# The Pennsylvania Psychologist

November 2009 • UPDATE

# APA Passes Resolution on Emancipating and Assisting Victims of Human Trafficking: PPA Members Take Lead

Samuel Knapp, Ed.D., Director of Professional Affairs



Dr. Sam Knapp

After being introduced almost four years ago, the APA Council of Representatives passed a resolution urging the emancipation of and assistance

to survivors of human trafficking. The resolution had been initially introduced by then-APA Representative from Pennsylvania Dr. Linda Knauss, and supported by Pennsylvania Representatives Drs. Don McAleer and Dianne Salter. I wrote the first draft of the resolution, did much of the background research, and offered

revisions to the resolution that was finally adopted.

Getting the resolution passed by the Council of Representatives was a stressful and mystifying procedure. Months would go by without a word on the resolution, followed by a memo requesting responses to detailed comments. Once I had two weeks to respond to 15 pages of questions or comments from the various committees or groups within APA that had reviewed the draft resolution. Many comments helped clarify and improve the final resolution. Other comments were not helpful. Subsequent to submitting the last response, we learned that the item was on the August 2009 Council agenda. Later we learned that

the resolution was placed on a "consent agenda," which meant that it was included with a package of noncontroversial items, and a member of Council would have to affirmatively request to remove it and place it on the regular agenda in order to allow it to be debated. As a result Council passed it in August with hardly a comment.

I first became interested in this issue after reading an article in the *Scientific American* (Bales, 2002). Further reading substantiated that human trafficking is widespread even within the United States. PPA member Dr. Diane Langberg provided me with additional information, including news

#### **HUMAN TRAFFICKING**

Continued on page 4



In late September U.S. Senate Finance Committee Chairman Max Baucus (D-MT) released an outline of his long-awaited health care reform bill, which includes Medicare provisions. APA and PPA leaders were pleased that the America's Healthy Future Act was

#### **HEALTH CARE REFORM**

Continued on page 4

# Dr. Salter Attends Event for Congresswoman Chu

Newly elected U.S. Congresswoman Dr. Judy Chu was honored at an Association for the Advancement of Psychology Leadership Circle Dinner in Toronto on August 8, 2009. Dr. Dianne S. Salter, one of PPA's representatives on the APA Council, was in attendance and spoke with her about the health care reform debate. On July 14 Dr. Chu had won a special election for California's 32nd Congressional District. Previously, Dr. Chu had served in the California State Legislature for 6 years where she was a true champion for California psychologists and the California Psychological Association. She was a psychology professor at East Los Angeles Community College for 20 years prior to her entry into the political arena.

Dr. Chu is the first female psychologist and only the fourth psychologist ever to be elected to the U.S. Congress. **N** 

The Honorable Dr. Judy Chu (left) meets Dr. Dianne Salter in Toronto.



# Is your professional liability protection as good as you think? Does your policy have these coverage features? No Yes Protection for licensing board investigations and record keeping during retirement

#### You can always count on the Trust.

Specific deposition expense reimbursement

Protection for investigations of violations of the HIPAA Privacy Rule

Increased reimbursement limits for "Loss of Earnings" and "Premises Medical Payments"

Protection for Medicare or Medicaid payment investigations

You can confidently answer **YES** to all the above if you are insured through the Trust-sponsored Professional Liability Insurance Program.\* If you answered no or you are unsure of your coverage, call us right away, because you may not have all the protection you need.

#### It's much more than an insurance policy.

Combine our cutting-edge protection with the free Advocate 800 Risk Management Consultation Service, acclaimed continuing education programs, and excellent customer service, and you won't likely find a more comprehensive risk management program for psychologists anywhere.

**Apply Now!** 

0 0

0 0

www.apait.org 877-637-9700



<sup>\*</sup> Underwritten by ACE American Insurance Company (ACE), one of the ACE Group of Companies. ACE USA is the U.S. based retail operating division of the ACE Group of Companies, headed by ACE Limited (NYSE:ACE) and rated A+ (Superior) by A.M. Best and A+ (Strong) by Standard & Poor's (Ratings as of March 31, 2009). Administered by Trust Risk Management Services, Inc. Policy issuance is subject to underwriting.

# Middle Career Psychologists' Woes and Rewards

Janet L. Etzi, Psy.D., and Jed Yalof, Psy.D.





It was just another day at the office. We were scheduled to meet about a department project. As we moved to the meeting one of us let out an audible sigh that hinted at a moment's fatigue

secondary to an afternoon of multi-tasking. With the sigh as our trigger, we decided to develop a brief article that captured the essence of our discussion as it pertained to the experience of a psychologist in mid-career.

There has been substantial attention paid recently to the special issues, dilemmas, and rewards associated with being an early career psychologist. The Pennsylvania Psychological Association annual meetings have included presentations on the developmental issues facing early career psychologists as part of its annual convention program. Clearly, it is productive and valuable for any professional group or sub-group to reflect on itself in attempts to nurture its own development and to enhance its identity in its own and in the public's eyes.

In this article, we briefly explore some of the experience-near issues that may emerge for psychologists who have been at it for some time, but who are still looking ahead to years of practice and/or teaching. Middle career psychologists find themselves at a kind of crossroads since they are generally too young to retire but too old to start over in pursuit of a new career. It is possible for psychologists to start over but many factors influence whether or not they actually do.

#### **Taking Stock**

It is apparent to many of us that reaching the age of 50 (a good round number that is clearly a midlife marker) brings with it a propensity to look back and to look ahead. This is a common experience for midlife in many areas besides work, but regarding our professional identities, it may carry extra weight since part of our reflection involves an inventory of the investments of time and energy that we've made over time. We find ourselves more often than we used to, looking back at major decisions we've made-for example, studying psychology instead of neuroscience or medicine or anthropology. As we evaluate what we've accomplished so far, we inevitably start to wonder about how much more we might accomplish, or what we might like to add to our accomplishments that we haven't even considered yet (Lachman, 2004). We may wonder if it makes sense to make a significant professional change. Should new energy, effort and money be invested to go in a new direction? Will these new investments pay off? How do changes in the field as a whole mesh with our own personal interests? We may ask ourselves questions such as "Is this it?" "Did I make a difference?" "What did I envision as

an early career psychologist and did I attain it?" "Does what I accomplished measure up to what I envisioned?"

# Erikson's Generativity versus Stagnation: The Midlife Challenge

Erikson (1963) articulated the psychosocial choice-points that challenge the ego's ability to master new tasks throughout the lifespan. In midlife, there is a developmental press to look beyond oneself and toward the future, which he termed "generativity." Erikson was interested not only in the idea of contributing to future generations, but in the values embedded within the contribution. Here, the poignancy of being able to touch the past and anticipate the future places the midlife and established psychologist in the unique position of being able to draw from life experience and help others move ahead. Wisdom emerges as a byproduct of experience, and finds expression in the psychologist's work in different ways. Symptoms of stagnation, in contrast, might take the form of "playing out the string," awaiting latter years passively, withdrawing from professional organizations, and not launching oneself forward into new growth opportunities. Strenger (2009) offers a psychoanalyticallyinformed discussion of midlife that includes opportunities for higher levels of creativity.

#### Separation-Individuation in Mid-Career

Colarusso's (2000) description of how the separation-individuation process (Mahler, Pine, & Bergmann, 1975) extends beyond the early childhood years into middle- and older adulthood offers a perspective on the types of issues confronting midcareer psychologists. Colarusso (p. 1469) states:

Adults do not repeat the original separation-individuation process as it occurs in the first three years of life, and they are not involved in the differentiation of self from object. Issues of closeness and distance must be considered within the context of the primary relationships which shape the adult psyche: namely those with spouse, aging parents, children and grandchildren, coworkers and friends. The major emotional and developmental issues that characterize these relationships (sexuality, generativity, intellectual pursuits, work and play, etc.) are *qualitatively* different from those that shape the interaction between mother and child, and they occur within a physically and sexually mature body and sophisticated, highly developed psychic structure.

We add "partner" and "significant other" to Colarusso's "spouse," but otherwise agree with his points. Colarusso (p. 1474) also states: "But in middle and late adulthood a powerful intrapsychic shift occurs from being left to leaving (italics in original) as one comes to grips with the universal developmental tasks of

MIDDLE CAREER PSYCHOLOGISTS'
WOES AND REWARDS

Continued on page 6

#### **HEALTH CARE REFORM**

Continued from page 1

set to include psychology's top Medicare priority — a two-year extension of the 5% psychology payment restoration previously passed as part of the Medicare Improvements for Patients and Providers Act in 2008. This important victory follows action in the House earlier in the summer, where the three committees of jurisdiction passed bills that also included the provision. The extension would ensure that approximately \$60 million will continue to support Medicare psychotherapy services that would otherwise have been cut as a result of the Centers for Medicare and Medicaid Services five-year review rule.

At press time it was unclear exactly what provisions would be in the health care reform package. However, the provisions of the mental health parity act were preserved in all of the bills being reported out of committees by late September. Psychology leaders were working to make sure that health care reform integrated mental and behavioral health into primary care and other health care services for persons across the lifespan. In particular, psychologists should be recognized as vital members of interdisciplinary health care teams. Psychologists are in primary and integrated care settings now, providing patient-centered mental and behavioral health services to treat and prevent a range of concerns in children, teens, and adults, leading to better outcomes for patients. We are cautiously optimistic that the bills being considered by the U.S. House and Senate include broad provisions for care integration. If

Pennsylvania Psychological Association

#### **CALL FOR PRESENTATIONS**

#### Spring 2010 Continuing Education and Ethics Conference April 8 & 9, 2010

Eden Resort Inn and Suites • Lancaster, PA proposal deadline: December 10, 2009

The Call for Presentations form is available at www.PaPsy.org.

#### **HUMAN TRAFFICKING**

Continued from page 1

articles of enslaved persons in Wilmington, Del., and other places in the Eastern United States.

Accurate information about human trafficking is hard to gather because it is illegal (the international crime cartels responsible for much of this activity do not publish their data) and it often occurs in isolated parts of the world. Also, it is sometimes difficult to determine when coercive labor practices go from being "only" exploitative to enslaving. The United States Department of State (2008) noted that the yearly worldwide estimates of trafficked persons vary widely between 4 million and 27 million. Nonetheless, in 2007 alone, the United States processed 104 victims of human trafficking within the United States through the Trafficking Victims Protection Act (which allows individuals identified as trafficking victims to stay legally in the United States and receive government benefits if they cooperate with prosecution efforts). This is believed to represent a small portion of those trafficked into the United States.

Internationally many enslaved persons work as laborers in factories or farms, or as domestic workers, but half of the trafficked persons in the United States work as prostitutes. In addition, Americans who participate in "sex tours" in foreign countries may also inadvertently be supporting sexual slavery. Women and children, especially those from developing countries or Eastern Europe, are disproportionately subjected to trafficking. Many trafficked persons have been tortured and suffer physical and psychological disorders, such as PTSD (Zimmerman et al., 2008).

The APA Representatives promoting this resolution and I hope that our efforts, albeit modest, will nonetheless improve public awareness of this important issue. **1** 

#### References

Bales, K. (2002, April). The social psychology of modern slavery. Scientific American, 286, 80-88.

United States Department of State. (2008). *Trafficking in persons report,* 2008. Retrieved May 5, 2009, from http://www.state.gov/g/tip/rls/tiprpt/2008/105376.htm

Zimmerman, C., Hossain, M., Yun, K., Gajdadziev, V., Guzun, N., Tchomarova, M., Ciarrocchi, R. A., et al. (2008). The health of trafficked women: A study of women entering posttrafficking services in Europe. *American Journal of Public Health, 98*, 55-59.



#### You will find:

- · News on mental health legislation
- The Pennsylvania Psychologist
- Licensure information
- Membership benefits
- Online CE programs
- Announcements about in-person events
- Information on PPAGS, PPA's student organization
- Members-only password: keystone

# Change The Cost of Doing Business MA.

ver the next few months, our nation is likely to see some significant changes taking place in health care. Although the exact nature of this change is not yet clear, change to one degree or another appears inevitable. Change in the way health care is delivered, and equally important, how it is paid for, could have a significant effect on how we interact with the health care system and how we practice our profession.

Psychology has seen dramatic changes over the years. During last year's PPA 75th anniversary celebration, Sam Knapp put together an article entitled "A Brief History of PPA" (2008). If you review this article you will see that many practices of our profession that we now take for granted are the result of a long progression of efforts at effecting change over extended periods of time. Efforts at developing a licensing law for psychologists can be traced back as far as the 1930s. The Pennsylvania Association of Clinical Psychologists (PACP), the forerunner of PPA, was instrumental in introducing a bill to license psychologists, though unsuccessfully. It was not until 1972 that the first licensing law for Pennsylvania psychologists finally went into effect. In addition, PACP issued a credential that defined the role for school psychologists by the state education agency.

Organized psychology, at both the state and national level, can be credited with numerous accomplishments that have made our profession what it is today. They include input into the Mental Health Procedures Act of 1976, federal legislation allowing psychologists to become providers under Medicare, and more recently the mental health parity legislation. Although much of this legislation began at the national level, the practices adopted frequently filtered down to the state level and to the private insurance industry as well.

Many of the changes we have witnessed over the years can be credited in

part to the efforts of psychologists who have organized and lobbied on behalf of the interests of our clients and our profession. PPA has had an excellent record of acting on behalf of its members to influence important legislation. Since 1977, PennPsyPAC has been raising funds to assist this effort by providing contributions to legislative candidates who are sympathetic to our positions. These contributions most often come in the form of fundraisers that give us face-time with legislators.

Change or even the expectation of change can be an anxiety-provoking experience for many individuals. Clients often seek out our services as a result of anxiety over changes in their lives. Much of what we do in the clinical/counseling setting is aimed at teaching our clients to adapt to change or to exert influence over the direction of change and create a sense of mastery over their destiny. Change is particularly anxiety-provoking if we perceive we have no control over the change or over its consequences. As psychologists, we engage in behavior aimed at insulating ourselves from unexpected changes or events. We purchase professional liability insurance to protect ourselves from unforeseen legal action. We attend continuing education programs to keep abreast of changes in clinical techniques and practices. We join and participate in professional organizations in order to keep abreast of changes in our profession. Most would agree that we consider the expense of these activities to be a routine cost of doing business.

How can we best protect ourselves from the changes that could occur in the health care system? Active membership in PPA is one way to help improve our readiness for change. PPA provides us with information, with education, and proposes action to help protect the interests of our clients and ourselves. Many, but unfortunately not all, of our members respond to requests to send letters or



e-mails to our legislators when important legislation is pending. Some make the effort to develop relationships with legislators in order to open lines of communication. A few (about 11%) of our members regu-

larly donate to PennPsyPAC.

The unfortunate reality is that successful passage of legislation often relies not only on the merits of its ideas but also on the ability of a concerned group to get access to the legislative process. As a profession, psychology needs to appreciate the reality and importance of legislative action and continue to encourage both good ideas and legislative influence. It follows that we can consider making a donation to PennPsyPAC as a routine cost of doing business in the same manner we consider purchasing professional liability insurance, renewal of our biennial license, or joining a professional organization.

The PennPsyPAC Board of Directors would like to encourage all PPA members to consider donating to PennPsyPAC. Now, more than ever, psychology needs to be in a position to influence the changes on the horizon. With current economic times as they are, we know it is difficult for many to make voluntary financial contributions. We wish to thank those contributors who have been generous in the past and encourage them to continue their generosity.

We believe that if a plurality of PPA members makes even a modest financial contribution we can raise considerable funds to support our (your) efforts. Making a single donation some time each year means a lot to this cause. Consider it "legislative change insurance"-part of the cost of doing business. N

#### Reference

A brief history of PPA. (2008, March). The Pennsylvania Psychologist, 68(3), 19, 23.

#### MIDDLE CAREER PSYCHOLOGISTS' WOES AND REWARDS

Continued from page 3

accepting the concept of time limitation and personal death in midlife (Colarusso, 1990), and the death of contemporaries and the self in late adulthood."

Indeed, a colleague's death, or divorce, or problem with a child, or with an ill parent; or a client's sharing of a childhood trauma; or a student's struggle to manage family, school, and other responsibilities; or the sense of loss that accompanies the graduation of students or supervisees can each be understood in relation to our own sense of mortality and assume new meaning with the passage of time. On the other hand, there are rich opportunities in the areas of practice, teaching, training, and service that benefit from the mid-career psychologist's years of professional seasoning. The more able we are to reflect on and make sense of these experiences for ourselves, the more likely we are to integrate them in meaningful ways, which fosters wisdom and personal growth, and enriches our professional identity. N

Dr. Etzi is Professor of Psychology, Immaculata University, and Coordinator of the Clinical Psychology Mentoring Program. She can be reached at jetzi@immaculata.edu.

Dr. Yalof is Professor of Psychology, Immaculata University, Chair of the Department of Graduate Psychology, and Coordinator of the Psy.D. Program in Clinical Psychology. He can be reached at jyalof@immaculata.edu.

#### References

Colarusso, C. A. (1990). The third individuation: The effect of biological parenthood on separation-individuation processes in adulthood. *Psychoanalytic Study of the Child, 45*, 170–194.

Colarusso, C. A. (2000). Separationindividuation phenomena in adulthood: General concepts and the fifth individuation. Journal of the American Psychoanalytic Association, 48, 1467-1489.

Erikson, E. (1950). Childhood and society. New York: Norton.

Lachman, M. (2004). Development in midlife.

Annual Review of Psychology, 55, 305-331.

Mahler, M. S., Pine, F., & Bergmann, A. (1975). The psychological birth of the human infant. New York: Basic Books.

Strenger, C. (2009). Paring down life to the essentials: An epicurean psychodynamics of midlife change. *Psychoanalytic Psychology*, 26, 246–258.

# Awards Presentation PPA Annual Convention June 2009











- Dr. A. Rand Coleman (left) received the Science-Practice Research Poster Session Award from Dr. Charles LaJeunesse. Co-winner Elizabeth Briggs is not pictured.
- **②** Memorial Hospital of York won the Psychologically Healthy Workplace Award. Receiving the award from PPA's committee chair Dr. Rex Gatto was Sue Gordon, Vice President of Hospital Services.
- Dr. Gatto also presented the Psychologically Healthy Workplace Award to Bill George (I), President and CEO of Health Partners of Philadelphia.
- Dr. Eleonora Bartoli (r) presented the Graduate Poster Session Award to Cory Jacob Stayer, M.A., of Penn State Harrisburg.
- **6** Melody Gardner, B.S. (l), received the Undergraduate Poster Session Award from Dr. Bartoli.

# PPAGS Community Service Project

The Psychological Association of Graduate Students (PPAGS) Community Service Project (CSP) challenges individuals or teams of graduate students to develop and provide a service to an underserved population in their immediate areas. PPAGS had two CSP entries for 2008–09.

Stress Awareness: Helping Teachers Help Their Students and Themselves

The winning team from Immaculata University developed and offered three workshops to educators at a charter school serving over 400 ethnically and racially diverse students in grades K-8 in a low SES community. The workshops assisted educators to identify students adversely affected by stress, access resources to help students, and promote resilience and self-care for educators. The Immaculata University community service project was completed by graduate students Lois Row, Ellen Inverso, and Cristiane Irey. They were supervised by psychologists Janet Etzi, Psy.D., and Marie McGrath, Ph.D. The team received an award at Convention 2009.

The second team, from the Philadelphia College of Osteopathic Medicine, created a low-literacy video-based parenting program for low-income and new and expecting parents in Philadelphia to promote positive parenting. The team hopes to disseminate the parenting video to organizations that serve the target audience in the next phase. The PCOM community service project was completed by graduate students Carla Cirilli and Kevin O'Leary, and student contributors Tim Barksdale, Tina DiChiara, Kristen Labin, Esther Brahmstadt, Kerrie Smedley, Alexandra Morris, Lauren Lane-Herman, and Kimberly Lovelock. They were supervised by psychologist Stacey Cahn, Ph.D. IV



Winners of the PPAGS Community Service Award at the PPA Convention in June were (l-r) Dr. Marie McGrath, Lois Row, Ellen Inverso, and Cristine Irey, of Immaculata University. It was presented by then-PPAGS chair Aaron Brinen (r). This same group won the Existential Humanistic Theory and Application Research Award.

# 2010 Award Nominations Sought

For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and send the information to the following address by the deadline listed.

Pennsylvania Psychological Association 416 Forster Street Harrisburg, PA 17102-1748

AWARD FOR DISTINGUISHED CONTRIBUTIONS TO SCHOOL PSYCHOLOGY: Deadline for entries is December 31, 2009. To be presented to the outstanding school psychologist in Pennsylvania.

PSYCHOLOGY IN THE MEDIA AWARD: Deadline for entries is **December 31, 2009**. Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2010 Psychology in the Media Award. Members who have written newspaper or magazine articles or books, have hosted, reported or produced radio or television shows or commercials about psychology or psychological issues, or have designed psychologically oriented Web sites are eligible for the award. We are seeking candidates who have had a depth and breadth of involvement in these areas with the media over a period of time. Some of the work must have been published or broadcast during 2009. An application form, which is available at www.PaPsy.org, must accompany all entries for this award. Applicants who have received this award in the past 5 years are not eligible. N



# THE PENNSYLVANIA PSYCHOLOGIST UPDATE · NOVEMBER 2009

# The Basics of Interpretation and Translation

Marie C. Weil, M.A.



Cultural and linguistic competency in psychology involves understanding how culture and language impact one's access to treatment and services, assessment and diagnosis, quality of

treatment, and effectiveness of treatment services provided. According to the U.S. Census 2000, 18% of the total population reported that they speak a language other than English at home. Psychologists in Pennsylvania confront the needs of clients who may benefit from psychological services provided in languages other than English since 8.4% of the state population speaks other languages at home (U.S. Census, 2000). Indeed, language facilitates the expression of emotions and carries a cultural status (Guarnaccia & Rodriguez, 1996) and may be perceived as a way to maintain cultural and ethnic heritage (Altarriba & Santiago-Rivera, 1994). This article presents concepts of communication relating to interpretation and translation.

Title VI of the Civil Rights Act of 1964 prohibits national origin discrimination and provides standards for many federal programs to ensure language access, free of cost, to limited English proficient (LEP) individuals as outlined by the Federal Interagency Working Group on Limited English Proficiency (United States Department of Justice, 2009). Title VI requires federal agencies and recipients of federal funds (i.e., welfare agencies, hospitals, medical assistance, etc.) to take reasonable steps to ensure that LEPs have meaningful access to programs and activities provided by or funded by the federal government. Many organizations have informed eligible persons of their rights to free language assistance services (e.g., interpreter services) and added resources and bilingually trained staff to interface with individuals more directly. The Presidential Executive Order 13166 of 2000 provides for enforcement of these guidelines (United States Department of Justice, 2009).

As Fontes (2008, p. 157) indicates, the interpreter's role is to "help the client and interviewer communicate successfully." The interpreter is an advocate for both the client and provider. An interpreter's cultural competency is essential. Interpreters may have the following roles (Community Legal Services, Inc. and HIAS and Council, 1999): (a) as a conduit or communicator, the interpreter speaks in first person without adding, changing or omitting anything; (b) as a clarifier to make sense of linguistically different words in the same language, interpret culture and symbolic meanings, attend to nonverbal cues, clarify jargon and terminology, and make these known to all parties; and (c) as an advocate or cultural broker to clarify context. Roat, Gheisar, Putsch, Lucero, and SenGupta (1996) compare the interpreter to that of a bridge: "like a bridge, the interpreter can be present in an unobtrusive way, not coming between two people, but supporting them in bridging the gap between them" (p.19).

Both interpreters and translators convert one language into another (U.S. Dept. of Labor, Bureau of Labor Statistics, 2007). They are specialists with both fluency and knowledge of at least two languages, as well as culturally competent with multiple cultures. Many persons erroneously interchange the terms interpreter and translator. To interpret means to convert one spoken language into another (or with sign language interpreters, from spoken language to sign language). There are four modes of interpretation (Roat et al., 1996): (a) Simultaneous -interpreter converts speaker's words in one language to another language while each is speaking at the same time without interruption—thus requiring a high level of concentration and memory by the interpreter. Simultaneous interpretation is used often in courtrooms; (b) *Consecutive*—interpreter converts speaker's words from one language to another usually sentence-by-sentence following a pause while both speaker and interpreter wait for each other to finish. Consecutive interpreters may take notes

while listening to the speakers. Consecutive interpreters are said to "relay what the person speaks" (Community Legal Services, Inc. & HIAS and Council, 1999); (c) Sight translation—interpreter reads a document and converts the language to another through speech; and (d) Summarization-interpreter summarizes conversation in one language and provides the important points of the conversation but with liability for omissions and errors (Community Legal Services, Inc. & HIAS and Council; Roat et al.). In contrast, a translator converts written materials from one language into another (Roat et al.). Translation is complicated and involves converting the meaning of thoughts and ideas, and cultural references for full understanding (Roat et al.). Translations go through many revisions and back-translations (document is translated and then translated back to origin language by multiple reviewers) for cultural and linguistic match to the target populations.

Certification and training programs for interpreters and translators are diverse (U.S. Dept. of Labor, Bureau of Labor Statistics, 2007). Pennsylvania law requires judicial interpreters to be certified and registered as part of the Interpreter Certification Program created in 2004. The process involves a mandated orientation program, and passing of written and oral exams (United Judicial System of Pennsylvania, 2009). Medical and social service interpreters (including mental health) are not yet subject to certification requirements in Pennsylvania.

Several national professional interpreter and translator associations exist. Professional interpreters and translators have ethical codes. Unfortunately, the standards of practice for interpreters are not always understood or respected, and people may erroneously believe that anyone who speaks a second language can serve as an interpreter. This belief can potentially lead to discrimination against the patient seeking quality treatment and put the provider at risk for liability. Psychologists who use interpreters, or have bilingual staff who are responsible for

### Classifieds

interpreting as part of their job, should ensure that they complete an interpreter training program such as Bridging the Gap Medical Interpreter Training (Cross-Cultural Health Care Program, 2009) through an authorized licensed agency. Another good practice is to assess the language proficiency of potential interpreters through evaluation and verify their experience with mental health. If

#### **Web Resources**

PA Interpreter Certification Program Court Roster

http://www.courts.state.pa.us/T/AOPC/ CourtInterpreterProg/InterpreterRoster.htm

PA Directory of registered and qualified sign language interpreters http://www.dli.state.pa.us/landi/cwp/view.asp?a=128&q=224577

Delaware Valley Translators Association http://www.dvta.org/index.htm

#### References

Altarriba, J., & Santiago-Rivera, A. L. (1994). Current perspectives on using linguistic and cultural factors in counseling the Hispanic client. Professional Psychology: Research and Practice, 25, 388-397.

Community Legal Services, Inc. and HIAS and Council Migration Service of Philadelphia. (1999). Legal interpreting training. Philadelphia, PA: Author.

Cross-Cultural Health Care Program (2009).

The Cross-Cultural Health Care Program.

Retrieved September 10, 2009, from http://www.xculture.org/

Fontes, L. A. (2009). Interviewing clients across cultures: A practitioner's guide. NY: Guilford Press.

Guarnaccia, P. J., & Rodriguez, O. (1996). Concepts of culture and their role in the development of culturally competent mental health services. Hispanic Journal of Behavioral Sciences, 18, 419-443.

Roat, C. E., Gheisar, B., Putsch, R., Lucero, C., & SenGupta, I. (1996). Bridging the gap: A basic training for medical interpreters: Version 2 interpreter handbook. Seattle, WA: The Cross Cultural Health Care Program.

United Judicial System of Pennsylvania (2009).

\*Interpreter program.\* Retrieved April 25, 2009, from http://www.aopc.org/T/AOPC/CourtInterpreterProg/

U.S. Census Bureau. (2000). Language use and English-speaking ability 2000. Washington, DC. Retrieved April 25, 2009, from http://www.census.gov/prod/2003pubs/c2kbr-29.pdf

U.S. Department of Labor, Bureau of Labor Statistics. (2007). Interpreters and translators. Occupational Outlook Handbook, 2008-09 Edition. Retrieved April 25, 2009, from http://www.bls.gov/oco/print/ocos175.htm

#### PROFESSIONAL OFFICE SPACE FOR RENT IN EXTON COMMONS Contem-

porary style offices for rent in Exton psychology practice. Central, familiar location in lovely medical/professional office park with landscaping. Shared, furnished waiting room, use of kitchenette (fridge, microwave), large private bathroom. Wood trimming, large windows. \$575/month-full-time, unfurnished. Includes all utilities and cleaning. Call Dr. Janet Edgette (610-363-8717 ext. 2, leave message).

**INSUR SERVICES INC – THE CURE FOR YOUR BILLING PROBLEMS!** We offer a

complete billing service customized to your practice, large or small, allowing you more time to do the kind of work you were trained to do. With 15 years experience exclusively in the mental health field, working with all insurance types including traditional managed care, HMO, auto accidents and Workers' Comp. Also specializing in provide application preparation, compliance books, confidential client contact and electronic billing without the use of a clearing house. A Member of the Better Business Bureau in good standing. Please contact Ronda White at 800-608-7298, insusvci1@msn.com.

**OFFICE SPACE AVAILABLE** for part- or full-time sublet in psychology office suite located in Chadds Ford Health Care Center at Brandywine Summit. Office is located near the intersection of Rt 1 and 202, only 10-15 minutes from West Chester, Media, Kennett Square, and Wilmington. Contact Marijo Lucas, PhD at 610-299-3478.

#### PSYCHOTHERAPY OFFICE FOR SALE.

Wescosville, PA. Comfortable, home-like office building with easy access to Routes 222, 309/78 and 22. Park, Restaurants and medical offices nearby. Two floors, four offices, reception/secretarial area, 1.5 baths, kitchen, plenty of parking and room for expansion. Owners interested in remaining as tenants but are open to a variety of options. Call 610-481-9161 for more information.

#### FREE CE HOME STUDY SLIDES on

ethics, personality disorders, psychotherapy, MMPI-2, PDM, love relations and more at www.mmpi-info.com

#### RECESSION OFFICE SPACE SPECIAL!

Share quiet, professional suite near suburban Philadelphia area (Bala Cynwyd), furnished, conference room, fax/copier, etc. Flexible hours. 610-664-3442.

# Let's Retain Both of Our APA Council Seats!



Pon't throw your ballot out! APA will send you the apportionment ballot on November 1. Most ballots are discarded unused. The simple act of voting can help ensure that Pennsylvania has adequate representation in APA decision-making.

This balloting apportions all of the seats on APA's Council of Representatives. Your vote determines how many seats each Division, State, Province, and Territory has on APA's Council.

## Please give your 10 votes to Pennsylvania.

Let's work together to keep Pennsylvania's voice strong. The outcome of this vote will have a significant impact on state issues, the direction APA takes in the coming years, and how PPA's needs and issues will be addressed by APA.

# The Roving Psychologist

# A Psychologist Is a Psychologist Anywhere

Jacqueline B. Sallade



There I sat across from one of the foremost psychologists in Lithuania, Chair of the Psychology Department of the University of Vilnius. Of the six psychologists I visited in the

Baltic countries, only Danute Galliene experienced the grueling annihilation of open-minded psychological discourse during the Communist occupation of her country. I quietly thanked our Western culture and democratic system for never requiring that our field be defined by one system of political thought, namely Marxism. She remembers when most psychology was "work" psychology or "psychocorrection" with a medical slant—an Orwellian professional world in which straying from the party line could earn the psychologist ostracism, job loss, exile, or worse. How's that for perspective?

Presently, Professor/Dr. Galliene makes sure her department teaches every aspect of psychology, from psychoanalysis to cognitive behavior modification. She interests herself especially with suicidology, trauma victims, anorexia. She is concerned about the takeover of psychiatry by pharmaceutical firms and tries to educate the medical community about diagnostics and psychotherapy. Admittedly, only in the large cities do people have adequate access to psychological services, so far, and financially subsidized treatment exists mostly for children and "invalids."

Both Dr. Galliene and her Latvian collegue Dr. Sandra Sebre, with whom I met in Riga at the University of Latvia, are instrumental in the efforts of the psychological establishment in their countries to obtain licensure. How's that for déjà vu? Where we were in Pennsylvania in the seventies is where they are in lobbying their parliaments with their fledgling psychological organizations to put into law consistent standards of professionalism. I, enthusiastically, remembered our own hard work and shared how PPA organized and developed standards of excellence

Admittedly, only in the large cities do people have adequate access to psychological services....

here. Since I helped at the time, including participating in the development of the licensing exam, my guidance was more than academic.

Dr. Sebre grew up in a Latvian family in our Midwest and was educated at the University of Wisconsin, Harvard, Columbia, and CCNY. She returned to Latvia fifteen years ago and she chairs the Psychology Department and, also, runs a small clinical practice. I spoke with her faculty and graduate students about their efforts to help disturbed children in the state clinic where there is one psychologist per twenty children vs. the private practice one-on-one situation. Patients pay or receive government funds if there is post-traumatic stress involved. Since 1989, school psychology has blossomed, though special schools are available rather than special classes; play and art therapies are popular; "eclectic" defines most practices. Like us, they do child custody evaluations, worry about overdiagnosis of ADHD, treat eating and sexual disorders, anxiety, depression. Unlike us, they worry about the beginnings of obesity, trying to nip it in the bud with group therapy, and employ a popular method called Marta Meo in which they analyze videotapes of parentchild interaction with families. Also, in psychiatric hospitals, suicide attempt cases are divided by how the attempt was made – hanging, overdose, cutting, etc. Then, the psychologist does the diagnostics and the interventions are mostly medical. There's room for improvement there.

My friend Dr. Luule Mizera is a researcher at the Tartu University in Estonia. She is researching gender differences in thought and language in kindergarten children through coding open-ended interviews. Her young colleague who

just achieved her master's degree works half-time in a private group practice and half-time in a big psychiatric hospital outpatient clinic. I could have been here listening to her description of psychiatrists seeing many patients quickly, usually without their families, her regular dealings with managed care referrals with low pay and much bureaucracy, and the lack of opportunity to specialize because of the overwhelming need for care for a wide variety of disorders. More specific to her country, men's problems often relate to stress from fifteen-hour work days; compulsive gambling is a major problem; and psychology is just becoming popular now.

My conclusion – travel, meet colleagues, share, compare, learn, and remember that we're all very alike, even with our cultures' differences. **S** 

#### Reference

Galliene, D. (1998). Perspectives in Lithuania. In A. S. Bellack & M. Hersen (Eds.), Comprehensive Clinical Psychology, (vol. 10, pp. 325-334). New York: Pergamon.



# **Check out PPA's Career Center**

The Membership Benefits Committee would like to remind all PPA members that the new online Career Center is up and running! Simply click on the green box labeled "Career Opportunities" on the right hand side of the PPA home page (www.PaPsy.org). This is a resource for both job seekers and employers/recruiters.

www.PaPsy.org

# Membership Vote Requested: Proposed Amendments to the Bylaws

At the September 12 meeting of the PPA Board of Directors a motion to amend the bylaws in two respects was passed. For these changes to take effect they must now be ratified by the membership.

The first amendment deals with criteria for new members of the association. Currently to become a new member one must either be licensed, have a doctorate, or have a master's degree plus 2 years of experience. However, recently several certified school psychologists have asked to join, and they seem to fall through the cracks. They are no longer students. They have master's degrees and certification as school psychologists from the Pennsylvania Department of Education. They are eligible to work in the schools, but do not yet have 2 years' experience. The Board of Directors would like our association to be able to welcome these psychologists into membership and therefore recommends a positive vote on this amendment.

The second amendment deals with the composition of the Budget and Finance Committee. The current bylaws specify that the president-elect is the chair of the committee; the president and treasurer are ex officio members; and two additional members are to be selected by the president-elect. The Board of Directors would like to be able to expand the committee slightly by adding up to two more members. This means that the president-elect would select up to four additional members instead of just two. The Board recommends a positive vote on this amendment.

The actual language of the bylaws amendments is printed below. New language is <u>underlined</u>; language to be deleted is <del>stricken</del>. Please clip the ballot printed below and return it to the PPA office. The amendments will be adopted if they are approved by two-thirds of all members voting. Please take a moment to submit your ballot. The deadline to vote is December 1, 2009.

#### **AMENDMENT 1**

#### Article III. Membership

3. Members of the Association shall be persons who are engaged primarily in the scientific and professional discipline of psychology. Members shall be entitled to the right to vote and to all other privileges of the Association except those denied them by the bylaws.

The standards for Members shall be: (1) A license to practice psychology in Pennsylvania, and/or (2) a doctoral degree from a program primarily psychological in content, conferred by a regionally accredited institution of post-secondary education or (3) a master's degree primarily in the scientific and professional discipline of psychology plus the equivalent of two full-time years of experience primarily in the scientific and professional discipline of psychology subsequent to the granting of the master's degree or (4) designation by the Pennsylvania Department of Education as a certified school psychologist.

#### **AMENDMENT 2**

#### Article VIII. Boards and Committees

- B. Responsibilities of the Respective Boards and Committees
  - 2.2 Internal Affairs Board
    - a. Budget and Finance Committee: It shall be the responsibility of this committee to oversee the preparation and submission for approval by the Board of Directors, a budget for the fiscal year at the first meeting of the incoming president's administration. This committee shall also review the financial condition of the Association and make recommendations for enhancing its financial stability. The chair of this committee shall be the president-elect. There shall be up to six four other members, including the treasurer, current president, and up to four two individuals to be selected by the president-elect. In those years in which there is a treasurer-elect, that person shall become a member of this committee following the election.

	☐ do not approve Amendment 1, pertaining to membership for new certified school psychologists. ☐ do not approve Amendment 2, pertaining to membership on the Budget and Finance Committee.
Print name	Signature

Please return to the Pennsylvania Psychological Association, 416 Forster Street, Harrisburg, PA 17102, or fax to 717-232-7294

Deadline: December 1, 2009

# The Pennsylvania sychologist

November 2009 • UPDATE

Editor David L. Zehrung, Ph.D. **PPA President** Steven R. Cohen, Ph.D. PPF President Richard F. Small, Ph.D. Thomas H. DeWall, CAE **Executive Director** 

The Pennsylvania Psychologist Update is published jointly by the Pennsylvania Psychological Association (PPA) and the Pennsylvania Psychological Foundation in January, February, April, May, July/August, October and November. The Pennsylvania Psychologist Quarterly is published in March, June, September and December. Information and publishing deadlines are available from Marti Evans at (717) 232-3817. Articles in *The Pennsylvania Psychologist* represent the opinions of the writers and do not necessarily represent the opinion or consensus of opinion of the governance, members, or staff of PPA. Acceptance of advertising does not imply endorsement.

© 2009 Pennsylvania Psychological Association

#### Save enough money to pay for your PPA membership – guaranteed!

Obtain low rates for accepting credit cards in your practice, available only to PPA members.

Call 1-800-644-9060 x 6973 or click on the Affiniscape ad on our Web site:



www.PaPsy.org



#### The Pennsylvania Psychologist

416 Forster Street Harrisburg, PA 17102-1748

PRSRT. STD. U.S. POSTAGE

#### **PAID**

Harrisburg, PA Permit No. 1059

# 2009-10 CE Calendar

The following programs are being offered either through cosponsorship or solely by PPA.

#### November 5-6, 2009

Eastern Pennsylvania Fall Continuing Education and Ethics Conference Exton, PA

Marti Evans (717) 232-3817

#### April 8-9, 2010

Spring Continuing Education and Ethics Conference Lancaster, PA Marti Evans (717) 232-3817

#### June 16-19, 2010

**Annual Convention** Harrisburg, PA Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.PaPsy.org/resources/ regional.html.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

Introduction to Ethical Decision Making\* - NEW! - HOME STUDY CE COURSES

Staying Focused in the Age of Distraction: How Mindfulness, Prayer and Meditation Can Help You Pay Attention to What *Really Matters* – NEW!

5 CE Credits

Competence, Advertising, Informed Consent and Other Professional Issues\*

3 CE Credits

Ethics and Professional Growth\*

3 CE Credits

Confidentiality, Record Keeping, Subpoenas, Mandated Reporting and Life Endangering Patients\*

Foundations of Ethical Practice\* 6 CE Credits

Ethics and Boundaries\* 3 CE Credits

Readings in Multiculturalism

4 CE Credits

also available at www.PaPsy.org

Pennsylvania's Psychology Licensing Law, Regulations and Ethics\*

\*This program qualifies for three contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.

For all Home Study CE Courses above contact: Katie Boyer (717) 232-3817, secretary@PaPsy.org.