



*The Official Bulletin of Greater Pittsburgh Psychological Association*

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## A View From the Chair

### Katie Hammond Holtz, PsyD

President of GPPA

In 1951, 100 members in Pittsburgh created what was then known as the Pittsburgh Psychological Association (PPA). It was later informally called "Little PPA" to distinguish it from the Pennsylvania Psychological Association (PPA), which began earlier in 1933. In 1973 "Little PPA" changed its name to the Greater Pittsburgh Psychological Association (GPPA). According to one pioneer, there was some humorous play on words involved in the name change – we would now distinguish ourselves, not as the little one, but rather as the greater PPA. We are grateful to all of our founding members who were pioneers in the field of psychology here in Pittsburgh. We are also grateful to the first time members who have joined this year, in addition to all of you who have been steadfast in your membership. Regardless of your years of experience in GPPA, your voice and energy are very much needed today.

Thank you to everyone who renewed their GPPA membership for the 2011 year, and for taking the time to share your thoughts and creative ideas. Dues renewals were due December 18th. We

hope to collect all of the renewals by March 1st.

The 2010-2011 board of directors enjoyed reading members' responses about GPPA and what you would like to see in our collective future. Preliminary results indicate that renewing members, to an overwhelming degree, appreciate the following benefits of being a GPPA member:

1. Social and networking events and opportunities to make lasting, meaningful connections and friendships within our professional community.
2. The high standard of The GPPA Report and being able to stay in touch with current issues in our local community by local colleagues.
3. GPPA CE Opportunities, their high quality, reasonable costs, and free CE credits to members.

The chairs of the committees associated with the above benefits of GPPA are: Dr. Jamie Pardini, the new Chair of the Social and Networking Committee, Dr. Carl Bonner, the editor of The GPPA Report, and Dr. Kit Gautier, the Chair of the CE committee. Please consider dropping them a line to let them know how much you appreciate their dedication.

In addition to the primary benefits members appreciated, others indicated that they appreciate the mentoring they have found, a focus on PA legislative issues, the continued benefit of health insurance through GPPA, and affordable dues. The hard work of the GPPA board was also acknowledged.

Preliminary results of what our membership would like to see more of in GPPA were, to an overwhelming degree:

1. The full development of electronic communication systems, such as an on-line membership bulletin board/list serve (much like PPA offers) to make referrals for particular areas of expertise and geographical locations, peer support on cases, on-line GPPA directory, on-line membership renewal, on-line registration for GPPA sponsored events, and much more.

2. More GPPA CE workshops, including the return of GPPA-sponsored ethics workshops in our region. (Please note that Dr. Sam Knapp will present a PPA-sponsored ethics workshop in Pittsburgh some time this fall.)

3. New member recruitment and networking, in particular early career psychologists being able to connect with more experienced psychologists, more opportunities to learn from

colleagues, and more informal gatherings to get to know one another.

Our editor hopes that more members submit articles to The GPPA Report. Others would like to see community service projects and more information disseminated on the benefits of GPPA

Interestingly, several committees and the board have been discussing and planning many of the benefits recently shared by you. Synchronicity! We always want to hear about your interests and needs. After all, this is our organization. Do not hesitate to pick up the phone or email one of us if an idea strikes you at any time, but more importantly consider becoming involved at the next level.

You may not know that most of the board members simultaneously serve on several other GPPA committees, many as Chairs of those committees. We hope you will consider offering your expertise and energy, even if just for this year. We cannot thrive without more help.

So, here's some incentive: You know when you're driving to work and you're waiting for that last caller to come forward to get the matching funds so you can go back and listen to your favorite station? You think to yourself, "Maybe I'll call in", but somehow you don't pick up the phone because you figure someone else will make the call. We have an anonymous donor who will offer \$50 to GPPA for each volunteer (up to five volunteers) who come forward by March 1, to serve on a committee for this year.

We need immediate support on the CE Committee, the newly formed Electronic Transition Committee, the Membership Committee, and the Early Career Psychologist's Committee, to name a few. We are also interested in hosting informal events at members' homes, to keep costs down and to introduce more intimate gatherings. So, if you have a larger home and would be interested in hosting an informal social, please contact Dr. Jamie Pardini, Chair of the Social and Networking Committee at [pardinij@upmc.edu](mailto:pardinij@upmc.edu)

Read on to know what's afoot this year. It dovetails with preliminary results of what you would like to see in your organization. Please note that we've added some things based on your responses:

### Electronic Systems

The Electronic Transition Committee, co-chaired by me and Dr. Ed Zuckerman, has just formed. This committee needs GPPA members who are particularly technologically-minded to join the committee as soon as possible. We hope to fully transition to a comprehensive electronic system within the next 8 months. The board would like to thank Dr. Zuckerman for his longstanding work in this area. He recently presented a well-developed proposal regarding our transition to a 'greener' association, and we are very excited to get this initiative underway. For those of you who prefer paper and pencil and Ma Bell, do not worry – each member will have a choice in the future as to what extent they would like to participate in electronic communications. The committee will work with a computer consultant who will help us make this shift. Please contact me at 412 361 0773 or [katieholtz@verizon.net](mailto:katieholtz@verizon.net) if you would like to join this team.

### New Member Welcome and Informal Get Together

On Sunday, April 10th there will be an informal brunch at the home of Dr. Mick Sittig and Sheila Sittig. They have a lovely waterfall, pond, deck, and patio in their backyard near CMU. Everyone is invited and welcome to meet our newer members. Please invite someone who might be interested in joining GPPA who is not yet a member. Stay tuned for more information via email. To get someone involved in becoming a new member or for more information about the luncheon, please contact the Chair of the Membership Committee, Dr. Mick Sittig, at 412 621-2837.

### Honoring the Service of our GPPA members

On Friday, May 13th there will be an informal evening in which we will also offer SPECIAL GPPA RECOGNITION AWARDS to three

pioneers who have offered their energy and devotion to ethics in GPPA for many years: Dr. Constance Fischer, Dr. Mary Ann Murphy, and Dr. Andrea Velletri. At this event, we hope to hear stories from long-time members about the olden days, and tales of how GPPA got started. Additionally, we would like to give an opportunity for everyone to get to know each other. There will be an opportunity to ask questions and offer comments to our professional community. We particularly hope to learn from our newer members and early career psychologists

### GPPA Taking the Lead in Where to Turn for Psychological Services

Thank you to the Social and Networking Committee, in particular Dr. Jacki Herring, for the creative idea of hosting the First Annual GPPA Networking Fair, with its multi-fold purpose. This will be held on Friday, September 23rd at the Wyndham Hotel in Oakland, so please mark your calendars early. We began planning this event in November 2010 and the vision of the event coincides beautifully with some of the goals our members have just expressed. The vision of this ambitious program includes:

1. GPPA continuing to take the lead in bringing health providers together.
2. The development of a comprehensive system for "Knowing Where to Turn" for psychological, neuropsychological and behavioral health services in the Greater Pittsburgh area.
3. To get to personally know the members of the wider referral community.
4. To learn of services outside of one's expertise.
5. For the private practice community to meet and get to know the individuals who work in the larger health systems; to learn the best way to route a referral when a private patient needs one, i.e., inpatient systems, intensive-outpatient, specialized programs, non-profit agencies, and community mental health programs.
6. And, in turn for those working in larger behavioral health systems to

meet and get to know the specialties and geographical locations of private practitioners who they may wish to refer to after programs are completed or to support medical recovery, for example.

- Increasing GPPA membership and GPPA visibility.

Stay tuned for more information on this exciting networking event.

This is what we've planned so far. In 2011, as we celebrate 60 years of GPPA, let's contemplate together how we will continue the living legacy of the GREATER Pittsburgh Psychological Association.

May you find health and happiness as we turn 60 together.

## Legacy Awards Dinner

**Jamie Pardini, Ph.D.**

Social & Networking Committee

GPPA members and friends gathered on October 22nd at the legendary LeMont restaurant for the thirteenth annual Legacy Awards Dinner. This year, over fifty guests were present to honor Drs. Walter Smith and Lillian Meyers.

The event began with a cocktail and social hour, followed by a dinner and awards ceremony. The amazing views of downtown Pittsburgh were the backdrop for the evening, which was a great opportunity for members to reconnect as well as make new connections with friends and colleagues.

Dr. Smith was introduced by Dr. Paul Pitts, a friend and colleague. Dr. Smith's work has focused on understanding how family relationships change with stress. He has lectured nationally and internationally on prevention and intervention strategies that address various forms of family conflict. Dr. Smith has been the Executive Director of Family Resources since 1997, and is a founding member of the Western

Pennsylvania Family Center. Among his many other service activities and



honors, he was the 2007 recipient of the Community Champion Award and the 2006 recipient of the Frieda G. Shapira Medal. Dr. Smith also serves on many non-profit organization boards, including Voices for America's Children (President), Pittsburgh Foundation, Forbes Fund, and the Grable Foundation. These are only some of the highlights of Dr. Smith's career of service to others. Dr. Smith's contributions to the field of psychology, to the greater Pittsburgh area, to non-profit organizations, and to countless individuals and families are impressive and deserving of exceptional recognition. Present to honor Dr. Smith were family, friends, and colleagues. Because of a prior commitment, Dr. Lillian Meyers will be officially honored and recognized at next year's GPPA fall gathering.

## Legislation in Progress

**Arnold Freedman, Ph. D.**

Chair, Legislative Committee  
[afreedman3@verizon.net](mailto:afreedman3@verizon.net)

### HEALTHCARE ISSUES-STATE

In the final days of the 2009-2010 Pennsylvania legislative sessions, the legislature ran out of time before it could deal with a bill concerning head injuries for high school athletes. The bill would also require high school athletes with suspected head traumas to be screened by a health care professional before returning to play. PPA strongly endorsed language that would include psychologists among those who can do these screenings, although some groups wanted the eligible professionals restricted to physicians. This bill will be reintroduced in 2011.

On a positive note, during the last days of the legislative session, the legislature passed HB 1639, which would revise the child custody standards in Pennsylvania in a manner consistent with PPA's position on child custody. The past-President of PPA, Dr. Steven Cohen, had testified on behalf of the bill in February 2010. In addition, the legislature passed a bill requiring those who operate fire-fighting equipment to receive a mental health evaluation (by either a psychiatrist or psychologist) before they can be hired. Part of PPA's long term strategy is, in every state legislative session, to get at least one bill passed that incrementally increases the opportunities for psychologists to be of service to society. PPA is pleased that they were able to do so again this session.

Next year PPA will also be seeking to amend the Mental Health Procedures Act to allow psychologists to be court appointed as evaluators of insanity pleas. However, much of PPA's attention recently has been focusing on proposed model rules from the Supreme Court of Pennsylvania that would regulate how local courts

appoint parenting coordinators, but restrict that position to attorneys. PPA believes that the parenting coordinator position should also include licensed mental health professionals with appropriate training and is advocating for the Supreme Court to reject this proposed rule. Many local judges already use mental health professionals as parenting coordinators and Allegheny and Erie counties currently have local rules that permit mental health professionals to be appointed as parenting coordinators.

## HEALTHCARE ISSUES-NATIONAL

On the national level we will be focusing a lot of attention on Medicare. Currently there are enormous pressures to reduce the amount of the federal budget deficit and there are strong pressures to reduce reimbursement to providers under Medicare. However, mental health has been singled out for especially draconian cuts and PPA will be working with APA to try to minimize the negative impact on psychologists. As has been noted before, the manner in which Medicare payments are determined is very complex and at least three different mechanisms are in place that may reduce payments to psychologists under Medicare.

PPA will also be monitoring insurance plans to determine if they are complying with the parity requirements since the final parity regulations go into effect in 2011. The parity regulation includes rather complex formulae for determining copays, and has some unclear wording concerning parity on non-quantitative aspects of coverage. PPA staff is in continual communication with the APA Practice Organization on these issues.

Finally, psychologists are reminded that the national health reform law passed in 2010 will require some insurance companies to provide wellness programs in 2011, including smoking reduction or weight reduction programs. All insurance programs will have to cover such services by 2018. As a result of this change,

psychologists involved in such prevention programs may find more financial support for their activities in the near future.

As always, the positive changes psychology achieves come through a lot of hard work by APA and PPA and require your financial support, and when called upon, your involvement in letter writing, calling and other grass roots activities.

## Why Patients Lie to their Doctors

**Terry Wolinsky McDonald, PhD**

One of the most difficult aspects to having chronic illnesses is the lack of control patients often feel, in addition to the helplessness over the disease itself and their bodies. Because of the human need for some control, patients may not be totally honest with their physicians about symptoms, taking prescribed medications as needed, and feelings which can signify depression and / or other psychological conditions (e.g., feelings of sadness, tearfulness, appetite or sleep changes, isolation, anxiety or panic attacks). When a patient decides to change or discontinue a medication, it is critical to first inform their M.D., psychiatrist or therapist.

If patients don't agree with their physician, they may want to seek a second opinion, but these are NOT decisions to be made unilaterally. Besides the innate dangers of certain changes, they seriously jeopardize the doctor-patient relationship. Doctors are not always right, as we know, but patients can always ask their physician to contact another expert in the field. The experts are often gracious and helpful, and a phone call from a physician can sometimes go a long way.

In my own psychology practice I often see patients who are resistant to psychotropic medications when they may be necessary. Many will not even consider going to a psychiatrist for an

evaluation. Interestingly these are often the patients who self-medicate with over-the-counter or other drugs, or other substances (e.g., alcohol, caffeine or marijuana). This noncompliance is not helping them and may be hurtful. For example, alcohol is a depressant and will only make a depressed person more depressed. Also, some of the popular herbal products sold at nutrition stores can actually be harmful. In my psychology practice I ask patients to sign a compliance agreement, which is similar to a contract. If they don't like the one I have drafted (including medications taken as prescribed if prescribed, attendance at sessions, homework, working in the therapeutic process), they are encouraged to draft their own compliance agreement or to alter mine in a way we can agree upon as we work together. If a patient breaks the compliance agreement (e.g., not showing up for appointments or canceling within the required time frame, arriving chronically late for appointments, not actively participating in achieving treatment goals), they are warned. After that we may have to part ways. Mutual trust and respect are important. A patient is not "abandoned" if they have not respected the compliance agreement, as the therapy has already been jeopardized and compromised.

The same basic rules apply in your own medical care. If you leave out (omit) negative symptoms your doctor has not specifically asked about because you want your medications decreased (because of their side effects), you are seriously jeopardizing your own doctor/ patient relationship and possibly your physical health and life. These are very serious consequences, and you need to be aware of them. Sometimes, as patients, we feel we can improve the quality of our lives if we can reduce medications or otherwise change our treatment. If we share our knowledge of our bodies (and perhaps share cutting edge medical literature or anecdotal information from other sources) we can be part of the decision-making process. Some doctors are more respectful and tuned into us and our knowledge than others, but it is critical

with serious illnesses and somatic symptoms to not “play games” with our lives. I am not a gambler to begin with, but I would NEVER gamble with my life. I treat my doctors respectfully and expect the same in return. If this is not the case I make it clear to them that this is not okay. In return I make sure that I am taken seriously – even if we openly disagree. This is true with both medical doctors and psychologists.

Patients’ and clients’ knowledge and understanding of how their disease or diagnosis works, along with cutting edge scientific information, may give them more power and control over the disease and symptomatology. It is not possible to always predict how a disease will progress; however, if we can keep clients tuned into their bodies, follow doctor’s orders, and continue to add to their knowledge base as time goes on and newer treatments emerge, they can become their own best advocates. Being dishonest by omission or commission will only serve to hurt people in their journey toward recovery. They must first learn to be honest with themselves, and this may not be easy, especially for those who are not proactive or those who are passive-aggressive. If patients are not being honest with themselves, they may need to first work on this in therapy in order to be honest with other doctors or caregivers. If possible, it is best to try to have at least one person they can trust and with whom they can be honest enough to share information as a reality check. This is why trust is so important in the therapeutic situation. As the psychologist, you may be the only person your client trusts, making it even more important to create a safe and trusting environment. It is not a cure all, but as we continue to learn about mind/ body connections, trust and coordination of care become even more important.

*This is the first in a series of articles by Dr. Wolinsky McDonald on the helping psychotherapy who have chronic illnesses.*

**CORRECTION**

Please note several corrections to the bio of Dr. Wolinsky McDonald from the Fall 2010 GPPA Report. Dr. Wolinsky McDonald’s private practice did not begin recently as written previously. She has been in private practice since 1999. In addition to her neuropsychology training, she completed a post doc in addictions. Her clinical work includes anxiety and mood disorders, adjustments to life changes and positive coping with chronic conditions/ illnesses. On this latter subject Dr Wolinsky McDonald has and continues to present and write internationally. Again, we would like to welcome Dr. Wolinsky McDonald to our board of directors..

**Noosphere of Naiveté**

**Pavel G. Somov, Ph.D.**

[www.drсомov.com](http://www.drсомov.com)

“Both the French paleontologist-priest Pierre Teilhard de Chardin and the Russian atheist Vladimir Vernadsky agreed that Earth is developing a global mind. The layer of thought in the shape of a sphere they called the noosphere, from Greek noos, mind. The aggregate net of throbbing life, from flashing fireflies to human e-mail, is the developing planetary mind. Perhaps, like the brain of a human babe with many synaptic connections that diminish over time, the noosphere is still in its infancy. Polymorphous, paranoiac, confused, yet intensely imaginative, the thinking layer of Earth that is largely the unexpected product of animal consciousness, may now be in its most impressionable stage.” (1)

Yes, the human biomass is, indeed, connecting at an ever increasing pace. The day is likely coming when we begin to embed our respective individualities into one seamless hive-mind with the help of some kind of implantable “augmented reality” gizmo. But what would be the psychological savvy of this global meta-mind if we (its constituent mind-

parts) still don’t know what/who we are?

“The transition from cell, to cell society, to animal organism is an old story in evolution: individuals group into societies, which themselves become individuals.” (2)

If we are, indeed, heading for some digital Brahman-state, it’s time to look within yourself before Earth reinvents us all again, before the interplay of evolutionary and technological trends starts to recruit our respective selves, like cells, into a planet-wide society of consciousness.

A noosphere unaware of itself is like Wal-Mart with empty shelves. What would be the point?

Ask yourself: "Who am I?" and "Am I connecting to others on the basis of difference or similarity?"

Notes:

Noosphere (source: wiki): In the original theory of Vernadsky, the noosphere is the third in a succession of phases of development of the Earth, after the geosphere (inanimate matter) and the biosphere (biological life).

Reference:

1, 2: “What is Life?” (Lynn Margulis & Dorian Sagan, 2000)

**Share Your Mentor Memories!**

**Charles Bonner, Ph.D.**

Editor, GPPA Report

- What are your most memorable mentor moments?
- Who had the biggest impact on your development as a psychologist early in your career?
- Would you be willing to share stories of your experiences as a mentor or as a mentee (or as Irv might say, mentar/menta)? The GPPA Report wants to publish mentoring stories. Write as little or as much as you want .Please send submission [to me at e at drbonner@mindspring.com](mailto:to me at e at drbonner@mindspring.com)

## Consulting/Mentoring Forum

## Mentoring Memories

Gratitude to Dr. Ray Naar  
Tad Gorske, Ph.D.

I first met Dr. Naar in 1991 when I was about 24 years old. I had moved to Pittsburgh in the summer/fall of 1990 and began studies for a Masters Degree in Rehabilitation Counseling. I came to Pittsburgh from California for various reasons, one of which was to advance my education in psychology. For a long time I had been looking for a mentor, someone who could guide me through the waters and help make sure I was headed in the right direction as a future psychologist. Along with my formal studies I was looking for additional educational opportunities when my then fiancée (now my wife) suggested that I explore Psychodrama since I had done some acting in the recent and remote past. I came across the name of Dr. James Sacks in New York. I contacted Dr. Sacks for information and guidance and he suggested I contact Dr. Ray Naar here in Pittsburgh. At the time I had never heard of Dr. Naar. I contacted him and he suggested that I attend his course in Group Psychotherapy and Psychodrama. Suffice it to say I was extremely eager to do so.

I was actually a couple minutes late to the first class, which made me a bit nervous because I didn't want to seem like a young slacker. I remember coming into his group room where he held the class. It was beautifully decorated with soft lighting and big comfortable pillows on the floor where we all sat. It struck me as such a soothing and inviting place.

When I first met Ray I remember my thoughts very well. Back in 1991 I was a pretty big, nearly 6 foot tall, 24 year old young man having lifted weights and played a variety of sports most of my life. But to me, Ray seemed like a giant! The more I learned about him, I came to understand that this is the kind of man I wanted to be. He was obviously a successful and upstanding part of the psychological community,

and I hung on his every word and action.

Now if my "hero worship" attitude sounds embarrassing, don't worry, it was embarrassing for Ray too, as he would tell me many years later when I'd grown up a bit. But that was one of the things I learned to respect about Ray as a mentor. He never expected or wanted me to be a "mini Ray Naar", despite my efforts to do so back then. He modeled exemplary psychological skills while encouraging me to find my own way of being. I always marveled at Ray's ability to connect and empathize with another person's experience. I was sure it was a skill I would never attain, but Ray assured me that I would.

Ray told me other things that guided my professional and personal life. I remember once asking him if it were acceptable to take his course a second time. He said that it was. I asked him, "Oh, do you change the content of the course every year?" To which he replied, "No, I don't change, but you do."

Another time I remember having doubts about entering Ph.D. studies. Ray gave me some of the best advice I had ever received about getting through a doctorate program; "Tad, you go in there, you say 'yes sir, no sir, yes ma'am, no ma'am,' get the hell out of there, and then do what you want to do."

I spent three years studying group psychotherapy and psychodrama with Ray. I finished in 1994, which is when I married. From there it was doctoral studies, internships, licensing, job hunting, and raising a family. During those times I still maintained contact with Ray. We developed more of a friendship/colleague relationship over the years. I would often participate in the presentation of a play he wrote, "The Psychodrama of Shlomo Perel" based on his conversations with Solomon Perel, from whom the movie *Europa Europa* is based.

Throughout my clinical work I was exposed to and utilized many modalities: CBT, psychodynamic, drug

abuse counseling, Motivational Interviewing, etc. I never forgot what I learned from Ray, which was to establish and develop a positive and caring therapeutic relationship with my patients through listening, empathy, and understanding. In fact I found that when I was stuck and didn't know where to go in a therapeutic encounter, I would always go back to this most basic and important way of being. In this way I have carried Ray's teachings with me throughout my career. The vision of Ray calmly listening, attending, and empathically understanding a person's experience became a soothing image for me whenever I was confronted with a difficult clinical situation or for that matter any challenging life situation. Looking at my work with clients and supervisees, I see what my experiences with Ray have taught me.

I never expect a supervisee or student to become a mini-version of me. I ask only that they learn what I can teach and then seek to find their own voice. Ultimately, you must be yourself and be the best at that. I will never be the best Ray Naar, the best Carl Rogers, or the best J.L. Moreno. But I will be the best me.

Finally, technology will continue to develop. Psychology and psychologists will always need to understand and adapt to an increasingly technological world and learn to grow and thrive within it. However, we must never lose our fundamental emphasis on the growth and development of the human being. Becoming fully human ourselves is the only way to enhance our experience of an encounter with another.

Thank you Ray.

## Do Your Clients Have the Monday Morning Career Blues?

Karen Litzinger, MA, LPC  
[www.KarensCareerCoaching.com](http://www.KarensCareerCoaching.com)

We all know the economy is in turmoil and most people are simply grateful for having jobs. However, being in a job or career that is not a good match can affect a person's mental and physical health, as well as relationships.

Clients who are considering career changes should allow approximately three to six months or more to explore and confirm a career shift, and to be ready to engage in a targeted job search with confidence. Additionally, an average job search takes three to five months during good times. Therefore, exploring the issues early can allow someone to be in a better position to take action when the economy does turn around. Sometimes people wait until a situation is unbearable and then make a quick career move out of desperation, jumping "from the fire into the frying pan" as the saying goes. Other times people grab onto one idea rather randomly, whether from something that was read or advice from a well meaning friend or family member. Then after going down a particular path, the person realizes it's not a good fit and gets discouraged about needing to start over. Well thought out career exploration can save a person headaches, time and energy in a search for more career happiness.

A first strategy is to assess what may be the cause of the unhappiness. This can help a person determine how big of a change to make. Perhaps a person does need to make a job change or perhaps its more about changes in oneself and responses to the current situation.

### Questions to Assess Type of Change:

**Career Field:** How do they like everyday tasks? Are they using natural skills? Does it feel like a "fit" or do they feel different than most people doing similar work? Does the work inherently not match their values, such as meaning, or lifestyle preferences, such as balance?

**Specific Employer:** Perhaps the field is fine, but it's not working with this specific employer. Is there a mismatch regarding policies, philosophy, politics or ethics? Is their unhappiness about their supervisor? Or is it about specific working conditions like physical setting, location, and hours?

**The Industry:** Maybe the work and employer are fine, but they are not interested in the services or products of the organization, so it is hard to get motivated. Or is there something for which the industry is inherently known (competition, hours, unprofessionalism, travel), such that they would not likely find another employer in that industry which would be any better?

**Self:** Sometimes the situation calls for more internal change. Has this unhappiness followed the client around from job to job? For example, if the client is inherently a workaholic, he or she may never find balance at a different employer unless internal changes are made. If there are patterns of relationship issues, then a career change will not necessary solve any problems. Also a client can look within in terms of the power to make external as well as internal changes. If a client believes the overall career field and employer are good matches, perhaps it is simply a matter of seeking more challenges or restructuring responsibilities at the current work site.

**Shoulds:** Is the unhappiness from reacting to internal or external pressures? If clients feel like they are "supposed to be" moving to a higher position, or "should" be using education more, then exploring internal pressures would be in order. If there are family expectations to make

more money, then reviewing assumptions or negotiating expectations may be useful. If these issues are "wants" rather than "shoulds," then they are likely legitimate motivations. Often a client's motivation for a change can come from more than one of the above categories. Psychologists are in the best position to help a client cope with internal changes and responses to situations as well as internal and external "shoulds." Career counseling expertise may be most useful for helping a client assess issues with the career field, employer and industry and explore changes in these areas.

If a client is exploring a career change, the following model is one that most career counselors use:

### Assessing Self

**Interests-** What tasks and subject areas do they enjoy? Where are their passions? What parts of jobs have they most liked? What did they enjoy doing as a child? What do they like to read? What clues are there from hobbies and community activities?

**Skills** – What comes most naturally to them? Bright people can make themselves do many things, so look at what is most effortless. This doesn't mean taking the easy way out. A person will be able to achieve much more if tapping natural talents. Although a person may be tempted to capitalize on degrees and experiences, in the early stage of exploring it is best for a person to not limit oneself.

**Values** –What is a client seeking out of work or life? Is it happiness, money, intellectual challenge, meaning, balance? This is different for everyone, and there is technically no right or wrong answer. It is important to not to be influenced too much by outside influences. Exploring family of origin values is also useful. Work values also relate to one's specific environment, such as the physical surroundings, people, and schedule.

**Personality** – What are the client's natural characteristics? We can all

make ourselves fit into a situation as needed, but we don't want to go through life feeling like a square peg in a round hole. If people honor natural personality and preferences, then they are not only happier, but everyone around them will be happier too!

### Exploring what's Out There

There are two areas to explore: What job function or field matches interests, skills, values and personality? What product, service, issue or population would be of interest to focus on? The tricky part of the career counseling model is to find a manageable way to explore these two areas. Simply browsing ads isn't a good strategy since approximately half of jobs available are not advertised. Even if a person uses one of several career information sources resources through the Department of Labor, the exploration process is often still random. Career testing used in career counseling is a useful tool to link information about self to what's out there. But it is through the one-on-one career counseling process that insights are significant. Otherwise career testing can feel too directive or alienating, and the client can come away feeling "the test told me I should be a \_\_\_\_." Once a client does surface level research on a manageable cluster of careers, deeper exploration would be a next step. This may include websites, books, networking, shadowing, classes, and volunteering.

### One's Best Educated Guess

In the end the career decision involves some risk. Thoughtful self assessment and career exploration can help reduce the risk inherent in decision-making. Some clients never begin career exploration or get stuck at the decision phase for fear of making the "wrong" decision. Just as there is no one "right" life partner, there is no one "right" career choice. The process of career counseling usually can help a person identify 2-4 choices that can all be satisfying. Sometimes clients decide to stay in one's current job or field after exploring options. Often they feel more satisfied about the choice since they took action and made a deliberate decision.

In the end, a career shift requires decision-making. When career counseling clients get stuck at this stage, often there are emotional issues and fears that are part of the obstacles. This is another excellent place for exploration with a psychologist. With a client release, consultation between the client's psychologist and career counselor could be an additional, helpful strategy in assisting clients through career angst.

Everyone deserves career success and happiness!

**About the author:** Karen Litzinger, MA, LPC, is a career counselor and founder of Litzinger Career Consulting in Pittsburgh. She also has a private practice in pet bereavement counseling.

## The Pennsylvania Psychological Association 2011 ANNUAL CONVENTION

June 15-18, 2011  
Hilton Harrisburg

### "Celebrating Human Performance in Mind, Body, Spirit, and Community"

The study of human performance is the study of life in microcosm. Human performance reflects the substance of individual and organizational determination. This determination helps reveal the possibilities of what people can accomplish. Whether struggling to overcome depression, anxiety or loss, improving health & wellness, or attaining a personal best, psychologists help others to achieve positive goals toward self-improvement. Mind, Body, Spirit, and Community define the essence of human existence and psychologists have much to offer in facilitating change in each area toward improving human performance and human potential.

## Continuing Education Calendar

Compiled by  
Francine Fettman, Ph.D.

February

**Monday, 2.7.11**

**Dialectical Behavior Therapy, Basic and/or Advanced seminar (Tuesday, 2.8.11).**

*Josh Smith, LMSW, BCD.*

Sheraton Hotel Station Square, 300 West Station Square Drive, Pittsburgh, 15219, 412-261-2000. 7:30-4:00. CE credits: 6. Fee: \$369.99 for both seminars, \$199.99 for one. DBTA members reduce fee by \$25. For information: [www.pesi.com](http://www.pesi.com) or 800-844-8260.

**Wednesday, 2.16.11**

**Brain Injury: Stroke, Alzheimer's & Head Trauma.**

*Lori B. Kantor, D.P.M.*

Doubletree Pittsburgh, 101 Mall Blvd. Monroeville. 15146, 412-373-7300. 8:00-3:30. CE Credits: 6. Fee: \$86, \$101 at the door. For information: [www.INRseminars.com](http://www.INRseminars.com) or 1-877-246-6336.

**Friday, 2.18.11**

**Journey from Loss to Renewal.**

*Harold Ivan Smith, MA, ED.S, FT.*

Sheraton Hotel Station Square, W Station Square Road, Pittsburgh, 15219. 7:30-4:00. CE Credits: 6. Fee: \$179 before 2.4.11, \$189 after. For information: [www.cmieducation.org](http://www.cmieducation.org) or 800-726-3888.

**Friday, 2.18.11**

**Alzheimer's, Diabetes & Depression.**

*David R. Larson, MFHD*

Doubletree Hotel Pittsburgh, 101 Mall Blvd. 15146, 412-373-7300. CE Credit: 6. Fee: \$179 before 2.17.11, \$199 after. For information [www.health-ed.com](http://www.health-ed.com) or 800-839-4584.

**Saturday, 3.12.11**

**The Practice of Mindfulness (for health providers and the public)**

*Katie Hammond Holtz, Psy.D.*

Center for Counseling Arts, 2nd Fl. 1201 South Braddock Avenue, Ph, PA 15218

CE Credits: 6, Fee: \$75 for GPPA members (includes CE fee; \$15 more for CE fee for non-members)  
 For info and to register: 412 361 0773;  
[drkatieholtz@gmail.com](mailto:drkatieholtz@gmail.com)

I often get more information about other CE opportunities between Newsletter publications. Feel free to call 412-367-1369 if you want this information. Please call after 6:00 p.m.

## The GPPA Report

**Editor** Charles Bonner Ph.D.  
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 The *GPPA Report* is the official bulletin of the Greater Pittsburgh Psychological Association. A subscription is included in your dues and a subscription for former members who are not residents of this area and for professionals not eligible for membership is available for \$15 per year. The *GPPA Report* is published quarterly in January, April, July and October. If you would like to publish in the GPPA report contact the Editor. Copy should be submitted to the editor, via e-mail by the 1st of the month prior to publication. Articles in the *GPPA Report* represent the opinion of the authors and do not necessarily represent the opinion of the Board of Directors, membership, or staff of GPPA.  
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## Contact Information

- For all regular mail correspondences, please use the following address:  
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 211 North Whitfield Street, Suite 645  
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- For general questions about GPPA or to request a referral, please call 412 Dr. Katie Hammond Holtz at (412) 361-0773 or go to [www.gppaonline.org](http://www.gppaonline.org) and click on "Contact Us"
- For mail correspondence related to dues renewal or contact information changes, please send to Ms. Elissa Manka, GPPA Administrator at: 10411 Forbes Road, Penn Hills, PA 15235-2915 or call Elissa at 412 372 5400, [LISM1222@aol.com](mailto:LISM1222@aol.com)

## The People of GPPA

**Board of Directors:** The GPPA Board directs policy, administers finances, and oversees committees.  
**Chair:** Katherine Hammond Holtz, Psy.D. 412 361-0773 or [katieholtz@verizon.net](mailto:katieholtz@verizon.net)  
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**Communication/Public Affairs:** Communicates with the public regarding psychological services.  
**Chair:** Open  
**Continuing Education:** Plans and

implements continuing education events, (co)sponsored by GPPA.  
**Chair:** Clara "Kit" Gautier, Ph.D.  
**Disaster Response:** Coordinates GPPA's response to disasters and crises affecting our community. Chair: Open  
**Early Career Psychologists:**  
**Chair:** Sam Schachner, Ph.D.  
**Electronic Transition:** Special committee for 2011 transition to electronic "green" communication systems.  
**Co-Chairs:** Ed Zuckerman, Ph.D. and Katherine Hammond Holtz, Psy.D.  
**Health Care:** Deals with managed care and other relevant aspects of the health care environment.  
**Chair:** Open  
**Legislative Action:** Deals with legislative issues affecting the practice of psychology.  
**Chair:** Arnold Freedman, Ph.D.  
**Membership:** Plans membership drives, processes applications.  
**Chair:** Michael "Mick" Sittig, Ph.D.  
**Mentoring:** Will be setting up a mentoring program for early-career psychologists.  
**Chair:** Irvin Guyett, Ph.D.  
**Networking/Social:** Plans social events for members; Coordinates our fall Legacy Awards Dinner and our spring Meeting.  
**Chair:** Jamie Pardini, Ph.D.  
**Newsletter/Publications and Ads:** Edits the GPPA Report; handles ads  
**Chair:** Charles (Carl) Bonner, Ph.D.  
**Assistant:** Ed Zuckerman, Ph.D.  
 Lays out, prints, and distributes the GPPA Report  
**Scientific/Academic Affairs:** Fosters integration of science and practice within/outside of GPPA.  
**Chair:** Open  
**Website:** Works on GPPA website [www.gppaonline.org](http://www.gppaonline.org)  
**Chair:** Ed Zuckerman, PhD

## Save these Dates!

### Sunday, April 12, 2011 **New Member Welcome & Informal Get-Together**

Join us for brunch at the home of Dr. Mick Sittig and Sheila Sittig. They have a lovely waterfall, pond, deck, and patio in their backyard near CMU. Everyone is invited and welcome to meet our newer members. Please invite someone who might be interested in joining GPPA who is not yet a member.

### Friday, May 13, 2011 **SPRING SOCIAL**

Please join us for an evening social and networking gathering, where we are pleased to recognize Drs. Connie Fischer, Andrea Velletri & Mary Anne Murphy, the members of the former GPPA Ethics Committee, for years of dedicated service.

### Friday, September 23rd

### **1<sup>st</sup> Annual GPPA NETWORKING FAIR at the Wyndham Hotel in Oakland.**

This event will bring together behavioral health providers from the Greater Pittsburgh area. A gathering for all who are treating, teaching, testing or training. Opportunities for networking, information gathering. Don't miss it!

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