterson, PhD, LADAC, MAC
CE Credits: 6 Fee: \$179 before 1/19; \$199 after
Information: 800-397-0180 or
www.CrossCountryEducation.com Express #215411 **S**

FEBRUARY

- Friday
February 19
7:30-4:00
Executive Dysfunction Interventions for Children & Adolescents
Kevin Blake, PhD, PLC
CE Credits: 6 Fee: \$199.99
Information: 800-844-8260 or www.pesi.com **C**
- Thurs & Fri
Feb. 26 & 27
7:30-4:00
Radical Self-Acceptance, Mindfulness and Yoga
2-day intensive training of effective treatments for Trauma and Mood Disorders
Mary NurrieStearns, LCSW, RYT
CE Credits: 12.5 Fee: \$369.99
Information: 800-844-8260 or www.pesi.com **C**

MARCH

- Tuesday
March 17
7:30-4:00
Play Therapy for Children, Adolescents and Adults
Kathy L. Bissett, PsyD
CE Credits: 6 Fee: \$199.99
Information: 800-844-8260 or www.pesi.com **C**

H	Holiday Inn Monroeville	2750 Mossdale Blvd. 15146	412-372-1022
C	Crowne Plaza PGH South	164 Fort Couch Road 15241	412-833-5300
S	Sheraton PGH Airport	1160 Thorne Run Rd, Coraopolis 15108	412-262-2400
G	Hilton Garden Inn PGH University Place	3454 Forbes Ave. 15213	412-683-2040

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GPPA COMMITTEE INTEREST FORM

Perhaps the most important benefit of GPPA membership is the opportunity to become more involved. By joining a committee or the Board, you will have the satisfaction of making a positive difference in your professional community. You will meet new people, connect with old friends, and hone your skills. And remember – just a little of your time and energy will go a long way!

I am interested in joining the following committees (check all that apply):

COMMITTEES:

- | | | |
|--|--|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Membership | <input type="checkbox"/> Communication/Public Affairs |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Networking/Social |
| <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Newsletter/Publications/Ads | <input type="checkbox"/> Early Career Psychologists |
| <input type="checkbox"/> Scientific/Academic Affairs | <input type="checkbox"/> Health Care | <input type="checkbox"/> Website |
| <input type="checkbox"/> Legislative Action | <input type="checkbox"/> Other: (specify) _____ | |

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Send this form to: GPPA c/o Angie Phares 68 Wabash Street, Suite 100, Pittsburgh, PA 15220
Phone: 412-441-7736 | Fax: 412-440-8114

COMMITTEE INFORMATION:

BOARD OF DIRECTORS:

The GPPA Board directs policy, administers finances, and oversees committees.

CHAIR:

Victor Barbetti, PhD: President
412-455-6890 ext. 1
victorbarbetti@gmail.com

BOARD MEMBERS:

Terry O'Hara, PhD: Secretary
Kevin Burnsley, PhD: Treasurer
Cynthia Magistro, PhD: Assistant Treasurer
Cynthia Lausberg, PhD
Beth Silver, PhD

COMMUNICATION/PUBLIC AFFAIRS:

Communicates with the public regarding psychological services.

CHAIR: Open

CONTINUING EDUCATION:

Plans and implements continuing education events.

CHAIR:

Beatrice Chakraborty, PhD
412-349-5305
beatricech@pcom.edu

DISASTER RESPONSE:

Coordinates GPPA's response to disasters and crises affecting our community.

CHAIR:

Francine Fettman, PhD
412-367-1369
ffettman@hadassah.org

LEGISLATIVE ACTION:

Deals with legislative issues affecting the practice of psychology.

CHAIR:

Arnold Freedman, PhD
412-244-9866
afreedman3@verizon.net

MEMBERSHIP:

Plans membership drives, processes applications.

CHAIR:

Victor Barbetti, PhD: President
412-455-6890 ext. 1
victorbarbetti@gmail.com

NETWORKING/SOCIAL:

Plans networking and social events.

CHAIR: Open

NEWSLETTER/PUBLICATIONS AND ADS:

Publishes quarterly GPPA newsletter: *The GPPA Report*.

CHAIR:

Pavel Somov, PhD
866-683-3204
psclinical@hotmail.com

SCIENTIFIC/ACADEMIC AFFAIRS:

Fosters integration of science and practice within/outside of GPPA.

CHAIR: Open

WEBSITE:

Oversees operations of GPPA website.

CHAIR: Open

GPPA Board Meeting Dates & Times: Spring 2015

Thursday, January 29th - 6-7pm	La Tavola restaurant
Wednesday, February 25th - 7-9pm	Chatham University, Dilworth Hall, Room 219
Wednesday, March 25th - 7-9pm	Chatham University, Dilworth Hall, Room 219
Wednesday, April 29th - 7-9pm	Chatham University, Dilworth Hall, Room 219

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





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