Vol. 71, No. 9

A PUBLICATION OF THE PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION • www.PaPsy.org

The Pennsylvania
Psychologist

October 2011 • UPDATE

Licensure Renewal
Deadline Approaches

PPA urges all psychologists to make sure that they have completed the mandatory continuing education requirements before the current biennial licensure period ends on November 30. The State Board of Psychology has disciplined psychologists for failing to get the necessary continuing education or for falsely stating that they had completed their CE requirements. Psychologists who need more hours of continuing education for this renewal period may want to attend PPA's Fall CE and Ethics Conference, November 3 and 4 in Exton, or October 28 in Monroeville. In addition, psychologists can order home studies from PPA by calling 717-232-3817 or by ordering them from www.PaPsy.org. Up to 15 hours of continuing education per renewal period can be completed through home study.

All psychologists in Pennsylvania will be sent renewal notices from the State Board of Psychology this fall. Psychologists must complete the renewal form and return it unless they intend to retire. The most common reason that psychologists inadvertently fail to renew their licenses is because they have neglected to notify the licensing board that their addresses have changed. The State Board of Psychology can be contacted at 717-783-7155 or through e-mail (ST_PSYCHOLOGY@state.pa.us). Do not send renewal materials to the PPA office. *Psychologists who practice after December 1, 2011, without a license may be in violation of the Professional Psychologists Practice Act and subject to prosecution by the State Board of Psychology.*

Psychologists who hold licenses in Pennsylvania and other states should be sure that they meet the continuing education requirements of all of the states in which they are licensed. Several psychologists have been disciplined because they did not realize that courses that met the CE requirements in one state did not necessarily meet them in another state.

Let's Retain Both of Our APA Council Seats!

Don't throw your ballot out!

APA will send you the apportionment ballot on November 1. Most ballots are discarded unused. The simple act of voting can help ensure that Pennsylvania has adequate representation in APA decision-making.

What is it?

This balloting apportions all of the seats on APA's Council of Representatives. Your vote determines how many seats each division, state, province, and territory has on APA's Council.

Why does it matter?

The Council sets APA policy, priorities, and funding. State associations must increase our voting numbers to serve you! Help Pennsylvania retain both of our seats. We have two excellent representatives serving us and it would be a shame to have to recall either of them. Dr. Steve Berk is in the third year of his first term. Dr. Don McAleer is finishing his second term. New elections will take place in the spring. Let's be sure we continue to have two seats for that election.

Use your apportionment ballot to serve your own best interests. Pennsylvania must have the fullest representation possible on APA's chief governing body. Without it, we can't make sure that state issues are given the attention they deserve. How APA's annual $90 million budget is allocated and how APA staff and other resources are used depends, in great measure, on the outcome of the votes of Council. We want to be confident that concerns of great importance to us, including support for the APA Practice Organization, are also high priorities for APA. Just who gets to vote and how many votes they have is determined by the outcome of the apportionment balloting process.

Please give your 10 votes to Pennsylvania.

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

The Closest Thing to "Live" Classes

The New Standard for Online Continuing Education

"Engaging and so informative and interactive...better than a live workshop, because it felt so much like being there and I could do it at my own convenience."

TRY OUR NEW COURSE DEMO AT PSYCHSEM.COM

Our online multi-media classes are engaging,

because they allow you to view video of our actual classes with slides that change in real time. It's like being at a live seminar! Our innovative, easy to use technology works from any location.

Professional Psych Seminars has been a leader in continuing education for over 16 years. All of of our classes are APA-approved for psychologists.

Pennsylvania psychologists can earn 15 CE credits online each renewal cycle.

Over 35 classes on topics including ACT, Addiction, Aging, Attachment Theory, Autism/ Asperger's, Bipolar Disorder, BPD, Clinical Supervision, Depression, DBT, Divorce, EFT, Law and Ethics, Neurobiology, PSTD, Psychopharmacology, Self-Injury, Spirituality, Stress, Suicide, and Trauma.

It's easy!

1. **View the presentation.** Classes are broken into small segments so you can easily come and go.
2. **Take the quiz.** Answer a few questions after each segment.
3. **Print your Certificate.** You have ongoing access to the class, handouts, and your Certificate.

Still not convinced? **No Risk Guarantee:** View any of our classes for three days, and if you are not satisfied, we will refund your money in full.*

Enter promo code: **PAFALL2011 and save 20 percent!** Offer expires 11/30/2011.

Preview or sign-up for a class at www.PsychSem.com

PROFESSIONAL PSYCH SEMINARS

For more information Call Toll Free 877.777.0668
or register on-line at: www.psychsem.com

PPS is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. PPS maintains responsibility for this program and its content.
*Refund offer does not apply if you have completed the class and passed the test.

Tracking Parity Implementation in Pennsylvania

The passage of mental health parity in 2008 represented a step forward for mental health and promises to expand access to mental health and substance abuse (MHSA) treatment. The parity law permits companies who project costs exceeding 1% of total premiums or 2% in the first year to ask for a waiver from the parity requirements, although only a few companies have done that. According to a recent survey, very few businesses dropped MHSA coverage as a result of parity. Those that did drop coverage usually had very minimal benefits, sometimes as low as a $500 yearly cap on benefits. Also, about 15% of companies increased the copays for MHSA as a response to parity. Of course, this meant increasing copays for medical/surgical services as well in order to ensure compliance with the law. The other 85% have either kept copays the same or reduced them for MHSAs (Bachman, Koller, Nessman, & Walter, 2011). Data on changes in the number of exclusions (eliminating coverage for certain conditions) was not available.

Knowledgeable actuaries had predicted the minimal impact of parity on overall health care costs. Evidence from previous health care plans that shifted to parity have shown that the overall cost increases are minimal. This most likely occurs because generous outpatient benefits reduce the need for more costly inpatient treatments later.

As has been noted in previous articles, mental health parity applies to group policies with 50 or more employees. Smaller employers (with fewer than 50 employees) are exempt, and government policies may opt out of parity. School districts are considered among the government entities eligible to opt out. Individual policies are not covered by parity. There are a few other less common exceptions to parity. Despite these limitations it is estimated that parity covers about 60% of commercially insured people in Pennsylvania.

Determining whether parity is being followed can be easy or difficult depending on the plan being evaluated. Some of the smaller insurers in Pennsylvania post the conditions of their group policies on the Web, and it is easy to see that they are following parity. However, it is more difficult to evaluate some of the larger insurers. One insurer reported that they had 3,000 different benefit plans, thus making it difficult to determine if all of the benefit plans covered by parity comply with the parity requirements.

Parity does not permit separate deductibles for MHSAs, even if they are equal to deductibles for medical/surgical services.

To evaluate the extent to which insurers are following parity, members of PPA's Insurance and Managed Care Committee are gathering data on the grassroots concerning the extent to which companies appear to be adhering to parity. This task is difficult given the complexity of the law.

Parity does not permit separate deductibles for MHSAs, even if they are equal to deductibles for medical/surgical services. Also the deductibles and copays must be comparable for the classification of services. That is, a plan may have different deductibles and copays for in-network and out-of-network services, or for outpatient and inpatient services. So, for example, in-network MHSAs must be on parity with in-network medical/surgical benefits; and out-of- network MHSAs must be on parity with out-of-network medical/surgical benefits. In-network MHSA benefits should not be compared to out-of-network medical/surgical benefits. Of course, copays may differ for inpatient as opposed to outpatient services.

Other rules concerning copays become more complicated, however. The parity regulations clearly state that companies may not classify MHSAs as specialists for purposes of the copay, although it does not require companies to apply the primary care copay to MHSA services either. Instead parity requires insurers to use a complex formula for determining comparable financial requirements primarily because the financial requirements for the medical and surgical benefits can vary considerably within the same health plan.

In determining the copay obligations under parity, the insurer must engage in a two-step process. The first step is to determine if the insurer can charge a copay, and the second step is to determine what the copay should be. The plan is required to look at the "predominant financial requirement or treatment limitation that applies to substantially all medical/surgical benefits" (c) (2). "Substantially all" is defined as "at least two-thirds of all medical/surgical benefits in that classification" and "predominant" refers to "the level that applies to more than one-half of medical/surgical benefits in that classification. . ."

In determining first if the insurer can charge a copay for MHSA services, a plan must determine that it requires copays in the medical/surgical benefits that represent at least two-thirds of the benefit costs. The two-thirds standard refers to two-thirds of the medical costs, not two-thirds of the different copay arrangements required by the company. Consequently, a plan may have copays for fewer than two-thirds of its medical/surgical options and still require a copay for MHSA services, if more than two-thirds of its medical/surgical costs come from services that require a copay. Nonetheless, if the plan determines that at least two-thirds of the benefit costs come from services that do not require a copay, then the plan may not charge a copay for MHSA services under parity. We have found a few plans in Pennsylvania that have dropped copays for MHSA services as a result of parity. As noted above, the copays may vary for inpatient, outpatient, in-network and out-of-network services.

The second step involves determining the level of the copay for companies that are permitted to require a copay. In determining the amount of the copay, a

Continued on page 4

TRACKING PARITY...
Continued from page 3

plan must determine the amount of the copay for medical/surgical benefits that represent at least one-half of the benefit costs. So, if at least one-half of the medical/surgical benefit costs are covered by a copay of at least $20, then the insurer can charge a copay of $20 for the MHSA benefits. Often the MHSA copay is identical to that of a primary care service, but not always.

Finally, the parity regulations opened the possibility of challenging non-quantitative procedures if they create a barrier to treatment when comparable barriers are not found in medical/surgical services. Again it can be difficult to determine what is a comparable. Although no medical/surgical plans, to our knowledge, require "authorizations" for medical treatments, they may require pre-treatment certifications or have similar or equivalent kinds of oversight.

Determining what is equivalent can be difficult. For example, a plan may require authorizations or some kind of oversight for outpatient mental health services beyond 20 sessions, yet not require oversight for outpatient physical therapy beyond 30 sessions. Although, on the surface it would appear that the oversight of outpatient mental health and outpatient physical therapy is not comparable, a company could argue that they would be comparable if the standard were to look at the 75th percentile of outpatient utilization which, in this particular plan, was 20 sessions for outpatient mental health, but 30 sessions for outpatient physical therapy.

Despite this ambiguity, the regulations open the possibility that some of the more egregious oversight practices placed on managed care which are not placed on physical health can be challenged.

Reference

Bachman, R., Koller, T., Nessman, A., & Walter, D. (2011, March 13). Parity in practice: Health plan compliance with the Mental Health Parity Law and challenges ahead. Presentation at the State Leadership Conference, Washington, DC.

Pennsylvania Psychological Association
2012 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 his/her vitae with contact information, 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 the Science and/or Profession of Psychology to be given to a Pennsylvania psychologist for outstanding scientific and/or professional achievement in areas of expertise related to psychology, including teaching, research, clinical work, and publications. Deadline for entries is **October 20, 2011**.

Distinguished Service Award to be given to a member of the Association for outstanding service to the Pennsylvania Psychological Association. Deadline for entries is **October 20, 2011**.

Public Service Award to be given to a member (individual or organization) of the Pennsylvania community in recognition of a significant contribution to the public welfare consistent with the aims of the association. Deadline for entries is **October 20, 2011**.

Award for Distinguished Contributions to School Psychology: The School Psychology Board of the Pennsylvania Psychological Association nominates a candidate annually for this award. Criteria for nominations include persons who have contributed significant research in the field of child, adolescent, school, or educational psychology; have contributed significant public service to children, families or schools; have made major contributions to the field of assessment; have made significant contributions in the media; have advocated politically for children, families or schools; have been a voice advocating for school psychologists in Pennsylvania; and/or have made significant contributions to the Pennsylvania Psychological Association. Deadline for entries is **December 31, 2011**.

Psychology in the Media Award: Deadline for entries is **December 31, 2011**. 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 2012 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 websites 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 2011. 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 are not eligible.

Early Career Psychologist of the Year Award to be given to a Pennsylvania Early Career Psychologist (ECP) who, in his or her practice as an early career psychologist, is making a significant contribution to the practice of psychology in Pennsylvania. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2012**.

Student Multiculturalism Award to be given to a psychology student who is attending school in Pennsylvania and who produced a distinguished psychology-related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2012**.

Ethics, Diversity, and Multiculturalism

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Dr. Sam Knapp

Recent years have seen an emphasis on multiculturalism and diversity issues within psychology[1] both by addressing the ability of professional psychologists to serve the health care needs of cultural minorities, and by increasing the number of psychologists from ethnically diverse backgrounds. The two strategies may be synergistic. For example, graduate programs with a critical mass of diverse students may find that the minority students will teach (even if informally) the European American students to become more culturally competent.

This movement has a foundation in the underlying ethical foundations of our profession. Sometimes psychologists use the word *ethics* to refer to the minimal standards of conduct that apply to all psychologists and that could be the basis of a disciplinary action by a licensing board or malpractice suit. The enforceable Standards of the APA Ethics Code specifically state that psychologists should not discriminate unfairly (Standard 3.01, Unfair Discrimination) nor harass (Standard 3.03, Harassment) based on age, gender, gender identity, sexual orientation, race, culture, national origin, language, religion, disability, or socioeconomic status. In addition, psychologists should ensure that they are competent when working with diverse populations (Standard 2.01b, Competence); ensure that they use tests "whose validity and reliability have been established for use with members of the population tested" (9.02b, Assessments); interpret tests with consideration of linguistic and cultural differences (Standard 9.06); and ensure that consent is obtained when using interpreters (9.03c).

Ethics also refers to the General or Aspirational Principles that follow the Preamble in the APA Ethics Code. Unlike the enforceable Standards, which can be the basis for a disciplinary complaint against a psychologist, the General Principles are guides for psychologists on how to excel in their professional roles. They can also inform the ethical decision making process. The General Principles state, among other things, that psychologists "are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origins, religion, sexual orientation, language, and socioeconomic status." (Principle E, Respect for People's Rights and Dignity).

Finally, ethics refers to personal overarching moral perspectives derived from philosophical or religious instruction or study which inform our day-to-day behavior. The enforceable Standards, General (Aspirational) Principles, and personal sense of morality can overlap considerably. For example, a psychologist who has a personal moral perspective, perhaps based on religious instruction, who believes in the universality of human rights and dignity, would easily see that reflected in General Principle E, and operationalized in the directive to avoid unfair discrimination or harassment of individuals based on incidental demographic factors.

Few psychologists end up being disciplined specifically for violating enforceable ethical standards related to diversity or multiculturalism. In that sense, diversity and multiculturalism have only a small overlap with ethics. However, many psychologists struggle over how to implement the General (Aspirational) principles and their personal sense of morality when providing professional services to diverse populations. In that sense, diversity and multiculturalism are deeply intertwined with ethics.

The emphasis on a diverse or multicultural perspective appears to rest primarily on two overarching ethical principles. First, diversity or multiculturalism is justified on the basis of justice, in that it helps ensure a more equal access to quality psychological services to persons from traditionally marginalized groups who otherwise would not find them available.

Striving for excellence requires more than just good intentions; it requires a conscientious effort at self-reflection and training.

Also, diversity and multiculturalism are justified on the basis of beneficence and nonmaleficence in that psychologists with a diverse or multicultural perspective will do better at treating patients and will reduce the likelihood that they will harm patients. Although many authors have argued that a diverse or multicultural perspective will improve outcomes, this relationship was verified by the meta-analysis of Griner and Smith (2006) who found that interventions targeted to specific cultural groups were more effective than generic interventions provided to heterogeneous groups. "Overall, culturally adapted interventions resulted in significant client improvement across a variety of conditions and outcome measures" (p. 541). In other words, psychologists should be able to upgrade the quality of their services to multicultural patients by accommodating multicultural perspectives into their treatment.

Striving for excellence requires more than just good intentions; it requires a conscientious effort at self-reflection and training. For example, consider the experience of one psychologist supervisor who was trying very conscientiously to develop a supervisory relationship based on her deeply held moral values of trust and empowerment. This supervisor was very committed to feminist ideas of equality and power sharing. She told her

Continued on page 6

[1]**The words *diversity* and *multiculturalism* are sometimes used synonymously. However, many use the term *multiculturalism* to refer to ethnic or racial groups, whereas *diversity* is a broader term that includes multiculturalism and other aspects of identity such as religion, gender, sexual orientation, disability, or socioeconomic status.**

Corrections Department Psychologists

The current and two former chiefs of psychological services at the Pennsylvania Department of Corrections were present at a meeting of PPA's Forensic and Criminal Justice Committee on May 6, 2011, at the PPA office. They are, from left to right, Dr. Scott Buchanan, acting chief of psychological services, 2010 – present; Dr. Lance Couturier, chief of psychological services, 1992 – 2007, currently working for Family Training and Advocacy Center (FTAC) and Philhaven Behavioral Health Services; and Dr. Jack Walmer, chief of psychological services, 2008 – 2009, currently education and training consultant, NAMI Pennsylvania.

ETHICS, DIVERSITY, AND MULTICULTURALISM

Continued from page 5

internship students that they should feel free to challenge her during supervision. For some students this was very empowering and helped them to become more comfortable in sharing their thoughts openly. For another student, the comment created anxiety because it is normative in her Asian culture to show great respect for hierarchy and not to challenge authority directly. Fortunately, the student was able to receive advice on how to approach her supervisor about this issue.

Here is another example from my personal experience. About 30 years ago I temporarily worked in an urban mental health clinic after working in very rural mental health centers for several years where I commonly introduced myself to my adult patients by my first name and used their first names as well. However, when I took a job in an urban inner city mental health clinic, in my effort to be egalitarian, I continued to introduce myself to my adult patients, who were mostly African American, by my first name and used their first names as well. However, an African American social worker explained to me that African American males are used to being called by their first names by all Whites, regardless of their age or status. It would be more respectful, she explained, if I called them by their surname and later asked permission to use their first name. Therefore, I became aware of a personal blind spot. I learned that my greeting style, which appeared appropriate and egalitarian in rural Pennsylvania, came across quite differently with inner city African American patients.

Or consider this last example: A psychologist sometimes worked with Spanish-surnamed patients and was always careful to ensure that they were comfortable using English (or getting an interpreter if they were not). One patient with a Spanish surname reported that she felt comfortable conducting psychotherapy in English. She related a background of substantial trauma and strife, but did so in a detached manner. However, research shows that the affect associated with a traumatic event can be captured more intensely through the use of the patient's primary language at the time that the trauma occurred. Relating the trauma in a language that was learned subsequently does not evoke the intensity of feeling or vividness of imagery as it would if the patient had used the original language. A psychologist who was not aware of this fact might miss the emotional significance of certain past events.

These are just a sample of the issues that can arise and where a knowledge of cultural or diversity factors can improve relationships and outcomes. Many questions arise, such as how can psychologists evaluate the functioning in a diverse family without unfairly pathologizing culturally normative relationships (e.g., averting eyes in some cultures is not a sign of shyness, but a normative sign of respect)? What teaching technique can help psychologists become more alert to their blind spots (e.g., well meaning people may have implicit prejudices outside of their conscious awareness; Knapp, 2007)? How should psychologists respond when patients make racist, homophobic, or sexist remarks? How, or can, English speakers supervise trainees who treat patients where English is not a primary language? How does diversity inform effective practice? When or how to incorporate folk healing remedies or strategies into therapy? How to accurately evaluate refugees in light of stressful or traumatic experiences that they may have encountered? How to respond when patients' religious beliefs appear to harm their functioning or adjustment? Continued reflection, dialogue, and training will help conscientious psychologists address these issues, and help them to fulfill their aspirations to be just and helpful health care professionals.

References

Griner, D., & Smith, T. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, 43,* 531 – 548.

Knapp, S. (2007, January). Implicit prejudice: The bad news and the good news. *Pennsylvania Psychologist,* 6 – 7.

How Should Psychologists Respond to Hateful Comments?

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Conventional words for ethnic groups vary over time, and what is acceptable for a group in one period of time would be viewed as offensive in another time or context. However, at times patients will use words or comments directed at others because of their race, gender, or sexual orientation that clearly offend standards of decency. How should psychologists respond in such situations? Should they ignore the comment or directly confront the patient about the terms that were used?

Discretion is needed to determine when a word is intended as offensive or not. For example, Hawaiians refer to European American residents of Hawaii as haole (pronounced "howlee"). At times it is delivered as a factual statement, "He is a haole" (a white person who lives in Hawaii), and European American residents of Hawaii commonly refer to themselves as haole. However, it could be used as an insult if it were combined with certain adjectives, voice intonations, or hand gestures (Rare storm, 2011).

The conduct of psychologists in addressing hurtful speech, as in other aspects of professional behavior, should be guided by adherence to overarching ethical standards. So, when a patient makes an ethnic slur, the response of the psychologist should be guided by the principles of beneficence (acting to promote the well-being of the patient), nonmaleficence (acting to avoid harming the patient), general beneficence (acting to promote the welfare of the public in general), or other ethical principles.

The context of the comment may be relevant. It is important to know if the comment is related to the patient's presenting problem, or activated as a function of the perceived characteristics of the therapist (Bartoli & Pyati, 2009). However, I am aware of a few situations where patients have made such intense hate-filled and vitriolic comments (addressed towards groups represented by the psychologist) that a decision was made to refer the patient elsewhere.

In some situations the principle of beneficence (welfare of the patient) may be operative. For example, a young person may use an ethnic term in a manner that an adult considers offensive. Here it is most likely appropriate for correction or feedback because the person might not understand the implications or ways in which the words come across. An educational or non-judgmental exchange could help the young person understand the implications of this speech and how it might impair their social relationships in the future.

The overarching ethical principle of general beneficence holds that psychologists should act to protect the public in general. Consequently, it would seem that, according to this principle, psychologists should address hate-filled comments. However, this ethical principle should be balanced with concerns about beneficence or the welfare of the patient. One patient of mine made a derogatory comment about an ethnic group which I corrected, with as much tact as I could manage. The patient was embarrassed, apologized, and corrected himself. However, if the comment were made in the context of a psychotic episode, disclosure of suicidal intent, or other indication of serious emotional crisis, I probably would have ignored the comment altogether and focused entirely on the patient's well-being. If the patient had made the comment in response to a particularly upsetting or stressful event, I might have deferred addressing the issue to a time when the patient could get more perspective on the situation.

It is often best to avoid assuming that there will always be a false dichotomy between general beneficence and beneficence. Except in extreme circumstances when patient welfare is at stake or when the hateful comments represent extreme social deviance, psychologists can often find a way to address the issue without harming the therapeutic relationship. Anger and judgmental attitudes should be avoided. Patients are more likely to respond positively to comments made in a calm and direct manner (e.g., "let's use another word, it makes you come across as prejudiced").

References

Bartoli, E., & Pyati, A. (2009). Addressing clients' racism and racial prejudice in individual psychotherapy: Therapeutic considerations. *Psychotherapy: Theory, Research, Practice, Training, 46,* 145-157.

Rare storm over races ruffles a mixed society. (2011). *New York Times*. Retrieved from http://www.nytimes.com/1990/12/26/us/hawaii-journal-rare-storm-over-race-ruffles-a-mixed-society.html?pagewanted=2&src=pm

Member News

Dr. Terrence W. DeMay, editor of the *Pennsylvania Psychologist* from 1980 to 1983, was awarded the Distinguished Career Intelligence Medal by the Central Intelligence Agency at his retirement ceremony on November 1, 2010. Dr. DeMay was the first psychologist to receive the agency's highest honor for "service reflecting distinctly exceptional achievements." During his agency career of 28 years, Dr. DeMay served in the Office of Medical Services and had worldwide responsibility for all of the agency's mental health programs. His accomplishments as chief psychologist and senior behavioral scientist resulted in numerous awards and promotion to the Senior Intelligence Service. In 2005, his division received the Psychologically Healthy Workplace Award from the Virginia Psychological Association and Virginia Academy of Clinical Psychologists. His programs were featured in the April 2002 issue of the *APA Monitor on Psychology*. Dr. DeMay will continue his service to our country as a consultant to the agency's applicant selection programs.

Would You Like to See a Christian Psychologist?

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Some patients will request a psychologist of a particular gender, and psychologists will usually try to accommodate those concerns. For example, a female patient with sensitive sexual or gender-related issues might not feel comfortable raising them with a male psychologist, and an effort will be made to find a female psychologist. However, is it possible to implicitly accept or endorse discriminatory practices by agreeing to other similar requests? For example, should psychologists respect the preferences of prospective patients who want to have Christian psychologists?

Some conservative Christians fear that psychologists will mock their religious beliefs or try to blame their problems on their religion. Consequently, having a Christian psychologist may be very important for them. Most non-Christian psychologists I have spoken to have received phone calls from prospective patients who ask them if they are Christian. One psychologist commonly responds, "no, but I am very respectful of Christian beliefs and will help you formulate goals consistent with your beliefs." So far, no prospective Christian patient has ever failed to make an appointment after that conversation.

How should a psychologist respond if asked to provide a referral for a Christian psychologist? Perhaps one response would be to anticipate the concern of the patients, which is to have someone who respects their beliefs, without necessarily restricting the referrals to a psychologist who happens to be a Christian. It could be possible to respond by saying, "Psychologists are expected to respect the religious beliefs of their patients. I don't have a list of Christian psychologists, but here are psychologists whom I know to be respectful of Christian beliefs."

Should race, ethnicity, or sexual orientation be a factor in making a referral? On the one hand, it seems reasonable that some patients may want assurance that the psychologist they have will understand their racial or cultural background or respect their sexual orientation. It is possible to imagine a prospective patient who has not had a history of positive experiences with European Americans, or who has had a background with issues or struggles that even a sensitive European American would have difficulty understanding. Or, consider the case of a European American family who adopted an African American child who generally did well in school and at home. However, as a teenager he struggled to consolidate his racial identity and asked to speak to an African American psychologist. It appears that race would be a relevant factor in making that referral.

On the other hand, psychologists who defer to patient preferences for race may inadvertently reinforce racist attitudes. So the perception of the clinical relevance of the request appears important. Psychologists can decide how to respond to these requests by looking to three overarching ethical principles. First, we generally want to respect patient autonomy, including respecting their preferences in a health care professional. Second, we typically want to give patients a referral based on beneficence and nonmaleficence; that is, we want to provide a referral based on who we think can help the prospective patient. Finally, we are also guided by the overarching ethical principle of justice wherein we refuse to engage in unfair discrimination based on race, religion, gender, national origin, or other factors. Often justice is sufficiently important to trump other ethical principles..

I once had a patient who wanted a referral to a different psychiatrist because he said the one I had sent him to was not a "real American" (the psychiatrist was an American citizen of Filipino descent and highly competent). I refused to give him a new referral, and he stayed with the Filipino American psychiatrist, who was of benefit to him. In this case, the overarching ethical principle of justice trumped the other ethical principles. However, I might have responded differently if this patient were highly suicidal or homicidal. Then I would have made inquiries about his concerns, but ultimately deferred to his wish if doing so substantially reduced the risk of death. Please feel free to contact me with your thoughts on this issue at sam@PaPsy.org.

Awards Day 2011

The PPA Annual Convention in June included inspiring awards presented to organizations maintaining psychologically healthy workplaces, to an early career psychologist, and to graduate students. More student award winners will be featured in the November *Pennsylvania Psychologist*.

▲ *The winners of the 2011 Psychologically Healthy Workplace Awards were honored at the PPA convention in June. Pictured above, l–r, are Vicky Wittuck of Brevillier Village, Erie; then-PPA President Dr. Mark Hogue; Dr. Rex Gatto, chair of the Business and Psychology Partnership Committee; Rich Bruno of Centre Crest Nursing Home, Bellefonte; Mary Seeley of the Devereux Pocono Center, Newfoundland, PA; and Elaine Sprainer of ReMed Recovery Care Centers, Paoli.*

▲ *The winner of the Student Multicultural Award was Crystal D. Taylor, MS (left), a student at Chestnut Hill College. It was presented by Dr. Eleonora Bartoli, chair of PPA's Committee on Multiculturalism.*

◄ *Dr. Marie C. McGrath (right), of Immaculata University, received the Early Career Psychologist Award, which was presented by Dr. Michelle Herrigel, chair of PPA's ECP Committee. Dr. McGrath now chairs the School Psychology Board.*

Ten graduate students were recipients of the Pennsylvania Psychological Foundation Education Awards. Pictured, l-r, are attorney and award sponsor Tom Sweeney of Tsoules, Sweeney, Martin & Orr, LLC; Jesse Matthews, MA; PPF President Dr. Rick Small; Parin M. Patel, MS; Hollie Dean, MA; Jessica Rupp, MA; and Lauren Lane-Herman, MA, MS. Winners not pictured were Kaleigh N. Bantum, MSEd; Sunshine M. Collins, MS; Dagmawi Dagnew, BA; Megan A. Flack, MEd.; and Antoneal N. Swaby, MS.

▼

APA Representative Nomination Suggestions Sought

Pennsylvania has two representatives on APA's Council of Representatives (assuming we can keep our two positions – see page one). An election for two new representatives, for a three-year term beginning January 1, 2013, will take place in the spring of 2012. We have a task force that is now gathering information to make recommendations on nominees to the PPA Board of Directors. At its December 10 meeting all members of the PPA Board who are also APA members will select four candidates to present to APA, which will then conduct the election for the two positions.

If you are interested in being considered, or know of a PPA member who is, please contact Dr. David Palmiter, chair of the task force, at 570-587-2273, e-mail Palmiter@maryu.marywood.edu, or executive director Tom DeWall in the PPA office at 717-232-3817, e-mail thdewall@PaPsy.org. Nominees must be members of both PPA and APA.

Classifieds

POSITIONS AVAILABLE

LICENSED PSYCHOLOGIST or **LICENSED CLINICAL SOCIAL WORKER** – Psychological practice in Harrisburg is seeking an experienced, licensed psychologist or licensed clinical social worker to work with adults and/or children, adolescents & families. Both full time and part-time positions are available. Applicants should have at least 3 years of experience & either currently be on a variety of insurance panels or be panel eligible. Qualified candidates should send a resume and cover letter to: Riegler Shienvold & Associates. Attn. Office Mg., 2151 Linglestown Rd., Harrisburg, PA 17110 or fax to 717-540-1416.

PHOENIX THERAPY SERVICES is a Behavioral Health Organization, primarily serving the needs of the geriatric population. Our patients are residents in a variety of living environments, and are in need of services to help them through adjustment issues, depression, early signs of dementia as well as other behavioral health issues.

We are currently recruiting for Clinical Psychologists, Licensed Clinical Social Workers, Neuro-Psychologists, Nurse Practitioners, and Psychiatrists to join our team. We offer a very flexible schedule and competitive reimbursement. We handle all marketing, administrative and billing functions. Providers must have an active professional PA license, malpractice insurance, and must meet the credentialing standards of Medicare.

Applicants must have a valid professional license in PA and must carry malpractice insurance. If you are interested, please send letter of interest and CV to melissa@phoenixtherapyservices.com.

PSYCHOLOGIST NEEDED to join our private practice in Gettysburg, or our expansion office in Hanover, York, or Chambersburg to provide outpatient therapy and evaluations. Child and family psychologist preferred, but other opportunities available (including forensic). Career position with starting salary in the 70s for full-time work. More info at www.MacGregorBHS.com. Fax vita to 717-337-3301.

OTHER

OFFICE FOR RENT, CHESTER COUNTY (FRAZER/MALVERN) – Corner office with vaulted ceiling in newly renovated suite. Ideal location for Chester and Montgomery county referrals (Western Main Line, West Chester, Exton/Downingtown and Kind of Prussia). Immediate access from several major highways (route 202, route 30 bypass, business route 30). Ample parking. Full kitchen. Two waiting rooms. Internet. First month rent free. Steve Shapiro, Ph.D.; 610-688-4940; stevensshapiro@comcast.net

OFFICE AVAILABLE – Adult Psychotherapy Office available for monthly rental (1, 2 or 3 days per week). Benjamin Franklin Parkway location. Bright and sunny! Waiting room, private bathroom, refrigerator, and microwave for use for clinician. Contact Harris Stern at harriswwstern@gmail.com or 610-331-9661.

OFFICE SPACE – Center City Philadelphia office, near Rittenhouse Square. High-rise building (14th floor). Available immediately. Bright, well-appointed offices and waiting room. Congenial atmosphere for mental health professionals. Near EVERYTHING: transportation, parking, shops, etc. Competitive rates. Call 215-636-0336, Joanne Buzzetta, for additional Information.

MMPI-2 370 item or 567 item reports, 187 scales, reports are emailed to you. Contact Bob Gordon at rmgordonphd@rcn.com or www.mmpi-info.com

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

CMT CONSULTING LLC, a member of HBMA (Healthcare Billing and Management Association), is an established medical billing company specializing in Behavioral Health. We have been serving individual to small practices in the health care community for over nine years. For personalized, professional and diligent service contact Chris Talucci at 215-588-6586 or christalucci1@comcast.net

There ARE Certainties in LIFE...

. . . for your loved ones if you should die prematurely. For certain, they will need continued financial support as they face tax, healthcare, mortgage, education and other expenses during a very difficult time. Making **Trust Endorsed Group Term Life Insurance**[1] part of your financial security plan is one sure way to continue your support and help ease their burden even after you're gone.

Trust Term Life is one of the things in LIFE you can really count on. Call us at 800-477-1200 to see how easy and affordable it is to help secure your family's future.

Great Coverage at Affordable Premiums Including These Features:

- Inflation Safeguard is designed to prevent changes in the cost of living from eroding your death protection.[2]
- Living Benefits allows early payment of death benefits if you become terminally ill.
- Disability Waiver of Premium Benefit pays the premium if you become totally disabled

THE TRUST

www.apait.org • 1-800-477-1200

[1] Available in amounts up to $1,000,000. Coverage is individually medically underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets.

[2] Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

Vol. 71, No. 9

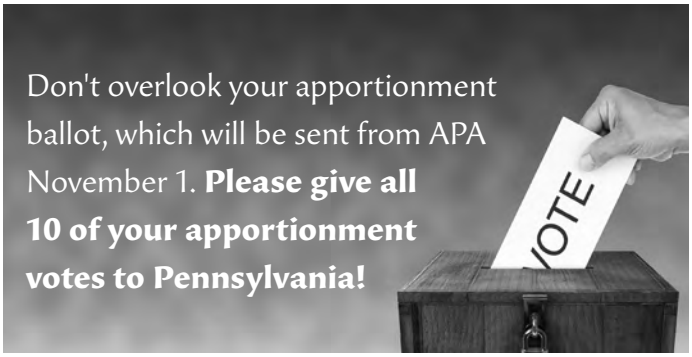
The Pennsylvania
Psychologist

OCTOBER 2011 • UPDATE

The Pennsylvania Psychologist
416 Forster Street
Harrisburg, PA 17102-1748

Editor — Andrea L. Nelken, PsyD
PPA President — Judith S. Blau, PhD
PPF President — Richard F. Small, PhD
Executive Director — Thomas H. DeWall, CAE

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



2011/12 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

October 28, 2011
A Day of Ethics Education by Dr. Samuel Knapp
DoubleTree Hotel
Monroeville, PA
Marti Evans (717) 232-3817

November 3 – 4, 2011
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

March 1 – 2, 2012
Spring Continuing Education and Ethics Conference
Lancaster, PA
Marti Evans (717) 232-3817

June 20 – 23, 2012
Annual Convention
Hilton Harrisburg
Harrisburg, PA
Marti Evans (717) 232-3817

Podcast
A Conversation on Positive Ethics with Dr. Sam Knapp and Dr. John Gavazzi
Contact: ppa@papsy.org

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.

also available at www.PaPsy.org – HOME STUDY CE COURSES

*Ethical Practice Is Multicultural Practice** – NEW!
3 CE Credits

*Introduction to Ethical Decision Making**
3 CE Credits

Staying Focused in the Age of Distraction: How Mindfulness, Prayer and Meditation Can Help You Pay Attention to What Really Matters
5 CE Credits

*Competence, Advertising, Informed Consent and Other Professional Issues**
3 CE Credits

*Ethics and Professional Growth**
3 CE Credits

*Confidentiality, Record Keeping, Subpoenas, Mandated Reporting and Life Endangering Patients**
3 CE Credits

*Foundations of Ethical Practice**
6 CE Credits

*Ethics and Boundaries**
3 CE Credits

Readings in Multiculturalism
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.