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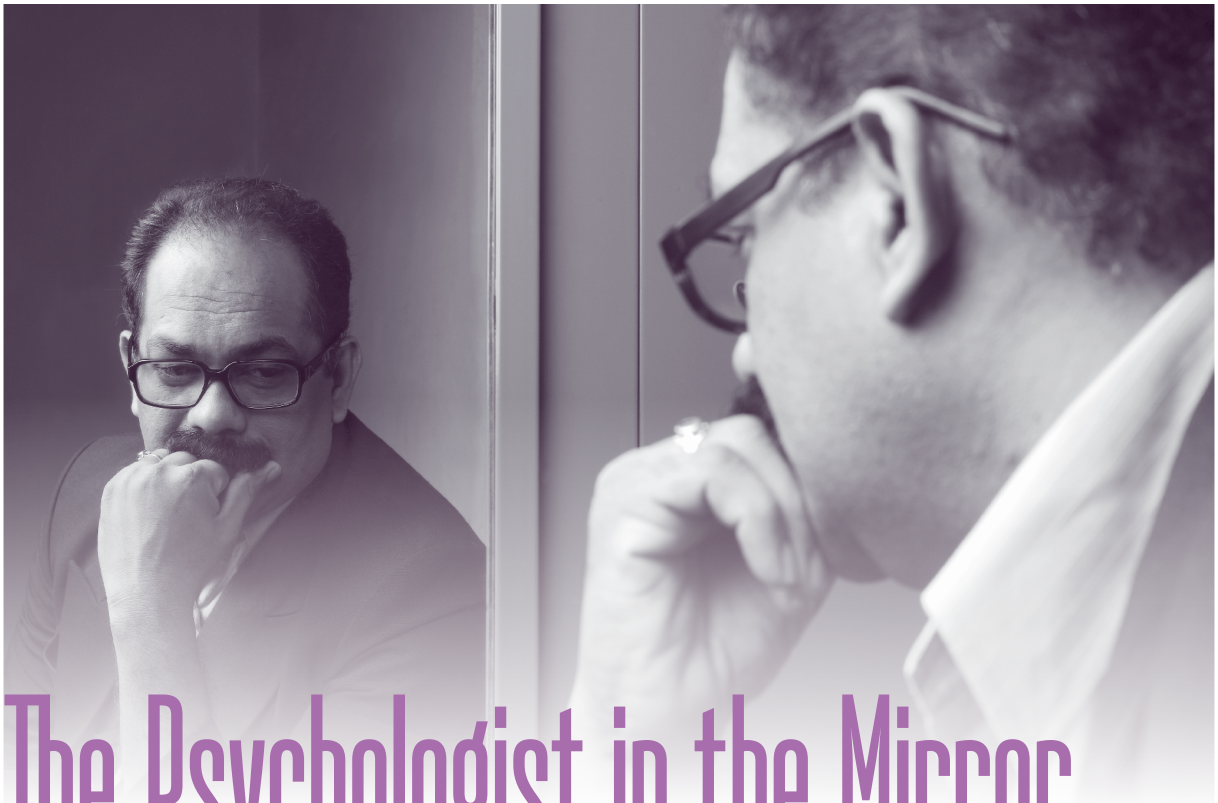

The Psychologist in the Mirror

AN ISSUE OF SELF-REFLECTION

ALSO INSIDE:

- The outgoing president's top 10 insights
- Understanding the alphabet soup of our associations
- Important details about Munchausen syndrome by proxy
- Impactful social justice training for psychologists
- CE test now available online

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Editor: Dea Silbertrust, PhD, JD

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Pennsylvania Psychological Association
416 Forster Street
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(717) 232-3817
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SPECIAL SECTION—THE PSYCHOLOGIST IN THE MIRROR: AN ISSUE OF SELF-REFLECTION

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SCHOOL PSYCHOLOGY SECTION

ALSO INSIDE

Reflections From the Presidency

Vincent J. Bellwoar, PhD

Dr. Vincent J. Bellwoar

Ahoy, Mateys! A year ago at the convention I described PPA as a ship facing a “perfect storm” of events. In truth, I stole the idea from Sam Knapp (but I did so only in the true spirit of a pirate). While the storm continues to challenge us, PPA confidently moves forward. Given this edition’s theme of self-reflection, I want to share the insights I’ve gained over the past 7 years serving on PPA’s Executive Committee and particularly the last 2 years. The intensity began when, as president-elect, I headed up a Succession Development Task Force that sought our next captain. This yearlong search led to the current year, where as president I worked with our new executive director, Krista Paternostro, and the Board of Directors in setting a new course for PPA amidst the sea of changes. Such intensive involvement with psychologists from around the state led me to the following top 10 observations of PPA and PA psychologists.

10. We are a merry band of pirates! When John Gavazzi called me 7 years ago to ask if I would run for PPA treasurer, I tentatively agreed. Like most who are asked to serve on PPA’s Board, I questioned whether I had much to offer, had the time, and would enjoy it. I wondered whether I would be stuck in long meetings with psychologists “processing” everything. My skepticism quickly faded as I was greeted by a warm, grounded, fun, and spirited group. These PPA companions were pirates in their own right—fiercely independent while loyal to the PPA flag, each one quirky, interesting, and passionate. My thanks to those who quickly brought me into the PPA family: Sam, Tom, Andrea, Mark, Nancy, Don, Dianne, and David. You’ve brought meaning into my life and helped me appreciate that by giving back to our community, we enrich our lives.

9. You have to spend money to make money. PPA is fiscally healthy, but we are keeping too much money in the bank and not spending enough to upgrade our facilities. PPA should present itself as professional, polished, and tech savvy. Over the last 9 months we have begun to make necessary upgrades. Two essential first steps were purchasing new computers and developing a new website. The June convention will display more technology than ever before. We will use video conferencing to more readily draw in our volunteer members and connect psychologists throughout the state. With time being the greatest hurdle in volunteer work, technology can connect us efficiently. As PPA saves money in reduced travel reimbursements, the technology investment was a no brainer. Perhaps the most daunting challenge ahead is what to do with the PPA building. This prized possession has fallen into a state of disrepair. PPA staff and volunteers deserve to work in a more professional space. We are fortunate to have a sizable reserve fund that can be used for significant one-time expenses such as building renovations. As the relevant committees wrestle with this challenge, they should be mindful of the quote noted at our last Board meeting: “You cannot save your way into greatness!”

In spite of the perfect storm of challenges and threats to PA psychology, there remains a tremendous need for psychological work.

8. Society needs psychology more than ever. In spite of the perfect storm of challenges and threats to PA psychology, there remains a tremendous need for psychological work. The stigma of seeing a therapist continues to fade. Psychology continues to make its way into the sports arena, workplace, and fabric of American life. With skyrocketing health-care costs and the greater difficulty affording medical interventions, there will be a renewed interest in preventative care. I often wonder how many of the hundreds of patients who seek treatment in our offices every week would feel better by simply improving their eating, sleeping, and exercising habits. In addition, as we become more tech dependent and “wired in,” the more we struggle with the basics of human connection. My daughter recently texted a picture of a family of four she observed at a restaurant: Each person was staring into his or her smartphone instead of interacting with one another. A year ago she told me how her college dorm friends rely on her to make the call for late-night pizza. Their reluctance comes from using their phones to text, not talk. My daughter thanked me for making her answer the phones at work one summer because this gave her the skills that her peers lacked. As society continues to struggle with health and technology, who better than psychologists to help others deal with technological changes and achieve a balance in their physical and emotional life?

7. Batten down the hatches! The “perfect storm” is upon us! PPA is in the midst of tremendous change with threats coming from many angles. We’ve successfully addressed two of the biggest internal challenges to PPA (see #2 and #3 below). But the tsunami of health-care reform continues to pound us, wave after wave. Health-care reform affects every citizen personally, and it also affects us, as psychologists, professionally. I focus on the bottom line: Health-care delivery must radically change because we cannot afford to stay on the same path. According to the 2013 Milliman Medical Index, the total cost of health care for the average family of four was $22,030. Of this amount, employers covered

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Purposeful Determination

Krista L. Paternostro, CAE

Krista L. Paternostro

As of this writing I am just finishing up my course work for this semester at Penn State. If all goes as planned I will finally graduate in December 2014 with a master of public administration. I share this story not to announce the final accomplishment but to share the long journey I went on to make it to this moment. And, my journey to obtain my master's degree has been a long one indeed.

I started the program way back in 2002, almost 12 years ago. I took a long hiatus as life and work got in the way of my dream to complete my degree. But, I never stopped thinking about finishing it. It was, it seemed, the only item left unfinished on my professional bucket list. Feeling undeterred in 2010, I made the decision that it was time to go back. Yet, not even a resolute mind can see what the future holds. And since 2010, both my personal and professional lives have changed in ways I could never have imagined, and with each change came another chance to accept that this degree might never happen. So sitting here today with only one more class left standing on this long and winding road, I feel ecstatic at the prospect of actually realizing this goal.

I understand that mine may be a story that passionate, determined, and well-educated psychologists may not relate to, given your highly degreed professional pursuit. But I do know that you have each lived your own experience of purpose and perseverance. And this is where our stories intersect.

I share this story for this column as I am reminded of the long road ahead for PPA. No goal worth reaching is ever easy to obtain. That is my view of the world, at least. I relate this perspective to the patience and focus needed to continue to create new opportunities for our organization and our members. So much has already been accomplished with your thoughtful guidance and input. But, there is fundamental change ahead. We must have the patience to see the long view.

If you haven't already, I encourage you to take time to read our esteemed president Dr. Vince Bellwoar's column, appearing on pages X–X. His wisdom and insight on the future of psychology, his view of his term as PPA president, and his take on the road ahead for PPA are intuitive and humorous. It has been my pleasure to serve standing next to him. PPA is fortunate to have had such a strong and dynamic leader in place during a time of tremendous organizational change. We were so lucky but we did not even know it because the ease of his term made it all seem so uncomplicated. Thank you, Vince, for the countless hours you invested, often from your personal time, to see this transition through. Your accomplishments and contributions will be felt for many years along the path ahead.

As you read this article, we will be about to convene in Harrisburg for our 2014 PPA Annual Convention. I am thrilled to be a part of the convention team, joining with our convention committee and the PPA staff in planning this year's events and activities. I hope that you agree that some of the changes we have made are adding long-term value to this event, including online registration through our new PPA website. We launched the new site on schedule on April 15. I would like to publicly thank the entire PPA staff for helping to make this happen, most notably our business and membership manager, Iva Brimmer, who served as our implementation-team lead.

> *But, there is fundamental change ahead. We must have the patience to see the long view.*

As I think about all that has happened since the start of 2014, I am pleased with our direction and focus. As Vince describes in his column, we cannot and will not be successful without your help. I encourage you to continue to be a part of PPA's future.

Our personal lessons often blend into our professional pursuits. If we believe that our next goal is patiently waiting right around the corner and if we have the perseverance and will to see it through, who knows what we can accomplish?

PRESIDENT'S PERSPECTIVE

Continued from Page 2

59%, while employees paid 41% via payroll contributions and out-of-pocket expenses (copays, deductibles). These numbers represent a 31% increase over 2009 numbers. Consumers are paying more each year for their health care as employers pass on the increased costs to their employees. Even though health-care costs have risen more slowly the last few years, they are still three times the rate of inflation. Obamacare purports to slow health-care cost increases, not stop or reverse them. With continued time and pressure on their wallets, consumers will become much more discerning about where their health-care dollars go and will demand information on quality and outcomes. Many believe the solution will inevitably lead us away from a fee-for-service system where providers get paid per unit of service. Instead, the system will clumsily evolve into one where health-care providers coordinate care with one another and share in the fiscal reward (or penalty) when large groups of patients stay relatively healthy (or not).

6. Get out of your silos. Psychologists, like other health-care providers who practice in isolation, will be dinosaurs. The future of health care is in teams of providers who coordinate care to keep costs manageable. Integrating one's practice with primary care physicians or other specialists is a good start. Understanding your patient's physical health and the interplay between physical and psychological health is crucial. We must focus on educating other health-care practitioners and the public about the role that psychology can and should play in physical health. In addition those psychologists who rely on a cash-paying clientele will likely find themselves in a shrinking and increasingly competitive marketplace. With the fading stigma of mental health treatment and increased access via mental health parity and Obamacare coverage, patients will more readily use their insurance. With rising health-care costs, patients will have fewer dollars for out-of-network care. Provider networks will become more exclusive as a way of controlling costs. Psychologists have two choices: hope to be very successful marketing to the decreasing niche of cash-only treatment or get on insurance panels and team up with physician groups.

5. Prove your worth. Competition is getting fierce out there. Graduate schools are not just churning out energetic and well-trained psychologists but even more LPCs and LCSWs who are vying for those therapy clients. In our practice only 15% of prospective clients ask for a psychologist. Most of the general public neither know nor care about the difference between the other mental health professions and ours. Patients just want to feel better! Psychologists have a branding problem, a marketing problem. This shouldn't be made into a turf war. LPCs and LCSWs aren't going anywhere. Instead of focusing on them, we should be focusing on proving our worth. We are the best-educated and best-trained mental health professionals out there. Can you describe what you do and sell in layman's terms in under a minute?

4. PPA is a business. This issue caused some debate during PPA's strategic planning session in December. Some may feel that calling PPA a business is somehow tainting the good work that we do or that it may lead us down dark alleys of corporate cutthroat culture. Having previously served as PPA's treasurer for 4 years and on the budget and finance committee for 7 years, plus having run a large outpatient practice for the last 15 years, I firmly believe that in order to survive and thrive, PPA must see itself as a business. Of course, there are good businesses and bad ones. For a sense of the good ones, view the American Psychological Association's Psychologically Healthy Workplace Program award winners. Also, read ***Race for Relevance*** by Harrison Coerver and Mary Byers.

Associations such as PPA are changing radically. Volunteer members have less time to give and association structures no longer serve the purpose they once did. We are entering very challenging times as an association. PPA is fortunate to be financially very healthy and to have a vibrant and energetic volunteer base. Nevertheless, PPA must evolve quickly to the changing nature of what members demand from their association and what they can give back to it. We must become more relevant and responsive to our members, especially the younger ones. We must provide our members with a clear ROI—return on (their) investment.

3. A notice to all: Stop worrying about Sam leaving! We have a plan and it's a good one. In February 2015 Sam will leave PPA as a full-time employee and move to California to be with family. Sam wants to continue to work for PPA remotely for 10–20 hours a week. Krista is creatively piecing together a plan to make

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PRESIDENT'S PERSPECTIVE

Continued from Page 4

this happen. Obviously, we want to continue to tap into the best of Sam: the wisdom he offers in consultation about an incredible range of legal issues relevant to PA psychologists.

2. La Capitana. It has been a thrilling 2 years for me as I was handed the keys to the car and instructed: Go find us a new executive director. Having hired many people over the years, I'm never quite sure what I'm getting until the person is in place for 6 months. As of this writing, I have worked with Krista for 8 months. No one is perfect . . . but I'm thoroughly impressed. It would have been easy to get a good manager but what PPA needs is a great leader. I hope Krista will grow more and more fond of PPA as she continues to recognize the passion of its members and the truly great work that psychologists do to make this world a better place. It's not easy being an association executive director. Every year you must shift to working with a new president and an ever-changing Board of Directors. Krista has done this before in other associations with great success. Certainly, there is much to learn about PPA and psychology. She's hit the ground running and the results thus far are impressive. Now it's our job to make her *love* PPA. Expect much of her and give her your support. Help her understand why what we do isn't just a job; it's a passion, a calling. Come join Krista and help build the next generation of PPA!

1. PPA needs you! Don't wait for someone else to grab the oar and start pulling our PPA ship into the future. There is power in numbers. The more of us who pull, who do the work, the more steady and sure our path will be. The strength of PPA is in its volunteer leadership. We appreciate whatever time you can offer, no matter how small. PPA volunteers come in all shapes, sizes, and colors. We are indeed a motley crew! Don't be one of those who points a finger and asks, "What's PPA doing about it?" Be the one who does. Become action!

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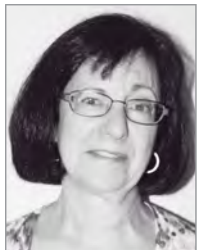
PennPsyPAC

What Is That, Again?

Dea Silbertrust, PhD; dcsilbertrust@comcast.net



Dr. Dea Silbertrust

Like most psychologists, you probably get numerous solicitations from psychological organizations whose acronyms tend to blur into one another. Here is an overview of three related, but distinct, entities for Pennsylvania psychologists: PPA, PPF, and PennPsyPAC. All three share the same office and administrative staff. All three are run by psychologists who are members of PPA. But each is a separate legal entity with a separate board and a specific function.

PPA is the main organization that all of you know. It is a member association that each of you joins by paying annual dues that are used to cover operational expenses such staff salaries, office utilities, and printing costs. Your dues are tax deductible as a business expense.

PPF stands for the Pennsylvania Psychological Foundation. It is a tax-free 501(c)(3) organization, which means that your donations are tax deductible as charitable donations. These donations are used to fund student awards and scholarships, workshops for the public, the colleague assistance program, disaster relief training, and other education-centered projects.

PennPsyPAC also furthers psychology in our state, but it does this in the political arena. All PACs, which stands for Political Action Committee, are set up to advocate and make political contributions for a particular interest group. This is something that PPA, by law, cannot do. The contribution you make to PennPsyPAC, which like any political donation is not tax deductible, is used on behalf of Pennsylvania psychologists in two ways.

First, the money allows PPA staff and members to attend fundraisers for state legislators who support psychology's agenda. This increases our face time with members of the House and Senate, strengthening relationships and increasing exposure for bills pertaining to psychology. PennPsyPAC pools our individual contributions, which allows us as psychologists to have a greater voice than if we acted as individuals. (Of course, you may also choose to make an individual contribution to your favorite candidate.)

Second, PennPsyPAC provides funding to educate Pennsylvania psychologists about legislative issues and to assist them in being effective advocates on behalf of psychology. This includes funding for our annual Advocacy Day and for psychologists who set up receptions for local candidates. For more information on PennPsyPAC, check out the Advocacy section of PPA's newly improved website.

I hope this helps you better understand why you are asked for money from three Pennsylvania psychology groups. Please don't hesitate to contact me or another Board member if you have any questions or want to get more involved in advocacy.

Munchausen Syndrome by Proxy in High-Conflict Divorce Cases

Allan M. Tepper, JD, PsyD, PPA Legal Consultation Plan
Rachael L. Baturin, MPH, JD, Professional Affairs Associate

Dr. Allan M. Tepper

Rachael L. Baturin

During the eighteenth century a German dignitary named Baron von Münchausen developed a reputation for repeating somewhat outlandish fictional stories. In the early 1950s Baron von Münchausen's name was adopted in clinical settings to apply to individuals who exaggerated or feigned illness in themselves. Over the years such individuals were described as suffering from Munchausen syndrome if they fabricated illness in themselves, and Munchausen syndrome by proxy if they fabricated illness in others. Such illnesses could be physical or psychological in nature.

Presently there is much controversy regarding the concept of Munchausen syndrome by proxy. One school of thought argues that it is not an actual clinical entity. A second school of thought conceptualizes it as a pattern of behavior. A third school of thought views it as a distinct clinical disorder.

Pursuant to the 2000 edition of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR),* Munchausen syndrome by proxy was referred to as factitious disorder by proxy, an experimental mental disorder requiring further research and study. Under the 2013 edition of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5),* Munchausen syndrome by proxy has become a discrete mental disorder known as factitious disorder imposed on another (*DSM-5*, 300.19). For illustrative purposes this article shall utilize this *DSM-5* diagnosis in the discussion of Munchausen syndrome by proxy in high-conflict divorce cases.

The term "high-conflict divorce" is often applied to custody proceedings that are protracted, contentious, and, at times, vicious in nature. These types of custody conflicts can last for years, consuming a large percentage of the child's life. Often, one or both of the parents will state that the prolonged proceedings are necessary for the best interests of the child, although a more objective analysis might question the personal motivation and psychological needs of the parents.

Caution must be exercised during the course of a high-conflict divorce case or a custody evaluation when diagnosing a parent as suffering from factitious disorder imposed on another

In a high-conflict divorce case, one of the parents may exhibit extreme concern regarding the child's physical or emotional health. The parent may feel that the other parent is placing the child's well-being in danger or that the court system is not viewing the child's condition in a serious enough manner. At times, this type of concern can result in multiple visits of the child to medical and mental health providers.

Under the *DSM-5,* factitious disorder imposed on another, such as a parent imposing a physical or emotional condition upon a child, requires the presence of four criteria to render the diagnosis. First, there must be falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with *identified deception* [emphasis added]. Second, the individual must present another individual to others as ill, impaired, or injured. Third, *the deceptive behavior is evident even in the absence of obvious external rewards* [emphasis added]. Fourth, the behavior is not better explained by another mental disorder.

In high-conflict divorce cases, one parent may be preoccupied with the child's physical or medical condition. The symptoms reported by the parent may appear exaggerated. The parent may take the child to multiple treatment providers or may switch treatment providers if dissatisfied with one provider's opinion. The parent may insist that the withholding of treatment is harming the child, especially if such a discussion is being conducted during the course of a custody evaluation. In such instances, the custody evaluator may begin to question whether this pattern of behavior is representative of Munchausen syndrome by proxy.

In these situations, however, deception is often lacking. That is, although the parent may take the child to multiple treatment providers, the parent openly is presenting the child for observation and evaluation. No treatment may be indicated, but the absence of identified deception brings into question the diagnosis of factitious disorder imposed on another.

In such situations there also may be an obvious external reward, such as the awarding of a greater percentage of the legal or physical custody of the child. For example the first author has been involved in a number of forensic evaluations in which one parent adamantly accuses the other parent of being oblivious to the medical or emotional needs of the child and thereby should be restricted in the custody of the child. Even if this is an unfounded accusation, an obvious external reward, such as a change or increase in custody, brings into question the diagnosis of factitious disorder imposed on another.

For these reasons caution must be exercised during the course of a high-conflict divorce case or a custody evaluation when diagnosing a parent as suffering from factitious disorder imposed on another. Given the forensic nature of

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The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists

As of May 12, 2014

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 31	Adds requirements on school employees for reporting child abuse - Sen. Wayne D. Fontana (D-Allegheny)	No position	Passed 10/16/13, 49-0. Concurred in House amendments 5/7/14, 49-0	Amended and passed 4/30/14, 197-0
SB 300 **HB 300**	Adds sexual orientation to the Human Relations Act re discrimination in employment & public accommodations - Sen. Patrick M. Browne (R-Lehigh) - Rep. Dan Frankel (D-Allegheny)	For	In State Government Committee	In State Government Committee
SB 980	Updates the psychologist licensing law, eliminates certain exemptions, and modernizes the experience requirements - Sen. John R. Gordner (R-Columbia)	For	In Professional Licensure Committee	None
SB 998	Limits retroactive denial in insurance reimbursement - Sen. David G. Argall (R-Schuylkill)	For	In Banking and Insurance Committee	None
SB 1025 **HB 1011**	Prohibits the outsourcing of prison psychologist positions - Sen. Timothy J. Solobay (D-Washington) - Rep. Michael E. Fleck (R-Huntingdon)	For	In Judiciary Committee	In Judiciary Committee
HB 336 **SB 619**	Authorizes licensing boards to expunge disciplinary records for certain technical violations after four years - Rep. Kate Harper (R-Montgomery)	For	Passed by Professional Licensure Committee 5/7/14. On Senate calendar	Passed 2/13/13, 195-1
HB 430	Allows reports of child abuse to be submitted through advanced electronic communications - Rep. Katharine M. Watson (R-Bucks)	For	In Aging and Youth Committee	Passed 6/20/13, 184-6
HB 1719	Requires a psychological exam by a psychologist or psychiatrist for a person offered a conditional promotion in a borough police force - Rep. Mauree A. Gingrich (R-Lebanon)	For	Amended and passed 4/2/14, 46-0. Signed by Governor 4/18/14 as Act 37	Passed 12/11/13, 190-0. Concurred in Senate amendments 4/7/14, 198-0
HB 2090	Prohibits criminal charges against a person seeking medical help for a drug overdose or against someone helping that person - Reps. Dan Frankel (D-Allegheny) & Gene DiGirolamo (R-Bucks)	For	None	Passed by Human Services Committee, 3/18/14

Information on any bill can be obtained from http://www.legis.state.pa.us/cfdocs/legis/home/session.cfm

LEGAL COLUMN *Continued from Page 6*

such evaluations, the evaluator may need to utilize the *DSM-5*, and thus the evaluator must insure that the clinical data fulfills the *DSM-5* diagnostic criteria. If any of the diagnostic criteria are lacking, it would be improper to classify the parent as factitious disorder imposed on another. Such faulty reasoning can undermine the credibility of the evaluator's findings and testimony. It can result in a dramatic change in custody, and it can result in a child abuse investigation. If the diagnosis is unfounded and the licensing board receives a complaint, the evaluator could become vulnerable to disciplinary action.

It should be noted that even if the parent fails to fulfill the diagnostic criteria of factitious disorder imposed on another, the parent's behavior certainly may be relevant to the issue of parenting abilities and any resulting custody recommendations. In this regard the analysis and reporting of such behavior may be pertinent to the custody evaluation. Once again, however, the formal diagnosis of factitious disorder imposed on another, or the labeling of behavior as Munchausen syndrome by proxy, must be viewed within the context of the evaluation and through the diagnostic criteria needed to reach this conclusion.

The Heart of the Matter

My Aha(!) Moment in Becoming a Social Justice Activist

Jill Braun, MEd

Jill Braun

In the fall of 2006 I became a student of author, speaker, and activist Paul Kivel, and my training in social justice began. It was a wonderful, awkward, humbling, often painful journey . . . one that helped me begin to know what I did not know about multiculturalism, oppression, power, privilege, peace, and justice. At the time, I was 42 years of age and had been working in the mental health field for almost 20 years. I had a lot of contact with diverse populations but no training in multicultural competence. When I attended Lehigh University to earn my master's degree in community counseling, there were no course requirements in multiculturalism. I did take one elective course on working with gay and lesbian clients, but it was not required.

In the summer of 2006 some young people in my church were violently attacked. The congregation at Reading's Christ Episcopal Church was reeling in shock and distress. We needed to heal and do something hopeful in our community. That fall I was invited to attend a meeting at Berks Women in Crisis (BWIC), a local, well-respected agency that provides prevention, protection, and intervention for victims of sexual and domestic violence. My faith community collaborated with BWIC on an incredible social justice program and Camp Peaceworks, now approaching its eighth birthday, was born! The camp brings together a diverse group of middle and high school students for a week-long summer camp followed by social justice activities throughout the year. A core part of the summer program is an exploration of the root causes of violence, including the "isms" (e.g., racism, sexism). But before the adults could help the teens with this, we had to go through some learning ourselves.

So in spring 2007 we brought in Paul Kivel and his colleague, Nell Myhand, from California to train the Facilitation Team, of which I was a member. We used *Making the Peace* (Kivel & Creighton, 1997), which became the curriculum used at Camp Peaceworks. It is an informative and experiential approach to understanding—in your heart and your head—how oppression *still* operates in our world.

When Paul Kivel stood at the flipchart easel and defined and described the three "I's" of oppression—interpersonal, institutional, and internalized—a lightbulb went on in my head. Kivel explained how all of us haves prejudices, and when prejudices are combined with power oppression occurs. An example of interpersonal oppression is when a landlord refuses to rent to an ethnic minority. Instionalized oppression is oppression that occurs on a systemic level. For example, public school funding in Pennsylvania is determined by local property taxes, which means that the amount of money spent per student varies greatly depending on the child's zip code. The alarming power of institutionalized oppression stems from it being less obvious than interpersonal discrimination, and because it operates on a large scale it is very difficult to dismantle.

Internalized oppression occurs when negative stereotypes and personal experiences of discrimination become internalized, causing hopelessness and decreased self-esteem. A poignant example can be seen in the documentary *A Girl Like Me*. Kiri Davis, the filmmaker, interviewed young black children regarding their opinions about a black doll and a white doll (similar to the 1940s experiments by Dr. Kenneth Clark). In Ms. Davis's film, 15 of the 21 children preferred the white doll. One young black girl chooses the white doll when asked, "Which is the nice doll?" and chooses the black doll when asked, "Which is the bad doll?" When she is asked, "Which doll do you look like?" it is heartbreaking to watch her hesitate and then slowly choose the black doll.

Kivel also used an analogy called the "Tree of Violence" with its roots being the "isms" (i.e., heterosexism, classism) and the branches various forms of violence and discrimination. He pointed out that much of the work we do to intervene with victims or perpetrators of violence is akin to pruning the branches of violence but fails to remove the root cause of the violence. Without uprooting the tree, the branches will grow back again and again. As I listened to Mr. Kivel, I began to understand why it has been so difficult to eradicate oppression and why there is a need for deep systemic change.

There is much I could write about regarding my experiences at Camp Peaceworks, such as the sacred circle that is created year after year or the young people who demonstrate so much courage and inspiration (many of whom have suffered greatly by being on the wrong side of the "power chart"), or the humbling experience of participating in "Speak Outs," in which the minority group tells the majority group what they are proud of; what they never want to hear, feel, or see again; and what they need from their allies. But what has been so important to me has been growing my multicultural lens, becoming more educated (head) on social justice issues and more sensitive (heart) to the daily and devastating effects of oppression.

> *"What the heart knows today, the head will understand tomorrow."*
> — *James Stephens, novelist and poet*

My experiences at Camp Peaceworks have helped me to know what I didn't know before and encouraged me to learn and do more. It has been a blessing to be part of this project. It has changed me as a person, as a psychologist, and as a citizen. Perhaps one of the most salient things I have learned is the privilege I have and the responsibility that comes with it. My friends in minority groups remind me that I have the privilege of choosing when I engage in social justice work or think about discrimination and oppression. They do not have that privilege and are living their experience as a minority every day in a still unjust world.

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Peer Groups as a Reflecting Pool for Enhancing Wisdom

Chris Molnar, PhD, www.meta4stress.com

Dr. Chris Molnar

While undergoing a medical procedure I witnessed a nurse prompting two physicians to engage in a practiced pause before proceeding. The nurse's reminder to pause was enthusiastically welcomed by the doctors. The pause was implemented to support health professionals in bringing awareness to, and inhibiting, automatic pilot behaviors that could cause harm to patients. This pause is known as mindfulness (Kramer, 2007).

Mindfulness is awareness marked by attention toward, and acceptance of, moment-to-moment experience as it actually is with the intention of responding compassionately (Kabat-Zinn, 1990). Providers at the hospital had received education from Pat Croskerry, MD, an emergency room physician, about the multitude of conditions and information and emotional processing biases that can become automatic and cause unintended harm to patients (Croskerry, 2013). Like the health-care providers at this hospital, psychologists too can create conditions where we become more mindful and can better serve our patients.

Did you imagine the nurse described above as a woman and the physicians as men? This is a nice reminder that conditioned and overlearned mental habits persist even in psychologists who have knowledge about them. Knowledge is different than wisdom. Wisdom reflects what is actually true; it is born of awareness of actual experience and meets the needs of the situation. Vivian Clayton, PhD, a neuropsychologist, has determined that wisdom consists of a combination of cognition, reflection, and compassion (Korkki, 2013). After completing doctoral training, psychologists have more knowledge than wisdom. Wisdom grows with experience, practice with feedback, and in relationships with a community of peers that supports us in caring for both self and others.

The difference between knowledge and wisdom can be especially salient when peer groups meet to consult about challenging cases and develop intervention skills. Certain conditions are needed for the wisdom of the group to arise (Lorenz, Rauhut, Schweitzer, & Helbing, 2011), including a diversity of perspectives. Furthermore, mindfulness actually reduces cognitive bias, such as the sunk-cost bias where we persist with responses that have unbeneficial outcomes (Hafenbrack, Kinias, & Barsade, 2014). When psychologists seek consultation for challenging cases or to develop skills, it is usually wisdom more than knowledge that is needed, and they can benefit from the integration of mindfulness in the consulting process.

My peers and I learned to embody the same skills of inquiry and compassion when giving feedback to each other to enhance our skills.

The learning model used to train professionals to teach the two evidence-based mindfulness interventions—mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990) and mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2012)—strengthens the capacity for reflection and compassion and therefore also supports practitioners in contributing to the development of wisdom in the peer consultation process.

When I trained to teach both MBSR and MBCT I appreciated how my teachers constantly embodied the qualities and skills essential for effectively teaching mindfulness. I was amazed to see Dr. Zindel Segal practice inquiry, a reflection process that promotes mindfulness, for an entire week. Inquiry is a process of reflecting back to people what we hear them report about sensations, thoughts, feelings, and action tendencies, and the interactions between them. The intention of inquiry is to teach the core MBSR and MBCT curriculum elements that cultivate mindfulness. I also was in awe of the consistent embodiment of compassion I witnessed in Florence Meleo-Meyer, MS, another of my teachers and the current director of training at the Center for Mindfulness (CFM).

My peers and I learned to embody the same skills of inquiry and compassion when giving feedback to each other to enhance our skills. Before teaching we each took the role of student for several classes. Once we began teaching we gave each other feedback in structured ways that were free of advice about how to teach (i.e., knowledge) and focused on our direct experience. We offered specific personal examples about what teaching strategies supported each of us personally and what interfered with our learning the core curriculum elements. This participant-practitioner model is marked by what Kabat-Zinn (1990) calls foundational attitudes (e.g., openness, nonjudging, or "beginner's mind") that enhance mindfulness and create conditions in which peer groups can support the development of wisdom. During my training to teach mindfulness, I learned the benefits of having peers compassionately hold up a mirror so I could better see the actual impact of my interventions.

After my formal mindfulness teacher training I was encouraged to connect with a "sangha": a community of fellow mindfulness meditation practitioners sharing intentions to live ethically, mindfully, and compassionately. Sanghas serve as "reflecting pools" for strengthening personal mindfulness and promoting continued skill development. It is essential to maintain a personal mindfulness practice and way of living so that you can embody mindfulness yourself rather than just teach it as a technique. First I was welcomed by a teacher's sangha and then I founded The Mindful Therapists of Pennsylvania (MTPA) in 2007.

In MTPA we developed a mindfulness case contemplation (MCC) approach that combines what I learned at CFM with two practices developed by Kramer (2007): insight dialogue (ID) and dharma contemplation (DC). The former is a set of

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PEER GROUPS AS A REFLECTING POOL FOR ENHANCING WISDOM

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guidelines used to practice mindfulness in relationship with self and others and includes the following steps: pause, relax, open, trust emergence, listen deeply, speak (or privately know) the truth alive in the embodied moment and grounded in compassion. The DC involves inquiry into what thoughts, sensations, feelings, and action tendencies arise when focus is on a particular contemplation designed to lead to insight. To learn more about ID and DC visit www.metta.org.

Our peer group uses MCC to focus on challenging cases. We systematically practice several steps that are grounded in ongoing pauses prompted by the ring of a bell.

First, the case presenter speaks the truth alive in the embodied moment about a case or self-care concern for under five minutes and ends with identification of a clear intention or question while all listen mindfully (which involves privately noticing interrelationships between thoughts, sensations, emotions, and urges for behaviors that arise).

Second, peers reflect back the actual words that were heard from the case presenter that remain alive in the mind and felt in the body in the moment with much space given for all to listen mindfully.

Third, peers speak aloud about felt emotions, sensations in the body, and images alive in the moment.

Fourth, the specifics of the case are dropped and all focus on contemplation of the case conceptualization or self-care concern while refraining from advice giving and judgment that there is a right or a wrong response.

Anyone can ring a bell at any time to signify that a pause is needed to reconnect to the presenter's intention. Finally, the presenter returns to the original question and speaks about insights that may have arisen. When the peer group sticks to the MCC guidelines their reflections yield a shift in perspective that leads to insight and discernment about how to respond. The MCC structure supports the group in developing wisdom and a sense of common humanity that reduces stress and burnout (Molnar, 2011).

Traditional Buddhist teachings (see www.accesstoinsight.com) say that the voice of another and wise attention are needed for "right view" or wisdom to arise. I have found that the voices of my peers practicing MCC can hold up a mirror that supports me in seeing both self and clients more clearly and in responding skillfully to promote wellness.

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A Look in the Mirror: An ECP's Perspective

Fauve Luckey, PsyD; drfauveluckey@gmail.com

Dr. Fauve Luckey

As an early career psychologist (ECP) and a new owner of a solo practice, I may have learned more about myself in the past year than I have in the past decade. Graduate school, postdoctoral residency, and licensing exams aside, I now have time to take care of myself, create my own boundaries, and carve out the professional niche I have dreamed about for so long and worked so hard to achieve. The problem is, I am still figuring out how to do that.

After completing four years of formal graduate training, a one-year predoctoral internship, and two years of postdoctoral residency, I felt like I was back at square one when I first opened my own practice. I found myself experiencing all the questions, doubts, and nerves that accompanied my very first few clinical sessions. I began asking questions like: What's an EIN? What forms do I need in an intake packet? What website designer do I go with? Should I incorporate? Formal training rarely provides you with enough guidance about how to set fees and collect money, how to become credentialed with various insurance agencies, or how to design your own letterhead.

Supervision

I once had a supervisor who would tell his supervisees to "luxuriate in supervision." Now that I am licensed, I can truly appreciate the luxury to which he alluded. Having had so many new experiences and questions, I found myself feeling overwhelmed without regularly scheduled supervision sessions in which I could process feelings of inadequacy and imposter syndrome. Rather, I had to figure out what to do with these feelings, fears, and questions as a licensed professional. Not having someone to watch my progress on a weekly basis is scary when that was the norm for at least 5 years of training. Self-assessment becomes crucial. Receiving continuing education, keeping up on recent literature, reflecting on your mission, and obtaining feedback from clients are ways of expanding independence while maintaining high-quality clinical practices.

Consultation

Another critical question that should be answered sooner rather than later is who to consult. Now that supervision is not a required activity, it has become so important to find mentors and consultants from a diverse group of networks in age, experience, and life development. Senior mentors who have been practicing for years or decades are invaluable because, over time, they will have had both positive and negative experiences and can offer expertise based on their trials and successes. Having a network of peers in your age group can help in sharing the same life experiences such as getting married and starting a family while developing a career and balancing work and life obligations. I have had the great opportunity to establish relationships with ECPs of all ages. Even finding nontraditional ECPs can be a great asset because, while they may not have many years of experience in the field, they may have life experiences that enhance their practice. Seeking support from colleagues from different levels of expertise can help develop a better understanding of self-worth, time management, and how to decrease the risk of burnout. Another critical component of keeping sane is having mentors, or connections both in and out of the workplace. Workplace colleagues can be such an asset during the day because they share with you the experiences of the office environment. However, a sense of grounding comes from mentors outside the workplace, as those outside the "trenches" often provide unbiased, objective, and refreshing points of view.

State Associations

I graduated from a program that endorsed a small cohort model. This model was a gift during my formal training. However, after graduation, the cohort dissipated as we chose postdoctoral fellowships, jobs, teaching positions, and practices all over the country. Now, as a licensed psychologist, I have found that the involvement in professional associations is a great alternate for making connections with colleagues. I have learned to appreciate the great support from PPA, and I now find myself on two committees: the Early Career Psychologist Committee and the Public Education Committee. My involvement with these committees has provided me with more than I ever thought. This includes the support from other ECPs and members of the community; encouragement to further my professional experiences through presentations, articles, and outreach; and introductions to respected psychologists who can provide experienced advice on how to grow professionally.

As I find my footing in the professional world, I have discovered that part of my mission is to help students and supervisees bridge the gap between graduate school and practice. As a committee member, I know how important it is to reach out to students and guide them in matters not fully addressed in formal training. I try to offer to students what I am also looking for in others, which is a connection to networks, associations, and opportunities for professional growth and development.

Self-Care

In writing this article and contemplating the importance of seeking mentors, consultants, and connections with associations, I must also stress the importance of self-care for the ECP. This may include finding a hobby unrelated to psychology, making time for friends or family, focusing on exercise and wellness, or engaging in your own treatment. When we "look in the mirror" both figuratively and literally, it is important to respect and value what we see. This means not only looking outward for answers and support but also taking a look inward and trusting that as ECPs, while still new and growing, we have much to offer.

The Graduate Student in the Mirror: Seeking One's Own Psychotherapy

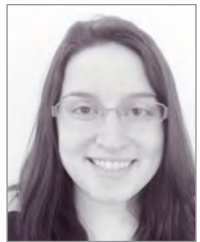
Amanda L. Sellers, MS, & Adrienne B. Gallo, MS; Fourth-Year Clinical Psychology Doctoral Students, Chestnut Hill College

Most graduate programs that train therapists either recommend or highly encourage students to engage in their own psychotherapy. Schools that adhere to particular theoretical orientations (i.e., psychoanalysis) are more likely than others to either recommend or require psychotherapy of their trainees (Norcross, 2005). This likely stems from the early development of psychoanalysis. For example, Freud (1964/1937) said, "Where and how is the poor wretch to acquire the ideal qualifications which he will need in his profession? The answer is an analysis of himself" (p. 246).

Unfortunately there are numerous perceived barriers to seeking one's own therapy, especially when one is a graduate student. As trainees juggle course work, practicum, dissertation, their own teaching, and a personal life, lack of time can seem like a barrier to seeking personal psychotherapy. Students may also have difficulty admitting to stress, falsely believing that, as budding clinicians themselves, they should be immune to psychological struggles. Stigma associated with seeking mental health care is, unfortunately and ironically, another perceived barrier of students. Additionally, therapy is expensive and the cost can be difficult to manage especially if one is unemployed and uninsured or underinsured, which is the case for many students.

Luckily, many colleges have counseling centers that offer free therapy to enrolled students, including graduate students. If a graduate student is concerned about seeking services at his or her own institution many psychology graduate schools have also begun opening their own clinics as training sites that offer low-cost therapy to the community. For example, our school, Chestnut Hill College in Philadelphia, recently opened the Psychological Services Clinic of Chestnut Hill College, where the fee for a student of any institution is $5 per session. This is a good resource if a graduate student is concerned about seeking services at his or her own institution—he or she could likely receive cost-effective therapy at another school's training clinic. If you're concerned


Amanda L. Sellers


Adrienne B. Gallo

about receiving therapy from another trainee because you may run into them in the future (e.g., as trainees or colleagues) many experienced psychologists will also see graduate students at reduced rates.

It is important for students to work past barriers to seeking care. Studies of graduate students and working therapists show there are many benefits to seeking one's own psychotherapy. First, it's simply a good self-care practice. It can help a therapist manage stressful aspects of clinical work (Macran & Shapiro, 1998). Many of us are well aware of the risk factors associated with being a mental health-care provider—burnout, vicarious traumatization, and compassion fatigue, to name a few (Bearse, McMinn, Seegobin, & Free, 2014).

It may be especially important for young students just starting out in the field to seek support through psychotherapy and learn ways to cope in order to address these professional issues early on. In fact one study showed that therapists who had received, or were receiving, personal therapy reported less burnout (Linley & Joseph, 2007). Furthermore, therapists who engaged in their own therapy reported improvements in self-esteem and interpersonal relationships (Buckley, Karasu, & Charles, 1981). Similar studies have demonstrated increases in feelings of personal growth, self-awareness, and self-understanding (Pope & Tabachnick, 1994).

It may also help students become more effective clinicians. In a recent qualitative study, therapists reported that they "parroted" their therapist in their own clinical work, actively internalizing and modeling themselves based on their own therapist (Rake & Paley, 2009). Moreover, they developed more empathy and respect for their clients, as they learned what it felt like to be on the other side of the couch. Another study showed that being in one's own therapy also elucidated the importance of human qualities over techniques. The importance of warmth, empathy, and the transference and countertransference dynamics became quite evident to those who engaged in their own psychotherapy (Daw & Joseph, 2007).

Although there can be barriers to seeking one's own therapy, the benefits graduate students may receive far outweigh any perceived costs. Personal therapy can help students develop coping skills early on to deal with the stressors inherent to the field. It can also aid in our personal growth so that we can improve ourselves both personally and professionally.

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Six Tips on How to Survive and Thrive in Psychology UG and Beyond

Heather Wimmer

Heather Wimmer

College is a fascinating time; it's full of surprises and challenges, both good and bad, as many current college students can attest to. While college may be idealized by parents, older adults, and the media, those in the college trenches don't necessarily share that perspective. At times being a college student can feel like you are slowly being pulled under the water with your foot chained to a brick and your hand slipping from a ladder.

As a psychology major I end up thinking *What have I gotten myself into?* at least once, maybe twice, a semester—and it's not always during midterms and finals. As a junior I've collected some tips and advice that I wish I had known before I started. I thought by sharing them here I could reach out to those who are no longer in school and help you understand what college today is like and make some suggestions for what to share with the psychology students in your lives.

First off, psychology is a major that attracts people with diverse interests. It includes people with all sorts of plans: those who aspire to be practicing psychologists or school counselors, those who seek to help businesses make their products and services more people friendly, and student who have absolutely no clue what they want after graduation. It's also a major focused on studying behaviors, thoughts, and feelings while living and experiencing a cacophony of the same. Admidst this diversity and confusion, my first piece of advice for students is to begin with the end in mind. That is, the four years as a psychology major can be relatively easy or highly challenging depending on what your goals are. Knowing where you want to end up can be very helpful in knowing how to invest yourself.

Moreover, success is highly correlated with sweat. Surviving college can seem daunting, especially if you wish to be a competitive applicant for graduate school, which involves developing an academic, clinical, and research portfolio. For this reason, my second piece of advice is to find a mentor (e.g., a faculty member or graduate student) to coach you through it. Although doing things on your own can be rejuvenating and rewarding, it can sap energy that may be better put elsewhere. People who have been through it themselves, or helped others be successful, can give you useful advice on what to do when. This doesn't mean visit his or her office every day or every week; after all, college is a time of independence and growth. It's merely to suggest that you let yourself benefit from mentoring.

My third piece of advice is to develop an organizational plan. I believe that having a weekly plan is a centerpiece for long-term success. Some say that you should take things day by day, hour by hour, but, to me, that doesn't leave enough time for planning ahead. If at the beginning of the week you write down what has to be done then you will rarely miss assignments, tests, or projects. If someone were to walk into my room and look at my desk he or she would see lists. Currently I have three lists going: one on a notebook where I write what I have to do for the day, one on my monthly white board with what is due when, and sticky notes stuck to my desk at eye level with projects and large assignments and their due dates. This doesn't even include my day planner with regular assignments in it. I find that writing tasks down multiple times and having them within eyesight leaves me rarely tardy with due dates. Your organizational plan may be different, but the point is to do what works for you and to stick to it! An effective organizational plan is essential for success, in UG and beyond.

My fourth piece of advice is to find meaning in your courses. Not every class you take will teach you skills that will directly further your career, especially if you attend a liberal arts college. However, if you find a reason for your class, any reason at all, the class will be more enjoyable or at least tolerable. These reasons could include learning information you will need in the future, learning interesting facts to impress friends, or even just learning how to deal with someone or something you don't want to put up with. Nearly everyone will have a class or professor that he or she finds dreadfully boring, but finding meaning will give you that little bit of extra motivation to get through it. For example, if you have to deal with unpleasant classmates you can remind yourself that learning how to deal

Find your voice, find out what works for you, and embrace a lifelong journey of discovery.

with them will increase your skills in dealing with unpleasant coworkers.

This leads me to my fifth piece of advice: Focus on your own success, not someone else's. You will meet people who get very good grades and people who fail; why should this capture much of your attention? Let other students' outcomes be theirs. This is *your* education and *your* grade point average that will impact *your* future. It is hard sometimes to avoid getting upset when you know that history suggests that you should have received a higher grade than someone else. However, try to let such experiences motivate you to get a better grade the next time and avoid focusing on the perceived injustice.

My final piece of advice (drum roll please): Challenge yourself! Take a risk by taking a class that you think might be hard and prove to yourself that you can do it. Raise your hand to answer questions you may be unsure about and ask questions back. Find your voice, find out what works for you, and embrace a lifelong journey of discovery. Such a stance will bode success and excitement no matter where you are or where you may land.

School Psychology Section

Pennsylvania's Educator Effectiveness System & Evaluation of School Psychologists

Jennifer Lillenstein, EdD, NCSP

Dr. Jennifer Lillenstein

The intent of Pennsylvania's Educator Effectiveness System is to develop educator effectiveness models that will reform the way educators are evaluated, as well as inform professional growth and development for the field at large. As school psychologists may be aware, Act 82 was passed in June of 2012 and defines three main groups of educators: teaching professionals, principals/CTC directors, and nonteaching professionals, the latter of which includes school psychologists.

The evaluation system, the creation of which is in progress, is heavily based on the Danielson Framework for Teaching, a research-based set of components of instruction grounded in a constructivist view of learning and teaching. The complex activity of teaching is divided into 22 components (and 76 smaller elements) clustered into 4 primary domains of responsibility: (1) planning and preparation; (2) the environment; (3) service delivery; and (4) professional development. Supervisors will conduct observations and reviews using a modified version of this model that will yield a score for each domain.

For teaching professionals, one of the fundamental goals is to empower all students to become self-regulated learners. For educational specialists and licensed professionals, the emphasis is also on empowering students, as well as building capacity throughout the system via direct and indirect service delivery. It should be noted that, given that many LEAs hire under teacher contracts licensed professionals who are not certificated as specialists under Pennsylvania School Code, PDE made a decision to develop revised Danielson Framework for Teaching rubrics for occupational and physical therapists, school social workers, and behavior specialists and analysts as well.

Because the Danielson Framework for Teaching was not completely aligned with the unique roles and functions of educational specialists and licensed professionals, PDE commissioned stakeholder groups from across the commonwealth to modify Danielson's rubrics in accordance with each discipline's professional standards, training, and preparation. One of the most time-consuming tasks was to develop two to three diverse but representative examples for each subcomponent of each domain. Clear and observable examples were developed for each rating category (e.g., failing, needs improvement, proficient, and distinguished).

For teaching professionals, one of the fundamental goals is to empower all students to become self-regulated learners.

Rubric modifications are ongoing and have been in process for almost two years. The modified rubrics have been field tested across disciplines and practitioners and vetted to representatives from state and national professional associations. Through PDE's partnership with the American Institutes for Research, the modifications have also been formally analyzed based upon perceptions of job relevancy and representativeness. One of the overarching goals is to establish content validity so that the rubrics can be used with relative confidence as part of the new multicomponent evaluation process.

In addition to developing modified rubrics, each committee was also asked to develop guiding questions to help facilitate a substantive exchange between the evaluator and evaluee. These are sample guiding questions for Domain 3 (Service Delivery) that were developed by PDE's school psychology committee:

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Domain 3: Service Delivery

3a: Communicating with Students/Communicating with Students and Families	**Possible Guiding Questions** • Listen and look for evidence that the school psychologist performs effectively with students' parents. (This area may be best appraised by direct observation of the school psychologist.) • If not covered in discussion, ask questions that address how the school psychologist interacts with parents.
3b: Using Questioning and Discussion Techniques/ Using Data, Questioning, and Discussion and Consultation Techniques	**Possible Guiding Questions** • Listen and look for evidence that the school psychologist consults effectively with teachers and administrators. (This area may be best appraised by direct observation of the school psychologist.) • If not covered in discussion, ask questions about how the school psychologist consults with teachers and administrators.
3c: Engaging Students in Learning/Engaging Students in Instruction and Intervention	**Possible Guiding Questions** • Listen and look for evidence that the school psychologist recommends or facilitates the use of evidence-based practices. • If not covered in discussion, ask questions about how the school psychologist facilitates the use of evidence-based practices (see examples in rubric).
3d: Using Assessment in Service Delivery/Using Assessment in Mental Health Services toward Social and Life Outcomes	**Possible Guiding Questions** • Listen and look for evidence that the school psychologist is effective in providing and/or facilitating the delivery of mental health services to students. • If not covered in discussion, ask questions about how the school psychologist is involved in the delivery of mental health services to students (see examples in rubric).
3e: Demonstrating Flexibility and Responsiveness	**Possible Guiding Questions** • Listen and look for evidence that the school psychologist is involved in the delivery of services that are preventive and/or responsive to students' academic and/or behavioral-emotional needs. • If not covered in discussion, ask questions about how the school psychologist is involved in preventative and responsive services (see examples in rubric).

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It was also recommended that, prior to starting the observation with a certified school psychologist, the evaluator meet with the school psychologist to review the job description, the 10 areas of competency for school psychologists as defined by the National Association of School Psychologists (NASP), what of the rubric is relevant to the school psychologist's role as it exists in the LEA, and what is relevant as it relates to the school psychologist's specific assignment. The evaluator should have access to the NASP professional standards and/or the NASP information sheet entitled "What Is a School Psychologist" (www.nasponline.org/resources/handouts/whatis_print.pdf).

In turn, it is recommended that the school psychologist bring a portfolio of work samples and be prepared to give examples of work functions for which there may be limited documentation. Work samples might include evaluation reports, records of adherence to state timelines, and behavior plans. Examples of work for which there may not be documentation include team meeting attendance, IEPs, child study meetings, and involvement in resolution of crises.

Regulations will be published by June 30, 2014, and include a summative form for nonteaching professionals. Additional training materials for evaluators of nonteaching professionals will be included in a comprehensive administrative manual. For professional development resources related to the Danielson practice model and the rubrics that will be used with nonteaching professionals, visit the PDE website: www.portal.state.pa.us/portal/server.pt/community/educator_effectiveness_project/20903.

Student Performance and Client Impact Data:
Enhancing Outcome Data for School Psychology Programs

Courtney L. McLaughlin, PhD, NCSP, and Joseph F. Kovaleski, DEd, NCSP

Recent federal, state, and local accountability policies have raised expectations for educators in primary, secondary, and post-secondary settings to improve student achievement. Educators are increasing their use of student data to assist in the evaluations of their practices and to monitor students' academic progress. This pressure has caused educators from kindergarten through postsecondary education, including graduate training, to use outcome data. At the postsecondary level, outcome data typically take two forms: measures that indicate that the trainee has attained various competencies and data that indicate that the trainee has had a measurable impact. For example, in a teacher education program, a teacher trainee might need to demonstrate particular skills in delivering a highly structured lesson and then collect data that this lesson has contributed to student learning.

Dr. Courtney L. McLaughlin

Dr. Joseph F. Kovaleski

Assessment of Trainee Competence

Many schools and colleges/universities have increased their use of data to evaluate and monitor trainees' progress. Using trainee outcome data allows educators to make improvements to help the trainees, but it also allows educators to see areas in their teaching methods that need to be improved. Researchers have explored the use of trainee performance outcome data and have provided insight on how to use trainee performance outcome data to guide decision making. Gray and Grace (1997) reported on research by the National Postsecondary Education Cooperative (NPEC), which conducted working groups to explore trainee outcomes from a policy perspective. Their report presented case studies of data collection on trainee outcomes in Texas and Virginia. Based on this study, NPEC recommended that multiple sources of information should be used to improve the quality of outcome data.

In addition to NPEC's work in this area, individual universities have been taking unique approaches to collecting and using these data. For example, faculty at Northern Illinois University described how the university used data to assess trainee learning outcomes ("University data," 2008). They highlighted how their nursing department used a portfolio assessment program that allowed trainees to reflect on their growth, while using the data to make programmatic changes to improve trainee learning.

Other researchers have examined specific factors for outcomes for trainee programs. Larkin and Richardson (2013) studied how trainee performance outcome data can help support learning environments and help evaluate teaching initiatives in an undergraduate occupational therapy program. Results indicated an improvement in trainee satisfaction and academic grades as a result of implementing these initiatives. Graham and Kim (2011) explored trainee outcomes in graduate training in psychology by assessing graduates' performance on the Examination for Professional Practice in Psychology (EPPP). The results showed that graduates from research-intensive universities that utilized trainee outcome data performed better on the EPPP and were more likely to become American Board of Professional Psychology diplomates, supporting the notion that the ability to conduct research is an essential component of graduate education.

Assessment of Trainee Impact on Clients

In addition to these trainee performance measures, major accrediting bodies such as the Council for the Accreditation of Educator Preparation (CAEP; formerly the National Council for Accreditation of Teacher Education), which includes the National Association of School Psychologists (NASP) as one of its constituent organizations, have also required the assessment of trainee impact on client outcomes as part of the accreditation process. In their program approval process, NASP has stipulated that school psychology graduate training programs must collect data on the attainment of competencies by trainees as well as on the impact that trainees have on clients. Thus, school psychology graduate training programs have been required to incorporate both school psychology trainee performance data and impact data (primary and secondary student performance data) in a formative way in coursework, practica, and internships. However, there is scant literature on either research or recommended practices on how best to provide opportunities for school psychology trainees to assess the impact of their work on clients.

Appraising Trainee Competence and Client Outcomes in School Psychology Internships

The Graduate Programs in School Psychology at Indiana University of Pennsylvania have implemented outcomes-based measures in the specialist and doctoral internship experiences. The outcomes-based measures include both performance data and client (student) impact data collection. Because the school psychology internship is the final, culminating experience that

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STUDENT PERFORMANCE / CLIENT IMPACT DATA

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provides an opportunity for trainers to observe both trainee performance data and client impact data, the program has begun this initiative at the internship level.

Using the NASP Standards for Graduate Preparation of School Psychologists (NASP, 2010), interns are required to provide exemplar products of their work in each of 10 standards. All products are designed to evaluate the trainee's performance, while some are also designed to evaluate the trainee's impact on the client. Each product is evaluated by three raters: the intern (self-evaluation), the site supervisor, and the university facilitator. Each product that aims to address trainee performance is rated according to the student's level of demonstrated proficiency. For example, to address the NASP Domain of Data-Based Decision Making and Accountability, school psychology certification interns must submit a redacted copy of a psychoeducational evaluation. To address the NASP Domain of Interventions and Instructional Support to Develop Academic Skills, school psychology certification interns are required to submit a description of the intervention(s) along with data associated with the client's response to the intervention(s). Interns are rated on their skills in developing academic interventions for a client, which addresses trainee performance. Additionally, interns are rated on the student response to the intervention(s), which is an example of client-impact data.

Further development of outcomes-based data collection is needed in the field of school psychology, especially in terms of client-impact data. Additionally, more research is needed regarding the specific products/information, method of data collection, and system of evaluating the products or information that is reviewed. In the near future, faculty in the IUP School Psychology Program is planning to expand its current initiative by developing appraisals systems at the course and practica levels. The authors also plan to develop an expert panel to review internship products to improve the objectivity of the ratings and explore the establishment of inter-rater reliability.

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School Psychologists and Reflective Practice

Helena Tuleya-Payne, DEd; helena.tuleya-payne@millersville.edu

Dr. Helena Tuleya-Payne

In my new role as interim dean of the School of Education at Millersville University, I am involved in the development of competent teachers. I hear the phrase "reflective teaching" or the term "reflection" frequently used to refer to a process that is seen as essential to quality teaching, yet I am unsure of its true meaning. It is a term that is used so often in the teaching literature that it can lose its meaning. Rodgers (2002) wrote that "over the past 15 years, reflection has suffered from a loss of meaning. In becoming everything to everybody it has lost its ability to be seen" (p. 843).

As I look into the meaning of reflective teaching more carefully, it appears that school psychologists do engage in a parallel process: problem solving. I also observed that a self-reflection component should exist in both the reflection process of teachers and the problem-solving analogue used by school psychologists. In this article I examine key aspects of reflection as it applies to any learner. I will also highlight a process developed by the National Association of School Psychologists (NASP) that enables the practitioner and the trainer to engage in self-reflection as a professional development tool.

John Dewey introduced the term "reflection" as it relates to teaching and student learning in his seminal work *How We Think*. Rodgers (2002) maintains that the true meaning of this term, or the process that it involves, may not be truly manifested in our preparation of teachers. Her examination of Dewey's work yielded the following observation: "reflection requires attitudes that value the personal and intellectual growth of oneself and of others" (p. 845). Reading this made me think that understanding Dewey's concept of reflection may inform the process of self-refection for school psychologists. I will use Rodgers's distillation of Dewey's writings to outline the steps that could form a reflection process that is part Piaget and part scientific method.

The point of reflection is to make meaning out of an experience. The individual does this based on the depth of past experiences and the openness to new information. Authentic reflection takes into account the impact of the experience on others. Dewey might argue that a novice teacher (or school psychologist) would have less experience that might influence the correct interpretation of an experience. However, that does not mean that experience alone leads to appropriate interpretations of an event, particularly if that individual is not open to new ideas. In reflection, when encountering a situation that is not completely understood, the individual resolves this disequilibrium through inquiry, eventually arriving at a new understanding of the situation.

The reflection process requires the individual to gather evidence to clarify the factors that contribute to the situation. It is important to consider all pieces of information even if they do not fit preconceived ideas. Once the individual has identified contributing factors, he or she can develop possible explanations for the experience. At this stage, the reflective practitioner, according to Rodgers (2002), "goes to other sources beyond himself or herself. Bringing in other resources both people and books, is paramount to deepening and broadening the scope of one's understanding" (p. 854). Hypotheses are refined as a result. The final stage of Dewey's reflection is experimentation. The learner engages in activities that test the hypothesis, yielding a new experience upon which to reflect and leading to the phenomenon of "continuity." New understandings are developed.

I believe that the components developed by Dewey mirror the problem-solving steps used by school psychologists when confronted with, for example, a problem student behavior. The school psychologist is asked to observe a student who is described as unmotivated by a teacher. Systematic observation indicates that the student is often off-task and performs very little seat work. The school psychologist is left with the impression of student disinterest. Her experience tells her, however, that multiple factors may contribute to the student behavior such as poorly developed academic skills, inappropriate match of curricular task, or poor attending skills. Through consultation with others, she proceeds to gather information about the student and the task that may help her form hypotheses. She learns that the student has recently moved from a magnet school where he was engaged in an advanced curriculum. The school psychologist forms the hypothesis that the instructional match is not appropriate and works with the teacher to provide a curriculum with appropriate challenge. The student responds appropriately to the material.

In reflection, when encountering a situation that is not completely understood, the individual resolves this disequilibrium through inquiry, eventually arriving at a new understanding of the situation.

The process of reflection also involves a component of self-reflection that ultimately may lead to increased self-awareness on the part of the school psychologist. One useful question is whether characteristics of the student caused immediate reactions in the observer that

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STUDENT PSYCHOLOGIST...

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potentially interfered with arriving at the correct explanations for the behavior.

I recall an individualized education program meeting with a mother recently released from prison who was also reported to suffer from schizophrenia. Based on statements she made that did not seem closely aligned with reality, I concluded that she had little to offer to our proceedings. And then she asked a question about her son that was so important, so meaningful, that it stopped us in our tracts and led us down a more fruitful path in determining the services he would need. I cannot recall the question she asked, but I do know that experience had a profound impact on me and my practice. I vowed never to underestimate the contributions of any caregiver.

School psychologists seeking a more systematic exercise in self-reflection are encouraged to complete the Self-Assessment for School Psychologists developed by the NASP. This assessment, based on the newly developed Practice Model (2010), assists the school psychologist in examining the time spent on various aspects of his or her profession, the perceived relative importance of these activities, and the areas for possible professional development.

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Learning objectives: The articles in this issue will enable readers to (a) assess and explain current issues in professional psychology and (b) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

Braun

1. According to Paul Kivel, the root of violence in our society is:
   a. Prejudice
   b. Poverty
   c. Oppression (the "isms")
   d. All of the above

2. The three "I's" of oppression are:
   a. Interpersonal, institutional, internalized
   b. Interpersonal, intergenerational, internalized
   c. Institutional, interconnected, impersonal
   d. Interpersonal, institutional, implicit

Molnar

3. Vivian Clayton, PhD, a neuropsychologist, has determined that wisdom is composed of which of the below?
   a. Well-learned automatic pilot responses that occur without awareness or reflection
   b. A combination of cognition, reflection, and compassion
   c. Knowledge learned through didactics in educational settings where an expert is in the role of teacher
   d. None of the above

4. Which of the below are elements of the mindful case contemplation (MCC) approach to contemplating cases and self-care concerns?
   a. The case presenter provides less than 5 minutes of case material
   b. The case presenter identifies a clear intention or question
   c. After actual words of the presenter are reflected, the group reflects internally noticed body sensations and feelings that are evoked
   d. All of the above

Luckey

5. All of the following are suggested ways of expanding independence while maintaining high-quality clinical practices *except*:
   a. Receiving continuing education
   b. Ignoring feedback from colleagues
   c. Reflecting on your mission
   d. Keeping up on recent literature

6. Having connections in the workplace is far more important than having connections out of the workplace:
   True
   False

Sellers & Gallo

7. Which of the following is *not* listed as a risk factor associated with being a mental health-care provider:
   a. Burnout
   b. Vicarious traumatization
   c. Compassion fatigue
   d. Resentment toward clients

8. Personal therapy can aid in a student's personal growth but is not necessarily an investment in one's growth as a professional.
   True
   False

Wimmer

9. What is listed in this article as the *key* concept to academic and long-term success?
   a. Having a plan
   b. Being organized
   c. Keeping your eyes on your own prize
   d. Challenging yourself

Lillenstein

10. Modifications to the rubrics:
    a. Align directly with the Danielson Rubric for Teachers
    b. Were driven by professional standards, field tested, and are being assessed in partnership with the American Institutes for Research for content validity
    c. Were determined by a few school psychology practitioners
    d. Represent everything a school psychologist does at any given point in time
    e. Are intended to inform the evaluator about the role and function of school psychologists

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CE QUESTIONS FOR THIS ISSSUE
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McLaughlin & Kovaleski

11. Which two forms of outcome data are accrediting and approval associations encouraging training programs to explore?
    a. Trainee and client satisfaction
    b. Trainee impact and client performance
    c. Trainee performance and client impact
    d. None of the above
    e. Both a and b

12. The training model described in this article incorporates the following raters:
    a. Client and site supervisor
    b. Client and university facilitator
    c. Site supervisor and university facilitator
    d. Site supervisor, university facilitator, and self-rating by the intern
    e. No ratings are included in the model discussed in this article

Tuleya-Payne

13. The reflective process for the learner involves all of the following *except*:
    a. Responding to mandates
    b. Openness to new information
    c. Active collection of new data
    d. Engagement in activities to test a hypothesis

14. What is true about the role of experience in reflection?
    a. More important than other factors
    b. Has little impact
    c. Contributes to reflection but does not stand alone
    d. None of the above

Continuing Education Answer Sheet

The *Pennsylvania Psychologist,* June 2014

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

1.	a	b	c	d		**8.**	T	F			
2.	a	b	c	d		**9.**	a	b	c	d	
3.	a	b	c	d		**10.**	a	b	c	d	e
4.	a	b	c	d		**11.**	a	b	c	d	e
5.	a	b	c	d		**12.**	a	b	c	d	e
6.	T	F				**13.**	a	b	c	d	
7.	a	b	c	d		**14.**	a	b	c	d	

Satisfaction Rating

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

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

Comments or suggestions for future issues ______________________________

____

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CEs and the Professional in the Mirror

Edward L. Zuckerman, PhD; edzucker@mac.com


Dr. Ed Zuckerman

As professionals we make a commitment to pursuing our own improvement. As psychologists this is done principally by taking continuing education classes. Their limitations are fairly well known: Few if any courses have empirical justification; courses are too brief to change our behavior; attendees are passive, limiting their learning; there are no data to support any improved effects on our clients; evaluation of pre- and postskills or knowledge is rare; we almost always take courses in what we are familiar and comfortable with and so we are not exposed to alternative or conflicting information; and ultimately there is no support of our promise to better serve the citizens. (I would be delighted to hear data-supported critiques of these assertions.)

How do you choose your CE programs?

Here are my criteria: I wait to see what comes in the mail and evaluate each one separately. Not too far? Not too expensive? A presenter I have read or heard of? A sponsor who has done good presentations before? Required content–did I get my ethics this biennial? A necessary update for my specialties? How much time before the deadline?

Are your criteria different?

What kinds of experiences are allowed for CE credit?

Here are what some other states allow their psychologists to get credits for:

- Attending licensing board meetings (Board processes are largely invisible to us but are significant threats to our work and livelihood. Seeing them in action would enhance our understanding of the kinds of complex situations they struggle with and the resources they have available.)
- Supervising and mentoring
- Attending Grand Rounds and M&M (Morbidity and Mortality) conferences
- Participating or holding office in any professional organization related to the enhancement of psychology or mental health practice
- Receiving personal psychotherapy as part of a designated training program
- Serving on board oral examination panels
- Preparation for taking specialty board examinations

In Pennsylvania we can get credits for attending approved seminars, self-study, first-time presentation of college courses and workshops, and professional writing. Where is our personal development as a professional in all this? What are the goals here (besides keeping your license)? Who and what do you want to become? What and how well does this collection of courses address your deficits, your needs for updates or fidelity retraining of your present skills, and your hopes for the future you?

What kinds of experiences outside psychology might make you a better professional?

- Lessons in acting, improvisation, stand-up comedy, or directing?
- Volunteering or working in frontline services for the needy or the dying?
- Travel (not touring) to see how what you do is done elsewhere?
- Courses in anthropology, sociology, marketing psychology, behavioral economics?
- Animal husbandry or breeding, which involve long time periods, genetics, and choices?
- Learning how to think and feel in an art such as ceramics, singing, or architecture?
- Really learning a foreign language to understand its users, worldview, and assumptions?

What *would* support your development as a professional?

How about devising a plan of activities based on self-assessment? In Ontario, for instance, the psychological association gives members a professional development plan, a tool members can use to design their own CE program based on individual needs and objectives.

The process starts with a simple self-assessment in these areas: laws, ethical codes and guidelines; services to clients including consent and rules on record keeping; teaching and research activities; supervising. Next is listing one's areas of current practice activities and describing for each the "differences between current and desired levels of knowledge and skill" with plans for addressing the differences. One then shifts to the future with a parallel list and plan for one's "anticipated areas of future practice." Cleverly, one is asked to "reflect" on the last self-evaluation and plan to see what one has achieved and any changes to be made. Lastly, one creates a Professional Development Plan with specifics. For each difference identified a set of actions with a time line and specific courses, workshops, or activities is written.

These professional developments plans do not have to be submitted to the college (their licensing board) but must be produced if the Peer Assisted Review committee seeks them (on a random basis) as part of the college's Quality Assurance Program. If found deficient, the psychologist negotiates more activities with the committee. I could not find more specifics on this process or its frequency. Of note, these plans are not admissible in a civil proceeding.

I hope that reading these ideas give us hope for a better future for what is now little more than a necessary routine.

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Welcome, New Members

We offer a wild, wonderful, whopping welcome to the following new members who joined the association between February 15 and May 12, 2014!

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2014 CE Calendar

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

June 18–21, 2014
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New podcasts for CE credit by Dr. John Gavazzi are now available on www.papsy.org.

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