



*The Official Bulletin of Greater Pittsburgh Psychological Association*

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Issue for Summer 2007

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**A View From the Chair**

Larry Glanz, PhD  
President of GPPA

I have been so pleased with GPPA this year. We have a great membership, a stable core, and a good balance sheet. During this year I have asked for the participation of younger members of GPPA, and was gratified by the response.

It is not unusual for me to ask why a member has agreed to help on a committee assignment or other task, for that psychologist to reply, "I just want to give something back." I think that members are grateful, not only that they are a part of GPPA, but that they are able to be psychologists, and they like to show it by volunteering their services, great and small. When younger members help, you just know that the future of psychology and of GPPA are in good hands.

Another thing I hear, when members do step forward is that they have gotten as much or more from it as they put into it. They tell me that it is gratifying to see the benefits of their efforts, and to know that others appreciate it. Whether it is publishing a newsletter, working on CE offerings,

or coordinating a social networking event, their work makes the wheels turn, and without their help we would not be able to function.

What is so remarkable is that each of these members leads a busy life. They have to carve time out to do these things. Any of them could make the valid excuse that they are too tied up with work or home obligations. Invariably, they find the time and do the work. I can't begin to tell you how important this is to all of us. Psychologists have a special identity, and we really do need to stick together. When we each take our turn, it binds us to one another, and strengthens us all.

I would encourage you to call me, any time you have an idea for GPPA. If you can't implement it yourself, we have a number of wonderful members who may be able to step up. If you can help, we would all be grateful.

Call me at any time. Larry Glanz. Call me at 412-400-8485, or e-mail me at [glanzlaw@yahoo.com](mailto:glanzlaw@yahoo.com).

**City of Pittsburgh Tax Snafu for Private Practitioners**

Charles Bonner, Ph.D.

During the first half of this year, many Pittsburgh psychologists in private practice received bills from the City of Pittsburgh for two obscure taxes that the city had not collected for years. These are the Payroll Expense Tax and the Business Privilege Tax. In addition to the back taxes, these bills included interest and penalties that brought the total bill to several thousand dollars for some parties. This situation resulted from a combination of practitioners, their accountants, and the City being lax on the payment of these taxes.

For those of you who are in this situation and who have not yet settled your tax, I want to share one approach that saved me some money after I was hit with this surprise bill. My accountant negotiated a settlement with the City in which all penalty fees were waived as long as the balance was paid in full. This is called "requesting an abatement", and can be made based on the argument that you

did not knowingly avoid paying these taxes and that you would have paid them sooner had the City informed you that they were due.

Also, another practitioner recently mentioned having a conversation with a city representative in which they discussed the prospect of also waiving the interest on the back taxes. If you have had other experiences in dealing with this tax snafu, please contact me so that I can compile our experiences and perhaps share them in the next *GPPA Report*. I can be e-mailed at [drbonner@mindspring.com](mailto:drbonner@mindspring.com)

## Mentoring Forum: Generations Generating Professional Links

Irv Guyett, Ph.D.  
Chair, Mentoring Committee

When the Moken, the “sea gypsies,” saw the ocean change, they pooled their collective information and fled to higher ground before the Tsunami swept across the Andaman Sea. None of their number were among the 300,000 people lost. We can learn from this

The threats or challenges to psychology are certainly many if not as lethal. The June issue of the *Pennsylvania Psychologist* (2007) provides many useful suggestions to change outlooks and strategies for practicing psychologists in order to meet the proliferation of such challenges. Belar (2006) makes a similar point for academic psychology.

The current effort grew out of our considerations of mentoring: How can we as an organization foster an ongoing relationship between early career psychologists and other members of GPPA to promote excellence and social value for the next professional generation?

GPPA and Carlow University are about to create a mentoring process that brings academic and community based practice closer. It is intended to encourage the generations of psychologists to pool their intellectual and social resources to cope with new challenges. In this regard it may be a first, and it certainly is worthwhile.

Since last fall members of GPPA’s Mentoring subcommittee have been meeting with members of Carlow University’s Department of Psychology & Counseling, Dr.s Robert Reed (Chair) and Mary Burke as an advisory committee (see below) to articulate a working relationship. The

Mentoring Subcommittee wanted a solidify a connection between GPPA and graduate students before they graduate with these goals:

- Recognize that when students graduate, they become involved in their own worlds and so may lose touch with colleagues and the resources they offer.
- Strengthen a connection between graduate students and practitioners before graduation.
- Develop a dialogue for students to share their learning about evolving issues and relevant research.
- Foster relationships with students so that they value participating in GPPA as their major professional association.
- Promote mentoring as a major path to professional excellence and identity.

### How This Will Work

This fall the Department of Psychology & Counseling at Carlow University will admit about 10 students with Master’s degrees to pursue the Psy.D. in Counseling Psychology (under the direction of Dr. Burke). Classes will be held mainly in the evening and Saturdays to allow students to continue employment . Please see website <http://gradstudies.carlow.edu/psy-d/>

[index.html](#) for further details.

GPPA will have opportunities to connect with these students in several ways. We hope many of you will come forward to make this a successful venture.

First, during Mary Burke’s class on Foundations of Counseling Psychology, four class periods will incorporate a 45 minute GPPA guest lecturer to make a relevant presentation and participate in the ensuing discussion. To when your appetite to volunteer Dr. Burke class addresses these topics::

- Competent Counseling in a Culturally Diverse Society.

- On Becoming a Counseling Psychologist: Professional Development in Graduate School and Beyond
- Theoretical and Practical Models for Therapeutic Change
- The Therapeutic Relationship
- The Counselor's Response to the Client: - Tactics and Techniques of Counseling - Science and Practice of Assessment in the New Era
- Career Psychology: Milestones and New Frontiers
- Therapeutic Groupwork: An Established Format
- Systems in Action: Family and Couples Interventions
- Preventive and Educational-Developmental Interventions
- Consultation: Empowering Others

Second, two time slots will be provided during the Spring term for GPPA to offer an evening colloquium. These will be mandatory for the students and probably open to the professional public. Presenters will be offered an honorarium for their efforts. Topics are pretty open, and I’ll be happy to e-mail a list of suggestion from Larry Glanz and the Advisory Committee to anyone interested in participating in this project.

Third, graduate students will be encouraged to come to GPPA activities.

Fourth, over time, a list may be developed of “mentors” who wish to be available for advising students on a limited basis.

We will now need guest lecturers and colloquia presenters *soon*. Please e-mail me with CARLOW in the subject line at: [ipguyett@comcast.net](mailto:ipguyett@comcast.net) for further information. Help GPPA mentor.

**References**

Belar, C. D. (2006). Graduate Education in Clinical Psychology: "We're Not in Kansas Anymore" *Training and Education in Professional Psychology*, Vol. 5, No. 2, 69-79  
*Pennsylvania Psychologist*, (2007) June.

**Doctoral Program in Counseling Psychology Advisory Committee**

- Sue R. Beers, Ph.D.
- Louis Chandler, Ph.D.
- Elizabeth Lee Fogarty, Ph. D.
- Tad T. Gorske, Ph.D.
- Irvin P. R. Guyett, Ph.D.
- Martha A. Mattingly, Ph.D.
- Katie McCorkle, Ph.D.
- Maureen McHugh, Ph.D.
- Ray Naar, Ph.D.
- Bruce Rohrs, Ph.D.
- Shelley Roisen, Ph.D.

**Legislation in Progress**

Arnold Freedman, Ph. D.  
 Chair, Legislative Committee

**HEALTHCARE ISSUES-STATE**

House Bill 1000, which would place limits on the ability of insurance companies to require authorizations for treatment, passed the House Insurance Committee on May 22. Advocates are hoping that it will be considered by the full House of Representatives by the end of June. The bill was amended by the House of Representatives on June 3 to include a provision that would restrict the ability of insurers to deny claims retroactively. The bill was then assigned to the House Appropriations

Committee. Although PPA supports the concept of limiting retroactive denials, adding it to House Bill 1000 complicates its passage, because it changes House Bill 1000 from a bill dealing with mental health issues to one dealing with issues pertaining to all health care. Insurance companies have been strongly critical of the bill and are working to stop its passage.

On the federal level, it looks like Congress may be moving on mental health parity legislation this summer. Bipartisan negotiations have been underway and the final provisions of the bill have not yet been determined. However, it is likely that the bill will include substance abuse as well as other mental health treatment, and will

exempt employers with 50 or fewer employees. The bill will not mandate mental health coverage, but only state that when mental health coverage is provided, it must be on the same terms as coverage for physical illnesses.

**HEALTHCARE ISSUES- NATIONAL**

On the federal level, it looks like Congress may be moving on mental health parity legislation this summer. Bipartisan negotiations have been underway and the final provisions of the bill have not yet been determined. However, it is likely that the bill will include substance abuse as well as other mental health treatment, and will exempt employers with 50 or fewer employees. The bill will not mandate mental health coverage, but only state that when mental health coverage is provided, it must be on the same terms as coverage for physical illnesses.

[Afreedman3@verizon.net](mailto:Afreedman3@verizon.net)  
 412-244-9866

**The Recent PPA Annual Convention**

The PPA convention’s theme was “Psychology and the Mind Body Relationship.” Psychologists from across the state presented their work on the latest psychological science has to offer in treating the whole person.

We had a strong showing of psychologists from Pittsburgh who presented topics on hypnosis, neuropsychology, and bridging research and practice. In addition to outstanding CE activities, there were plenty of opportunities for psychologists to network and socialize through our scheduled social hours and activities such as the “Mind-Body River Walk.”

We also had fun together through informal gatherings and the annual dance party. This year the dance included karaoke and participants were able to show off their hidden talents through singing and celebrity impersonations of Bob Dylan, Jimmy

Hendrix, Sonny and Cher, Abbott and Costello, and many others. It just goes to show that we can learn and have fun at the same time, truly personifying the “mind-body” spirit!

I want to thank the Pittsburgh psychologists who participated in the convention and helped make it a memorable time for all!

**Save These Dates**

*The Fall Continuing Education and Ethics Conference*  
**November 1-2, 2007** in Exton, PA.

*The Spring Conference*  
**March 27-28, 2008** in Harrisburg.

*PPA’s 75<sup>th</sup> Anniversary Celebration*  
**June 18-21, 2008** in Harrisburg

Finally, save this date! PPA comes to Pittsburgh in the Fall of 2008!

*PPA Fall Continuing Education and Ethics Conference*  
**October 23-24, 2008 in Pittsburgh!**

## Mood Charting in Psychotherapy

Ed Zuckerman, PhD.

[edzucker@mac.com](mailto:edzucker@mac.com)  
[www.ThreeWishesPress.com](http://www.ThreeWishesPress.com)

Who doesn't treat clients with mood disorders? Depressions come in many flavors: dysthymia, melancholia, bipolar, mixed with anxiety, in borderline and the other personalities, etc. But clients, like non-clients, are not veridical recallers of emotional states because of biases and expectations. Critical incidents and flashbulb memories are recalled better but may not be true to the average experience. A paucity of emotion words (alexithymia) lessens communication and understanding. The shaping of recalled past experiences by present context (emotional coloring, demand characteristics, question phrasing) has been well documented by Elizabeth Loftus' work and numerous other studies of recall.

I recall (possibly an apochryphal study which showed that when depressed, people recalled their family of origin in much more negative terms than when not depressed. Recalled emotional states are not good enough evidence for the basing of interventions, medication changes, or even diagnoses. Only a contemporaneous recording with criteria less subjective than a narrative can rationally support treatment decisions. There are several designs of mood diaries or charts and they won't all fit on this page so below you can find their URLs to view and download one or more best suited to your clientele.

Charts can be assigned as homework (to train up adherence if needed), reviewed at meetings to see temporal patterns for cycling and management of mood swings, extended with contextual or cognitive data collection for interventions, demonstrate progress despite pessimism, and others uses you

can invent.

### The Massachusetts General Hospital Bipolar Clinic and Research Program

<http://www.manicdepressive.org/moodchart.html> by Gary Sachs, MD, 2002

Here you will find a very valuable collection of forms to support treatment. This may have been the original diary from a major research program but it is very plain, has almost no room for notes and the dates are rows down the page. Mood (elevated or depressed) are rated 0-3 and meds are noted.

Also here is a **Treatment Contract** which can be used to encourage insight and as a monitoring tool as well as a "Contract" to take meds. Under Tools/Clinicians are three other forms: **The Clinical Monitoring Form (CMF)** "streamlines the process of eliciting and recording basic information during routine follow-up visits from patients suffering from a mood disorder." I find it too detailed but it will certainly alert one to all the depressive symptoms. **The Affective Disorders Evaluation (ADE)** is an very complete history-taking form in 14 pages. It can confirm diagnoses as well as support client education and insight. **The Clinical Self-Report Form** collects client recollections over "the last 10 days" on one page but is not a diary.

Both [Zyprexa.com](http://www.zyprexa.com) and [Symbyax.com](http://www.symbyax.com) have Sachs' diary with an additional page for "Life Event," "Side effects" and "Other symptoms." One line per day, a few inches each. Fairly good instructions. There are many good patient education materials on living with bipolar and with schizophrenia at the Zyprexa site. [Seroquel.com](http://www.seroquel.com)'s has no chart but some good handouts.

### Black Dog Institute

<http://www.blackdoginstitute.org.au/research/tools/index.cfm>

Dozens of very useful measures for treating clients, collecting data, and

educating yourself and clients. Go to Clinicians Aids under the For Health Professionals tab for *three daily* rating forms, the Treatment Chart gets a full history of treatments, formal assessment tools such as the DMI-10 and measures of temperament, etc. Under the Our Research tab there are a dozen useful standardized measures under the heading Research Tools.

### Living Manic Depressive

[http://www.livingmanicdepressive.com/D\\_050.html](http://www.livingmanicdepressive.com/D_050.html)

From a sufferer, a better design is under Coping Ideas and then Setting Up A Mood Chart. There is no blank version to download but you can draw it up yourself from the excellent instructions. Best for shorter cycles like one month. Records both emotions and productivity and has room for comments or narrative.

### HealthyPlace.com: Bipolar Community

[www.healthyplace.com/communities/bipolar/mood\\_chart.asp](http://www.healthyplace.com/communities/bipolar/mood_chart.asp)  
A colorful version with spaces for weight and hours slept. Very good separate instructions. <http://www.healthyplace.com/communities/bipolar/p-ymrs.asp> offers a parent-completed version of the Young Mania Rating Scale (P-YMRS).

### Bipolar Kids

<http://www.bpkids.org/site/DocServer/6-02.pdf?docID=102>

**K-LCM/P: The NIMH-Child Life Chart Method from NIMH** for adults to rate a child's moods and behaviors. More complex but also more sensitive.

### Georgia Childhood Bipolar Foundation

<http://www.gcbf.org/resources/moodcharts.html>

Separate monthly and daily charts for boys and girls (different cartoon faces) to record mood, sleep and school information. Don't bother with the links at the site.

Two useful articles on the use of mood charts to anticipate and manage episodes and risks of relapses can be

found at [http://www.findarticles.com/p/articles/mi\\_qa3949/is\\_200203/ai\\_n9051468/pg\\_2](http://www.findarticles.com/p/articles/mi_qa3949/is_200203/ai_n9051468/pg_2) and <http://apt.repsych.org/cgi/content/full/10/1/18#SEC5>.

If your client uses any kind of diary or daybook or handheld device you could construct a simple system of symbols for ratings (say 1-10 or -5 to +5) for moods, productivity, or any other symptoms which could be graphed periodically.

URLs checked July 14, 2007

## Continuing Education Calendar of Events

Francine Fettman, Ph.D.

### AUGUST

#### Wednesday, August 1

*Pain management: Understanding and Treating Chronic Pain.*

Vera A. Gonzalez, Ph.D. Radisson Hotel Pittsburgh, 101 Mall Boulevard, Monroeville, PA 15146, 412-373-7300, 7:30-3:30. CE Credit: 6. Fee: \$149. For information: 800-839-4584 or [www.health-ed.com](http://www.health-ed.com)

#### Wednesday, August 15

*Practical Psychopharmacology: What Every Mental Health Professional Needs to Know about Psychotropic Medications.*

G. Shankar, Pharm D, MS, PH-C, BCPP, CGP. Holiday Inn Parkway East, 915 Brinton Road, Pittsburgh PA 15221, 412-247-2700, 7:30-4:00. CE Credits: 6. Fee: \$179. For information: 800-843-7763.

#### Wednesday, August 29

*Dialectical Behavior Therapy for Children and Adolescents.*

Connie Callahan, Ph.D. Holiday Inn Parkway East, 915 Brinton Road, Pittsburgh, PA 15221, 412-247-2700, 7:30-4:00. CE Credits: 6. Fee: \$179. For information: 800-843-7763 or [info@pesi.com](mailto:info@pesi.com)

Home study opportunity: to get a

brochure with information and discount coupons email [www.pdresources.org](http://www.pdresources.org)

### SEPTEMBER

#### Friday, September 7

*Treating The whole Person: Practical Yoga And Mindfulness For Clinicians.* Yonna, Swingholm, LICSW. Sheraton Hotel Station Square, 300 W. Station Square Drive, Pittsburgh, PA 15219, 412-261-2000. 7:30-4:00. CE Credits: 6. Fee: \$179. For information: 800-843-7763 or [www.pesi.com](http://www.pesi.com)

#### September 11th-December 4th

*Advanced Motivational Interviewing Training*

12 Tuesday evenings from 7 PM to 9PM. Co-sponsored by GPPA. Tad Gorske Ph.D. and S. Feinstein Ph.D. Kenmawr, 401 Shady Avenue, Suite B-207, Pittsburgh PA 15206. CE Credits: 24. Fee: \$600. For information: 412-370-2637 or 412-337-5863 and <http://stevefeinsteinphd.googlepages.com/homepage>

#### Friday, September 14

*HIPAA and Medical Records Law: Meeting the Privacy and Security Regulations.* Joe Borich III, JD, LLM. Holiday Inn Pittsburgh Airport, 8256 University Blvd., Moon Township, PA 15108, 412-262-3600. CE Credits: 6. Fee: \$199 up to 9/4/07, \$219 after. For information: 800-397-0180 or [CrossCountryEducation.com](http://CrossCountryEducation.com)

#### Thursday, September 27

*Compassion Fatigue.* J. Eric Gentry, Ph.D., LMHC. Sheraton Hotel Station Square, 300 W. Station Square Drive, Pittsburgh, Pa 15219, 412-261-2000. 7:30 – 4:00. CE Credits: 6. Fee: \$179. For information: 800-843-7763 or [www.pesi.com](http://www.pesi.com)

#### Thursday, September 27

*Ethical Principles In The Practice Of The Mental Health Professional In Pennsylvania.* Allen M. Tepper, J.D., Psy.D. Holiday Inn Greentree, 401 Holiday Drive, Pittsburgh, PA 15220.

8:00 – 4:30. CE Credits: 6. Fee: \$197 before 9/17/07, \$227, after. For information: 715-836-9900 or [www.meds-pdn.com](http://www.meds-pdn.com)

#### Friday, Saturday, September 28-29

*Constructive Action In An Anxious World. 20th Pittsburgh Family Systems Conference and Symposium.* WPFC Conference Center. 9:00-5:00. CE Credits: 6 per day. Fee: \$35 both days, \$30 one day. For information: WPFC, 733 North highland Avenue, Pittsburgh, PA 15206, 412-362-2295 or [infor@wpfc.net](mailto:infor@wpfc.net)

### OCTOBER

#### Friday, Saturday, and Sunday, October 5-7

*The Psychodynamic Diagnostic Manual: An Effort at Clinically Relevant diagnosis* Nancy McWilliams, Ph.D. Duquesne University, Room 222 College Hall Lecture: Friday October 5, 2007: 6 – 9 p.m. Mini-course: Saturday October 6, 2007: 10am– 1pm and 3pm – 6pm, & Sunday October 7, 10am – 1pm. Credits: Friday lecture only: 2.5 CE's; Whole mini-course: 10 CE's Fees: Friday night's lecture only: \$ 20. Mini-course, including Friday: \$120. \$100 with pre-registration (by 9-28-07). More information, brochure & registration form at: <http://www.gradpsych.duq.edu/McWilliams%20Mini-course.pdf>. Course brochure: <http://www.gradpsych.duq.edu/McWilliams%20Mini-course.pdf>. Also e-mail to Marilyn Henline at [henline@duq.edu](mailto:henline@duq.edu)

#### Friday, October 26

*Clinical Forum I Bringing The Family Back to the Treatment Of Eating Disorders.* Tamara J. Hawk, MSW, ACSW. For information see WPFC information just above.

## The Fall Festival of Socializing and Networking

Friday, October 5, 2007, 5 to 8 PM

Please come and join us for a Fall Festival, a good old fashioned party with the continued purpose of getting to know one another, supporting one another, and educating each other about what types of services we offer. We particularly look forward to getting to know newcomers and students and bringing together academic psychologists and private practitioners. We will also have a chance to follow up on interest expressed in the area of mentoring and development of consultation and study groups.

Please bring pamphlets, business cards, and brief write-ups about your practice or research or just yourself. Feel free to extend an invitation to another psychologist who is not a GPPA member. Light refreshments will be offered along with several Fall-themed door prizes!

RSVP: Katie Hammond Holtz, Psy.D.  
by September 26th: 412 361 0773

North Hills Psychological Associates,  
4068 Mt. Royal Blvd.  
Suite 125, Gamma Building  
Allison Park, PA 15101  
For Directions: [www.nhpa.com](http://www.nhpa.com)  
NHPA 412.492.0644 ext. 40  
Lori Gephart cell 412.780.2724

If you are unable to attend send along business cards and a pamphlet or brief write up of your practice. We will make them available to everyone.

## Research-Practice Forum

Tad T. Gorske, Ph.D.

In today's health care climate, psychologists are frequently challenged to justify their methods for treating patients.

Despite the well-documented efficacy of psychotherapy, many patients continue to see medication as the first-line (and often the only line) intervention when they struggle with emotional problems. I hear this when the issue of mental health treatment comes up in casual conversation.

Someone discloses to me that they have struggled with depression and then talk about their experience trying to find the right medication. I often ask if they have received psychotherapy. More often than I would like to hear, the response is, "No, I thought that medication was enough."

It's no wonder people think this way when you look at the aggressive marketing by pharmaceutical companies which give the message, "When you feel out of sorts take our medication and your life will be good!" This glosses over an essential ingredient of mental health treatment, that the combination of medication and psychotherapy is the gold standard for improving one's emotional health and well being. The importance of psychotherapy cannot be understated not only because of the multiple studies showing the efficacy of a combined pharmacological and psychotherapeutic approach, but also because of burgeoning research showing the effects of psychotherapy in creating brain changes.

Psychologists have known for years that psychotherapy can change the way a person thinks, feels, and perceives. However, what has not been demonstrated until recently is the effect these cognitive alterations have on a person's brain. A review by Dr. David Linden of the School of Psychology in Bangor, Wales documents how functional imaging studies have demonstrated psychotherapy's effects for obsessive compulsive disorder, phobias, and depression. Many of these studies, utilizing cognitive behavioral therapy, showed positive changes in glucose metabolism and/or cerebral blood flow primarily in the areas of the brain previous research suggests to be affected by mental health disorders. In some cases, these results were comparable to the effects of medications.

This research is in its infancy and many studies are limited by small sample sizes, heterogeneous patients, and mixed results. However, the

evidence continues to grow and as more psychologists pursue this line of research evidence of psychotherapy's positive effects on emotional health and even brain functioning will emerge. Hopefully then we can all look forward to commercials that say something like, "Are you feeling depressed? Anxious about social situations? Then call this number to find an experienced and compassionate psychotherapist near you."

### What You Can Do

- Educate your patients about the efficacy of psychotherapy and that the "Gold Standard" treatment for many disorders is a combination of medication and psychotherapy, not medication alone.
- Help patients understand a holistic perspective of emotional health, that effective treatment encompasses the mind and the body.
- Let patients know that just as music, stimulating activity, and various intellectual pursuits can positively impact on the brain, there is some evidence that psychotherapy may have a similar positive impact.

### References

- Linden, D. (2006). How psychotherapy changes the brain – the contribution of functional neuroimaging. *Molecular Psychiatry*, 11, 528 – 538.
- Recommended readings about the relationship between psychotherapy and neuroscience:
- Cozolino, L. (2002) *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York: W. W. Norton & Company
- Siegel, D.J. (2007) *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W. W. Norton & Company
- Stein, P.T.. & Kendall, J.C. (2003) *Psychological trauma and the developing brain: Neurologically based interventions for troubled children*. Binghamton, N.Y.: The Haworth Press.
- Contact Dr. Gorske for a list of other publications addressing the integration of neuroanatomy and psychotherapy.  
[Gorske38@verizon.net](mailto:Gorske38@verizon.net)

# SLUMS

St Louis  
University Mental Status  
Evaluation

Instructions: Do or fill in the words in regular typeface and read to the client all the words in bold. The number of \* indicate the point value of each correct answer.

Name of client  
Name of examiner  
Date of exam  
Age

Birthplace  
Years of education

Is patient alert?

1. What day of the week is it? \*

2. What is the year? \*

3. What state are we in? \*

4. Please remember these five objects. I will ask you what they are later.

Apple Pen Tie  
House Car

5. Imagine that you have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

How much did you spend \*  
How much do you have left? \*\*

6. Please name as many animals as you can in one minute. Start time:

(0-4= 0, 5-9 =\*\*, 10-14 = \*\*\*, ≥ 15 =\*\*\*\*)

7. What were the five objects I asked you to remember?

(1 \* for each)

8. I am going to give you a series of numbers and I would like you to give them to me backwards.

For example, if I say 42, you would say 24.

87 (0)

649 \*

8537 \*

Draw a circle about an inch in diameter on the back of this page.

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

Hour markers okay \*

Time correct \*\*

Draw a square, a triangle and a tall rectangle each about an inch high and next to each other on the back of this page.

10. Look at this. Please draw an X in the triangle. \*

11. Which of the figures is the largest? \*

12. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived

happily ever after.

What was the female's name\*\*

What work did she do? \*\*

When did she go back to work? \*\*

What state did she live in? \*\*

Thank you for answering these questions.

Total Score	Norms	Normal	Mild Dementia
Neurocognitive Disorder With a high school education	27-30		
With less than high school education	21-26	1-20	
	25-30		
	20-24	1-19	

The SLUMS is posted at <[http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam\\_05.pdf](http://medschool.slu.edu/agingsuccessfully/pdfsurveys/slumsexam_05.pdf)>.

Tariq, S. H., Tumosa, N., Chibnall, J. T., Perry III, M.H., and Morley, J. E. (2006). Comparison of the Saint Louis University Mental Status Examination and the Mini-Mental State Examination for detecting dementia and mild neurocognitive disorder —A pilot study. *American Journal of Geriatric Psychiatry*, 14, 900-910. Provisional conclusion is that SLUMS detects Mild NeuroCognitive Disorder and both detect dementia. Layout and numbering here was revised 7/07 by Ed Zuckerman, PhD. [edzuckerman@mac.com](mailto:edzuckerman@mac.com).

## The *GPPA Report*

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