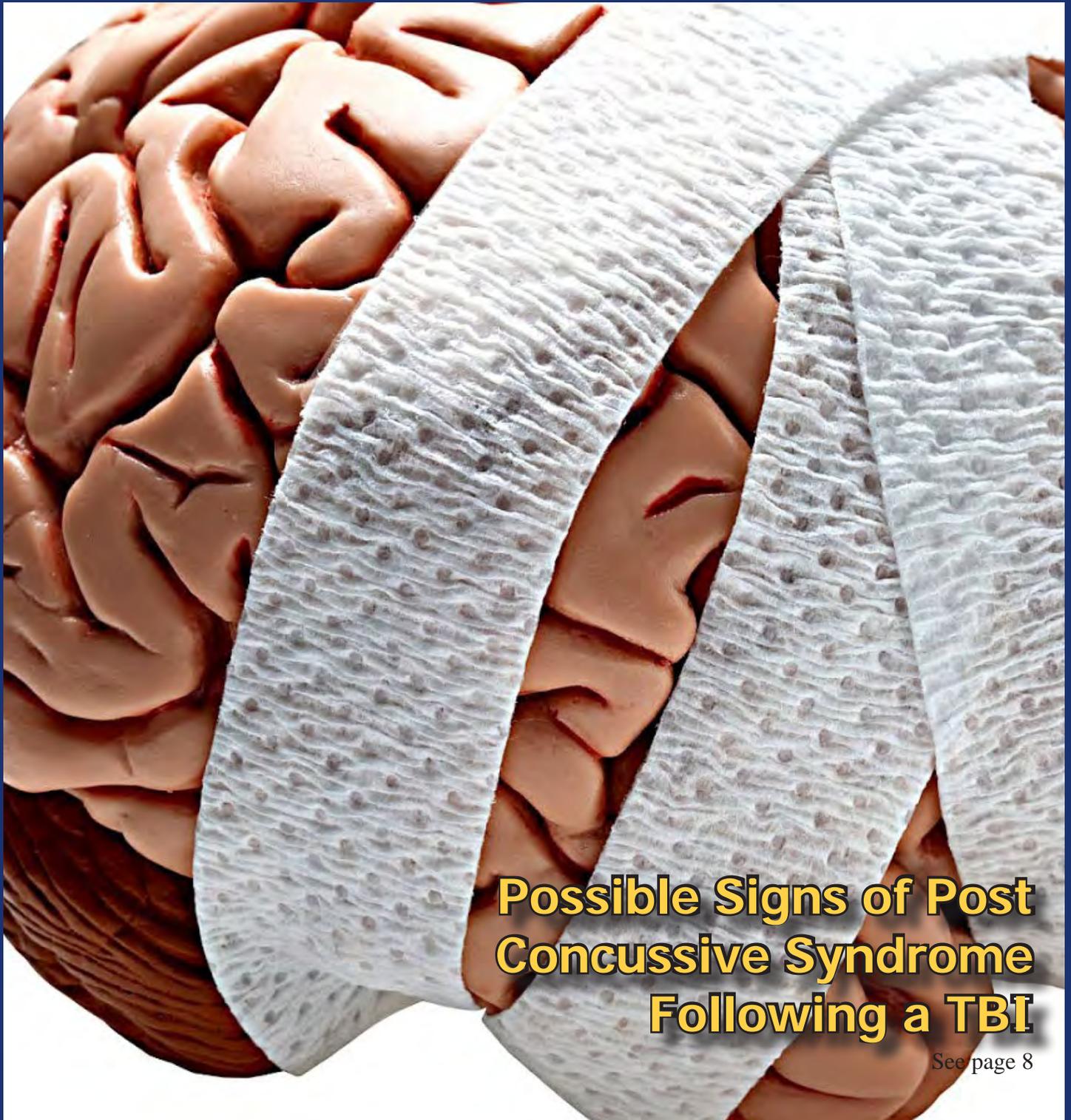


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**Possible Signs of Post
Concussive Syndrome
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See page 8



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PRESIDENT'S MESSAGE

Christiane Blanco-Oilar, PhD, ABPP
2022 FPA President

Forging Forward: Leaning into Change

Thank you for reading this issue of the *Florida Psychologist*, and for allowing me to contribute as part of serving as your President. I have been reflecting much these past few months about our association as we go through the transition of saying goodbye to our Executive Director, Carolyn Stimel, and welcoming our new one, Deborah Foote. As much as globally we seem to be emerging from years of surviving a pandemic that has changed our world and our society in ways we have yet to fully recognize; FPA, too, is emerging from previous challenging times. Many of you know this much better than I do, as I have the fortune of working alongside colleagues who have been volunteering for FPA for many, many years. Many of you have shared with me about the challenges we have faced as an association that affected our budget, our membership, and overall morale. As Carolyn took on the role of interim ED, and later on as our full ED, we were able to re-set and recover. Thanks to the tireless efforts of Carolyn, and all the colleagues who have been involved in leadership and other volunteer efforts, we are now enjoying a healthy (small but mighty) budget, a membership that is, at worst stable, and at best growing (we have more to do), re-established as an APA sponsorship of our CEs, and we are an association with an inspiring and active pool of volunteers whose efforts move us towards the many goals we all share (such as PsyPact). Now that we welcome Deborah, we are, it seems to me, actively moving towards thriving once again.

We have come a long way, but we also have a long way to go. While we have the benefit of some committees with active leadership and membership such as LAPPB, Diversity and Cultural Competence, Early Career, Public Education, and others, we have struggled to have our volunteer chapter board positions filled across the state. Even chapters that have historically enjoyed active volunteerism are currently struggling to recruit new board members, and some chapters have had the same leaders volunteering for years. This, we are beginning to see, may not be sustainable. We also may be noticing the emergence of new needs, new trends, and new ways to engage volunteers that we need to explore. As such, we have a Re-Organization Taskforce who has for a while now, and recently more so, been looking at our internal needs, as well as what other SPTA's (State Provincial and Territorial Associations) around the nation are doing and how those other SPTA's are meeting similar needs. What we have learned, is that Florida is not alone in the issue of recruitment of volunteers (or members). Rather than re-invent the wheel, the committee will explore different options, get feedback from current chapter leaders, and members, learn from other STPAs, and will make recommendations to the Board of Directors for new ways of organizing ourselves to make the most of what we have. In a parallel way, the Membership Committee will continue to explore ways to recruit and retain members, so that FPA can grow, and thrive.

As psychologists, we all know that change is hard and transitions come with challenges. We also know, however, that through intentional change and transition, growth, rejuvenation, and motivation can emerge; because our transition is being done with intention, I feel confident that we are on our way to become an even greater association.

Please don't forget that the best way for FPA to be focused on what matters most to you, is by joining the many active efforts and bringing your voice to the table. We welcome you!

Thank you for all your hard work and collegiality. Wishing you all a successful end of 2022, and looking forward to more growth in 2023.

Respectfully,
Christiane

Member Editor: Penelope Norton, PhD

The Florida Psychologist

The Florida Psychologist is the official publication for the Florida Psychological Association, a professional membership association for psychologists in Florida. The Florida Psychologist is published four times per year: Spring, Summer, Fall and Winter.

Mission Statement

The mission of the Florida Psychological Association shall be to advance psychology as a science and profession and as a means of promoting health and human welfare; by the improvement of the qualifications and usefulness of psychologists through high standards of ethics, conduct, education, and achievement; to increase and diffuse psychological knowledge through meetings, professional contacts, reports, papers, discussions, and publications; and to advance scientific interests and inquiry; and the application of research findings to the promotion of health and the public welfare.

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Submissions

We invite authors to submit work to the Florida Psychologist. As Florida's leading source of news on the latest psychological opinions, theories and research, legislative updates, and membership information, we count on experts like you to maintain the high standards of the Florida Psychologist. Priority is given to articles about: legislative, political, advocacy, regulatory news or information, practice issues, FPA news and business, columns and articles by FPA committee chairs and members on issues not covered above, and other information.

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EXECUTIVE DIRECTOR'S MESSAGE

Deborah Foote, MPA

From Surviving to Thriving

Under the leadership of Carolyn Stimel and the FPA Executive Committee and Board of Directors, your association has reached organizational stability. We all have so much to be thankful for as Carolyn ends her tenure as executive director. She will continue to serve as FPA's director of professional affairs—and I, for one, am grateful to be able to rely on her wise counsel as I begin my work for you and with you, FPA members, and the Central Office team.

While not a psychologist, I have been fortunate to participate in a number of multi-disciplinary treatment teams both at a community mental health center and a neuro-rehabilitation facility. My expertise is in the management of non-profit organizations, and I have had the pleasure of working closely with several professional associations, including those representing the veterinary and dental professions. Additionally, I have a long history in government affairs— from serving as a New Hampshire State Representative (1992-98) to representing a diverse group of nonprofits as their lobbyist in nine different state legislatures, including Florida. I plan to use my deep skill set to benefit FPA and to help it thrive. In order to grow, we must adapt to the current market and environment. We must explore new ways of generating revenue, attract and retain members, explore new ways of communicating, and be prepared to seize upon new opportunities to serve the public.

I am excited for this new chapter for FPA and hope you are too! Please share your thoughts and ideas with me at deborah@flapsych.com.

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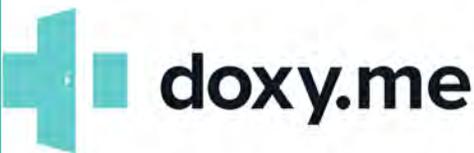
MESSAGE FROM THE DIRECTOR OF PROFESSIONAL AFFAIRS

Carolyn Stimel, PhD, ABPP

Beginning to Love that Forward Key

Some of you think I'm retired. Well, I'm working towards that. I am no longer Executive Director of FPA and you either have or will soon meet my replacement. However, I am staying on as a very part-time Director of Professional Affairs. For those relatively new to the organization, I've held this position since 2007 and then added the Executive Director tasks in 2015. This change allows me to step back from the administrative duties but continue to be a psychologist consultant to the Central Office of FPA. As such, I can continue to assist members with ethical and practice issues. However, any administrative requests will be forwarded to Deborah Foote or other members of staff to handle. My "forward" button has been used a lot the past few weeks (it feels great).

I cannot begin to thank everyone that has helped me over the seven years I've been ED and, with the risk of leaving someone out, I will not try to do that here. However, given that this is our newsletter, I do want to express my thanks to Dr. Penny Norton who has served as our member editor for most of my tenure as ED. She will be stepping down soon. Her position is unseen but incredibly important in letting us put out a professional, grammatical newsletter on a quarterly basis. My greatest thanks to her and all the others in FPA who put in untold volunteer hours in service of their profession.



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Please Welcome New FPAGS Chair

Mychael Bruce



Mychael is a fourth-year graduate student at Florida School of Professional Psychology and has an interest in working with diversity issues, social justice issues, and the forensic population who experienced both trauma and substance use problems. He works toward incorporating all of his interests into an approach that best suits and promotes the welfare of clients he works with now and in the future. At the moment, Mychael serves as the past President of FSPP's Student Psychological Association (SPA) working to incorporate FSPP students with activities hosted by various campus interest groups. Mychael presented with Dr. Patricia Dixon at FSPP's Diversity Summit in 2020 providing an experiential workshop about vicarious trauma and Black racial microaggressions. Mychael hopes to incorporate his professional interest with other FPAGS members to promote equity within clinical practice. He also aims to increase communication amongst the various clinical psychology graduate school programs in Florida.

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Possible Signs of Post Concussive Syndrome Following Traumatic Brain Injury

By Denise Carballea, MS, CBIS

A TBI is a disruption in normal brain function resulting from a lesion or damage to the head (Centers of Disease Control, 2019). Injuries of this kind may lead to health declines and post-concussive syndrome (PCS) over time (Kwako et al., 2011). Post-concussion syndrome is usually diagnosed following a concussive event such as a TBI, when the persistence of cognitive, physical, and emotional/behavioral symptoms associated with an injury do not alleviate within the expected time frame (Ryan & Warden, 2003). Sustaining multiple concussions does not necessarily mean an individual will experience PCS; however, each concussion is a risk factor for PCS development (Fong, 2021).

Although post-concussion syndrome may have an early onset of days following injury, at times, it may take weeks for symptoms to appear. According to the Concussion Legacy Foundation, post-concussion syndrome is a quite common complication during the rehabilitative process. Untreated PCS can become permanent if treatment is not sought out; however, with proper care, symptoms may improve and resolve (Fong, 2021).

In the rehabilitative process, no single treatment exists however, rehabilitation providers will help treat symptoms specific to the individual. Currently, no definite exam is used to diagnose PCS, but self reported measures and the use of physical examinations (i.e., CT, MRI) may assist



in ruling out other causes of symptoms experienced. Additionally, medication and psychotherapy are oftentimes helpful in alleviating depressive and anxious symptoms associated with PCS (Meehan, 2012). For difficulties related to cognitive functioning, cognitive rehabilitation may help individuals with relearning cognitive skills that have been impaired due to the injury (Kumar et al., 2017). The most essential resource rehabilitation professionals may provide to individuals who have sustained a concussion is education. The following are common symptoms associated with PCS usually reported by patients:

Strain on Cognition:

Oftentimes, cognitive symptoms such as a decline in memory, difficulties sustaining attention, and lack of focus may be indicative of PCS following head injury. Of note, severe memory loss is uncommon following a concussion however, it may occur. Post-concussion individuals may also find themselves experiencing difficulties multitasking, which may result in cognitive fatigue. Rehabilitation professionals may also note the individual's processing speed to be relatively slowed.

Sleep Disturbances:

Individuals who experience PCS may find themselves sleeping more than usual (i.e., hypersomnia), leading to increased drowsiness and fatigue following injury. Although individuals may report sleeping relatively long hours during the day, they may continue to feel unrested upon awakening. On the other hand, others may develop difficulties initiating and sustaining sleep (i.e., insomnia). Sleep disruptions and circadian rhythm shifts are also common in individuals who experience PCS post-brain injury.

Emotional Difficulties:

Following brain trauma, lifestyle changes and diminished capabilities may lead to bouts of irritability and frustration. Instances of depression and anxiety are also frequently endorsed due to the drastic limitations imposed by a brain injury. Individuals may find themselves with decreased hope regarding recovery leading to anxious and depressive symptomatology. Additional psychological consequences such as post-traumatic stress disorder may develop following brain injury due to trauma associated with the incident experienced.

Physical Limitations:

Although cognitive and emotional difficulties are often noted, physical symptoms are also commonly endorsed. Headaches, dizziness, fatigue, and nausea are commonly reported by individuals following brain injury. Oftentimes, vision-related symptoms such as increased sensitivity to

sounds (i.e., phonophobia) and light (i.e., photophobia), as well as double or blurred vision are also frequently reported by patients' following concussion.

While some individuals may seek help immediately following concussion, others may be unaware that symptoms experienced may be due to sustaining a brain injury. It is essential to follow up with a rehabilitative professional following concussion to avoid PCS development. Early-stage intervention is key in assisting in diminishing cognitive, physical, and emotional post-concussive symptoms.

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Bilingualism: Impacts on Cognitive Development

By Mariana Furtado, Post Doc Student Member

Language is an integrated part of people's lives for communication, connection, interpretation, and understanding of others, and the world around them. The ability to speak and understand more than one language and their nuances is complex. The effects of bilingualism on children and cognitive development are a divisive research topic. Some research studies demonstrate that children who speak two or more languages or who are exposed to two or more languages experience cognitive delays, whereas other research indicates the opposite. According to Marian et al. (2009), some studies report that bilingualism in children is linked with increased meta-cognitive skills, while other research has argued that bilingualism has an adverse impact on language development as it is associated with delays in lexical acquisition. Research methodology on cognitive

development and the effects of bilingualism continues to improve; thus, a better body of evidence is emerging that supports bilingualism in multiple capacities. This article will provide a comprehensive overview of the positive effects of bilingualism on cognitive development.

The effect of bilingualism on children and their cognitive development and ability to develop language skills has been a critical concern of educators and parents. Bialystok (2017) reported that during the first half of the 20th century, second-language acquisition was considered detrimental to children's development of cognitive functions. This perspective was challenged by a pivotal study conducted by Elizabeth Pearl and Wallace E. Lambert, who demonstrated that multilingual children outperformed their monolingual peers in multiple areas of development, intelligence, and academic achievement



(Pearl & Lambert, 1962, p.4). Since then, research has presented a more positive perspective of the effects of bilingualism on cognitive development, demonstrating either benefits or no change.

There are multiple types of bilingualism, and each type may have a different impact on cognition. This includes early bilingualism, which is categorized into two types: simultaneous early bilingualism and consecutive early bilingualism. Simultaneous bilingualism refers to a child who learns two languages at the same time. In contrast, consecutive bilingualism refers to a child who has a foundation in one language and then begins learning a second language. Late bilingualism occurs when the second language is learned after the age of 6 or 7, particularly when the language is acquired in adolescence or adulthood (Fédération des Parents Francophones, 2011). Late bilingualism is a form of consecutive bilingualism that uses existing language experience to develop proficiency in a second language instead of developing it simultaneously. Additive and subtractive bilingualism represent another type of language acquisition where a second language is either developed in a way that is balanced with the first language or in a way that is detrimental to the second language. Finally, passive bilingualism refers to when an individual can understand a second language but is unable to speak it (Fédération des Parents Francophones, 2011.).

The advantages of bilingualism extend beyond the brain's language networks; and research has shown an impact in multiple brain regions. For instance, the dorsolateral prefrontal cortex (DLPFC), which is "associated with cognitive skills like attention and inhibition," shows increased activity in bilingual individuals (Marian & Shook, 2012). In addition to a more active DLPFC, "language switching has been found to involve structures such as the anterior cingulate cortex (ACC), bilateral supramarginal gyri, and left inferior frontal gyrus (left-IFG), regions that are also involved in [both linguistic and non-linguistic] cognitive control" (Marian & Shook, 2012). Bilingual children learn that objects can have more than one name and develop a metacognitive ability to differentiate between names and contexts in a way that monolingual children cannot. In addition to the benefits associated with cognitive development, bilingualism has been shown to reduce the prevalence and/or severity of Alzheimer's disease and other forms of dementia (Bialystok, 2011, p. 230).

While the effects of bilingualism have been widely debated in research over time, the perspective has shifted from focusing on potential adverse impacts to identifying possible benefits. Bilingual individuals consistently outperform monolingual individuals in multiple areas of cognitive development, including attention, cognitive flexibility, and more. Furthermore, bilingualism appears to have a positive effect on reducing the prevalence of age-

related cognitive decline and Alzheimer's, and other forms of dementia.

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Of Paradoxes, Politics, and Patient Needs: Why Professional Stasis Hurts the Nation

By Morgan T. Sammons, PhD, ABPP

This month's issue of *Health Affairs* has a couple of articles of extraordinary importance to psychologists—with the paradox that the word “psychologist” appeared only once in either article.

Why is this a paradox? Let me give you a teaser: “One established driver behind...unmet need is a shortage of specialty mental health providers with prescribing privileges, such as psychiatrists...Between 2003 and 2013 the number of psychiatrists per 100,000 US population declined 10.2%.

The shortage is projected to widen over time, with a projected national shortage of 14,000-31,000 psychiatrists in 2024” (Cai et al., 2022). As you might expect, there was a counterpoint to the decline in psychiatrists' numbers: an extraordinarily rapid increase in the number of psychiatric mental health

nurse practitioners. As you also might expect, there is not a single mention in the article of psychologists with prescriptive authority. One can't really blame the authors for this omission. Despite the fact that five states, the DoD, and the IHS have allowed prescriptive authority by psychologists, there simply aren't enough of us (as yet) to make a difference.

But let's look at what happens when another profession takes the revolutionary step of increasing their scope of practice. Here is what Cai and colleagues found: from 2011 to 2019, the number of advanced practice nurses grew from 4,546 (slightly fewer than the number of doctorates in psychology produced every year) to 11,929,

an increase of 162 percent, and the number of office visits by nurse practitioners more than doubled. Psychiatrist numbers dropped 6%. In the same issue of *Health Affairs*, Spetz and colleagues discovered that the vast majority of the increase in numbers of providers able to provide buprenorphine treatment to opiate dependent patients was driven by nurse practitioners and physician assistants.

What these articles, in spite of the truly jaw-dropping numbers they report, do not capture is the number of

beneficiaries who received psychotherapy along with medication. I will be bold enough to suggest that psychotherapy was offered far less frequently than medication services. It must be said that mental health nurse practitioners have a background in nursing, and this gives them a more holistic perspective than those trained in allopathic medicine,



so there is a somewhat higher chance that their patients received systematic psychotherapy along with medication than had they been treated by a psychiatrist. At the same time, no profession (bar none) has more in-depth training in psychodiagnosis and psychotherapy than doctoral-level health care psychologists. We are, then, depriving millions of patients who will likely benefit most from combined therapy from the very thing that's likely to lead to improved health. We are. All of us, but especially psychologists.

Psychologists who oppose prescription privileges for the profession are doing far more damage to patient care than they realize. By refusing to admit that

psychologists can, with modest additional training, be well prepared to provide this service, they ignore the fact that prescribing psychologists can provide the service patients need most—a combination of pharmacological and psychotherapeutic interventions, which for most disorders is a superior treatment to drugs alone. By arguing against allowing some psychologists to seek prescriptive authority, they are doing the profession a disservice, essentially cutting off their professional noses to spite their faces. But even if we don't care what their faces look like afterwards, we should care what happens to the many hundreds of thousands of patients who go without adequate treatment because of opposition to prescriptive authority from both within and outside the profession.

Psychiatry has held for decades that either there really isn't a significant shortage of psychiatrists or that while a shortage might exist replacement troops are on the way in the form of substantially increased enrollment in psychiatric residencies. Neither of these assertions is true. There are not and there will never be enough psychiatrists to adequately treat the number of citizens with mental disorders, period. There certainly are not sufficient numbers of child and adolescent psychiatrists, whose low numbers reveal them to be no more than a statistical anomaly and not a significant addition to the mental health work force, no matter how badly their services are needed. Nor will there ever be enough adequately trained prescribing psychologists, nor will there ever be enough psychiatric mental health nurse practitioners. This is a national crisis that calls for new thinking and new collaboration by all mental health professionals. It's time to leave these disputes behind and unite to create a uniform, expedited curriculum for mental health prescribers. The allopathic model for the treatment of mental disorders has never been demonstrated to be uniquely effective, and given the length of training involved it certainly isn't a desirable model to adopt in the face of a nationwide crisis. Non-allopathically trained nurse practitioners have assertively demonstrated this by treating increasingly large numbers of patients with positive outcomes. A small number of willing participants from psychiatry, psychology, and nursing (and perhaps other professions) could easily develop a curriculum to train a larger number of mental health prescribers.

Nothing other than revolutionary thinking about education, training, and scope of practice of psychologists and other mental health practitioners is going to allow us to create a sufficient pipeline of providers to meet the need. Yet few if any of our leading educators or policy makers seem willing to engage in this kind of thinking. This is disastrous for our future. Whether or not you philosophically agree with prescriptive authority for psychologists, Pat DeLeon did something truly revolutionary when he advocated for acquisition of this

skill for the profession (and that's all it is—it's not a different profession, it's simply the acquisition of another tool psychologists can use to treat patients). Hundreds of psychologists in the DoD, HIS, and five states have heeded that revolutionary call.

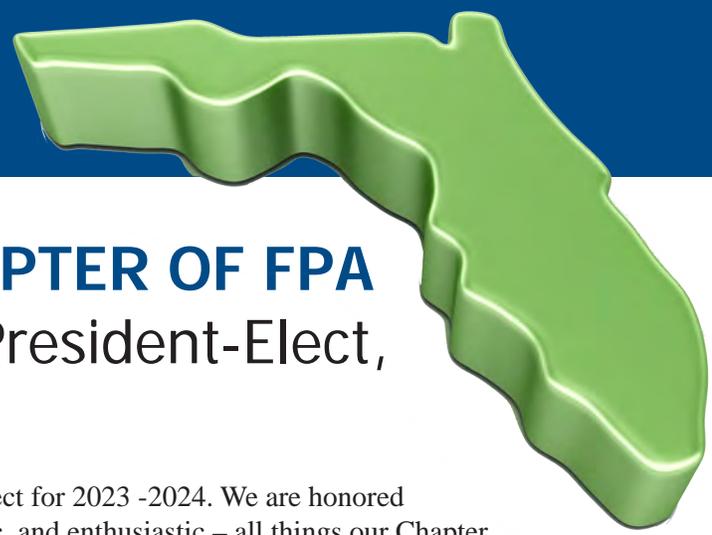
But that's not sufficient. Most of us do not have the flexibility of abandoning or curtailing our established careers to do something revolutionary, say, like pursuing a post-doctoral masters in psychopharmacology. So it's up to our leaders to make the revolutionary commonplace and more broadly accessible to members of the profession—for example, by including much of postdoctoral training in psychopharmacology in the doctoral curriculum. Whether or not it is psychopharmacology or the acquisition of another skill set that will extend our scope of practice, our leaders in education and policy have not proven able to meet this challenge.

It's not just our leaders in academia and accreditation that must take heed. In our inefficient, state-centric patchwork quilt scope of practice system, the nurses understand that only effective advocacy *at the state level* will expand scope of practice, and no one but a state-level professional association (with appropriate assist from national practice organizations) can make this happen. Yet professional psychologists seem to be abandoning their state associations at the very time we need their legislative advocacy most. So it's up to each and every one of us—on behalf of future psychologists and the millions of Americans who go without needed mental health services every year—to hold ourselves accountable for the future of our profession and to ensure that our leaders make the needed revolutionary steps in our education and training to do so.

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**Congratulations to
Dr. Holly Katz
for winning the FPA
Treasurer election
for 2023.**

CHAPTER NEWS



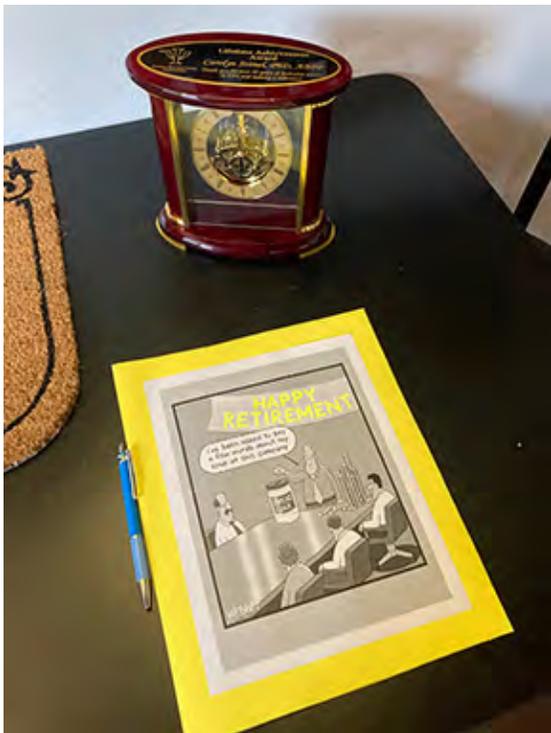
MIAMI-DADE-MONROE CHAPTER OF FPA

Proud to Announce Our New President-Elect, Michelle Ferrer, Ph.D.

It is with great happiness and joy that I announce our President-Elect for 2023 -2024. We are honored and excited to have Michelle Ferrer, Ph.D. She is young, energetic, and enthusiastic – all things our Chapter needs! Michelle (spelled with two “l”s) obtained her Ph.D. from Yeshiva University – Ferhauf Graduate School of Psychology. She then completed her fellowship at University of California – San Francisco working with multicultural youth exposed to complex trauma. Michelle currently works in private practice at South Miami Psychology Group specializing in providing psychodynamic and psychoanalytically informed therapy to expecting parents, infants, toddlers, children, and their families. She is faculty at the University of Miami and is also co-chair of the Diversity and Cultural Competence Committee (DCCC) of the Florida Psychological Association (FPA). The FPA DCCC Team was awarded the APA (American Psychological Association) Leadership in Advancing the Profession of Psychology, Health Equity, and Human Rights Through Federal Advocacy Award this past March, 2022. Michelle’s clinical and research interests include the intersection of diversity, childhood trauma, and advocacy. Given all she does for the field of psychology, she doesn’t have a lot of time for hobbies but enjoys painting and creating pottery wheel pieces (a REALLY difficult talent!). And if this all isn’t enough to stay busy, she will be getting married in February of 2023! We all wish her the very best and are greatly appreciative of adding the Miami-Dade-Monroe Chapter of FPA to her already accomplished list. Welcome, Michelle and thank you for finding the “space” for us! (I promise to help – Shelley (also really Michelle) Slapion-Foote, MDMC President currently.)

CAPITAL CHAPTER OF FPA

Retirement Social for Dr. Carolyn Stimel



On September 27th, the Capital Chapter held a small social to congratulate Dr. Carolyn Stimel on her Lifetime Achievement Award and to celebrate her retirement from FPA’s Executive Director position. Approximately 15 members were in attendance with lots of catching up to do! Members went around to table and told stories about how we met Dr. Stimel. It was a good time and great seeing members in-person!





Dr. Carolyn Stimel shows off her Lifetime Achievement Award clock.



From left to right: Drs. Josh Gross, Taylor Thompson, Tracey Morse, Larry Kubiak and Jill Ricke.



New Executive Director, Deborah Foote and Dr. Stimel.



What Psilocybin Does to the Brain

Magic mushrooms increase excitement and disorder within brain networks

By Paul Chadderton, PhD and Caroline Golden, PhD

First posted Sept. 20, 2022 in *Psychology Today*

Psychedelic compounds produce intense subjective experiences and have shown promise in the treatment of posttraumatic stress disorder (PTSD) and treatment-resistant depression, amongst other psychiatric conditions. But what do we actually know about what happens in the brain when we consume these substances? Down to the level of single brain cells, what produces these effects? In our new paper, we tried to answer some basic questions no one has answered before.

To do so, we looked at the effect of a 2 mg/kg dose of psilocybin, the active ingredient in magic mushrooms, on the brains of awake mice by using electrodes that enable the recording of neural activity from single brain cells (neurons), networks of neurons, and cumulative brain

wave activity, known as local field potential (LFP). Whilst there are many different ways to estimate the human-equivalent dose that would produce similar effects, we can say with confidence that this is a strong, though still clinically relevant, dose of psilocybin.

By placing the electrode in a region of the brain known as the anterior cingulate cortex, we aimed to find out how psilocybin affects the neural circuits shown to be associated with emotional processing and internal awareness (interoception). This region of the brain is also part of the broader prefrontal cortex, an area known to be critical in higher functions, such as cognitive and emotional processing.



Alteration in Brain Waves

When we examined the mice during their peak experience phase, we found psilocybin had numerous effects on neural activity. One of the most pronounced was an alteration in brain waves.

In general, brain waves occur at a range of different frequencies. We found that slower oscillations (delta, theta, and alpha waves) were significantly reduced by psilocybin, whilst the power of faster gamma waves resulted in an increase. These oscillations have many functions in the brain, one of which is to enable communication between one region and another. It is thought that slow waves are more responsible for information flow between distant regions of the brain, while faster, gamma waves enable information flow within local regions of the brain. As such, the shift in the power from low to high frequencies caused by psilocybin may indicate that the anterior cingulate cortex transmits and receives less information to and from faraway brain regions and, thereby, may represent a reduction in the top-down processing function that it normally exerts.

Activity of Single Neurons

The activity of single neurons was also impacted, with approximately 40 percent increasing their activity. Neurons often fire in a way that is coordinated to brain oscillations (this is a phenomenon known as “phase-locking”). However, this locking between brain waves and single neuron activity degraded under psilocybin.

Neurons communicate with one another in two ways: via binary signals called action potentials, or spikes, and through neuron firing known as “burst firing.” Burst firing occurs when the neuron fires several spikes in quick succession. These bursts of neural activity provide a more powerful means of communication between neurons and are strongly implicated in neuroplasticity and memory formation.

We observed that, under psilocybin, burst firing was reduced overall, but that a subset of neurons actually increased their burst firing. Surprisingly, when we examined the relationship between neurons whose burst firing changed and whether they showed phase-locking behaviour, we found a consistent relationship whereby neurons that increased their burst firing reduced their degree of phase-locking. Taken altogether, psilocybin seems to increase the overall activity of the anterior cingulate cortex, but in a chaotic manner that disrupts the regularity of brain activity.

When we combine all of our findings, it would appear that psilocybin reduces intercommunication between the



When we combine all of our findings, it would appear that psilocybin reduces intercommunication between the anterior cingulate cortex and distant brain regions and makes activity both more excitable and more irregular.

anterior cingulate cortex and distant brain regions and makes activity both more excitable and more irregular. These results support the idea put forward by Robin Carhart-Harris and Karl Friston in their REBUS model (Relaxed Beliefs Under Psychedelics), which posits that psychedelics disrupt the influence of top-down modulation upon sensory information coming into the brain, instead favouring incoming sensory input. This means psychedelics may enable the brain to rely less on prior beliefs and expectations, and be more receptive to incoming information.

Perhaps the disruption to neural activity we found in the anterior cingulate cortex is symptomatic of this reduced influence of top-down processing regions on brain activity. However, as is always true of science, this is merely a data point from which to perform further research to get closer to the ground truth of what psilocybin is doing to brain activity, though, hopefully it is a data point that has taken us one step farther on that path.

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Babies, Babbles and Beyond: Serve and Volley with Infants

How can caregivers promote speech in infants?

More than two years into the pandemic and many of us can agree that we have had fewer opportunities to talk with each other during this time. What kind of effect did the pandemic have on babies and their speech?

In a recent study published in *JAMA*, babies born nine months into the pandemic were compared with babies born before the pandemic. The pandemic babies vocalized lesser and had fewer conversational turn-taking opportunities with their parents compared to the pre-pandemic babies. This means that they produced fewer babbles, coos, and grunts over the course of a day. The authors argue that one explanation for this finding may be because caregivers are talking less to babies due to COVID-related stress. While the results may be alarming, the authors of the study argue that it is a fixable problem if we make active attempts to increase babies' vocalizations and conversational turns.

How can caregivers promote vocalization in babies?

One way to do this is to engage in serve-and-volley interactions. Serve-

and-volley interactions have been shown to shape children's language, health and lifelong learning. Think of these as a turn-taking game that is played with a baby. We begin by watching out for things that capture the infant's motivation, which essentially set the stage for a serve-and-volley interaction. The infant serves by picking up, reaching towards, grunting or even looking



at a toy. The parent then volleys by responding to the toy that has captured the infant's attention.

Some types of toys afford easy serve-and-volley opportunities. Take the case of an animal farm. Each time the baby picks up the cow (serve), a parent could say "moo moo" (volley). The baby may then continue engaging with the cow giving the parent more opportunities to volley. If your baby

is ready, they may choose to return the volley by babbling or even saying "moo moo". The episode is driven by the child's motivation — it could be an animal farm, a vehicle set, or even a little leaf during a walk in the park. We aim to be sensitive and available to respond to the baby's serves.

Why serve and volley?

Such interactions have been associated with multiple long-term positive outcomes extending from speech and language benefits to academic success in school. They also deepen learning, help children build their focus and attention, and contribute to overall brain development. So much so that serve-and-volley interactions feature on the consensus statement released by 10 of the world's top scholars on early education. Babies make multiple serves throughout the course of a day, and we aim to be on our feet, ready and responsive to these serves so that they do not go unattended.

But that's not all. Responding contingently to a baby's vocalization is key. Babies are sensitive to the effect that their behavior has on the people and environment around them. In a recent study, researchers at the University of York and James Madison University tested an app that responded to the language-

like utterances of six-month-old babies with a visual reward. The app produced colorful, moving shapes every time a baby made a sound and this seemed to result in infants vocalizing more and more to produce these shapes. Thus, when babies initiate a vocalization, responding immediately is critical. One could simply respond to the babies' vocalizations by talking to them.

But why stop there? Interactive apps and toys may be used to support contingent responding to babies' vocalizations. Consider a talking book that a parent could operate to produce a sound when the child coos or vocalizes a sound. An app that plays music or produces visual

rewards contingent on babies' vocalizations. A dolphin hung over a crib that does a backflip every time it detects a baby's speech. Such additional tools could be used to support the quality and contingency of a parent's reactions to the child's vocalizations, with an ultimate aim to enrich their speech and produce a solid foundation for early word use.

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New Members

As of April 10, 2022

BAY CHAPTER

Regular Member - Jack Bartel
2nd Year Member - Stephanie Baynes
Affiliate Member - Sheytophia Cunha
Student - Abigail King
Student - Precious Ogu
Student - Aysia Smith
Student - Meagan Zeiger

BROWARD CHAPTER

Student - Sujod Bdaiwi
1st Year Member - Michele Bechor
Student - Mariana Furtado
Student - Jenny Magram
1st Year Member - Myriam Padron
Student - Philip Schaff
Student - Tali Shir
Student - Luzmarie Velazquez

CALUSA CHAPTER

Student - Kelly Klein
1st Year Member - Yahaira Rivera Rivera

CAPITAL CHAPTER

Student - Stone Bogart
Student - Joshua Drayer
Student - Holly Larkin
1st Year Member - Theodosia Paclawskyj
Student - Charlene Thornton
Student - Khyati Verma

CENTRAL CHAPTER

1st Year Member - Kendall Bowles
1st Year Member - Magaly Delgado
1st Year Member - Benson Munyan

LOWER WEST COAST CHAPTER

1st Year Member - Gregory Alberts
1st Year Member - Katherine Cascio
Regular Member - Elizabeth Ibanez
Regular Member - Laurie Pearlman
1st Year Member - Joseph Plaud
1st Year Member - Angela Stewart

MIAMI-DADE-MONROE CHAPTER

1st Year Member - Stephen Haran
Regular Member - Lisa Napolitano
1st Year Member - Isaac Tourgeman

NORTHEAST CHAPTER

1st Year Member - Lauren Delaparte
Student - Cheryl Giacomelli
Regular Member - Nicole Kahhan
1st Year Member - Stephanie Milne
1st Year Member - Katharine Nicodemus
1st Year Member - Lynne Peralme
1st Year Member - Georgette Johnson

OUT OF STATE

Student - Christen Aiguier
Nicole Lacherza-Drew
Christine Zerka Yoo

PALM CHAPTER

Regular Member - David Abrams
1st Year Member - Staci Friedman-Weiner
Student - Salik Ghaus
1st Year Member - Morgan Koepper
1st Year Member - Jessica Rossi
Regular Member - Judith Steinman
Student - Sean-Michael Suarez

PINELLAS CHAPTER

Student - Jake Borst
1st Year Member - Amanda Prive
Student - Laura Roggenbaum
1st Year Member - Brittany Sheehan

WEST CHAPTER

1st Year Member - Christine Profito

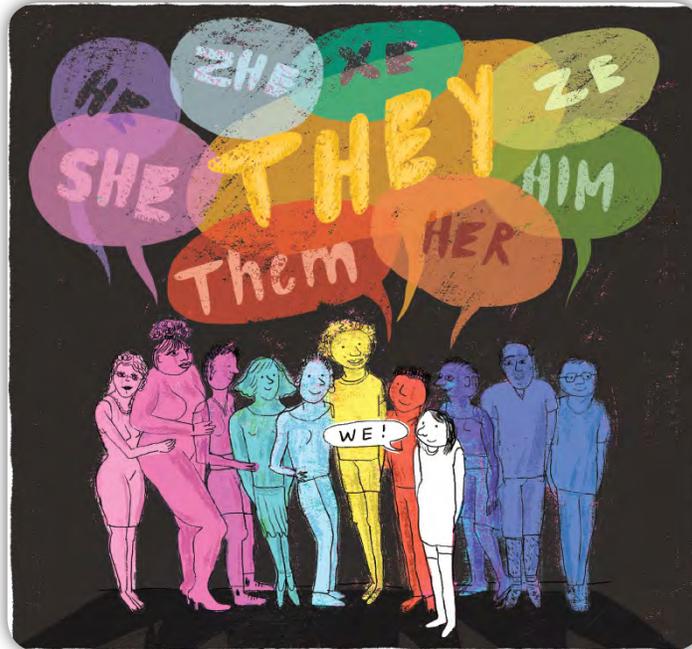
Gender Identity and Bias in the College Classroom

By Mariana Furtado, Albizu University - Miami Campus

The following paper will analyze how perceived gender identity affects professor biases toward students. This analysis will encompass the following potential dynamics of the student-instructor relationship: male students with a male instructor, female students with a male instructor, male students with a female instructor, and female students with a female instructor. The essay will draw from the research and findings of five subsequent articles: “Does Gender Bias Still Affect Women in Science?” by Roper (2019), “Science Faculty’s Subtle Gender Biases Favor Male Students” by Moss-Racusin et al. (2012), “Penalties for Success: Reactions to Women Who Succeed at Male Gender-Typed Tasks” by Heilman et al. (2014), “Who Speaks and Who Listens: Revisiting the Chilly Climate in College Classrooms” by Lee and McCabe (2020) and “College Classrooms are Still Chilly for Women, as Men Speak More, Study Finds: Gendered Participation Has a Long Way to Go to Reach Equity” by Dartmouth College (2021).

As evidenced by researchers, gender biases from professors and their effect on male and female students do not seem connected to the instructor’s gender. This finding is expressed in the following

passage: “The gender of the faculty participants did not affect responses, such that female and male faculty were equally likely to exhibit bias against the female student” (Moss-Racusin et al., 2012, p. 1). However,



examining academic and professional outcomes for support and success between a male and a female student of the same performance showed different results. In contrast, instructors consistently favored male students, regardless of the gender identity presented by the faculty member. In other words, “When women are acknowledged to have been successful, they are less liked and more personally derogated than equivalently successful men” (Heilman et al., 2014). Addressing gender disparities at the earliest

stages of development to reach full gender equality within academia is crucial. It is an issue that will require both female and male students to discuss their concerns.

A pertinent question remains.

How does gender bias in the science or psychological classroom manifest in real life? When gauging student success based on the biases of male and female professors, student participation in the classroom contributes to these perceptions and attitudes significantly. Hence, biases affect the frequency that students of each gender participate or engage with others in academic and clinical contexts. According to research on the existence and effect of professors’ gender biases in the classroom, researchers found that classroom participation

of male and female students presented differently. This is portrayed as, “Men speak 1.6 times more often than women in college classrooms, revealing how gender inequities regarding classroom participation still exist. By comparison, women are more hesitant to speak and are more apt to use apologetic language” (Dartmouth College, 2021, p.1). Even in the high school setting, males often vocalize their answers and comments more often than females

Additionally, more men than women spoke up without raising

their hands. Regardless of the gender composition of the class or lecturer, men were more likely to interrupt others and to use more forceful language. Despite the faculty's gender identity, male students spoke with their professors for longer periods of time and engaged in more follow-up conversations than female students. Instructors produced a more egalitarian conversation by implementing aggressive steps to involve all students. These methods included establishing clear guidelines for participation or purposefully calling on female students who did not have the opportunity to speak. This can give a woman more confidence and portray her value as a person worthy of being heard and respected. Real life changes that are applied in the classroom environment can pave the way for long lasting reforms.

Lee and McCabe (2020) stated that, "active participation in college classrooms contributes to increased student learning and development (p.3). As such, the biases of professors affect the academic and professional outcomes of students significantly, necessitating a systemic change to remedy the rampant, widespread effect of gender inequity in higher education. Grading, recommendation letters, employment, promotions, tenure decisions, mentorship, pay, acceptance rates for publications, ability to obtain funds, and respect are all areas where gender prejudice may have a substantial impact. These aspects most certainly have significant cumulative consequences on women's careers and ultimately the economic stability of themselves and their family. Therefore, these concerns must be considered in all facets of women's scientific education and professions. Institutions must correctly address issues to solve gender inequality in science and clinical classes to safeguard scientists and prevent litigation. Legal ramifications can prove costly, destructive to

reputations and credibility, and traumatic for all parties concerned (Roper, 2019).

While many factors contribute to gender bias, the knowledge that this inequality exists provides an opportunity for clinical psychologists to treat the problem of female underrepresentation from a new perspective. Accessing such information is a step toward changing erroneous attitudes about women's ability to succeed, and changing the implicit bias that still exists among

students and teachers. While making real life transitions that are used in the classroom environment can provide a springboard for reforms that remain in existence, men and women need to initiate these changes.

Misogyny and gender discrimination have existed and oppressed women for far too long in society. Equality between men and women should be a given, rather than a luxury that only occurs in certain fields, environments, and contexts.

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A POET AND A PSYCHOLOGIST WALK INTO A BAR...

After Ada Limon's "...poetry as refuge"

Next to psychologists, poets hold the spot

the interest the place for unravelling - our thinking and feeling
in search of truth, an invitation to compassion reflection redirection

Both spring with the rising morning sun to bring illumination
from the first full breath that widens our lungs and focus
cutting away the leaves hiding flowers with bees in their belly
closing with calm, sunset's vibrant colors drawing to pen and conversation

Witness.

I am unique and yet the same.

I tell my story to you and then I know, with your grace, oh therapist oh reader

That you see me

And embrace me

And I grow larger

Wandering.

It's the journey.

The beauty in the telling of the story.

~Wendy Rapaport

American Adults Should Get Routine Anxiety Screenings, Influential Panel Says

By Lindsey Tanner - Associated Press Medical Writer

Last published in Health News Florida Sept. 2022

It's the first time the U.S. Preventive Services Task Force has recommended anxiety screening in primary care for adults without symptoms.

U.S. doctors should regularly screen all adults under 65 for anxiety, an influential health guidelines group proposed Tuesday.

It's the first time the U.S. Preventive Services Task Force has recommended anxiety screening in primary care for adults without symptoms. The proposal is open for public comment until Oct. 17, but

the group usually affirms its draft guidance.

The recommendations are based on a review that began before the COVID-19 pandemic, evaluating studies showing potential benefits and risks from screening. Given reports of a surge in mental health problems linked with pandemic isolation and stress, the guidance is "very timely," said Lori Pbert, a task force member and co-author. Pbert is a psychologist-researcher at the University of Massachusetts' Chan Medical School.

The task force said evidence for benefits, including effective treatments, outweighs any risks, which include inaccurate screening results that could lead to unnecessary follow-up care.

Anxiety disorders are among the most common mental health complaints, affecting about 40% of U.S. women at some point in their lives and more than 1 in 4 men, Pbert noted.

Black people, those living in poverty, people who have lost partners and those who have other



Anxiety disorders are among the most common mental health complaints, affecting about 40% of U.S. women at some point in their lives and more than 1 in 4 men, Pbert noted.

mental health issues are among adults who face higher risks for developing anxiety, which can manifest as panic attacks, phobias or feeling always on edge. Also, about 1 in 10 pregnant and postpartum women experience anxiety.

Common screening tools include brief questionnaires about symptoms such as fears and worries that interfere with usual activities. These can easily be given in a primary care setting, the task force said, although it didn't specify how often patients should be screened.

"The most important thing to recognize is that a screening test alone is not sufficient to diagnose anxiety," Pbert said. The next step is a more thorough evaluation by a mental health professional, though Pbert acknowledged that finding mental health care can be difficult given shortages of specialists.

Megan Whalen, a 31-year-old marketing specialist who was diagnosed with anxiety in 2013, says regular doctors should screen for mental health issues as commonly as they do for physical problems.

"Health is health, whether the problem is visible or not," said Whalen, of Hoboken, New Jersey.

She has gotten help from medicine and talk therapy, but her symptoms worsened during the pandemic and she temporarily moved back home.

"The pandemic made me afraid to leave home, my anxiety telling me anywhere outside of my childhood house was unsafe," Whelan said. "I

absolutely still struggle with feelings of dread and fear sometimes. It's just a part of my life at this point, and I try to manage it as best as I can."

The task force said there isn't enough solid research in older adults to recommend for or against anxiety screening in those aged 65 and up.

The group continues to recommend depression screening for adults and children, but said there isn't enough evidence to evaluate potential benefits and harms of suicide screening in adults who show no worrisome symptoms.

In April, the group issued similar draft guidance for children and teens, recommending anxiety screening but stating that more research is needed on potential benefits and harms of suicide screening kids with no obvious signs.

Guidelines from the task force often determine insurance coverage, but anxiety is already on the radar of many primary care doctors. In 2020, a group affiliated with the American College of Obstetricians and Gynecologists recommended routine primary care anxiety screening for women and girls starting at age 13.

Melissa Lewis-Duarte, a wellness coach in Scottsdale, Arizona, says rhythmic breathing, meditation and making a daily list of three things for which she is grateful have all helped with her anxiety.

"Doctors say, 'Make sure you're sleeping, control your stress.' Yeah, I get that," but not everyone knows how, said the 42-year-old mother of three. "It's difficult to prioritize self-care, but that's what's necessary."

And the Winners Are...

2022 FPA AWARD RECIPIENTS

Lifetime Achievement Award
Dr. Carolyn Stimel

Psychologist of the Year
Dr. Gary Howell

Distinguished Psychologists
Dr. Tom Bonner
Dr. Christiane Blanco-Oilar
Dr. Gary Howell
Dr. Kristi Van Sickle
Dr. Craig Fabrikant



Dr. Christiane Blanco-Oilar

Outstanding Contribution to FPA

Dr. Kerri Bresnan
Dr. David Romano
Dr. Christiane Blanco-Oilar
Dr. Kevin Hyde

Outstanding Contribution to Psychology in the Public Interest

Dr. Holly Katz
Dr. Marni Jacob



By Andy Hicks, PhD
LAPPB Chair - AndrewHicks@CenterAcademy.com

2023 Legislative Priorities

The Legislative Affairs and Public Policy Board (LAPPB) met on August 4 to establish priorities for the 2023 session. Thirteen FPA members attended the meeting, along with lobbyist Darrick McGhee. Dr. Carolyn Stimel, Dr. Courtney Cantrell, Dr. Andy Hicks and Darrick McGhee have been meeting regularly by Zoom to prepare for the upcoming session. Deborah Foote, FPA's new Executive Director, is now meeting with the LAPPB leadership and has a great deal of wisdom and experience to offer FPA. She has served as an elected official in New Hampshire and has experience working with legislatures in many states. She also has experience working with many of the non-profit organizations in Florida that have collaborated with FPA on issues affecting mental health.

I am excited about the expanded roles that she and Dr. Cantrell will be playing in our 2023 LAPPB activities!

In the Florida legislature, new committee chairs and assignments will take place after the election. The House and Senate will remain in the control of the Republican Party.

Constitutional carry (open and concealed weapons) is one of the priorities for the governor if he wins re-election. The 2022 session yielded the largest budget in Florida history, and the state expects to have abundant cash flow heading into 2023.

At the LAPPB meeting, there was consensus that PSYPACT would remain FPA's top legislative priority for the 2023 session. It has a good chance of passage and remains particularly important to FPA members. PSYPACT has no known opposition for next session, and it is the top priority

for our House sponsor, Rep. Hunschofsky. Senator Harrell also has indicated that she will file the bill early in the session.

Prescriptive privileges (RxP) will not be introduced next session, as there does not appear to be any path for RxP in the Senate. FPA and LAPPB will continue to advocate for prescriptive privileges and to educate legislators on the safety, efficacy and urgent need for RxP and mental health services.

There was much discussion regarding social justice/EDI advocacy and the need for FPA to continue to speak up in a strategic manner, despite current political pressures. LAPPB will continue to include talking points such as the following in its list of legislative priorities shared with legislators.

FPA supports legislation that promotes increased quality and access to mental health care for all Floridians through:

- *Improved access to healthcare for underserved populations, including promotion of greater diversity & inclusion and opposition to conversion therapy.*
- *Increasing the accessibility of psychological services and inclusion of psychologists in integrated healthcare.*
- *Increasing parity and access to quality mental health insurance.*
- *Recognition of psychologists as the most highly trained mental health providers and the need for commensurate reimbursement rates and scope of practice.*

FPA will continue to produce position statements regarding social justice issues, focusing on relevant scientific research and the need to educate legislators and others on healthcare access for diverse populations. There are eight FPA position statements currently displayed on the FPA website. Dr. Michael Smith produced the most recent paper, addressing the importance of Social Emotional Learning.

FPA will continue to align with other entities when feasible, as it did when calling on Florida to

continued on next page

My Recollections of FPA Executive Directors and Administration...and Moving Forward

By Shelley Slapion-Foote, PhD

While I am very bad at remembering the year in which something has occurred, I AM good at remembering the chronology. This little article is historical in nature and is intended as a “stroll down memory lane.” For those of you who are relatively new to FPA, the only name you are likely to know is Carolyn Stimel, our outgoing Executive Director, and our current Central Office Staff, the amazing Kim Campbell, the wonderful Nickcole Caldwell, and the spectacular Danielle Humphrey who returned to FPA after a few years of being gone. If you have had the opportunity to meet each of them, you know how special they each are as well as professional and competent!

Next, I am going to go back to my earliest recollection of

FPA’s Executive Director who began in, perhaps, the 1990s (this is a guess). Her name is Connie Galetti. By training, she is an attorney but lobbying and keeping FPA on track were among her many skills. She left us as Executive Director when she was hired away by the American Psychological Association to work as an Attorney for them in Washington, D.C. She is still there with APA and we stay in touch. Following her, there was an Executive Director Committee formed and another person was hired. After meeting this new hire at our next FPA Summer Conference, I began saving all my emails from this person because I, personally, just had a feeling these emails might come in handy in the future. I was correct. After this person, FPA was “left between a

rock and a hard place” so to speak. The next Executive Director was Carolyn Stimel who also became Director of Professional Affairs in 2007. I do remember that somewhere along the way, Carolyn’s contract was renewed a few times. Not only did Carolyn save us, we thrived. We appreciate her countless steps in our behalf. Then, inevitably, – Carolyn announced her retirement. After our collective shock receded and we accepted Carolyn’s plans to retire, a new Executive Director Search Committee was arranged and beautifully coordinated by our current outstanding FPA President, Christiane Oiler-Blanco. Believe it or not, we had over 100 applicants! The review process was long and tedious but worth the work. , Our brand, new Executive Director is Deborah Foote, MPA. As I am getting to know her, I feel like FPA has won the lottery! She from Wolfeboro, New Hampshire, an incredibly picture- post-card looking town on Lake Winnepesaukee coincidentally, a town where, I too have family roots. She’s hit the ground running and has all the qualifications we were looking for in addition to being nice. Welcome to FPA, Deborah! You ease our “retirement” of Carolyn, our Grand Poobah! We look forward to working with you long into the future!

2023 LEGISLATIVE PRIORITIES CONTINUED

renew participation in the Youth Risk Behavior Survey. Support on many issues can be found at the national level, including APA, AMA and the American Academy of Pediatrics. While FPA will continue to advocate for social justice positions, the current reality in Tallahassee is that no legislation will be passed this session regarding such issues as conversion therapy prohibition or mandatory diversity/EDI continuing education.

As always, your contributions are most welcome, whether through legislative advocacy or financial contributions to the Psychologists of Florida Political Committee (<https://www.flapsych.com/page/FloridaPC>). Thanks to everyone who contributed during the successful September “PAC-A-THON,” which raised over \$4800, was organized by Dr. Regina Mendoza, PC Board Chair!



By Lori Butts, JD, PhD
APA Council Representative

August 2022 Council Meeting Highlights

APA's Council of Representatives held a hybrid meeting, with most Council members convening in person in Minneapolis, coinciding with APA 2022, the association's annual convention.

APA adopts racial equity action plan, outlining next steps to operationalize racism resolution

The APA Council adopted a Racial Equity Action Plan that outlines the next steps the association and psychology should take to prioritize and operationalize the commitments made in the association's 2021 apology for its role in contributing to racism. Council approved the plan by a vote of 149 – 8 with 2 abstentions.

“The Racial Equity Action Plan affords the opportunity to utilize racial equity as a critical lens to drive APA's strategic priorities and measure the magnitude of APA's impact,” according to the agenda item introducing the document. “This plan allows the work of racial equity to be embedded and sustained throughout all aspects of the association's work.”

The plan is divided into five sections: Knowledge Production; Health; APA/Workforce; Training of Psychologists; and Education. Each section lays out priority actions and concludes with a summary of social impact and innovation. The full report is available on the APA website.

Task force report calls for psychology to transform education, practice and research to address equity

Psychology must take concrete steps to expose and mitigate the impacts of systemic and structural factors that affect physical and mental health, according to a report accepted by the APA Council by a vote of 161-2.

Structural racism, which influences the circumstances in which people live and work and is intensified by political, economic and social influences, is a key driver of health inequities, according to a report from APA's Presidential Task Force on Psychology and Health Equity.

The task force report lays out a roadmap for actions by APA, psychologists and others to address health inequities in education and training, research, publications and professional practice. Task force members were appointed

by APA Past President Jennifer F. Kelly, PhD.

The report recommends developing strategies to increase the racial and ethnic diversity of the psychology workforce to better address the mental health needs of communities of color – noting that more than 80% currently identify as white. It also calls for creating outreach and recruitment programs aiding communities of color, implementing more flexible training programs to support students with multiple life demands, and promoting culturally relevant methods and principles for health equity research in all psychology programs. The full report is available on the APA website.

APA adopts resolution limiting death penalty to offenders ages 21 and older

The APA Council passed a resolution by 161-7, with 1 abstention to limit the application of the death penalty based on scientific research indicating that adolescent brains continue to develop well beyond age 18 (the current constitutional limit), and that people's ability to exert good judgment in times of heightened arousal is not realized fully until sometime after the age of 20.

“There is clear evidence of prolonged development far beyond the age of 17 and into the mid-20s, so that the psychological capacity of members of the late adolescent class to exercise a mature sense of responsibility, and to resist outside pressures is still very much in process,” according to the “Resolution on the Imposition of Death as a Penalty for Persons Aged 18 Through 20, Also Known as the Late Adolescent Class.” “The significant structural and functional changes in the brain at this time corroborate these findings.”

The resolution notes that there are more than 3,000 laws and government regulations restricting the behavior and actions of people under age 21 in the United States, such as being legally permitted to buy alcohol or tobacco, obtaining a license for a concealed handgun, becoming a foster parent, or obtaining a credit card without a co-signer. The resolution may be accessed on the APA website.

Police reforms aimed at curbing use of force, protecting marginalized populations

APA Council adopted a wide-ranging resolution on policing that seeks to expand training programs to include de-escalation techniques, build stronger relations with mental health service agencies, minimize targeting of people of lower socioeconomic status and encourage officers to restrict when they use force. The Resolution on Psychology's Role in Addressing the Impact of, and Change Required with Police Use of Excessive Force Against People of Color and Other Marginalized Communities in the United States passed by a vote of 165-1, with 2 abstentions.

In adopting the resolution, the Council noted it "is tied directly to psychology's significant potential to contribute to the dismantling of racism and the promotion of racial equity, by helping to remediate conditions and situations that engage individual, systemic, and institutional sources of racism."

"The overarching goal of this resolution is to promote the safety, health, well-being, and fulfillment of the human rights of those community members who are most vulnerable -- Black Americans and other people of color, and members of other marginalized communities who are affected by excessive use of force - and those who work in law enforcement," it states.

The resolution commits APA to "advocate for the development, implementation, and evaluation of empirically rooted, culturally informed policies, programs, and practices that eliminate the use of excessive force by police against people of color and other marginalized communities" and "for law enforcement standards and practices within police departments to reduce the detrimental impact of police misconduct and use of excessive force, and to promote a healthy relationship between police officers and their communities." The resolution is available on the APA website.

Psychology Week

Council passed a motion designating the third week of April be proclaimed Psychology Week, an annual celebration of psychology that includes "Psychology Day," recognized by the United Nations community and certain other institutions. APA will share information about Psychology Week with the psychology community and broader audiences leading up to and during that week. APA will also provide information and tools/visuals that other organizations can use to join the celebration. Council approved the business item by a vote of 166 – 2 with one abstention.

Practice Guidelines adapted as APA policy

Guidelines for psychological practice with women with SMI

APA Council adopted as APA policy the Guidelines for Psychological Practice with Women with Serious Mental Illness and approved December 31, 2032 as the expiration date for the Guidelines. The motion was passed by a vote of 158 – 1 with six abstentions. These practice guidelines serve to guide professional behaviors and decisions of psychologists who work with women with SMI, and provide a "culturally responsive, trauma-informed approach to clinical engagement" with a focus on offering equity of access and outcomes. Moreover, these guidelines strive to be "informed by recovery-oriented care models." They offer support for treatment and efficacy considerations of "working with women with serious mental illness, who are particularly prone to the intersectionality of oppressive experiences and who are at disparate risk for marginalization and stigma."

Council effectiveness and association operations

Resolution to add a graduate student member seat to selected APA Boards and Committees

Council approved a series of motions to add a graduate student member seat to selected APA Boards and committees. In accordance with the APA Bylaws, the amendment to the Bylaws will be forwarded to the APA Membership for a vote in November 2022. If approved by the APA membership, an additional seat dedicated to a Graduate Student will be added to the boards. The Membership Board will not add an additional seat and instead will allocate an existing seat to a Graduate Student. If the Bylaw changes are approved by the APA membership, beginning in 2025, graduate students would be seated on selected boards and committees included in the Bylaws changes.

Presidential Citations and Awards

APA President Frank C. Worrell, PhD, honored two psychologists for their contributions to the field. Rosie Phillips Davis, PhD, ABPP, 2019 president of APA, received the 2022 Raymond D. Fowler Award for Outstanding Member Contributions. Jason Cantone, PhD, was presented with a Presidential Citation.

member SPOTLIGHT

Membership Spotlight is a feature we are excited to bring to the Florida Psychologist. Each issue, we will highlight an FPA member with a short questionnaire. If you are interested in being featured, or would like to nominate a member, email Kim Campbell at kim@flapsych.com.



*Alison Nemes, PsyD
Broward Chapter*

What is unique about your practice?

I have been an administrator/supervisor for various agencies over the last 13 years. Although I have consistently maintained a small caseload, the majority of my time was spent managing programs and supervising therapists. I was in private practice for two years before I worked in management full-time. I worked in residential substance abuse for several years, then I was the Adult Programs Manager for the Faulk Center for Counseling, and then I was the Assistant Clinical Director for the Seminole Tribe of Florida's behavioral health department. Most recently I transitioned back into a practitioner role, serving as a Psychologist for the Department of Veterans Affairs. I have had so many wonderful experiences in each of my roles and have learned a tremendous amount from the populations I served.

What underserved populations, if any, do you see?

Currently I am working with Veterans which is such an honor. I feel grateful for the opportunity to serve those who gave so much to our

country and help them heal. Having had the opportunity to work with indigenous populations when I worked for the Seminole Tribe of Florida was an incredibly enriching and humbling experience. While at the Seminole Tribe, I worked with members of Native Tribes from all over the United States and learned a great deal about understanding and treating intergenerational trauma from a systemic perspective. For many years before that, I worked with low-income individuals, couples, and families. It was a challenge to provide a continuum of care in the tri-county area where the resources for the uninsured are scarce.

How does your stage of career impact your practice?

I have been licensed as a psychologist for 15 years and I continue to grow and learn as a clinician and professional. Having had as many clinical experiences as I had over the years, I have a deep sense of humility and gratitude for the work I do. I always feel honored when my clients allow me into their world to help them. This stage of my career has afforded me the foundation of psychotherapeutic conceptualizations and

interventions and the fluidity to apply these skills to a wide range of populations. It has also given me the chance to learn many different psychotherapeutic frameworks and determine which are the best fit for me as a clinician. Lastly it has taught me open-mindedness and I continue to be exposed to new challenges which makes me realize how little I know!

How do you balance life and work? How do you prevent burnout? What are your leisure activities and hobbies?

Balancing my personal and professional life has been a consistent challenge over the years. Initially I was focused on establishing myself as a young professional; however, once I had children I had to continuously reshift my priorities and time. I have two wonderful children (13 and 11) and have worked full-time since they were born. It has been tough at times but it has also taught my children lessons about sacrifice, hard-work, and flexibility. Despite my efforts with self-care through exercise (a huge priority in my life), vacation, family, and friends, I did get burnt out! I was in an extremely demanding job with on-call requirements, a high work volume, and constant stress. I took some time off and reestablished my professional goals, which is why I returned back to being a practitioner after all these years! So far it's been wonderful. When I'm not working, I love supporting my son's band career, spending time with my dog, Girl Scouting with my daughter, exercising, watching true crime, and cruising!

Who are your current heroes in the profession?

I have many heroes in psychology but the person that stands out most to me is Dr. Marsha Linehan. Her treatment model was revolutionary and has changed the lives of people with a huge range of problems and severity of symptoms. But I was most impacted when she shared about her own mental health struggles. It is pretty remarkable that she was able to establish a new treatment conceptualization and set of interventions while experiencing mental health symptoms. Further, to have the courage to make this disclosure took an incredible amount of bravery. I was so relieved to see that her self-disclosure did not result in further stigmatization of mental illness. We still have a lot of progress to make but we have come very far!

What is the most important thing FPA has done for you?

FPA has given me a connection to other psychologists over the state of Florida. In addition to the continuing education and shared resources and information via the listserv, I value the collaboration and shared purpose that FPA membership has provided to me over the years.

What are your FPA priorities now?

My FPA priorities are the same locally and nationally.

What are your priorities on the national level regarding the profession?

It is vital for psychologists to maintain their integrity and respect as professionals, providers, and experts. With mental health becoming less stigmatized and more accessible, it is integral for us to distinguish ourselves from others in terms of the intensity and length of our training and the range of services that we are able to provide. I believe we need to integrate with other mental health providers and still maintain our distinction as psychologists.

If you are a therapist...Do you adhere to a particular therapeutic framework, or are you more integrative/eclectic?

I consider my therapeutic style to be integrated. I was taught from a firm Cognitive Behavioral framework and acquired knowledge about Dialectical Behavior Therapy throughout graduate school. Upon internship and into my professional career I was exposed to Object Relations Therapy and was able to integrate this formulation in my work with select clients. I was trained on the White Bison/Wellbriety movement for working with indigenous populations struggling with substance abuse. I am currently in the process of becoming certified in Trauma Focused Cognitive Behavioral Therapy. My main focus when working with clients is establishing trust and a mutual understanding of healing. We have so many wonderful therapeutic tools available to us, and I believe it is my job to find the right fit for each client.

Political Committee Contributors

Thank you to all current members of the Florida Psychologist's Political Committee (formerly known as PAC) that have given so generously! Through these monetary contributions, FPA has been able to support candidates who show a commitment to enhancing the mental health of Florida's citizens. Thank you! **As of January 2022.**

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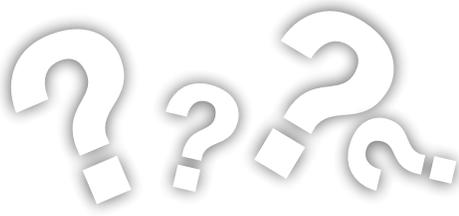
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CPE Quiz

Fall 2022



1 In the article on TBI, which of the following is not identified as a possible manifestation of post-concussive syndrome?

- Sleep disturbances
- Bouts of irritability and frustration.
- Development of a conversion symptom
- Dizziness and fatigue

2 In Dr. Sammon’s article, he takes the following position on trained psychologists’ prescribing of medications:

- The field is not developed enough for this.
- It is necessary to make up for the shortage of other providers.
- Psychologists in opposition have some valid points.
- State legislatures are not involved.

3 In the article on psilocybin, one of the general findings was:

- It may allow the brain to rely less on previous beliefs.
- It may decrease neural activity.
- No changes in brain waves occurred.
- It may be most effective in treatment of Conduct Disorder.

4 The article on children’s speech says all of the following except:

- Babies born nine months into the pandemic were more verbal.
- It is important to promote vocalization in babies.
- Serve and volley is a conversational teaching strategy.
- Interactive apps may be useful.

5 In the article on anxiety screenings, all the points below are made except:

- Anxiety disorder are among the most common mental health complaints.
- The pandemic has generated a surge in mental health complaints.
- Primary care physicians can do anxiety screenings.
- Anxiety screenings are sufficient to make diagnoses.

6 In Dr. Butts’ report on the APA Council, all of the following are reported except:

- Resolution on the death penalty
- Guidelines on Women with Serious Mental Illness
- Resolution on prescription privileges for psychologists
- Plans to increase racial equity.



Name: _____

Address: _____ Date Completed: _____

City: _____ State: _____ Zip: _____

I confirm that I personally have completed this quiz.

Signature: _____ License#: _____

Evaluation of Program (Please Circle)

1. The content of articles was: (Excellent) 1 2 3 4 5 (Poor)

2. The CPE Quiz covered the article content: (Excellent) 1 2 3 4 5 (Poor)

3. The content of the articles was of sufficient psychological content: (Excellent) 1 2 3 4 5 (Poor)

*Free Benefit for FPA Members Only. Non-member submissions accepted with membership application and dues.

To receive free CPE credit, send completed quiz to: Free CPE, 408 Office Plaza Drive, Tallahassee, FL

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