# The Pennsylvania

# Psychologist

December 2009 • QUARTERLY



**SPECIAL SECTION** 

# STRATEGIC PLANNING, PERSONAL GOALS, AND LIFE BALANCE

ALSO IN THIS ISSUE:

PPA weathers the economic storm • Legal column: Fee and billing issues • A collaborative approach for supporting school children





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# THE PENNSYLVANIA PSYCHOLOGIST QUARTERLY • DECEMBER 2009

### **PPA Is a Valuable Resource**

Steven R. Cohen, Ph.D.



"If you don't know where you are going, you will wind up somewhere else."

– Yogi Berra

uring the speech I gave at convention this year, I mentioned the many ways in which my professional life has changed during the years since I was in graduate school. Most of these changes were not planned nor expected. I have enjoyed most of the wild ride that psychology has sent me on.

I'm not sure how you plan for these unforeseen changes in your professional life. Even the best strategic plan cannot fully prepare us for the changes in the health care marketplace. Sometimes we lose a position, other times opportunities are presented and decisions are thrust upon us. Decisions are sometimes difficult. If there is a bad outcome, we tend to blame ourselves and say we made a bad decision. But we can only make decisions with the information we have available. Sometimes a good decision can lead to a bad outcome. That does not mean it was a bad decision, it means we did not have all of the information we needed. Information from other sources could have led to a different decision. The challenge is finding the right information that leads to a decision that yields the best outcome.

There are many kinds of information available to us, providing different levels of value and importance. As psychologists, we all cherish human interactions. Networking is one of my most valuable tools. As a young psychologist, I joined many boards and met many interesting and influential people who have helped me along the way. I am forever grateful for their kindness and generosity and try to pass it on to others. I am part of several peer support groups that have been extremely helpful for professional growth and career building. The support is critical for life balance, and the forum provides for the sharing of professional knowledge.

Belonging to PPA and other professional organizations is the best route to being prepared for what is out there waiting for you. *The Pennsylvania Psychologist* is a wonderful resource of practical knowledge that we need and can apply in our practices and lives.

Involvement on a committee provides greater opportunity for networking and growth. When I was considering running for president, I consulted with several past presidents. They all told me that the best part of the job was working with wonderful people, both psychologists and staff. I fully agree with them. Getting involved is easy. An e-mail or telephone call can help match your interests to the needs of the organization. I think that most who are active in PPA or other organizations find that they get back more than they give.

In this issue we will be talking about planning and meeting personal goals and maintaining a balance in our lives. This is a journey that is never ending. Our needs and goals shift throughout our lives and the planning, reflection, and changing must continue. I repeat the message that we must value ourselves personally and as a profession. If we do not, we will not be valued. We must take care of ourselves personally and professionally and maintain a proper balance.

Approximately 2000 years ago, the sage Hillel wrote simply and wisely about the challenges of finding balance. Many of you are familiar with his words. He wrote:

- 1. Who will be for me, if I am not for me?
- 2. But, if for myself alone, what am I?
- 3. If not now, when?

If we do not take care of ourselves—who will take care of us? But if we stop there and only take care of ourselves—what kind of a person am !? Life is so short and fleeting, if we procrastinate, when will we accomplish the goals we set? The order is important. If we do not take care of ourselves, we cannot take care of others. The words are wise. The challenge is finding the right balance in our own individual lives.

Set aside some time to think about goals, past, present and future. Make a plan, decide what steps you have to take to get there, and move forward. As the oft-quoted Yogi Berra said, "If you don't know where you are going, you will wind up somewhere else." ¶!

### **PPA Weathers the Storm**

Thomas H. DeWall, CAE



Ithough many economists say we are coming out of the recession, we have been in the biggest economic downturn since the Great Depression. Many clients of psychologists have lost their jobs, or have had their hours reduced, or are simply fearful that their jobs will be cut. As a result, despite the stress that the recession induces, many people cannot afford to see their psychologists. This in turn has resulted in lower income for some psychologists, and some have felt it necessary to drop their PPA membership. Our membership, currently at 3,119, is down by 3.2% compared to last year at this time, and is down 2.8% compared to 2 years ago at this time - though we still remain the second largest state association, after California.

What is PPA doing to weather this storm in terms of assisting our members and in terms of maintaining a healthy organization?

For one thing, we are continuing to seek direct benefits for members. We now offer health insurance at competitive rates for PPA members, their families, and employees through USI Affinity. For information on this program and others mentioned below please visit our Web site, www. PaPsy.org. We have made available a merchant credit card at very low rates for members to accept credit card payments from their clients. We have an improved career center for psychologists looking for jobs and for employers offering jobs. We have made discounts available for members for purchases at Staples, disability and long-term care insurance, and other products.

Of course, the benefit that is most useful to most members is the consultation they receive from Dr. Sam Knapp and Rachael Baturin on a range of ethics, insurance, and other practice issues. Their advice can often help PPA members save money as well as meet other challenges. PPA has been actively engaged in advocacy to advance our members' interests. Currently we are fighting off attempts by some social work groups to curtail the practice of psychology while promoting their own practice act. Of course, most of the recent health care activity has taken place at the national level. We have been successful in garnering the support of most members of Congress from Pennsylvania in restoring the rates that Medicare pays psychologists, which is additionally important because often private insurers peg their rates to

Medicare. We played a significant role in the mental health parity victory; that federal law is effective starting next month and should be a help to both psychologists and their patients.

Our Insurance and Managed Care Committee is redoubling its efforts to work with (or confront when necessary) insurance companies to change their anti-consumer and anti-provider policies. Our School Psychology Board and staff are constantly working to maintain laws and regulations that enhance the role of school psychologists and make school psychological services available to school children.

We have helped to foster better communication among our early career psychologists and student members, and are working on mentoring and other programming for these critical sectors of our membership.

PPA maintains low rates for members on a wide range of continuing education programs, from in-person presentations to home studies to online offerings. We have provided information on marketing psychologists' services, published a quarterly e-newsletter, and worked with APA on making psychology a "household word." These efforts may not provide direct benefits in the short run but will likely help the whole field of psychology in the long run.

Part of PPA's strategic plan involves building and maintaining organizational strength. This is an obvious need of nonprofit organizations. According to Kovener (1988):

Sound financial management is essential to the effective operation of every association. Association members expect good value for their dues dollars. They expect their association to be operated efficiently. Evaluation of an association's financial operations often serves as the basis for assessing this value and efficiency. Financial activities facilitate the essential management steps of planning, executing, controlling, and evaluating.

PPA's volunteer leaders and staff are constantly looking for ways to run a more cost-effective organization. We have taken many steps to cut expenses, including conducting our elections online instead of through the postal mail, posting materials for meetings of the Board of Directors and General Assembly on the Web site, and

for PPA members, their families, and employees through USI Affinity.

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#### **EXECUTIVE REPORT**

Continued from page 3

sending legislative alerts by electronic means. Our conference and communications manager, Marti Evans, sends announcements of CE events and other information via the Internet instead of through the mail. Our business and membership manager, Iva Brimmer, found a way to save more than \$1,000 on our telephone bill. Whenever feasible our staff members stay at less expensive hotels at the APA convention and other events.

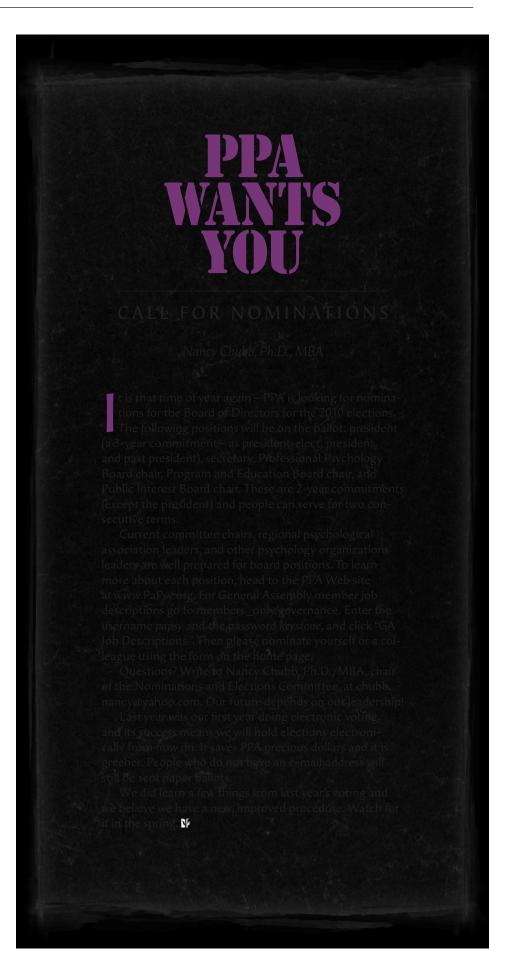
The Executive Committee granted only minimal salary increases to all staff for the current fiscal year, though they regretted it could not be more. We also furloughed our contract lobbyist for a period of 10 months, spanning 2 fiscal years. We are glad to have her back now working the Capitol promoting the interests of psychologists.

At the same time, we have taken steps to increase our nondues revenue. We generate income every year from professional seminars conducted by Dr. Knapp, who donates his fees to PPA. We realize other income from advertising, continuing education, book sales (e.g., Pennsylvania Law and Psychology), and other sources. We established the Sustaining Member program last year and have had good success in obtaining generous contributions in that way from our members. These sources are especially important because, unlike the other big state psychological associations, who raise their dues every year or two, we have had no significant dues increase since 1995.

Our Board of Directors, together with the Budget and Finance Committee, have shown excellent judgment and foresight over the years by establishing a reserve fund. We are now using a small portion of those reserves to carry us through a temporary downturn in revenue. This is one of the main purposes for which the reserve fund was set up, and it helps insulate us from the recession. We look forward to new economic growth and new initiatives on behalf of our members in the coming year. ¶

#### Reference

Kovener, R. (1988). Finance. In H. Ernstthal & V. Jefferson (Eds.), *Principles of association management* (pp. 79-95). Washington, DC: American Society of Association Executives.



# www.PaPsy.org

# My Columbus Day Message

(a bit late and not as funny)

John D. Gavazzi, Psy.D., ABPP



On Columbus Day, I wrote a somewhat humorous reply to psychologists on our listserv who were concerned about the level of reimbursement for psychological services. The

processes that determine how psychologists are reimbursed are complex. One critical factor to psychologists' level of reimbursement relates to Medicare rates. Many private insurance carriers in Pennsylvania utilize the Medicare rates to calculate their reimbursement. If the Medicare rate for psychological services goes down, many private insurance companies in Pennsylvania lower their rates. In order to gain any leverage with Medicare rates, psychologists need to work at the federal level.

Psychologists have seen their psychotherapy code rates reduced in the past several years. Medicare, and other insurance entities, have typically viewed psychological services as ancillary services as opposed to primary interventions. Therefore, psychologists have a unique set of codes that differ from physician codes. Physicians use Evaluation and Management (E&M) codes that cover many of the same services we psychologists perform on a daily basis. Interestingly, reimbursement rates for E&M codes have risen steadily in the past several years while psychological services codes have dropped. This decrease in reimbursement occurred in spite of research that demonstrates psychological interventions are equal to, and in some cases superior to, medical interventions. Why is this? And what can we do?

The sad reality is that many psychologists do not see the connection between political advocacy and practice issues. Many psychologists do not donate to PennPsyPAC or the Association for the Advancement of Psychology (AAP/PLAN), a national level political

advocacy group for psychologists. Many well intentioned PPA members who are concerned about level of reimbursement do not even know about AAP/PLAN or PennPsyPAC, or may believe that political advocacy is someone else's responsibility.

When talking with colleagues, I frequently invoke the psychological construct of social loafing. Social loafing is the tendency for people Practice Organization are leading these efforts. One of the top legislative priorities is to reverse the Medicare reimbursement cuts to psychologists. While some practitioners may not provide services through Medicare, as stated previously, many private insurance companies use Medicare rates as part of their fee formula. So, if the Medicare rate drops, in many cases, the private insurance rate drops.

You can donate money to political causes now, or expect to get paid a lot less later.

to expend less effort on a given task when working in groups than when working alone. Social loafing is easier when individual contributions are not evaluated and when the individual can rationalize that someone else will "pull the weight." Those who loaf socially are likely to experience less satisfaction with the task (in this case, political advocacy).

Social loafing is less likely to occur when individual members believe that the task is <u>important</u>. Access to psychological care and reimbursement are mission-critical to our patients and our profession. What can be more motivating than our patients and reimbursement? Psychology recently won a long, hard political success in the form of mental health parity. However, mental health parity is only a stepping stone on our political trek, not the end. Psychology also needs professional parity, rather than loafing around as a second-tier health care profession.

Psychology is facing a changing health care landscape, both in terms of access to services and reimbursement levels. We need, more than ever, to ramp up our legislative advocacy in order for psychology to both survive and thrive. AAP/PLAN and APA's

APA's Practice Organization and AAP/PLAN are also working toward professional parity with medical doctors by amending the Medicare definition of "physician" to include psychologists. While some psychologists may flinch at the idea of being labeled as a "physician," the generic definition denotes a person skilled in the art of healing. While "physician" typically refers to a medical doctor, scientific research demonstrates that psychological interventions are at least equally effective to the interventions of the medical profession. Hopefully, psychologists will not object too loudly about being included as a "physician" in the Medicare definition.

By becoming defined as a physician, psychologists will be eligible for reimbursement via E&M codes. E&M codes are used for procedures such as taking a detailed history, a focused examination, medical decision-making, and counseling a patient on a disease process. Psychologists are already performing these procedures, so why not become paid equivalently? While psychotherapy reimbursement rates have declined, E&M codes have risen steadily.

**COLUMBUS DAY**Continued on page 8

# Ethical and Practical Considerations Related to Fee and Billing Issues

Samuel Knapp, Ed.D. Richard F. Small, Ph.D. Rachael L. Baturin, MPH, J.D. Allan M. Tepper, J.D., Psy.D.

ost psychologists tolerate the business aspects of their profession to be able to deliver good health care. Nonetheless, the business and billing practices of psychologists can impact their relationships with patients, as well as affect the quality of the services provided. Efficient and fair billing practices can give patients a favorable impression about the psychologist, whereas frequent billing errors or seemingly unfair policies can lead patients to question the competence or honesty of their psychologists and adversely affect the therapeutic relationship.

Standard 6.04(a) of the APA Ethics Code requires psychologists to reach an agreement with clients or patients as early as feasible specifying compensation and billing arrangements. This standard is silent, however, regarding the type of services for which a fee can be charged, or the fees that can be charged for such service.

Psychologists often believe that the fee schedules dictated by insurance companies and other entities restrict what they can charge. Generally, these limits apply only when billing for services covered by a managed care or insurance company with which the provider has an agreement.

Fee and billing practices, similar to all other professional activity, should be conceptualized within a broader ethical framework. For example, psychologists who take care to clarify the terms of payment prior to initiating treatment are showing respect for patient autonomy, in that their potential patients will possess accurate information with which to make an informed decision about therapy.

The Psychology Board's Professional Records regulation at 49 Pa Code Section 41.57(b) (3) requires a notation of the fee arrangement. Although private practice psychologists are not required to utilize

a written fee agreement, many prudent psychologists provide their patients with a written description of their payment and office policies at the beginning of treatment. A written policy statement can inform patients about such issues as the fees for therapy; when payment is due; how the office handles insurance forms; fees for non-session work, such as letter preparation or conducting collateral contacts; missed appointments or cancellation fees; acceptance of credit cards; and the use of the legal process to collect unpaid bills. Such written office policies can be summarized or detailed in nature.

Many psychologists do not charge a fee to draft brief correspondence or engage in between-session telephone contacts. A fee may be required, however, to draft longer letters, prepare a written report, consult with collateral contacts, or provide other non-therapy services that require a substantial amount of time. Psychologists are entitled to set their own policies on what services will be charged and the fee they will charge. As previously mentioned, the psychologist is required to note the fee arrangement in the written record. Although the psychologist may not have discussed fees for such services before treatment is initiated (not only is it impossible to anticipate all possibilities, but many psychologists feel that extensive pre-treatment legal statements may be countertherapeutic), the fees for such adjunct services should be discussed with the patient prior to the rendering of these services.

At times, a psychologist may be requested to forward records to a subsequent provider. Although the patient or the provider can be charged a fee for such services, consideration should be given to providing this service without charge. Waiving the fee for such services can be viewed within a broader







Dr. Richard F. Small



Rachael L. Baturin



Dr. Allan M. Tepper

continuity-of-care framework. Many psychologists provide records for free to other therapists, but charge for such purposes as life insurance applications and lawsuits

At times, a patient with an unpaid balance may request that the psychologist forward a copy of the patient's records to the patient or to a third party. Pursuant to APA Ethics Code Standard 6.03, psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received (emphasis ours). This standard appears to state, therefore, that records can be withheld in non-emergency treatment situations if payment has not been received.

Psychologists should rely upon this standard with caution. All treating professionals, including psychologists, should be compensated fully in a timely fashion for their services. The refusal to release

**LEGAL COLUMN**Continued on page 8

# The Bill

Selected Bills in the General Assembly of Psycholog

As of October 2



Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action	
SB 251	Establishes involuntary commitment process for outpatient mental health treatment and expands mental health resources  — Sen. Stewart J. Greenleaf (R-Montgomery)	For if amended	In Judiciary Committee	None	
SB 306 HB 1879	Requires all health care providers to wear ID badge  – Sen. Edwin B. Erickson (R-Delaware Co.)  – Rep. Thomas H. Killion (R-Delaware Co.)	Against	In Public Health and Welfare Committee	In Professional Licensure Committee	
SB 383	Promotes establishment of "problem solving courts," including for mental health — Sen. Jane C. Orie (R-Allegheny)	For	Passed, 6/3/09, 49-0	Passed by Judiciary Committee, 7/8/09; in Appropriations Committee	
SB 408	Promotes establishment of mental health courts  – Sen. Daylin B. Leach (D-Montgomery)	For	In Judiciary Committee	None	
SB 502	Eliminates all health care mandates  – Sen. Mike Folmer (R-Lebanon)	Against	In Banking and Insurance Committee	None	
SB 515	Establishes involuntary commitment process for outpatient drug and alcohol treatment  – Sen. Stewart J. Greenleaf (R-Montgomery)	For if amended	In Judiciary Committee	None	
SB 641	Licenses various levels of human services professionals and intrudes on the scope of practice of psychologists  – Sen. Patricia M. Vance (R-Cumberland)	Against	In Professional Licensure Committee	None	
HB 1	Expands state adultBasic program to cover more people and add prescription drugs and behavioral health  Rep. Todd A. Eachus (D-Luzerne)	For	In Banking and Insurance Committee	Passed 6/29/09, 104-96	
HB 215 SB 1017	Restricts insurance companies' retroactive denial of reimbursement  — Rep. Stephen E. Barrar (R-Delaware Co.)  — Sen. David G. Argall (R-Schuylkill)	For	In Banking and Insurance Committee	Passed by Insurance Committee, 6/30/09; in Rules Committee	
HB 463	Creates legal presumption for joint custody of children and requires judges to mandate counseling for parents  — Rep. Robert E. Belfanti Jr. (D-Northumberland)		None	In Judiciary Committee	
HB 746	Reforms the small group market, limits rate increases, caps administrative expenses at 15%, prohibits medical underwriting, and gives more power to the Insurance Commissioner to regulate premiums  — Rep. Tony DeLuca (D-Allegheny)		In Banking and Insurance Committee	Passed 6/29/09, 106-94	
HB 905	Authorizes employment of persons as drug and alcohol counselors based solely on their previous work or life experience  — Rep. Louise W. Bishop (D-Philadelphia)	Against	None	In Health and Human Services Committee	
HB 1250	Establishes a "practice act" for social workers, marriage and family therapists, and professional counselors; curtails some activities of psychologists including ability to supervise unlicensed personnel  — Rep. Marc J. Gergely (D-Allegheny)	Neutral if amended	None	In Professional Licensure Committee	

# Social Workers Attempt to Amend Their Licensing Law

# Proposed Changes Have Implications for Psychologists

egislative activity has been intense in the last few months while Congress is debating major changes to health care, and the state legislature wrestled with creating a budget despite a very large reduction in state revenue. Nonetheless, PPA has also been expending much effort in responding to a proposal from the state associations representing social workers, licensed professional counselors, and marriage and family therapists, which has substantial implications for the practice of psychology.

House Bill 1250, introduced by Rep. Mark J. Gergely (D-Allegheny), could potentially alter the delivery of mental health services in Pennsylvania substantially, including the practice of psychology. The ostensible goal of HB 1250 is to move social work, professional counseling, and marriage and family therapy to practice acts as opposed to title acts. Practice acts control the practice of a profession, while title acts control the use of a specific title. For example, under current Pennsylvania law, individuals may not refer to themselves as "licensed social workers," unless they hold a social work license in Pennsylvania. However, individuals who are not licensed as social workers may still call themselves social workers (not "licensed social workers") and do work of a social work nature. However, if the social work law were changed to a practice act, then individuals who are not licensed as social workers may not call themselves social workers and no one may do work of a social work nature unless they are licensed as a social worker or exempted under the law.

PPA has been working with the House Professional Licensure Committee to ensure that this bill does not negatively impact the practice of psychology. As of the writing of this article, there are still substantial issues that need to be resolved, especially surrounding the ability of psychologists to supervise persons with graduate training in social work, counseling, or marriage and family therapy. Readers are urged to be attentive to legislative alerts sent from the PPA office and to take action as necessary. **N** 



#### **COLUMBUS DAY**

Continued from page 5

Finally, while not all PPA members agree, psychologists in two states earned the privilege to prescribe psychotropic agents. Several other states, such as Oregon, have made huge strides with prescriptive authority. Prescribing psychologists are already using E&M codes. Even if you sour at the thought of psychologists prescribing psychotropic agents, one "side effect" of prescriptive authority may bolster our arguments for being able to utilize E&M codes with non-medication interventions.

So what are the take-home messages?

First, become more active in the political process. The political process is long, hard, slow, frustrating, and worthwhile. To be effective, we must all pull together. In a twist to the old Fram commercial, you can donate money to political causes now, or expect to get paid a lot less later.

Second, without ongoing political advocacy, the number of individuals able to access affordable and appropriate psychological services will decrease. A decrease in the number of patients seeking services will not be good for our patients and our profession as well.

Finally, psychologists are the only ones looking out for our patients and the profession of psychology. There are other political and professional organizations working to weaken psychology.

If you care about your future, you may want to look in the mirror and ask what you have done lately to help our patients and our profession in terms of political advocacy. If you cannot think of any recent actions, please do not complain about fewer patients, more paperwork, and lower reimbursement levels. No more social loafing. Our patients and profession cannot afford it. **N** 

#### **LEGAL COLUMN**

Continued from page 6

records, however, based upon a breach-of-contract basis, should be exercised in a judicious manner. Clients generally control access to their records, regardless of an outstanding bill. The APA Ethics Code also contains no operational definition of what constitutes an emergency treatment situation.

Also, the HIPAA Privacy Rule permits patients to obtain a copy of their protected health care information. This information includes a summary of treatment and testing results. The Privacy Rule does not differentiate between emergency and nonemergency requests for records. Psychologists governed under HIPAA, therefore, must exercise caution if they choose to refuse to release records for nonpayment of an outstanding balance.

Psychologists seeking to initiate treatment and providing relief to their patients often dislike discussing fees and the explanation of billing practices. A psychologist is required, however, to provide and document such monetary issues. An explanation of these policies informs the patient and begins to establish the treatment relationship. A description of the fees associated with adjunct services can avoid future conflict or disagreements. Thus, although financial in nature, the discussion of fee and billing issues can be viewed from both a regulatory and a clinical perspective. **N**.

# 2009 Ethics Educators Conference



John Donahue (left), a student at La Salle University, was the winner of the Patricia M. Bricklin Student Ethics Award. It was presented at the annual Ethics Educators Conference in Harrisburg in October. Presenting the award was Dr. John Gavazzi, chair of the Ethics Committee. Looking on was Dr. Randy Fingerhut, Mr. Donahue's professor.



Dr. Donald McAleer (right) was the recipient of the Ethics Educators Award for 2009. Presenting the award was Dr. John Gavazzi.



Rachael Baturin, MPH, J.D., was presented with the Ethics Educators Award, as well as recognition for serving as PPA's professional affairs associate for 10 years. The award was presented by Dr. Samuel Knapp (right) with executive director Tom DeWall looking on.

# 

# 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.



### Work-Life Balance or Resilience 101

Lee Fogarty, Ph.D., Licensed Psychologist and Executive Coach, Fourth River Associates, Ef0225@aol.com

When I told our administrative assistant, Cindy, that I was writing this article about work-life balance, she said "Is there such a thing?" The dilemma is that there can never be a



true, equal balance at all times between our work life and our life outside of work. Work-life balance has been described as a balance between the amount of time you spend on your career compared to the amount of time you spend with friends, family, and doing things you enjoy. In other words, it's a balance between achievement and enjoyment. For many of us in psychology these edges get blurred since we are often passionate about our work and derive enjoyment from what we do.

I like to think of work-life balance as providing us with the ability to achieve and enjoy many parts of our life, consciously. That is, we make realistic choices about where we put our energy rather than merely reacting to the demands of the environment and other people. There are many aspects to be considered: professional, personal, physical, social, and spiritual. If we do not have the right mix and the right levels, imbalance occurs. When this goes on for an extended time, we generally feel unhappy. A sense of balance and contentment comes from using one's time, energy, and talent in ways that add meaning to life. When you get in touch with your values and start making choices that are consistent with these values life gets easier and a lot more satisfying.

Our choices depend on many factors. Your best work-life balance will vary over time, maybe even on a daily basis. Different personalities have different needs: the extrovert is recharged by spending time with people, while the introvert needs time to be alone and regroup. This balance will also depend on where we are in life: single/partnered, children/childless, new career/retirement

looming, and everything in between. It revolves around our work, our friends, family, and self-care.

At Fourth River Associates, when we work with clients we use the F.O.C.U.S. approach. According to Laura Berman Fortgang, author of *Now What? 90 Days to a New Life Direction*, getting our priorities clear is the first and most essential step to achieving life balance. Some areas to consider are family, a satisfying career, friends, community service, spirituality, fun, creativity, and physical well-being. Stephen Covey has said that we need to focus on our own power so that we can take responsibility for our lives, decide what is

will need to drop any "unnecessary activities that keep you from the things that matter to you."

#### **OPTIMISM**

Approach change with a positive attitude. The goal here is develop more of a sense of well-being in your life, to find joy in what you do. With a one-sided life we are not as happy as we could be.

Make a contract with yourself to achieve something today and to enjoy something today in each of the following categories: work, family/friends, just yourself. (Imagine where you will be if you can do this every day!)

# Making a living is not making a life.

– Maya Angelou

most important to us, and organize our lives around the important elements. He says we need to be "crystal clear" about our most important priorities. Or, as my friend Sharon Eakes has said. "Sometimes we have to give up what we really want to get what we really really want."

List the important areas in your life. Consider work, family, friends, physical health, etc. Indicate where you are satisfied and why. Prioritize the areas that you want to improve. Pick one area, high on your priority list, and focus on that area for the next week, paying attention to what gets in the way of your satisfaction and enjoyment in this area. Decide what changes you need to make.

The F.O.C.U.S. steps are:

#### **FLEXIBILITY**

The best work-life balance will be different for each of us because we have different priorities and different lives. It will vary in our own lives, sometimes on a daily basis. One needs to be flexible in order to deal effectively with change.

Take the area you chose above. Make a detailed, step-by-step plan to act as if it is a priority. What things do you need to change, add, or give up to make this more satisfactory? Sometimes, according to Fortgang, you

#### CONNECTIVITY

A support system of friends, family and co-workers is invaluable in developing balance. Connecting with people who are sources of energy help us to recharge our batteries. We can ask them for help in staying accountable on this journey.

Make a list of people in your life who provide positive energy. Contact one of these people every day.

#### **UP-TO-YOU**

You are in charge of your own schedule. Protect your privacy. It is up to you to make time for those things that are important to you. This leads to "greater satisfaction in both work and personal life, greater productivity and more creativity."

Plan private or self-care time for yourself daily. Treat it with the same respect you would treat appointments. Don't check your e-mails or cell phone so often.

#### **SPIRIT**

Enjoy your choices or change them.

Develop a personal way to recharge your

**WORK-LIFE BALANCE...** 

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# Well-Being and the Search for Work-Life Balance

Patricia J. Fox, Psy. D.



Congratulations – you have earned your doctorate! You've embarked on your first professional position after graduate school. Maybe it's your dream job; maybe it's a job that

pays the bills, not least of all exorbitant student loan payments. Now you can get on with your life.

How are you making that transition? You may be preparing for the licensing exam, juggling additional part-time jobs, moving to a new apartment, committing to a long-term relationship, getting married, searching for your first house, taking care of infants, toddlers, teens, or even ailing parents. Achieving a balance between a professional life and a personal life represents a challenge for the early career psychologist (ECP).

When psychologists talk about achieving a work-life balance, the underlying message is about attaining well-being or happiness. It's worth remembering that "happiness is a process, not a place," and learning to appreciate that process will go a long way to promoting balance among competing priorities (Diener & Biswas-Diener, 2008, p. 14).

- CONSIDER YOUR VALUES. Do you seek status and achievement? Are independence and creativity important to you? Clarifying your values will allow you to prioritize how you spend your time. For example, if you value creativity but your job requires you to follow strict protocols, you might seek an outlet for your creativity in your leisure time by taking a painting class or writing children's books. How much do you value your social and family relationships? Making time to nurture and enjoy these relationships will go a long way in reducing stress and promoting well-being (Lyubomirsky, 2008).
- DETERMINE HOW MUCH MONEY YOU NEED. Money does not buy happiness, beyond fulfilling the basic human needs of sustenance and shelter. Having

extra income, however, can boost happiness levels indirectly by allowing individuals to pursue activities that promote well-being, such as doing work they love and engaging in enjoyable family activities (Diener & Biswas-Diener, 2008). The current generation of early career psychologists faces greater financial challenges than did previous generations of psychologists. Early career psychologists with a Ph.D. or an Ed.D. have a mean debt load of \$57,791 and \$47,333, respectively; those with a Psy.D. have a mean debt of \$102,196 (APA, 2008). Those ECPs under 30 are especially impacted by high levels of debt. Money can confer social status, increase personal control over crises and unexpected events, and give one the ability to help others (Diener & Biswas-Diener, 2008). Prioritizing your values will help you determine the amount of money you need to live a satisfying life and the number of hours you're willing to spend earning that money. Reducing your debt is likely to be a high priority.

- DECIDE WHAT YOU CAN LIVE WITHOUT. Money allows you to buy material goods, but how much *stuff* do you need? Earning a doctorate means you are an expert at delaying gratification. Now that you're out of graduate school, you'd like to indulge in the material goods which you denied yourself during those years. Determine how, or if, buying/having more will really increase your happiness. Human beings are notoriously poor at accurately forecasting their future happiness so learn to want what you have, rather than striving to have what you want (Nettle, 2005).
- INCREASE POSITIVE EMOTIONS AND DECREASE NEGATIVE EMOTIONS. Cultivate positive feelings like curiosity, contentment, and enthusiasm by focusing your attention outside of yourself in activities you enjoy and by doing things for others. Expressing gratitude, developing an optimistic attitude, nurturing a social network, and engaging in acts of kindness regularly creates

Achieving a balance between a professional life and a personal life represents a challenge for the early career psychologist.

a space for positive emotions to flourish and become habit (Lyubomirsky, 2008). While negative emotions like sadness, guilt, embarrassment, and anger are necessary, too much time spent in these emotional states can become habitforming (Diener & Biswas-Diener, 2008). When you find yourself in a negative emotional state, take a few minutes to focus on this feeling and get a sense of its source (Gendlin, 1996). Ask yourself what you need to feel better; shift your focus to a neutral or - ideally - more positive emotion. At the very least, strive to reduce the intensity and quantity of negative emotions. Be mindful that negative emotional states tend to linger where positive emotional states are short-lived. Engaging in activities that promote positive emotions should become a daily habit.

#### ■ EXPECT AND PLAN FOR FAILURE.

Be aware that your high-achievement orientation will likely be expressed in your postgraduate life. Bosses will be difficult, pets will die, and families will experience crises, but if you build your personal resources, the work-life balance will more easily be maintained in the face of difficult events. Lower your expectations and discover the *good enough* (Nettle, 2005).

If you're an early career psychologist and would like to learn more about achieving a work-life balance, the Pennsylvania Psychological Association (PPA) and

**WELL-BEING...**Continued on page 12



# **Backward Goals for a Change**

Michele Novotni, Ph.D.

It's that time of year when both we and our clients begin to focus on goals for the new year. What is it we want to do? What is it we wanted to accomplish this year? We may pull



out our goals from last year and wonder what happened to our momentum? This year will be different – right???

They say the definition of a fool is a person who keeps doing the same thing and expecting a different result. So what if we did something different and encouraged our clients to do something different too? Consider these two strategies to help you approach goals differently this year.

Having spent many years as a behavior management consultant I am all too familiar with setting objective, measurable goals—i.e., SMART goals. That way you know if you reached your goal. Unfortunately, what often gets lost in this system is progress towards the goal, making it all too easy to lose sight of your goal once the new year passes.

Annual Backward Goals ™ and the MTO™ approach to setting goals based on the work of Raymond Aaron might help you change that. The title of his book, *Double Your Income Doing What You Love*, does not hint at the valuable information it contains on goal setting and goals attainment in many areas.

In Annual Backward Goals <sup>™</sup> familiar future-oriented language such as, "I will accomplish XXX" is replaced with past tense language. Imagine jumping ahead to the end of the year December 2010 and using language like, "I am thrilled that I accomplished XXX." Or "I am proud that I overcame the obstacles and was persistent enough to XXX." State your goals as if you have already accomplished them. This way your mind begins to see that you have already achieved your goal, which in theory should make it easier to actually accomplish the goal. There is much written about the use of visualization techniques in setting the stage for success as a tool to help reach goals, especially in athletics. So why not use this approach in the actual setting of the goals?

A different twist on goal setting is to set the goals at three levels rather than one: minimum, target, and outrageous levels. Aaron calls this approach MTO™. Setting a minimum level of goal attainment that you can't fail at even if you got the flu, a special project got thrown your way, or whatever, provides a foundation for success. A target level of goal attainment is set at the level you really want to accomplish. It should be a stretch but reachable. Finally you are reaching and dreaming, pushing the envelope into the "what if" with the outrageous goal. You would be thrilled if you were here.

This way you are almost guaranteed to be successful at least at the minimum level of your MTO  $^{\text{TM}}$  goal plan, which encourages progress. You are very pleased if you hit your target and your wheels are set in motion thinking of possibilities with the outrageous goal.

These strategies provide interesting twists to the all too familiar process of goal setting. I have had a great deal of success using this approach with both coaching and counseling clients. And I've been pleasantly surprised when I've reviewed my Annual Backward Goals™. N.

#### Reference

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#### **WORK-LIFE BALANCE...**

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batteries. Exercise, be creative, and be fully involved with the activities and people in your life.

Schedule some activities that recharge your spirit. Talk with interesting people, learn something new, spend time in nature, take yoga or tai chi, go to a concert/the theatre/dance. Dance. Sing. Tell jokes. "Smother the people you love with love." Play with your kids. Laugh.

Remember that balance is not the goal. "The ultimate goal is well-being, which I define as coming from physical health, healthy relationships, rewarding work, and meaning and HAPPINESS in your life" (Taylor, 2009). "I

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#### WELL-BEING...

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the American Psychological Association (APA) are two good resources for information. In particular, see the following:

- PPA Early Career Psychologists (members only) http://www.papsy.org/
- APA Practice Early Career Psychologists
   http://apapractice.org/apo/insider/professional/ecp.html#
- Resource Guide for Early Career Psychologists http://www.apa.org/earlycareer/pdf/ECPResourceGuide.pdf

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#### To Tweet or Not to Tweet

David J. Palmiter, Jr., Ph.D., ABPP



The Web site, www.Twitter.com, launched in 2006, grew 1,382% from February 2008 to February 2009 and has over 10 million members (O'Reilly & Milstein, 2009). In

this article I will review Twitter's key characteristics, make some recommendations for its use, and offer resources to augment your Twitter experience.

It is easy to join Twitter and there are no fees. To join you need only decide on a moniker (one per e-mail address) and provide basic contact information. Then you can start to post (posts are called "tweets"). Tweets are limited to 140 characters (the same character limit for texting). However, one may attach PDF files (e.g., see filesocial.com), pictures/videos (e.g., www.tweetube.com) and links to Web sites and blogs. I've heard psychologists object to Twitter because of the 140 character limit. However, Twitter communications can be much more expansive than that. Once you are a member, you can also follow the tweets of others. Your personal Twitter homepage is comprised of your tweets and the tweets of those you are following. As a Twitter member you may also send "direct messages" to other twitter members whom (a) you are following and (b) are following you. Thus, no one can send you a direct message unless you have elected to follow him or her, eliminating potentially complicated interactions with clients.

One other group of people can see your tweets besides those I've described above. There are many pages on Twitter that are organized by theme. For instance, if I wished to read material pertaining to the topic of "happiness" I could go to the search engine on my homepage and enter the term #happiness. This would take me to a list of tweets that included the term #happiness. So, if I author a post that I believe has value to the ADHD community, I should include the term #ADHD. There are also other groups that are assembled on Twitter by their

shared interests (e.g., twitterparents, twittermoms, etc.); so, one can access their page with the pound sign as well (e.g., #twittermoms).

Twitter is a WONDERFUL resource for those who wish to do public education. While I only joined Twitter in July, I continue to find new uses for it. For instance, I now direct my parents to resources that I have posted on Twitter (I find it easier to put resources here than on my professional Web site as I need not launch GoLive, make edits and then upload the changes to my server) and use it to advertise public education initiatives (e.g., National Depression Screening Day). I also value the tweets of those whom I follow.

### Some recommendations for using Twitter:

- I would post just professional content.
   If you want to post personal tweets,
   I would restrict the viewing to those users you have approved.
- Remember that your ID name contributes to your 140 character limit. So brevity is good. (Though, in my case, I traded brevity for an ID that indicates my primary mission on Twitter: HelpingParents.)
- Twitter asks you to create a bio of ≤ 160 characters. Try to make it engaging and about your service mission. I would not list credentials as you may list a Web site that includes those.
- It is pro-social Twitter behavior to "re-tweet" posts that you believe have value to your followers. That is, if someone you are following shares something useful, interesting, etc., you can put the designation RT @(the other person's ID) in front of the content and post it. We all enjoy being re-tweeted and Twitter makes it easy for you to discover how often you have been re-tweeted.
- Spamming is a no-no and can get you kicked off Twitter island.
- You will be allowed to choose from one of Twitter's default backgrounds for your homepage. Most experienced Twitter users do not use these. Instead, you can fashion your own background from

- many free offerings on the Internet (e.g., twitterbackgroundsgallery.com). (One of my favorite backgrounds, from a psychologist's page, can be viewed at www.twitter.com/drdavidballard.) This also allows you to post other contact information and to elaborate on your service mission (I would keep this brief though). Many authors also post a picture of a book here.
- I would think that posting at least once a week would be important to do, but posting at least once a day is ideal.
   Twitter has no requirements along these lines.
- I've not seen any guidelines regarding what would be considered excessive posting. But, if someone you are following annoys you in this regard, that can be a guide.

# Some resources to support your Twitter experience:

- The Web site www.140it.com offers a free service designed to shrink your twitter post. Once you've installed it the 140it icon appears in your browser's toolbar. www.bigtweet.com allows you to create a link in your browser's toolbar that will create a twitter post from within any Web site you are visiting. This means that you don't need to return to Twitter.com and copy and paste the Web site address.
- There are a number of Web sites out there that endeavor to improve upon Twitter.com's interface. Two of my favorites are hootsuite.com and www.twhirl.org.
- Twitter's default search engine seems to have holes in it. A better search engine can be found at search.twitter. com.
- There are multiple Web sites that track the most popular twitter offerings, both by content (e.g., tweetmeme.com) and poster offerings (e.g., wefollow.com). These can be helpful for determining helpful news hooks for your public education content.

#### TO TWEET OR NOT TO TWEET

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# **Approaching Retirement**

Joseph G. Rosenfeld, Ph.D., ABPP

received my Ph.D. in an APA-Approved Clinical Psychology Program in January of 1961. (At that time School Psychology was part of the Clinical Program). Thus for 48 years, being a psychologist was part of my identity. Since I always liked my varied work as a psychologist I kept abreast of developments and have participated in the growth of our profession. When to retire is one of the difficult questions. In the past many businesses and institutions had mandatory

retirement ages. Thus the decision was simply predetermined. When I started my employment at Temple University, age 67 was the mandatory retirement age. Many universities and businesses used age 65 as their mandatory retirement period. Later mandatory retirement by age alone was considered illegal. Some firms offered early retirement options. Other firms when reducing their workforce offered buyouts that hastened early retirement. Some individuals entered a new occupation or started their own business with the retirement income serving as a base for a new start.

If you own the business or are in independent practice there is no mandatory retirement. If you are in an occupation with tenure, you can continue on your job for as long as you can competently perform it. Obviously various illnesses can intervene, making continuing employment extremely difficult, but that can happen regardless of age.

Being employed or in private practice involves commitment, responsibilities, and pressures regarding decisions that affect your life, your family, and the lives of your students and/or your clients. At some point you may want to minimize the personal stress and pressure from the work environment. While life does not exist without some anxiety and pressure, at retirement you have the option to reduce the work pressures. As I contemplate retirement, a song popularized by Guy Lombardo in 1950 went through my mind.

The song and words are available on YouTube. Below, I quote a few lines of this song; the lyrics make sense from a mental health standpoint and may help to decide when to retire.

You work and work for years and years, you're always on the go; You never take a minute off, too busy making dough. Someday you'll say, you'll have your fun, when you're a millionaire; Imagine all the fun you'll have in your old rocking chair.

Enjoy yourself; it's later than you think; Enjoy yourself, while you're still in the pink. The years go by, as quickly as a wink; Enjoy yourself, enjoy yourself, it's later than you think.

You're gonna take that ocean trip, no matter, come what may; You got your reservation made, but you just can't get away. Next year for sure you'll see the world, you'll really get around; But how far can you travel when you're six feet underground?

Enjoy yourself; it's later than you think; Enjoy yourself, while you're still in the pink. The years go by, as quickly as a wink; Enjoy yourself, enjoy yourself, it's later than you think.



Sometimes we find sage advice in non-research-based publications!

When you have decided when you would like to retire it is wise to get the help of a good financial consultant to determine what income you will need and how to maximize your stream of income. Hopefully the income from your retirement plan and personal accounts will help you decide whether you need to work part time, start a second career, or consult. This can

also be a hard decision, especially if your retirement plan was a defined contribution plan and not a defined benefit plan. With the former, you could theoretically run out of money from that plan if you have a long life. While annuities promise lifetime payments, they may leave nothing for heirs. None of us can exactly predict what the state of the economy will be in 20 years. In 1961, the annual salary for beginning Ph.D. psychologists was about \$7,500. At that time with Social Security payments and with \$125,000 invested people thought they could retire. While then it was possible, it would hardly do much now. With much better health care, many are living into their nineties. When they retire they are predicting what would be a satisfactory income 25 years from now. Uncertainty does cause anxiety for some, especially in our current economy. In fact, Albert Ellis wrote that helping the patient to accept uncertainty was one of the goals of psychotherapy.

Since no one knows for certain how they will fare in retirement, I suggest that you keep your options open....

Deciding what to do in retirement is another thing to consider. If income is sufficient, one might want to travel or pursue hobbies, volunteer work, community or religious activities. One might also get to know their children, grandchildren, other family members, or friends better. (For those of us who have been in practice for a long time, reviewing all your files and records and destroying those that are no longer useful might take the first few months.) You will need to decide if you will live in your current home or relocate.

Another issue is insurance. Will your current level of health insurance continue through retirement? While Medicare seems to offer a floor on expenses, it does not cover everything. At what level will the supplementary plan pick up the additional expense? One needs to consider the high cost of long-term care. Do you

APPROACHING RETIREMENT...

## Closing a Professional Practice: Clinical and Practical Considerations

Catherine S. Spayd, Ph.D., drspayd@aol.com, and Mary O'Leary Wiley, Ph.D., wiley510@gmail.com

reparing well for the closing of an independent practice in psychology offers great benefits. This inevitable task involves balancing clinical, ethical, legal, financial, emotional and practical considerations. Specific plans depend upon a variety of factors, including whether the closing is planned or unplanned, temporary or permanent, and whether the psychologist is available to participate in the closing. For example, the temporary closing of a practice for a maternity leave is planned, and the psychologist may be available to cover emergencies in select cases. However, the sudden death of a psychologist is obviously an unplanned, permanent situation, with no chance of future availability. Psychologists in solo practice, compared to group or agency, also have practical concerns regarding the transfer of care of their patients to a new therapist.

Though circumstances of closing a practice vary considerably, they all require careful planning done well in advance. The American Psychological Association (APA) Practice Directorate Web site, www. APApractice.org, provides a checklist of practical tasks for the psychologist to consider; it addresses clinical, record keeping, financial, and business considerations in preparing to close a practice (2005). Koocher (2003) details the ethical and legal issues in a variety of practice transitions, and Walfish and Barnett (2008) discuss the financial implications of closing a practice. The focus of the present article, however, is on how having a clearly established plan to follow, or for colleagues to follow in the psychologist's absence, helps one's patients by minimizing disruption to their care, and by addressing their anxieties or distress regarding the change. The importance to the patient of preparing for the close of a practice is also underscored by the APA (2002), via its inclusion as an ethical standard (3.12) within the "APA Ethical Principles of Psychologists."

Clinical concerns surrounding a closing include the patients' potential feelings of abandonment, loss and rejection; fear, distrust and/or questioning the competency of the new therapist; coping with change; and the patients' interpretation

of the significance of the closing for the psychologist. Regardless of the patients' initial emotional reactions, it is important to monitor subsequent therapeutic interactions for overt or covert responses, then to identify and discuss them with the patients. This process allows the patients to deal with their conscious and unconscious responses to the psychologist's leaving, as well as facilitating the transition to a new therapist. At a minimum, as noted within APA Ethics Standard 10.10 (American Psychological Association, 2002), discussion with the patient about the end of the therapeutic relationship and available referral options, as appropriate, is mandatory.

Choosing when to talk with patients regarding the closing of a practice is very important. The length of time from disclosure to actually leaving may vary from three to six months, depending upon the patient's clinical severity level and the duration of the therapy relationship, for a geographic move or retirement (Holloway, 2003) to no time at all if the psychologist dies suddenly. Gradual attrition of patients as they complete their courses of therapy, without adding any new patients, is an ideal way to avoid patient disruption, and may be possible in some situations, such as gradual retirement (Freiberg, 1998). In many other cases, however, practical constraints limit the duration of the closing process. Announcing the closing of a practice and beginning discussion of referral options with four sessions remaining would be considered by most a minimum standard, if at all achievable.

The psychologist also needs to be aware of the impact of his or her feelings about closing, and how they may influence the clinical relationship: is the psychologist seeing him/herself as the abandoner or rejecter; does s/he feel happy or resentful about the closing; how much personal information should s/he disclose regarding the reasons for the closing? Advanced and ongoing professional "soul-searching," supervision, critical thinking, and patient-specific decisionmaking about these issues will optimize the therapy termination and/or transition





Dr. Catherine S. Spayd

Dr. Mary O'Leary Wiley

process. The authors have each experienced the importance of expressing confidence and a positive outlook regarding the planned closing, as predictive of patients' receptivity to the news, and thus positive clinical outcomes.

In some situations, the psychologist's personal circumstances surrounding the closing may be unfavorable, creating the dilemma of balancing his/her emotional reactions and/or practical considerations with the patient's needs. While the psychologist must always put patients' welfare first, it is also legitimate to include one's own and one's family's needs in the equation. For example, it may be best for the psychologist to terminate all patients together immediately before a practice is closed, in order to provide a consistent income stream for the psychologist; this need would need to be balanced against the greater emotional strain to the psychologist, perhaps unintentionally conveyed to his or her patients, inherent in a "termination week marathon."

Another sad, personal example experienced by the authors occurred when a colleague of both was battling what became terminal cancer, and thus struggled with the tensions of balancing her own physical health decline but strong desire to continue practicing, versus patients' needs, in deciding whether, then when, to close the practice that gave her such professional joy and satisfaction. In her case, professional and peer consultation was beneficial, to obtain objective input prior to making final decisions regarding how to proceed. Generally, however, it is recommended to follow the guideline of patients' needs

#### **CLOSING A PRACTICE**

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# Addendum B PROFESSIONAL EXECUTOR INSTRUCTION

March 1, 2009

Instructions for the disposition of Catherine Conrad, Ph.D.'s professional practice, in the event of her death or disability.

#### 1. Professional Executor

a. My professional executor is as follows:

Jane Smith, Ph.D.; 100 1st Street; Altoona, PA 16602 (814) 555-1234 – work; (814) 555-1235 – home; (814) 555-1236 – cell

b. In the event Dr. Smith is unable to serve as professional executor, my back-up professional executor is as follows:

Mary Jones, Ph.D.; 102 1st Street; Altoona, PA 16602 (814) 555-1237 – work; (814) 555-1238 – home; (814) 555-1239 – cell

#### 2. Professional Consultants

- a. My professional practice attorney is as follows: John White, J.D.; 100 2nd St.; Altoona, PA 16602; (814) 555-1241
- b. My tax accountant is as follows: George Black, CPA; 100 3rd St.; Altoona, PA 16602; (814) 555-1242
- c. My malpractice insurance carrier is as follows: APA Insurance Trust 1-800-477-1200
- d. My billing agency is as follows: Mercy Health Services; 100 4th St.; Altoona, PA 16602; (814) 555-1240

#### 3. Office Files Locations

- a. My office location is: Altoona Professional Center; 100 5th St., Altoona, PA 16602
- b. A key to the office is located on my personal key ring set kept in my purse. The office key is brass with a large square head. A second key is held by my husband, Jack Conrad. The security code to cancel the office alarm is 1-2-3-4-5.
- c. My open patient files are kept in my left hand desk filing drawer. The small, brass key for this cabinet is on my personal key ring set.
- e. My confidential appointment book, a thin, 8.5" by 11" black book, contains information regarding all scheduled appointments. This appointment book may be found either at my work office, or in my black briefcase, kept with me, or at my home office, located at: 100 6th St., Altoona, PA 16602.
- f. My billing files and records, as well as patient contact information, are stored on my office computer (Therapist Helper: password Happy2Be). The most current back-up file is stored on a flash-drive located within a lock box in my second file cabinet. The chrome key for this lock-box is located on my personal key ring set.
- g. My voice mail can be accessed by dialing my telephone number (814) 555-6789 and then entering the pass-code 3946 when prompted.

#### 4. Specific Instructions for Professional Executor

- a. Thank you very much for your assistance with a difficult task.
- b. In the event of a serious illness or injury, when I am unable to work for more than two weeks but am able to communicate effectively: Please contact me as soon as I am able to communicate, to determine how to proceed with temporarily putting my practice on hold, contacting patients, etc. Whatever I communicate to you at that time will take precedence over this document.
- c. In the event of my death, or my temporary or permanent decisional incapacitation as determined by a physician or licensed psychologist:
  - 1. Please telephone all scheduled patients and notify them discretely, with minimal necessary details, of my current circumstances. Any

limitations to contacting patients via telephone will be stipulated on their contact information pages, found within the Therapist Helper program. Assess their psychological vulnerability and need for ongoing psychological intervention via recent therapy notes and your telephone conversation. Make professional referrals as appropriate and acceptable to the patient, after obtaining his/her permission to release his/her name and records. Please make an effort to match each patient to a provider who is approved or is on the panel of that patient's insurance company. Please offer each patient at least one face-to-face therapy session, individual or group format, with yourself or another professional therapist that you designate, to process the event of my death or incapacitation. In the event that any patient is unable to pay for this session, and/or insurance coverage for the session is denied, it is my wish and direction that my professional corporation's funds be used to compensate you or the designated professional therapist at your/his/her current hourly rate, for this one session. Patient permission should be obtained to forward relevant case records to this therapist prior to the scheduled session.

- Should patients request information regarding attendance at a memorial service, or contributions, please direct them to any professional service/collections being arranged. It is my wish that my personal services remain a private affair for family, friends and colleagues.
- 3. Records of patients referred to a new therapist should be forwarded to their new therapist if the therapist so chooses. All remaining records should be maintained in a safe, confidential place for the minimum number of years currently required by current state or federal law. Please dispose of all records not required to be maintained, by such laws in a manner which destroys completely all identifying patient information, such as shredding or burning.
- 4. Please notify my malpractice insurance carrier of my death or incapacitation. Request that Mercy Health Services notify managed care companies with whom I have current contracts.
- 5. Please refer to my husband, Jack A. Conrad, of the above (home office) address and telephone number, any financial decisions be made regarding payment of any outstanding bills, and patient bill collections for amounts over \$100.00. I request that he waives any patient uncollected accounts under \$100.00. In the event of his concurrent incapacitation or death, please refer these decisions to the Executor of my personal estate. If there is a clinical component to these patient-based financial decisions please review the file and share with him/her minimal pertinent information necessary for him/her to make an informed decision.
- 6. Be sure to bill my professional corporation for your time and any other expenses that you incur in executing these instructions, as well as the time of anyone you designate to assist you in these efforts.
- 7. In addition to this copy of the Professional Executor Instructions, given to Dr. Smith as my Professional Executor, there are two other copies, located in the safe in my home office, and in my desk at 100 5th St., in the right hand side file drawer, under the file heading "Official Documents."

(Date)	Catherine C. Conrad, Ph.D.
()	
	(Notarized Signature)

#### **CLOSING A PRACTICE**

Continued from page 15

as paramount, using clear, honest communication regarding the reason for the closure, consistent with the psychologist's philosophy and ongoing practice regarding self-disclosure. In smaller communities, it is also important to inform all patients at the same time, so that the news is received directly from the therapist, and not learned through the grapevine. One way to guarantee this consistency is to simultaneously give current patients and send recent patients a letter announcing and explaining the closing of the practice (see the sample closing letter in Addendum A.)

Perhaps the most dramatic closing situation is when the psychologist is suddenly and permanently disabled or dies, and thus has no advance notice with which to prepare patients for his/her departure or transition to another therapist. Establishing plans to assure

safe, confidential storage or disposal of records in such cases is addressed in APA's Ethics Standard 6.02 (American Psychological Association, 2002), as well as Pennsylvania's professional regulations, which require that psychologists maintain all records for at least five years after the last date of service (49 PA Code 41.57 (d)). But more comprehensive, clinically-focused plans are also advised, to minimize the disruption of such an event for the psychologist's patients. As exemplified by Tracy (2000), and described in detail by Kahn (1999) and Pope and Vasquez (2005), a professional will is recommended. This document includes practical directions for thus authorized professional peers to (a) access recent and current patients and their records, (b) immediately notify and care for them, and (c) transfer them to another practitioner. Such a list of executor instructions helps assure that patients are treated in a respectful manner at a difficult time, consistent with the psychologist's own

preferences. Additionally, like a personal will, it can be of great benefit to both colleagues and family members, who may otherwise be required to guess the psychologist's desires regarding the details of closing his/her practice.

The authors, together with a trusted colleague, met several times to discuss these issues and develop our own individualized professional wills (see Addendum B for a merged sample of these wills, based upon Kahn's (1999) template.) We found that these meetings desensitized us, allowing us to think critically and openly to discuss our own professional (and personal) demises. By determining, sharing, and documenting our wishes we empowered ourselves to make clear, thoughtful plans that were consistent with our professional beliefs, which happened to vary considerably. The result was the assignment of each other as Professional Executors, assuring the best possible outcome for our patients and colleagues during a difficult transition. N.

#### Addendum A LETTER EXAMPLE

March 1, 2009

Catherine Conrad, Ph.D. Altoona Professional Center 100 5th St. Altoona, PA 16602 Dear (Patient first name):

I am writing to let you know that I will be closing my practice in psychology during the summer of 2009. My husband is unexpectedly facing a major job change, and we have decided to move to Western Pennsylvania to be closer to our families. I have very much enjoyed working with you during my six years of practice in Altoona. I have learned a great deal from you, and I hope that our work has improved the quality of your life.

At this time, I anticipate that I will be leaving the area in mid-July. For those patients whose work with me has ended, I am happy to schedule a session to discuss my leaving and your future therapeutic plans. For those with whom I am still working, we will discuss my leaving and plans for your transfer to a new therapist over the next several weeks, if you wish such a transfer. It is very important to me that you be established with your new therapist before I leave, and that this new therapist be someone that we both respect and trust. With your permission, I will assist in this transition as much as I possibly can.

Please call me at (814) 555-1241, so we can discuss how or if my transition will have an effect on you. If I do not hear from you and you do not arrange for transfer of your psychological records, I will take them with me. I will send you a change of address before I leave the area.

Although this transition was quite unexpected in my life, I am feeling very positive about our move. However, it is still with deep sadness that I will close my practice here in Altoona.

Sincerely,

Catherine Conrad, Ph.D. Licensed Psychologist

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# Early Career Psychologist of the Year Award

he Pennsylvania Psychological Association's Early Career Psychologist Committee would like to recognize the contributions of an early career psychologist who, in his or her practice as an early career psychologist, is making a significant contribution to the practice of psychology in Pennsylvania.

In order to be nominated, an individual must be: No more than seven years out from post doctoral degree or from the masters degree for certified school psychologists.

Each submission must meet the following criteria:

- a brief one- to two-page narrative explaining the nominee's contributions to psychology;
- · a curriculum vitae; and
- a letter of endorsement. Self-nominations are permitted and should include one external endorsement.

All nominations must be received by January 31, 2010, at the following address:

Pennsylvania Psychological Association Early Career Psychologist Committee 416 Forster Street Harrisburg, PA 17102-1748

The award recipient will be determined by April 1, 2010.

If you have any questions about the award, please contact either co-chair of the Early Career Psychologist Committee:

- Dr. Michelle Herrigel shelley370@yahoo.com
- Dr. Andrea Delligatti amdphd@aol.com N.

#### SPECIAL SECTION

#### TO TWEET OR NOT TO TWEET

Continued from page 13

- This Web site lists a plethora of Twitter-related applications: twitter. pbworks.com/Apps#Analytics.
- Twitter's terms of service can be found here: twitter.com/tos.
- I'd get a helpful book or two on Twitter. I like the two I've listed below.

#### A few closing observations about Twitter culture:

- Follow Friday (designated by FF) is an opportunity to let your followers know who you enjoy following.
- If you decide to follow someone an e-mail is sent to them indicating such. However, when you stop following someone the person is not contacted about that. I agree with those Twitter experts that counsel not to be worried about offending someone by ceasing to follow them.
- Some people send a stock welcoming direct message to those who decide to follow them. I would avoid this unless you personalize your message.
- You do not need to follow those who are following you. Actually, I've often found that the Twitter members who offer some of the highest quality content have many more followers than people they are following. I only follow those whom I believe (1) have something to teach me, either professionally or personally or (2) offer content that will support my Twitter mission. Moreover, if you are following too many people you won't end up seeing most of the posts that are placed on your page, unless you have the time to scroll back through previous pages.

Like everyone else on Twitter, I welcome new followers. My page is at www. twitter.com/HelpingParents. If you launch a Twitter page I would also enjoy knowing about that (this would happen automatically if you follow me, otherwise drop me an e-mail at palmiter@marywood.edu). **Y** 

#### References

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#### APPROACHING RETIREMENT...

Continued from page 14

want long-term care insurance? The older you are when you take out these policies the more costly they are. What about your existing life insurance policies? Do you want to keep them since your heirs generally pay no taxes on life insurance while money left in retirement accounts that were saved pre-taxes are entirely taxable to heirs? This leaves another area to investigate. One needs to see an attorney who is knowledgeable about tax law to draw up wills to see that your heirs and institutions that you wish to remember lose the least amount to taxation. You also will need to indicate who will have power of attorney and who can make medical decisions for you, if you are incapacitated.

Since no one knows for certain how they will fare in retirement, I suggest that you keep your options open, stay knowledgeable, and get your continuing education credits to keep your license current. For those contemplating retirement, remember that it is OK to enjoy yourself. Don't wait too long and good luck on your new journey. ¶



# Balancing It All, and Then Some

Anthony Perrella, M.S.

"This time, like all times, is a very good one, if we but know what to do with it."

- Emerson



Faced with a schedule of working full time, taking classes, and starting a practicum, I was dreading this fall semester. How could I possibly pull this off? I wracked my brain for months leading up to it. Now it's here, and I'm still not sure how I'm going to do it. But I'm finding I am, any way, anyhow. Necessity has spawned many time-maximizing adjustments.

This is my second time returning to school. I made a career change in my mid-twenties and returned to college for my master's in psychology. After working in the field for 10 years, I'm back for the Psy.D. I knew I'd have to make changes and sacrifices, but there was no way to predict exactly what I'd encounter. As obstacles come up now, I have to deal with them.

I've found that one of the biggest challenges of grad school is structuring my life in a way that I get all my schoolwork done while mixing in a life outside of school.

Keeping a life balance while you're in grad school is an ongoing challenge. Let's face it—school demands dominate your life, and making time for your personal life can take some creativity. Here are some tactics I've come up with:

- Stay on top of your workload as much as possible.
   This gives you flexibility if something comes up you would love to do, or if you are at a point where you really need a break.
- Keep focused on what you're doing at the moment. Bring yourself back if you start to think about other things you have to do. Worrying about other assignments when you're not doing them just creates stress, and distracts you from being productive with the task at hand.
- Break down projects to their smallest parts, and focus on doing one small task at a time. When I ran a marathon a few years ago, I remember realizing that reaching

- the finish line was just a matter of taking one step after another.
- Be efficient. If you're plowing through a paper, stick with it. If your synapses are starting to sputter, either crank out the last of what you've got or call it a day. Don't waste time muddling. When you take a break, don't spend it worrying about schoolwork.
- Accept that you can only get so much done in a day. Prioritize the most important things and tackle the rest later.
- Stay calm. Know what you need to do and when you need to get it done by. Attend to what you need to do rather than worry. Decide not to become unduly stressed.
- Find the small rewards in each day. It's a long, rugged hike to the degree, so pace yourself accordingly and enjoy each step. See the small, steady growth in yourself as you progress.
- Studying can be isolating build social time into your schedule.
- Sleep is critical! Get enough of it.
- Do things when you can, not necessarily when you want to. It might be the only way to squeeze in things like going to the gym or running an errand.
- Keep a sense of adventure. Grad school opens up new worlds of learning, experiences, and networking.
- Remember your purpose. Stay connected to why you're striving for this goal; it'll help keep you activated.
- Be flexible! What works one day might not work the next. Listen to your needs and make adjustments accordingly.

When I was working on my master's degree, I was eager to graduate so I could get out and practice. This time I'm savoring the journey more. Achieving balance is a greater challenge, but it's also a part of the learning experience. **\nabla** 

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# Thanks to Our Members Who Help to Make *Psychology* a Household Word

Marti Evans, APA Public Education Campaign Coordinator for Pennsylvania



ecent studies and media reports conducted by the American Psychological Association have shown that more people than ever realize that physical health and mental health are intertwined and that psychologists are at the forefront of this public awareness.

More and more PPA members have become active in our public education campaign and

have let us know about their outreach activities to the public. We thank them for helping to "make *psychology* a household word" in Pennsylvania.

During the 2009 Annual Convention, a series of 14 free Mind-Body Health Workshops for the public was held on June 17 and 18 at the Hilton Harrisburg. The workshop presenters included: Drs. Kristin Van Doren, Pauline Wallin, Brad Norford, Marijo Lucas, Helen Hamlet, Fred Redekop, Tanya Beran, Gina Brelsford, David Palmiter, Judith Blau, Elisa Lang, Jacqueline Sallade, Beatrice Chakraborty, William Davis Jr., Vincent Morello, Brother Bernard Seif, and Joette Keen. This year the attendance reached 240, and an article about the workshop series was on the front page of Har-

risburg's Patriot-News on June 8.

The members of the E-Newsletter Committee, chaired by **Dr. Marolyn Morford**, continue to make psychology a household word by publishing PPA's free quarterly electronic newsletter for the public, "Psychological News You Can Use." Pennsylvania is the only state psychological association with an e-newsletter for the public. **Marti Evans** and **Drs. Dana Fry, Sybil Holloway, Jeffrey Leoni, Pauline Wallin, Vincent Morello, David Palmiter, Jeffrey Sternlieb,** and **Mr. Peter O'Donnell** contributed articles for the June and September 2009 issues. The e-newsletter editor is **Dorothy Ashman**.

**Dr. Julie Ann Allender** was interviewed in July for an article in Doylestown's *The Intelligencer*, "Signs of Better Things to Come."

**Dr. Judith Beck** discussed "Losing Weight, Keeping It Off Is in the Mind" in February on ABC Channel 6 in Philadelphia.

Parents Journal featured **Dr. Jeffrey Bernstein's** new book, "Liking the Child You Love," in August.

**Dr. Elizabeth Ciaravino** presented "Autoimmune Diseases and the Family: Techniques to Enhance Communication and Coping" for the Lupus Foundation on September 10 in Scranton.

**Frank DiPrima** and **Dr. Pauline Wallin** were featured in an article about "Overcoming Depression" on May 25 in Harrisburg's *Patriot-News*.

**Dr. Christine Ganis** discussed "Battling Eating Disorder Begins with Getting Help" on ABC Channel 27 in Harrisburg on February 25.

**Dr. Rex Gatto** has been interviewed many times about the economic downturn, including "Keeping Up Morale Difficult but Necessary during Recession" in the *Pittsburgh Business Times* in February and "How Leaders Lead in Tough Times" in May for *CPA Trendlines*.

**Dr. John Gavazzi** was featured in an article in Harrisburg's *Patriot-News* on September 9 on "Bullies: What can I do if my child is being intimidated?"

**Dr. Jonathan Grayson** of Bala Cynwyd appeared on "The Oprah Winfrey Show" in September with Oprah's Dr. Mehmet Oz in a program about OCD.

Philadelphia psychologist **Dr. B. Janet Hibbs** is the author of a book published this year, "Try to See It My Way: Being Fair in Love."

We are very grateful for the efforts of all PPA members who do an interview or presentation, or produce written work that educates the public about psychological issues and services psychologists offer.

**Dr. Sybil Holloway**, an assistant professor at Bloomsburg University, published an article, "Reality TV Craze (or Crazy)?: Are You a Fan or a Fanatic," in the October issue of *Going Bonkers?*: The Self-Help Magazine with a Sense of Humor.

**Albert Jumper**, director of psychology at the John Heinz Institute of Rehabilitation Medicine in Wilkes-Barre Township presented "Anger Management" to the Traumatic Brain Injury Support Group on May 27 in Wilkes-Barre and "Breath Control for Relaxation" to the Pulmonary Disease Support Group on June 2 in Wilkes-Barre.

**Dr. Theresa Kovacs** was the featured luncheon speaker on February 19 in Wilkes-Barre at a "Go Red Fashion Show" for the American Heart Association's "Go Red for Women Campaign." She discussed the psychological aspects of heart disease and stroke.

**Dr. Peter Langman**, KidsPeace Director of Psychology, has been interviewed more than 100 times by newspapers and radio and television stations on numerous child and adolescent issues, including "Why Kids Kill: Inside the Minds of School Shooters," which is also the title of his new book published in 2009.

**Dr. Michele Novotni**, the recipient of PPA's Psychology in the Media Award for 2009, has had several articles printed in ADDitude Magazine and has presented numerous community workshops on ADHD.

**Dr. David Palmiter**, chair of PPA's Communications Board, has been interviewed by many newspapers and magazines about stress and the economy and talking finances with kids, including O, The Oprah Magazine, Pittsburgh Post-Gazette, Los Angeles Times, and U.S. News and World Report. He and his students coordinated free mental health screenings for over 200 community members in the Scranton area to celebrate National Depression Screening Day on October 8.

**Dr. Steven Pashko** presented a series of six 2-hour workshops in January, February and March. The series was titled "Psychological Awakening: How to Completely Understand Yourself" and was held in Havertown.

Dr. David Rogers of Hershey Psychological Services has presented numerous workshops to the Pennsylvania State Police, FBI, and other law enforcement agencies. On October 29, he presented a workshop for legislative staff at the State Capitol building entitled, "Dealing with Difficult People."

Dr. Jacqueline Sallade of Lewisburg was featured by Harrisburg's Patriot-News on July 21 in an article, "The Skinny on How to Lose Weight."

**Adam Sedlock** was interviewed for an article in Uniontown's Herald-Standard on January 26, "Steelers Lift Spirits in Hard Times."

**Dr. James Vizza** of Windber Medical Center, wrote several articles for *Our Town*, a weekly paper in the Johnstown area, including "The Burden of Depression," "Overcoming Anxiety," "Relationships Matter," and "Remaining Resilient in Difficult Times." He also presented several workshops on stress and anxiety disorders to community groups.

**Dr. Pauline Wallin** writes a column, "on your mind . . . with Pauline Wallin" for the *Body & Mind* magazine published by the Patriot-News in Harrisburg six times each year. Recent topics have included, "Make Healing Happen by Practicing Forgiveness," "Obsessive-Compulsive Disorder: When Good Habits

Turn Bad," "Kids Build Self-Confidence through Actions," "Men Feel Depression Differently Than Women," and "Smarter Babies Start with Learning Curve." A recipient of PPA's Psychology in the Media Award in 2002 and 2005, Dr. Wallin continues to actively reach out to the media nationally and internationally to help make psychology *and* psychologists a household word.

PPAGS Chair **Marie Weil** participated in a panel discussion on stress and its relationship to chronic medical issues at the Pennsylvania Immigrant and Refugee Women's Network Annual Health Conference in Harrisburg on October 17.

**Dr. Kimberly Young** was interviewed by CNN in August on a news story from China about a patient who died in an Internet addiction recovery center in Beijing, and by the Associated Press for a story on the future of Internet addiction in the United States as new treatment facilities are opening nationwide.

#### Submissions

If you have done a presentation about psychology and mind-body health to a community or business group, please let us know about it so your activities can be recognized in our next "Thanks to Our Members" article for the June issue of The Pennsylvania Psychologist. Kindly send the following information about your presentation(s) to Marti Evans at mevans@PaPsy.org:

your name title of your presentation name of the group date of presentation location of presentation (city/state) number of people present

Also, if you have authored a book or CD, have been interviewed by a reporter for a magazine or newspaper article, or participated in a radio or television program, please send us the details!

We hope to see *your* name in our next article. **₹** 



News on mental health legislation

The Pennsylvania Psychologist

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Members-only password: keystone



# A Collaborative Approach to Supporting Public School Children and Their Families

Lorraine Ball, Ph.D., Licensed/PA-CSP

he difficulty of providing effective interventions for school children with some combination of social/ emotional, behavioral, academic, and familial challenges



has been at the heart of individual child and school failures since public education was made mandatory (about 90 years ago, at least at the elementary level, across states). Anyone who knows his or her history, of course, also realizes that compulsory education, as it was practiced, did not begin to meet current day standards of whom the law applied to or the underlying assumption behind the law of equal access to equal standards, or at least minimal, federally set standards of education. The disadvantaged or discriminated against, by reason of their race, culture, gender, or disability, were often excluded from mainstream expectations. Instead, they were relegated to alternative settings, sometimes under the broad umbrella of public education (e.g. segregated schools, vocational schools, etc.) and sometimes under the umbrella of other public agencies (e.g. health and welfare).

Fast forward to educational mandates today. Built on changes in the laws and expectations of the last half century, public schools are currently responsible for the provision of a free appropriate public education (FAPE) to all children of a specified school age in this country. There are no exceptions. Schools are taking on a much greater challenge and are doing a much better job than they ever have historically. Yet, at the same time, as expectations have risen, we - the parents, school professionals, and outside professionals - have grown increasingly intolerant of failures of the system. These two dynamics together, the push and pull of challenge and change, have

propelled many positive and innovative changes, but have also tended to narrow our focus to the one agency of change that has been designated responsible for that ever-expanding notion of formal education.

Education, in the broadest sense, encompasses the knowledge, skills, and preparedness necessary to function as a competent and productive young adult, and the ingredients necessary to accomplish this task come from a wide range of sources. Children need to be learningready at all levels of education. Learning readiness involves a multitude of factors including health, nutrition, organization, self-regulation, family support, stability, and so on, many of which are out of the direct jurisdiction of the school. In recognition of these components necessary for children to engage meaningfully in the educational process, school districts have been required to provide related services and specially designed instruction, as needed. Common school-based services include breakfast and lunch programs, social workers, speech and language therapists, occupational and physical therapists, special education teachers, and school psychologists, among others. However, it is beyond the resources of the majority of school districts to provide the vast array of specialists and services to meet the needs of all of their students. Sometimes this results in outside placements for individual students, often after prolonged disputes settled through due process hearings. Sometimes this results in students simply going without the services and supports they need, often to the frustration of teachers and others who work directly with these children.

While school districts struggle to meet the needs of all of their students, and parents and professionals pressure them to take on ever-expanding realms of responsibility to ensure that students are provided with the supports they need, it seems that some alternative approach is required. That is, an approach that

attempts to maximize the available supports to students and their families without placing the entire burden on schools. Attempts to do just this are not new or unheard of, yet they remain much in the minority. These are collaborative models that set as their mandate the coordination of services among several agencies, including local schools.

Many years ago, as an undergraduate, I had the opportunity to visit a "drop-in" center for parents and young children. The center was free, staffed by a facilitator who served as a resource for the parents about local services. It was equipped with a variety of toys for the children and an area in the same room for the parents to sit, chat and share information while their children played. The center was located in a public school in a poor area of the city, housing mostly new immigrants who tended to be quite isolated from the larger community and its available services. The parents whom I met at the center expressed the importance of the drop-in center in their lives and how it had brought them and their children into the community. The center was not run by the school, but rather served as a bridge to the culture of the school. Like many such programs, it was run through a grant that ran out after 5 years. That was in the 1970s. I like to think we have learned a lot since then.

This past October I had the opportunity to listen to a presentation by Thomas Power, Ph.D., and Michael Cassano, Ph.D., at the Children's Hospital of Pennsylvania. The presenters described a collaborative model they termed Partnering to Achieve School Success (PASS), designed to better meet the needs of students and their families in urban settings. In particular, the project was focused on setting up and evaluating a collaboration among the home, the school, and the primary care providers in the support of students with attention deficit/hyperactivity disorders (ADHD). In this model, primary care is the base resource that screens for

# ADHD and, at the next level, takes responsibility for the initial assessment and management of ADHD as well as some behavioral health education, through Kids First and Primary Care Centers. The PASS program provides family support and intervention services with parents, and integrates care across the systems, including the school system.

So far, as I have described the model, little about it is different from the best practices model of ADHD treatment that advocates the coordination of home, school, and medical supports. What is different here is not the goal, but the means by which reaching the goals is made more likely. Thus, treatment planning in the PASS model sets family support and interventions as one of the primary targets, something schools alone are hard-pressed to be able to do. In setting that goal, the PASS program incorporates engagement, family therapy, family-school conjoint behavior consultation, medical monitoring, and crisis intervention into its basic components. Pilot data is highly encouraging, with significant reductions in student problem behavior and increases in positive social interactions.

So what have we learned? A lot and a little. Innovative programs like that presented by Power and Cassano are not in short supply – at least not conceptually. What is in short supply is the means and will to set up such formally collaborative systems to support the schools in educating our children. The PASS program is funded by grants. I hope it will become more than a footnote representing yet another promising intervention model that fell between the funding cracks. N

# Regulatory Commission Approves High School Exit Examination

n October 23, Pennsylvania's Independent Regulatory Review Commission (IRRC) approved a proposal to use end-of-course final examinations (called "Keystone Examinations") as a factor in determining eligibility to graduate from high school. The regulation had been approved by the State Board of Education in August. All regulations in Pennsylvania must be approved by IRRC after review by the relevant executive branch agency. The regulation was a compromise that came out of months of intense negotiations.

The panel voted 4-1 to approve the exams. At this juncture only a review by the attorney general's office and publication in the *Pennsylvania Bulletin* are now required for this regulation to take effect. That is expected to happened before the end of the year.

According to Mauriello and Chute (2009), "The regulation calls for the state to provide 10 end-of-course exams, beginning with English literature, Algebra 1 and biology in 2010-11, with other English, math, science and social studies subjects being phased in through 2016-17. The state plans to ask the federal government to permit the first three exams to be used to satisfy the No Child Left Behind Act, beginning in 2012-13, thus enabling the state to discontinue the Pennsylvania System of School Assessment exams in 11th grade. School districts would be required to count the exams for at least one-third of a student's final grade or districts could use other options, including validated local assessments or Advanced Placement exams instead. Districts also could set up a project for students who failed exams."

After substantial lobbying against Governor Rendell's original proposal by a large coalition of education groups that included PPA, the State Board of Education dropped the demand for a single score on a "high stakes" examination, and proposed regulations that would allow greater district control and flexibility in graduation. As noted in the October *Pennsylvania Psychologist*, under the new proposal the Commonwealth would create end-of-course examinations for courses required for graduation. Districts could also develop their own examinations if certain conditions are met. Children in special education could receive a high school diploma by completing the educational requirements stipulated in their IEP. Other special provisions will be made for vocational/technical students and students who are English language learners.

PPA's participation in the coalition that opposed the original "high stakes" examination proposal was motivated largely by outcomes data in jurisdictions already using high stakes testing. Research shows that high stakes testing often leads to higher drop-out rates for poor performing students, and often fails to improve performance for other students. Also, concerns have been raised that high stakes testing would encourage teachers to emphasize test performance and to minimize creativity or subject appreciation, thus freezing the school curriculum, as teachers would be less likely to present information that did not appear on the examination, even if academically appropriate. N.

#### Reference

Mauriello, T., & Chute, E. (2009, October 23). State's graduation exam passes latest test. Retrieved October 26, 2009, from http://www.post-gazette.com/pg/09296/1007773-298.stm#ixzz0V4dlXzPB

### **Welcome New Members**

We offer a warm welcome to the following new members who joined the association between August 1 and October 31, 2009!

**NEW FELLOWS** Sharon L. Falasco, Ph.D. Malvern, PA James C. Findley, Ph.D. Philadelphia, PA Jennifer D. Hetzke, Ph.D. Coatesville, PA Gwendolyn S. Hilger, Ph.D. Gibsonia, PA Seth R. Kaufman, Psy.D. Philadelphia, PA Kenneth J. Kindya, Ph.D. Scranton, PA Julie L. Lambert, Ph.D. Altoona, PA Erwin K. Levin, Ph.D. Pittsburgh, PA William M. Levine, Psy.D. Philadelphia, PA Terry R. O'Hara, Ph.D. Pittsburgh, PA Jeannette I. Samanen, Ph.D. Phoenixville, PA

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Coatesville, PA

New Hope, PA

Kathryn M. Shipley, Ph.D.

STUDENT TO MEMBER

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Johnstown, PA

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Bryn Mawr, PA

**Thea Gallagher, M.S.** Langhorn, PA

**Kevin E. Giangrasso, M.S.** Philadelphia, PA

**Temora Gray, M.A.** Easton, PA

#### **Member News**

**Brother Bernard Seif, Ed.D.**, received the *Building Bridges Award* in October from the Traditional Chinese Medicine World Foundation. The award is given to someone who is making a medical, cultural, and spiritual connection between the Western and Eastern worlds. Dr. Seif is a clinical psychologist and a doctor of natural medicine, specializing in behavioral and Chinese medicine. He is a resident of a Roman Catholic Salesian monastery in Brodheadsville, Monroe County.

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Scranton, PA

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AFFILIATE TO STUDENT Jody K. Wright, M.S. York, PA

NEW AFFILIATE
Nathan E. Templeman
Grantham, PA N.

# Special Lhanks to our SUSTAINING MEMBERS

o be a Sustaining Member of PPA we ask for a minimum of an extra \$100 over and above your regular dues. For more information and to join the cohort of Sustaining Members, please visit the PPA Web site, www.PaPsy.org. You can make your contribution online. We have raised \$2,800 so far this fiscal year with this effort.

In return for this level of membership PPA will provide:

- Special mention in *The Pennsylvania Psychologist* and on our Web site
- Special acknowledgement at the PPA convention
- A free Sustaining Membership wall certificate
- PPA Membership Directory Buy one get one free! One for home and one for the office — or one for the office and one for a gift.

As a member of PPA, you know the importance of our association. PPA has a unique role in advocacy on behalf of the field of psychology and in providing direct benefits to members. One of the ways we keep our professional organization strong and productive is to support it financially, and we want to make it even easier than before to do so.

We thank our Sustaining Members for the period of July 1 through October 31, 2009! PPA appreciates your additional support!

Margaret N. Baker, Ph.D.
Thomas G. Baker, Ph.D.
Nancy Chubb, Ph.D., MBA
Steven R. Cohen, Ph.D.
Lynne DiCaprio, M.A.
Jennifer J. Eldridge, Ph.D.
Joe French, Ed.D.
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Marcy A. Shoemaker, Psy.D.
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Donna J. Zaffy, Ph.D.

# **CE Questions for This Issue**

he articles selected for one CE credit in this issue of *The Pennsylvania Psychologis*t are sponsored by the Pennsylvania Psychological Association. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period, then you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the test at home and return the answer sheet to the PPA office. Passing the test requires a score of at least 70%. If you fail, you may complete the test again at no additional cost. We do not allow more than two attempts at the test.

Complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. For each question there is only one right answer. Be sure to fill in your name and address, and sign your form. Allow 3 to 6 weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before November 30, 2011 – the end of the current renewal period.

Return the completed form with your CE registration fee (made payable to PPA) for \$20 for members (\$35 for non-members) and mail to:

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

**Learning objectives:** The articles in this issue will enable readers to (1) assess and explain current issues in professional psychology, and (2) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

#### DeWall

- To cope with the recession PPA is doing all of the following EXCEPT:
  - a. making health insurance available to the members
  - b. raising dues
  - advocating for legislation that will help psychologists and their clients
  - d. working to change insurance companies' anticonsumer and provider policies

#### Legal Column - Knapp, Small, Baturin, Tepper

- When a patient has an unpaid balance, to comply with the APA Ethics Code the authors recommend that the psychologist:
  - a. must release the patient's records to the patient or a third party only if it is an emergency
  - b. must always release the entire record whether it is an emergency or not

- c. may withhold the release of records under all circumstances
- d. may withhold the release of records if the patient is more than 6 months late in payment

#### Fogarty

- 3. Which of the following is not part of the F.O.C.U.S. approach?
  - a. flexibility
  - b. openness to experience
  - c. connectivity
  - d. up-to-you
  - e. spirit

#### Fox

- 4. As an early career psychologist, achieving a work-life balance
  - a. should be delayed until one's career is established
  - b. is not likely due to competing demands on one's time
  - c. will be impossible given the current economy
  - d. can be attained by clarifying one's values and determining one's financial needs
  - e. is an unrealistic goal in light of the typical postgraduate debt load
- All of the following will help increase positive emotions except
  - a. engaging in enjoyable activities
  - b. doing things for others
  - c. expressing gratitude
  - d. nurturing one's social relationships
  - e. ruminating about the day's events

#### Palmiter

6. The author argues that there are many ethical challenges to overcome when using Twitter.

True

False

7. While tweets are limited to 140 characters, posters may attach files and links to Web sites.

True

False

#### Rosenfeld

- 8. What helps to keep your options open should a retirement problem develop?
  - a. Keep your psychology knowledge up-to-date.
  - b. Continue earning your CE requirements.
  - c. Retain your license.
  - d. all of the above

#### School Psych - Ball

Public Schools in Pennsylvania are required to supply the following supports if required by students to access the academic curriculum:

- a. special education teachers
- b. speech therapists
- c. occupational therapists
- d. school psychologists
- e. all of the above
- 10. The PASS program, as described here, refers to:
  - a. a behavior modification program run by schools to support students with ADHD
  - b. a pull-out program for children needing to improve their social skills
  - c. a referral system to get children with ADHD on medication
  - d. a program to integrate primary care, family support, and school interventions for students with ADHD
  - e. none of the above

#### Psych Tech - Zuckerman

- 11. Regarding Microsoft's software:
  - a. They remain the dominant force because of marketing muscle and inertia.
  - b. Competitors have copied all or almost all their features and interfaces.
  - c. It is always less expensive if you are buying all the programs in one package like Office.
  - d. all of the above. **1**

### Continuing Education Answer Sheet

The Pennsylvania Psychologist, December 2009

Please circle the letter corresponding to the correct answer for each question.

1.	a	b	С	d		7.	Т	F			
2.	a	b	С	d		8.	a	b	С	d	
3.	a	Ь	С	d	e	9.	а	Ь	С	d	е
4.	a	b	С	d	e	10.	a	b	С	d	е
5.	a	Ь	С	d	e	11.	а	Ь	С	d	
6	т	г									

#### **Satisfaction Rating**

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Was relevant to my interests 5 4 3 2 1 Not relevant Increased knowledge of topics 5 4 3 2 1 Not informative Was excellent 5 4 3 2 1 Poor

Comments or suggestions for future issues \_\_\_\_\_

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A check or money order for \$20 for members of PPA (\$35 for non-members of PPA) must accompany this form. Mail to Continuing Education Programs, PPA, 416 Forster Street, Harrisburg, PA 17102-1748.

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# **Organizing Your Office at No Cost**

Ed Zuckerman, Ph.D.

unning a psychologist office, whether in academia, clinical work, or consulting, requires efficient communication tools. Because of a business model that offers free basic services and charges for a richer version or a model based on open sharing of information and ideas, we can now get many valuable services at no cost. Programs listed below were chosen



because they are equal to expensive and better-known programs; these are not bare-bones or experimental software.

#### **Faxing**

If you need to send a fax only occasionally www.FaxZero.com will allow you to send two faxes a day of up to three pages at no cost and with a simple interface. You can fax only .doc, .docx, and .pdf files but can send others as an attachment. A search will find other free services like this to suit your needs.

#### A permanent phone number and services

At www.Google.com/voice you can get free voice-mail, very cheap international calls, free domestic calls, conference calling, call screening and blocking, call forwarding, call records, and lots more to come.

#### Managing passwords

www.LastPass.com will remember all your sign-in names and passwords for each Web site and do this work for you. It can also hold all kinds of other information securely, allow multiple "identities" such as your personal Web site, business names, and several persons so that each can have a set of passwords. It even generates unbreakable passwords if you like and has many other features. I use it and find it somewhat complex for more than the basics but it is secure and functional. It works on Windows, Apple and other operating systems. Be sure to keep a paper backup.

#### Laptop security

Thousands of portable computers are stolen every day, yet only a few are recovered. However, www.PreyProject.com offers a clever set of options. The program, Prey, does nothing until you notice the loss of the laptop and activate it. If it is online, it will send you information like the network it is connected to, what is running on it, and even a picture of the user from an integrated webcam. You need only a URL you own to have the info sent to you, but you can use their additional services as well. It runs on all operating systems.

#### Hide your e-mail address

Huh? If your e-mail address is typed anywhere on the net, search robots (bots) will find it and so you will get spam. You can hide from spammers by making your e-mail address into an image which you paste into your messages, Web pages, etc. (but not

when you are subscribing or otherwise sending private information). At www.DomainTools.com/domain-privacy/e-mail-protection.html you will find a tool to create a nicely colored, variously formatted, human-readable image. It generates the html code that you copy and paste into your online documents.

#### **Encrypt your stuff**

Your computer, flash drive, external drive, or any other storage medium that contains private information will be fully protected from access only with encryption. www.TrueCrypt.org is a stable, well established way to create a special area (a vault or crypt) of your storage media that will encrypt, store, and almost instantly decrypt anything you put into it, including a whole hard drive or flash drive. It runs in Mac, Windows and Linux. There are many similar programs with more features for about \$30.

If you want to get started with encryption of documents and think that you might want encryption for your phone calls, portable drives, and anything else that contains information, start with the free PGP program from www.pgp.com. The demo version actually does not expire and so is free for all.

#### Suites or Office sets of programs

There are several free complete equivalents of Microsoft Office and all of its component applications. www.OpenOffice.org is, as its name suggests, in continual development around the world by volunteer programmers. It will open and allow you to change any MS documents of any kind using an interface almost exactly like Microsoft's. For a little money (\$35) StarOffice will do the same and offers support from its developer, the huge software firm, Sun Systems. Download it from www.sun.com/software/staroffice.com.

If you are starting out or doing a whole office software rehab, look at www.Zoho.com for the most complete suite of applications (18!) anywhere. It is in active development, is crossplatform (it is a diversity issue – Mac, Windows, Linux, etc.), is stable, and free. It features tools for e-mail, spreadsheets, wiki, chat, planner, etc.

#### Word processors

You almost certainly don't need Word. Consider www. AbiWord.com for a completely compatible, cross-platform tool. The program at www.iNetWord.com is MS Word on the net for collaboration. Similarly, www.WriteBoard.com allows several people to work on the same document simultaneously, storing it ("in the cloud") so it is current, safe, and available from any Internet connection; it's also nicely formatted.

#### Online storage

You know Google Mail – Gmail – will store an unlimited number of e-mails so you never need to organize them because you can just search them. You can also use that storage space allocated to you to store your own materials. Apparently Google

Continued next page

#### **POSITIONS AVAILABLE**

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#### **OTHER**

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#### **PSYCH TECH**

Continued from page 28

doesn't care. There are a number of programs but the simplest is likely to be at www.GetGSpace.com, and it is cross-platform. If what you will store is confidential, encrypt it first.

#### Web browsers

Yes, I know they are all free. I recommend that you ditch MS Explorer and use Firefox because it is just better, more current/continually improved, easy to convert to, and MS doesn't need you.

**Disclaimer:** Sadly, no one on this list paid me for giving them this publicity. **N**!



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#### **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.

#### **Job Seekers**

- search jobs anonymously
- post résumés
- · receive personal job alerts
- · create and access your job seeker account

#### **Employers/Recruiters**

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# 2010 CE Calendar

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

#### 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

#### November 4-5, 2010

Fall Continuing Education and Ethics Conference Exton, 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!

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\*

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4 CE Credits

Pennsylvania's Psychology Licensing Law, Regulations and Ethics\* 6 CE Credits

\*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.