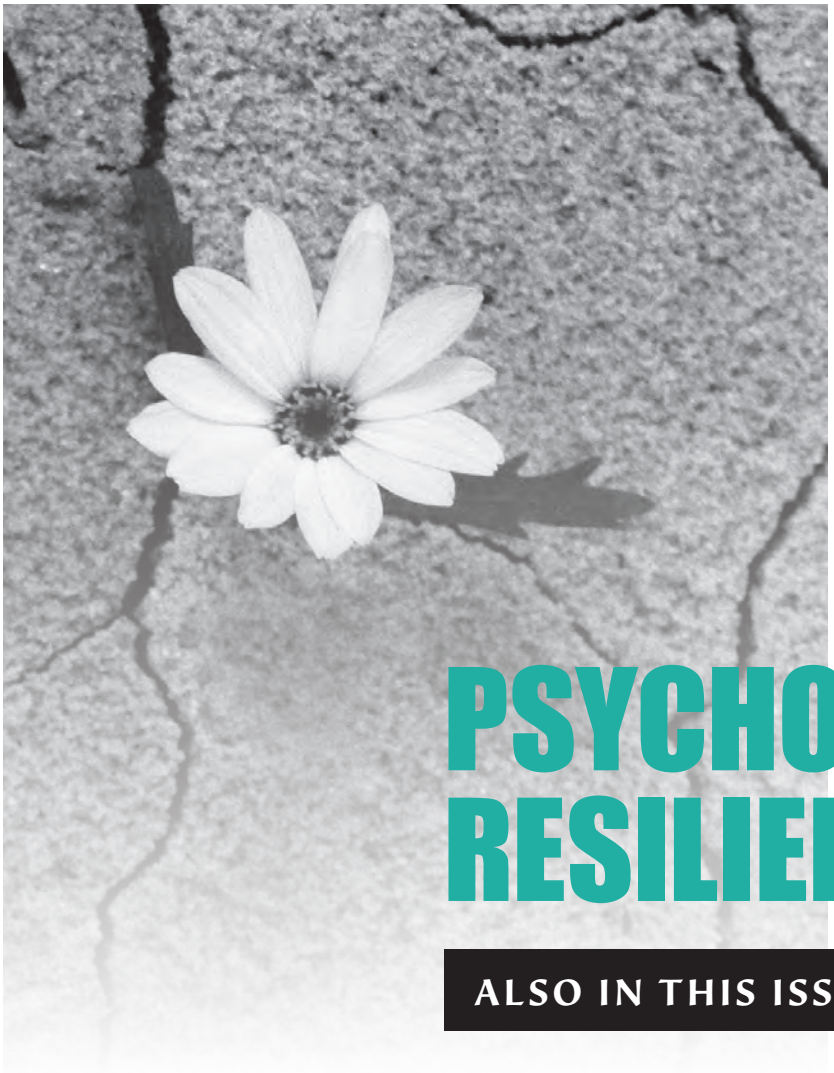
Vol. 71, No. 11

The Pennsylvania Psychologist

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

December 2011
QUARTERLY



PSYCHOLOGIST RESILIENCE

ALSO IN THIS ISSUE

- Advocacy, Public Education, Healthy Lifestyles
- Benefits from APA Practice Assessment
- Response to a Licensing Board Complaint
- Self-Care and School Psychologists

GROW YOUR PRACTICE IN THE RIGHT DIRECTION

As practice opportunities and settings in psychology continue to grow in new directions, The Trust helps your practice move in the right direction with innovative **Trust Sponsored Professional Liability Insurance*** and risk management services.

We anticipate trends in independent or group practice, healthcare, government, business, industry, and emerging specialty areas. We also closely monitor our professional liability coverage to ensure that your psychology practice is protected as it advances in size and scope.

You get more than just a policy with The Trust Sponsored Professional Liability Insurance Program. You get great coverage with an entire risk management program, including free Advocate 800 consultations, continuing education solutions, premium discounts, and top customer care.

Keep moving in the right direction.

To learn more and apply for coverage, visit apait.org or call us at 1-877-637-9700.

THE TRUST

www.apait.org
(877) 637-9700

* Underwritten by ACE American Insurance Company, Philadelphia, PA. ACE USA is the U.S.-based retail operating division of the ACE Group headed by ACE Limited (NYSE:ACE) and rated A+ (Superior) by A.M. Best and AA- (Very Strong) by Standard & Poor's (ratings as of July 22, 2011). Administered by Trust Risk Management Services, Inc. Policy issuance is subject to underwriting.

Vol. 71, No. 11

The Pennsylvania
Psychologist

Editor: Andrea L. Nelken, PsyD

December 2011 • QUARTERLY

Pennsylvania Psychological Association
416 Forster Street
Harrisburg, PA 17102
(717) 232-3817
www.PaPsy.org

The ***Pennsylvania Psychologist*** is the official bulletin of the Pennsylvania Psychological Association and the Pennsylvania Psychological Foundation. PPA dues include member subscriptions. Articles in the *Pennsylvania Psychologist* represent the opinions of the individual writers and do not necessarily represent the opinion or consensus of opinion of the governance, members or staff of PPA or PPF.

The *Pennsylvania Psychologist* Quarterly is published in March, June, September and December. The copy deadline is the 15th of the second month preceding publication. Copy should be sent to the PPA Executive Office at Pennsylvania Psychological Association, 416 Forster Street, Harrisburg, PA 17102.

Graphic Design: LiloGrafik, Harrisburg

Get 1 CE credit for this issue! Page 26

REGULAR FEATURES

SPECIAL SECTION – Psychologist Resilience

STUDENT SECTION

SCHOOL PSYCHOLOGY SECTION

ALSO INSIDE

Resilience, Advocacy, Public Education, Healthy Lifestyles: Moving Forward

Judith Blau, PhD

Dr. Judith Blau

The year 2011 has been an interesting one, tossed by the vagaries of the economy as well as the hardships of stormy weather. It is timely that the theme of this edition of the *Pennsylvania Psychologist* is resilience, the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Many PPA members are facing stressful times in our current economic climate. PPA is continuing its initiatives to create value for psychologists and enhance the quality of life for the public.

In my presidential address at the June Convention and in my presidential perspective article for September's *Pennsylvania Psychologist*, I said that I want to have us continue to add to the strength, service, and value that PPA has to offer. I want this year to be one in which we continue to strengthen activities that are in keeping with our strategic plan, including the vision and mission statements written within it. Our vision is that PPA is a member-driven organization dedicated to promoting and advancing psychology in Pennsylvania, advocating for public access to psychological services, and enhancing multiple dimensions of human welfare while supporting the development of competent and ethical psychologists. Our mission is to update and inform the public and our membership about cutting-edge psychological theory and practice through training activities and public policy initiatives. Within this context, I put forth three most pressing goals for this year: advocacy, public education, and volunteerism. I wish to update you on the progress of these goals and inspire you again to be an active participant.

PPA continues its strong **advocacy** efforts on the state level. Some of these initiatives don't pay off in the short run, but provide benefits and opportunities in the long run. More recently we have focused on issues with more long-term benefits: on the state level, concussion management, where appropriately trained psychologists would be able to conduct evaluations of the readiness of high school athletes to return to sports, and on the federal level, challenges to cuts in Medicare funding. As of the writing of this article, the concussion management bill, SB 200, just passed the House by a vote of 199–0. It moved to the Senate for concurrence. PPA, in conjunction with APA, has been working to promote legislation that would include psychologists under the definition of "physician" for purposes of Medicare, which would remove obstacles to reimbursing psychologists as independent practitioners in settings such as partial hospitalization programs. We are also fighting against cuts in reimbursement rates for therapy services. APA and PPA will continue to oppose any effort to cut mental health benefits more than other health care benefits, and will argue strongly for the importance of ensuring an adequate workforce to serve Medicare patients.

I put forth three most pressing goals for this year: advocacy, public education, and volunteerism.

In the realm of **public education**, more than 40 PPA members have been actively informing the public and have notified us of their activities from last April through October, as described by Marti Evans in the article "Thanks to Our Members Who Help Make *Psychology* a Household Word," later in this edition. We have increased the number of subscribers to our quarterly e-newsletter, "Psychological News You Can Use," from approximately 3,000 in June to approximately 3,400 as of this fall. The Healthy Lifestyles Subcommittee has launched its goals of teaching people ways of maximizing physical and emotional health through exercise, nutrition, good quality sleep, stress management, and fostering family connections. The Public Education Committee has gotten the go-ahead to provide workshops for the public again at the June Convention. The theme will be Healthy Lifestyles.

My last goal for this coming year is to increase the **volunteerism** in PPA. We have continued to have a strong and active volunteer group of more than 300 members. Please be involved in the initiatives I have set forth – or in whatever area your interest lies. There are so many opportunities to enrich yourself, PPA, and the public.

I give many thanks to our wonderful members and staff who are active in advocacy and legislative affairs, who are promoting healthy lifestyles and fighting obesity in the public, and who are working hard to continue to make PPA one of the premier mental health associations in the country!

The APA Practice Assessment Benefits PPA and All Practitioners

Thomas H. DeWall, CAE

Thomas H. DeWall

The unfortunate controversy over the APA practice assessment has resulted in fewer members supporting the APA Practice Organization (APAPO). Just as it is important for psychologists in Pennsylvania to join PPA, I believe they should support the APAPO for the good of the profession. APAPO initiatives are made possible by practice assessment payments from members that provide vital resources for sustaining the organization's advocacy work.

The APAPO and its Committee for the Advancement of Professional Practice (CAPP) collaborate closely with state, provincial, and territorial psychological associations (SPTAs). The national organization provides financial, consultative, and other support for numerous advocacy efforts at the state level.

CAPP grants totaling nearly $5.8 million have been given to SPTAs for legislative initiatives, organizational development, and additional uses since APAPO began in 2001. This has included $120,000 for PPA's legislative initiatives and special projects such as our Practice-Research Network. These grants are funded by practice assessment payments from APA Practice Organization members.

Additional examples of putting practice assessment monies to productive use thus far just in 2011 include:

- **Challenging rate cuts by health insurers**. Although APA and the SPTAs may not collectively organize to challenge rate cuts, they are using available legal options to respond. APAPO worked with the Florida Psychological Association (FPA) recently to prepare a letter to the Florida Office of Insurance Regulation (FLOIR) immediately after FPA learned that Blue Cross Blue Shield of Florida (BCBS FL) and its new behavioral health subcontractor were planning a 30%–60% reduction in psychologists' reimbursement rates. The reductions were part of a new provider contract that psychologists were seemingly asked to sign within 15 days. FLOIR assured FPA that psychologists will have more time to decide about the new provider contract and that FLOIR is working with the health insurers to correct problematic language in the contract. Unfortunately, the problem has spread quickly beyond Florida. APAPO is collaborating with the Kansas and Michigan Psychological Associations and is poised to work with additional SPTAs as similar issues arise in other states. This problem has not yet arisen in Pennsylvania but PPA, with APAPO's help, must have the resources to respond when necessary.
- **Supporting litigation against abusive managed care practices.** In July, APAPO collaborated with the New Jersey Psychological Association (NJPA) and its outside counsel to re-file a lawsuit by NJPA and two patients against Horizon BCBS and Magellan. The lawsuit alleges that the companies violated state privacy law and the HIPAA Privacy Rule in managing mental health care for the state employee plan. An emergency CAPP grant was provided to support this litigation.
- **Challenging mental health care authorization requirements that may violate the federal health insurance parity law.** In May, Blue Cross Blue Shield of Illinois reiterated to the Illinois Psychological Association that it will not try to re-institute authorization requirements governing outpatient therapy that had been slated to take effect in January. This was because of intervention by APAPO. This victory is reminiscent of a similar outcome in Pennsylvania in 2007, when PPA, armed with a $13,000 CAPP grant, mounted a major legislative offensive against the authorizations that Magellan and other health insurers used.

The national organization provides financial, consultative, and other support for numerous advocacy efforts at the state level.

- **Confronting AMA assaults on non-physician scope of practice.** The American Medical Association (AMA) has attempted to get legislation introduced in many states that restrict psychologists' and other health care providers' scope of practice. APAPO leaders have met with AMA officials to get them to revise inaccurate statements and to start focusing instead on a shared understanding of how to build interdisciplinary, patient-centered teams.
- **Convening the annual State Leadership Conference.** In March, the annual APAPO State Leadership Conference attracted nearly 500 psychology leaders

Continued on page 4

Continued from page 3

(including 12 from Pennsylvania) to Washington, DC to participate in workshops, symposia, and networking opportunities. On the final day of the conference, attendees met with more than 300 members of Congress and staff (14 from Pennsylvania) to address advocacy issues of importance to practicing psychologists and consumers of psychological services.

- **Gaining introduction of federal legislation to include psychologists in the Medicare definition of "physician."** Earlier this year, key allies of professional psychology in the Senate and House introduced legislation to include psychologists in the Medicare definition of "physician." This is an important step toward ensuring that psychologists are able to provide Medicare mental health services free of unnecessary physician supervision requirements that hinder patient access. This remains a top priority for PPA and APAPO.
- **Achieving restoration payments for Medicare psychotherapy services.** In February 2011, following months of delays, the Centers for Medicare and Medicaid Services announced that psychologists would soon begin to receive retroactive restoration payments for Medicare psychotherapy services provided between January 1 and July 1, 2010. The restoration payments were one aspect of many Medicare payment changes included in the Affordable Care Act of March 2010. The APA Practice Organization successfully advocated for reinstatement of the psychotherapy monies for all of 2010, retroactive to January. A later law extended the additional 5% Medicare psychotherapy payments through 2011.
- **Pursuing advocacy activities regarding implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act.** The APA Practice Organization gained bipartisan support for House and Senate legislation that would extend eligibility for electronic health record incentive payments to mental, behavioral, and substance use health professionals.
- **Funding the Practice-Research Network (PRN).** PPA's PRN has been funded, in part, from CAPP grants.
- **Helping PPA on the parenting coordination issue.** APAPO staff immediately responded with a strongly worded letter and other support when a committee of the Pennsylvania Supreme Court recommended a rule that would restrict parenting coordination to attorneys.
- **Consultation with PPA staff.** APAPO staff routinely provide information and expertise to Dr. Sam Knapp and Rachael Baturin on issues dealing with Medicare, commercial insurance, and other topics. Currently they are advising PPA on an apparent parity violation.

APAPO does not benefit from any APA assets, since the two organizations are legally distinct from one another and have separate funding. While APA derives a small percentage of its revenue from member dues, **APAPO is almost entirely dependent on practice assessment payments** to fund its wide-ranging advocacy work on behalf of professional psychology.

As Executive Director Dr. Katherine C. Nordal noted in a message to members, "For less than $12 a month, a psychologist who pays the APAPO Practice Assessment can rest assured that a team of highly skilled professionals is working every day to advocate for the profession's interests and address threats and obstacles to psychology practice."

Editor's note: This article is adapted in part from information provided by the APA Practice Organization in September 2011.

Response to a Licensing Board Complaint: An Emotional Experience

Allan M. Tepper, JD, PsyD, Legal Consultation Plan
Samuel Knapp, EdD, Director of Professional Affairs
Rachael Baturin, MPH, JD, Professional Affairs Associate


Dr. Allan M. Tepper


Dr. Samuel Knapp


Rachael L. Baturin

The filing of a licensing board complaint provokes a myriad of emotional reactions: anger, apprehension, indignation, outrage, and fear. Most psychologists take pride in treating their patients in a professional and ethical manner. Facing a licensing board complaint, especially when the psychologist believes the allegations are unfounded, can be shocking.

The filing of a licensing board complaint initiates an adversarial proceeding, with the investigator and a Commonwealth prosecuting attorney on one side and the psychologist (now known as the "Respondent") and the psychologist's defense attorney on the other. If the case proceeds to a formal hearing, the licensing board will sit in the middle, acting as collective judge and jury. The mechanics of a licensing board investigation have been explored in a number of prior articles (Tepper, Knapp, & Baturin, 2005; Tepper & Knapp, 1996). The law has not changed in this area, and the reader is referred to these earlier articles for a more in-depth review of the concrete steps involved in responding to a licensing board complaint.

When responding to a licensing board complaint, the psychologist must remain cognizant of the procedures involved. Psychologists treat people in conflict. Psychologists attempt to resolve conflict through a mutual understanding of the situation. The adversarial nature of a licensing board complaint, therefore, is foreign to most psychologists. That is, in a licensing board complaint, a decision as to whether an infraction has occurred is obtained by each side gathering their respective version of the facts, submitting their respective positions to a trier of fact, arguing their positions, and being informed as to the outcome of the dispute.

Following the filing of a licensing board complaint, almost every psychologist wants to prove a basic point: I did nothing wrong. I am innocent. In a licensing board dispute, however, the concept of innocence is irrelevant because there never is a finding of innocence. Rather, the Commonwealth has the legal burden to produce evidence sufficient to prove a licensing board infraction by a preponderance of the evidence. If such evidence is lacking, the complaint may be closed at the investigation stage, or the licensing board may issue a ruling in favor of the psychologist following a formal hearing.

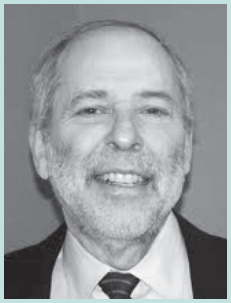
Given the legal burden necessary to prove a licensing board infraction, a response to a licensing board complaint must confront this issue objectively. That is, a response to the licensing board may argue that no wrongdoing has occurred, or the response may be constructed to show that the Commonwealth is unable to prove that wrongdoing has occurred. Being able to prove that a violation has occurred is different from concluding that no wrongdoing has occurred. In either event, however, if the Commonwealth is unable to meet its legal burden, the case will be closed. In such situations, psychologists may not receive a letter absolving them of all wrongdoing. Nonetheless, the end result will be the same: No disciplinary action will be taken against the psychologist's license.

Upon receipt of a licensing board complaint, many psychologists experience difficulty accepting the fact that their clinical work is being challenged. Such an emotional reaction is an expected response to an allegation of wrongdoing. In such situations, however, it is advisable for psychologists to take a breath, realize that they have been thrust into an adversarial process, and, if indicated, seek legal counsel. Psychologists must be able to work through their emotions, but they also may need assistance in responding to the complaint in an objective, measured manner.

References

Tepper, A. M., & Knapp, S. (1996, November). Response to a licensing board complaint: A defense perspective. *Pennsylvania Psychologist,* 19-20.

Tepper, A. M., Knapp, S., & Baturin, R. (2005, February). The licensing board investigator: Let the licensee beware. *Pennsylvania Psychologist,* 4, 25.


Dr. Donald N. Bersoff

Dr. Bersoff Wins APA Presidency

PPA member **Donald N. Bersoff, PhD, JD,** has been elected the 2012 APA president-elect. His term as president will begin January 1, 2013. The election took place between September 15 and October 31. Dr. Bersoff is professor and director of the Law and Psychology program at Drexel University in Philadelphia. He was the first general counsel of APA in the 1980s and served on the APA Board of Directors and Council of Representatives. He has been a PPA member since 1991. Congratulations to Dr. Bersoff!

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

Marti Evans
APA Public Education Campaign Coordinator for Pennsylvania

The vision of the American Psychological Association's current Public Education Campaign focus, *For a Healthy Mind and Body...Talk to a Psychologist*, is to help the public recognize the health benefits of caring for both mind and body. Recent studies and media reports conducted by APA 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. This article includes activities from April through October 2011.

During the 2011 Annual Convention, a series of 12 free Mind-Body Health workshops for the public were held on June 15 and 16 at the Hilton Harrisburg. The workshop presenters included: **Megan Ubinger, Cathy Petchel,** and **Drs. Hue-Sun Ahn, Ann Durshaw, Bruce Eimer, Lauren Hazzouri, Theresa Kovacs, David Palmiter, Steven Pashko, Nicole Quinlan, Dea Silbertrust, KristiLynn Volkenant,** and **Pauline Wallin.**

The members of the E-Newsletter Committee 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. **Mickey Gatto** and **Drs. Holly Gastggeb, Rex Gatto, Philip Kinney, Roger Klein, Carla Mazefsy, Rachel Millner, Christine Molnar,** and **Pauline Wallin,** contributed articles for the June and September 2011 issues. The e-newsletter creative director is **Dorothy Ashman**. The chair of the E-Newsletter Committee is **Dr. Christina Carson-Sacco**.

Dr. Helen Coons was interviewed by iVillage.com for an article in their September issue on "Is Your Bladder Interfering with Your Love Life?" On August 26, **Dr. Michael Crabtree** appeared on Essential Public Radio, 90.5 FM in Pittsburgh, to discuss "Getting Mental Health Care to Veterans in Rural Areas."

Dr. Richard Conforto presented "Mind-Body Health" to 30 members of the Delaware County Student Assistance Professionals in Upper Darby on May 17. On May 25, **Dr. Audrey Ervin** presented "Microaggressions: Practical Strategies for Preventing and Responding to Bias" and "The Invisible Color of Privilege: What It Means to Be White" to over 60 people at the Bucks County Diversity Conference in Doylestown. In April she presented four workshops, including "Stop the Hate: Bias Incidents and Hate Crimes" and "Diversity in the Workplace" to faculty and staff at Delaware Valley College in Doylestown.

Dr. Frank Farley, a professor of psychology at Temple University and a past president of the American Psychological Association, was interviewed for an article in *USAToday.com* in June on "Narcissism, Risk-taking Tend to Drive Sex Scandals." He wrote an OpEd for the *Los Angeles Times* in May, "What Makes Politicians Stray?" He was also featured in two articles on *CNN.com*, "Weiner's Risqué Risks: A Politician's Nature," and "Why We're Obsessed with the Anthony Trial."

Dr. Kathleen (Kayta) Curzie Gajdos presented "The Rise of the Wounded Feminine: A Jungian Perspective on the Cultural Phenomenon of Stieg Larsson's Novels" at the Creativity and Madness Conference in Hawaii in December 2010 (60 people) , and at the Won Institute in Philadelphia on March 20 (8 people). She also presented "Quiet Wisdom in Loud Times: Women of Heart Who Need to Be Heard" in Media on February 13 (50 people), and again on June 22 in West Grove (12 people). Dr. Gajdos writes a column, "Mind Matters" for the online newspaper, Chadds Ford Live (*www.ChaddsFordLive.com*), and her articles also appear on her website, www.drgajdos.com.

Want *your* name in our next article?

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 a radio or television program, please send us the details!

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.

On September 17, **Dr. Teresa Glatthorn** presented a happiness workshop with staff from her practice attended by 18 people in Willow Grove. They offered information about the mind-body connection to the participants. **Dr. Christine Gorigoitia-Wittenberg** presented "Performance and Wellness Adherence in Children" on May 24 to 6 parents of the Lehigh Valley Sports Academy in Allentown, and "Impact of Stress in Body and Mind" to 10 parents on July 19. On June 9 she presented "Promoting Wellness and Performance in Youth: Strategies for Coaches" to 8 parents and "Performance and Wellness Adherence in Gymnasts" to 12 parents of the Parkettes, a gymnastics training organization, in Allentown.

Pittsburgh psychologist **Dr. Tad Gorske** presented "Neuropsychological Assessment" to 30 clients and their family members on October 1 at the Western Pennsylvania Brain Injury Symposium in Butler. On June 11, **Dr. Neal Hemmelstein** was interviewed on radio station WCHE 1520 AM in West Chester for the "Life Unedited" show to discuss his books, *Parents' Guide to Parenting Teenagers: Because I Said So!* and *Teenagers' Guide to the Teenage Years: What's the Big Idea!*

On April 20, **Dr. Theresa Kovacs** presented "Healthy Weight Loss with Autoimmune Disorders" to 6 members of the Lupus Foundation in Wilkes-Barre. She also participated in a bimonthly forum on breast cancer education, December 2010 to May 2011, in Dunmore to 10 to 25 women.

Dr. George McCloskey was interviewed on August 30 by ABD Channel 6 in Philadelphia on what to tell children about 9/11. State College psychologist **Dr. Marolyn Morford** was interviewed for an article, "Children Grow by Learning Resiliency," in the *Centre Daily Times* on April 24.

Attention Talk Radio presented "The ADHD Awareness Week Story: How It Happened" with **Dr. Michele Novotni** on October 19 for ADHD Awareness Week. **Peter O'Donnell** participated in a health and wellness fair in September at the Nittany Valley Rehabilitation Hospital in Pleasant Gap.

To celebrate National Depression Screening Day on October 6, **Dr. David Palmiter**, president-elect of PPA, and his psychology students at Marywood University coordinated free mental health screenings for more than 200 community members in the Scranton area. In April his parenting book, *Working Parents, Thriving Families: 10 Strategies That Make a Difference,* was published by Sunrise River Press. Dr. Palmiter was also interviewed for an article in the August 31 edition of the *Chicago Tribune*, "Reducing Your Child's Anxiety about School."

The chair of PPA's Public Education Committee, **Dr. Nicole Quinlan**, was interviewed by Radio Pennsylvania in August for a segment on "Back to School Blues" and in July by WPGM radio on "Emotional Well-Being in Children" and "Helping Kids Get Ready for the School Year."

Dr. Cheryll Rothery appeared in a story on CBS in Philadelphia on June 6 about "Dark Girls." **Dr. Bernard Seif** presented "Stress Management and Chinese Qigong" to 35 staff at the United States Embassy in Beijing, China, on May 24.

Dr. David Rogers of Hershey Psychological Services has presented numerous workshops to the Pennsylvania State Police, FBI, and other law enforcement agencies.

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, "Just Diagnosed (with breast cancer)? Think about How to Tell Family and Friends," "Gender Disappointment," "Struggling with a Relationship? Try This before Ending It," and "Grieving Your Pet: It's Normal." She was also interviewed by Radio Pennsylvania on June 20 about "Summer Vacation Can Lead to Increased Family Stress." A recipient of PPA's Psychology in the Media Award in 2002 and 2005, Dr. Wallin continues actively to reach out to the media nationally and internationally to help make psychology ***and*** psychologists household words.

Philadelphia psychologist **Dr. Julia Weinberg** had an article published in the Spring/Summer issue of *Odyssey*, a magazine for educators and parents of deaf and hard-of-hearing students. The title of the article was "Picturing Time: Visual Techniques for Teaching Concepts of Yesterday, Today and Tomorrow."

PennPsyPAC Is Critical to Advocacy

It is important to the field of psychology to help get sympathetic legislative candidates elected or re-elected, and we can contribute to their campaigns only through our political action committee. Almost all of the money coming in to PennPsyPAC is used for candidate contributions and events such as Advocacy Days.

This support of candidates who support our goals represents one part of our overall strategy in promoting policies that will help psychologists and the clients we serve. They complement our government relations efforts in Harrisburg and our grassroots efforts all around the state. It may be an unfortunate fact of life, but the fact is that in politics, money talks. State legislators determine to a great extent the conditions under which we practice – the rules that managed care organizations have to follow, the regulations governing school psychology, our scope of practice, and many other issues. If we want to have an impact on these kinds of policies we have to be players in the political process. And if we want to be significant players we will need to increase the amount that we raise and spend each year.

All PPA members have been sent a letter requesting donations to PennPsyPAC. Please act on it when you receive it. Or better yet, you can get information and make a donation online at www.pennpsypac.org. Please don't wait for someone else to carry the load; they are waiting for you!

General Assembly Passes Concussions Bill

The state Senate passed the House-amended version of the Safety in Youth Sports Act on November 1 by a vote of 50-0. The House of Representatives had passed it October 5 by a vote of 199-0. At press time it was on its way to the Governor, who was expected to sign it. The legislation is Senate Bill 200, introduced by Sen. Patrick M. Browne (R-Lehigh). It was shepherded through the House by Rep. Timothy P. Briggs (D-Montgomery), who had introduced the companion bill, House Bill 200.

This bill has been one of PPA's top legislative priorities this session. It will establish standards for managing concussions and traumatic brain injuries (TBI) to student athletes and require the state Departments of Health and Education to develop and post on their websites information on the nature of concussions in athletic activities and the risks associated with continuing to play or practice after a concussion or TBI. Student-athletes and their parents or guardians must sign an acknowledgment of receipt of an information sheet on concussions prior to participation in athletics. It will require coaches to complete a concussion management certification training course before coaching any athletic activity. During an athletic contest coaches will be required to remove athletes from competition if they exhibit signs of a concussion or TBI.

The only part of the bill that was somewhat controversial was the section describing who can make the decision on returning to play. This decision must be made by an "appropriate medical professional" as defined in the bill. Included in that definition are (1) "a licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician," and (2) "a licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions." Earlier versions of the bill would have named certified athletic trainers and licensed physical therapists in this definition. The part of the definition in "1" above replaced those provisions. Advocacy by PPA staff and volunteer leaders was instrumental in making sure that psychologists were included in the definition from the inception – and stayed there.

The legislation will become effective on July 1, 2012, in time for the next school year. It does not pertain to private schools, but only to public schools. It covers interscholastic athletics as well as other sports associated with a school entity, and includes cheerleading, practices, and scrimmages.

Pennsylvania Psychologists Lead Nation in Efforts to Improve Medicare

Potential reimbursement cuts to Medicare represent an enormous challenge for psychology. While Congress debates efforts to balance the budget, or at least reduce the growth of the national debt, increased attention is being given to reducing provider reimbursement rates under Medicare. Since most commercial insurers base their rates on a percentage of Medicare rates, payment reductions in Medicare could eventually trigger reimbursement cuts by commercial insurers. Because of unique features in the Medicare payment formula, psychologists have already had some reimbursement cuts that other providers under Medicare have not had. The American Psychological Association (APA) and PPA are committed to ensuring adequate reimbursement for psychological services and access to psychological services for older adults who need them.

A major part of the overall strategy to combat these threatened cuts is for psychologists to respond to legislative alerts from APA (distributed through PPA), which encourage psychologists to use the APA website and send an e-mail message to their members of Congress. The APA website is set up so that the specific legislator of each psychologist is pre-identified on the basis of his or her home zip code and the psychologist may edit (or simply approve) a pre-written letter and send it on. It takes only a few minutes to respond to one of these alerts.

In the latest legislative alert, psychologists in Pennsylvania sent 1,644 e-mails for the period of September 26 to October 14 (an average of 97 e-mails per congressional district) and led the psychologists in all other states in terms of contacting their national legislators. In comparison, psychologists from New Jersey sent 79 e-mails per district, followed by 68 for North Carolina, 64 for Minnesota, and 54 for Illinois. Nationwide, psychologists sent an average of 30 responses per congressional district. The response rates from neighboring states were an average of 30 responses per district from New York, 20 from Ohio, 35 from Delaware, and 32 from Maryland. The response rate from Pennsylvania was so high that Pennsylvania, with approximately 13 million residents, had almost as many responses as the combined total from the largest and second largest states in the United States (California and Texas) which have a combined population of 63 million residents. As impressive as the Pennsylvania turnout was, it still represented responses from only half of PPA

Continued on the next page

The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists

As of November 1, 2011

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 115 HB 58	Provides for involuntary commitment to outpatient treatment - Sen. Stewart J. Greenleaf (R-Montgomery) - Rep. Mario M. Scavello (R-Monroe)	Opposed unless amended	In Public Health & Welfare Committee	In Human Services Committee
SB 200 HB 200	Provides for management of head injuries among high school athletes and evaluation by psychologist or other provider - Sen. Patrick M. Browne (R-Lehigh) - Rep. Timothy P. Briggs (D-Montgomery)	For	Passed 6/22/11, 50-0. Amended version passed by Senate, 11/1/11, 50-0	Amended and passed 10/5/11, 199-0
SB 850	Provides for the offense of cyberbullying and sexting by minors - Sen. Stewart J. Greenleaf (R-Montgomery)	For	Passed by Judiciary and Appropriations Committees. On Senate calendar	None
SB 1019	Provides that managers in Department of Corrections receive salary increases at least as high as civil service employees - Sen. David G. Argall (R-Carbon)	For	Passed by Judiciary Committee, 10/25/11	None
HB 42	Prohibits Pennsylvania from implementing the federal health care mandate - Rep. Matthew E. Baker (R-Tioga)	Opposed	None	Passed by Appropriations Committee, 10/26/11
HB 663	Restricts insurance companies' retroactive denial of reimbursement - Rep. Stephen E. Barrar (R-Delaware Co.)	For	None	In Insurance Committee
HB 978	Credentials drug and alcohol counselors based solely on their life experience - Rep. Louise Williams Bishop (D-Philadelphia)	Opposed	None	In Human Services Committee
HB 1405	Authorizes psychologists to testify in court on the determination of insanity - Rep. Glen R. Grell (R-Cumberland)	For	None	In Judiciary Committee

Information on any bill can be obtained from http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm

Continued from the previous page

members, which is small considering what is at stake.

Nonetheless, the 2011 figures suggest an increased concern among psychologists about Medicare. Last year in a similar alert Pennsylvania led all states with 816 messages, or an average of 42 responses per congressional district. (Nationwide last year there was an average of 10 responses per congressional district.)

Rachael Baturin is the federal advocacy coordinator in Pennsylvania, responsible for grassroots legislative activity. She received an award from APA in 2009 for her crucial work in securing the passage of mental health parity legislation.

About 16% of Pennsylvania's residents are on Medicare, which is a higher percentage than any other state except for Florida and West Virginia.

Love Heals. The End.

Sheila Carluccio, MA
slccmailbox-psychlists@yahoo.com

It's going to take some time this time
No matter what I planned
And like the young trees in the winter time
I'll learn how to bend

– Carole King


Sheila Carluccio, MA

Hands folded in lap, I watched the red numbers light up just above the door. 1, 2, 3... 6, 7, 8. I never liked elevators. I'd gotten stuck once, freshman year of college, and had one-trial learning down pat. Actually, by the time I was riding this one I didn't like a lot of things: needles, doctors, medications, nurse uniforms, fluorescent lighting, tiled floors, the smell of antiseptic. I'm sure I looked like a patient patient, either from years of practicing a poker face as my insides roiled, or from the drained pall of exhaustion that sometimes got mistaken for boredom. Or patience. I sat up as steel grey doors parted to reveal one more familiar world I did not want to enter. The orderly deftly rolled me into harsh fluorescent lighting with a whir of hard rubber wheels.

As we wound through hallways, half-opened doors revealed snippets of other lives that looked even more desperate than mine – although mine felt pretty desperate. At my door, I grabbed the arms of the wheelchair and climbed weakly out and over to the bed, feeling as though I'd crossed the 26th mile of the Boston marathon. Given that I was at Lahey Clinic in the heart of Boston, it seemed apropos. I muttered the requisite niceties to my roommate, bloated and pale and wearing a kerchief over her balding head. She seemed serenely at home amid the hospital gowns, her most constant companion an IV pole she rolled cheerily even to the bathroom. A day later she lost all serenity over a sty she discovered in her left eye. Not chemo, not radiation, but a sty was the straw that shattered her denial.

Me, I was admitted for a three-day fast to test for suspected insulinoma, a usually benign tumor of the pancreas. A bad case of the mumps created blood sugar havoc in sixth grade; a bout with mono in my senior year did my pancreas in. Five years later, I hadn't only failed to recover, I'd gotten worse. Strange terms such as "lymphoma" had been whispered between the doctor and my mother. For the past five years I had struggled to complete my bachelor's degree, falling behind classmates who had surpassed me, graduating, while I attended part-time or sometimes no-time for what seemed like endless semester after semester. At this hospitalization, I had barely accrued enough credits to enter my junior year. I had lost enough weight to frighten my friends, who by then had so busied themselves with their new lives that I felt alone and forgotten. I was exhausted. I went to bed spent and woke up more spent. My lymph nodes were tender and a low-grade fever was ever-present, as was a raw, streaked sore throat. My blood sugar was uncontrollable. The bursts of anxiety I had felt during hypoglycemic episodes had tsunamied into full-blown panic attacks. I was 23 years old and unable to function. I felt weak, isolated, defeated, and ashamed of myself.

Later that night through a rain-streaked windowpane, I watched my mother climb into a taxi to return to her hotel, taillights disappearing into Boston traffic. I had resisted admission until my doctor had said insulin readings from my last glucose tolerance test rose to 640 microunits during the first hour, the highest the clinic had ever seen. I was too depleted even to cry. Still, at that moment it occurred to me that of all the patients I'd seen on my floor that day, I was the only one with hair.

It was 1977. I had already undergone countless tests and consults, and several hospitalizations. After my three-day stay, testing for insulinoma came back negative, but the symptoms prevailed. I was by then already in psychotherapy, demoralized, asking over and over, "Is this physical or psychological?"

For two more years I struggled and then suddenly, in 1979, I turned a corner and returned to life. Years later, the doctor said he believed my mono, initially undiagnosed and untreated, had developed into severe chronic fatigue syndrome, a diagnosis so new he did not recognize it while it was happening. I finished my degree while working full-time in a position I loved. As an avocation I joined a band and played on weekends. In 1984 I entered graduate school, earning my master's with a specialization in clinical services in 1987. I married and moved to NJ, beginning my professional life as a psychologist while playing in two bands in two different states. After five years of clinical supervision, I took my licensing exam and passed, completing the mission I'd had from my junior year in high school. I still recall where I was standing when I received the news. In that moment, all of the time I had invested seemed to coalesce into a solid sense of self. What would become of me was now within me. I had internalized tools to actualize what no one could take away.

I moved back to Pennsylvania and built a home and office. My private practice flourished. Life was filled with friends and music and work and family and deep faith and love. There were speed bumps but I navigated them. Life was as it should be. Then in 2004 it happened again. Only much worse.

I began to feel tired that fall. A different kind of tired. Hypoglycemic episodes, always an issue, worsened. Palpitations emerged, then became more frequent and intense. The panic, in control for years, rebelled. I chalked it all up to overwork and planned an extended break at Christmas. Then, on December 2, 2004, sitting in a Head Start classroom, I wondered how I was going to make it through the day. My heart seemed to be trying to punch a hole through my chest wall. My thoughts were scattered, my body was weak, and an anxiety I never knew existed left me white-knuckling a desk. I knew I was in trouble. I made it home and called my doctor, making an appointment for the

following Tuesday. I received a call Monday directing me to come to the office a day early; blood work had been drawn over the weekend.

Sitting before her in a blue paper gown, I felt more than heard the doctor's pointed words as she matter-of-factly set a sample bottle of medication on a cold steel tray with a sharp click. "You have thyrotoxicosis. You are close to thyroid storm. You need to take this." When I balked, she looked at me hard. "If you don't take it, you could be dead by morning." I took the medication. I was allergic. I ended up in the emergency room. In the inimitable words of Roseann Roseannadanna, "It's always somethin'."

The symptoms suddenly made sense. I wasn't stressed, I was seriously ill. Again. I would have to take time away from my practice, from my friends, from my life. This time I didn't fight. I told clients I could not see them, and indeed it was better than a year before I saw them again. I struggled with new medications and profound, physiologically induced anxiety as the symptoms resolved. But I'd been down this road before, I knew the drill, and somehow I felt a new compassion and patience for myself. I fell harder but was softer on myself. I embraced a verse of scripture that reads, "... suffering produces perseverance; perseverance, character; and character, hope" (Romans 5:3-4, New International Version).

I am back to work now, part-time. I have had two bouts of thyrotoxicosis and came close to a third last month. The illness is complicated by an autoimmune thyroid condition. Twice my practice has been interrupted while I weathered being ill. And I have learned that I just cannot do what I could BT (Before Thyroiditis). So I have learned to scale back and accept it all. I have discovered my own resilience, determination, and drive that keeps me going, strengths I have also seen in other psychologists who have weathered storms while needing to be "always on our game" for a profession that demands we listen and attend with our complete selves.

So it's one more round for experience
And I'm on the road again

How did I make it? Love heals. The end.

OK, perhaps I should expand. But in all of the words that follow about resilience, none will be as important as my last paragraph.

Resilience has been defined as "the process of, capacity for, or outcome of successful adaption despite challenging or threatening circumstances" (Masten, Best & Garmezy, 1990). My favorite definition belongs to Mark Maltz: "Resilience is the ability to bounce back from a setback" (2008, p. 2). And although Maltz is targeting the resilience of organizations in his article, he clearly describes factors that help individuals recover, as well. Maltz describes resilience as born of one's relatedness to others, and of the importance of providing a trustworthy, containing, and secure environment. Using object relations and interpersonal theory, he describes positive daily interactions as building over time to form resilience.

"Between infant and parent in the first year of life, there is a dance of right-brain-to-right-brain communication essential to optimal neural development and the achievement of secure attachment, and affect tolerance and regulation (Goldstein & Thau, in McWilliams, 2004, p. 37)." "Intrapsychic organization is understood to be the result of unfolding interactions between the growing child and the significant people in that child's world" (McWilliams, 2004, p. 29). In other words, ego strength, the ability to cope and maintain a sense of self in the presence of pain or trauma, is born of secure attachments.

I have discovered my own resilience, determination, and drive that keeps me going, strengths I have also seen in other psychologists who have weathered storms while needing to be "always on our game"....

So, love heals. But how? According to psychodynamic theory, secure attachment generates the foundation from which to bounce back in times of trouble. Winnicott's "good enough mother" (1953) provides a solid base on which to build trust. This enables a child to develop healthy internal representations, or introjects, upon whom to rely in times of trouble. The mother once physically there to kiss a skinned knee can be conjured in comforting thought when an adolescent puppy love devastatingly fails. The father who chased phantoms from under a 5-year-old's bed can offer a strong intrapsychic shoulder when the grown child faces a fear such as lymphoma. Inhibiting thoughts replace action when adult rage boils, because someone voiced disciplinary reason to a 4-year-old enviously pulling a toy away from a baby sister. (Actually I clobbered mine, but I have since learned to curb such socially unacceptable behavior: One might really hurt someone. Or get arrested.) Memories we don't remember live within us, internalized from the day-to-day parts we absorbed of those who parented us, promoting healthy internal psychological structures that influence motivation, anxiety, security, and the freedom to self-actualize.

How did these concepts apply to me when I became ill? In addition to some genetic good luck, I had "good enough parents" to have cleared the developmental milestones that brought me to the cohesive sense of self described by Kohut. When the burden of trying to raise five children on limited financial resources overwhelmed my introjected parents and physical illness sent me reeling, I found a gifted therapist whom I internalized to "parent" me as well. "Overwhelming events cease to be traumatic once one can give voice to emotional reactions to them" (McWilliams, 2004, p. 38). In that empathic holding environment, I coped with being ill, learned to tolerate frustration, deal with disappointment, and contain overwhelming affect. In time I became more flexible and more forgiving of my parents' limitations as well as my own. At the moment I realized I alone had hair in Boston, my ability to differentiate helped me realize I was not like the other patients on that cancer-laden ward. I was going to get better and live to pursue my goals.

Continued on page 12

Our Offices, Our Havens From Personal Pain

Jacqueline Sallade, EdD

Dr. Jacqueline Sallade

Patients, friends, and the community regard psychologists as paragons of wellness and psychological strength, but we suffer from psychological pain and trauma, too – perhaps even more than some, depending on our expectations and sensitivities. How common for friends to come to us for support and advice, just as we sometimes consult our buddy the physician, lawyer, or accountant. Yet, when we are overwhelmed with health, family, substance dependence, or grief issues, we need as much care as anyone.

Let's face it: Besides the professional help we may obtain and the support of colleagues, relatives, and friends, there's the sweet peace, sense of control, respect, and personal space offered by our own offices. There we sit, alone at our desk or in our therapist's chair, breathing in the relaxation we teach others, eyeing our surroundings, designed to be calm and healing. We have our books, our tapes and brochures, our art. Like kids seeking the solace of their own bedrooms from the turmoil of peer or family pressure, we can be safe with ourselves at work.

Then there's the healing power of patients. Aren't we all wounded healers at some point? (If your answer is "no," you're not old enough yet.) There is something very comfortable in the role of professor or therapist. We are expected to understand, so we do. And when we find our lives complicated or difficult, comes the patient/client/student with issues that remind us of perspective. Think of the psychologist with lupus working with the patient with cancer, the divorcing psychologist working with the bereaved widow, the psychologist-parent of an acting-out teen facing the client whose teen is in jail. As we help, we are helped, simply knowing we are not alone with our pain.

It isn't only perspective that benefits us. It's growth gained from interaction with our patients/clients/students. A young woman who did nothing but cry for three sessions finds her heart big enough to bring Christmas cookies to the psychologist. A grieving, elderly man finds hope and peace through self-exploration, memories, and looking beyond his own ego. An autistic child learns to smile at us, opening herself to the world. Beauty, truth, wisdom, and good are among the commodities with which we deal. It's good and it's healing.

Good as it is, work isn't a cure-all. Balance, not work, is everything. Workaholism equals loss of self. Work can provide both buffer and haven, but it's not a substitute for active living in the outside world. And in times of trouble, we must be particularly aware of negative countertransference, or projecting our problems onto our patients, especially of wishing on them outcomes we would have wished for ourselves. It's *their* lives and decisions to be identified and supported; in times of trouble, we must be cautious not to lose ourselves *or* those we serve.

LOVE HEALS.

Continued from page 11

By the second and third bouts of illness in my 50s I had not only matured, but added faith to my repertoire of supports, which offered peace even in the face of suffering. Religiosity and spirituality have been positively associated with indicators of preventative and recuperative health (Oxman et al., 1995; Nisbet et al., 2000; Levin & Chatters, 1998; Pargament, 1997). They buffer against fear and anger, and promote love, compassion, and joy, which reduce the allostatic load, reduce cardiovascular reactivity and enhance the immune system (McEwen, in Hussain, 2010, p. 3). Through faith I learned to be more patient, developed deeper empathy for others' suffering, and found hope while waiting to return to practice. Psychoanalysts starting with Freud have credited love with psychotherapeutic healing, eliciting the Biblical verse, "there are these three things that last, faith, hope and love. And the greatest of these is love" (1 Corinthians 13:13).

And I won't be so blind next time
And I'll find some harmony

Love heals. Almost the end.

Sometimes we psychologists confuse health with striving for perfection in our own practices. We overextend and overwork, need vacations we don't take, and forget to balance self-care with caring for our patients. I ignored symptoms when I should have been listening to my body. It was hard to accept that at times my absence was more protective of my clients than my presence. I berated myself when I fell short of my ego ideal.

But then there is resilience: the ability to bounce back. I did. We do. I struggled through some tough times buoyed by the internalizations of others. I persevered, crawling toward my goals part-time, full-time, whatever-time until I reached them. Deeper compassion and empathy crept into my character in the process. And although I know I barely skinned my knees in my ordeals compared to many others in my profession, this story is my story, and *"like the young trees in the winter time,"* I've learned how to bend.

(Lyrics of "It's Going to Take Some Time This Time," in italics throughout the article, by Carole King and Toni Stern, @ EMI Publishing, are provided for educational use only.)

References are available on the PPA website, www.PaPsy.org, or upon request from the author, slccmailbox-psychlists@yahoo.com.

Over 35, With Children: Stresses for Mothers

Julie Meranze Levitt, PhD

Dr. Julie Meranze Levitt

It seems intuitive that women psychologists over 35 with young children would feel the stresses and tugs and pulls juggling family and career needs. In this article, I am exploring what some of the stresses and solutions may be for these women.

Unable to find research on working female psychologists over 35 who are starting families, which seems telling, I looked for studies addressing the larger topic, working mothers who are professionals. In a study looking at attitudes toward professional working women who have babies, Cuddy, Fiske, and Glick (2004) compared attitudes about working professionals without children and those who recently have had a first child. They sampled attitudes of 122 undergraduate students, two-thirds of whom were white, at an Ivy League school. Each participant completed a questionnaire, rating three fictitious consultant employees on traits reflective of warmth and competence. The profiles were identical except for the sex of the employed consultant and whether the person had recently had a first child. The results suggest parents, regardless of sex, are viewed as warmer than non-parents. However, perceived warmth did not affect competency ratings. Working mothers were perceived as significantly warmer than women without children but also as marginally less competent than women and men without children, regardless of whether the men were new fathers or without children. Regarding a question about which consultant the students would request, promote, and train in a work situation, the woman without a child was chosen over a working mother, whereas the working father was preferred over the man without children. The tradeoff here is that warmth in professional mothers is no match for perceived competence. While obvious limitations exist in a study that surveys attitudes only of college students, the participant sample presumably comes from homes where both parents work which, the authors point out, is likely to produce more equalitarian views about gender roles. If these attitudes can be elicited from undergraduates, we could ask questions about what kinds of implicit discrimination has existed and still exists in our college-age population, and how these biases affect how students in turn will see themselves and others later in life when they are involved in careers. Another question is whether there have been shifts in undergraduate attitudes since 2004.

> *It would seem best that psychologists over 35 who are mothers, as well as younger psychologists who are mothers, look carefully at what in their daily lives might increase stress.*

In a second study, Grady and McCarthy (2008) examine how mid-career women professionals see themselves in relation to the roles they assume as workers and as mothers. Employing in-depth qualitative interviews, the researchers studied how 18 subjects aged 37 to 55 perceived their work-related roles in comparison with their domestic roles. A condition was that the subjects be in a dual-career marriage with their youngest child under 18. The authors found a complex relationship among the roles of worker and mother. Women expressed being parents as their first priority but acknowledged that their careers were important to them. In mid-career, these women searched for more time for self-care, the authors report, in "an effort to find new meaning in the work, family and self equation" (p. 599). Flexi-options in work were suggested as a means of providing these women with greater opportunities to find space for various parts of their working-home lives. The authors recognize that younger women now starting their careers may have a different experience than do their older cohorts because there is greater responsiveness by workplaces in flexing the number of hours and accommodating schedules. However, in 2011, a year characterized by economically difficult times with fewer jobs and greater likelihood of longer working hours, women with children may feel compelled not to seek what they see as special accommodations for fear of losing employment.

In a third study, Polasky and Holahan (1998) applied self-discrepancy theory (E.T. Higgens, R.N. Bond, R. Klein, & T. Strauman, 1986, as reported in the study) to questions about maternal self-concept conflicts among roles for married professional women. Self-discrepancy theory looks at degree of difference between what "should be" and how one actually perceives self. Interrole conflict, that is, conflict over which role should be acted on first when there are competing roles, also was investigated. Subjects were 103 professional, married women from age 27 to 50 in dual-career couples with children at least one of which was under 18. Participants, recruited as a convenience sample, were from more than one professional field, had at least a college degree and/or a work position requiring a college degree, and were employed full-time. Four types of incompatible self-beliefs were studied. These were (1) self-discrepancies about actual and ideal self, (2) looking at self and how others might see self, (3) between self and how one "should be," and (4) self-discrepancies and how they believe others perceive the discrepancies. Also studied were two ways to resolve interrole conflicts, the superwoman approach ("I must do all and well") and the structural role-redefinition coping strategy that incorporated paring down roles. The findings indicated that all

Continued on page 15

Waking Up With Mindfulness for Self-Care

Christine Molnar, PhD, www.meta4stress.com

Dr. Christine Molnar

One recent morning I was awakened by the sound of my cell phone ringing. It was a client in distress, but not in danger, reactively calling with the hope that I would give her a way to get rid of the multiple negative emotions she noticed upon waking. I felt many negative emotions myself while listening to ten minutes' worth of voicemail from this client. I intentionally did not call back right away because it would not serve the client in meeting the treatment goal of using the non-reactive behaviors we had identified for responding to distress. And I wanted to protect my morning time for self-care activities such as mindfulness meditation because it is essential to me for waking up each day and for building resources that allow me to respond skillfully to the inevitable stress that is part of the life of a psychologist working with distressed clients and their families.

One way to "wake up" and step out of mental and behavioral habits that can create suffering for me and others, including clients, is to practice mindfulness meditation. I have written previously for the *Pennsylvania Psychologist* about some of the reactive behavioral habits to which I am vulnerable because of my personal conditioning history (Molnar, 2008). One of these behaviors is working much harder than my clients for change. This behavioral habit is called over-involvement and was associated with greater emotional exhaustion and a tendency to depersonalize clients, two dimensions of burnout, in a recent meta-analysis by Lee and colleagues (2011). Job stress, such as carrying heavy client loads, was also associated with the emotional exhaustion and depersonalization dimensions of burnout. Job satisfaction, on the other hand, was associated with less emotional exhaustion and depersonalization and more personal accomplishment. Personal accomplishment, for example having a sense of positively influencing our clients' lives through our work, is another dimension of burnout and this sense of efficacy suffers when we are burned out. Interestingly, greater over-involvement was associated with a sense of personal accomplishment. Thus, Lee and colleagues discovered a paradoxical effect of over-involvement on dimensions of burnout. While the behavioral habit of over-involvement was a source of personal accomplishment, it also was associated with emotional exhaustion. Although it is rewarding to have a sense of personal accomplishment, the ultimate cost of over-involvement can be emotional exhaustion. Over-involvement is thus not a skillful choice.

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

– Victor Frankl, *Man's Search for Meaning*

When my client called early in the morning, instead of choosing over-involvement, I made the choice to practice a sitting meditation followed by a loving-kindness meditation with the intention of self-care and of building resources and resilience against the effects of stress (Frederickson et al., 2008). Stress is what we feel when we are uncertain that we have the resources for coping with the demands encountered in life. It is important to cultivate resources for responding to stress so that we do not experience burnout and its consequences. That morning I noticed a need to disengage from the narrow attention on figuring out what to do in response to this client's call. The positive emotions generated by loving-kindness can broaden the field of attention and support effective problem solving (Frederickson & Brannigan, 2005), so I chose that instead of calling my client back.

As I meditated, I noticed many thoughts about the distressed client. Following this, thoughts about other challenging clients I had scheduled for the day and how sleep-deprived I felt arrived in the field of awareness. Then came thoughts about my personal life, serious health problems of several family members, and about how short and precious life is. Then followed thoughts about the fittingness of the title of Jon Kabat-Zinn's (1990) book about mindfulness-based stress reduction (MBSR), *Full Catastrophe Living*. I noticed thoughts arising and dissipating and how the mind was attached to some and averse to other experiences. And I also noticed the body receiving and releasing the breath just as the mind received and released thoughts. And I noticed the impact that the mind's content and processes had on the state of the body. How sometimes the breath stopped. And how when strong emotion arose I automatically inhaled and softened and related to the experience with what Kabat-Zinn calls the foundational attitudes of mindfulness (e.g., willingness to allow, let go). Often, if I noticed attention getting too narrow or stuck in a way that resulted in the breath getting stuck, I expanded the field of attention by noticing touch sensations that I felt where the body was supported by the surface holding it and by the air bathing the skin. I stayed aware moment-to-moment of the quality of attention I was bringing to noticing all of the objects in the field of awareness including mental events, internal and external sensations, urges for behaviors, and overall feeling states.

Continued on next page

WAKING UP WITH MINDFULNESS FOR SELF-CARE

Continued from page 14

What an act of kindness it was to protect this time to just notice and do nothing reactively about the morning call and about what arose and fell away during the meditation. I followed the sitting meditation with a loving-kindness meditation during which I formed the intention to make choices that keep me and others safe and protected and free from the many possible sources of inner and outer harm. During the loving-kindness meditation I also wished all living beings to be happy, healthy, and know peace of mind. After meditation I felt grounded and replenished and more awake. I was thankful to have invested 45 minutes in self-care.

We have all heard the old adage about the heart pumping blood to itself before the rest of the body which is dependent on the heart's healthy functioning. With mindfulness, we and our clients can learn to first take care of ourselves through pausing and responding skillfully instead of reacting in ways that create harm. Mindfulness supports us in making choices that take care of our bodies, in creating both internal and external environments that we actually want to inhabit, and in cultivating resources for responding to stress associated with our work as psychologists. The heart already knows all about self-care and pumps nourishing blood first to itself. May we nourish ourselves in the same way.

References

Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*, 1045-1062.

Fredrickson, B. L., & Brannigan, C. (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition & Emotion, 19*, 313-332.

Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Delacorte.

Lee, J., Lim, N., Yang, E., & Lee, S. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice, 42*, 252-258.

Molnar, C. (2008, December). Digesting mindfulness to enhance self care. *Pennsylvania Psychologist,* 16, 19.

OVER 35, WITH CHILDREN...

Continued from page 13

four self-discrepancies were significant predictors of ratings of interrole conflict. Work support related negatively to depression and anxiety but spouse support did not relate to any other variables.

Finally, recent explorations of multiple births and their impact as stressors have documented not only that the number of mothers bearing children after age 35 continues to grow, as do multiple births (Pew Research Center, 2010), but also that divorce rates tend to increase with multiple births (Jena, Goldman & Joyce, 2011).

So what may we learn from these studies?

While the studies do not focus on psychologists, we can extrapolate that psychologists would not be immune from the stresses of juggling home and profession. In addition, female psychologists may well defer childbearing as long as or longer than some other professional women because of the demands of school and training, choosing parenthood when they have more financial resources but possibly less physical energy.

It would seem best that psychologists over 35 who are mothers, as well as younger psychologists who are mothers, look carefully at what in their daily lives might increase stress. There is a need for support at work and from partners, other family, and friends in their personal lives. While the superwoman method of coping may reap benefits because one can feel fulfilled in many areas simultaneously, the depletion from multi-tasking and lacking time for self-care is problematic. Feelings of inadequacy as a mother may depress these women, and they may also feel anxious because they do not believe they "measure up" in performance to colleagues (Polasky & Holahan, 1998).

Balance and variety in activities, rest, lessening old beliefs about having to do everything well at home and work, and mindful awareness of one's emotional and physical needs can be helpful. Maybe we can stop being superwomen, and realize any tasks superimposed on full- or part-time work will increase stress. Older, educated mothers live longer, according to Susan Newman in *Psychology Today* (2008). Perhaps they learn to save some life experiences for later in life in order to enjoy what they won't have later: young children and the energy to enjoy them.

References

Cuddy, A. J. C., & Fiske, S. T. (2004). When professionals become mothers, warmth doesn't cut ice. *Journal of Social Issues, 60*, 701-718.

Grady, G., & McCarthy, A. M. (2008). Work-life integration: Experiences of mid-career professional working mothers. *Journal of Managerial Psychology, 23*, 599-622.

Jena, A. B., Goldman, D. P., & Joyce, G. (2011). Association between the birth of twins and parental divorce. *Obstetrics & Gynecology, 117*, 892-897.

Newman, S. (2008). Forty is the new 20 for having babies. *Psychology Today*. Retrieved from http://www.psychologytoday.com/blog/singletons/200810/forty-is-the-new-20-having-babies

Padawer, R. (2011). The two-minus pregnancy. *New York Times Magazine*. Retrieved from http://www.nytimes.com/2011/08/14/magazine/the-two-minus-one-pregnancy.html?pagewanted=all

Pew Research Center. (2010). The new demography of American motherhood. Retrieved from http://pewsocialtrends.org

Polasky, L. J., & Holahan, C. K. (1998). Maternal self-discrepancies, interrole conflict, and negative affect among married professional women with children. *Journal of Family Psychology, 12,* 388-401.

Reflections on Patient Suicide: Regret, Reason and Resilience

Michelle Herrigel, PsyD, MichelleHerrigel@gmail.com

Dr. Michelle Herrigel

Sally described the feelings she experienced when she received the call that her patient, who had left her office swearing he "...would never do such a thing to his wife and children," had shot himself to death: shock, confusion, sorrow, spreading across days and weeks. Many psychologists faced with similar situations feel afraid and begin to doubt their own skills as therapists. Fortunately, most are able to cope effectively with this extremely stressful situation and to display resilience.

Resilience is defined as one's ability to adapt well in the face of adversity and to "bounce back." People are resilient; this is the rule, not the exception. Further, resilience has also been found to be an inherent process rather than a trait. This is not to say that resilient people don't experience stress and pain, it just means they possess several skills related to resilience.

The loss of a patient to suicide is one of the most difficult experiences a psychologist will ever face. The sad fact is, one in five mental health professionals will lose a patient to suicide. Despite this, many do not receive enough education or clinical supervision in their training programs to adequately prepare them for the very real possibility that they may experience this trauma at some point in their career. The Centers for Disease Control (CDC, 1998) in Atlanta estimates that 30,000 suicides occur each year in the United States. Half of those people are believed to have been under the care of at least one mental health professional at some point in their lives, or had been within 30 days of the suicide. This means as many as 15,000 clinicians each year become "clinician-survivors" (Weiner, 2005).

Coping with intense grief, guilt, self-recrimination, and shame can cause even the best and most seasoned psychologists to doubt their skills as therapists. These feelings are often compounded by the fear that the incident has damaged their professional reputation or that there will be legal repercussions. In spite of increased efforts by graduate programs to train their students in suicide risk assessment, prevention, and postvention, many continue to feel woefully unprepared (Quinnett, 2005). The growing body of research into resilience can help us understand how we adapt to serious life-changing events, how we can deal with the loss of a patient and become better clinicians.

Sally's case embodies the severe lack of resources some clinicians face. A psychologist in a remote area of Pennsylvania who has lost more than one patient to suicide, Sally found she responded differently in each instance, but acute feelings of sadness, helplessness, and self-doubt were the first feelings she experienced. She found a dearth of community support and awareness, and when she attempted to increase community awareness through education, she was surprised by the amount of resistance she encountered. She said, "I tried to engage local professionals and physicians to address this issue, but this is a scary topic for them and they would not commit."

Another aspect of suicide that psychologists face is the loss of family members, friends, or colleagues to suicide. Carl, a psychologist who recently lost a colleague to suicide, discussed feelings of shock and self-recrimination. "I felt like I should have seen this coming and should have been able to do something to help." He went on to say that he felt great discomfort in the presence of the deceased's family members. "I felt guilty when I was faced with her family because I was aware of her depression, that she had begun therapy, and appeared to have been making good progress. When I heard that she had taken her own life, it came as a tremendous shock to me." In addition to dealing with his own feelings of grief and loss, he was trying to be a professional and supportive presence to coworkers and family members, which was very stressful. As time went by, however, the support of co-workers and colleagues has helped him cope with these feelings. Carl's experience highlights the need for clinicians to develop strong self-care skills and remember that they will need to take time to deal with their own feelings of grief and loss.

Several factors combine to contribute to one's ability to regain balance after a challenging life experience. These include having a positive self-view and confidence in one's strengths and abilities.

The question emerges: How can psychologists build resilience so that when faced with the unthinkable – the loss of a patient to suicide – they are able to cope effectively and continue to practice? Cultivating support is critical to developing resilience. Mentorship is also extremely important, particularly to psychologists early in their careers because they are more likely to hold an idealized vision of the profession. For those who have not yet encountered the pitfalls and limitations of their career, a strong mentor can provide much-needed insight and perspective. Being able to debrief with those one trusts provides essential support. A survey of 292 clinicians at 11 intern sites found that, for interns, support of their supervisor was one of the most helpful factors in facing challenging clinical situations. (Kleespies, Penk, & Forsyth, 1993). For young clinicians, supervision and mentoring seems critical in processing these events. Debriefing with a respected and trusted colleague can help the psychologist express feelings and receive feedback. It can permit the psychologist to review the situation, realize that the work done was appropriate, and that all necessary actions and steps were taken to help the client. Seeking out consultation and therapy, if needed, are critical coping skills in handling any difficult professional crisis.

The American Association of Suicidology has established a Clinician-Survivor Task Force in order to develop

Continued on page 19

Wounds and Impairment: Just Part of Being Human

Jeffrey L. Sternlieb, PhD, jsternlieb@comcast.net

Dr. Jeffrey L. Sternlieb

All (human) psychologists are impaired, and the Colleague Assistance Committee intends to help. No, we are not seeing problems where they do not exist. And no, we do not see ourselves as saviors riding in on white horses to save the day. In reality, the nature of a psychologist's work is high stakes and can seem like a high-wire challenge. It is a balancing act of the highest degree, and as with all high-wire acts, the risk exists of losing one's equilibrium. In the process, we can wobble without falling into a net. We also know what it is like to rebalance ourselves when necessary. (Can't you just feel the push and pull you experience when you try to walk on a balance beam or the narrow top of a low garden wall?) What would it look like if we acknowledged having our ethical equilibrium put to the test? Or, if I'm not impaired, what would the opposite of "impaired" be called? Could I possibly claim that I can stay in that state no matter what challenges I face in my work or in my life?

In the same way that balance is neither perfect nor totally absent, impairment should not be thought of in all-or-none terms. The stereotypical image of an impaired psychologist is that of someone over the edge – addicted to alcohol or other drugs, engaging in sexual relationships with patients, or some other nefarious behavior. A more realistic view of impairment could include the accumulation of wounds, chinks in the armor, challenges to our ethical decision-making, distractions from real life, and all the humbling experiences that remind us of the limits of our power and control. The practice of psychotherapy is an emotional contact sport. It occurs at the intersection of our personal and our professional lives (Palmer, 1998). Not only do we impact our patients, our patients impact us. If we do not acknowledge that reality, we might miss our potential impact on patients, and the interference with empathy and thus therapy arising from our own countertransference (Gordon, 1997).

We are all either wounded, or we are inexperienced. We may have been hurt by anger, by ineffective therapy, by unsatisfactory results, by unmet patient demands, by human suffering, or by complex presentations we are not able to unravel. Having experienced (and hopefully processed) these difficult patient transactions, we can be better prepared to manage these or similar ones in the future. We have still been wounded, and ideally but not always, we have incorporated the lessons of our experience into our approach to present dilemmas. Alternatively, often early in our career, we are idealistic and optimistic, and we have not yet encountered experiences that make us feel wounded. Our training may have prepared us intellectually for many of the challenges we might encounter; however, no intellectual exercise can fully prepare us for the psychic injury we feel when a patient encounter goes poorly. Being experientially naïve, we are emotionally less prepared to deal with the no-win choices we need to make, and we are not fully ready to recognize or enforce boundary challenges, to set limits, to practice defensively, or to manage our own feelings of vulnerability.

Think about some of your former patients whose dilemmas you still recall. If you learned that a former patient had attempted or completed a suicide, my guess is that you would never forget that person. You never forget the patient who unwisely released records in a legal dispute, or who sued you, or filed a complaint to the licensing board about you, or whom you had to hospitalize involuntarily. These are all wounds we carry, and unfortunately, wounds we often carry alone, giving ourselves very few opportunities to get help in our own healing. Does this reminder help to validate that we are all impaired? Haven't we all at some point felt despair? Isn't our true task learning how to repair?

You cannot tame it till you name it. This is no different from breaking through our own denial. We have to identify our wounds and their impact on our well-being. Our response to woundedness is our resiliency. One goal of the Colleague Assistance Committee (CAC) has been to support discussion and development of resiliency. In more extreme cases, when one of us falls off of the balance beam, the CAC provides a safety net. With total confidentiality, we help people find a psychologist in their region with expertise in the area of their concern. However, we impact many more colleagues through articles in the *Pennsylvania Psychologist* and through continuing education programs. The intent of these programs is prevention – to identify sources of imbalance, to describe forms of resiliency, to initiate conversations about topics typically kept private, and to stimulate thinking about ways to monitor and maintain balance in our lives. For example, indicators that we might have lost our emotional balance include:

- We've lost or are losing our sense of humor.
- We find ourselves doing something with or for patients that we sense is not quite right.
- We have difficulty sleeping at night – or fall asleep during a session.
- We realize we are avoiding the return of someone's phone call.
- The primary source of intimacy in our lives occurs in our patient sessions.
- Our personal relationships feel like work.
- Our problems feel or seem larger than our patients' problems.
- We are not keeping up with record-keeping, reports, or collections.
- We realize we have overreacted to comments others have made.
- We feel desperate and totally alone – "Am I the only one who...?"

Our responses to this awareness of being out of balance vary. One crucial step is to share our struggles and ask for help. None of us is totally alone! Attend

Continued on page 19

Fostering Resilience in Graduate Students

Cristina Shaheen, MS


Cristina Shaheen

All graduate students have stressors that will undeniably affect them before, during, and after their graduate training. Some stressors are common to all graduate students, such as those listed above, whereas others are unique to each individual. Even given all the stressors, we continue to witness those who precede us stride to the podium in their doctoral graduation gowns, receive their degrees, participate in the hooding ceremony, and become psychologists. So, how do psychologists-in-training clear the obstacles and bounce back from setbacks? How do those who teach others to be resilient become resilient?

Just as each graduate student faces both common and unique stressors, each student may employ both common and unique strategies to manage the experience. Reliance on family and friends, creating supportive relationships with colleagues and faculty, learning effective time management, and ensuring adequate self-care are only some of the myriad ways many graduate students deal with stress and hardship (American Psychological Association, n.d.; Levine, 2011; Southwick, Vythilingam, & Charney, 2005). In addition to getting through the hard times, graduate students also need tactics to maintain motivation and drive through the years they have committed to their graduate programs. Good tactics for maintaining one's spirit include:

- Note the successes and accomplishments each step of the way to maintain motivation. Create a timeline of immediate goals for the upcoming week, short-term goals for the upcoming months, and long-term goals for the upcoming year, then refer to this timeline regularly to recognize all of your accomplishments.
- Attend a doctoral graduation and watch those before you reach the goal you're approaching.
- Schedule breaks or vacations ahead, as a means of anticipating time for relaxation.
- Create a positive routine, such as daily exercise, that can be a source of structure and revitalization during times of stress.
- Schedule time for positive hobbies and interests outside of your doctoral program. Do not wait for a time when you are not as busy to treat yourself.

Above all other techniques for increasing resilience, though, one overarching practice may best ensure successfully and happily finishing graduate school: *knowing yourself* (American Psychological Association, n.d.; Levine, 2011; Southwick, Vythilingam, & Charney, 2005). Others can provide a limitless list of do's and don'ts for getting through graduate school, but nothing compares to knowing yourself – your strengths, your limitations, and your aspirations. Every student has different methods for studying, managing time, and enjoying life, as well as different responsibilities, career ambitions, and life goals. By knowing yourself, you attain the knowledge you need to create the environment that works best for *you*.

Fostering resilience greatly depends on honesty with oneself and openness to new self-knowledge. Insight into the positive and negative ways you manage stress is instrumental. Assess how you regulate emotions. Graduate school will assuredly create strong feelings, both positive and negative, across the years required to complete the program. Understanding how you respond to successes, failures, disappointments, setbacks, and competitiveness is important for anticipating and managing your reactions in personal and professional settings. In addition to your emotional reactions to specific situations, an assessment of your ability to tolerate and manage frustration is vital. Consider issues or situations that are "hot buttons" for you and learn the most effective ways you can manage them. Last, and possibly most important, notice how you get in your own way. Do you procrastinate? Do you take on more than you can handle? Do you refuse to seek guidance from others? Self-imposed obstacles only add stress, and awareness of how you work effectively can prevent it. Remember that every graduate student is different, and therefore every graduate student requires different ways of managing, coping, and bouncing back. Only through honest self-evaluation and self-awareness can you really enhance your resilience during graduate school and during your career. In doing so, you will also create your own style and strategy for resilience.

GRADUATE STUDENT TO-DO LIST

1. Apply to graduate school.
2. Buy a new suit.
3. Go to interview.
4. Get accepted.
5. Move.
6. Get a new job.
7. Adjust to new environment.
8. Attend classes/seminars.
9. Begin clinical experience.
10. Figure out therapy.
11. Develop research project.
12. Figure out statistics.
13. Propose dissertation.
14. Revise dissertation.
15. Study for comprehensive exams.
16. Pass comprehensive exams.
17. Defend dissertation.
18. Revise dissertation.
19. Apply to pre-doctoral internship.
20. Repeat steps 2 through 12.

Note: Add time for family obligations, social obligations, computer problems, changes to the family constellation, unexpected financial strains, self-care...

References

American Psychological Association. (n.d.). *The road to resilience.* Retrieved from http://www.apa.org/helpcenter/road-resilience.aspx#

Levine, I. S. (2011). *Mind matters: Resilience.* Retrieved from http://sciencecareers.sciencemag.org/career_magazine/previous_issues/articles/2011_06_10/caredit.a1100051

Southwick, S. M., Vythilingam, M., & Charney D. S. (2005). The psychobiology of depression and resilience to stress: Implications for prevention and treatment. *Annual Review of Clinical Psychology, 1,* 255-291.

REFLECTIONS ON PATIENT SUICIDE...

Continued from page 16

postvention guidelines for professionals (Quinnett, 2005). Quinnett, the CEO of the QPR Institute, a suicide prevention organization, has taken his message of hope to more than one million people across the globe. This task force is geared toward "clinician-survivors," a group underrepresented in the literature.

Sally and Carl, although deeply affected, were able to regain their balance and demonstrate resilience. Through the support of colleagues and their ability to understand the nature of suicide, they were able to bounce back and continue to practice psychology.

In coping with the loss of a patient to suicide, training, support, and education are key to resilience. Maintaining a sense of competence while completing a realistic appraisal of the treatment provided can help clinicians cope, grow, and become better therapists. Developing coping strategies and maintaining supportive relationships where one can process this and other difficult clinical events can be critical factors in developing resilience.

References

Centers for Disease Control (2008). *Suicide prevention.* Retrieved from the CDC website: http://www.cdc.gov/ViolencePrevention/suicide/index.html

Kleespies, P. M., Penk, W. E., & Forsyth, J. P. (1993). The stress of patient suicidal behavior during clinical training: Incidence, impact, and recovery. *Professional Psychology: Research and Practice, 24,* 293-303.

Quinnett, P. (2005). *Clinicians as survivors of suicide: Postvention information.* Retrieved from American Association of Suicidology website: http://mypage.iu.edu/~jmcintos/postvention.htm

Weiner, K. M. (2005). *Therapeutic and legal issues for therapists who have survived a client suicide: Breaking the silence.* Binghamton, NY: Haworth Press.

WOUNDS AND IMPAIRMENT...

Continued from page 17

CE programs that deal with these topics. Join or begin a support group (Gold, et al., 1993), consultation, Balint (Balint, 1957; Sternlieb, 2005) or some other type of group with colleagues. Journal. Begin psychotherapy. Exercise. Have fun. Invest time in personal relationships, interests, and activities. Call the PPA office and talk to someone on the CAC committee. We have all been there – or will be there – at one time or another!

References

Balint, M. (1957). *The doctor, his patient and the illness.* New York: International University Press.

Gold, D., et al. (1993, May). In support: Salient issues in a psychologist's support group. *Pennsylvania Psychologist.* Retrieved from http://www.PaPsy.org

Gordon, R. (1997, February). Handling transference and countertransference issues with the difficult patient. *Pennsylvania Psychologist.* Retrieved from http://www.PaPsy.org.

Palmer, P. (1998). *The courage to teach.* San Francisco: Jossey-Bass.

Sternlieb, J. (2005, January). Balint – An underutilized tool. *Pennsylvania Psychologist,* 8-9.

The Soldiers Project: Helping to Heal the Hidden Wounds of War

Geri Kelly, MA

Geri Kelly

Several years ago, psychiatrist and psychoanalyst Judith Broder, MD, saw the play, "The Sandstorm," by Sean Huze, about the experiences of Marines at the start of the Iraq war. As each Marine recounted his story, stories filled with pain and anguish, Dr. Broder was so moved, she decided to try to organize her colleagues to help – to offer free psychotherapy to these young men and women returning from Iraq, as well as to their extended family members. Her efforts began in Los Angeles and have spread to Chicago, New York City, Greater Washington State, Boston, and now Pennsylvania.

The Soldiers Project was established to provide free, confidential psychological counseling for military service members who have served in Iraq and Afghanistan and their loved ones. The mission of the Soldiers Project is to bring together volunteer licensed mental health professionals to provide counseling, educate the community regarding the psychological effects of war, and to provide in-depth training on combat trauma to our volunteer therapists.

Pennsylvania and our surrounding states have thousands of veterans, wives, husbands, children, parents, and other loved ones who have been affected by the separation that is part of serving in the military. Returning home from being in combat in a country at war presents real challenges. Many of our service members have suffered psychological injuries no less serious than the visible scars of war. Every military service member and his or her family is affected in some way by the disruption of normal life that begins with deployment orders and continues through the challenges of readjustment upon coming home.

As mental health practitioners who understand the far-reaching consequences of these war-related experiences, we can provide the support that is needed to smooth the transition to family and civilian life. If you have the time and the desire to be of service, please contact Sister Nancy DeCesare, PhD, The Soldiers Project of Pennsylvania, e-mail: soldiersprojectsoutheast@chc.edu.

(Excerpted from promotional literature on the Soldiers Project)

Self-Care and School Psychologists

Helena Tuleya-Payne, DEd, Chair, Department of Psychology, Millersville University

Dr. Helena Tuleya-Payne

A few years back, I was sitting in a roomful of school psychologists listening to Alex Thomas, then president of the National Association of School Psychologists (NASP), describe his weekly visit to an elementary school where everyone from the principal to the janitor was difficult. Thomas said that when he had described to a colleague his negative, visceral reaction every time he entered the building, his peer had simply replied, "When you are in the desert, it's hot." In other words, some people or situations are consistently challenging. Hearing that helped Thomas alter his expectations of what he could accomplish in that school and his distress lessened.

When faced with chronic, unpleasant situations, I remember those words. Rhonda Armistead, then president of NASP, described the importance of school psychologists developing resilience – "the ability to deal with life's challenges in a positive, productive manner...adapting to diversity" (2007). She listed risk factors for job dissatisfaction and ultimately job performance: excessive workload, school district policies, insufficient professional supervision, lack of opportunities for advancement, lack of appreciation, and being a solo practitioner.

Robert Wicks (2008) said mental health practitioners should expect stressors to be a part of the work, but we must resist forfeiting stress-reducing activities because of time constraints. The clinician's attitude, says Wicks, should be that it is crazy not to engage in self-care.

What does a self-care protocol look like for school psychologists? The following framework might help readers examine their contribution to their own resilience. I believe our own training as school psychologists helps us formulate both individual and systems solutions.

Understanding developmental needs of school psychologists

Armistead discussed the developmental stages of school psychologists and their corresponding needs. One protective factor that supports satisfying, productive work is competence, described as a combination of knowledge, skills, and time management. She recommends that novice school psychologists actively work on developing organizational skills, seek opportunities to further refine and develop skills, and create a career professional development plan. The experienced school psychologist continues to engage in a professional development plan and perhaps develops a specialty area. At this level, psychologists are ready to give back to the field by mentoring advanced students and novice professionals, presenting at conferences, writing articles, and participating in state associations. The senior practitioner also has professional development needs, such as acquiring additional skills to remain current and filling leadership positions for state and national associations. At both the experienced and senior professional levels, practitioners may move to college teaching: Preparing the next generation of professionals appears important to job satisfaction.

Protective at all developmental stages is ongoing professional development. Current economic conditions may threaten this: The state-imposed, two-year Act 48 moratorium (see article on p. 21) may discourage school districts from providing professional development at no or low cost to participants. Recognizing that professional development is crucial to self-care, practitioners need to actively pursue additional opportunities to enhance knowledge. Fortunately, state associations such as PPA continue to offer robust opportunities for learning and presentations. Presenting knowledge to our colleagues enhances professional satisfaction.

Armistead also encouraged networking. The Lancaster Network of School Psychologists provides a high-impact relatively low-cost connection for regional school psychologists to meet monthly and address professional concerns. Dr. Richard Hall, member of the PPA School Psychology Board, helps organize this event.

Making schools psychologically healthy workplaces

Are schools psychologically healthy workplaces? The American Psychological Association reports that the psychologically healthy workplace fosters employee health and well-being while enhancing organizational performance. Professional self-care and resilience can be enhanced when school psychologists work in such settings. Again, practitioners may benefit from their training in prevention strategies at a systems level and from evaluating their workplace in terms of its capacity to foster resilience in employees. Consider:

- *Employee involvement.* Does your school try to empower its employees by involving them in decision-making?
- *Health and safety.* Does your school have programs that support a healthy lifestyle and behaviors? Do you take advantage of them?
- *Employee growth and development.* Are there appropriate opportunities for professional development and supervision?
- *Work-life balance.* Does your school provide flexibility in meeting work expectations? Are there strategies to help you manage non-work demands?
- *Employee recognition.* Does your school recognize employees for work well done?

Communication is essential, both bottom-up and top-down. School employees, including school psychologists, benefit from information about needs, values, perceptions, and opinions. Administration must inform employees about programs and their benefits. School psychologists' knowledge about preventive strategies and system-wide interventions is perfectly suited to assist school systems in areas of mental health and employee growth and development.

Continued on next page

What stresses do practitioners experience? I recently presented at a meeting of the Lancaster School Psychology Network where about 50 school psychologists, from novice to senior, turned out to network and learn additional skills. I invited them to describe work stressors and coping strategies. Some stressors paralleled Armistead's list. Others included legal issues, high-stakes decisions, and differences in philosophy among staff. All respondents described taking time for themselves as key to self-care, and physical activity as a stress reliever. One practitioner for whom school psychology is a second career said she learned from a past burnout experience that physical activities are key to her self-care, so she schedules them. Another early career psychologist cited the importance of networking and attending conferences, habits modeled by university faculty during her training program. Still another wrote about developing meditation skills. Setting boundaries was also cited as important. A novice school psychologist with extensive mental health work experience reported:

> Prior to working in the schools as a school psychologist, I spent 22 years working in mental health in a variety of capacities, many with intensive populations. I learned through experience that I can't work harder than my clients and I need to set clear boundaries between home and work. I am responsible for helping the children (students/family) during school hours, but ultimately I am not responsible for their life.

I was encouraged to see that these practitioners had incorporated self-care into their professional lives but I heard from only of a portion of those attending. I am not sure what the extent of self-care is among school psychologists, but I do know I plan to be intentional in advocating these behaviors to my students.

References

Armistead, R. J. (2007, November 7). *Becoming a resilient school psychologist.* Presented at the Florida Association of School Psychologists. Powerpoint retrieved from http://www.fasp.org/PDF_Files/New_&_Important/Becoming_a_Resilient_SP_FASP.pdf

Wicks, R. J. (2008). *The resilient clinician.* New York: Oxford University Press.

Act 45 and Act 48 Moratoriums

Gail R. Karafin, EdD, Public Policy Committee Chair, School Psychology Board

Dr. Gail R. Karafin

The Pennsylvania Department of Education (PDE) has issued a two-year suspension of the Act 45 and Act 48 continuing professional education requirements for educators and for school and system leaders.

Background

In 1999, the Pennsylvania legislature enacted the law that required all school professionals to have ongoing continuing education. Act 48 requires all Pennsylvania educators holding a Pennsylvania public school certificate to participate in ongoing professional education. School psychologists hold educational specialist certificates. Act 45 was enacted by the state legislature in 2007 and addresses continuing education requirements for all active school and system leaders. Under these two acts, all educators must complete 180 hours of professional education, six college credits, leadership development programs, or any combination of credits and hours every 5 years. This translates into approximately 36 continuing education credits per year in an educator's area of certification.

Current Status

Act 24 of 2011 provided for a two-year suspension of Act 45 and Act 48 continuing professional education requirements for educators and school system leaders. The suspension moratorium took effect August 29, 2011, and continues to June 30, 2013.

While continuing education credits are not mandated during this time, courses may still be offered. Hours accrued during this period will be credited to the compliance period in effect at the time of the suspension. All providers will be able to report Act 45/Act 48 hours during the suspension period. Also, new providers may continue to apply to PDE for initial Act 48 approved provider status.

For those educators who did not meet their Act 48 continuing professional education requirements by June 30, 2011, PDE continued to inactivate their certificates because the moratorium did not apply until August 29. Inactive certificates could be reinstated during this suspension period if the individual completed the required hours during this period. As of June 1, 2011, there were 600,000 inactive educators' certificates.

Educators with "active" status certificates will not be subject to inactivation during the moratorium period. Notices of inactivation will be discontinued during this time.

Professional education plans required by the Public School Code are not required during the moratorium period; however, professional education plans associated with the federal requirements of Title I and Title II funding will be required. Any district receiving Title I or Title II money is mandated to include a professional development plan according to the Pennsylvania Code for Continuing Professional Education. Private and nonpublic schools can continue to submit initial professional education plans to PDE for review.

PPA members who know their professional personnel ID numbers can have workshops, home study programs, college courses (taken or taught), and professional writings submitted for Act 48 credits for no charge. For more information click on "Act 48 FAQs" on the PPA website at www.PaPsy.org/index.php/ce/. For questions about documentation needed for submission please contact Katie Boyer at secretary@PaPsy.org or 717-232-3817.

Resources

Pennsylvania Department of Education, http://www.education.state.pa.us.

Pennsylvania Psychological Association. *Act 48 information for school psychologists*, http://www.papsy.org/index.php/ce/act-48-faq-a-links.

Performance Fact, Inc. *Act 45 professional development for school and system leaders*, http://www.performancefact.com.

Research, Education, and Practice Through APA's Crystal Ball

Joseph F. Aponte, PhD, APA Board of Educational Affairs

What is the direction of psychological research, education, and practice in the next 25 years? All three domains will incorporate interdisciplinary components, according to presenters at the recent APA Education Leadership Conference (ELC) on Interdisciplinary & Interprofessional Teaching, Research, and Practice recently held in Washington, DC. The complexity of and enormity of societal issues, the health and psychological needs of individuals, the intertwining of different disciplines, and the burgeoning of new technologies will shape how and where research is conducted, and where and how we are educated and trained. The practice of psychology is changing, including who our service recipients are, who provides these services, and where they are provided, particularly with the increased importance of integrative health care.

A number of obstacles exist to interdisciplinary education and training in undergraduate and graduate academic departments, including academic structures....

A number of distinguished scientists, educators, service funders, and providers presented at this year's ELC (see http://www.apa.org/ed/governance/elc/index.aspx for a total list of speakers and their presentations). Among them were Dr. Cynthia D. Belar, executive director, APA Education Directorate; Dr. Linda B. Smith, Department of Psychological Brain Sciences, Indiana University; Dr. Carol A. Aschenbrener, Association of Medical Colleges; Dr. Susan Elrod, Association of American Colleges and Universities; Dr. Howard Gadlin, National Institutes of Health; Dr. Dennis Freeman, Cherokee Health Systems; Dr. Gilbert Newman, Wright Institute; and Dr. A. Seiji Hayashi, Bureau of Primary Care, Health Resources and Services Administration.

Interdisciplinary research (IDR) has grown dramatically over the past decades. According to Dr. Smith, psychology is a scientific hub that connects a number of fields such as neurobiology, physics, robotics, informatics, and translational research. IDR research funding has increased significantly, as well as support for interdisciplinary graduate training. Many research psychologists are publishing in non-traditional journals and finding employment in interdisciplinary industrial settings, laboratories, and academic departments. The challenge for psychology is how to integrate itself into these other disciplines, or how to integrate these other fields into psychology. Dr. Smith described innovative steps taken by Indiana University to incorporate IDR and training into her department.

A number of obstacles exist to interdisciplinary education and training in undergraduate and graduate academic departments, including academic structures, policies, and practices that discourage interdisciplinary work. Faculty who engage in interdisciplinary research have difficulty being hired, promoted, and tenured in many academic settings. Those research laboratories and academic units that form "interdisciplinary teams" face challenges such as effective communication among team members, assignment of credit authorships on publications, and team-teaching credit. A number of recommendations for addressing these obstacles and issues were identified by the ELC presenters and participants, and are available on the website.

Integrative health care will be the model for future organization and effective delivery of health care services. According to Dr. Aschenbrener, a number of health professionals including medicine, nursing, dentistry, pharmacy, osteopathic medicine, and public health have banded together to identify core interprofessional competencies. These competencies would underpin the training programs of these disciplines and the delivery of interprofessional health services. Federally qualified health centers (FQHCs) appear to be an ideal setting for providing these integrated health services. While more than 8,000 of these centers currently exist, a number likely to swell under the Obama administration, only 319 psychologists currently work at these centers, according to Dr. Freeman.

As a hub science, psychology has the opportunity to become a major component of interdisciplinary research. IDR training funds and research support expanded dramatically over the last several decades. Alliances with other scientific disciplines need to be encouraged and fostered. Interprofessional health practice has also increased and will continue to increase in the future. According to Dr. Newman, psychologists have an opportunity to apply a vast array of psychological services in which they've already been trained to the burgeoning integrated health arena. Universities and colleges need to review their structures, policies, and practices to ensure that interdisciplinary education and training are embraced and supported at all levels. Psychology needs to act now in order to take advantage of these emerging research and service delivery opportunities.

Disaster Response Network Celebrates 20 Years

Adam C. Sedlock Jr., MS, DRN Coordinator, PPA

Adam C. Sedlock Jr.

I would like to thank Simone Gorko for her years of dedication to the Disaster Response Committee as chairperson. Because the DRN is undergoing a change nationally in APA, the PPA board is responding by moving from committee status to coordinator. As PPA's DRN coordinator, I had the opportunity to represent PPA in August at an APA reception to celebrate the 20th anniversary of the Disaster Response Network at the Newseum in Washington, DC. Many DRN coordinators and members joined the festivities, as did representatives from the American Red Cross headquarters, and APA leaders and staff. The event honored Marguerite I. Bird, director of the Disaster Response Network of the APA Practice Directorate, for her years of service.

The Disaster Response Network Advisory Committee organized two symposia at the APA convention:

- *Understanding the Complexities of Disaster Mental Health Response:* The American Red Cross, U.S. government, and APA's Disaster Response Network brought together speakers from the American Red Cross national headquarters and several governmental agencies (U.S. Public Health Service, Medical Reserve Corps, National Disaster Medical System, Assistant Secretary for Preparedness and Response, and the Substance Abuse and Mental Health Services Administration). The session described a typical response by the agencies to a small-scale disaster such as a house fire (i.e., not much government involvement) as well as a typical response to a large-scale disaster such as a hurricane (i.e., more government involvement), and discussed areas of actual/potential collaboration and challenges.
- *Honoring the 10th Anniversary of 9/11 – APA Disaster Response Network:* The second symposium featured DRN Advisory Committee speakers Ray Hanbury from New Jersey, Suzan Stafford from Washington, DC), and recently elected Northeastern and Southeastern representatives Donna Hastings from New Hampshire and David Romano from Florida. The session began with a moment of reflection honoring those who died on 9/11 and those who lost family and friends. Concepts of resilience and recovery were shared, and changes were described in disaster response and the DRN program. The presentation focused on the positive aspects of recovery and was succinct and well received. Other convention sessions included *Counseling Psychologists' Roles, Training and Research Contributions in Large-Scale Disasters, International and Domestic Disaster Mental Health Response to Effect Positive Social Change,* and *Psychotherapy, Resilience, and Social Justice – Implications for Youth, Disaster Relief, Immigration, and Poverty.*

Finally, the American Red Cross *Foundations of Disaster Mental Health Training* was offered for incoming DRN members and the public. Of the 31 registrants who successfully completed the course, 20 were psychologists, eight were social workers, one was a marriage and family therapist, and two were LPCs.

The need for professionals in this field is increasing as a result of recent natural and man-made disasters. Training modules are provided through the American Red Cross. If you have an interest in becoming involved in the DRN, please e-mail Rachael Baturin at rachael@PaPsy.org.

Welcome New Members

We offer a hearty, humongous welcome to the following new members who joined the association between August 1 and October 31, 2011.

NEW FELLOWS

Anne L. Bizub, PhD
Elmira, NY

Susan Cherian, PhD
Pittsburgh, PA

Gloria A. DePaul, PhD
Riverview, FL

Louella Dias, PhD
Pittsburgh, PA

Peter M. Fiasca, PhD
Philadelphia, PA

Scott L. Graves Jr., PhD
Pittsburgh, PA

Suzette Sims, PhD
Exton, PA

Jessica E. Woods, PhD
Berwyn, PA

MEMBER TO FELLOW

Sue R. Beers, PhD
Pittsburgh, PA

Robin B. Lynk, PhD
Doylestown, PA

NEW MEMBERS

April M. Colbert, PsyD
Gladwyne, PA

Deborah A. Gillman, PhD
Pittsburgh, PA

Alla Gordon, PsyD
Allentown, PA

Shelley J. Hosterman, PhD
Orwigsburg, PA

Andrea B. Junker, PsyD
Dauphin, PA

Suzanne J. Kline, MA
Hamburg, PA

Annie H. Lam, PhD
North Wales, PA

Laura J. Moore, PhD
Lancaster, PA

Lauren P. Napolitano, PsyD
Ardmore, PA

Zachary A. Noble, PsyD
Yardley, PA

Lindsay A. Phillips, PsyD
Jeffersonville, PA

Valorie L. Rings, PsyD
Blairsville, PA

Catherine M. Schultz, PsyD
Wyomissing, PA

Catrina L. Vitagliano, PsyD
Philadelphia, PA

Terese A. Vorsheck, MA
Fairview, PA

Elizabeth A. Wangard, PsyD
Philadelphia, PA

Janine M. Wargo, PsyD
Nazareth, PA

STUDENT TO MEMBER

Nora Maidansky, PsyD
Reading, PA

Christine K. McGinnis, PsyD
Philadelphia, PA

Mendy L. Viel, PsyD
Philadelphia, PA

Kirby L. Wycoff, EdM
Hummelstown, PA

NEW STUDENTS

Jennifer E. Armour, BA
Ocean City, MD

Daniel A. Babskie, MA
Sugar Notch, PA

Marissa W. Barash, BA
Scranton, PA

Kajal Bhatt, BA
Philadelphia, PA

Andrew E. Bliesner, MS
Camden, NJ

Daralice D. Boles, MS
Lancaster, PA

Amanda R. Bordfeld, MA
Bensalem, PA

Carly R. Bosacker, MA
Philadelphia, PA

Kelly L. Burns, MS
Danville, PA

Kaitlyn J. Cariss, BA
Medford, NJ

Meridith C. Carter, BA
Philadelphia, PA

Jennifer A. Caso, MS Ed
Solebury, PA

Kathleen N. Childs, BA
Dunmore, PA

Kelly A. Coleman, BA
Scranton, PA

Angela M. Dean, MA
Wexford, PA

Joseph DiCondina, MS
Ardsley, PA

Jenna DiLossi, MS
Turnersville, NJ

Frances M. Ennels, MA
Philadelphia, PA

Christine M. Etzrodt, MS
Yardley, PA

Niela M. Fuchs, BA
Philadelphia, PA

Karen C. Gentis, MFT
Bethlehem, PA

Ahmed Y. Ghuman, MA
Upper Darby, PA

Rebekah L. Gingras, MEd
Philadelphia, PA

Alesia G. Hagar, MS Ed
Pittsburgh, PA

Michael P. Heptig, MS
Brick, NJ

Michael S. Hogan, MS
Philadelphia, PA

Danielle L. Joel, BA
Pittsburgh, PA

Tamer M. Kanawati, BA
Richboro, PA

Toby J. Katz, BA
Philadelphia, PA

Hillary A. Koskinen, MA
Mahwah, NJ

Ashley S. Kritzstein, MS
Lower Gwynedd, PA

Melissa L. Krop, BS
Philadelphia, PA

Yinchi Li, BA
Philadelphia, PA

Krista H. Long, MS Ed
Lower Burrell, PA

Deborah Luckey, MA
Easton, PA

Yvette C. Mallory, MA
Pittsburgh, PA

Rachel McAnally, MS
Woodbury Hights, NJ

Kylie M. McColligan, BS
Scranton, PA

Anthony C. Melchiorre, MA
Erie, PA

Alison R. Moses, MA
Danville, PA

Danielle R. O'Brien, MS
Philadelphia, PA

Jessica L. Oddo, MS
Philadelphia, PA

Ifeanyi A. Onyemenem, MA
Danville, PA

Sara A. Paulus, BA
Horsham, PA

Angelina M. Pelletier, MA
Philadelphia, PA

Erin M. Potts, MS
West Berlin, NJ

Christopher J. Powers, MS
Lemont, PA

Sarah J. Pulaski, MA
North Bethesda, MD

Lilyana D. Reichenbach, MA
Plymouth Meeting, PA

Cosette S. Richman, BS
Palmyra, NJ

Jessica Rutstein, MA
Merion Station, PA

Georgina C. Ryce, BA
North Wales, PA

Angela R. Sargiotto, BA
Philadelphia, PA

Emily M. Scordellis, MS
Royersford, PA

Amanda C. Straub, MA
Pasadena, MD

Maggie M. Sweitzer, MS
Pittsburgh, PA

Danielle L. Terry, MS
Danville, PA

Glenn R. Toth, BS
Bethlehem, PA

Jeremy M. Tyler, MA
Philadelphia, PA

Michael A. Unger, MEd
Bala Cynwyd, PA

Elizabeth A. Waldron, MS
Philadelphia, PA

Vincenzo Zaccheo, MS
Philadelphia, PA

The Pixilated Path to Resilience

Edward L. Zuckerman, PhD


Dr. Ed Zuckerman

The Internet is alight with resources on resilience. Our APA has a simple resource titled "The Road to Resilience" at http://www.apa.org/helpcenter/road-resilience.aspx. Of the nine pages, the most meaty is "10 Ways to Build Resilience," which are: (1) to maintain good relationships with close family members, friends and others; (2) to avoid seeing crises or stressful events as unbearable problems; (3) to accept circumstances that cannot be changed; (4) to develop realistic goals and move towards them; (5) to take decisive actions in adverse situations; (6) to look for opportunities of self-discovery after struggling with loss; (7) to develop self-confidence; (8) to keep a long-term perspective and consider the stressful event in a broader context; (9) to maintain a hopeful outlook, expecting good things and visualizing what is wished; (10) to take care of one's mind and body, exercising regularly, paying attention to one's own needs and feelings and engaging in relaxing activities that one enjoys. Learning from the past and maintaining flexibility and balance in life are also cited.

Our military has embraced resilience training in a huge way. Well funded, well advertised and, we hope, well evaluated, it blends social supports for families, health professionals, psychological education, electronic communications, positive psychology, rehabilitation, and health care. The website, http://www.dcoe.health.mil/Default.aspx, is a doorway to their plans and resources.

Several formal educational programs have proven to promote resilience and so may be mined for ideas. Notable are Head Start; Big Brothers Big Sisters; the Abecedarian Early Intervention Project, geared to children with disadvantaged backgrounds; and social programs for youth with emotional or behavioral difficulties.

Self-efficacy and self-confidence were addressed early on by Albert Bandura before "resilience" incorporated his ideas. Many of Bandura's articles and others can be plumbed at his site: http://des.emory.edu/mfp/self-efficacy.html#bandura.

I found wisdom and insight in an essay by Karim Dajani, PsyD, titled "Elements of Resilience: A Theoretical Contribution with a Concrete Instantiation" at http://www.drkarimdajani.com/psychological-resilience.html, all in three pages. Of particular interest to me in this essay, Dajani applies his concepts to Barack Obama's biography.

The role of failure in forcing self-examination and regrouping appears crucial in individuals' development and long-term resilience, according to Joseph Nowicki, PhD (at http://www.psychologytoday.com/articles/200904/weathering-the-storm). Jonathan Haidt, PhD, argues "that adversity, setbacks, and even trauma may actually be necessary for people to be happy, successful, and fulfilled." This is sometimes referred to as "post-traumatic growth." He refers to J.K. Rowling's moving address to Harvard graduates describing her "perfect storm of failure" – broken marriage, disapproval from her parents, poverty that bordered on homelessness – that sent her back to her first dream of writing because she had nothing left to lose. "Failure stripped away everything inessential," she said. "It taught me things about myself I could have learned no other way." Similarly, "Apple founder Steve Jobs describes three apparent setbacks – dropping out of college, being fired from the company he founded, and being diagnosed with cancer – that ultimately proved portals to a better life. Each forced him to step back and gain perspective, to see the long view of his life. "I have failed over and over and over again, and that is why I succeed," said Michael Jordan – as has Oprah, Walt Disney, Henry Ford, Winston Churchill, and Thomas Edison, in slightly different words.

The role of failure in forcing self-examination and regrouping appears crucial in individuals' development and long-term resilience.

Mayo Clinic also weighs in on the subject, offering a short educational handout at its site:http://www.mayoclinic.com/health/resilience/MH00078.

The rich and varied literature published up to 2001 has been collected and reviewed by Adrian VanBreda and is easily downloaded from his site, http://www.adrian.vanbreda.org/resilience.htm. Any foray into this thorough listing will expand understanding and raise productive questions.

For the best collections of quotations, try these: http://www.wisdomcommons.org/virtue/108-resilience/quotes and http://www.resilienceforlife.com/Quotes.

One cannot omit from any list of resilience resources those so generously offered by Dr. Ken Pope. At his site, www.kspope.com, he includes descriptions and links to thousands of resources to assist those facing difficult situations. He has organized them into pages for those coping with cancer, especially cancers of the breast and prostate, those confronting end-of-life issues, who may need nursing homes and hospices, and those who struggle as caregivers. His links to resources for military families, the survivors of suicides, those unable to pay for psychiatric and other medications, and those hoping to forgive can be beneficial referrals for clients.

CE Questions for This Issue

The articles selected for one CE credit in this issue of the *Pennsylvania Psychologist* 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 December 31, 2013.

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

1. The APAPO receives most of its funding for advocacy activities from:
   a. APA members' general dues payments
   b. the practice assessment
   c. tax-deductible contributions to APA
   d. state, provincial, and territorial psychological associations

Carluccio

2. Resilience is defined as "the ability to bounce back from a setback" by:
   a. Maltz
   b. Masten, Best & Garmezy
   c. McWilliams
   d. Winnicott

3. According to McEwen, as cited by Carluccio, spirituality buffers against fear and anger, which can:
   a. reduce the allostatic load
   b. reduce cardiovascular reactivity
   c. enhance the immune system
   d. all of the above
   e. a and c

Sallade

4. Psychological work:
   a. is often satisfying to the psychologist
   b. can be a retreat from personal pain
   c. is a source of learning for the psychologist
   d. all of the above

Levitt

5. Older professional women with young children are:
   a. not as easily stressed as mothers because previous life experience makes it easy for them to cope
   b. stressed because there are multiple stressors and competing pressures on their time in their home and work situations
   c. stressed because they may lack energy
   d. stressed because they fear their roles as psychologists will unduly influence their responses as mothers
   e. b and c

Sternlieb

6. Impairment is best thought of as:
   a. drug addiction
   b. alcohol addiction
   c. a and b
   d. psychological wounding
   e. sleeping with patients

7. The importance of the concept of a 'wounded healer' is that:
   a. we should avoid wounds at all costs
   b. we should not acknowledge feeling wounded
   c. feeling wounded is an inevitable consequence of providing psychotherapy
   d. feeling wounded has nothing to do with impairment
   e. if you don't get personally involved, you will never get wounded

Shaheen

8. What are ways to increase resilience during times of stress?
   a. Rely on social supports.
   b. Ensure adequate self-care.
   c. Increase intake of sugar and caffeine.
   d. Forego outside activities until graduate obligations are met.
   e. a and b

Tuleya-Payne

9. Resilience in school psychologists is:
   a. a natural outgrowth of graduate school preparation
   b. nurtured through recognition of risk factors and development of protective factors
   c. innate to personality variables within the school psychologist
   d. more important for novice than senior school psychologists

10. Protective factors for resilient school psychologists include:
    a. a doctoral degree
    b. the socioeconomic level within which their school resides
    c. development of competence
    d. an extroverted personality

Karafin

11. Educators with "active" status certificates:
    a. will not be subject to inactivation during the moratorium period
    b. will still be subject to inactivation during the moratorium period
    c. will be notified of inactivation during the moratorium
    d. will not be able to accrue Act 48 credits during the moratorium

Zuckerman

12. On APA's website, all of the following are recommended to increase resilience except:
    a. maintaining good relationships with family and friends
    b. developing realistic goals
    c. taking decisive actions in adversity
    d. developing self-confidence
    e. emulating successful people in business

Continuing Education Answer Sheet
The *Pennsylvania Psychologist*, December 2011

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

1.	a	b	c	d		**7.**	a	b	c	d	e
2.	a	b	c	d		**8.**	a	b	c	d	e
3.	a	b	c	d	e	**9.**	a	b	c	d	
4.	a	b	c	d		**10.**	a	b	c	d	
5.	a	b	c	d	e	**11.**	a	b	c	d	
6.	a	b	c	d	e	**12.**	a	b	c	d	e

Satisfaction Rating

Overall, I found this issue of the *Pennsylvania Psychologist*

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 _____

_____

Please print clearly.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone ( ) _____

I verify that I personally completed the above CE test.

Signature_____ Date_____

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.

GPPA Holds Successful Networking Fair

The Greater Pittsburgh Psychological Association (GPPA) hosted its first Networking Fair on September 23 at the Wyndham Pittsburgh University Place Hotel. More than 200 psychologists, social workers, psychiatrists, psychiatric nurses, and other mental health professionals attended the Networking Fair.

More than 30 exhibitors participated, including the Pennsylvania Psychological Association. Dr. David A. Rogers, chair of PPA's Internal Affairs Board and Continuing Education Committee, and Marti Evans, conference and communications manager, staffed PPA's exhibit. They recruited new PPA members, discussed the Public Education Campaign, and promoted "A Day of Ethics Education by Dr. Samuel Knapp" and PPA's Fall Continuing Education and Ethics Conference.

Dr. David A. Rogers (left), chair of PPA's Internal Affairs Board and Continuing Education Committee, greets PPA member Dr. Walt Rhinehart at the GPPA Networking Fair.

Five 1-hour workshops were also offered and very well attended. They included "Neuropsychological and Specialty Testing" by Drs. Tad Gorske and Jamie Pardini, and "Collaborative Divorce: Divorce with Dignity" by Lori Gephart, MA, and attorneys from the Collaborative Law Association of Southwestern Pennsylvania (CLASP): Mark Gubinsky, Esq., and Chris Stachtiaris, Esq. PPA member Dr. Francine Fettman presented "How Psychologists Can Help with Disaster Response in Western Pennsylvania" with members of the American Red Cross Southwestern Pennsylvania Chapter.

The GPPA Networking Fair Committee was chaired by Dr. Jaclyn Herring, member of the GPPA Social and Networking Committee and member of PPA's Continuing Education Committee. Other committee members included Dr. Katherine Hammond Holtz, president of GPPA, and GPPA Board members Drs. Jamie Pardini and Mick Sittig. The event was very well organized and a good time was had by all participants.

Classifieds

POSITIONS AVAILABLE

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@phoenixtherapy-services.com.

OTHER

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

BEHAVIORAL HEALTH SPECIALIST – Sadler Health Center Corporation located in Carlisle, PA is seeking a candidate for our new integrated behavioral health program. Must be licensed in PA as a Clinical Social Worker (LCSW) or Psychologist (PhD). Experience in a Federally Qualified Health Center/ Look-Alike helpful. Send resume to hr@sadlerhealth.org

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.

WARM YOUR WINTER BUDGET– Earn 14 APA Continuing Education Credits in nearby New Jersey. Learn Heart Assisted Therapy: Whether you practice from psychodynamic, Roger's client-centered, EMDR, mindfulness, thought field therapies, Ericksonian hypnosis, cognitive, behavioral, and/or somatic approaches, you will find this a useful addition to your psychology tool box. Date: January 14 & 15, 2012. Place: Iselin, New Jersey. Email for brochure: BenderBritt@optonline.net. Call Sheila Bender: 973-765-0749.

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 King 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

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

Vol. 71, No. 11

The Pennsylvania Psychologist

December 2011 • QUARTERLY

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

2012 CE Calendar

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

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

October 18, 2012
APA Insurance Trust Risk Management
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.