

Georgia Psychologist

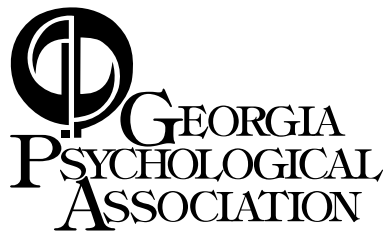
Volume 59, Number 2

Spring, 2005

Focusing on the Importance of Relationships:



Stories of Our Lives



Annual Meeting
May 19-22, 2005

Focusing on the Importance of Relationships: Stories of our Lives

Keynote Presenter:
Dan McAdams, Ph.D.

Dan McAdams, Ph.D. is Professor of Psychology and Professor of Human Development and Social Policy, Northwestern University, Evanston, Illinois. Author of numerous articles and books, his latest book is *The Redemptive Self: Stories Americans Live By*.

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Georgia Psychologist

SPRING 2005

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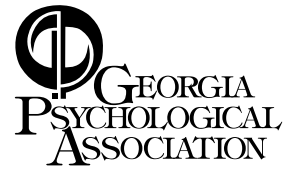
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Based on 2005 Annual Meeting Design
by Patricia McDonald

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FROM THE PRESIDENT



Are You Going to Move Up to the Big Table?

James A Purvis, Ph.D.

President

Do you remember the Thanksgiving dinners you attended as a child? Whether you were at your own home or that of relatives or friends, whenever there was a crowd in attendance, traditionally the adults sat at the “Big Table,” while the card tables were set up for the children. It was not a problem to sit at the kids’ table when you were very young. In fact, it was more fun and you did not need to be as careful with your manners. But as you got older, it was so terribly embarrassing to sit with “all those little kids.” Besides, the conversation at the Big Table actually started to sound interesting.

Last month, I was privileged to be a member of the Georgia delegation to the annual APA State Leadership Conference held each year in Washington, D.C. The purpose of the conference is three-fold. First, to bring together psychology leaders from the fifty states, Canada, and the U.S. Territories to collaborate in developing strategies to advance psychology’s role in the future of psychological and physical healthcare. Second, to visit our Senators and Representatives in Congress to advocate for issues critical to the consumer of psychological services. And finally, to learn from each other how to better represent our association members and the public. That is, to develop more effective leadership skills.

All members of our delegation would report to you that they returned from the conference “fired up” and enthused for what certainly can be accomplished with a motivated, involved state association membership. And as of mid-March, our membership numbers are up. Currently, there are 1709 licensed psychologists in Georgia. We have 1119 members in our association.

But, we have a major problem. I view it as a leadership crisis. This crisis is directly related to “The Big Table and the Kids’ Table.” We do not have enough members willing to move up and take their place at the Big Table. For ourselves and for the future of our profession, I challenge you. Are you willing to help parent psychology, or are you going to remain seated forever at the Kids’ Table?

How did you advance to the adults’ table when you were a kid? Usually, it was a combination of good table manners and an ability to carry on adult conversation. Certainly, we were all begging and pleading with the adults to get us away from “those stupid little kids.” Motivation to move up was not a problem then. What must be done to motivate you now?

I see the leaders of today’s association quickly graying and looking hard for the leaders of tomorrow. Today’s leaders would like nothing more than to welcome you as a new leader and to offer any mentoring that you might desire. Table manners and conversational skills are certainly no longer the issue. Instead, all association members are welcome at the Big Table.

All that is required is a desire to offer the profession and your fellow psychologists your enthusiasm, your ideas, and your involvement.

I am always heartened but perplexed when I see all the young psychologists in attendance at our Annual Meeting. Why do I not see them serving on the many committees vital to GPA? Certainly, one could excuse oneself because, “I’m working to build my practice.” But there is no better way to build your practice than to get your name, skills, and ability noticed by your fellow psychologists. I also challenge those of you who are in the middle of your careers and have never jumped in to take a leadership role. You know what needs to be changed. It is essential that you help advance psychology and reshape today’s healthcare environment into something more suitable for our clients and for our profession.

So, I ask each of you again. When will the time come? When will you personally help to parent psychology? Please join the leadership of your professional association, and bravely move up to the “Big Table.” We need your help NOW.

FROM THE EDITOR



Reflections of the Child I Never Knew

Bill Doverspike, Ph.D.

Editor

The only child I ever had was the one I lost two decades ago. Yet after the final leaves of autumn had fallen, and winter's solstice had turned into another year, there were three children born of spring's new hope that I would discover in many years from where I stood then.

Now that I find myself moving into the autumn of my own life, I listen to the footsteps of these three who trod the very same streets that I wandered at night when I was once where they are now. Through no efforts of my own, all three of them make me proud to say that I went to the same school where they are thriving now. One of them is the college

athlete who I never quite became. Yet her stories of national competition and international training I enjoy more than the few rusted trophies that a runner-up like myself managed to acquire 35 years ago.

The second child cannot decide whether to become a doctor or a lawyer, so she is deciding to become both. She is literally the only straight-A college student I have ever known, with the possible exception of her fiancé, who is the only genius I have ever known. She still idealizes me enough not to win our weekly debates, but she did reveal to me in her surprised, laughing dismay that I was a "liberal" (meaning that she is a young conservative whose convictions I challenge and strongly support). Her proclamation strangely reminded me of my own father's words spoken to me years ago, when I was a student at the same college, when I was told that if I became any more open-minded, my brains would fall out. Now that my brains have fallen out, and my former athletic body has worn out, it is the joy of my life to hear the stories of

my two young athletes and scholars.

But it is the third child who I admire the most. He seems to embody everything that I was not when I was in college. Staying up all night, working a full time job, progressing a semester ahead of his peers, he has accumulated

... I listen to the footsteps of these three who trod the very same streets that I wandered at night when I was once where they are now.

more friends at 21 than I have had in my whole life. Although I watched him grow up as a child, it is only within the past year that we seem to have formed a deep and meaningful bond. Perhaps it is because I still think of myself as 21— with three decades of experience.

Yet what I admire most about him is his sense of compassion for others, his ability to love and care for others. Once during a serious conversation,

after we had finished our cigars, and had put away our weapons, and had turned off our mutually compatible 800-watt subwoofers (of which he boasts that his is larger and more powerful than mine), I asked him a question out of curiosity, "How did you ever become such a wonderful man, with so much strength, and so much compassion and capacity to give to others?" Puzzled, he looked at me as if I should have known the answer all along. He simply replied, "Uncle Bill, it was because of you. Didn't you know?"

The child I never had asked me a question to which I had no reply. Yet during that next year, I began to find the answer as I have strived to become what he had always seen in me. Isn't that what love is all about? Seeing in the other that which he does not see in himself and, in doing so, bringing about the expression of what he was meant to be?

I think that's what this issue of the *Georgia Psychologist* is all about— reflections on our parents, children, and families—those who were given to us and those to whom we give ourselves.

The GPA Central Office owns an LCD projector which is available for member rental at \$100 per day. The LCD is easy to hook up to your laptop for presentations. Contact us if you are interested (404-634-6272).



NATIONAL NEWS



APA Council of Representatives Report February 2005

Jennifer F. Kelly, Ph.D.
APA Council Representative

The first Council Meeting of 2005 was held in Washington DC. This meeting was much more memorable for me, partly because I felt better acclimated to the governance process of APA. Two major issues were addressed during the meeting: The proposal for the establishment of a new division of the Society for Human and Animal Studies and the Findings and Recommendations of the World Conference against Racism Report. In many ways it was a process-oriented meeting, and those who know me know that I abhor process-oriented Board meetings, given my Cognitive-Behavioral orientation. However, this seemed somewhat different. It was clear that these two issues were very important to our profession as the outcome could change the direction of the Association and Psychology. Given the importance of these issues, it is understandable how important it was to process the issues at length.

After much discussion, the Council of Representatives did not approve the proposed division, the Society for Human-Animal Studies. There were numerous members on Council who felt the subject area represented a potentially significant emerging area of research and practice in psychology. Some on Council felt that because the approval would be provisional, there was no real danger to other divisions even if the division proved to be a home to animal-rights advocates.

Dr. Ron Levant, President of APA, presented in a letter the reasons as to why Council members did not support the proposed division. One is because many Council members did not feel the mission of the proposed division was consistent with the mission and purpose of APA. APA is a science-based organization and each division, whether it is research, practice or public policy focused, has its base in scientific literature. The data and references were not available to Council and it appeared that there was no identifiable body of literature that dealt with the area of study and practice that would be the focus of the new

division. In addition, there was question from the general body of the Council if there was a need for a new division—that the mission of the proposed division would be duplicative and that other existing divisions could house the proposed division as a section, such as the Division of Behavioral Neuroscience and Comparative Psychology or the Division of Psychotherapy.

Perhaps the most complex and emotional issue at the meeting related to the Report from the United Nations World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance (WCAR) that was held in Durban, South Africa in 2001. There was concern that the delegation, who consisted of African Americans, did not leave the Conference when there appeared to be an anti-Semitic and Anti-Israeli tone to the Conference. However, the Delegation explained their reason for staying there, that it was their role to be a part of the conference to facilitate the end to racism, racial discrimination and intolerance. In addition, their role was to encourage the WCAR to

acknowledge the psychological dimensions and effects of racism and to promote remedies and strategies that involve the use of psychological/mental health data and interventions. Indeed, the delegation was successful in getting the specific mention of "Mental Health" in at least four paragraphs of the WCAR's approved Declaration and Programme of Action. Following the July 2004 Council meeting, a Task Force was formed to address the final report. There were numerous recommendations including the following: Have the report address anti-Semitic and anti-Jewish discrimination specifically, and address all forms of discrimination, including religious discrimination comprehensively. The revised version of the report was accepted by the Council of Representatives.

Although those two issues were both time and emotionally consuming, there were other items addressed during the meeting:

Dr. Ron Levant presented the presidential initiatives that consisted of the following: 1) Making Psychology

Continued on page 6



STATE NEWS



Legal and Legislative Committee

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

As you read this article the 2004-2005 Session of the Georgia Legislature will either have ended or be about to end. Because this is the first year of our two year session cycle it means our lobbying efforts have two goals. The first is to focus on legislation significant to psychology this session and then to position ourselves for the 2005-2006 session.

One major focus this session has been HB 83 and SB 174. Both of these bills involve mandates for mental health services. The bills are designed to allow insurers to offer two kinds of policies: one with “all the mandates” and one with “no mandates” in order to provide an affordable “bare-bones” policy to help small business and to lower insurance premiums so that the uninsured can get coverage. We have lobbied against these bills which will remove the requirement for mental health services to be included in basic insurance plans. You all have been sent e-mails to help us alert our

representatives of the problems doing away with mandates would create for the citizens of Georgia. Our lobbyists Sue Hamilton and Christina Searles have worked continuously on this issue and we asked Ron Bachman of Coopers and Liebrand to attend the hearing on this issue and testify in our behalf. At the time of the writing of this article this issue is still ongoing.

We have been maintaining an involved stance in the efforts of the state to create a managed care system for its Medicaid population. Currently bids are being considered and many of you have received requests to be on panels if a particular company “wins” the bid. We have had informational meetings at GPA with some of the companies who are submitting proposals to Medicaid.

Dr. Andrea Fleming, our prescribing task force chair has been working diligently on our prescribing agenda and we are continuing to move forward in our initiative to prescribe.

One of our main areas of focus has been to meet and greet as many new legislators as possible. This has been a daunting task. In this regard we have had several “networking” dinners with groups of new legislators. These have been quite successful and we have made some new friends at the Capitol this way. I encourage all of you to help us in this endeavor by calling, writing or even better by taking your own legislator out to lunch.



Mental Health Day at the Capitol – Psychology representatives from Augusta are (L) Rebecca Rogers, Ph.D. (Augusta Area Representative to the GPA Board) and David Proefrock, Ph.D. (former Augusta Representative).



Dr. Marsha Sauls Appointed to Psychology Licensing Board

Governor Sonny Purdue has announced the appointment of Dr. Marsha B. Sauls to the Georgia State Board of Examiners of Psychologists. She received her Ph.D. from Georgia State University in 1987. Dr. Sauls was president of the Georgia Psychological Association in 2000 – 2001 and has served the organization in many capacities both before and after her presidency. Some of her roles include being the chair of the Professional Standards Committee, the Ethics Committee, and Division G. Currently she is the chair of the Legal and Legislative Committee where she has served the last 3 years. Dr. Sauls received the Heiser Award from the American Psychological Association for her lobbying on behalf of psychology and an award from the Georgia Mental Health Association for her volunteer work with refugee families. Dr. Sauls has practiced in Dunwoody for the last 16 years where she is the Director of the Atlanta Network for Individual and Family Therapy. Dr. Sauls says that she is honored to serve on the licensure board and sees it as another way to give back to a profession that has been very fulfilling for her.

The deadline for the Summer *Georgia Psychologist* is June 1, 2005.

Continued from page 4 — APA Council Report

a Household Word; 2) Promoting Health Care for the Whole Person; 3) Enhancing Cultural Diversity in the Association; and 4) Resolving the Controversies in Evidence Based Practice.

The 2005 financial report reflects that APA continues to do well in managing its finances, having a surplus following budget deficits in 2001 and 2002. The Council approved the 2005 budget, which included recommendation for slight increases in membership dues, journal fees, and convention registration.

In January 2005, in response to the disaster in Southeast Asia, the Board took emergency action and contributed \$100,000 to the American Red Cross. In addition, the Council approved an additional allocation of \$150,000 for further relief efforts directed toward mental health. APA will also look into the feasibility of accepting contributions to this effort, which would be over and above APA's contribution.

The Council received the report of the Task Force on Mental Disability and the Death Penalty and voted to adopt as APA policy the following recommendations of the Task Force: The American Psychological Association urges jurisdictions that impose capital punishment not to execute certain persons with mental disabilities under the following circumstances: 1) Persistent Mental Disability with onset before the offense, characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in their conceptual, social, and practical adaptive skills; 2) Mental Disorder or disability at the Time of the Offense, and 3) Mental Disorder or Disability after imposition of Death Sentence.

Upon the recommendation of the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), The Council approved the renewal of the recognition of Clinical Geropsychology as a proficiency in professional psychology, as outlined in the *Procedures for Recognition of Specialties and Proficiencies in Professional Psychology*. To be recognized as proficient in clinical geropsychology, a psychologist must have particular knowledge, skill, training and experience related to the aging process, and in dealing with older persons and the special issues that affect them. At this time, this does not require a specialization in the area.

The Council of Representatives allocated funds to support the establishment of a Task Force on the Sexualization of Girls. Social sciences research has documented the negative impact of media and cultural messages that sexualize girls. The Committee on Women in Psychology believes that these messages are increasing in frequency and number, and in particular that girls are being targeted at younger ages. The sexualization of girls establishes negative expectations and patterns that affect women over the course of their lives. It was felt that the Task Force on the Sexualization of Girls is critical at this time as there is evidence of growing concern in the general public about this issue, and this issue is one for which psychological research and practice has substantial contributions to make. The Task Force will produce a report, including recommendations for research, practice, education and training, policy, and public awareness, hopefully at the next Council meeting.

Finally, I want to thank you for allowing me the opportunity to represent Georgia and your interests at the American Psychological Association.

APA Public Education Campaign

APA's 2005 State Leadership Conference recently hosted 500 plus psychology leaders from across the country. The conference theme, "Health and Behavior: Taking Psychology Back to the Future," conveyed a vision for psychology's future; a vision where psychology plays a unique and central role at the intersection of psychological and physical health. Georgia's delegation included Pat Gardner, (VIP Legislative Presenter and GPA Executive Director), James Purvis, Ph.D. (President), Carol Drummond, Ph.D. (President-Elect), Jennifer Kelly, Ph.D. (APA Council Representative, Federal Advocacy Coordinator and Chair-Elect of APA's Committee of State Leaders),

Andrea Fleming, Ph.D. (APA Diversity Delegate and Chair, Prescriptive Authority Task Force), Nancy McGarrah, Ph.D., (Public Education Coordinator), Betsy Gard, Ph.D., (Chair, Disaster Response Network), Joni Prince, Ph.D., (Chair, Business of Practice Network), and Cyd Wise (APA Public Education Advisory Council).

The Public Education Campaign was first established as both a public service and to educate people about the value of psychology. The campaign has now extended well beyond raising public awareness of psychology.

The campaign began in the mid-90's when APA conducted a series of focus groups and a nationwide poll to find out how the public perceived psychology, as

well as, how much they understood about mental health issues. The poll revealed a significant gap between what the public understood and the realities and practice of psychological services. At the same time, APA members were concerned that the public did not understand what psychologists do. In response, APA developed "Talk to Someone Who Can Help," a public education campaign designed to increase the public's knowledge of psychology. "Warning Signs" and "The Road to Resilience" which are still in use followed the first campaign.

This year's Campaign will focus on the Mind/Body Connection. Over the next few months, the Business of Practice Network, Public Education Committee and Disaster Response Network will coordinate grassroots activities for the coming year. If you are interested in becoming involved, please contact Cyd Wise, 404-634-6272, ext. 208 or cydwise@gapsychology.org



(L) Andrea Fleming, Ph.D., Cyd Wise, Carol Drummond, Ph.D., and Pat Gardner, CAE.



At the banquet: (L) Jim Purvis, Ph.D., Nancy McGarrah, Ph.D., Cyd Wise, Jennifer Kelly, Ph.D., Carol Drummond, Ph.D. and John Stuart Currie, Ph.D.



Taking a break are (L) Drs. Nancy McGarrah, Carol Drummond and Jennifer Kelly.

TV

WXIA-TV interviewed **Avrum Weiss** on the breakup of Brad Pitt & Jennifer Anniston.

PRESENTATIONS

Ann Abramowitz presented on ADHD for Children's Healthcare of Atlanta, Georgia Chapter of the Pediatric Association.

Nancy McGarrah conducted a Resilience Workshop for 50 staff members from the Probation and

Public Education

Mental Health Units of the Fulton County Juvenile Court.

David Cantor presented on child and adolescent development for juvenile law training for the Georgia Public Defender Standards Council

Betsy Gard presented to the Georgia School Psychologists and Division G of the Georgia Psychological Association on Pediatric Bipolar Disorder; Presented to physicians and nurses at Pediatric Associates on Child and Adolescent Affect Disorders.

CONGRATULATIONS

Congratulations to former GPA President, John Paddock and Doris Gordon, both recently awarded the Diplomate in Clinical Psychology by the American Board of Professional Psychology.

Disaster Response Network: Update

There have been many changes occurring at the National and local levels in Red Cross that will hopefully lead to a more focused and tighter organizational structure. There is a new training module that is being debuted in the Atlanta area in April/May, 2005. Mental Health Red Cross volunteers practiced their responses skills as they responded to a hazardous chemical spill and a large apartment fire, as well as, a Hartsfield airplane crashes simulation.

Dr. Betsy Gard attended the State Leadership Conference of the American Psychological Association in Washington, D.C., on March 5th and 6th. Special programming for Disaster Response Coordinators was provided to assist states in organizing and supporting psychologists interested in responding to disasters. The meeting was stimulating and educational.

Many of the members have wondered what the APA or GPA response has been to the Tsunami. The International Red Cross and the American Red Cross have quite different requirements for participation; so many volunteers have been doing work here to help support those who have connections or family in Southeast Asia.

In response to the disaster in Southeast Asia, the American Psychological Association (APA) has donated \$100,000 to the American Red Cross and has pledged to disseminate information on the psychological effects of trauma to aid in relief efforts for survivors of the Dec. 26 tsunami that ripped across Southeast Asia and eastern parts of Africa.

In addition, APA has an eight point response plan that recommends the DRN help families of survivors here in the US who may have been affected, coordinate with NGO's that are sending out workers in the field, disseminate information and resources, educate on the impact of trauma, and provide information to the media.

If you would like to become a DRN member and/or Red Cross volunteer, you can call Dr. Gard at 770-393-1880, ext 108, or email her at Betsyg@mindspring.com and she will assist you in getting training and making the contact with the Red Cross Service Center or Chapter in your neighborhood.



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The Friendly Transition

David W. Aycock, Ph.D.

Five years have flown by since *The Georgia Psychologist* published my daughter's musings on growing up in the home of a psychologist as well as my reply to her observations. Kristen graduated from the University of Georgia in record time, fled our shores to teach English in Tokyo for 1 ½ years, and now matriculates at my alma mater as a graduate psychology student, taking courses from my mentor and working as a graduate research assistant just as I did 25 years ago. Kristen's younger sister, Anna, travels the more circuitous route in life, attending college sometimes and adding a son-in-law to our family. My parenting landscape shifted dramatically since the turn of the Century.

My official designation is an *empty nester*; however, the metaphor seems inadequate. Birds thrust their newly winged young away without further obligation. My children don't reside in my house, but they very much reside in my life. We baby boomers exhibit a poor track record for releasing our children. I regularly counsel fifty-somethings to break unhealthy emotional and financial bonds to their adult children to force maturity (or at least independence). Most of us with graduate degrees have parlayed our education into affluence, so our newly discharged children must cope with a lifestyle of relative poverty as they embark on their own life courses. Many adult children balk at such unfamiliar deprivation and willingly accept handouts.

The parental tasks facing me now revolve around control and trust. Even though my daughters usually choose wisely, the locus of control rests far from my reach. I must trust their decisions or live in an anxious mode. They sometimes confer with me about their options, but more often they do not. My current influence rests largely on what they gleaned from my historical interventions in their lives, and I can only watch this play out on the current stage. This is just as it should be! Healthy parents know when to close shop. The Adlerian natural and logical consequences unfold for them regardless of my participation. This isn't about me anymore — a refrain that drives baby-boomers crazy.

My only parenting task now is to stop parenting and to start befriending. When Kristen asks how to organize her graduate classes, my advice takes the form of

suggestions, not edicts. When Anna wants to know how she should deal with financial aid since taking on a husband, this warrants an opinion instead of a phone call. The arrangement proves quite positive when I remember my role and execute it willingly instead of begrudgingly.

The more difficult aspect of the befriending strategy becomes achieving appropriate contact without interference. I find it easier to stay in my world and wait for them to enter — after all, they already know my routine and half of their belongings reside in my basement. I fear this attitude often passes for lack of concern. The old faithful free meal on Dad generally works, but a winning strategy in this endeavor remains elusive.

Successfully parenting adult children who no longer abide under my roof has significantly enhanced my professional credibility. Clients listen much more intently when I dispense suggestions about parenting strategies from this position of experience. In the eyes of clients, practically accumulated wisdom trumps carefully researched findings every time. I gladly trade on this achievement.

In my office, grade school photographs of my daughters occupy the space under the glass on my desk and remind of parenting days departed. Although pleased that the mission stands accomplished, sadness about the march of time and life also arises. My best denial defenses cannot stem the realization that the odometer of years turns mercilessly. I'll just take the freedom of the empty nest, travel the world with my wife, dispense wisdom to my clients, and await the adventure of parenting grandchildren!

In the eyes of clients, practically accumulated wisdom trumps carefully researched findings every time.

A.C.O.P.: Adult Children of Psychologists

Kristen J. Aycock
Georgia State University

Five years ago I relayed the musings of a young undergraduate newly discovering the influences her father, a psychologist, had on her life after leaving home (Aycock, 2000). That undergraduate was I who comes to you again as a more experienced graduate student. A great deal has changed in those 5 years: I received an undergraduate degree in psychology, lived in Japan, and started a graduate program in Counseling. Despite all of these varied life experiences, it remains the early ones that continue to influence me most markedly. My life experiences in Japan and the educational ones from the universities certainly shape my views of the world. Nevertheless, the Adlerian principles upon which my parents raised me are tightly woven into the tapestry of my personality.

Looking back on my childhood, the daily gifts my parents bestowed on me could not be bought in a store or at a car dealership.

I grew up in an affluent town with a father who is a psychologist by trade and a mother who is such by nature. I assure you that I experienced more than my fair share of psychological principles in action with these parents. In this sheltered community, few of my adolescent peers were encouraged by their wealthy parents to assert independence. Most relied on parental aid in nearly every aspect of life. This was not so in my household. A little disappointed (and no doubt feeling entitled), my 16th birthday arrived with a used, 4-door sedan rather than a shiny new sports car like those that lined my friends' driveways. What I failed to realize then was that I received the best gift of all — the lesson that one must put forth effort in order to gain. This was not for me to appreciate with my adolescent mindset, however, for a few years.

When writing the initial article, I was an adolescent oscillating between identity and role confusion. Did I really wish to end up a psychologist like my father!? Before leaving home, my parents encouraged independent decision-making rather than following their advice blindly. This ranged from the simple (clothing) choices to the major (college) selections. With certainty, there were times when the poor choices I made caused my parents to wish they had instead promoted following parental advice. Despite these few blemishes on my record, the overall positive outcomes from choosing on my own instilled personal confidence. Drawing on this, I was able to make a career decision with certainty that it was truly my own.

Now struggling through intimacy versus isolation, my days as a child seem well behind me. Since I have been on my own for 7 years and have set a clear path for myself, many would attribute current life choices to my personality alone. Nevertheless, I am not detached from the family dynamics learned long ago that encompass every stage of my development. While no longer a child in the chronological sense of the word, I am very much a child of my parents. They, who catalyzed my healthy progression to independence, no longer hold titles of providers, but of friends. As friends they love and believe in me. As parents they provide wells of experiential advice from which I can draw freely.

Looking back on my childhood, the daily gifts my parents bestowed on me could not be bought in a store or at a car dealership. No, these are priceless relics from the past. The Adlerian principles to which my father adhered fostered independence, confidence, and hard work as opposed to dependence and entitlement. Are these not characteristics we teach our clients regardless of developmental stage? At times doing the work for our clients or our children seems more humane than encouraging them to struggle through independently. Yet the knowledge learned driving a 4-door sedan proves more practical than that learned in a sports car. By providing a safe and encouraging environment where our clients can make both good and bad choices, counselors foster confidence that extends well beyond the therapy office.

References furnished on request

Having a Psychologist as a Mom: An Eleven-year Old's Perspective

Olivia Branscomb-Burgess

I think when I realized I had a psychologist for a mom was probably as soon as I was born! I've known it all my life! The way you know she is a psychologist is because she always asks how you feel about things. Sometimes she asks me how I feel too much! I don't think other moms ask you how you feel so much. So sometimes when she says just anything, I say, "But Mom, how do you FEEL about that?"

When I think of my Mom, I think of her being a psychologist, being creative, loving animals and music. And loving me, of course, Number One, that's **obvious**. We both love the same things. I want to be a music lawyer when I grow up, and a country music manager. That's because it's all I've known all my life, because my mom is a bluegrass musician. So it's natural—it's just **obvious!**

In addition to asking me how I feel too much, my Mom is too strict sometimes. I don't know if that's because she is a psychologist. After all I **am** almost 12 years old! Sometimes I act like a little kid but I am very mature when I want to be. Since I am almost 12, I think I should make most decisions about my life. Like in the morning, I would like to choose how I wake up, whether it is with the curtains pulled back so there's all this glaring sunlight coming in my face or with bluegrass music that I pick.

My mom and I also both like drama. I used to like to do improv with my mom but now that I'm older I don't like to do acting with her so much because she acts like an idiot and it makes me embarrassed. Or like when she wears a jacket that smells like a horse—it can get embarrassing! She can be pretty freaky.

Sometimes we do creative projects together. Our poetry book, (*79 Poems, a Book of Poetry*, Branscomb and Branscomb-Burgess, 2003) is a good example. We each wrote some alone, and we wrote some together. She couldn't change mine and I couldn't change hers, except when she didn't know the right number of syllables in a haiku I had to help her out. If it was one we wrote together we could ask each other to change it. Like the one about the hawk. This shows how we did it:

Hawk

Telephone lines by the two-lane:

(The reader doesn't now what this is about, Olivia says.
As I was saying, I say).

power line perches
for the Red-tail.

He eyes the cornfield.

What will it be?

A furry rabbit?

(Mom, instead of a question mark,
put a comma.
Nothing, I say.)

A furry rabbit, field mouse,
or a young quail

On a first sagging flight.

Still as a statue.

Now! He dives

(The "now" doesn't really sound
good, Mom.
Okay, I say, you try it.)

Still as a statue...

Wait!

Now he dives! Into yellow stalks

After a small animal

(Punkin,' you could just say the
name of the animal
and if it's "small" they'll know
and you can save a word.

No, Mom! I MEAN "small!"

Okay, I say.

Well..... Okay, she says.

After a small fox.

(Red fox? I say.

No, Mom. Any fox!)

Dinner is served!

Olivia Branscomb-Burgess and
Louisa Branscomb
5-21-03
Whew!

My Mom and I both love riding. Here is another one of my favorites. I wrote this by myself.

Trail Rides

Riding on those trails
on that shining white horse
with that saddle of leather and silver
going up and down
those muddy hills,
and across those grass green
hills when the orange sun sets
wishing you could stay up there forever.

Olivia Branscomb-Burgess
5-17-03

Here's one my Mom wrote to my toes.
This is about how to get people to take
their feet out of your face!

Toes

In my face!

Disgrace! Move

Those tempting tarsels,

Those pungent piggies

To market, or

ANYWHERE

But **in my Chair!**

Louisa Branscomb to Olivia's Toes
5-17-03

As far as being a psychologist, I sometimes think my Mom is too committed to her work and too committed to me. She cares a LOT. It's good but sometimes it gets a little aggravating. The other day in school we were talking about a character in a book and we were talking about his feelings. And I thought, "Oh no! I sound just like my Mom! I sound just like a psychologist! Oh NO!"

Olivia Branscomb-Burgess is the daughter of Louisa Branscomb and Paula Burgess. She turned 12 on March 9.

Response from Mom

Louisa Branscomb, Ph.D.

Writing together has been a vehicle for working through issues as well as for creative expression for my daughter Olivia and I from early on. Her essay was transcribed from a conversation Olivia had with a friend about having a psychologist and writer (co-writer!) as a Mom (Reviewed and edited by Olivia).

I have found it to be both fun and growth-producing to use creative process in an open, collaborative way with my child. Being the parent of a child on the cusp of individuation in the more frank ways of adolescence is a dynamic (or should I say dynamite) process. You can't get too close, but you can't get too far away.

*Creativity is like a child.
It only survives with the
freedom to fly, nurturance,
and protective boundaries
to ground it in universal
human experience.*

The process of co-creativity is challenging, if both engage in the bone-writing that is honest creativity. Children, when safe, are disarmingly honest. Writing together has allowed Olivia to say some things she would not have said, or could not have, in "normal" conversation (even in the above!). Consequently, the process has allowed me to hear more deeply as well, and the resulting intimacy can be daunting, inspiring, and transformative.

Creativity is like a child. It only survives with the freedom to fly, nurturance, and protective boundaries to ground it in universal human experience. Otherwise, like Icarus, it soars too close to the sun.

I am grateful for three avocations—music, writing and psychology— which

value and require the process of creativity. Being the witness to my daughter's creativity is an added bonus. The following words from a nine year old capture, in their frank simplicity, an essence that few crones can surpass:

Flying against the wind
As if you were a salmon swimming
upstream
Strength, power, and wisdom
Needed for the journey ahead.
Many hills, many bumps
Some make it, others don't.
The roughest journey you'll ever
travel
The journey of life.

Olivia Branscomb-Burgess
6-28-03

Life

treasure it
enjoy it
praise it

Olivia Branscomb-Burgess
6-28-03

Louisa Branscomb is a Clinical Psychologist in private practice in North Georgia and an award-winning songwriter and musician. Besides publications in the field of psychology and two poetry chapbooks, Louisa has over 55 recorded songs. Her work has been honored with three Grammy awards in Country and Bluegrass by artists including John Denver and Alison Krauss. Louisa is also a registered mediator and conducts her own consultation business, Pegasus People Solutions.

Louisa and Olivia's book, "79 Poems: a Book of Poetry," is available from Louisa at pegasuspeoplesolutions@yahoo.com or from Charis Books in Little Five Points, Atlanta.


GPA's Division of Women Psychologists
invites you to attend
**"Empowering Women as Agents
for Social Change:
One Woman at
a Time"**

Friday, June 10, 2005, 9 - 4
Piedmont Room,
Park Tavern, Atlanta

- Morning Keynote:
Nina Utne
Chair and CEO of *Utne*
Magazine, writer, and
political activist
- Luncheon dialogue
(catered lunch provided)
- Afternoon breakout sessions

Join GPA's Division of Women
Psychologists in a day-long, interdisciplinary
community dialogue focused on empowering
women to make our voices heard in
advancing the causes of social justice.

- Register at www.gapsychology.org
by May 27: Cost: \$100; Students: \$50
- CE credits pending approval



The Illusion of Choice

Paul W. Schenk, Psy.D.
© 2004 Paul W. Schenk, Psy.D.

Michael's low birth weight and somewhat complicated delivery did not keep him from quickly settling in on the daunting task of teaching me how to be a good father. He had not yet finished his second day before he took good advantage of an opportunity to be sure I understood an important point about parenting. There in her hospital room, Cheryl had just finished nursing him, complete with the obligatory burps that would later reemerge as a hallmark of early adolescence. Now it was my turn to hold him. When he began to cry, the advice from a book for new parents flashed before my eyes. When a baby cries, the book had counseled, it is typically hungry or in some distress. Satisfied that Michael's crying was neither from hunger nor gas, I assumed it was from the overwhelming novelty of life outside the womb. The book's author recommended a pacifier, since infants instinctively use sucking to calm themselves. I was prepared. I had done my homework. I reached for one of those ultra-sterile pacifiers that are only sold for firstborn children and offered it to Michael.

He didn't want it. I rubbed it gently across his lips to be sure he knew it was there waiting for him. He didn't want it. In my mind I heard myself give him his first logical lecture about how I had read the books and knew that babies like to calm themselves by sucking on something. He would have no part of the pacifier. So much for my pride. Then I remembered the next paragraph in the book. Sometimes babies use crying as a one-size-fits-all method for getting rid of stress.

That's when I got Michael's teaching point. This time in my mind I heard him telling me, "Dad, your job these next 18 years is to give me safe alternatives from which to choose. My job is to make my own decision about which alternative I prefer. We'll have far fewer power struggles if you don't try to make my decisions for me. Thanks for the offer of the pacifier. This time, I'd rather deal with my stress by crying it out. Thanks for understanding and leaving the decision to me."

Some call it the illusion of choice. My mother must have understood it well. "Would you rather have carrots or string beans with dinner tonight?" "Which of these three books would you like to read together with me?" "Would you like your bedtime snack before or after your bath?" As a child, it would be years before I would recognize what she was doing with these questions. Each question offered me the illusion of choice. At the time, what I knew was that I got to make my own decisions. I had long since become an adult before I understood how she utilized many of those questions as opportunities to teach me life skills. Mom was a professional seamstress who worked at home. She knew about colors and fabrics, which ones worked well

together, and which ones didn't. "Do you want to wear the blue shirt or this red one with these shorts?" Imbedded in her questions were opportunities to learn about how to sequence the steps for completing a project, how to break down big tasks into smaller, more manageable ones, and how to develop different ways of organizing the things that mattered to me.

My 18 years with Michael ended two years ago with his graduation from high school and his departure a month later for the Naval Academy. Of course, the time went quickly. It was surely only a few months ago when he got his first progress report from middle school, the one that looked very different from its elementary school predecessors. Cheryl and I had privately debated whether to pull back on the amount of freedom we gave him in dealing with his homework. Instead, we talked with him. We asked him if he thought he understood what changes he would need to make in his study habits at home and at school to restore his grades to their earlier level. We decided to trust him when he told us that he believed he knew what it would take. We told him that we wanted him to have the first shot at making his own adjustments to the increased demands of middle school. If the next progress report indicated he needed our assistance, we would be happy to provide it. The next progress report, and the ones which followed, confirmed what he taught me that day in the hospital. If we did our part as his parents to give him good, clear alternatives, he would make good decisions.

Read more of Dr. Paul Schenk's articles or preview his book, [Great Ways to Sabotage a Good Conversation](#), at www.drpaulschenk.com.

The next progress report, and the ones which followed, confirmed what he taught me that day in the hospital. If we did our part as his parents to give him good, clear alternatives, he would make good decisions.

A Psychologist as Parent of a Special Child: Things I've Continued to Learn

Melton Strozier, Ph.D., ABPP
Mercer University School of Medicine, Macon, GA

Troy will be 19 in a few weeks. Five years have passed so quickly. Comparing what I wrote five years ago to now, several things stand out. First, I don't struggle as much with what happened to Troy. Life with him is more "normal" now. I found myself in a hallway with proud fathers recently. I announced that Troy had earned a gold medal at the state Special Olympics. His picture was in the sports section of the local paper. The awkward silence made me remember that other parents often don't know what to say to parents of special children. I wanted them to be just as excited about Troy's medal as I was about their children's acceptances to Ivy League colleges.

Second, we have moved from diagnoses to routines. Individualized Education Plan (IEP) staffings and doctors' visits are part of our schedules. I am also better at allowing others to care for Troy. Physicians and educators are now trusted companions in Troy's care. They are also more comfortable doing their jobs with us, regardless of my profession. A psychologist with a special child has to learn not to be the "doctor."

There are exceptions. Developmental stages bring challenges. Troy developed severe Obsessive Compulsive Disorder (OCD) with the onset of puberty. He washed his hands until they were raw. Intrusive thoughts told him he was unclean. A teacher told him the thoughts were his "conscience." Things got worse rapidly. Soap was used up quickly. Sometimes he fell to the floor and cried when the "voice" in his head became intolerable. He left his classroom frequently to wash his hands. His teacher refused him a bathroom visit and he panicked. Badly. We asked for medicine for OCD. The treatment made him worse. The school told us Troy could not be handled there. The principal suggested one of us quit our jobs and stay home with him.

Troy asked me to sing to him at bedtime — sometimes this would drown the voice out long enough for him to sleep. One night he held the covers stretched over his body so tightly

that his hands were shaking. The voice wouldn't stop telling him that he was dirty. Then I had to become a psychologist/parent.

I talked to the head of pharmacology research at work. He had helped develop a new medicine he thought might be useful. It had just been released. We got a prescription for Troy. Two months later his school voted Troy the student of the month. His picture was placed in the hall on

I still have a teenager who is not ashamed to be seen with his parents. Santa Claus still comes at Christmas, and the Easter Bunny will soon drop by.

the bulletin board. He was not voted special education student of the month — he was voted THE student of the month for his school, for his friendly attitude and good personality.

A year or two passed and the OCD worsened. B. F. Skinner came to mind. When Troy comes home from school now, there is a dollar bill on the kitchen counter. If bedtime comes and he has not had an outburst, he collects it. When he has enough he gets a shopping trip and buys the toy of his choice. Our household is calmer. Troy is proud of himself for his new-found self control.

The voice is still there; it's just not as powerful or as malignant. Sometimes our family can even be playful with it. The voice recently told him that if he took his evening shower earlier, he would have time to play a game before bedtime. We decided the voice had a good idea. As Troy left for the bathroom, I told my wife "Well, at least he'll never be alone!" Gallows humor sometimes helps when you are the parent of a special child.

Now we are in the middle of a new stage. Troy is 18. I cannot consent to his treatment nor have access to his academic or medical records. He's an adult, but not able to handle his own affairs. Again, I am reminded that we are all civilians. We will soon go to a courtroom and look across at our son, describe his disabilities, and apply to be his legal guardians. We will go out as a family afterwards and celebrate our love for each other.

What will become of Troy in the future is the next big question. We are in our 50's now. We will do what we can to prepare for the future. Meanwhile, I still get my "favorite hugs" each evening. I still have a teenager who is not ashamed to be seen with his parents. Santa Claus still comes at Christmas, and the Easter Bunny will soon drop by. A friend who saw Troy over the weekend came to my office today to say how fortunate I am to have a child who is so sweet and loving. Indeed.

Journey Without a Roadmap

Betsy Gard, Ph.D.

My journey began with a series of fertility rites. After much disappointment, we decided to try international adoption. We did not know if we would be offered a boy or girl, or the age of the child, or where the child would come from, but we had indicated our interest in a Russian child, aged 2-5. The day the envelope came, we were overwhelmed, excited, thrilled, and terrified. We opened the envelope, and his picture tumbled out; a tiny boy, in a strange outfit, holding a stuffed animal, unsmiling at the camera. His life had been sad, lonely, frightening; a hard, difficult beginning far away in a cold, foreign land. We had a videotape in the envelope and this little boy came alive on tape. He spoke eloquently, in Russian, about birds he had seen on a pond and how they had flown away. I was transfixed by his animation; we read in his dossier his difficult history. We were frightened, we were elated, and we felt like we were jumping off a cliff. We made our decision and began our travel plans to scoop up our child and bring him home.

The plane flight from St. Petersburg to Yekaterinburg could only have been endured because of the hope and excitement of bringing home our child; the seats were taped together and the wings of the plane were battered. At the orphanage, we first met our son and he picked dandelions bouquets for us. He spoke no English and we spoke only a few Russian phrases, but I had note cards of survival Russian ("I love you," "Time for bed," "Time to eat," etc.). He spoke no English but watched cartoons avidly and learned English from the Cartoon Network Channel. He was a silent child, refusing to say words but he pointed to what he wanted. Three months after he arrived he spoke in paragraphs.

Denny, aka Danny, is gifted, artistic, funny, loves his pets and family, and is curious about how everything works. However, after four years of naturalization, Danny was struggling in school and things were changing dramatically. The positive adjustment we saw in the first 3 years had disappeared. We consulted therapists, psychiatrists, and doctors. First, we thought it was an attention deficit disorder, and then it looked like an attention deficit hyperactive disorder, then an anxiety disorder, then a depressive disorder, all mixed with a post traumatic disorder, with obsessive features, plus oppositional features. The pictures kept changing, the problems kept morphing, the medications weren't working, they caused additional

problems, he couldn't sleep, he wouldn't eat, he couldn't focus, he couldn't play, he was acting out and all my skills weren't working. The humbling realization that I was unable to control what was happening was terrifying and frustrating. I went for second opinions and, then, third opinions.

Finally, there was a rising crescendo of increasing dramatic and bizarre behavior. It was now clear that

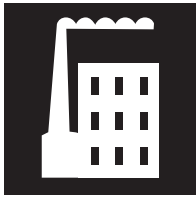
We opened the envelope, and his picture tumbled out; a tiny boy, in a strange outfit, holding a stuffed animal, unsmiling at the camera.

he was in a manic state and we were able to see he had early onset Bipolar Disorder or Pediatric Bipolar Disorder. With this new diagnosis, we began to work to find the right "cocktail" of medications that would hopefully correct the abnormal biochemical condition that had led to our son's inability to function and allow him to be able to create and play and relate as he had been able to just 18 months earlier. The drugs, at times, seemed as bad as the disorder; the side effects left him sedated, dulled, sleepy, and thirsty, nauseous, needing regular blood tests. He often could not manage in school and we had to pick him up and take him home.

It is four years since the diagnosis and the acceptance that our son has a serious mental illness. In this time period, I have learned more than I even thought I could about how it is to live with mental illness, not just diagnose or treat it. I have learned, and continue to live, with how hope is around the corner, and sometimes, when you have no idea how you will get through a day, or a week, you get respite or comfort from a listserv or a book or a new research article.

I have learned that there are times that you must be patient when you feel like you want to jump down your doctor's throat and tell him that nothing is working, and there are times that being patient is not what you need to do and that you need to keep seeking new ideas and new answers. For us, we came to a dead end last year, and it was being part of a NIMH study that helped us find our way out of that corner and begin anew.

Today, I am more hopeful, but remain wary, knowing that this disease has periods of remission and reoccurrence. I am also more empathetic to the families who see me and struggle with their loved ones' mental illness, and know the dark nights that they experience and the pain they may be feeling as they try to find ways to cope. I am glad that I have been given the gift of being a member of a family and learning that roadmaps do not show you some of the most beautiful roads and scenery that are off the beaten paths.



C DIVISION OF COMMUNITY AND PUBLIC INTEREST PSYCHOLOGISTS

DIVISION C NEWS

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Division C Newsletter

Betsy A. Gard, Ph.D.
GPA Board Representative

The Division C Board, in collaboration with Division G, continues to pursue a web-based resource guide of agencies and services for professionals and consumers. Dr. Michael Banov is working with a non-profit organization called Psych Source which is building a web base and is eager to partner with GPA, and discussions are continuing with his group.

Division C is looking towards honoring a psychologist who works in the community or the public interest at the Annual Meeting; nominations or recommendations can be forwarded to Vic Wolski.

Dr. Gard attended the 20th Annual Rosalyn Carter Mental Health Symposium representing GPA and Division C. This year's topic was Children and Mental Health. Issues that were identified as critical were children's lack of access to care, children with dual diagnosis and their lack of care, children and the difficult obtaining early identification of mental health problems, and children's fragmented mental health care. Each attendee was asked to make a personal commitment to 3 goals for the upcoming year.

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E DIVISION OF INDEPENDENT PRACTICE

DIVISION E NEWS

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Division E Newsletter

Mark M. Roland, Ph.D.
Newsletter Editor

Only a few months have passed since the Midwinter Conference in Asheville, NC but great memories linger and newfound friendships endure. If you attended the conference I trust that you found Dr. Briere both informative and entertaining. The various break out groups also provided a sufficient diverse range of topics to address the wide range of interests of our members. It is always the goal and intention of Division E to present an interesting, contemporary, and high

caliber conference in order to meet clinicians' professional needs.

Several photos of the conference have been included on this page in an attempt to capture the spirit of our gathering in the mountains. While it might not be apparent from the photos that our clinical knowledge base was enhanced, hopefully one can readily see that we enjoyed our time together. If you missed the conference this year we sincerely hope that you can attend next year.



Catching up with colleagues —
(L-R) Drs. Elizabeth Ellis, Paul Schenk and Sandra Hutton.



Dr. Rick Blue, Midwinter Conference Chair.



(L-R) Conference Committee Member, Dr. Throrer Starr with longtime Division E members, Drs. Bob Connell and Frank Harbin.



A little Georgia hospitality. Dr. John Briere (Keynote Presenter) with Conference Committee Members, (L) Dr. Mark Roland and (R) Dr. Doug Slavin.



Whew, we pulled it off! (L-R) GPA President, Dr. Jim Purvis and Division E Committee Members, Drs. Beth Seidel and Ilene Schroeder.

New Member Benefit!

Therapist Helper and GPA Team Up!

***If you plan to purchase Therapist Helper, be sure to mention you are a member of GPA — Receive a 10% discount!
1-800-3HELPER***

Public Education

If you are interested in educating the public about psychology and what psychologists do, then **WE NEED YOU!** Getting involved in this national grassroots effort can raise your visibility, expand your referral network and provide valuable information to the public.

GPA has been actively involved in APA's Public Education Campaigns for the last several years, but to grow, **WE NEED YOU!** Following are campaign themes GPA has been a part of. The 2005 Campaign is the Mind/Body Connection.

Warning Signs
Resilience
Mind/Body Connection

Remember... **ACT – Don't REACT!**
Contact Cyd Wise, 404-634-6272 ext. 208
or cydwise@gapsychology.org



F

DIVISION OF WOMEN PSYCHOLOGISTS

DIVISION F NEWS

Division F News

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We at Division F are looking ahead to a professionally packed spring. Division F is proud to offer an incredible Summer Intensive, entitled "Empowering Women as Agents of Social Change...One Woman at a Time" (see ad this page). This multidisciplinary workshop will feature Nina Utne, Chair and CEO of Utne magazine, as the keynote speaker. She is a political activist who works to empower women in the professional and political arena, and we are thrilled to have her present at this special event. The afternoon breakout sessions will focus on both personal and professional development. We are certain that all who attend will appreciate this intensive. This event will be open to mental health professionals, as well as, other community members and will offer 6 CE's for psychologists, social workers, and LPCs. Please register at www.gapsychology.org by May 27th. We look forward to seeing you there.

Division F is proud to offer our annual "Woman of the Year Award" and three "Women's Issues Research Awards" for faculty/postdocs, graduate and undergraduate students. These awards will be presented at the GPA Annual Meeting. More information will follow on the nomination procedures, so look for an email from Division F as you think about those who have worked hard in our field and deserve this recognition.

Division F is also preparing to launch our website, which will offer resources and opportunities for development and further open the dialogue between division members. Student Representative, Anneliese Singh, is currently sending Division F literature, as well as, information about Division F's mentoring program to universities and colleges throughout Georgia. Many mentor-mentee matches have already been made, and we hope to encourage more involvement of students statewide in Division F.

Finally, we are beginning a "question of the quarter" for all members of Division F and GPA. We hope to begin a dialogue that will facilitate professional development and communication and are confident that these discussions will dispense important information that will aid in the empowerment of our clients.. Both the question and the responses will be posted in our Division F newsletter and also on our website. Our first question is, "Which bibliotherapeutic resources have you found most helpful for clients?" Please send your responses to gpadivisionf@yahoo.com.

We thank you for your continued interest in Division F, and we look forward to seeing you at the annual meeting and at our intensive. Best wishes for a great spring!



G

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

DIVISION G NEWS

2004-2005 Board of Directors

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

Attachment Disorders: Reality, Myth, or ...?

Wendy Haus Hanevold, Ph.D.

The heart of attachment theory is the belief that human infants are born destined to connect with a primary caretaker. A healthy attunement between two human beings becomes the foundation for positive connections throughout our lifetime. Disrupted attachment thus can result in a pattern of behaviors that can be identified, labeled as a disorder and treated.

Reactive Attachment Disorder has become popularized through tragedy (the girl dying during ‘rebirthing’ therapy in Colorado) , through the media . and via the powerful voice of “converted parents” who believe that “attachment therapy” is the only hope for their child.

The majority of children who display symptoms that are labeled Reactive Attachment Disorder also show symptoms of a wide constellation of concurrent diagnoses. Diagnosis is based on a combination of social history, individual and family observations and instruments. The key differentiating factor in the diagnosis is the presence of a history of abuse (physical, emotional, sexual), and neglect. However, many attachment therapists have expanded this history factor to include, birth trauma, hospitalization (of child or parent), maternal depression, inadequate day care and even traumatic parental experiences.

Three major classification systems have been created around the diagnosis of Attachment Disorder. All three systems assume that the disruption in early care is responsible for the problems in connections. The DSM IV defines the Reactive Attachment Disorder of Infancy and Early Childhood as “Markedly disturbed and developmentally inappropriate social

relatedness in most contexts ... that begins before the age of five years and is associative with grossly pathological care.” Alicia Lieberman and Charles H. Zeanah have provided an alternative diagnostic schema. Lieberman and Zeanah delineate three disorders : Disorders of Nonattachment, Disordered Attachment (with clear preference for the attachment figure) and Disrupted Attachment Disorder (usually connected with grief). Each disorder has additional subtypes. The third diagnostic system is the differentiation between Reactive Attachment Disorder and Attachment Disorder. The Attachment Disorder diagnosis is limited to children with a most severe level of symptoms.

Being adopted results in lifelong issues and challenges around attachment and connection. However, struggling with issues does not always result in the presence of a “disorder.” Daniel Hughes, Ph.D. (personal communication) posits that the diagnosis of attachment disorder may not benefit the child (since the label may result in challenges with placement and self-fulfilling prophecies). There is a constellation of symptoms that are presented by the majority of parents seeking assistance in dealing with challenging behaviors exhibited by children who entered their homes via foster care or adoption. Families built by adoption are mostly like other families but they also have unique blessings and challenges. The jury is still in deliberation as to whether the diagnostic classification of a Reactive Attachment Disorder provides assistance in the development of evidence-based treatment approaches .

References furnished upon request.

Division G News cont.

Free Workshop for Division G Members

Reactive Attachment Disorder: Central or parallel diagnosis?

Date: April 22, 2005
Time: 8:30-9:00 am Registration
9:00-12:00 pm Presentation
CE's: 3 Hrs.
Location: Peachford Hospital
2151 Peachford Rd.
Atlanta, Georgia
Cost: Free to all Division G members
\$60 for Non-Members
\$30 for Students & School Psychologists
If you join Division G at the workshop,
you will pay \$20

Differential Diagnostic Issues, and provide an Overview of treatment modalities.

This workshop has four learning objectives:

- 1. Overview of Attachment Models
2. The Reactive Attachment Disorder Diagnosis- History, Criteria, Controversies
3. Alternative Classification and Diagnostic Classification Models
4. Overview of Treatment Models

Wendy Haus Hanevold, Ph.D. is a licensed clinical psychologist who focuses on working with children, adolescents and families. She specializes in working with children youth, couples and families (foster care placement, kinship care, adoption, divorce and step-families). Her interests revolve around building positive and healthy attachments, acceptance of grief and loss issues, and helping children and families bloom where they are planted. She is the parent of two adults who were adopted internationally.

This workshop is designed to provide the participants with a working knowledge of the Reactive Attachment Disorder Diagnosis, Alternative Diagnostic Schema,

There was a recent article in the NY Times reporting 29 deaths in children taking Adderal-LA. The deaths reportedly were attributable to cardiovascular problems. I think that as psychologists we need to encourage families considering psychostimulants for their child to have pre- and post- medical checkups since they are often not done.

Brenau University seeks a Psychology Department Chair for Fall 2005

Qualified candidates must possess a Ph.D. or Psy.D., prior college teaching experience and administrative/supervisory experience. Preferred credentials would include a license in clinical/counseling psychology OR a Ph.D. licensed professional counselor (LPC). Ideal candidates will also have clinical supervision and/or college counseling center experience.

Responsibilities will include a full range of administrative tasks, grant development and submission, strategic planning for departmental growth, clinical supervision and thesis management of master's level students and teaching both graduate and undergraduate courses.

Brenau is a private liberal arts teaching university located just north of Atlanta in the beautiful Lake Lanier resort area. With a commitment to small class sizes and a strong student-faculty relationship, we pride ourselves on high quality teaching and learning in our culture of success. Visit our web site at www.brenau.edu.

Please submit letter of application that includes a vision of undergraduate psychology education, clinical graduate instruction and clinical/counseling philosophies, current CV, and contact information (including email) for three (3) professional references to: Dr. Gale Hansen Starich, Dean, School of Health and Sciences, Brenau University, 500 Washington St. SE, Box #8, Gainesville, GA 30501-3668. Email: gstarich@lib.brenau.edu

The Irony of Pursuing High Self-Esteem

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

Victor Bissonnette, Ph.D.
Assistant Professor, Berry College

While teaching my social psychology class, I discuss with my students a diverse body of research that powerfully describes basic human nature. Along with learning basic theory and research, my students often gain valuable applied life lessons about themselves and their social world. I like to call these the “golden nuggets” of the course. Recently, my students and I discussed the valuable life lesson to be found in some recent published research on self-esteem.

Recent literature reviews suggest that self-esteem is not the global causal factor underlying academic and social problems that we once thought it was (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003). Rather, current researchers are suggesting that academic performance and social behaviors are more the result of the *level of stability* in one's self-esteem and the *contingencies* of one's self-esteem. William James suggested that our self-esteem is affected mainly by outcomes within specific domains of our life in which we have “staked” our self-worth. Thus, for some people, self-esteem might depend on their success at work or at school, where for others, self-esteem might depend more on their virtue or physical attractiveness. Jennifer Crocker and her colleagues have identified seven of these *contingencies of self-worth* (CSW): competition with others, academic competence, winning the approval of others, our physical appearance, family support, virtue, and having God's love (Crocker, Luhtanen, Cooper, & Bouvrette, 2003).

The CSW, for the most part, are not directly correlated with one's overall level of self-esteem. Each represents a domain of our life that we tend to a) set goals for ourselves, and b) experience some level of success or failure in meeting these goals. To the extent that our successes fall short of our goals in a domain that is important to us, we experience a diminution in our self-esteem. According to Crocker, the problem is that four of the CSW — competition, competence, approval, and

appearance — depend on the *external validation* of others, and thus are inherently unstable over time and situations. If we stake our self-worth in one or more of these domains, our self-esteem will tend to be fragile and unstable. It's not surprising that adopting any of these external/unstable CSW is associated with dispositional neuroticism.

We want to feel good about ourselves, and we live in a culture that motivates us to adopt external CSW by glorifying the winners, the experts, the beautiful, and the popular. Crocker and Park (2004) argue that we often end up pursuing the markers of success in these externally-validated domains, rather than achieving some healthy sense of growth and fulfillment, and that our “pursuit of self-worth” can become costly and dysfunctional. Think about athletes using steroids in their pursuit of batting averages, CEOs lying to shareholders about profits, individuals plunging into debt to drive a sexy car, and men and women pursuing the perfect body through pills and plastic surgery.

Now, think about our students who frequently adopt a contingency of self-worth on their grades. Their main goal becomes earning an “A” in the class; how much they get out of the class and enjoy learning is often secondary. Grant and Dweck (2003) referred to this as setting a *performance goal* rather than setting a *learning goal*. The irony is that students who set performance goals for themselves tend to perform *more poorly* in their classes. Grant and Dweck found

that students setting learning goals for their academic work tend to be more intrinsically motivated, to process their academic work at a deeper cognitive level, to respond to failure more constructively, and ultimately earn higher grades when compared to students who set performance goals for themselves. In other words, when students “chase grades” in their classes, they end up having greater difficulty earning the grades that they so desire. Anyone who is a fan of Maslow, Rogers, or Ellis is probably not surprised by these results. They have long warned about the drawbacks of “conditions of worth” and the irrationality of pursuing perfection and others' approval.

Thus, exciting current research in social psychology is addressing some of the oldest and most important theories in psychology, and the results of this research can provide us with clear guidance on how to live — and how not to live — our lives. Whether we are undergraduate students or professionals in the field, we need to stop “chasing grades” and to do more in our teaching and in our professional work to focus ourselves and others on the joy of personal and professional development and not just the “grades” that go with that development. If our students and we are to develop healthy and stable levels of self-worth, we need to learn because we enjoy learning, work because we enjoy working, and live life because we enjoy living.

References Available On Request



BOOK REVIEW

The Theory-Derived Workbook: Planned Parenting

by Luciano L'Abate, Ph.D.

Atlanta, GA: Georgia State University. 18 pages.

Reviewed by David Ryback, Ph.D.

Planned parentHOOD is the process of deciding to have children (or not). Planned parentING is the process of raising children the best way possible. Luciano L'Abate has produced a very intensive workbook for professionals working with parents. Consisting of 10 assignments, it invites parents to look at themselves, their own childhoods, and their takes on their relationships with others, all in order to understand the dynamics of positive parenting.

"The purpose of this workbook," writes L'Abate, "is to reduce cumbersome and abstract models, derived from relational competence theory ... into concrete and specific

assignments... They aim to evaluate interactively, rather than evaluating statically." Addressing parents a bit further, he writes: "Rather than reacting to your child(ren) immediately and with no fore-thought ... the purpose ... is to make you think about what you are doing as an individual, as a partner, and as a parent."

To get a feel for this workbook, take a look at some of the assignments:

2. The Ability to Love and to Parent
4. Me as Parent to my Child
7. Sharing Hurts and Achieving Closeness
8. Setting Boundaries/Limits

L'Abate's premise is that parenting is worst when it is immediate and thoughtless and best when it is done with self-awareness and facing the future consequences. The assignments are tough, in terms of digging deep into one's values about parenting. The workbook definitely needs the assistance of a professional. When done conscientiously, the payoff is priceless. This small but intensely involving document is a work of love for L'Abate. He's already proven that he's mastered the theory—in books and articles he's published over the years. Much more important to him, it seems, is putting it into practice. If this appears unconventional for a seasoned researcher, so be it! At the ripe, young age of 76, L'Abate has no reason to hold back.

THE MALE MYSTIQUE: MEN IN THERAPY

Morning Session Presented by: Dr. Frank Pittman

Afternoon Session Presented by Panel Chair: Fred Crimi, LCSW, and Panel Members: Dairlyn Chelette, LCSW, Beverly Greenwald, LCSW, Rick Kilmer, Ph.D., Randy Oven, LCSW, and Stephanie Swann, LCSW, Ph.D.

Saturday, May 7, 2005 • 8:30 am - 4:30 pm

Loudermilk Center, 40 Courtland St., Atlanta, GA 30303, (404) 507-1690

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Registration Fees:

	Postmarked by 4/15/05	After 4/15/05
Member of GSCSW	\$120	\$130
Non-Member	\$140	\$155
Full-time Student	\$70	\$85

Continental breakfast, luncheon, and free parking are included.

Amount Enclosed: \$ _____

CEU's applied for: LCSW, MFT, PC, GPA

Please make checks payable to GSCSW
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Eileen Piasecki, 6085 Lake Forrest Drive, Suite 320, Atlanta, GA 30328

Please direct all questions to

Eileen Piasecki, LCSW at (404) 459-0470 press option #3

Ethical Considerations in Keeping Psychological Records of Children

William F. Doverspike, Ph.D.

The opinions expressed in this article are those of the author and do not reflect any official policy or opinion of the GPA Ethics Committee or the State Board of Examiners of Psychologists. This article is designed to be educational in nature and is not intended to provide legal advice. The reader is encouraged to contact an attorney for legal advice regarding state laws governing professional conduct.

QUESTION: How long should I keep psychological records for children?

ANSWER: The Georgia *Code of Conduct* states in part, "Complete records are maintained for a minimum of seven years after the last date of service was rendered. A summary of the records are then maintained for an additional eight years before disposal. *If the client is a minor, the record period is extended until three years after the age of majority*" (2003, p. 53, emphasis added). So what does this mean? Because the language is not explicit, it is subject to interpretation. For example, whereas the "age of majority" is not defined in this section of the Georgia *Code of Conduct*, the consensus of most clinicians is to use age 18 as the age of majority because this interpretation would be consistent with other sections of Georgia law (e.g., §19-7-5). Nevertheless, this is an *interpretation* of the rules rather than an explicit *specification* of the rules. A more complicated matter of interpretation relates to the intended meaning of the term "record period." Because legal analysts and licensing board members have offered several possible interpretations, I will discuss two ends of the interpretive continuum as a preface to my own recommendation.

Conservative interpretation. Because the Georgia *Code of Conduct* rules are subject to interpretation by the State Board of Examiners of Psychologists, it may be helpful to begin with a worst case scenario interpretation of the term "record period." The most conservative record retention policy would be to keep the complete records until the child is 28 years old, and to keep some summary until the child is 35 years old. Although this record retention period for minors may seem extreme, it is consistent with the more conservative interpretations that are often made by state licensing boards. For example, when I consulted a member of the Georgia licensing board on this matter (J. Currie, personal communication, January 23, 2004), it was explained to me that the record retention period for minor children *begins* at age 21, which is three years after the age of majority (18) in Georgia. Under this interpretation, the complete records of a minor must be retained for seven years beyond age 21, and some summary of the records must be retained for a total of 15 years after age 21, which would mean that the child would be 35 years of age at the time that the records could be disposed. However, there are at least two problems with such an interpretation. First, such an interpretation operates under the assumption that the "record period" *begins* three years after the age of majority, whereas the actual statute states "the record period is *extended* until three years after the age of majority" (2003, p. 52; emphasis added). Secondly, this interpretation would also create inconsistent requirements for some records, because some child records would be required to be retained longer than some adult records.¹

Liberal interpretation. In contrast to the conservative interpretation described above, the most liberal interpretation of Chapter §510-5-.04(2) would yield an alternative record retention policy. A more liberal policy would be to keep the

complete record of a minor child for seven years after the last date of service or *until* the child is 21 years of age, *whichever period is longer*. In other words, the record period would be *extended* until three years after the age of majority, but in no case would the complete records be retained less than seven years and in no case would a summary of the records be retained less than 15 years. However, keep in mind that this opinion is an *interpretation* of the standard, because such specificity of language does not actually exist in the statutory wording itself. One could argue that if the authors of the Georgia *Code of Conduct* had intended this meaning, then the standard would have been written this way in order to avoid any ambiguity. However, there are also two problems with a liberal interpretation of this standard. First, because this interpretation creates a shorter record retention period, it does not afford the client access to records as long as does the longer and more conservative record retention period stated in the above section.² From an aspiration ethical perspective, and also consistent with the intent of the federal Health Insurance Portability and Accountability Act (HIPAA), the psychologist's record retention policy should take into consideration client welfare in terms of the greatest degree of the client's access to records. Secondly, from a liability risk management perspective, which takes into consideration the ambiguous wording of the Georgia standard, a shorter record retention period creates what is called a *period of uncertainty* during which it would be difficult for the psychologist to defend a claim that the record should have been maintained (J. Doverspike, personal communication, March 19, 2004).

Recommendation. Consult with an attorney and adopt one of the above policies depending on the nature of your practice, your degree of liability risk tolerance, and your ethical consideration of the welfare of your client. Client welfare should take into consideration the length of time and the degree to which you wish to afford former clients access to their records after services have been terminated. In summary, the conservative policy affords the benefits of greater client access and a reduced period of uncertainty weighed against the increased business costs of maintaining storage for a longer retention period. In contrast, the liberal policy affords the benefits of reduced costs of record storage for a shorter record period weighed against the increased costs of an increased period of uncertainty and decreased access to client records after services have been terminated. An optimal and reasonable balance of these costs and benefits can be derived from a policy in which the complete records of minor children are retained for a period of 15 years or until age 21, but in no case less than 15 years.³ Be advised that this policy is not specifically stated in the Georgia Code of Conduct, but rather is my own interpretation of the standard for the purpose of complying with the Georgia rules. My is to retain the complete child record for a period of 15 years or until age 21, but in no case less than 15 years.

Footnotes available upon request



CLASSIFIEDS

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

OFFICE SPACE

Buckhead

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

Rental space available for sublet to one or two psychologists. Approximately 700 square feet with 3 rooms—one of which is a corner office. Great location near Lenox Mall and easy access on second floor. 3384 Peachtree Road; Lenox Plaza Building; Call Tom Greco (404) 231-1332 for more information.

Virginia Highlands

Family practice facility has available upstairs office space in renovated 1920's Arts and Crafts building in Virginia Highlands area. Excellent referral opportunities for progressive providers working with an allopathic physician and alternative/complimentary providers. Space features all utilities, telephone, T-1 Internet and reception, scheduling services. Starting at \$800/month. 404-815-1957.

Druid Hills

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surroundings. Amenities: free parking, FAX/copier, microwave, refrigerator. Call Dr. Marcia Jacobs, 770-395-0059, #2.

Office to sublease, preferably full-time, in Sandy Springs/Dunwoody area. The office is located in a beautiful 18 story building, has wraparound windows with a panoramic view, and features 24 hour security, free health club, fully staffed reference library and free covered parking. Very reasonable rent. Contact Dr. Elizabeth Campbell or Dr. Barry Klein at 770-551-2777.

Northlake/Tucker

Beautiful Northlake Office Space: Offices in renovated ranch on quiet cul-de-sac, ¼ mile from 285. Rent includes use of waiting room, staff break room with kitchen, FAX, copier. Handicapped accessible. Underserved, growing area is great place to start private practice. Rents \$575 - \$625. Call Claire Fuller at 770-241-6051 or email cfuller@mindspring.com.

Norcross

Norcross/Peachtree Corners: Large furnished office with windows in an established psychotherapy practice. Call Loretta Steurer at 770-449-0815.

Lawrenceville

Upscale office space in newly remodeled historic building located between Summit Ridge and courthouse. Nine foot ceilings, judges paneling, large group room, kitchen/break area, and off-street parking. Regular referrals from 20+ year psychology practice. Location: 285 South Perry Street, Lawrenceville. Call 404-727-5893. Photos on website at: http://home.comcast.net/~fmg_prop/office.html Frank J. Gordon, Ph.D., Phone: 404-727-5893, e-mail: fgordon@emory.edu

Roswell/Alpharetta

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

The Atlanta Center for Psychotherapy, Inc. offers affiliation opportunity to experienced and licensed psychotherapists. Located within a block of Roswell Rd. near Chastain Park with ample free parking. The base monthly fee includes rent, utilities, and billing

Continued on page 28

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Stephanie M. Whitson, Ph.D., 349 Lavender Ln., Warner Robbins, GA 31030

Leah Stock-Landis, Ph.D., 1772 Century Blvd., Atlanta, GA 30345

Gail G. McGee, Ph.D., Emory Autism Center, 1557 Sharp Court, Atlanta, GA 30322

Suzanne R. Merlis, Psy. D., 1827 Powers Ferry Rd., Bldg 22/Ste 200, Atlanta, GA 30339

Frances Hinchey, Ph.D., 7203 Hodgson Memorial Dr., Savannah, GA 31406

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Mac Martin, Ph.D., 4201 Perry Drive, Gainesville, GA 30506

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D. Craig Kerley, Ph.D., 3949 Holcomb Bridge Rd., Norcross, GA 30092

Caleb Loring, Psy.D., 200 S. Enota Drive, Gainesville, GA 30501

S. Lenoir Gillam, Ph.D., 7600 Schomburg Road, Suite L, Columbus, GA 31909

Elaine Thomas, Psy.D., 50 Gateside Place, SE, Marietta, GA 30067

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Jennifer Thorpe, Ph.D., 435 Thornwyce Trail, Roswell, GA 30076

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Anneliese Singh, 2069 Arlinton Ave., NE, Atlanta, GA 30324



CONTINUING EDUCATION WORKSHOPS

GPA Approved CE Workshops and Conferences

Connective Ethics: Enhancing Codes with Relational-Cultural Theory

Presenter: Ronee Smith Griffith, Ph.D.
Date: April 15, 2005
CE: 5 Ethics Hours
Location: Ridgeview Institute/3995 South Cobb Drive/
Smyrna, GA 30080
Contact: Dianne Gay/770-434-4567

Systems Centered Training Annual Conference

Presenters: Susan Gantt, Ph.D.; Yvonne Agazarian, Ed.D.,
FAGPA, CGP; Claudia Byram, Ph.D.; Susan Cassano, Ph.D.;
Phyllis H. Goltra, Ph.D.; William M. Keane, Ph.D.; Sydnor
Sikes, Ph.D.; Anita Simon, Ph.D.; Una McCluskey, Ph.D.;
Fran Carter, MSS, MSW, CGP
Date: April 16-22, 2005
CE: Up to 42.5 Hours
Location: Holiday Inn Select, Decatur, GA 30030
Contact: Dorothy Gibbons/215-288-6219 or
dorothygibbons@earthlink.net or Jon McCormick/212-929-
5333 or JLMcCormick@msn.com

Fostering a Culturally Competent Learning Environment: Part I- Cultural Competence Makes a Difference: Individual, Organizational, & Ethical Issues and Part II-Difficult Dialogues Regarding Multicultural Issues in the Classroom

Presenter: Derald Wing Sue, Ph.D.
Dates: April 21-22, 2005: April 21, 8:30-4:30 and April 22,
1:30-4:30
CE: April 21: 5 Ethics Hrs, April 22: 3 Cultural Diversity Hrs
Location: Sheraton Atlanta Hotel, Atlanta, GA
Contact: Carol Whitcomb/P.O. Box 3975/Atlanta, GA 30302-
3975/404-461-2211
*Co-Sponsored by the Georgia Psychological Association

Reactive Attachment Disorder-Central or Parallel Diagnosis

Presenter: Wendy Haus Hanevold, Ph.D.
Dates: April 22, 2005
CE: 3 Hours
Location: Peachford Hospital Conference Center, 2151
Peachford Road, Dunwoody
Contact: Georgia Psychological Association/404-634-6272

Interdisciplinary Responses to Trauma

Presenters: Bobby Paul, Ph.D.; Charles Nemeroff, MD; Mary
Target, Ph.D.; Susan Coats, Ph.D.; Beth Selig, Ph.D.; Daniel
Schroeder, MD; Ulrich Baer, Ph.D.; Stuart Twemlow, MD;
David Blumenthal, Ph.D., Nadine Kaslow, Ph.D.; Drew
Westin, Ph.D. & Robin Firush, Ph.D.
Dates: April 29-May 1, 2005
CE: 15 Hours (Friday: 6, Saturday: 6, Sunday: 3)
Location: Emory Conference Center/Clifton Road
Contact: Susan Chance, Ph.D./404-261-5559

Non Drug Treatment for ADHD

Presenter: Yvonne Pennington, Ph.D.
Date: May 6, 2005
CE: 2 Hours
Location: Peachford Conference Center/2153 Peachford Rd/
Atlanta, GA 30338
Contact: Penny LeNormand/770-986-1817

Adolescent Bullying and Addiction

Presenter: Michael Carpenter, Ph.D. & Jonathan Jolles, LMSW
Date: July 15, 2005
CE: 5 Hours
Location: Peachford Conference Center/2153 Peachford Rd/
Atlanta, GA 30338
Contact: Penny LeNormand/770-986-1817

Therapists of Film: Issues of Treatment & Professional Identity

Presenters: Sherry McHenry, Ph.D.; Jackie Johnson, Ph.D.;
Gus Kaufman, Ph.D.; Helen Coale, LMFT, LCSW; Bruce
Pemberton, Ed.D.
Date: October 7, 2005
CE: 3 Hours
Location: Peachford Conference Center/2153 Peachford Rd/
Atlanta, GA 30338
Contact: Penny LeNormand/770-986-1817

PsychoNeuro Immunology

Presenter: Richard Blue, Ph.D., ABPP
Date: November 18, 2005
CE: 3 Hours
Location: Peachford Conference Center/ 2153 Peachford
Rd/Atlanta, GA 30338/
Contact: Penny LeNormand/770-986-1817

Be sure to visit our new website
www.gapsychology.org

Continued from page 26 — Classifieds

services. Please contact Deborah Fernhoff, Ph.D. at 404-255-7929 or fernhofd@bellsouth.net

Alpharetta/Marietta

Alpharetta and/or Marietta: Cozy downtown Alpharetta office available 3-4 days within established private practice. Second part-time office also available 2-3 days weekly near Kennestone Hospital in Marietta. Both furnished. Supervision and/or referral possibilities. Call Carol Cox Pursley, Ph.D., CRC at 770-752-8999.

SEEKING OFFICE SPACE

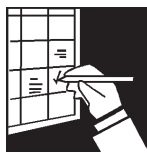
Seeking office space in 400-285 vicinity. Part time or full time. Please call Robin at 770-886-8488.

OFFICE FOR SALE

Looking for a more leisurely lifestyle? Consider a practice in Milledgeville, Georgia. Own your own office building – Williamsburg style one story condominium designed and built for a psychologist who is retiring. Eight rooms plus large storage space, and two half baths. Five rooms are sound attenuated and include a conference room, a child therapy room and three offices. Fully furnished. Milledgeville is the home of Georgia College & State University and Georgia Military College and is near Lake Sinclair. There are no full time psychologists in Milledgeville. Opportunities for various MCO panels. For more information call (478) 452-1150.

POSITION OPENING

Director of Psychological Services: Seeking a Licensed Psychologist for growing reproductive endocrinology and infertility practice in Atlanta, Georgia. Responsibilities include direct clinical service; program development; staff development; and presentations to professionals and patients in the community. Director will provide psychoeducational counseling and brief psychotherapy for individuals and couples undergoing infertility treatment, high- risk pregnancy and pregnancy loss; and direct all patient education and support groups. In addition, psychologist will conduct psychological testing and evaluation of oocyte donors, gamete recipients, gestational carriers, and intended parents. Attend weekly IVF team meetings. Provide case consultation and in-service training to clinical and administrative staff. Present to professionals and community on psychological aspects of infertility and third party reproduction. This is a 60% to 80% time position. Ideal candidate will have three to five years experience in the areas of infertility and third party reproduction. Benefits include participation in 401k plan, paid vacation, coverage of professional



CALENDAR

2005

APR	15	10:30-12:30	Division E Meeting		
		11:15-12:45	Division F Meeting		
		12:30-1:30	Division G Meeting		
		12:30-2:00	Division E-Clinical Conversations		
21	8:30-4:30	Cultural Competence Makes A Difference: Individual, Organizational, & Ethical Issues, (5 Cultural Diversity Hours)/ Derald Wing Sue, Ph.D. at Sheraton Atlanta Hotel, Co-sponsored by GPA			
		22	1:30-4:30	Difficult Multicultural Dialogues in the Classroom, (3 Cultural Diversity Hours)/ Derald Wing Sue, Ph.D. at Sheraton Atlanta Hotel, Co-sponsored by GPA	
				10:00 ???	Membership Committee Meeting
MAY	6	10:30-12:00	Annual Conference Meeting		
		12:00-3:00	Ethics Committee		
		10:30-12:00	Annual Conference Committee Meeting		
	13	11:15-12:45	10:00	Division F Meeting	
			10:00	LLC Meeting	
	19-22	GPA Annual Meeting at the Crowne Plaza/Perimeter	10:00-12:00	Membership Committee Meeting	
			12:00-1:30	Division H Meeting	
			12:00-2:00	Executive Committee Meeting	
			1:00-3:00	Division P Meeting	
			12:30-1:30	Division G Meeting	
JUN	3	10:00	Editorial Committee		
		12:00-3:00	Ethics Committee		
	10	10:00	12:00-3:00	LLC Meeting	
			12:00-1:30	Division H Meeting	
			12:00-2:00	Executive Committee Meeting	
	17	1:00-3:00	10:30-12:30	Division P Meeting	
			12:30-1:30	Division E Meeting	
			12:30-2:00	Division G Meeting	
24	TBA	12:30-2:00	Division E-Clinical Conversations		
		TBA	Division H Workshop/Presenter: Dr. Doug Haldeman		
SEPT	16	TBA	6 Hr Workshop with Dr. Anthony Marsella (Emeritus Professor of Psychology, University of Hawaii; Past Director, World Health Organization Psychiatric Research Center in Honolulu)		

2006

JAN	27-29	GPA Midwinter Conference at Emerald Pointe/Lake Lanier
MAR	4-7	APA State Leadership Conference
MAY	25-27	Annual Meeting at San Destin, FL

For additional information, visit www.gapsychology.org and click on Calendar

society dues, professional liability coverage, and three conference/seminar days per year for continuing education purposes. Competitive salary and benefits commensurate with experience. Interested candidates should submit a letter of interest, curriculum vitae, and three references to: jane.gogan@acrm.com

ANNOUNCEMENT

Take Your Practice to the Next Level! Join a Business Development Coaching Group with Margo Geller, personal business coach. Learn how to: 1) Identify your ideal client and ideal referral source 2) Network with focus and creativity 3) Make a referral or introduction work 4) Get paid what you are worth. Call Margo at 404-321-0609.

PROFESSIONAL TASK FORCES

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 Insurance & Managed Care: Michael Sessions, Ph.D.
 Licensing Board Issues: Barbara Calhoon, Ph.D.
 Children’s Legal Issues: Nancy McGarrah, Ph.D.
 Scope Of Practice Issues: William Buchanan, Ph.D.
 Business of Practice: Joni Prince, Ph.D.

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 Membership Committee: Scott Jones, Ph.D.

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Want to Help GPA, but NOT spend lots of time doing it?
Want to Help others along the way?
Become a Colleague Consultant!

There are lots of new psychologists, students, post docs, and newly licensed member and non-member psychologists who would love to have some practical help as they begin the journey you have already taken. How about volunteering to help out? Structure it however you and your consultee choose — phone conversations, meetings for lunch, meetings at your office. Just say “Yes” and we’ll match you up as best we can with someone in your area who wants what you have to give – expertise in getting where you are now! It’s fun, it’s easy, it’s rewarding!!

Sign-up today by e-mailing me (ssiphd@knology.net) or Ellen at GPA (ellen@gapsychology.org), or sign-up at the Membership Table at Annual Conference.

Scott Jones
 Membership Chair

Publication Deadlines & Rate Card

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

Circulation — 2,000
ADVERTISING RATES

The *Georgia Psychologist*, the official publication of the Georgia Psychological Association, is published quarterly with a circulation of approximately 2,000. Please note: all ads must be submitted in black and white; Camera ready art in PMT or Velox form; halftones must be 133 line screen; no bleeds accepted. If any inhouse art production is needed, client will be billed accordingly. If your ad has been designed electronically, please submit all associated files by e-mail or disk along with a hard copy. Ad dimensions: Full page 7 (w) x 9 1/2 (h); 1/2 page, 4 3/4 h x 7 w (horizontal); 1/2 page, 9 1/2 h x 3 3/8 w (vertical); 1/4 page, 3 3/8 (w) x 4 3/4 (h). Mail to Cyd Preston, Advertising, Georgia Psychological Association, 1750 Century Circle, Suite 10, Atlanta, Georgia 30345. E-mail cydwise@gapsychology.org.

Ad Rates for Members:

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Multiple Issue Rate:

Full page	\$300.00	Full page	\$475.00	Full page	\$400.00
Half page	200.00	Half page	300.00	Half page	275.00
Quarter page	120.00	Quarter page	175.00	Quarter page	150.00
Classified	40.00	Classified	55.00		

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