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MAY 2012 • UPDATE

Dr. Vince Bellwoar Wins Election for President of PPA

Dr. Vince Bellwoar

In voting this spring **Dr. Vince Bellwoar** of Malvern won the election for president-elect of PPA. His term in that position begins June 21, and he will become president of the association for the 2013-14 program year. He is director & owner of Associates of Springfield Psychological. He earned his PhD degree in school psychology from Temple University in 1996. For the past three years he has chaired the Insurance and Managed Care Committee and has participated as a member of the Budget and Finance and Early Career Psychologist Committees. He had served on the Executive Committee and Board of Directors as treasurer from 2007 to 2011. Dr. Bellwoar stated, "As healthcare evolves, psychologists must play a key role in service delivery within a model that is evidence-based, cost-effective, preventive, and holistic. PPA must rally its resources from academia and clinical practice so that the science-practitioner voice is heard. With our research, training, and experience we can partner with those in the public and private sector to create healthcare policy beneficial to all."

Elected secretary was **Dr. Gail Karafin**. She has served PPA in many capacities including chair of the School Psychology Board, chair of the Membership Benefits Committee, and a member of the Leadership Development, Convention, and Insurance Committees. She also served as the Board of Directors' liaison to PPAGS. She is a certified school psychologist with the Bensalem Township School District and is licensed with a private practice in Doylestown. She received an EdD degree from Temple University.

Dr. Gail Karafin

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PPA Joins Forces with Pediatricians

David J. Palmiter Jr., PhD, ABPP

Dr. David J. Palmiter Jr.

The issue of how much unrecognized and untreated mental health pain exists among kids and teens in the United States constitutes a profound social injustice. Let me cherry-pick some recent illustrations on what is sadly an old truth. A recent national study found that 49.5% of teens met criteria for at least one class of mental health disorder, with one in four suffering to a severe degree (Merikangas et al., 2010). Moreover, a sister study found that 63.8% of teens suffering from such problems had not received any mental health care, and that about half of those who had received mental health care had their visits limited to six or fewer outpatient visits (Merikangas et al., 2011). Another recent national study found that "higher than 90%" of youth meet criteria for one mental health disorder by age 18; this was true for the cohort that entered the study at the youngest age (Copeland et al., 2011). A central conclusion by the authors of the latter study was that mental health problems are like medical problems in that they are nearly universal by age 21. However, and unlike many medical problems, they are far less likely to be recognized and treated in an evidence-based fashion. (For more information on these studies see my related blog entries at www.hecticparents.com.) The "evils" that flow from this injustice include suicide (Centers for Disease Control,

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The Affordable Care Act of 2010: Its Current Status and Future Directions

Samuel Knapp, EdD, Director of Professional Affairs

Dr. Sam Knapp

The Affordable Care Act (ACA) enacted by the U.S. Congress in 2010 was intended to phase in universal health care coverage over several years. A few provisions have already gone into effect. However, whether or not the reforms established in this law will continue depends on whether the U.S. Supreme Court upholds its constitutionality and on the results of the 2012 elections. It is assumed that if the Republicans control the presidency and both chambers of Congress they will try to overturn the ACA. It is expected that the Supreme Court will issue a ruling on its constitutionality before its recess in July.

If the ACA goes into effect, it will result in much change for some psychologists, some change for many psychologists, and no change for other psychologists. The extent of the change and the number of psychologists who will be impacted is unknown. For psychologists, if the ACA does continue forward, then the question is how to maximize patient welfare within the constraints of the evolving system in a sustainable manner that involves fair compensation for services.

The ACA will both expand coverage to almost all Americans and implement cost-control mechanisms. If the ACA stays in place, then the expanded coverage will definitely occur by 2014, primarily by putting currently uninsured people into Medicaid or health exchanges. The effectiveness of the proposed cost-control mechanisms is less clear. Its goal is not to reduce costs, but to "bend the curve," or reduce the rate of increase in health care costs. The mechanisms for reducing costs include better coordination of services (through health information exchanges), focusing on better coordination of care for patients who use a lot of services (through medical homes), and through the growth of accountable care organizations (capitated organizations).

States are in a difficult situation. If they work too hard on the implementation of the ACA and it gets overturned, then all of that work will have been wasted. On the other hand, if they fail to work on the implementation of the ACA and it does not get overturned, then the federal government (not the states) will implement the health exchanges. Of course, a third option is that the Supreme Court will declare some portions of the ACA constitutional, but not others.

States vary considerably in the extent to which they are preparing for health care reform. Some states, such as Massachusetts, are well along the road to reform. Other states have governors and legislators who strongly oppose health care reform and are taking no steps to prepare for it. In Pennsylvania Governor Corbett opposes health care reform, but if it does occur, he wants Pennsylvania to be prepared to manage it. Consequently, he has instructed Pennsylvania's Insurance Department to start work on developing the infrastructure for health exchanges (the entity that will oversee insurance for previously uninsured individuals). According to Statereform.com, Pennsylvania is 4% along on the path to health care reform implementation (Massachusetts is 51% along; Florida is not even rated).

PPA has joined with several other professional associations in commenting on the first draft of the health exchanges presented by the Pennsylvania Insurance Department.

PPA has joined with several other professional associations in commenting on the first draft of the health exchanges presented by the Pennsylvania Insurance Department. PPA is also participating in a coalition with other groups attempting to secure adequate pediatric benefits within this health exchange. PPA is continuing its work through the Alliance of Health Care Providers (representing more than 20 health care provider groups in Pennsylvania). Finally, PPA has had meetings with several insurers concerning issues that are likely to arise as a result of health care reform. If health reform does occur, PPA wants to ensure that consumers will have access to quality psychological services.

DR. VINCE BELLWOAR WINS ELECTION...

Continued from page 1

Dr. John Abbruzzese III was re-elected chair of the Professional Psychology Board, a position he has held for the last two years. He received his PhD degree from the University of Pittsburgh in 1989. He is director of counseling and Psychological Services at East Stroudsburg University. He has been a member of PPA's Psychopharmacology Committee since 2002 and chaired it from 2002 to 2006. The Professional Psychology Board includes the committees on business, child custody, hospital practice, insurance, legislative and governmental affairs, and psychopharmacology, as well as the Practice-Research Network.

Re-elected as chair of the Program and Education Board was **Dr. Beatrice Chakraborty**, who is a post-doctoral associate in psychiatry at the University of Pittsburgh School of Medicine. She is also a research psychologist at the Veterans Administration Hospital, Pittsburgh. She earned her PsyD degree in clinical psychology from the Philadelphia College of Osteopathic Medicine in 2007. In her role with the Program and Education Board she has overseen the Convention and CE Committees. She also co-chaired the Greater Pittsburgh Psychological Association CE Committee.

Dr. John Abbruzzese III

Dr. Beatrice Chakraborty

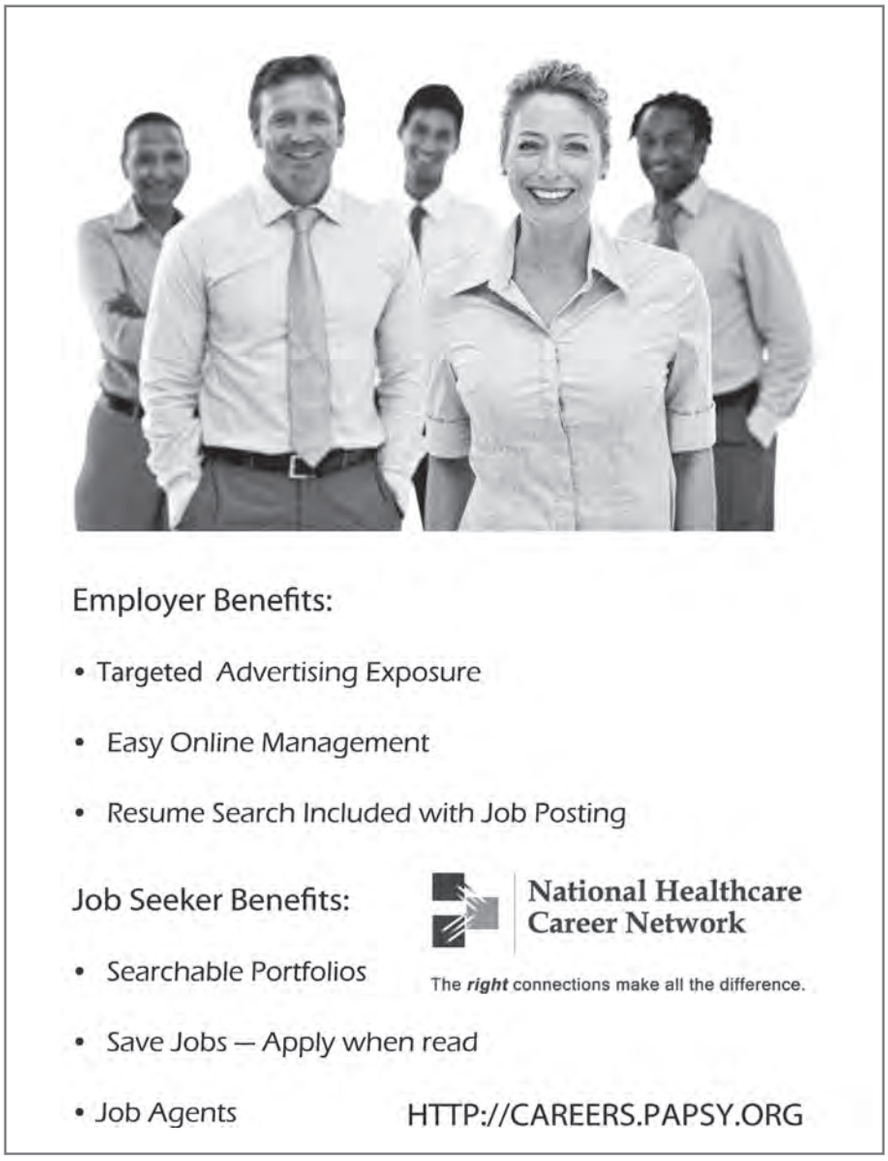
Dr. Jeanne Slattery

Dr. Brad Norford

New to the Board of Directors as chair of the Public Interest Board will be **Dr. Jeanne Slattery**. She is a professor at Clarion University of Pennsylvania and maintains a part-time private practice. She earned a PhD degree in experimental psychology from Miami University in 1984. She received a clinical respecialization from Indiana University of Pennsylvania in 1992. As chair of the Public Interest Board she will oversee the committees on colleague assistance, ethics, forensic and criminal justice, multiculturalism, and geropsychology, as well as the disaster response coordinator.

All of the positions except president-elect are for the two-year period of June 2012 to June 2014. **Dr. David Palmiter** will be president of the association for the 2012-13 program year. PPA congratulates this year's winners and appreciates the participation of all members who ran for office. The fact that we have contested elections of highly qualified candidates speaks to the health of PPA as an organization.

In related news, Dr. Dea Silbertrust unfortunately had to resign as chair of the Communications Board in February due to health reasons. The Board of Directors elected **Dr. Brad Norford** to chair this board for the remainder of her term, which ends in June 2013. Dr. Norford had recently chaired the Committee on Technology Implementation. He had also completed four years as chair of the PennPsyPAC Board of Directors. We welcome him to the Board of Directors along with all of the 2012 election winners.



ReMed Recovery Care Centers Wins National Award

Officials of PPA and ReMed gathered at the awards ceremony. Pictured left-to-right are Dr. Mick Sittig (of ReMed and a PPA member), PPA diversity delegate Dr. Takako Suzuki, Bryan Woodruff (ReMed), Mary Lou Busby (ReMed), PPA President Dr. Judith Blau, President-elect Dr. David Palmiter, Elaine Sprainer (ReMed), PPA committee chair Dr. Rex Gatto, and Vicki Eicher (ReMed).

APA CEO Dr. Norman B. Anderson (l) and APA President Dr. Suzanne Bennett Johnson (r) presented the Psychologically Healthy Workplace Award to Elaine Sprainer of ReMed.

ReMed Recovery Care Centers, based in Paoli, won APA's Psychologically Healthy Workplace Award. ReMed, which won the award by the same name at the state level in 2011, was presented with the award at the annual State Leadership Conference in Washington, DC, in March. As master of ceremonies, Dr. David Ballard, assistant executive director for marketing and business development for the APA Practice Directorate (and the first chair of PPAGS), noted that ReMed was selected based on several factors: multiple paths to employee involvement, a collaborative health and safety committee, active career mapping, flexible work schedules, and opportunities for advancement.

ReMed was nominated by PPA's Business and Psychology Partnership Committee, chaired by Dr. Rex Gatto. This was the third year in a row that PPA leaders saw this award or a best-practices honor bestowed on a Pennsylvania company at the State Leadership Conference.

PennPsyPAC Is Essential Part of Advocacy

During 2011 our political action committee, PennPsyPAC, contributed $40,000 to candidates for the state legislature from both political parties. These contributions to candidates who support psychology were made possible by many generous donors to PennPsyPAC. Of course, our contributions to candidates are dwarfed by the contributions from the health insurance and business PACs who often oppose our agenda. PPA cannot make such contributions from association funds, which is why we have a PAC. It is important to the field of psychology to help get sympathetic candidates elected or re-elected, and we can contribute to their campaigns only through a PAC. Almost all of the money coming in to PennPsyPAC is used for candidate contributions and events such as Advocacy Days. Only about 10% is used for fundraising and administrative purposes.

State legislators determine to a great extent the conditions under which we practice – the rules that managed care organizations have to follow, the requirements for reporting suspected child abuse, 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 received a letter requesting donations to PennPsyPAC. Please respond generously to it. Or better yet, you can get information and make a donation online at http://www.papsy.org/advocacy/. Please don't wait for someone else to carry the load; they are waiting for you!

PPA JOINS FORCES WITH PEDIATRICIANS

Continued from page 1

2011), addiction (National Institute on Drug Abuse, 2011), forensic involvements (Teplin et al., 2002), increased costs (Case et al., 2011) and.... Let me stop there and ask, "can anyone think of an important societal outcome that this social injustice does not impact?"

In reviewing this issue it brings to mind a scene from the movie *The Untouchables* when Kevin Costner (playing the role of FBI agent Eliot Ness) is lamenting to the Chicago beat cop character played by Sean Connery that he was frustrated in his efforts to redress the social injustices caused by Al Capone. Connery's character responded that the problem was not knowing what to do. No, he thought the nature of the problem was best characterized by the challenging question he issued in response to Ness's lament: "What are you prepared to do?!" As president-elect of PPA, and regarding the injustice I laid out in the first paragraph, I've asked this same question of myself and 15 other people. The answer, it turns out, is that we're prepared to do a lot.

The Pennsylvania Chapter of the American Academy of Pediatrics (PA-AAP, www.paaap.org) and PPA (www.papsy.org) have formed, with the approval of their respective boards of directors, the Pediatric Mental Health Task Force. We had our first in-person meeting in Mechanicsburg, at the University of Pittsburgh's Child Welfare Training Center on March 20. In that meeting we agreed to 15 measurable goals. At the heart of these goals is to have kids routinely screened for mental health problems in pediatric practices and to make available, to participating pediatricians, psychologists who are willing to do evaluations in a manner that is consistent with standards to be developed by the task force. We will endeavor to complete our work by June 2013. The co-chairs of this effort are pediatrician and PA-AAP board member Stephen Krebs, MD, (based in Carlisle) and I. What has been remarkable to both Stephen and me is how quickly and easily those we've asked to join our effort have said "yes!" My exchange with Paul Kettlewell, PhD (former PPA president and director of psychology at Geisinger Medical Center, Danville) typifies our experience. I was at a dinner with Paul; he was sitting at a different table. As I passed by him I knelt down and said I wanted to give him a call about possibly joining this (yet to be formed) task force. I gave him about a 45-second summary just so that he would know what I would be calling him about. I said I'd look for his answer after I could explain it more thoroughly. But he waved his hand and said "I'm in. Just give me a call to let me know what you need." Paul's modal response speaks to the awareness of the importance of this issue among our youth-clinician leaders. These are the 13 other members (their accomplishments are too lengthy to summarize here, so I'm only listing their work setting and location): Thomas DeWall, CAE (PPA staff, Harrisburg), Laura Duda, MD (Penn State Hershey Medical Center, Hershey), Lauren Hazzouri, PsyD (ECP practitioner, Scranton), Ray Hubbard, MD (Reading Pediatrics, Reading), Lisa Hutton, MD (practitioner, Jamison), Ken Keppel, MD (Children's Community Pediatrics, Kittanning), Samuel Knapp, EdD (PPA staff, Harrisburg), Kylie McColligan (PsyD student, Scranton), David McConnell, MD (Warren Pediatrics, Warren), Marie McGrath, PhD (Immaculata University, Immaculata), Renee Turchi, MD (St. Christopher's Hospital for Children, Philadelphia), Dennis Valone, EdD (Northwest Tri-County IU, Edinboro), Dan Warner, PhD, (Nulton Diagnostic and Treatment Center, Johnstown), and Suzanne Yunghans, MBMgt (PA-AAP staff, Media).

But, I'm doing more than reporting here. I'm looking for partners. After we develop our evaluation standards (and I promise that those of you who practice in an evidence-based fashion will consider these standards to be elementary), we will be looking for psychologists who are willing to accept referrals from pediatricians to do these evaluations. So, if you are interested in participating please e-mail me and/or our task force member who is coordinating the relevant goal, Dr. Hazzouri (drlhazz@comcast.net). Also, feel free to be in touch if you would like to be informed about our goals or any of our work products. You can also count on receiving updates on these issues through multiple venues. (I may be contacted at palmiter@marywood.edu or 570-587-2273.)

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Member News

In March, **Dr. Bruce S. Zahn**, professor and director of clinical training in the Department of Psychology at PCOM, co-presented with **Dr. Arthur C. Evans**, Philadelphia Department of Behavioral Health and Intellectual disAbility Services, and Dr. Astrid Beigel, County of Los Angeles Department of Mental Health, at a symposium at the 2012 annual meeting of the Eastern Psychological Association in Pittsburgh. The title of Dr. Zahn's presentation was "Psychology Training and Integrated Health Care: Competencies for New Realities." Dr. Evans's presentation was "The Future of Psychological Practice."

Uncertainty in Psychotherapists and Counselors

Dawn Moeller, PhD; John Massella, EdD; Brooke Sanderson, MS; Mary Ann Salotti, PhD

Psychology is a field in which little is known for certain. If we look back over the last century, we see that there have been major shifts in the ways in which theorists have explained human behavior. From psychoanalytic theory to behaviorism to cognitive behaviorism and beyond, the mechanisms that determine human behavior have been described in radically different ways. This ever-changing theoretical landscape is the foundation upon which psychotherapists draw when deciding how best to help their clients.

To further complicate the picture, not only must therapists pick from competing theories, they must also choose how to apply a theory in the consulting room. Thus, psychotherapy has been described as both a science and an art (O'Donohue, Cummings & Cummings, 2006). There is necessarily some improvising that goes on in session, as there can be no guide that lays out just what each unique therapist should do with each unique individual in each unique circumstance.

Not surprisingly, self-doubt has been found to be common among therapists. Orlinsky and associates (1999) found that of the psychotherapists they measured who had between 15 and 18 years of experience, only 45.1% reported having high therapeutic mastery. In that same group, 16.6% reported low therapeutic mastery. Further, of those with 23 or more years of experience, they found that only 63.5% reported high therapeutic mastery. In that same group, 7.6% reported low therapeutic mastery. Similarly, Theriault and Gazzola (2005) interviewed eight therapists who had between 10 and 29 years of clinical experience. All of the therapists admitted to having times of self-doubt related to their work.

We conducted a survey of psychotherapists and counselors in an attempt to better understand uncertainty among psychotherapists and counselors. A total of 112 psychotherapist/counselors participated in this study – 66 females (58.9%), 45 males (40.2%), and one who skipped the question on gender.

Our survey results indicated that in our group of respondents, uncertainty about theoretical orientation or approach to client problems is a feeling that most have to contend with on occasion, but not often. In fact, the frequency with which they experience these types of uncertainty in their profession is similar to the frequency with which they experience doubt and worry about other life areas; in both cases, the majority rated this frequency as "seldom" or "sometimes."

Pictured left to right: Dawn Moeller, Brooke Sanderson, Mary Ann Salotti, and John Massella.

Interestingly, respondents do not *often* attribute their uncertainty with clients to difficulty in reconciling conflicting information in the field. This is in spite of the fact that most respondents frequently seek out information, and all confront conflicting viewpoints at times.

Most of our respondents worry at least on occasion that they do not have enough knowledge or expertise in their work with clients, with just over half of the respondents reporting this happens "sometimes," "often," or "always" (versus "never" or "seldom").

Uncertainty in knowing the best approach to handle client problems results in stress for most of our respondents on occasion, but for the vast majority, not often. Most of our respondents do not feel that their uncertainty affects their clinical work with clients often.

Even though uncertainty related to their work does not occur *often* for most respondents in this study, it is apparent that uncertainty is not *uncommon* among our respondents either. For instance, when conducting psychotherapy/counseling, almost half (49.1%) of our respondents reported that they feel uncertain about their clinical approach "sometimes" (44.6%), "often" (3.6%) or "always" (0.9%). Based on these results, we believe that the topic of uncertainty should be addressed in both the early training and the continuing education of psychotherapists and counselors.

Of particular note is that although a degree of uncertainty is inherent in the field, the great majority (92.8%) of psychotherapist/counselors are often (48.2%) or always (44.6%) satisfied with their choice of profession.

Further research on the conditions that produce a sense of uncertainty versus those that produce a sense of mastery could prove to be useful for supervisors and educators. Novices may benefit from knowing how more experienced psychotherapists and counselors handle their uncertainty. For instance, from this study, it appears likely that *consultation* and *focusing on the client* are methods that may be useful to try. This study also suggests that clinicians experience uncertainty more due to feeling that they don't have enough knowledge or expertise, rather than from difficulty in reconciling conflicting information in the field. For those involved in training, exploring exactly

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Christian Patients and Non-Christian Psychologists

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

In the October *Pennsylvania Psychologist* I opined that it may be appropriate to give the names of respectful and effective non-Christian psychologists to prospective patients who ask for a Christian psychologist (Knapp, 2011). I suggested that one response may be to say, "I do not have a list of Christian psychologists, but here are psychologists whom I know to be respectful of Christian beliefs" (p. 8).

In a response Dr. John Hower stated that the response suggested in my article could have the "subtle implicit message that the request is inappropriate – perhaps even narrow minded" (Hower, 2012, p. 7), and that it conveys a "dismissive attitude toward the concerns expressed by an individual seeking a Christian psychologist." Dr. Hower states that the article encourages psychologists to "shape them [prospective patients] toward our view of how they should be seeking and evaluating psychological services" (p. 7).

Dr. Hower claims that a Christian patient will be more comfortable with, more likely to attend sessions, and more amenable to feedback from a Christian psychologist who "shares their basic faith perspective" (p. 7). Among other things, he states that the Christian psychologist would know about the doctrines and subculture generally unknown to non-Christians, such as the range of views about the Holy Spirit, the devil, or theological issues (Hower, 2012).

I appreciate the willingness of Dr. Hower to share his perspectives on this important topic. The differences between Dr. Hower and me appear to represent the combination of my failure to communicate precisely, and differences in our perception of the necessary conditions for effective psychotherapy and the responsibilities of a psychologist who gives a referral.

Failure to communicate adequately

I never referred to the request for a Christian psychologist as evidence of "narrow-mindedness." Nor do I believe I was "dismissive" of the concerns of the person seeking a referral. If prospective patients are worried about getting a psychologist who intends to proselytize atheism or non-Christian values, then I think we can direct them to professionals who would not do this. I do not view this as trying to "shape them toward our view," but rather as trying to address their concerns directly and respectfully.

Dr. Hower and I agree that a request for a Christian psychologist may reflect a fear that a non-Christian psychologist may not respect their belief systems. My opinion is that psychologists should not automatically exclude giving such patients the option of considering non-Christian psychologists whom they know to be respectful and competent. In my article I used the words "one response" and "option" deliberately. Of course a prospective patient could always respond and say, "I really want someone who is a Christian." Then psychologists can respond back accordingly and note whether the psychologist named is a Christian if they know this information.

Differences in perception of effective psychotherapy

Dr. Hower argues that Christian psychologists are going to be more effective with Christian patients because they understand their worldview better and can make them feel more comfortable. Here I disagree with the absolute nature of the argument presented by Dr. Hower. A psychologist who is a Christian may (but not necessarily) have an advantage when treating a Christian patient because of familiarity with their worldview, depending in part on the extent to which it is relevant to the patient's presenting problem. Nonetheless, an understanding of Christian doctrines or traditions is far less important than the ability or willingness of the psychologist to strive to understand the patient's own interpretation, core narrative, or centers of meaning. I expect that a strong therapeutic relationship stems from the ability of the psychologists to convey an accepting attitude, not from their publicly identified religion. Whatever initial comfort a patient feels with a psychologist from a similar religion may be quickly lost if that psychologist fails to demonstrate the interpersonal skills necessary to form a trusting relationship or fails to have expertise in the prospective patient's area of concern.

Responsibilities of the referring psychologist

As noted by McMinn et al. (2010), the phrase "Christian counseling" has no agreed-upon definition. Depending on the speaker it could refer to an individual who does Biblical counseling, one who integrates Christianity with psychology, or one who is a psychologist who happens to be a Christian. Similarly, the identification of a Christian can be problematic. Are Latter Day Saints Christians? Not everyone thinks so. What about Holiness Pentecostals? Some Quakers identify themselves as Christian; other Quakers do not. I know some who claim that a person is not "really" a Christian unless they use the King James version of the Bible, interpret the Bible literally, and denounce the theory of evolution.

There may be rare circumstances when a psychologist knows the prospective patients and psychologists well enough to make such a match based on theological compatibility. However, psychologists should not have to vet potential referrals according to their theology. Referring psychologists cannot ensure a perfect match between their referral and the prospective patients. Instead the goal is to give some general information about potentially appropriate psychologists; the final decision is always up to the patient.

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Response to Knapp on Christian Psychologists

Editor:
This is my second letter to the editor, following Dr. Sam Knapp's response to my first letter to the editor (Hower, 2012) regarding consumers seeking a Christian psychologist. I think our positions represent differences in emphasis rather than polar opposite views.

Although in the latter part of Dr. Knapp's original article (Knapp, 2011) he states, "First, we generally want to respect patient autonomy, including respecting their preferences in a health care professional," this message seems almost an afterthought to his main message of caution against discrimination. Following the title, "Would You Like to See a Christian Psychologist," is a discussion of the potential for accepting or endorsing discriminatory practices by acquiescing to the patient's request. The "for example" Dr. Knapp considers after raising the issue of discriminatory practices is, "Should psychologists respect the preferences of prospective clients who want to have a Christian psychologist?" His first paragraph contrasts legitimate requests for specific types of referrals such as requesting the gender of the therapist, versus questionable requests such as asking for a Christian psychologist, and thus the stage is set to view the latter request in a pejorative way. Later in the article, race, ethnicity, and sexual orientation are considered as factors for making a referral. Dr. Knapp states, "psychologists who defer to patient preferences for race may inadvertently reinforce racist attitudes." Though not directly stated, the context and juxtaposition of seeking a Christian psychologist as potentially discriminatory with the warning about reinforcing racist attitudes seems to put seeking Christian-oriented therapy in the same basket as racism. I find this to be an unfortunate association. This line of thinking could reinforce an anti-religious bias. Sometimes trying to be true to our code of ethics can go full circle and end up supporting a form of discrimination against religious people, while trying to walk the ethical high road. I am sure this was not Dr. Knapp's intention, but I think a careful reading of his first article supports that position.

My first letter outlined a number of reasons why I thought requests for a Christian psychologist were legitimate, and I think the public is best served by trying to assist people in finding what they are looking for as a starting point. Dr. Knapp rightly points out that there is no agreed-upon definition of "Christian counseling," and there may be counseling interventions that would make some of us (including myself) squeamish under a Christian counseling umbrella. Nevertheless, I believe the seeker of services should have the right to choose what he or she wants. The fact that a person is seeking a psychologist and not a pastor or spiritual advisor implies that they are looking for education, expertise, and professionalism rather than simply Christian doctrine. Some Christian counselors may have less training and supervised experience than psychologists, and in that case the prospective client is in a position of weighing the relative importance of religious similarity and education and experience factors. In my view it would not be appropriate to push for psychological training over religious preference along the lines of, "Psychologists are better trained than Christian counselors."

Having the therapist self-identify as Christian does not automatically ensure a better outcome. It may well be that a non-Christian therapist would be more helpful for a given individual, and I think it is perfectly acceptable to offer such alternatives for the client to choose from. Realistically, it is difficult to know all of the options that may exist, and it is easier and perhaps safer to refer to people who are personally known and trusted. Ultimately we should hope consumers of psychological services can find a therapeutic relationship they can trust and a therapeutic approach that they find helpful with their issues.

Respectfully,
John T. Hower, PhD

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UNCERTAINTY IN PSYCHOTHERAPISTS AND COUNSELORS

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what knowledge or expertise clinicians feel they are lacking, and addressing these topics specifically, would likely go far in giving them an increased sense of mastery.

Limitations of the study

The population surveyed was not a random sample of psychotherapists and counselors, providing less certainty regarding generalization of results. In particular, we may have recruited more drug and alcohol providers than there are in the general population of psychotherapists and counselors. Further, this survey was given to those who *currently* work as psychotherapists and counselors. If some clinicians have left the field due to their uncertainty, our results do not reflect their experiences.

With respect to the data concerning the effect of uncertainty on clinicians' work with clients, it should be kept in mind that a clinician's perception of such an effect may or may not represent the reality of the situation.

A complete write-up of the study can be obtained by contacting the first author at moeller@calu.edu.

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Secure Deletion and Encryption of Sensitive Files

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Client confidentiality is of the utmost importance for psychologists. Unfortunately, the technicalities of computers often make it difficult for therapists to securely store and delete sensitive information. A new piece of legislation that amended HIPAA, called the Health Information Technology for Economic and Clinical Health (HITECH) Act, created additional regulations and penalties regarding the secure storage of protected health information (PHI). The following article seeks to inform psychologists, especially those running their own practices, on procedures for secure deletion, protection, and encryption of their files. It is also intended to give psychologists peace of mind that they are using vetted practices for securing their data. It should be noted that a much more comprehensive version of this article, complete with how-to guides, is available in the Tech Corner on the PPA website (www.PaPsy.org/index.php/tech-corner/tech-corner.html).

Secure deletion

It is essential that sensitive information be deleted off of any drive in ways that prevent its ever being recovered. Any malicious individual with an easily obtainable program can recover all types of deleted information from a computer's hard drive. Secure deletion is necessary for deleting old contact notes from a hard drive, removing sensitive files from a USB flash drive or floppy disk, or wiping the hard drive before the computer is sold, recycled, or thrown away.

Macintosh

Macintosh users are at an advantage over Windows users on this front. Macintosh users have an option to securely delete their trash bins. This process takes a little longer, but it actually overwrites the file with random data, making the file unrecoverable. The secure delete option can be found under the Finder menu. Please note that this process may take a while if you are deleting a large amount of data.

Windows

Windows users have a slightly more difficult time securely deleting information. Although Windows does include a program to securely erase files and free space, it is not-user friendly. A more user-friendly, and free, program is called Eraser. Eraser will write over the fragments of the file with random 1's and 0's so that the data is not recoverable by any program. See the Tech Corner for further information and reviews on Eraser and securely deleting Windows files.

Removal of old/crashed hard drives

Old and crashed hard drives can present a dilemma when sensitive information is stored on them. An old hard drive, however, presents a slightly different issue than a crashed hard drive. Presumably, old hard drives still run and can be wiped and reformatted. Several programs, such as the aforementioned Eraser, will totally wipe a hard drive. The difficulty is that you cannot wipe a hard drive that you are currently using. However, accessing a preloaded program (Command Prompt) before Windows boots will allow the user to reformat the drive without removing it from the computer. After formatting the drive, it would take a computer specialist to recover any of the data.

In consideration of crashed hard drives, you may rest in comfort in that if the hard drive is not booting or loading at all, chances are the data is unrecoverable anyway. The circuitry on the board can also be physically damaged to prevent access, but is not 100% foolproof.

Encryption

Encryption is a form of protection that prevents files from being accessed without the correct password or key. The HITECH act does not require that files be encrypted; it only requires that they are stored securely. However, if a data breach occurs, and the data was not secured, the offender must make a public announcement regarding the breach to those affected, and have their name listed on a government website of offenders. If the data was found to be securely stored, a public announcement of a breach is not necessary. According to the HITECH act, encryption is considered a method of securely storing data. Luckily, both Macintosh and Windows software (with some exceptions) natively support encryption standards. Encryption can be used to conform to HIPAA/HITECH standards, prevent unauthorized access to data, and prevent access to USB drive data if lost or stolen.

Third-party programs

There is a variety of third-party programs that offer to encrypt your data for use on USB drives and portable hard drives. One program in particular, which complements Dropbox, is called SecretSync. SecretSync will encrypt your files automatically before syncing them to Dropbox, which means that the files stored in your Dropbox folder on your hard drive are encrypted before they are sent to Dropbox. Another excellent program, appropriately named TrueCrypt, can encrypt an entire USB drive or an entire hard disk. In this case, if the USB drive is lost or the computer stolen, it would be impossible to access the data unless the correct password was provided.

Resources

Health Information Technology for Economic and Clinical Health Act of 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111–5.

Health Insurance Portability and Accountability Act of 1996, Pub. L. 104–191, 110 Stat. 1936.

Classifieds

POSITION AVAILABLE

PSYCHOLOGISTS NEEDED, PART-TIME, HOLLAND, PA. $35/hour. PA license required. PhD preferred. Contact Kolby at 215-497-0574.

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SEEKING PART-TIME LICENSED DOCTORAL PSYCHOLOGISTS, who are Medicare providers or Medicare eligible, to do consultations and provide follow-up treatment to geriatric residents in rehabilitation facilities and skilled nursing homes in Montgomery, Bucks, and Chester counties. Training is available. If interested in working in a highly rewarding setting, please contact: LMF Psychological Services, LLC, PO Box 237, Hatfield, PA 19440; Ronda White at 215-362-1420 or e-mail at lmfpsych@hotmail.com

OPPORTUNITY TO EXPAND YOUR PRACTICE Increase your service capability using two way visual internet connections set up at your office and at the client's site. Behavioral Health PC has opportunities for part-time PA licensed psychologists. If you are planning to retire or have done so, this is one way to keep active. To learn more about this opportunity email a one-page resume to GPS24@aol.com or phone 717-766-5494.

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OTHER

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2012 CE Calendar

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

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

November 1 and 2, 2012
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

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

April 4 and 5, 2013
Spring Continuing Education and Ethics Conference
Monroeville, PA
Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.PaPsy.org/index.php/collaboration-communication/.

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

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***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.