

The Pennsylvania

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VOLUME 82, NUMBER 3

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Co-Sponsors Needed for Prescription Privileges for Psychologists

Representative Wendi Thomas just introduced her co-sponsorship Memo for Prescription Privileges for Psychologists Bill. We need your help in getting co-sponsors for this bill. Once we have enough co-sponsors, we will be able to get a bill number and have the bill introduced.

In Pennsylvania, there is a growing national mental health crisis and a shortage of psychiatric specialists to meet the demand. Most psychotropics are currently prescribed by primary healthcare professionals, including physicians, nurse practitioners, and physician assistants; however, these professionals often have limited training in mental health treatment.

Prescribing psychologists can increase patient access to psychotropic medications, reduce long travel and wait times that countless patients currently must deal with, and ensure better follow-up care for patients already on psychotropic medications. Prescribing psychologists can manage medication treatment for most mental health disorders. Importantly, they must earn an additional post-doctoral masters degree emphasizing psychopharmacology and the biological basis of behavior, pass a rigorous national exam, and receive supervision in practice.

Currently, five states have prescription authority for psychologists: Iowa, Idaho, Illinois, New Mexico, and Louisiana. Also, prescribing psychologists have safely and effectively prescribed psychopharmacologic medications in the Public Health Service, Indian Health Service, and the US Military for more than 20 years.

The bill will define the educational requirements for a prescribing psychologist, the scope of practice of a prescribing psychologist, describe a collaborative agreement between the prescribing psychologist and provider, and identify the formulary for the medications that may be prescribed and the continuing education requirements for prescribing psychologists.

Click [here](#) ask your Representative to contact Representative Thomas' office to be added as a co-sponsor to this important piece of legislation.



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This edition of *The Pennsylvania Psychologist* focuses on closing your private practice and the importance of having a professional will. It includes two checklists for closing your practice as well as an article that discusses creating a professional will. Lastly, it provides two samples of professional wills and a document that can be used to keep all your important information for the executor of your professional will.

CLOSING A PROFESSIONAL PRACTICE:

Clinical and Practical Considerations

Catherine S. Spayd, PhD and Mary O'Leary Wiley, PhD

Preparing well for the closing of an independent practice in psychology offers great benefits. This inevitable task involves balancing clinical, ethical, legal, financial, emotional, and practical considerations. Specific plans depend upon a variety of factors, including whether the closing is planned or unplanned, temporary or permanent, and whether the psychologist is available to participate in the closing. For example, the temporary closing of a practice for a maternity leave is planned, and the psychologist may be available to cover emergencies in select cases. However, the sudden death of a psychologist is an unplanned, permanent situation, with no chance of future availability. Psychologists in solo practice, compared to group or agency, also have practical concerns regarding the transfer of care of their patients to a new therapist.

Though circumstances of closing a practice vary considerably, they all require careful planning done well in advance. The American Psychological Association (APA) Practice Directorate website, www.APApractice.org, provides a checklist of practical tasks for the psychologist to consider; it addresses clinical, record-keeping, financial, and business considerations in preparing to close a practice (2005). Koocher (2003) details the ethical and legal issues in a variety of practice transitions, and Walfish

and Barnett (2008) discuss the financial implications of closing a practice. The focus of the present article, however, is on how having a clearly established plan to follow, or for colleagues to follow in the psychologist's absence, helps one's patients by minimizing disruption to their care, and by addressing their anxieties or distress regarding the change. The importance to the patient of preparing for the close of a practice is also underscored by the APA (2002), via its inclusion as an ethical standard (3.12) within the "APA Ethical

Principles of Psychologists."

Clinical concerns surrounding a closing include the patients' potential feelings of abandonment, loss and rejection; fear, distrust and/or questioning the competency of the new therapist; coping with change; and the patients' interpretation of the significance of the closing for the psychologist. Regardless of the patients' initial emotional reactions, it is important to monitor subsequent therapeutic interactions for overt or covert responses, then to identify and discuss



them with the patients. This process allows the patients to deal with their conscious and unconscious responses to the psychologist's leaving, as well as facilitating the transition to a new therapist. At a minimum, as noted within APA Ethics Standard 10.10 (APA, 2002), discussion with the patient about the end of the therapeutic relationship and available referral options, as appropriate, is mandatory.

Choosing when to talk with patients regarding the closing of a practice is very important. The length of time from disclosure to leaving may vary from 3 to 6 months, depending upon the patient's clinical severity level and the duration of the therapy relationship, for a geographic move or retirement (Holloway, 2003) to no time at all if the psychologist dies suddenly. Gradual attrition of patients as they complete their courses of therapy, without adding any new patients, is an ideal way to avoid patient disruption, and may be possible in some situations, such as gradual retirement (Freiberg, 1998). In many other cases, however, practical constraints limit the duration of the closing process. Announcing the closing of a practice and beginning discussion of referral options with four sessions remaining would be considered by

most a minimum standard, if at all achievable.

The psychologist also needs to be aware of the impact of his or her feelings about closing, and how they may influence the clinical relationship: is the psychologist seeing him/herself as the abandoner or rejecter; does s/he feel happy or resentful about the closing; how much personal information should be disclosed regarding the reasons for the closing? Advanced and ongoing professional "soul-searching," supervision, critical thinking, and patient-specific decision making about these issues will optimize the therapy termination and/or transition process. The authors have each experienced the importance of expressing confidence and a positive outlook regarding the planned closing, as predictive of patients' receptivity to the news, and thus positive clinical outcomes.

In some situations, the psychologist's personal circumstances surrounding the closing may be unfavorable, creating the dilemma of balancing his/her emotional reactions and/or practical considerations with the patient's needs. While the psychologist must always put patients' welfare first, it is also legitimate to include one's own and one's family needs in the equation. For example, it may be best for the psychologist to

terminate all patients together immediately before a practice is closed in order to provide a consistent income stream for the psychologist; this need would need to be balanced against the greater emotional strain to the psychologist, perhaps unintentionally conveyed to his or her patients, inherent in a "termination week marathon."

Another sad, personal example experienced by the authors occurred when a colleague of both was battling what became terminal cancer, and thus struggled with the tensions of balancing her own physical health decline, but strong desire to continue practicing, versus patients' needs in deciding whether, then when, to close the practice that gave her such professional joy and satisfaction. In her case, professional and peer consultation were beneficial to obtain objective input prior to making final decisions regarding how to proceed. Generally, however, it is recommended to follow the guideline of patients' needs as paramount, using clear, honest communication regarding the reason for the closure consistent with the psychologist's philosophy and ongoing practice regarding self-disclosure. In smaller communities, it is also important to inform all patients at the same time so that the news is received directly from the therapist and not learned through the grapevine. One way to guarantee this consistency is to simultaneously give current patients, and send recent patients, a letter announcing and explaining the closing of the practice (see the sample closing letter in Addendum A).

Perhaps the most dramatic closing situation is when the psychologist is suddenly and permanently disabled or dies, and thus has no advance notice with which to prepare patients for his/her departure or transition to another therapist. Establishing plans to assure safe, confidential storage or disposal of records in such cases is addressed in APA's Ethics Standard 6.02 (APA, 2002), as well as Pennsylvania's professional regulations (2009), which require that psychologists maintain all records for at least 5 years after the last date of service (49 PA Code 41.57 (d)). But more comprehensive, clinically focused plans are also advised to minimize the disruption of such an event for the psychologist's patients. As exemplified by Tracy (2000) and described

in detail by Kahn (1999) and Pope and Vasquez (2005), a professional will is recommended. This document includes practical directions for authorized professional peers to (a) access recent and current patients and their records, (b) immediately notify and care for them, and (c) transfer them to another practitioner. Such a list of executor instructions helps assure that patients are treated in a respectful manner at a difficult time, consistent with the psychologist's own preferences. Additionally, like a personal will, it can be of great benefit to both colleagues and family members who may otherwise be required to guess the psychologist's desires regarding the details of closing his/her practice.

The authors, together with a trusted colleague, met several times to discuss these issues and develop our own individualized professional wills (see Addendum B for a

merged sample of these wills, based upon Kahn's [1999] template). We found that these meetings desensitized us, allowing us to think critically and openly to discuss our own professional (and personal) demises. By determining, sharing, and documenting our wishes, we empowered ourselves to make clear, thoughtful plans that were consistent with our professional beliefs, which happened to vary considerably. The result was the assignment of each other as professional executors, assuring the best possible outcome for our patients and colleagues during a difficult transition.

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ADDENDUM A: LETTER EXAMPLE

March 1, 2009

Catherine Conrad, PhD
Altoona Professional Center
100 5th St
Altoona, PA 16602

Dear (Patient first name):

I am writing to let you know that I will be closing my practice in psychology during the summer of 2009. My husband is unexpectedly facing a major job change, and we have decided to move to Western Pennsylvania to be closer to our families. I have very much enjoyed working with you during my six years of practice in Altoona. I have learned a great deal from you, and I hope that our work has improved the quality of your life.

At this time, I anticipate that I will be leaving the area in mid-July. For those patients whose work with me has ended, I am happy to schedule a session to discuss my leaving and your future therapeutic plans. For those with whom I am still working, we will discuss my leaving and plans for your transfer to a new therapist over the next several weeks, if you wish such a transfer. It is very important to me that you be established with your new therapist before I leave, and that this new therapist be someone that we both respect and trust. With your permission, I will assist in this transition as much as I possibly can.

Please call me at (814) 555-1241, so we can discuss how or if my transition will have an effect on you. If I do not hear from you and you do not arrange for transfer of your psychological records, I will take them with me. I will send you a change of address before I leave the area.

Although this transition was quite unexpected in my life, I am feeling very positive about our move. However, it is still with deep sadness that I will close my practice here in Altoona.

Sincerely,

Catherine Conrad, PhD
Licensed Psychologist

ADDENDUM B: PROFESSIONAL EXECUTOR INSTRUCTION

March 1, 2009

Instructions for the disposition of Catherine Conrad, PhD's professional practice, in the event of her death or disability.

1. Professional Executor

- a. My professional executor is as follows:

Jane Smith, PhD; 100 1st St; Altoona, PA 16602
(814) 555-1234 – work; (814) 555-1235 – home; (814) 555-1236 – cell

- b. In the event Dr. Smith is unable to serve as professional executor, my back-up professional executor is as follows:

Mary Jones, PhD; 102 1st St; Altoona, PA 16602
(814) 555-1237 – work; (814) 555-1238 – home; (814) 555-1239 – cell

2. Professional Consultants

- a. My professional practice attorney is as follows:

John White, JD; 100 2nd St; Altoona, PA 16602; (814) 555-1238

- b. My tax accountant is as follows:

George Black, CPA; 100 3rd St; Altoona, PA 16602; (814) 555-1239

- c. My malpractice insurance carrier is as follows:

APA Insurance Trust 1-800-477-1200

- d. My billing agency is as follows:

Mercy Health Services; 100 4th St.; Altoona, PA 16602; (814) 555-1240

3. Office Files Locations

- a. My office location is:

Altoona Professional Center; 100 5th St, Altoona, PA 16602

- b. A key to the office is located on my personal key ring set kept in my purse. The office key is brass with a large square head. A second key is held by my husband, Jack Conrad. The security code to cancel the office alarm is 1-2-3-4-5.

- c. My open patient files are kept in my left-hand desk filing drawer. The small, brass key for this cabinet is on my personal key ring set.

- d. My confidential appointment book, a thin, 8.5" by 11" black book, contains information regarding all scheduled appointments. This appointment book may be found either at my work office, or in my black briefcase, kept with me or at my home office, located at: 100 6th St, Altoona, PA 16602.

- e. My billing files and records, as well as patient contact information, are stored on my office computer (Therapist Helper; password Happy2Be). The most current back-up file is stored on a flash drive located within a lock box in my second file cabinet. The chrome key for this lock box is located on my personal key ring set.

- f. My voice mail can be accessed by dialing my telephone number (814) 555-6789 and then entering the passcode 3946 when prompted.

4. Specific Instructions for Professional Executor

- a. Thank you very much for your assistance with a difficult task.

- b. In the event of a serious illness or injury, when I am unable to work for more than two weeks but can communicate effectively: Please contact me as soon as I am able to communicate, to determine how to proceed with temporarily putting my practice on hold, contacting patients, etc. **Whatever I communicate to you at that time will take precedence over this document.**

- c. In the event of my death, or my temporary or permanent decisional incapacitation as determined by a physician or licensed psychologist:

1. Please telephone all scheduled patients and notify them discretely, with minimal necessary details, of my current circumstances. Any limitations to contacting patients via telephone will be stipulated on their contact information pages, found within the Therapist Helper program. Assess their psychological vulnerability and need for ongoing psychological intervention via recent therapy notes and your telephone conversation. Make professional referrals as appropriate and acceptable to the patient, after obtaining his/her permission to release his/her name and records. Please try to match each patient to a provider who is approved or is on the panel of that patient's insurance company. Please offer each patient at least one face-to-face therapy session, individual or group format, with yourself or another professional therapist that you designate, to process the event of my death or incapacitation. If any patient is unable to pay for this session, and/or insurance coverage for the session is denied, it is my wish and direction that my professional corporation's funds be used to compensate you or the designated professional therapist at your/his/her current hourly rate, for this one session. Patient permission should be obtained to forward relevant case records to this therapist prior to the scheduled session.

2. Should patients request information regarding attendance at a memorial service or contributions, please direct them to any professional service/collections being arranged. It is my wish that my personal services remain a private affair for family, friends, and colleagues.

state or federal law. Please dispose of all records not required to be maintained, by such laws in a manner which destroys completely all identifying patient information, such as shredding or burning.

4. Please notify my malpractice insurance carrier of my death or incapacitation. Request that Mercy Health Services notify managed care companies with whom I have current contracts.
5. Please refer to my husband, Jack A. Conrad, of the above (home office) address and telephone number, any financial decisions be made regarding payment of any outstanding bills and patient bill collections for amounts over \$100.00. I request that he waives any patient uncollected accounts under \$100.00. In the event of his concurrent incapacitation or death, please refer these decisions to the Executor of my personal estate. If there is a clinical component to these patient-based financial decisions, please review the file and share with him/her minimal pertinent information necessary for him/her to make an informed decision.
6. Be sure to bill my professional corporation for your time and any other expenses that you incur in executing these instructions, as well as the time of anyone you designate to assist you in these efforts.
7. In addition to this copy of the Professional Executor Instructions, given to Dr. Smith as my Professional Executor, there are two other copies, located in the safe in my home office and in my desk at 100 5th St, in the right-hand side file drawer, under the file heading "Official Documents."

(Date)

Catherine C. Conrad, PhD
(Notarized Signature)



A CHECKLIST FOR CLOSING YOUR PRIVATE PRACTICE

Jack Williams, PhD

Four months ago, I said goodbye to 25 years of private clinical practice to “retire” and begin coaching psychologists and other professionals in practice development, self-care, and retirement life planning. Since I have developed and later closed two clinical practices over the years, I am sharing some practicalities with you, so you do not have to reinvent the wheel when you close your own practice. Without a good checklist, the process can get frustrating and important actions can be overlooked.

Standards 2.06 and 10.10 in our new ethical principles (American Psychological Association [APA], 2002) are relevant to closing a practice. Numerous other articles are available in APA and PPA publications, which I will not list in order to save space. This is a shortened version of the checklist; an expanded version with supporting comments is available at www.HealthyDocs.com or www.WilliamsLifeCoaching.com.

ACTION ITEMS FOR CLOSING A PRACTICE

1. Check the references on the PPA and APA websites on closing your practice and discuss your plans with your liability insurance provider. Different policy types have different requirements.
2. Decide on a target date for closing that balances the needs of your clients, office staff, and yourself. Give your clients the highest priority, allowing adequate time to talk with the neediest active clients.
3. Prepare a letter to past clients who may be depending on your availability. Tell them how to contact you if they have questions or need to have material from their charts transferred. Let them know where their charts will be and that they will be retained in the strictest confidentiality in accordance with state and federal laws.
4. Talk to therapists to whom you may refer your clients. Find out what type of clients they are taking, the insurances they take, and how many openings they have. It is a good idea to have two therapists in mind for each client if there are that many therapists in your community. Ask these therapists to keep your plans confidential until you have told your clients.
5. Talk to psychiatrists, primary care physicians, and clients' other therapists about your plans, especially if you have clients who need a lot of coordination of care. Be sure to ask them to keep your plans confidential until they receive a general letter from you informing them that you have closed your practice.
6. Start a “client progress list” of active clients, including clients you see on an “as needed” basis. Include notes for each client about the referral process, including who the client is referred to, when you received an Authorization for Release of Information, what the client's insurance is, when the client is scheduled to see the new therapist, whether the referral is complete, when you informed the client's psychiatrist and primary care physician, and when you informed the person who referred the client to you if that is appropriate. You will also need to be sure you make a note in the client's chart each time you discuss their referral and each time one of the actions on the client progress list is taken.
7. Start a “referring therapist list.” For each therapist, list insurances and the types and number of clients they can take. Leave room

to list the names of the clients you intend to refer to them, the date you gave them client clinical data, the dates of the client's scheduled appointments with them, and whether the client's referral to that therapist is complete. This list is very helpful in ensuring that you have talked to the therapists before they see your clients.

8. Decide how you want your clients to contact you for information from their charts after you have closed the practice. This is also a good time to decide how you want to handle gifts and requests for friendship.
9. Begin talking to clients about your plans and the date you will be closing your practice. Ask clients who come on an "as needed" basis to schedule an appointment so you can talk with them. This will be a difficult surprise for some clients and easy for others. Be prepared for tears, fear, and congratulations. Let your clients know that they have plenty of time for the transition and that you have arranged referrals for them. Get


signed Authorization for Release of Information forms allowing you to talk to the therapists you have in mind for each client and tell your clients that you will not talk to the second therapist unless they are uncomfortable with the first one they see. This is also a good time to update your release for their psychiatrist and primary care physician. Tell your clients that, if they wish, you will see them for as many meetings as they need after their meeting with the new therapist in order to ease the transition. Remind them that they should continue to see their psychiatrist and physician (if they are seeing them) and that you have informed each one of your plans (if you have). Ask your clients to tell you the date of their appointments with the potential new therapists so you can update the therapists before the clients' appointments. If a client wishes (and most will), schedule the client with you the week following the appointment with the new therapist.

10. Begin giving the new therapists the information they need about their potential new clients and making appropriate notes on your lists and in the charts.
11. Send the prepared letters to clients you have seen over the past 12 months but that you no longer see. Put a copy of each letter (with mailing date) in the chart. Some clients will call for a referral, so add them to your client progress list, schedule an appointment with them, or send them the Authorization for Release of Information forms and begin the referral process. Note this information in their charts. Some letters will be returned undeliverable. Make an "undeliverable letters file" with room for phone numbers and further action so you have a progress list you can review easily. Call those clients whose letters were undeliverable and record the date and results of the call. Send a second letter by certified mail if you are unable to contact the client by mail or phone and note the results in their chart with a copy of the letter.
12. After the referrals are completed, write or call the psychiatrists and/or primary care physicians you have coordinated with to give them the names of the new therapists and to tell them how the transfer went. This is also a great time to thank them for all their help.
13. Write all remaining referral sources, physicians, and colleagues, thanking them for their confidence in you and telling them about your plans.
14. Give your new phone number and address to staff and phone answering service. Begin completing change of address cards.





15. If you have not already done so, put together your professional will, outlining how you want your professional affairs and charts handled if something happens to you. An example is available on the PPA website and at www.HealthyDocs.com.

16. Inform your professional liability insurance company since they often have a deadline for purchasing a "tail."


REFERENCE

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SAMPLE CHECKLIST FOR CLOSING YOUR PRACTICE

Select Retirement Date	
Select Deadline for Accepting New Referrals	
Review Provider Contracts for Termination Procedures	
Inform Current Patients	
Send Letters to Former Patients	
Place Legal Notice in Newspapers	
Contact National Provider Identifier Enumerator	
Inform Third-Party Payers	
Inform Appropriate Agencies/Organizations/Landlord	
Obtain Release of Information Forms When Appropriate	
Make Appropriate Referrals	
Complete Closing Documentation	
Locate Proper Storage for Records	
Prepare a Professional Will	
Prepare Closing Message for Email	
Complete Change of Address Form	
Notify Utility Companies of Closing	
Contact Movers	
Contact Malpractice Carrier and Obtain "Tail" Liability Coverage	
Disconnect Cable	



WHAT IS A PROFESSIONAL WILL?

Rachael L. Baturin, MPH, JD, *Director of Government, Legal, and Regulatory Affairs*


A professional will is a legal document naming a person to handle a professional's practice and deal with a professional's patients or clients in the event of incapacity or death. It gives authority to a person, called a professional executor, to make decisions and take actions with respect to a professional practice when the professional becomes incapacitated or dies.

A professional will is a document that is separate and apart from a professional's last will and testament and does not supersede the professional's last will and testament used for administration of the professional's estate after the professional's death. However, these documents should be coordinated.

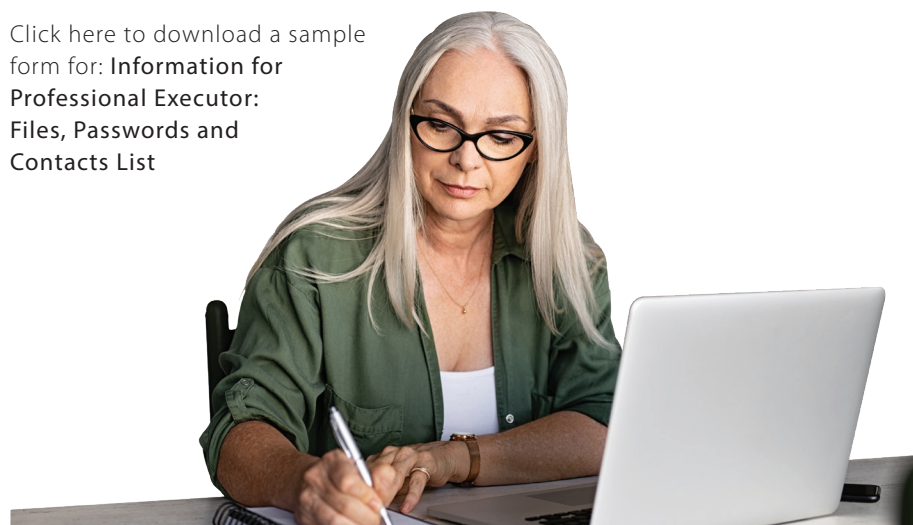
The professional will lists the powers given to the professional executor as well as instructions on how to proceed to close the professional's practice. This includes, but is not limited to, contact information for attorney and accountant; the name and address of your billing company; the name and address of your malpractice carrier; your NPI number; where to find a list of your clients; the rules for disposing of and retaining records as required under law and professional requirements; how to respond if a subpoena or court order is received; how to log into your computer to retrieve files; location of office, office keys, and passwords; where your appointment book is located; how to access voicemail, and so forth.

Your professional will should be kept with all your important documents, and you should inform the person

selected to be your professional executor that he or she has been named the professional executor and you should make sure that he or she is aware of the requirements under the law and professional requirements under the Ethics Codes.

Also, it is important that your informed consent form mention that you have a professional will in place and that if anything happens to you (if you become incapacitated or die), that you have a professional executor that may be contacting your patients if such event occurs. 

Click here to download a sample form for: **Information for Professional Executor: Files, Passwords and Contacts List**



Sample Professional Will*

NOTE: *Italicized copy below appearing within brackets comprises notes and recommendations related to the sample will content.*

I, _____, do hereby declare this to be my Professional Will. This document supersedes prior Professional Wills [if any exist]. **This is not a substitute for a Personal Last Will and Testament.** It is intended to give authority and instructions to my Professional Executor regarding my psychology practice and records in the event of my incapacitation or death.

FIRST

I am a practicing psychologist licensed in _____. My license # is _____.
[name of state]

My principal office address is _____.

In the event of my death or incapacitation, I hereby appoint as my Professional Executor _____, who has agreed to serve in this role. His/her phone number and email and mail addresses are _____. In the event that _____ is unavailable or unable to perform this function, I hereby appoint as Secondary Professional Executor _____, who has agreed to serve in this role. His/her phone number and email and mail addresses are _____.

I hereby grant my Professional Executors full authority to:

- Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records, consistent with relevant laws, regulations and other professional requirements.
- Carry out any activities deemed necessary to properly administer this professional will.
- Delegate and authorize other persons determined by them to assist and carry out any activities deemed necessary to properly administer this professional will.

SECOND [If applicable]

My attorney for this Professional Will is _____, whose phone number and email and mail addresses are _____.

The executor of my current personal will is _____, whose phone number and email and mail addresses are _____.

THIRD

Copies of a separate “Files, Passwords, and Contacts List” are stored with copies of my Professional Will in the locations specified below in section FOURTH (B). This list is intended to be maintained and updated as needed to facilitate access to all relevant contacts, client records and other relevant documents, including all relevant hard copy and electronic files as well as back-up files. The list includes:

- Names and contact information for individuals who may be able to assist in locating/accessing my client records and other relevant professional documents (for example, colleagues, office staff, family)
- Location and/or how to access current client records
- Location and/or how to access past client records
- Location and/or how to access my psychological test materials [if applicable]
- Location and/or how to access my professional billing and financial records
- Location and/or how to access my appointment book and client phone numbers
- Location of the computer and other electronic devices used for my psychology practice
- Passwords for my computer and other electronic devices used for my psychology practice
- My professional e-mail and website addresses
- My office phone number and voicemail access code
- Location and/or how to access my professional liability insurance policy
- Location of any necessary keys you will need for access to my office, filing cabinets, storage facilities, etc.

FOURTH

My specific instructions for my Professional Executor are:

A. First of all, I would like to express my deep appreciation for your willingness to serve as my Professional Executor.

B. There are four copies of this Professional Will. They are located as follows: one is in your possession; one is in the possession of my attorney; one is with my personal will; and one is with my professional liability insurance policy.

C. Please use your clinical judgment and discretion in deciding how you want to notify current and past clients of my death or incapacity and whom to contact for further information, consistent with ethical and legal requirements. *[Note: You may choose to provide more detailed instructions in this section. For example, you may wish to maintain a list of current and selected past clients who are to be notified of your death and/or any planned memorial services and to specify the location of such a list in this section.]*

D. If clinically indicated, for example by their response to notification of my death, you may wish to offer a face-to-face meeting with some clients. You may also wish to provide several referrals sources for current and past clients. Referral sources can, of course, include yourself.

E. Please promptly notify my professional liability carrier of my death and arrange for any additional coverage that may be appropriate. Please also notify the state psychology licensing board.

F. Please arrange for clients' records or copies of their records to go to their new psychologist or other mental health professional, if applicable, with the clients' consent. All remaining records should be maintained according to the relevant, most recent APA Ethics Standards, state regulations and APA Record Keeping Guidelines. *[Related recommendation: Include in the informed consent document signed by clients at the outset of treatment a notification that if you die or become incapacitated, your Professional Executor may take control of records and contact clients.]*

G. You may bill my estate for your time and any other expenses that you may incur in executing these instructions. Unless otherwise ordered by the court, the hourly rate of *[or specify total amount]* _____ is acknowledged to be reasonable. *[Notes: (1) You may wish to reinforce this commitment by also including it in your personal will. (2) If your practice is a corporation or LLC, you should consult with your attorney regarding whether your estate (instead of the corporation or LLC) should reimburse your professional executor.]*

I declare that the foregoing is true and correct.

Executed at _____ on _____
[location] [date]

Signature _____

WITNESSES

Printed Name: _____ Signature: _____

Residing at: _____

Printed Name: _____ Signature: _____

Residing at: _____

*DISCLAIMER & ACKNOWLEDGMENT

This Sample Professional Will is for informational purposes only. It is not intended to provide legal advice and should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances. Psychologists are advised to consult an experienced attorney in order to prepare a professional will. This document is based on the San Diego Psychological Association Committee on Psychologist Retirement, Incapacitation or Death (SDPA PRID) sample "Professional Will" which is available in its "Professional Will Packet" at bit.ly/1smxrZ2. APAPO gratefully acknowledges the work of the SDPA PRID and has prepared this revised document with the association's permission.

The suggestions of the Committee on Psychologist Retirement, Incapacitation or Death are not equivalent to legal advice from an attorney. The San Diego Psychological Association therefore makes no warranty regarding this sample Professional Will. Each individual psychologist should draft the Professional Will appropriate to his/her professional situation.

Support the future of psychology at PPA2022!

PennPsyPAC's Taste of Pennsylvania Fundraiser

Wednesday, May 18

6:30 - 8:00 p.m.

\$75.00 per ticket

Enjoy this reception featuring food and beverages from Pennsylvania, including some from the Poconos area. Support the future of psychology and the PennPsyPAC and enjoy some local flavors.



RxP FUND-Raiser

Saturday, May 21

3:00 - 5:00 p.m.

\$100.00 per ticket

Join us and Representative Wendi Thomas, prime sponsor of our RxP legislation, at our special RxP FUND-Raiser. Get a Unique Quick Reference Drug Guide, enjoy a complimentary specialty cocktail (The Prescriber), and earn 1 CE credit as you learn about the Master of Clinical Psychopharmacology programming at Farleigh Dickinson University with Dr. Michael Ansonoff.



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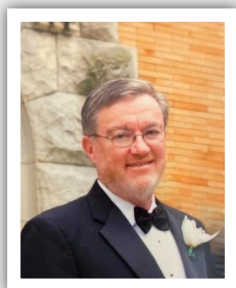
Visit www.papsy.org/PennPsyPAC to make a donation online to either the PennPsyPAC General Fund or the RxP Fund. You can also mail a check made payable to PennPsyPAC to the PPA Office.



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JAMES W. SELGAS, EdD

(APRIL 4, 1943 - APRIL 7, 2022)



Dr. James W. Selgas passed recently at the age of 79. He was born in Brooklyn, New York. Jim earned his undergraduate and graduate degrees (MA and EdD) in psychology at Lehigh University. Jim became licensed as a psychologist in 1974 and was a steadfast PPA member since 1973.

Jim dedicated 45 years of service to the Harrisburg Area Community College (HACC). Starting in the 1970s, Jim worked as the Director of Research and Planning at HACC. He then taught many courses in psychology. Jim also worked as the Coordinator of Psychology for 13 years. Jim earned the Most Valuable Faculty Member Award from HACC's Student Government Association. Two of his studies received recognition from the American Educational Research Association, as among the 10 best at community colleges. He was a Distinguished Professor of Health Sciences, an award given by local hospitals and HACC's Nursing Program.

Jim also maintained a small private practice, as he believed deeply in helping others. As a lifelong learner, he earned a postdoctoral certificate in Cognitive Behavior Therapy from the University of Pennsylvania. Jim was a Clinical Fellow in Behavior Therapy in the Department of Psychiatry at Temple Medical School. Jim also earned diplomas from the La Universidad of Madrid in Spain, as he was immensely proud of his Spanish heritage.

Jim was loved by his students over the years. He paid special attention to veterans and started HACC's Reserve Officers' Training Corps program. Jim worked his best to provide high-quality education to those who attended HACC. Jim also worked at recognizing and referring students who experienced psychological distress. He maintained a positive working relationship with the student counseling center.

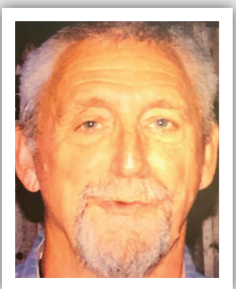
Jim leaves behind his wife Barbara, four successful children, and seven grandchildren (Abigail G., Emma, Grace, Abigail S., William, Avery, and Noah). Jim's adult children and their occupations reflect his values: Tim Selgas as a teacher, Kathy Geissler as a guidance counselor, Beth Snyder as a physician assistant, and Chris Selgas as an emergency room nurse.

Jim enjoyed about 10 years of retirement, traveling to Spain, spending time with family, and maintaining relationships with a core group of retired HACC faculty.

Visit <https://bit.ly/3M9bsoB> to read the full obituary.

HENRY M. WEEKS IV, PhD

(FEBRUARY 1, 1937- MARCH 13, 2022)



Henry M. Weeks, PhD, (Hank, as he is better known) of Carlisle, PA, unexpectedly died at home on March 13, 2022. Dr. Weeks was a long time member of PPA and a former member and chair of the Pennsylvania State Board of Psychology. He was born in Philadelphia, PA, and attended Solebury School, Solebury, PA. He received his undergraduate degree in 1958 from Lafayette College, where he received the James McKeen Cattell Award in Psychology. He received a master's degree in Clinical Psychology in 1962 and a PhD in Clinical Psychology in 1963, both from Purdue University, where he was a staff psychologist at the Cass County Guidance Center, and the Logansport State Hospital.

Visit <https://www.legacy.com/us/obituaries/cumberland/name/henry-weeks-obituary?id=33679044> to read his full obituary.

PPA WEBINAR

Retirement Best Practices for Psychologists

Wednesday, May 25

6:00 - 8:00 pm

Presenter: Joe Scropo, PhD, JD

2 CE Credits

PPA Members: \$50

Non-members: \$100

The personal retirement portion of this webinar will provide basic information about retirement as it occurs in the U.S., particularly for psychologists. We begin by addressing the general process of retirement and discussing the different approaches to retirement. We also provide general information about the aging process, the psychological experience of retirement, and the concept of working or volunteering during retirement. We then offer general advice about planning for your own retirement and working more effectively with clients who themselves are approaching retirement or who are already retired.

The professional retirement portion will discuss the process of shutting down a psychological practice and choosing to end one's professional career. We address the ethical, regulatory, business, and practical issues that psychologists should consider in effectively closing a practice. We also discuss a method by which psychologists can prepare for sudden and unforeseen interruptions in their professional practice.

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All are welcome at the Student Foundation Awards Celebration and PPF Silent Auction! Join us as we celebrate the winners of the Pennsylvania Psychological Foundation's Student Education Awards at this casual awards dinner. Attendees may also support PPF and place their bids on Silent Auction items.

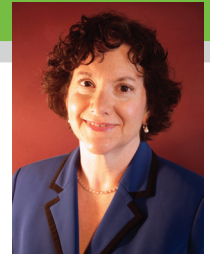
FRIDAY, MAY 20, 2022

5:30 - 7:30 PM

Sara Beachy – Samuel J Knapp, EdD, ABPP Education Award
Carla Capone – PPA Membership Education Award
Jessa Cooperman – Rex Wellness Award
Angel Graham – PPA Membership Education Award
Jennifer Hamann – Rex Wellness Award
Brad Landry – PPA Membership Education Award
Natalie Lynn-Luna – Premio a la Excelencia
Diomarys Nunez – PPA Membership Education Award
Patricia Obilio-Azandegbe – PPA Membership Education Award
Prathma Sharma – Adrian Wilson Memorial Education Award
Donna Tarkett – Frank & MaryAnn Dattilio Scholarship Award
Tyshawn Thompson – Dr. & Mrs. Sanford Sternlieb Memorial Education Award
Harsimran Wadhwa – Matthew Small Memorial Education Award

[Click here to purchase your event ticket now! Tickets are available for \\$35 each.](#)

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LEAVING A LEGACY



LEAVING IT AT THE OFFICE

(Norcross & VandenBos, 2018): A Review

Valerie A. Lemmon, PsyD

Words matter. The term *self-care* has become problematic for many people, in part because the “self” component suggests selfishness and similar negative connotations. Nevertheless, “Leaving It at the Office” includes the term *self-care* to describe an ethical imperative, and as a process of self-awareness, self-monitoring, and self-change. This is not a “how-to” or “one-size-fits-all” book about avoiding burnout or compassion fatigue. But, instead, the focus is on prioritizing self-care as a strategy for flourishing and thriving as a psychotherapist, with strategies for each individual to tailor make their own plan.

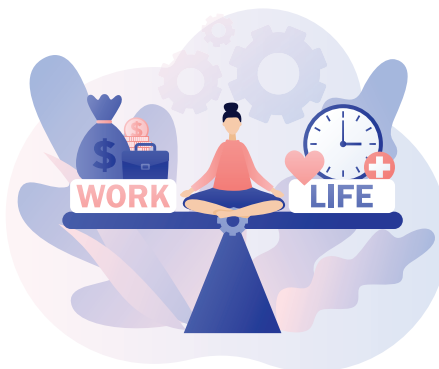
Although I was tempted to skip the Preface, I am glad I did not as the authors provided important information to contextualize the subsequent content. For example, Norcross and VandenBos (2018) cited Holt and Luborsky’s (1958) three qualities of a good psychotherapist as qualities of a good book (i.e., introspective orientation, intellectual predisposition, relativistic perspective), as well provided comments regarding style (i.e., written in first person, present tense, with active verbs; written with a focus on data and content rather than on the sources). The writing style is a Goldilocks style of “just right” between a formal peer-reviewed journal article and an informal memoir. Interestingly, to create greater inclusion, the authors used feminine pronouns rather than gender neutral, plural pronouns.

The authors directly address the challenges of self-care related to the tendency of psychotherapists to engage in hypocrisy, namely, encouraging our clients to engage in the techniques for which we

claim to not have time or energy. (Indeed, I won a copy of this book at a workshop with Norcross by correctly guessing the answer to his question regarding if anyone knew about the “Moses Phenomenon.” If truth be told, I guessed incorrectly twice before finally understanding the tendency of psychologists leading our clients to the Promised Land of self-care, but never arriving there ourselves.) By highlighting the value of the person, providing supportive data regarding how psychotherapists who engage in self-care have better treatment outcomes, and focusing on 10 general strategies rather than mandating

specific techniques, Norcross and VandenBos (2018) firmly nudge the reader to consider how to begin and maintain the process of self-care. Included are specific behavioral practices such as identifying already existing techniques to build on, scheduling self-care, and engaging with accountability partners. Each chapter includes a Self-Care Checklist, which is essentially a summary of the chapter content, highlighting the steps psychotherapists can engage in toward self-care. And, each chapter includes additional sources. Although the primary audience is psychotherapists, there are ideas and resources for supervisors of trainees.

The book includes the role of self-care related to the elementary concepts of the value of the person of the psychotherapist and the importance of the therapeutic alliance. However, other thought-provoking and sobering aspects include the pressure many psychologists place on themselves to take care of others at the expense of themselves, not just their patients, but also employers and






insurance companies. The authors have highlighted the rewards and hazards of psychotherapy, attending to both critical components, which encourage self-care.

Consistent with the transtheoretical nature of other work by Norcross and his colleagues (e.g., the stages of change model first introduced by Prochaska and DiClemente in 1983), there is a wide range of strategies with entire chapters dedicated to the following basic areas of functioning: the body (e.g., exercise, nutrition), nurturing relationships (e.g., peer support and consultation, mentoring relationships, friends and family), setting boundaries (including an empowering Bill of Rights for Psychotherapists), restructuring cognitions (with a nod to Albert Ellis), and healthy escapes (e.g., rest, relaxation), with specific ideas intended to be applied at work and other ideas to be used in one's personal life. A chapter on mindfulness integrates the aforementioned areas of functioning, highlighting the benefits of these practices within a self-care framework, briefly introducing meditation, self-compassion, gratitude, and transitions and rituals. The mindfulness chapter is quite brief and will likely be disappointing to psychotherapists who already know about and engage

in these practices. Nevertheless, it is a worthwhile summary of the value of mindfulness in self-care. In addition to focusing on the self, Norcross and VandenBos (2018) provide ideas for changing one's environment, from fascinating research on creating balance in the ratio of wood to office space surface that people find comforting, to quitting a job when experiencing burnout. They also include an entire chapter on the benefits of one's own personal therapy as a method of self-care. Despite their acknowledgment that some may find the topic of spirituality and mission to be offensive or unclear, the authors explain in the chapter that this is not about religious pursuit per se, but about recognizing that psychotherapy is a calling that provides meaning and purpose. Indeed, the entire book is filled with quotes from a wide range of spiritual leaders, as well as various spiritual practices, which are balanced by quotes from master clinicians from a variety of theoretical orientations. Lastly, a chapter on creativity and growth, which includes particularly important points about diversifying self-care to include more than one category and discouraging the goal of perfection while encouraging the goal of self-kindness regarding self-care.


Overall, the content and writing style did indeed reflect the value of introspection, an intellectual quality, and an emphasis on relativism. The inclusion of scientific data reflects the empirical aspects of psychological research. The self-care checklists that summarize each chapter provide specific strategies for practice. And the personal accounts of the authors provide elements of humility and real-world experiences that allow the reader to connect with the content. 


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- Holt, R. R., & Luborsky, L. (1958). Personality patterns of psychiatrists. Vol. 1. A study of methods for selecting residents. Basic Books.
- Norcross, J. C., & VandenBos, G. R. (2018). Leaving it at the office: A guide to psychotherapist self-care (2nd ed.). The Guilford Press.
- Prochaska, J., & DiClemente, C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395.



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