

The Pennsylvania Psychologist

May 2011 • UPDATE

Two Pennsylvania Companies Win National Psychologically Healthy Workplace Award

Two Pennsylvania companies, eXude Benefits Group and VisitPittsburgh, received awards from APA at the annual Psychologically Healthy Workplace Awards ceremony in March in Washington, D.C.

In recognition of its workplace practices promoting employee well-being and organizational performance, eXude Benefits Group of Philadelphia was one of eight employers from across North America to receive a Psychologically Healthy Workplace Award (PHWA). The company won in the small for-profit category. In addition, VisitPittsburgh, the tourism promotion agency for Allegheny County and the city of Pittsburgh, received a “best practices” honor in recognition of its efforts to encourage and reward employees for taking personal responsibility for their well-being. Both companies are previous winners of PPA’s Psychologically Healthy Workplace Award, qualifying them to be nominated for the APA award.

eXude excelled in its efforts to foster employee involvement, health and safety, employee growth and development, work-life balance, and employee recognition – which are the criteria for this award. The company’s flexible schedules, endless vacation policy, and emphasis on giving back to the community are several examples of the workplace practices that helped earn the award. eXude was also recognized by APA as a best practices honoree for its open vacation policy for all full-time employees who have been with the company for at least a year. This approach encourages employees to take the time off they need, so when they are at work they are giving their very best.

“During these challenging economic times, keeping employees engaged and maintaining a healthy, productive

work environment is more important than ever,” said Dr. Rex Gatto, chair of PPA’s Business and Psychology Partnership Committee.

VisitPittsburgh has demonstrated a commitment to its employees through its Lifestyle Returns wellness program. This practice is an example of a health and safety initiative, one component of a psychologically healthy workplace. VisitPittsburgh is one of nine organizations to receive the best practices recognition in 2011. The organization is a previous winner of PPA’s Psychologically Healthy Workplace Award.

APA’s Psychologically Healthy Workplace Awards are designed to showcase the very best from among the award



In Washington, D.C., representatives of PPA joined in congratulating the Psychologically Healthy Workplace Award winners from Pennsylvania. Pictured above (l-r) are Tom DeWalt, Joseph McGrath and Mary Grasha Houpt of VisitPittsburgh, Rachael Baturin, Dr. Rex Gatto, Mario Lopez of eXude Benefits Group, and Dr. Mark Hogue, PPA president.

winners recognized by APA’s affiliated state, provincial and territorial psychological associations.

The Best Practices Honors is a national recognition that highlights those local Psychologically Healthy Workplace Award winners with a single program or policy that contributes to a psychologically healthy work environment and meets the unique needs of the organization and its employees. ▮



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*Fairmount Behavioral Health System is pleased to announce the appointment of **Dr. Silvia Gratz** as Chief Medical Officer. Dr. Gratz joined the hospital in 2006, and brings an extraordinary background, which includes over 25 years of clinical care, professorships, professional memberships, and several awards for both teaching and psychiatric practice.*

Dr. Gratz completed her undergraduate studies at the LaSalle University, Cum Laude and received her D.O. from the Philadelphia College of Osteopathic Medicine in 1985. After her internship in Internal Medicine at Hahnemann University Hospital, she completed a residency in adult psychiatry at Hahnemann University Hospital in 1989 and a two-year National Institute of Mental Health (NIMH) sponsored fellowship in Clinical Psychopharmacology in 1991 at the Eastern Pennsylvania Psychiatric Institute (EPPI).

Board Certified in Psychiatry since 1998, Dr. Gratz has provided her expertise in many regional psychiatric facilities and has served as a Professor and Lecturer in the Department of Psychiatry at EPPI and the Drexel University College of Medicine. Notable positions include Director of ECT and Medical Director of the Schizophrenia Center at EPPI, Director of Adult Inpatient Services at MCP/Hahnemann and Interim Medical Director of Hahnemann University Hospital, Psychiatric Medical Care Unit.

Dr. Gratz is an active member of many professional organizations including the American Psychiatric Association, American Medical Association, and the American Society of Clinical Psychopharmacology. She has published several journal articles and book chapters on psychopharmacology, in particular focusing on the treatment of Neuroleptic Malignant Syndrome. In addition, she has been the recipient of several research grants exploring treatment of Psychotic Disorders. She has been the recipient of many teaching awards while on staff at MCP/EPPI. Finally, she has received the Exemplary Psychiatry Award from the National Institute of Mental Illness (NAMI) and the MCP Physician Star Award for the Most Dedicated Doctor.



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Prescribing for Multisystemic Therapy

Ann Litzelman, MA



Ann Litzelman

Multisystemic Therapy (MST) is an evidence-based intervention for youth that has grown in popularity in Pennsylvania. This therapy is targeted for youth and families when the youth are between 12 and 17 years of age and are in trouble with the law. There are currently 13 providers in Pennsylvania with 45–50 functioning MST teams, covering almost all of the counties in the Commonwealth. In 2010 about 2,300 youth were served by this service. These programs are monitored by the Department of Public Welfare (Office of Mental Health and Substance Abuse Services [OMHSAS] as well as Office of Children, Youth and Families) and are paid for by a combination of state and federal dollars. One of the recent concerns in Pennsylvania is the perceived (and inaccurate) belief held by some prescribers that a youth must have a conduct disorder diagnosis to be eligible for this service. It is the intent of this article to encourage psychological evaluators to focus on the identification of the chronic and serious externalizing behaviors that need intensive remediation within a range of possible DSM diagnoses in determining a youth's appropriateness and "fit" for MST services.

MST is an intensive, 24-hour, 7-day per week, in-home service. This approach uses the research identifying the risk and protective factors associated with the development of antisocial behavior to inform both the assessment and treatment. MST therapists work with the youth and family to clearly identify externalizing behavioral problems for the youth in the family,

peer, school, and community settings in which they live. The therapists focus on what specifically drives each behavioral problem for an individual youth by assessing the context in which it is manifested and then empowering family members to strengthen their parenting skills and use natural supports to rectify the problem. Specific goals for youth in this program include decreasing the behavioral problems while increasing pro-social behaviors, decreasing time spent with problematic peers while increasing time with positive peers and activities, improving the ability of parents to set limits, make decisions in managing their child's mental health issues, improve the family relationship, improve performance in school or work settings, and develop supports within the community that will continue to aid both the youth and family after the therapy is concluded.

The therapeutic model is primarily aimed at vigorously improving behavior, and the focus is on the here and now. Caretakers must be actively involved on a daily to weekly basis. Engagement of the youth and family are specific tasks for the therapist. Therapy typically lasts between 3 and 5 months. The model involves specific training and intense supervision of staff and measurement of fidelity to the model.

One of the unique facets of this model is that it has had multiple research studies, including those with randomized assignment of participants and control groups. Improvements demonstrated in these studies include decreases in re-arrests, out-of-home placement, and drug arrests. The Prevention Research Center at Penn State did a cost analysis in 2008 and estimated that for every dollar invested in this therapy the return

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State Leadership Conference in Washington



Twelve members and staff of PPA attended the recent State Leadership Conference in Washington. Pictured left-to-right are Adam Sedlock, rural health coordinator; Dr. Pauline Wallin, member of APA's Committee for the Advancement of Professional Practice; Tom DeWall, executive director; Rachael Baturin, federal advocacy coordinator; Dr. Judith Blau, president-elect; Dr. Mark Hogue, president, and Dr. Sam Knapp, director of professional affairs. Not pictured are Drs. Rex Gatto, Business of Practice Network member; Theresa Kovacs, early career psychologist delegate; David Palmiter, public education coordinator; Takako Suzuki, diversity delegate; and Ms. Marti Evans, public education coordinator.




PPA president Dr. Mark A. Hogue (right) attended a black tie dinner in honor of U.S. Senator Ron Wyden (D-OR), sponsored by the Association for the Advancement of Psychology in Washington. Dr. Hogue's attendance at the event was made possible by contributions from many psychologists.

PRESCRIBING MULTISYSTEMIC THERAPY

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to the community (in Pennsylvania) in future cost savings is estimated at \$3.60. That is potentially a statewide benefit of \$30 million.

Youth are eligible for this service primarily because of negative, externalizing behaviors that bring them to repeated/chronic contact with the justice system. They do not need to have a DSM diagnosis, but meeting the full criteria for conduct disorder is not the only way for a youth to qualify. There could be an oppositional and defiant disorder, attention deficit disorder, or a disruptive behavior disorder. There could also be a depressive disorder if the externalizing symptoms require behavioral treatment of this intensive nature (rather than medication and/or psychotherapy as given in an outpatient setting) and if this behavior impacts multiple systems (i.e., home, school, community). Another concept in determining appropriateness of the use of this intervention is that the associated externalizing behaviors are such that the youth is at risk for out-of-home placement. In addition, the youth might have a co-occurring substance use problem and still be eligible unless the D&A problem is the primary diagnosis and takes precedence in terms of what needs to be addressed for the youth. In such an instance the D&A treatment should occur before participation in MST. MST Services expects to provide concentrated interventions and as a result strongly discourages involvement with multiple therapeutic services simultaneously.

A psychological or psychiatric evaluation is required before service can begin, as well as an interagency service planning team meeting. It is hoped that this article has clarified for the prescriber criteria to use in determining if MST is a good treatment option for an individual youth. Further questions can be addressed to the author at the Children's Behavioral Health Services Bureau, OMHSAS, at c-alitzelm@state.pa.us. 


PPA to Present Awards in June

On Friday, June 18, we will gather to honor Pennsylvania psychologists who are being recognized for the contributions they have made to our profession, our organization, and the public in general. We will also be recognizing Pennsylvanians who have significantly contributed to mental health needs of the citizens of our state. Please come and join us as we celebrate the accomplishments of these individuals.


Dr. John Gavazzi will receive the Distinguished Service Award for the many years of service he has given to PPA. Dr. Gavazzi has held a number of leadership positions in PPA, including president, and has been an ardent advocate for PPA. He has worked to encourage psychologists throughout the state to become active both politically and in our organization. PPA has benefited, and will continue to do so, from Dr. Gavazzi's efforts.

Dr. Arnold Shienvold will receive the Distinguished Contributions Award. He is being recognized for the scope of his work in the areas of child custody evaluations, family mediation, and psychotherapy. He is past president of the Academy of Family Mediators and the Association of Conflict Resolution. He has contributed significantly to the development of guidelines for both custody evaluations and for parenting coordination. His work has furthered the practice of psychology in numerous areas. Dr. Shienvold is highly respected by his peers and is well deserving of this award.

The Honorable Kathy Manderino will receive the Public Service Award. Representative Manderino is well known for co-sponsoring and supporting legislation in many areas important to residents of Pennsylvania, including promotion of problem-solving courts, improved health services for women and children, improved services for the elderly, and legislation to curb the unlawful possession of guns. She has had a particular interest in supporting efforts to improve mental health care for all, including being the prime sponsor of a bill to restrict insurance companies from requiring authorizations for outpatient mental health care. Residents throughout Pennsylvania have benefited greatly from the efforts of Representative Manderino.

All of these recipients deserve our thanks and appreciation. All PPA members are encouraged to come and share their moments of recognition with them. 

In Memoriam


Dr. Ann Marie Isenberg, of State College, died March 24, 2011, at age 61. She had worked as a clinical psychologist at Altoona Hospital and more recently at Sunbridge Health in State College. She earned her PhD in psychology from Michigan State University. She had been a member of PPA since 2002. 

USI Affinity Issues Risk Management Information

USI Affinity, PPA's broker for health insurance for our members, has recently produced a white paper on risk management.

The firm notes that as health care costs continue to rise over recent years, new approaches to employee health care have emerged. Employee engagement, managing chronic conditions, and wellness programs help afford savings without negatively impacting your quality of life nor that of your employees.

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Building a Relationship with a Legislator

Adam C. Sedlock Jr., MS



Adam C. Sedlock Jr.

"It only takes a small group of committed people to change the world," Margaret Mead once stated. This concept is well taken when our knowledge as psychologists is applied to building a relationship with our legislators. We can influence the legislative process on behalf of our patients and all of those needing our services.

The concept of "social loafing," that members of a group may make less effort to achieve a goal when they work together than when they work on their own, applies to advocacy. Lobbying one's legislator is unfamiliar territory for most psychologists and can lead to social loafing. The diffusion of responsibility and social loafing in dealing with legislators is lessened by the effective personal communication offered by you. The personal interaction that you provide to your legislators enables them to govern in a more socially responsive manner. Both you and your representative and senator benefit from the personal interaction.

To change society, we need to establish an ongoing relationship of trust and rapport with our legislative representatives, just as we do with our patients. The legislative bodies, on both the state and national levels, are thirsting for knowledge in the areas of expertise that we can provide. The relationship is not one of a therapeutic nature but rather that of consultation.

As with many relationships, we need to take the first step. Contact your representative or senator and introduce yourself. A phone call or e-mail will go a long way. Identify yourself as a professional. Indicate your voting address. Your legislator will make the time to talk with a constituent who has professional expertise. They always welcome constituents from "back home."

Do your homework prior to the visit. Read your local newspaper to stay up to date on current issues facing legislators. Begin the conversation with news from home. Connect

help provide access to a legislator, but more importantly the relationship should be based on a free exchange of ideas, information, trust, and communication.

Your legislator is very much aware not only that your vote counts, but that your opinion matters.

over current hometown events and locations. Move on to a discussion of current concerns or recent research. Offer insight on ways in which you may be of service. Make yourself accessible for consultations. Leave a contact number, e-mail, web address. You are viewed as the expert. Your training and experience are greater than the lobbyists who preceded and may come after you. You have the advantage of applying the knowledge base of human behavior to personal interaction.

Depending upon the availability of your legislator, you may speak with an aide, who will take back to his or her boss the highlights of your visit. Establishing rapport with a legislative aide can be equally important and encompass the aforementioned process. Many aides are delegated responsibilities which include health care. Regardless of whom you speak to, a follow-up thank-you letter is both professional and effective.

When invited to a political event, make attempts to attend. If you are unable to attend, notify the legislative office with the understanding that you wish to be notified of future events. You may be solicited for campaign funding. Campaigning for the state House or Senate is very expensive. It is your discretion as to what amount to contribute, if any. Of course, contributing to PennPsyPAC can take the guesswork out of the formula. Campaign contributions can

You will find that over time the rapport established may lead to an ongoing consultative relationship. Such a relationship can span many avenues for which you have other expertise. As the psychologist, use this relationship to better our profession and society.

In a democracy, the legislators represent you. If they are unaware of your expertise, your opinion will not be heard. Your legislator is very much aware not only that your vote counts, but that your opinion matters. ■

Mr. Sedlock is chair of the Legislative and Governmental Affairs Committee and a member of the Board of Directors of PennPsyPAC.

Erratum

The March 2011 Legal Column, "Pennsylvania Release of Information Form" by Knapp, Baturin, and Tepper, contained an error. It referred to a requirement to give patients a copy of any authorization they sign. This is not a legal requirement, although it may be clinically indicated to do so for some patients. ■

Professional Connectedness and the Quality of Professional Services

Samuel Knapp, EdD, ABPP, Director of Professional Affairs



Dr. Sam Knapp

Self-reported happiness is correlated with being a member of a valued social group, whether it is family, a circle of friends, a faith community (church, synagogue, or mosque), or another social environment. Social support is also related to better health, longevity, and more productivity and effectiveness at work.

Also, evidence suggests that socially connected health care practitioners tend to do better than “outliers.” For example, Knapp and VandeCreek (2009) found that psychologists who belonged to their state psychological association had significantly fewer disciplinary actions than non-members. Similarly, Kilmo, Daum, Brinker, McGuire, and Elliot (2000) found that orthopedic surgeons who belonged to their professional association had lower rates of malpractice complaints than non-members. Of course, self-selection may account for some of this finding in that the more conscientious health care professionals may select themselves into the professional association. Nonetheless, membership itself may have some benefits in terms of providing resources.

Perhaps the membership or the continued social contact that comes from membership helps health care professionals learn new information and compare their knowledge base with others. For example, Knapp and Keller (2004) found that psychologists rated contacts with their colleagues as their most important source of learning new information related to the profession. Also, Pope, Tabachnick, and Keith-Spiegel (1987) found that discussions with colleagues were the most important source of knowledge about the profession that psychologists had.


In addition to the information benefits, social support helps moderate the emotional stressors caused by work, and institutions that value employees and solicit their active involvement tend to give better service to their patients. So it would seem that psychologists who strive toward excellence in their work will structure their lives to ensure continued contact with other psychologists. In addition to whatever personal benefits they derive from social contacts, connected psychologists also contribute to the advancement of the profession and public welfare to the extent that their interactions help upgrade the knowledge base or otherwise help support the activities of other psychologists.

When asked about how they maintain their social connectedness and sense of community, several psychologists noted that they

- participated on a professional listserv;
- as supervisors ensured that there was sufficient time for supervisees to meet and learn from each other;
- attended continuing education programs;
- maintained memberships in professional associations (and attended meetings);

- formed a journal club; and
- established and maintained professional contacts through electronic media, such as Facebook, Plaxo, or LinkedIn.

However, creating a supportive environment cannot be reduced to a list of several options alone. Instead, it requires openness to meet and discuss with others. It is possible to be physically present at a continuing education workshop, but to be so involved in texting or responding to phone calls during breaks that the event involves little more contact than doing a home study.

What do you do to maintain your professional extroversion? Feel free to contact Dr. Eric Affsprung, chair of PPA’s Colleague Assistance Committee (Eaffspru@bloomu.edu) with your ideas. 

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What Should I Call Myself?

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

The names and titles that psychologists use, the clothes that they wear, and the decor in their offices are part of the “public self-disclosure” of the psychologist. That is, psychologists convey something about themselves and their relationships with their patients by the names and titles they use, the way they dress, and the way their offices are decorated.

How should psychologists refer to themselves in professional settings? Should psychologists who have doctorates always refer to themselves as “doctor,” should they refer to themselves by their first name; or should they use some other mode of address? Do psychologists who fail to insist on using the title “doctor” diminish the profession or fail to recognize the substantial academic and personal accomplishment involved in becoming a psychologist? After all, physicians refer to themselves as “doctor.” Or, does insisting on the title “doctor” reflect elitism, classism, or an assertion of power or privilege over another person?

Dr. Richard Small usually introduces himself as Dr. Small. When asked what he prefers to be called, he responds “either Rick or Dr. Small.” When she meets with adults for the first time, another psychologist introduces herself with her full name, but does not use her title (which is on her business card and on her office door). She asks patients what they would like to be called and follows a pattern of mutuality in titles. She says “If you would prefer to be called by your first name, you may call me by mine. If you would prefer that I use a courtesy title to address you, you may use mine.” Both of these approaches allow adult patients to use (and to be called by) whichever name or title appears comfortable for them, and recognizes that individuals vary in their comfort with titles, which often differ according to age, social background, or perceptions of courtesy. Sometimes when given an option, patients will adopt a middle ground and refer to the psychologist as “Dr. Sam,” “Dr. K.,” or some other polite variation. Giving adult patients options of what name to use also avoids

The use of titles and names depends a lot on context, and it is impossible to establish one rule for all situations.

the appearance of trying to establish a hierarchy of power or distance between individuals. The assumption is that the effectiveness of therapy will occur because of the quality of the relationship and the effectiveness of the therapeutic intervention.

The use of titles and names depends a lot on context, and it is impossible to establish one rule for all situations. Although insisting that patients use the title “doctor,” in and of itself, is unlikely to cure many patients, at times it may be clinically indicated to do so. One attractive woman psychologist initially refers to herself as “doctor” when working with men to ensure that they do not misconstrue the use of her first name as an invitation to enter into inappropriate boundary crossings. However, she allows women or men she knows well who do not appear to have boundary issues to call her by her first name. Also, it is generally considered bad manners for children to refer to adults by their first name (other than relatives, such as “Aunt Sally,” or “Uncle John”), although this standard has become weakened in recent years. Some psychologists will allow children to call them “Dr. First Name,” which balances familiarity with respect for the adult.

Of course, patients who usurp the right to use first names may be showing clinical features of relevance. For example, a psychologist who conducts child custody evaluations notes that some fathers will use his first name at their first meeting or even the first phone call, which he interprets as an effort to create a male-to-male bond or alliance in the relationship. Rebellious adolescents may also use first names as a way to

assert power or defiance of authority. The appropriate response may vary according to the situation and patient dynamics, but the overriding goal should be to respond in a manner consistent with overarching ethical values that promote professional goals in the context of a supportive but structured relationship.

What Should I Wear to Work?

What should psychologists wear to their offices? Should I wear formal attire, casual attire, or business formal? As with the use of names and titles, the standards for dress vary according to context, such as the services being provided, the clientele being seen, the preferences of the psychologist, local customs, and other factors. For example, when going to court, formal attire is mandatory and doctoral level psychologists would generally refer to themselves as “doctor” in court. Generally psychologists who provide services to upscale clients will dress differently from those who provide services to lower income patients. Problems can occur if psychologists who work with upscale clients dress too informally, in that the patients may not consider them professional enough. On the other hand, psychologists who work with lower income patients may appear “uppity” or out of touch if they dress too formally.

Women have to be careful because some men may misinterpret clothing perceived as too attractive, especially in combination with the use of first names, as an invitation to a boundary crossing. Psychologists who treat children often wear more casual clothing, especially if they do play therapy or other therapies requiring movement or getting on the floor. Also, some children view adults in formal attire as authoritarian and might be less likely to open up. Psychologists who work in hospitals or other institutions often wear softer and more comfortable shoes to accommodate the walking that they have to do as part of their jobs.

Local customs also influence dress choices. Other parts of the United States

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WHAT SHOULD I CALL MYSELF?

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tend to be more informal in their dress, as are some rural parts of Pennsylvania. In Key West, Florida, Dr. Stephen Ragusea, a Florida psychologist transplanted from Pennsylvania, says he is the only psychologist (or professional) he knows who wears a shirt and tie, and that Hawaiian shirts are commonly worn there by health care professionals. One younger psychologist from Hawaii resisted wearing skirts because she had a tattoo on her ankle. Although tattoos and body piercing are common among Hawaiians and many younger persons even on the Mainland, they are viewed as disreputable by some older persons in Pennsylvania. Although teenage clients might think it is cool to have a therapist with body piercing, their parents often feel quite differently.

Does Your Office Have Personality?

What kind of office should psychologists have? Should it convey a warm and homey feeling? Or should it look more professional and businesslike? The nature of the office, in combination with the title used and clothes worn, helps convey something about psychologists to their patients.

Whatever the decor, psychologists should strive to make their offices comfortable for themselves, as they will often spend more than 40 hours a week in that room. Also much of the office needs to be functional in that it would normally include a computer, a bookcase (with access to commonly used psychological tests), a

file cabinet with patient files, and a desk with writing equipment, an appointment book, and other necessary supplies. The nature of chairs or couches should be functional and may vary according to whether the psychologist sees couples, families, children, or just individual adult patients.

However, other parts of the office can reflect the personality of the psychologists and their relationships with their patients. One psychologist was adamant about getting comfortable chairs for her patients, reflecting her concerns that her patients feel welcomed and valued. She also ensured that the waiting room, office, and restroom were always clean. Often psychologists give considerable thought to the pictures or decorations they use in their offices. Psychologists can display pictures of clowns, ethnically diverse art, or religious symbols if they convey something clinically relevant to the types of patients they commonly serve. Another psychologist had pictures of her dogs on her desk because she found that they were a conversation starter, even among patients who appeared reticent to speak at first.

Often "a cigar is just a cigar." Similarly, often the names that patients or psychologists use for themselves or each other, or their clothing or offices, may sometimes simply reflect idiosyncratic preferences. However, at other times they have implications for the treatment relationship and need to be considered ahead of time or processed within therapy. ■

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The Pennsylvania Psychologist

May 2011 • UPDATE

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2011 CE Calendar

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

June 15 - 18, 2011
Annual Convention
 Harrisburg, PA
 Marti Evans (717) 232-3817

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

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit <http://papsy.org/collaboration-communication/regional-psychological-associations.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.

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

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