

The Pennsylvania Psychologist

OCTOBER 2012 • UPDATE

Three Pennsylvania Psychologists Running for U.S. House

Rep. Timothy Murphy (R-Pittsburgh) is running for his 6th term in the United States House of Representatives representing the 18th Congressional District (areas surrounding Pittsburgh). Rep. Murphy, the third psychologist ever elected to Congress (following Ted Strickland, D-OH, and Brian Baird, D-WA), easily defeated a Tea Party challenger in the primary. Currently, the only other psychologist in Congress is Rep. Judy Chu (D-CA).

Dr. Murphy has a long history of supporting mental health issues in Congress; he is co-chair of the Mental Health Caucus. Most recently, he is the prime sponsor of HR 6043, which would permit grants to psychologists and other behavioral health care organizations to transition to electronic record keeping. Rep. Murphy has won previous elections with majorities ranging from 58% to 67%.

Adam Sedlock, a psychologist from Uniontown, is a write-in candidate against Rep. Bill Shuster in the 9th Congressional District, which covers most of South Central Pennsylvania from Fayette County in the west to Franklin

County in the east. Sedlock is also opposing another write-in candidate, Karen Ramsburg, a nurse from Mercersburg. A familiar name to many Pennsylvania psychologists, Mr. Sedlock is a past member of the Board of Directors of the Pennsylvania Psychological Association and PennPsyPAC. He has also served as PPA's disaster response coordinator and as chair of PPA's Legislative and Governmental Affairs Committee. The 9th Congressional District has a heavy Republican registration edge; the incumbent, Rep. Shuster, won 73% of the vote in 2010.

Missa Eaton, a professor of psychology at Penn State Shenango, is challenging incumbent Republican Representative Mike Kelly in the 3rd Congressional District, which includes Erie and most of Crawford, Mercer, Butler, and Armstrong Counties. Eaton received her graduate education in psychology later in life, after working for years in retail and real estate. Her district typically elects Republican representatives. Both Eaton and Sedlock support the Affordable Care Act; Representative Murphy wants it repealed. ■

PPA Survey Shows Differences Among Insurers

This spring, PPA members received a survey in which they were asked to rate insurance companies in Pennsylvania in terms of access to psychological services, protections of privacy, efficiency, and overall satisfaction with service to patients. The survey was nearly identical to a survey sent out in the spring of 2010.

Psychologists rated insurers on a 4-point scale with 4 representing the highest degree of satisfaction with services provided to patients. Highmark received the highest rating among all insurers with an average of 3.4. Medicare received an overall rating of 2.8, which was lower than the 3.1 rating it received in 2010. Most commercial insurers were ranked between 2.2 and 2.7. Blue Cross of Northeastern Pennsylvania was ranked substantially higher than most others (3.0, the same rating as 2010), although fewer than 20 psychologists rated it. MHNet was ranked far below all others with a ranking of 1.5, which was even lower than the 1.6 it received two years ago (see Table 1).

The APA Apportionment Ballot: It Matters!

The Council of Representatives is APA's chief governing body and is charged with legislative and oversight responsibilities for the entire association. Whereas policy development begins with APA's boards and committees and the Board of Directors, the final decision-making body is the Council of Representatives.

The Council votes on many items that impact state associations and the professional practice of psychology. For example:

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For All Life's Occasions

- Replacing your income
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- Paying mortgages and loans
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- Paying education expenses
- Supporting aging parents
- Paying credit card debt
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Dr. Gavazzi Receives Heiser Award

Dr. John Gavazzi was presented the 2012 Karl F. Heiser Award for Advocacy by APA President Dr. Suzanne Bennett Johnson at the APA Convention in August. He was cited for his work on numerous legislative issues including the Safety in Youth Sports Act, which was enacted last year, the Custody Evaluator Immunity Law of 2006, and several other laws benefitting the clients of psychologists. He was lauded for his consistent one-man campaign against social loafing on advocacy issues.

Previous award winners from Pennsylvania include Drs. Patricia Bricklin, Anita Brown, Paul Delfin, Joseph French, Mark Hogue, Paul Kettlewell, Samuel Knapp, Zita Levin, Donald McAleer, Timothy Murphy, Stephen Ragusea, Joseph Rosenfeld, and William Wilson.



Dr. John Gavazzi (center) was presented the Heiser Award by APA President Dr. Suzanne Bennett Johnson and Dr. Jeffrey Barnett, chair of the Heiser Award Selection Committee.

National PAC Activities Shift to APA Practice Organization

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

The Association for the Advancement of Psychology (AAP), the oversight organization for the nation's psychology political action committee (PAC), is discontinuing its operations. A new PAC organized by the American Psychological Association Practice Organization (APAPO) will assume the functions formerly performed by AAP. Dr. Stephen Pfeiffer of California, who is known for his zeal for promoting psychology, has been the executive director of AAP since 1997.

Public policy advocacy depends on three factors – professional governmental affairs representatives, grassroots efforts, and political giving. PACs can contribute directly to the political campaigns of candidates sympathetic to the cause of psychology, which nonprofit corporations such as APA or PPA are not permitted to do. Although contributions to campaigns do not ensure votes, they support the election or re-election of legislators who are sympathetic to the issues of importance to psychologists. PPA's affiliated political action committee, PennPsyPAC, provides this support on



Dr. Stephen Pfeiffer, executive director of AAP, with Dr. Sam Knapp at the black tie fundraiser in August.

the state level, but election laws do not permit PennPsyPAC to contribute to the campaigns of federal candidates.

As part of its activities, AAP sponsored two large fundraising events each year: one at the APA convention in August and the other at APA's State Leadership Conference in March. It also supported fundraising efforts organized by local psychologists. AAP's contributions went almost equally to Democrats and

Republicans. AAP was especially important in the campaigns of Ted Strickland (D-OH), who became the first psychologist representative in Congress (and later governor of Ohio) and in the campaigns of later psychologists who entered Congress including Timothy Murphy (R-PA), Brian Baird (D-WA), and Judy Chu (D-CA). These psychologist representatives were especially influential in the debate over mental health parity.

An informal group of AAP members in Pennsylvania, led primarily by Dr. John Gavazzi (from 2004 to the present) and by me (from 1988 to 2004, separate from my duties as a PPA staff member) raised money for AAP. A tradition developed whereby the PPA president would be asked to attend the AAP fundraiser at the State Leadership Conference, and a representative to the APA Council of Representatives from Pennsylvania typically attended the fundraiser at the APA convention.

Also, in 1994 and 1996, Pennsylvania psychologists held special fundraisers for

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DeWall Announces Retirement



Thomas H. DeWall

PPA's executive director since 1987, Thomas H. DeWall, CAE, has announced that he is retiring as of August 2013. He noted that he is not leaving the area and will be available for continuing consultation with the PPA leadership and the new executive director. Things have changed a great deal in the last 25 years for PPA and in the field of psychology, such as in technological advancement, psychologists' reimbursement, legislation passed, and PPA's governance practices.

A Succession Development Task Force was formed to manage this transition. It is chaired by President-Elect Dr. Vince Bellwoar, with 10 other members: Drs. Judith Blau, Rex Gatto, Mark Hogue, Linda Knauss, Bruce Mapes, Don McAleer, David Palmiter, Jeff Pincus, Dianne Salter, and Emily Stevick. They have developed a job description and have posted it on state and national career websites. Over the next several months the task force will narrow down its choices of applicants and conduct interviews of the finalists. A decision on hiring the new executive director is expected to be made by March 2013. ■

NATIONAL PAC ACTIVITIES...

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Rep. William Coyne (D-Pittsburgh), who was the prime sponsor of legislation to include psychologists within Medicare. Several fundraisers were held for Rep. Murphy. Pennsylvania psychologists had also raised money for Reps. Strickland and Baird in 1998. Over the last 25 years, Pennsylvania psychologists contributed more than \$60,000 to AAP events. This author received an award from AAP in 1993 in recognition of my support for AAP.

APA, which is registered with the Internal Revenue Service as an educational/charitable organization under section 501(c)(3), could not solicit money from its members for political action giving. This may have been why national political contributions from psychology were very low compared with other health care professions. For example, in 1998 psychologists raised less than \$200,000 for political contributions compared to more than \$400,000 by nurse anesthetists, and \$600,000 by physical therapists. In 2001, the APA Council of Representatives authorized the development of an affiliated organization under section 501(c)(6) of the Internal Revenue Code, which would be able to engage in legislative activities that APA was not permitted to do, including solicitations for a PAC. It took several years before the new organization, the APAPO, became fully functional, and now it will be assuming oversight of psychology's federal PAC.

This summer I attended the last AAP fundraiser in support of Senator Bill Nelson (D-FL). At this event I expressed high praise for the stewardship of Dr. Pfeiffer and members of the AAP board, such as Dr. Nan Klein of Utah. ■

THE APA APPORTIONMENT BALLOT

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- The APA budget – including funds for the Practice Organization, which funds CAPP grants, public education activities, federal advocacy, etc.
- Policies such as those governing APA CE sponsor approval
- Guidelines that impact professional practice, from the Ethical Principles to the Record Keeping Guidelines and everything in between

Who are the members of Council? Psychologists representing state, provincial, and territorial associations (SPTAs) and divisions. The apportionment process determines the number of Council positions. Every SPTA and every division has at least one seat on Council. The number of votes obtained in the apportionment process then determines which SPTAs and divisions have additional representatives.

Last year's voting resulted in 97 seats for the 56 divisions (60% of the vote) and 65 seats for the 60 SPTAs (40% of the vote) for the 2013 Council. Pennsylvania, California, Massachusetts, New Jersey, and New York are the only SPTAs that qualified for two representatives. So, SPTAs comprise about 52% of the organized entities that make up Council, but have only 40% of the representatives and votes. Thus, it is critical to us that APA members apportion their votes to Pennsylvania.

Please help Pennsylvania retain both of our seats. We have two excellent representatives serving us starting in 2013 – Dr. Linda Knauss and Dr. Dianne Salter – and it would be a shame to have to recall either of them for 2014.

APA will mail the apportionment ballots about October 31. Just who gets to vote on Council and how many votes they have is determined by the outcome of the apportionment balloting process.

Please give your 10 votes to Pennsylvania.

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

Whom Should You Vote For in 2012?

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Recent polls show that the approval rate for Congress varies between 12% and 22% (PollingReport.com, 2012). These statistics are disturbing as one can only wonder what was going through the minds of those 12% and 22% of the population who like what Congress is doing (or not doing).

The inability of Congress to govern has serious repercussions for all Americans. For example, when representatives of PPA met to discuss problems associated with Medicare, every congressional office (whether Democrat or Republican) readily agreed that the sustainable growth rate (SGR) formula needs to end. The SGR is the formula adopted years ago which limits the amount of money that can be spent on Medicare. If the total cost of Medicare services in a year exceeds a certain monetary limit, then the amount that Medicare would pay per procedure next year would decrease proportionally to ensure that the overall expenditures for Medicare remain essentially stable. The SGR has been “temporarily” delayed every year since it was first adopted in the late 1990s. If it were to go into effect next year, all Medicare providers would see their payment per unit of service drop about 33%, immediately.

Despite agreement that the SGR is an unworkable solution to control Medicare costs, neither party has advanced a meaningful proposal to end it, or even to delay it. The result is that every year, health care professionals have to lobby Congress for a temporary delay in the implementation of the SGR. But neither party will promote a realistic proposal to suspend it. Both parties will advance a proposal that links the SGR suspension with other proposals that the other party finds unacceptable.

These problems with Medicare are symptomatic of deeper problems in Congress. Members of Congress are not singling out Medicare or health care as the only issue of contentiousness; they are

equally partisan and ineffective on almost all other aspects of governing. According to Drs. Amy Guttmann and Dennis Thompson (2012) the problem is that Congress is in a permanent campaign (with almost continual fundraising) leaving almost no time for actual governing. Furthermore the act of campaigning (and standing on “principle”) leads to continual vilification of opponents, distortions of their positions, and pledges never to compromise. Those candidates who pledge never to compromise fail to recognize that, in some contexts, standing on principle can be a very unprincipled stand.

This partisanship is especially disconcerting since most Americans are not nearly as politicized as their elected officials. For example, despite the pledge of many elected “tea party” representatives never to raise taxes, a majority of persons who identify themselves with the “tea party” would accept a raise in taxes if it were matched with an appropriate decrease in expenditures.

Contrast the gridlock today with how issues were addressed in the past. In 1964, the support of the Republican Minority Leader, Senator Everett Dirksen of Illinois, was crucial in securing the passage of President Johnson’s 1964 Civil Rights Bill. President Ronald Reagan was able to secure the passage of the 1986 tax reforms only by working with Democratic Majority Leader Tip O’Neill. In the 1970s, Republican Senator Howard Baker supported the proposed Panama Canal treaty advocated by President Jimmy Carter because he thought it was the right thing to do. No one can accuse Lyndon Johnson or Ronald Reagan of lacking partisanship. However, partisanship receded when the welfare of the country was at stake.

Why is this willingness to put country above politics declining? Is this because we happen to have structural elements in our political system that encourage

partisanship and discourage governing? Or do we have a particularly poor set of elected officials now as opposed to the past? I think it is both. American government does have undemocratic structures that impede effective government (see Larry Sabato’s discussion of these in his 2010 book *A More Perfect Constitution*). However, these undemocratic elements have been around for decades. So I think that the individual elected officials share some of the responsibility as well.

Here are qualities that I look for in candidates. Does the candidate express a willingness to be open to all good ideas (Republican or Democrat)? If they are in office are they willing to cosponsor bills introduced by members of the other party? Even allowing for exaggerated rhetoric that occurs during a campaign, does their campaign literature refrain from excessive vilification of their opponents? Do they try to discuss issues intelligently? Liu and Hanauer (2011) caution against candidates who present “false choice after polarizing false choice” (p. 6). I also avoid candidates who take pledges that include the words “never” or “always.”

In this age of hyper-partisanship, the most radical thing a voter can do is to vote for an individual who is not radical, can see beyond the immediate election, and who cares for the welfare and opinions of the entire American public. Perhaps a cadre of committed legislators can – but only with the support of an enlightened public – work toward systematic solutions that would address this dysfunctional partisanship. ■

References

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PPA SURVEY...

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One significant change was found with Medicare, where 30% of Medicare patients reported difficulty finding a provider. This contrasts with two years ago when only 15% of Medicare beneficiaries reported difficulties in finding a psychologist. The loss of access to providers is probably due to the declining reimbursement levels and threats of even greater cuts. Also, Medicare has instituted strict rules for enrollment, reflecting an effort by the Center for Medicare and Medicaid Services to curb Medicare fraud. Now even a simple address change can become very time consuming.

Provider satisfaction with Medicaid also dropped over the last two years from an average rate of 2.6 to a rating of 2.0. Many psychologists have expressed discontent with the increase in audits in

recent years (again precipitated by an emphasis on curbing or catching fraud) and with its detailed record-keeping requirements.

Patient complaints about access varied considerably across insurers. Highmark patients reported the fewest problems finding a psychologist (only 15% of psychologists reporting hearing a complaint from their patients). However, psychologists serving patients with coverage through MHNNet and Magellan (the latter administering behavioral health for Independence Blue Cross and Capital Blue Cross) reported that more than 40% of patients had such complaints.

Dr. Daniel Warner, chair of PPA's Insurance Committee, congratulated those insurers "who serve their members well by providing easy access to services and sufficient treatment for their members. We hope this survey will also motivate underperforming insurers to improve."

The survey instrument was nearly identical to the survey used in 2010, which was adapted, with permission, from the American Psychological Association Practice Organization. Data on the demographics of the respondents in terms of ethnicity, hours providing psychological services, and populations served was similar to data found in previous surveys. A total of 303 psychologists responded to the survey, which was less than the 506 who responded in 2010.

The survey had limitations in its ability to evaluate Medicaid and Medicare. Although each of the four Medicaid HMOs was rated separately, the small number of respondents for each of them prevented a meaningful analysis for that data. Also, the questions on Medicare distinguished between fee-for-service (traditional) Medicare and Medicare HMOs. However, it is possible that some respondents confused the two types of Medicare insurance.

Furthermore, surveys of this nature have a limitation in that insurers may offer different products with different benefit structures and sometimes different oversight procedures. In addition, it is often difficult for providers to discern the difference between a policy provided by an insurer and a policy administered by an insurer. For example, a large insurer may administer a program for a self-funded company (a company with more than 100 employees that is governed by ERISA) and all of the information given to the patient or provider suggests that this does not differ from other policies issued by that insurer. Many times the policies and their implementation do not differ. However, often they do differ both in terms of their benefits and procedures. So, for example, a large insurer may not require pre-authorizations for outpatient psychotherapy in the policies it issues, but may administer a policy for a large company that does require authorizations.

Despite these limitations the differences among insurers appear large and representative of actual differences in their functioning. It is hoped that insurers will use this information to improve the quality of their behavioral health services, or, in the case of several insurers, to continue their good work. Dr. Warner will be sharing these scores with insurance companies with the goal of helping them better meet their goals. ■

Table 1: Ratings of Insurers

	Access to psychologists ¹	Patient complaint about access ²	Procedures for therapy ³	Procedures for testing ⁴	Respect privacy ⁵	Overall satisfaction ⁶
Aetna	73%	34%	90%	24%	84%	2.6
BCNEPA ⁷	50%	60%	100%	33%	100%	3.0
Capital Blue Cross	73%	43%	89%	36%	87%	2.6
CIGNA	30%	41%	77%	20%	71%	2.2
Highmark	84%	15%	100%	61%	97%	3.4
Magellan	61%	44%	91%	29%	86%	2.6
Medicaid Total	53%					2.0
Medicare	61%	29%	98%	89%	98%	2.8
MHNNet	38%	45%	52%	0%	30%	1.5
UPMC	65%	30%	90%	60%	77%	2.7
United	62%	23%	84%	37%	75%	2.3

¹The percentage of psychologists who somewhat or strongly agreed with the statement that "patients report that they can get an appointment with an in-network psychologist within 2 weeks."

²The percentage of psychologists who answered "yes" to "Within the past month, have you or your staff received phone calls from subscribers of ___ services complaining of difficulties in obtaining an appointment with a psychologist in the health insurer's network?" For column 2 a low score indicates greater satisfaction.

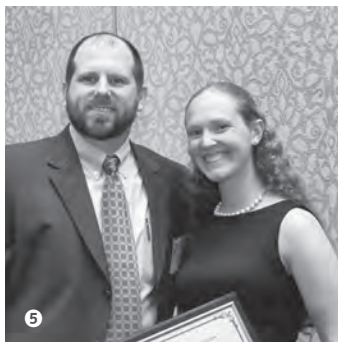
³The percentage of psychologists who somewhat or strongly agreed with the statement that ___ pays for psychotherapy services in the number and frequency that is necessary in your professional judgment.

⁴The percentage of psychologists who somewhat or strongly agreed with the statement that ___ pays for assessment and testing services in the number and frequency that is necessary in your professional judgment.

⁵Obtained by averaging the percentage of somewhat or strongly agreed responses across three privacy-related questions. A high score indicates greater respect for patient privacy.

⁶The average of psychologists who answered "somewhat satisfied" or "very satisfied" to "Overall, how satisfied are you with the service ___ provides to patients?" Responses were on a four-point scale with 4 indicating the highest level of satisfaction.

⁷Fewer than 20 psychologists rated this company.



1 Representatives of organizations that participated in the competition for the Psychologically Healthy Workplace Award (PHWA) attended the PPA Convention in June. Pictured (l-r) are Rachael Baturin, PPA staff; Andrew Langsam of Dynamic Advertising Solutions, which won a best practices honor for employee involvement; Chris Plummer of Nemacolin Woodlands Resort, PHWA winner; Dr. Jeannine Stuart of AREUFIT Health Services, PHWA winner; Dr. Katherine Bradley of Gettysburg College's College Life Division, PHWA winner; and Dr. Rex Gatto, chair of PPA's Business and Psychology Partnership Committee.

2 Dr. Charles Lajeunesse presented the Science-Practice Research Poster Session Award to Drs. Christie Sworen-Parise (center) and Gail Cabral of Marywood University.

3 Eight graduate students won the Pennsylvania Psychological Foundation Education Awards, which include a significant scholarship. Pictured (l-r) are Dr. Toni Rex, PPF President; Diane Snyder, Carlow University; Sharon Jung, IUP; Sunshine Collins, IUP; Gemma Boyd, Marywood University; Matthew Eisenhard, Marywood; Amanda Koury, University of Pittsburgh; Mi Hae Kim, Widener University; Lavanya

Devdas, Lehigh University; Dr. Jeff Pincus, Awards Committee; and Dr. Richard Small, Awards Committee.

4 Winners of the PPAGS Community Service Project Award were Chestnut Hill College students and faculty Tamara-April Davis, Lauren Goslin, and Dr. Susan McGroarty. It was presented by PPAGS Chair Amy McNamee (right).

5 Ellen Inverso of Immaculata University received the Graduate Student Research Poster Session Award from Dr. Mark McGowan, chair of the Convention Committee. Not pictured was Suzanne Crockett of Marywood, who won the Undergraduate Poster Session Award.

6 Dr. Nicole P. Quinlan (r), of the Geisinger Medical Center and chair of PPA's Public Education Committee, was presented the Early Career Psychologist Award by Dr. Michelle Herrigel, chair of the ECP Committee.

7 Dr. Tim Barksdale, chair of the Committee on Multiculturalism, presented the Student Multiculturalism Award to Lavanya Devdas of Lehigh University. 

Pennsylvania Psychological Association 2013 Award Nominations Sought

For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and his/her vitae with contact information, and send the information to Marti Evans, mevans@PaPsy.org, or to the following address by the deadline listed.

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

Award for Distinguished Contributions to the Science and/or Profession of Psychology to be given to a Pennsylvania psychologist for outstanding scientific and/or professional achievement in areas of expertise related to psychology, including teaching, research, clinical work, and publications. Deadline for entries is **October 20, 2012**.

Distinguished Service Award to be given to a member of the association for outstanding service to the Pennsylvania Psychological Association. Deadline for entries is **October 20, 2012**.

Public Service Award to be given to a member (individual or organization) of the Pennsylvania community in recognition of a significant contribution to the public welfare consistent with the aims of the association. Deadline for entries is **October 20, 2012**.

Award for Distinguished Contributions to School Psychology: The School Psychology Board of the Pennsylvania Psychological Association nominates a candidate annually for this award. Criteria for nominations include persons

who have contributed significant research in the field of child, adolescent, school, or educational psychology; have contributed significant public service to children, families or schools; have made major contributions to the field of assessment; have made significant contributions in the media; have advocated politically for children, families or schools; have been a voice advocating for school psychologists in Pennsylvania; and/or have made significant contributions to the Pennsylvania Psychological Association. Deadline for entries is **December 31, 2012**.

Psychology in the Media Award: Deadline for entries is **December 31, 2012**. Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2013 Psychology in the Media Award. Members who have written newspaper or magazine articles or books, have hosted, reported or produced radio or television shows or commercials about psychology or psychological issues, or have designed psychologically oriented websites are eligible for the award. We are

seeking candidates who have had a depth and breadth of involvement in these areas with the media over a period of time. Some of the work must have been published or broadcast during 2012. An application form, which is available at www.PaPsy.org, must accompany all entries for this award. Applicants who have received this award in the past are not eligible.

Early Career Psychologist of the Year Award to be given to a Pennsylvania early career psychologist (ECP) who, in his or her practice as an early career psychologist, is making a significant contribution to the practice of psychology in Pennsylvania. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2013**.

Student Multiculturalism Award to be given to a psychology student who is attending school in Pennsylvania and who produced a distinguished psychology-related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2013**. ■

Member News

DR. LINDSAY PHILLIPS received the National Register's Judy E. Hall Early Career Psychologist Award in July. The award recognized her desire to help the very vulnerable segment of the population who is acclimating to life after spending time incarcerated. The National Register Board cited her plans to make her research, "Coping with reentry: Mixed methods analysis of successful transitions from prison to society," and other resources easily accessible not only to psychology professionals but to the people who would most benefit from it.

DR. JANET SASSON EDGETTE authored a book published by the Penguin Group in September 2012. It is called *The Last Boys Picked: Helping Boys Who Don't Play Sports Survive Bullies and Boyhood*. It deals with boys who don't enjoy sports and who suffer, often in silence, with low self-esteem and feeling like they have let their parents and peers down. With co-author Beth Margolis Rupp, she examines what happens to these types of boys as they grow up in a society that is obsessed with manliness and athletic ability, and they offer advice on how to help them. ■

Stirring the “Emotional Soup”

Samuel Knapp, EdD, ABPP, Director of Professional Affairs
Jeffrey L. Sternlieb, PhD, Chair, Colleague Assistance Committee

Several years ago, I (SJK) received a phone call from a PPA member who asked for assistance in dealing with a difficult case. She reported that her patient had acted in a highly provocative manner and that it was all she could do to keep herself from blowing up and giving her a good tongue lashing. Fortunately, this psychologist had enough composure to keep her balance, manage to get through the session, and seek consultation. Throughout the years she had developed good habits of self-care and self-reflection that helped her through this difficult case. Her experience also illustrated the close link between ethical conduct and self-care. That is, psychologists who are well rested, centered, and free from high levels of unpleasant emotions are less likely to act impulsively in response to such patient provocations, or to other setbacks or emergencies.

These and similar experiences of psychologists remind us of the term “emotional soup,” which Johanna Shapiro (2011) used to describe the mixture of

No matter how well we do at balancing our work and personal life, we still carry with us the challenging emotional reactions to our patients.

	Mahoney (1997)	Sherman & Thelen (1998)	PPA
Regular exercise	84%	87%	89%
Taking trips or vacations	78%	73%	85%
Peer supervision or consultation	64%	73%	65%
Church spiritual activities	34% (church alone)	45%	40%
Personal therapy	28%	26%	35%

feelings that medical students have in reaction to their patients. The soup metaphor is especially apt because it connotes a mixture of various ingredients that are sometimes hard to identify and separate.

An essential part of being an effective psychologist involves developing the self-care habits necessary to manage our own emotional soup. The most effective psychologists live deliberately and think through their daily activities carefully, including the manner in which they care for themselves. In an effort to learn what PPA members do to ensure their own well-being, the 2011 PPA annual survey asked members to indicate which self-care activities they engaged in and how helpful they were.

The most common activities for ensuring well-being included having a healthy lifestyle (including sufficient time for exercise and sleep; 89%), engaging in hobbies (89%), taking regular vacations (85%), keeping a balance between work and personal life, limiting one’s case load (74%), planning relaxation time (such as meditation, 65%), participating with professional associations (64%), having ongoing peer support (63%), participating in faith-based activities (50%), or personal therapy (35%).

The activities that PPA members rated as most helpful were getting enough time for exercise and sleep (92% found this helpful or very helpful), keeping a balance between work and personal life (88% found this helpful or very helpful), or going on regular vacations (90% found this helpful or very helpful).

These results were similar to findings in previous surveys. The chart above compares the results of the PPA survey with previous surveys on helpful self-care activities.

The importance of these self-care activities also makes sense from the perspective of “ego depletion.” According to social psychologist Roy Baumeister, all of us are vulnerable to “ego depletion,” or the loss of willpower due to fatigue, stress, or other factors. On the other hand, we are more likely to exercise willpower when we have had enough sleep, have an adequate glucose level, and are not overstressed (Baumeister & Tierney, 2012).

No matter how well we do at balancing our work and personal life, we still carry with us the challenging emotional reactions to our patients. We all have patients who stir up reactions in our

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www.PaPsy.org

You will find:

- ♦ Information on the Annual Convention
- ♦ News on mental health legislation
- ♦ Tech Corner
- ♦ The *Pennsylvania Psychologist*
- ♦ Many ethics/practice articles
- ♦ Online CE programs
- ♦ Announcements about in-person events
- ♦ Information on PPAGS, PPA’s student organization

Foundation Promotes Public Interest

The Pennsylvania Psychological Foundation is now funding a robust public education campaign, getting the word out to the public about the importance of psychological services. PPF is underwriting an extensive new campaign to reach out to veterans and their families, promoting mind-body health workshops at VA medical centers and clinics around the state. Greater funding for PPF allows us to reach more people and to do more to promote the value of psychology.

PPF funding is also critical to the colleague assistance program, training senior psychologists to help our colleagues who may be impaired. This effort protects their patients in significant ways. We underwrite other important initiatives, including disaster response training, efforts to broaden the multiculturalism of our field, and to promote ethical practice in our profession. These are all in addition to the student education awards that we grant each year.

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STIRRING THE "EMOTIONAL SOUP"

Continued from page 7

gut, patients with whom we struggle in our effort to help, and patients we worry about. Several items in the survey – participate in a peer support, consultation, or supervision activity – at least partially address the leftover emotional residue from challenging patient contacts. However, these questions on the PPA survey were limited in that they focused primarily on activities (albeit activities designed to restore emotional equilibrium). Another crucial ingredient is to focus on the emotional impact that caring for patients has on the psychologist.

One way to think about this challenge is to name it as emotional housekeeping. Because the nature of housekeeping is emotional, it is by definition more personal and requires a safe learning environment in which to air and then explore with trusted colleagues the common experiences we all endure but rarely share. Ideally, this process involves reflection on relationships with patients who stay on our mind after they leave the office. We may have even mentally taken them on vacation with us. This reflective process can be accomplished alone in the form of journal writing, mindfulness meditation, or even a walking meditation such as in a labyrinth. However, we believe it can be even more productive when done with colleagues in a structured environment with a facilitator who ensures the participants' emotional safety and the group's focus on the case presented. Examples of this type of process could include Balint groups (Sternlieb, 2005), a group narrative process, or a MegaClinic presentation (Sternlieb, 2008), which has been done productively at PPA continuing education programs. ☛

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