

The Pennsylvania

Psychologist

September 2009 • QUARTERLY

THE ECONOMY



ALSO IN THIS ISSUE: Embracing the digital age ♦ Legal column:
Child-abuse reporting ♦ Interaction between
school and clinical psychologists





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Valuing Ourselves and Embracing the Digital Age

Steven R. Cohen, Ph.D.

Editor's note: This is a condensation of the speech Dr. Cohen gave at the PPA Annual Convention in June.



My election as president has stimulated me to look back on the many changes in my long career and the many changes that have occurred in psychology. When I was an under-

graduate the clinical psychology world was dominated by psychoanalytic thinking. Before I graduated I was caught up in the excitement of the behavioral revolution which wanted to make therapy empirical, and be able to show evidence that the techniques worked to help patients. Today the field is caught in a new movement toward "evidence-based therapy." This push toward evidence-based therapy is not any different from the challenges posed by the behaviorists in the 60s and 70s. We all want to know which treatments work and for which type of patients. What's old has become new. The behavioral revolution evolved into cognitive behavior therapy which now dominates much of the therapy world.

We must always be open to exploration and re-examination. We must challenge ourselves to change and challenge our profession. My career has been reinvented many times over the decades into a variety of specialty areas. Not one of those areas of specialty did I anticipate when I was a young psychologist. Each area was not predicted, but sometimes accidental. My point is we must always be open and ready because what you are doing today may not be what you're doing 10 years from now and you may not be doing anything in the same way.

Years ago PPA fought so psychologists could get reimbursed for services from insurance plans. I cheered when that happened. Now, I refuse to participate with

the insurance companies and run a pay-at-time-of-service practice.

We psychologists have large hang-ups about money. We tend to undervalue ourselves and give away too many services. As I began to enter the world of forensic psychology I realized that when I walk into the courtroom to testify I am usually the lowest paid professional in the room. We are very reticent about charging for our time. Our time is just as valuable as an attorney's time, just as valuable as a physician's time or any other professional's time. We do not manufacture products to sell and do not earn commissions on selling someone else's product. The only thing we sell is our time, along with our expertise during that time. If we are shy about billing for our services we continue to devalue ourselves and reinforce the public perception that they should not have to pay. We must value ourselves. We teach our patients that if you value yourself, others will value you.

listed e-mail addresses but all others were asked to vote electronically. This saved PPA a great deal of money, and we will continue to conduct future elections electronically.

Some of you know that in February 2009, Congress enacted HITECH, the Health Information Technology For Economic and Clinical Health Act. The HITECH Act will require electronic record-keeping for healthcare providers. In the near future it is likely that you will be required to keep your clients' records electronically and make them available digitally to a health records network. Our profession was able to lobby for privacy protections for our clients. But the regulations of the act are still being worked out and we do not know all of the details of what is coming. But we do know you need to prepare for this.

PPA has tried to be at the forefront of the electronic revolution. We had a Web site long before many other states.

We must value ourselves. We teach our patients that if you value yourself, others will value you.

Each of us should examine our own practices, our own attitudes about billing, and our own reimbursement rates and come to a decision that fits in with our ethical values, moral values, and economic needs, and find the right balance that works for us. But be sure that the message you send to yourself and to your patients is that your services are valuable, that you value what you do, and expect the patient to value what you do. Without this fundamental self-valuation we are doomed as a profession.

Part of the current change in society is a digital revolution. Every technological revolution brings about massive changes and displacements. We as psychologists must adapt and learn. This year PPA held its first election by electronic voting. Paper ballots were sent to those without

The PPA listserv is one of the most valuable benefits for PPA members. I urge people to sign up for the listserv. It is a community of psychologists who are exceedingly helpful to each other. When you have a question about a practice issue, or need a referral, posting your question on the listserv generates many useful responses very quickly. I urge you all to send an e-mail to iva@PaPsy.org and ask her to put you on the listserv.

PPA sends out a free e-newsletter to all of our members and any members of the public who sign up for the service. We have business cards that can be put out in your waiting rooms to educate the community about the service. Please ask for cards, put them in your waiting rooms,

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ANNUAL REPORT

PPA Creates Value for Members Despite Recession

Thomas H. DeWall, CAE



This column will summarize the myriad of activities and accomplishments of PPA during the 2008-09 program year that ended in June. The bottom line for the PPA lead-

ership is to create value for the members. In doing so we have followed the outlines of our strategic plan, which has three primary strategic actions: advocating for public access to psychological services, promoting and advancing psychology in Pennsylvania, and building and maintaining organizational strength.

Advocating for public access to psychological services

Our big campaign of 2008 was to get the General Assembly to pass legislation restricting the authorizations that managed care organizations use. The House passed the bill but it was blocked by Sen. Don White (R-Indiana Co.), chair of the Senate Banking and Insurance Committee. That was the bad news. The good news was that as a result of our campaign several insurers dropped or restricted the use of authorizations.

The major victories came at the federal level, with passage of a bill in July reversing planned cuts to Medicare fees and passage of the mental health parity act in October. The victory for parity was the result of a nationwide campaign that started more than 20 years ago (Knapp, 2008). The Medicare victory was critical because commercial insurers often determine their payment schedules based on a percentage of Medicare reimbursement. Without this legislation a ripple effect would have occurred resulting in decreased reimbursements for psychologists from most third-party payers (Baturin & Sheras, 2008). However, the correction was only temporary and PPA is working with APA to find a more permanent solution to the Medicare issue.

PPA remains strong organizationally, financially, and in terms of our energy, sense of purpose, and dedication to the welfare of our members.

PPA advocated strongly among our congressional delegation for both of those changes and was able to win the support of both Senators Casey and Specter and almost all of the Representatives from Pennsylvania.

During the year the Pittsburgh managed care contractor for Medical Assistance, CCBHO, was conducting compliance audits and demanding money to be returned for alleged record-keeping problems. PPA objected to these audits because, among other things, the requirements had not been adequately explained or distributed to participating psychologists. Eventually the audits stopped and CCBHO is planning educational programs concerning their record-keeping requirements. PPA staff also intervened with MHNet, about whom we received numerous complaints concerning claims, authorizations, etc. At press time they were showing at least some improvement in their operations.

PPA's political arm, PennPsyPAC, raised \$41,000 in calendar year 2008. This enabled us to make contributions to state legislative candidates supportive of PPA's agenda. PPA staff members attended 83 fundraising events for those candidates during the year. PennPsyPAC also underwrote a successful Advocacy Day in Harrisburg with more than 60 people attending.

Advancing psychology in Pennsylvania

This strategic action includes public awareness campaigns, professional development, and outreach to the business community. We continued to publish *The Pennsylvania Psychologist* and to make sure it promotes the professional development of our members. Special themes

in the quarterly issues were "Innovative Uses of Technology in Psychology" (September), "Self-care for Psychologists" (December), "The Annual Convention" and "Psychological Reports" (March), and "Beyond the Basics of Diversity" (June). The rest of the content of the quarterlies and the monthly updates focused on current happenings in Pennsylvania that members need to know for practicing effectively.

Our Program and Education Board offered 20 workshops at the fall and spring CE and Ethics Conferences, attended by 371 people, and a free-standing workshop on the new WAIS-IV with 99 in attendance. We offered other in-person events such as the annual Ethics Educators Conference and the Doctoral Summit. We also offered several home studies and online CE opportunities. Our annual convention was very successful with 362 registrants, up about 20% from last year. It included 52 workshops with excellent speakers well known in the profession. It also featured 14 workshops for the public attended by 240 people. At the convention our Business and Psychology Committee presented Psychologically Healthy Workplace Awards to Health Partners of Philadelphia and Memorial Hospital of York.

The Ethics Committee developed six courses of a seven-part series on ethics. They are now on our Web site, www.PaPsy.org, as an online CE offering. Also on the Web site is an ethics bulletin board listing ethical dilemmas and commentaries on them. They have received more than 3,000 hits. PPA staff members provided consultation to members on ethics, insurance, and other practice

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PRESIDENTIAL PERSPECTIVE

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let your clients know about PPA's "Psychological News You Can Use."

I want PPA to be at the forefront of the digital revolution. I want us to be one of the state organizations in the nation that leads the way. I would like us to be able to offer webinars for continuing education so you can sit at your desk and have a seminar via the Web connection to PPA. I would like us to be able to have the opportunity for videoconferencing.

Some organizations have established a presence on social networking sites such as LinkedIn or Facebook. We need to explore whether there is a benefit to PPA members for us to have a presence on these or other social networking sites. We need to explore the boundary and ethical issues of the kinds of information members should or should not post on these social networking sites. We need to make members cognizant of the risks, both ethical and therapeutic in posting, and help educate our members on risk management.

The digital revolution also poses clinical challenges. I routinely do a Google search on patients I am evaluating, and will search the public areas of social networking sites for the kinds of information that they have posted. There are many ethical and therapeutic questions that come up about how, when, consents, and privacy concerning this. These are questions that most of us of goodwill could have very different responses to.

We as professionals must not close our eyes to these new technologies and social systems. We must learn about them, we must learn how to use them appropriately and ethically, and PPA should be at the forefront of guiding psychologists in this direction.

Therefore, my first major act as president of PPA is to appoint a task force to explore all of these challenges to psychology in the digital age and to come back to us with an analysis, recommendations, and a plan of action so PPA and Pennsylvania psychologists can be well educated, ethical, and able to integrate the digital revolution into our practices and our lives. 

EXECUTIVE DIRECTOR'S REPORT

Continued from page 3

issues – responding to over 3,000 inquiries during the year.

Our Communications Board was very active in making psychology a household word through presentations to the public in various venues as well as via the mass media. We published an e-newsletter that was sent quarterly to all PPA members and many members of the public who have requested it. Our Electronic Media Coordinating Committee made sure our listserv, with more than 600 members, functioned smoothly.

Our Colleague Assistance Committee created and distributed a new brochure, "Don't Go It Alone." The committee also made several presentations on the importance of self-care.

Our student group, PPAGS, held its second annual internship fair in Philadelphia. It was well attended by both internship sites and students. They also sponsored several campus-based community service projects. Membership in PPAGS is doing well, with 430 members. To help recruitment efforts the Board of Directors established free first-year membership for students.

Last spring the Pennsylvania Department of Education issued a policy, with no advance notice, that restricted the types of educational activities that would qualify for Act 48 credit that PPA submits to them on behalf of school psychologists. It excluded many activities that qualify for CE for licensure by the State Board of Psychology. After intervention by PPA, with help from Sen. Jeffrey Piccola (R-Dauphin), they rescinded that policy, at least temporarily.

Our foundation raised about \$42,000 during the year. The biggest project and expense was the Education Awards program. We have now built the endowment to \$227,000. Leaders of both PPF and PPA made plans to change the structure of PPF to integrate it more with the association, which will make it more clearly PPA's charitable arm.

Building and maintaining organizational strength


The economic recession hit many PPA members, resulting in total PPA membership falling by 3%, to 3,080 – still second-highest among the state psychological associations. Our dedicated members of the Board of Directors made hundreds of phone calls to those whose membership was about

to lapse to remind them of the importance of PPA membership. We also made extra efforts to recruit and involve early career psychologists. Our income was down slightly in both dues and non-dues categories. We added a Sustaining Membership program that provided significant additional revenue. Unfortunately, we had to furlough our contract lobbyist for the second half of the fiscal year to contain costs.

We developed a new membership benefit this year – group health insurance available to PPA members, their employees and families. This has been the most requested benefit for several years. We also negotiated a discount for members at Staples for office supplies. We contracted with Boxwood for our Career Center on the Web site, on which members can seek jobs or post jobs available.

Our Leadership Development Committee organized a Leadership Academy to help develop and encourage future leadership for PPA. It was attended by about 35 people and underwritten by PennPsyPAC. About 290 members participate in the leadership of PPA in some capacity – almost 10% of the membership.

Our Board of Directors and Executive Committee met quarterly to guide the association in all of its activities. The December meetings, however, were done by conference calls, which saved us about \$4,000. We conducted our election of officers and board chairs online for the first time this year, instead of through the mail, saving about \$3,000. It was a smooth process, but resulted in a lower turnout. We are looking at ways to increase members' participation. These efforts were part of a new overall initiative to make PPA a "greener" organization. In APA elections we maintained two seats on the Council of Representatives – with New York the only other state to do so – and nominated four excellent candidates for the two positions. Drs. Don McAleer and Steve Berk won that election.

PPA remains strong organizationally, financially, and in terms of our energy, sense of purpose, and dedication to the welfare of our members. 

References

- Baturin, R., & Sheras, P. (2008, November). Psychology advocacy efforts yield victory in passage of new Medicare law. *The Pennsylvania Psychologist*, 68, 1, 6.
- Knapp, S. (2008, December). What difference will mental health/substance abuse parity make? *The Pennsylvania Psychologist*, 68, 6.

Sexual Crimes Against Children Trigger Reports of Suspected Abuse

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IN 2007, THE PENNSYLVANIA GENERAL ASSEMBLY

amended Pennsylvania's Child Protective Services Law. One substantive change is that all mandated reporters now are required to report sexual abuse or serious physical abuse committed by non-caregivers of children.

Previously, the Child Protective Services Law required a report only when the abuse was committed by a perpetrator, defined as a person who committed child abuse and is a parent of a child, the paramour of the child's parent, a person responsible for the welfare of the child, or an individual over the age of 14 living in the same home as the child. Now, the report has to be made regardless of whether the person who committed the abuse was or was not a caregiver.

Mandated reporters of suspected child abuse by non-caregivers still make the report to ChildLine (1-800-932-0313). The report, however, will not be investigated by the Office of Children and Youth. Rather, the report will be passed on to law enforcement officials.

The definition of physical abuse remains the same under the current law. Physical abuse or nonaccidental injury is defined as any action within the last two years that causes severe pain, disfigurement, protracted loss of a bodily member or organ, or significantly impairs a child's functioning, either temporarily or permanently.

Sexual abuse was redefined in the amended Child Protective Services Law. This definition now includes rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, and sexual exploitation.

Given the fact that the amended statute contains an expanded definition of sexual abuse, psychologists must be familiar with the activities that constitute sexual abuse. For example, involuntary deviate sexual intercourse includes fellatio, cunnilingus, or penetration, however slight, with a person who is less than 13 years of age; or who is less than 16 years of age and the partner is four or more years older than the person, and the person and the partner are not married to each other.

Under Pennsylvania law, therefore, an adult may engage in a consensual sexual relationship with a minor who is 16 years old or older without engendering a mandated report. A minor who is 13, 14, or 15 years old can have sexual relationships with anyone who is up to four years older than the minor. A 15-year-old minor may have sexual relationships with a person who is 18 years old (or even 19 if there is less than a four year difference in their ages).

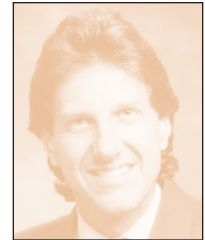
Incest is defined as sexual intercourse with an ancestor or descendant; a brother or sister of the whole or half blood; or an uncle, aunt, nephew or niece of the whole blood. Incestuous relationships include blood relationships without regard to legitimacy, and include a parent and child by adoption.



Dr. Samuel J. Knapp



Rachael L. Baturin



Dr. Allan M. Tepper

Prostitution includes promoting prostitution by encouraging, inducing or otherwise intentionally causing another to become or remain a prostitute.

PPA has encountered numerous questions from psychologists regarding the amendments to the Child Protective Services Law. Correspondence directed to the Office of Children and Youth seeking clarification has gone unanswered, other than an acknowledgment that the letters have been received and that a response will be forthcoming. In questionable situations, therefore, it is recommended that psychologists call ChildLine for guidance, and that the response be documented in the client's file. It also is recommended that psychologists review these reporting requirements with child clients and their parents.

Mandated Reporting Situation? ¹

1. A 12 year-old girl reports that she voluntarily engaged in sexual intercourse with a 15 year-old boy.
2. A 14 year-old girl reports that she engaged in heavy petting with her 20 year-old boyfriend which included touching her breasts.
3. A 14 year-old girl reports that she engaged in heavy petting with her 20 year-old boyfriend which included fellatio.
4. A 15 year-old boy reports that he had sexual intercourse with a 19 year-old woman.
5. A 17 year-old boy reports that he had sexual intercourse with his 19 year-old aunt.
6. A parent suggests to a girl that she can make extra money as a prostitute.
7. A 14 year-old girl had sexual intercourse with her 17 year-old boyfriend.

¹For purposes of these questions, we are assuming that the child was seen in the context of a professional relationship with a psychologist.

The answers are shown on page 6

LEGAL COLUMN

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Answers

1. Reportable. No child under the age of 13 can give legal consent to engage in sexual intercourse.
2. Not reportable.
3. Reportable since this form of sexual contact falls within the category defined in the statute of proscribed sexual contact; the girl is under the age of 16; and there is a greater than 4 years age difference between her and her partner.
4. It depends on the birthday of the parties involved. This is not reportable if there is less than 4 years difference in age between them.
5. Reportable as incest which is defined to include, among other things, sexual intercourse with aunts or uncles.
6. Reportable as violating the statute against prostitution, which includes encouraging or inducing persons to become prostitutes.
7. Not reportable as there is less than a 4-year age difference between the parties.

Problem Solving Courts Bill Moving in General Assembly


A bill encouraging the formation of “problem solving courts” at the county level has passed the state Senate and the House Judiciary Committee. Senate Bill 383, introduced by Senators Jane Orie (R-Allegheny) and Daylin Leach (D-Montgomery), was in the House Appropriations Committee at press time. SB 383 would authorize the Pennsylvania Supreme Court to set rules for the establishment of problem solving courts and to appoint a statewide problem solving courts coordinator and advisory committee. Such measures would allow local courts to apply for federal start-up grants. Courts may develop local rules as long as they are consistent with legislation and Supreme Court rules.

The goal of problem solving courts is to respond more effectively to the issues presented to courts. There is no one single problem solving court model. Some are in large cities; others in small towns. Some deal with mental health, while others deal with drug addiction, drunk driving, juvenile mental health concerns, or other non-violent offenses.

The unifying principles of problem solving courts are that they involve judicial staff (judges, probation officers, prosecuting attorneys) who have specialized training; work collaboratively with local agencies; and require accountability and monitoring of offenders. Many courts gather data to monitor their effectiveness and suggest ways to improve.


As reported in the May 2009 *Pennsylvania Psychologist*, 2008 data from the Pennsylvania Commission on Crime and Delinquency shows that there were 7 juvenile drug courts, 2 family drug courts, 22 adult drug courts (although 12 more counties were planning to add them), 6 DUI courts, 7 adult mental health courts (although 12 more counties were planning to add them), and

1 juvenile mental health court. Specialty courts are also being considered for other problem areas such as domestic abuse, prostitution, or gun offenses.

It is not surprising that more local courts are looking at a problem-solving model. Not only are they more humane from the standpoint of helping people with serious mental illnesses. Data suggests that these programs are fiscally prudent. For example, a 2007 study of the fiscal impact of the Allegheny County Mental Health Court showed that in the first year “the decrease in jail expenditures mostly offsets the cost of treatment services,” and that over time, “the drop in jail costs more than offset the treatment costs, suggesting that the MHC program may help decrease total taxpayer costs over time.” 

AdultBasic Expansion Passes State House

House Bill 1, introduced by Rep. Todd A. Eachus (D-Luzerne), was passed by the state House of Representatives on June 29 by a vote of 106-94. The vote was mostly along party lines, with all Democrats supporting it and Rep. Dennis O'Brien (R-Philadelphia) the only Republican doing so.

The bill would expand the state's adultBasic health insurance program for the working poor to cover more individuals who earn too much money to qualify for Medical Assistance but not enough to afford private health insurance. Currently about 45,000 people are in the program, and this bill would expand that to about 130,000. There are more than 220,000 on the waiting list. HB 1 would also expand coverage to include behavioral health and prescription drugs. With that expansion the program would qualify for federal financial support. 

The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists As of July 15, 2009

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 74	Establishes Criminal Justice and Mental Health Reinvestment Program, proposes grants to counties for diversion from justice system to treatment — Sen. Stewart J. Greenleaf (R-Montgomery)	For	In Judiciary Committee	None
SB 306	Requires all health care providers to wear ID badge — Sen. Edwin B. Erickson (R-Delaware Co.)	Against	In Public Health and Welfare Committee	None
SB 383	Promotes establishment of “problem solving courts,” including for mental health — Sen. Jane C. Orie (R-Allegheny)	For	Passed, 6/3/09, 49–0	Passed by Judiciary Committee, 7/8/09; in Appropriations Committee
SB 408	Promotes establishment of mental health courts — Sen. Daylin B. Leach (D-Montgomery)	For	In Judiciary Committee	None
SB 502	Eliminates all health care mandates — Sen. Mike Folmer (R-Lebanon)	Against	In Banking and Insurance Committee	None
HB 1	Expands state adultBasic program to cover more people and add prescription drugs and behavioral health — Rep. Todd A. Eachus (D-Luzerne)	For	In Banking and Insurance Committee	Passed 6/29/09, 104–96
HB 215 SB 1017	Restricts insurance companies’ retroactive denial of reimbursement — Rep. Stephen E. Barrar (R-Delaware Co.) — Sen. David G. Argall (R-Schuylkill)	For	In Banking and Insurance Committee	Passed by Insurance Committee, 6/30/09; in Rules Committee
HB 746	Reforms the small group market, limits rate increases, caps administrative expenses at 15%, prohibits medical underwriting, and gives more power to the Insurance Commissioner to regulate premiums — Rep. Tony DeLuca (D-Allegheny)	Under review	In Banking and Insurance Committee	Passed 6/29/09, 106–94
HB 905	Authorizes employment of persons as drug and alcohol counselors based solely on their previous work or life experience — Rep. Louise W. Bishop (D-Philadelphia)	Against	None	In Health and Human Services Committee
HB 1250	Restricts certain titles for social workers, marriage and family therapists, and professional counselors; prohibits provision of any mental health service without a license — Rep. Marc J. Gergely (D-Allegheny)	Against	None	In Professional Licensure Committee

Information on any bill can be obtained from <http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm>

Practice Building During Tough Economic Times

Michele Novotni, Ph.D.

Everywhere you turn you see signs of the economic decline. It's on the television; it's in the papers, on the Internet and probably showing signs on your caseload. Now more than ever, it is important to pay attention to the business part of your practice.



Therapists generally enjoy and are very good at the people part of the job. Unfortunately, there is also a tendency to avoid the business part of the practice. Now is a great time to work on strategic planning, business development, and marketing for your practice. As a recovered "business phobic" psychologist I was surprised to find that the process wasn't as bad as I thought. I now actually enjoy not only developing my practice but also coaching others in ways to grow their business.

When cash is tight, people may decide to forego counseling or coaching to save money. However, during tough times, people can benefit from counseling. This process involves thinking about ways to bring the two together.

Consider these steps to grow or at least maintain your practice and help connect with people in need of your services.

Strategic planning: Finding clients and helping clients find you

Think about what you have done in the past to attract clients or how clients tend to find you. Ask yourself questions about your practice, questions such as:

- Who are the clients you most enjoy working with?
- What are their needs?
- Have their needs changed due to the current economic conditions?
- What can you offer them?
- Where are you most likely to find them?
- How can you best reach them?

Answers to these questions can help direct your business development efforts. What new opportunities has the economy

provided? Depression, concerns regarding retirement, and career options are a few titles that quickly come to mind. Is there a way to include these new opportunities in your practice?

Select at least one activity a week from your list of ideas from this strategic planning exercise to work on practice building.

Create situations for potential clients to get the opportunity to know you

Let people get a taste of who you are and what you can offer. Speaking is one great way to generate referrals. It gives a number of people the opportunity to meet you, hear some of your thoughts and see if you might be able to help them or someone they know. Consider volunteering to speak at your local church/synagogue, Rotary Club, school or YMCA on a topic of interest to your preferred type of client.

If speaking isn't your strength, what about volunteering to run a support group for the recently unemployed or those who are anxious about the possibility of losing their job, or those stressing about finances? Or consider volunteering 1:1 time to counsel people for a few hours a month. Many nonprofits are seeking help in this area.

Consider writing an article for your local newspaper. If you are not a writer consider contacting a paper and asking them to consider doing an article and offer to assist them. Any of these ventures will probably generate many more referrals than most ads because it gives people the opportunity to get to know you.

Evaluate your current marketing plan. Are your current methods of advertising working for you? Do you have a Web site? Does it seem to be working for your needs? What can you do to improve it?

Referral sources

When all is going well, there can be tendency to not pay attention to where clients are coming from. When times are difficult this is a critical area that demands our attention.

From a marketing perspective, it is important that people know, like, and trust you in order for them to do business with you. Who better fits that description than prior referral sources and clients with whom you have worked successfully in the past? Consider ways to remind past referral sources and former clients that you still exist. People who have already benefited from your services are great referral sources. Unsolicited testimonials to their clients, friends, family, and peers can be strong motivators for people to decide to see you.

Make time to attend to your referral base. Review old files and make a list of previous referral sources if you don't already have one. Who are the people who have referred to you in the past? Consider contacting them and/or sending them your business cards or brochure. Let them know you have appreciated their referrals in the past.

Most important, thank current referral sources promptly when a new client contacts you. Send a note (with client permission of course) or better yet, consider a brief call to update the referral source on your impressions on the client if appropriate. A voice message or brief e-mail thanking them for the referral will help you be top of mind when it comes to referring again.

Customer service

Just as finding new leads is important, you also have the important task of working harder to get and keep new clients. This begins by following up every potential client call as soon as possible. This isn't the time to wait a day or two, or even a few hours to contact potential clients. It also helps if you contact individuals requesting information yourself rather than having someone else do it whenever possible. It takes a little more of your time but you will probably find that more leads actually follow through in seeing you when you contact them yourself.

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Considerations for Financial Success

Vincent J. Bellwoar, Ph.D.



Current economic pressures have made it harder than ever to operate a profitable private practice. In such times psychologists benefit from a hard look at how they run their business –

financially and otherwise. Below are some points that I have learned in running a large group practice over the last 15 years. Keep in mind that there are many ways to run a successful practice. Perhaps these ideas will help you survive and thrive.

1 Marketing never stops. Establishing a consistent referral flow requires good marketing. Before you freeze up at the thought of having to “sell yourself,” recognize that marketing can be a natural process – if you believe passionately in what you do. Can you do the “elevator sale” – describe to strangers what you do and why you do it well in the time it takes to ride an elevator? If not, practice it until it flows smoothly. Be ready, willing and able to talk about psychology in a non-threatening way at parties, soccer games, playing golf, at weddings and funerals. If people can relate to you because you are easy to talk to, down-to-earth, and pleasant, they’ll send you clients.

2 Always get back to referral sources. This is the easiest way to market. Get the client’s permission to call the school counselor or physician who referred the client. Send them a brief thank-you note. Somehow let them know that you are taking care of this client. Give them good reasons to refer to you again.

3 Surround yourself with good people. Many psychologists are so understanding and compassionate that they have difficulty making the tough business decisions in hiring, firing, and general practice management. Negative staff act as anchors preventing your ship to set sail. In contrast, good people are hard to find; when you do, find creative ways to reward and value them.

4 Don’t be afraid of money. Who’s afraid of money? You are if you avoid addressing money issues with clients! Value the education, training and product you sell by putting a price on every minute of your time. Accept that you should get paid for the work done for clients outside of the therapy session such as phone calls, letters, reports, and consultations with other professionals. Lawyers and accountants charge for everything they do and so should psychologists.

5 Collect assertively. Obtain payment at the start of each session and address unpaid balances immediately. Charge for missed appointments. Respect yourself and what you have to offer and expect the same from your client. Use a credit card machine as it pays for itself with your improved collection rate. If you need inspiration, keep a copy of a lawyer’s bill readily available. Remember, it is business, not personal.

6 Invest in IT. Computers, Internet, Web sites, and software are becoming more integral to psychology practice. Find good billing software and use it to its fullest potential. We use Synergistic Office Solutions to track all aspects of billing including practice trends and dynamics. We file claims electronically and accept EOBs (explanations of benefits) in an e-file that is posted to our software in seconds. While certainly a substantial investment, our collection rate with insurers is over 99%, and less staff time is spent on billing.

7 Work with insurance companies. While it may be easy to rail against insurance companies, they are a necessary part of the capitalistic healthcare system. Nowadays more clients opt to use insurance rather than pay the entire fee. Accepting that insurers have a voice in healthcare delivery doesn’t mean that one blindly takes what insurers dictate. For example, once psychologists understood insurers’ thinking regarding the use of outpatient authorizations, they were able to make a cogent counter-argument. Although it was a five-year battle, all the

major insurers in Southeastern Pennsylvania have dropped authorizations. Looking toward the future, psychologists must understand that achieving parity gives them a seat at the decision-making table where health care policy is set. The goal is to convince the payer (both client and insurer) that psychological interventions save money in the long run by increasing worker productivity and promoting healthy lifestyles.

8 Do what you do best! Let someone else do the other stuff. If you are lousy with numbers, hated statistics in grad school, and only do billing at the last possible moment, it is time to let someone else handle your books. If not you, find a dynamic person to market, a competent billing service, accountant, and lawyer (PPA’s legal consultation service). Let others do what they are good at so you can be your best: treating clients, marketing yourself, managing others, etc.

9 Establish disciplined and well developed practices. Every business, whether large or small, should have written policies pertaining to daily operations. This is simply good risk management. Establish consistent policies for no-shows, overdue balances, fees for record, emergency procedures, employee benefits, disciplinary actions, etc. It takes a fair amount of determined work to get policies in place, but they will guide the business such that micro-managing is minimized and problems can be addressed proactively.

In conclusion, the above points are just some of the considerations psychologists make when developing a successful private practice. Unfortunately, there are no magic formulas to weather economic downturns. Successful businesses continue to operate during recessions because their core beliefs do not change during challenging times. Sure, they adjust during times like these, but their well developed business philosophy helps see them through times of economic uncertainty. ■

Money, Masochism, Narcissism, and Indifference

Robert M. Gordon, Ph.D., ABPP



Psychologist Daniel Kahneman won the Nobel Prize in 2002 based on his research with psychologist Amos Tversky (1979) that showed that people make money deci-

sions based more on psychology than economics. They refuted the thinking of the cognitive psychologists who consider people as logical information processors. Rather they found that when future consequences were uncertain, people shifted to relying more on their biases than objective data. That is when people were most likely to view their beliefs as reality – what Kahneman called “the illusion of validity.” For this, Kahneman won his Nobel Prize in economics (rather than psychology...which is another story of bias).

Before Kahneman and Tversky's research, Fenichel (1938) wrote that the will to become wealthy is natural, but it is often compromised by unconscious irrational conflicts. He reviewed the cultural, familial, personality and traumatic contributions to feelings about money. Fenichel believed that in the unconscious, money can represent everything that one can take or give, such as: food, feces, penis, potency, love, protection, care, pride, indifference, offering, renunciation, weapons, sexual aggression, etc. The conscious conventional mind wishes to deny these embarrassing associations, but careful listening to how people deal with money often reveals the validity of these insights. We see this when people marry for money, seduce with money, hoard money, use money to punish or control others, or reject money as if that made them more virtuous. Recognizing the unconscious associations to money helps us to understand how people can be so self-defeating about something so important.

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Spinella and Lester (2005), in their research on money and personality, found that people who scored higher in neuroticism scored higher in financial impulsivity and lower in motivational drive, organization, and planning. This research illustrates that aspect of neuroticism in wanting gratification without the reality testing, planning, and hard work. Weber, Rangel, Wibral and Falk (2009), using the fMRI, found that areas of the ventromedial prefrontal cortex (associated with the processing of anticipatory events) exhibited the money illusion suggested by Kahneman. They found that subjects did not make money decisions based on what money can buy but based on biased reasoning in the ventromedial prefrontal cortex. (Next time you can say to someone after his or her foolish purchases, “Where was your ventromedial prefrontal cortex?”)

We know that manic individuals will spend as an expression of their grandiose self, and religious ascetics will take a vow of poverty as an expression of their self-sacrifice and spirituality. Money can be an expression of one's personality, represent parts of the self, or become an over-compensation for more threatening intimate resources such as love (think of the film “Citizen Kane”).

In my dissertation research (Gordon, 1975) I found that students' view of money had a lot to do with their childhood. Students who grew up in love-poor families valued money much more than those who received a lot of love as children. This was true whether their families were poor or were well off. Students from love-poor families may have been damaged in their capacity to exchange love, but not so in their capacity to exchange money. They may have learned to value money as a substitute for love, as a means of security, or as an indication of their personal worth that they were not able to gain from intimacy. Children who are well loved and taught how to manage money later develop the capacity to enjoy both money and love.

I also found that there were those intellectuals who were indifferent or less

focused on money issues. These Platonists valued the life of the mind over wealth. For example, Einstein was able to do the math for quantum physics, but lost much of his Nobel Prize money in bad investments. Nickerson, Schwarz, and Diener (2007), found that individuals with strong financial aspirations are socially inclined, confident, ambitious, politically conservative, traditional, conventional, and relatively less able academically.

Many people become psychologists out of their love of ideas or their wish to help others. Money is often not their most important consideration despite the many years of education, training and economic pressures. Some therapists may take noble values too far and be considered what the Psychodynamic Diagnostic Manual (PDM Task Force, 2006) calls “moral masochists.” Such individuals often feel guilty receiving, and seem to gain a sense of worth through giving and self-deprivation in service to others. The countertransference guilt over charging a good fee for sessions, or charging for late cancellations, conveys an unhealthy message to patients.

Recognizing the unconscious associations to money helps us to understand how people can be so self-defeating about something so important.

Narcissistic therapists might over-focus on the acquisition of appreciation and fees, while therapists indifferent to fees convey an otherworldly interpersonal cocoon, as though their relationship has nothing to do with money for a service. This suggests a seductive or emotionally parasitic involvement. After all, if the therapist is uncomfortable with money, then how is the patient going to work through these issues?

Weissberg (1989) noted that patients more easily talk about sexual positions than their actual financial position. This

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Money on the Mind – Social Cognition Can Explain Why Recessionary Times Lead to Excessive Thoughts About Money

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During tough economic times, everyone is rightfully concerned about money matters. However, these concerns can become so prominent and upsetting to some people that therapy

is sought. Clinicians working with clients who have severe anxiety about financial matters may try a variety of approaches to alleviate constant thoughts and worries such as meditation, cognitive restructuring, and thought-stopping techniques, among others. While studies have shown these methods to be generally effective, some clients may not find them especially helpful in relieving economic worries. Therefore, it might be helpful for clinicians to look to the field of social psychology and its subfield of social cognition to understand the cognitive mechanisms that drive such persistent thoughts so that they can treat their clients more effectively.

The field of social cognition studies the way the mind attends to, processes, retains, and uses information about the social milieu. Economic conditions constitute an important social context because employment and money (or the lack thereof) underlie a multitude of social realities, such as status, self-sufficiency, and self-esteem. Thus when economic conditions become threatening, such as during an actual or impending layoff, people are motivated to expend a great deal of mental effort thinking about the goal of having financial stability. This is further exacerbated by the constant media attention given to the economy, which fixes people's thoughts and attention on economic woes, ensuring that such concerns are "chronically available" in the mind. Studies in social cognition show that repeated thoughts and goals become chronically available and accessible, and after a while become automatized; that is, the concern or goal of financial stability (and the thoughts, worries, and fears that accompany that goal) become *automatically* activated in the presence of relevant

environmental stimuli (Gollwitzer & Moskowitz, 1996). Further, Moskowitz, Gollwitzer, Wasel, and Schaal, (1999) showed that stimuli related to a chronically accessible goal activated that goal even when the stimulus was perceived below the threshold of conscious awareness!

Wegner (1994) showed that thought-stopping techniques are not always effective. He told research participants to try to avoid thinking about a white bear, but participants reported that thoughts of the white bear intruded despite their efforts to keep such thoughts away. This was because participants had to constantly monitor their thoughts to see if they contained traces of the white bear, which in turn caused them to begin thinking about the white bear. Interestingly, Kawakami et al. (2000) showed that with intense training, participants learned to change their fixed, chronic, automatic reactions to stimuli, and did so even when stimuli were presented below the threshold of conscious awareness. This type of training is not usually practical for clients, but I mention it here because it empirically shows that firmly embedded thought pro-

cesses can be changed with practice. and "feel" like everyone everywhere is losing their jobs, when in reality the current rate of unemployment is about 9%. Think for a moment about the Great Depression – what percentage of people do you estimate were unemployed? While newsreel images of soup lines and "Hoovervilles" might spring to mind and you might estimate that most workers in the U.S. were jobless, only about 25% of workers in the U.S. were unemployed during that time.

So how does all of this inform a clinician who is helping a client worried about money matters during a recession? Well, research shows us that on average, thought-stopping doesn't work as well as paying attention to something else. So rather than instructing clients to not ruminate about money matters or to banish intrusive thoughts, it's better to instruct them to focus their attention on a very specific problem-focused goal such as "Each weekday between the hours of 10:00 a.m. and 2:00 p.m. I will write and send four company-specific cover letters and resumes to potential employers." Such an approach, which we call in social psychology "implementation intentions" (Gollwitzer, 1999), serves the function of

Economic matters can be made to seem worse than they are due to what Daniel Kahneman ... labeled the availability heuristic.

cesses can be changed with practice.

Economic matters can be made to seem worse than they are due to what Daniel Kahneman, a social psychologist who won the Nobel Prize in economics, labeled the availability heuristic (Tversky & Kahneman, 1974). A heuristic is a "rule of thumb" or cognitive shortcut that the mind uses automatically. The availability heuristic explains how the mind has a tendency to use the most accessible information in thinking about a given topic. For example, someone who has seen several murders on the evening's news is more likely to estimate that the average person has a higher likelihood of death by murder than if they had not seen the news. Therefore, the availability heuristic works by making people think

distracting clients from worry and focuses attention on a constructive task that might ultimately resolve their problems, as well as provide feelings of self-efficacy through their taking charge of their situation. This may also re-automatize clients' thoughts toward less anxiety-producing action-based goals.

The purpose of this article was to remind clinicians of what I tell my graduate students – to look broadly within psychology for explanations of human thought and behavior, specifically within the realm of social psychology. There is a lot of empirical information relevant to clinical work! Social psychology also

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Communicating With Kids About Financial Stress

David J. Palmiter, Jr., Ph.D., ABPP



In today's economy families commonly need to cut back or make significant changes in how they live. Many parents find themselves wondering how to discuss these changes with

their children. Experienced psychologists know that once you've seen one family you've seen one family. For this reason, there are no procedures that can be universally applied. However, it is possible to provide some guiding principles in response to common questions parents have on this topic.

Is it possible to hide our financial stress from our kids?

Probably not. Many of us adults have unhealthy ways of coping when we're stressed; smokers tend to smoke more; drinkers drink more; people in vulnerable marriages argue more, etc. Little children, sensing these changes, can become fairly upset and believe that they are at fault unless a parent provides some clarity.

Should I lie to my child about what is going on in order to protect him or her?

We parents love our kids so much that it can make us crazy sometimes (i.e., we're parent-lunatics). So, the motivation to give false assurances is certainly understandable. However, it would generally be a mistake to assert something we do not believe. While doing this in the short run can seem humane, it can damage our credibility in the long run. And, as is the case in adult relationships, credibility can be a difficult thing to recapture. Moreover, kids sense parent stress the same way that dogs sense fear; they can usually tell when something is wrong.

What should I tell my child about what is going on?

The younger or the more psychologically vulnerable the child, the more selective I might be in what I share. The older the

child, and the more that he or she is thriving, the more open I might be. A key parental task is for me to help my child to cope well with stress. It's good for kids, through the course of development, and in doses that they can handle, to be exposed to a wide variety of pain and stress so that they can learn how to cope effectively. And we parent-lunatics, because we can't bear to see our kids hurting, sometimes deprive them of such valuable learning opportunities. Then, when they're on their own, they don't know how to respond to multiple kinds of stress and pain (e.g., many freshmen arrive on college campuses with a diminished capacity to cope well with significant stress).

Can you give me an example of what I might say to a younger or a more vulnerable child regarding the significant financial pressures we're facing?

Let's say that you've been downsized and you're going to have to move out of your house if you can't land a new job in 3 months. I probably would not tell an 8 year-old that the mortgage is in danger. I would, however, tell that child about the job change, because Dad is going to be home more, or someone else might let it slip. It's like sex education: you want as much information coming from you as possible as you number among the world's leading experts on your child. However, a child is like a bridge that's still being built. How much weight he or she can handle changes over time. We don't want to take a caravan of heavy trucks across a bridge that's not fully formed if we can avoid it. If there are serious issues that would significantly stress or frighten a young child, I probably would not share that information until I have to.


What would you say to a healthy teenager about that same situation?

I might say to the teen, "I need to tell you something troubling. I got laid off. I'm not quite sure what's going to happen and what kinds of changes we might have

to go through together. I'm somewhat worried and sad about all of this, but I'm also confident in my abilities and our abilities as a family. I just thought that you're old enough to hear about this straight up without any sugar coating." Such disclosures can promote closeness with teens and affirm that you recognize their growing maturity. Then, there is the follow-up opportunity to model how to cope well with stress. I can't tell you the number of times, in my practice, that a teen has expressed surprise to learn that her or his parent was previously dumped by a significant other (this happens in the context of the teen being devastated by such a loss). We're just not used to telling our kids about some of our vulnerabilities and failings, even though doing so can help them in many ways.

What do I do about the shame and guilt that I feel if I'm not able to give my kids as many things, and as many experiences, as I could in the past?

I'd suggest trying to redirect the mental energy you are putting into guilt and shame into thinking through the following formula: crisis = pain + opportunity; a related corollary is that as the pain rises so does the opportunity. Maybe we can't go to the shore this year. But, maybe we can spend more time hanging out at a neighborhood pool together. Maybe I can't buy the top-of-the-line sneakers, but I can start to collaboratively consider whether chasing corporate branding is good for us.

In closing I can tell you that on a short list of what kids need from their parents in order to be well and happy is undivided and positive attention. Things we purchase sometimes own us more than we own them, so the reduction of materialism in our household may be providing the opportunity to create deeper and better bonds with our kids. Required is creativity, flexibility, love, presence and persistence. Not required is money and Ralph Lauren (well, except in his family). 

Please feel free to tear out and share with your clients.



Materialism or a Blooming Desert – It's Up To Us

Bernard Seif, SMC, Ed.D., DNM



Some things have been around since the dawn of creation; one of these is the human struggle with materialism. Freud might say that we are born as pure id; the developmental

psychologists would add that socialization helps us to mature out of our ego-centered world, and radical behaviorists would encourage us to shape the behavior of others into a more productive mode. Everyone feels the impact of it, directly or indirectly, be they religiously oriented or otherwise.

Psychology and related disciplines have enriched our world with a plethora of self-help and clinical treatment models utilized to address such areas as codependency, addictions, obsessions and compulsions related to food, sex, substance abuse, and on and on. We have been called “the me generation” in the media. Even our entertainment is changing. Television, radio, and motion pictures are often bursting with subliminal or overt messages about the struggle to accrue the material things of life. “Success” is typically defined as having money and material possessions. The world markets and the domestic economy and job market are seen by many as barometers of our obsession with material gain, waste, greed, and living life on credit.

On a brighter note, Susan Boyle, a woman living a simple life in Scotland, took the world by storm just by being herself. Clearly a gifted vocalist, the world was captivated by her unvarnished appearance and lifestyle standing in stark

counterpoint to the glitz and glamour of contemporary society. The underdog character who ultimately conquers is cheered in movies and cried over in books. Professional gymnast turned Eastern philosopher Dan Millman and his *Way of the Peaceful Warrior* (2006), based loosely on the life of an ego-driven young man who transitions into a human being with deeper values, has been read or viewed by millions. All of this bespeaks a heart and soul in the human person that longs for something deeper than attachment to material goods.

Buddhist philosophy teaches that our suffering comes from attachment (Surya Das, pp. 76-77). Attachment can be to material things, time, the way people view us, feelings we have, a need for honors, or anything else. Even in meditation we are taught not to cling to a nice feeling or experience, or to push away a negative feeling or experience. One need only do a quick search on the Internet for a topic such as “Buddhist psychology” to come up with an enormous amount of material on the topic. The work of people such as research psychologist Philippe Goldin, Ph.D., (2008) epitomizes humanity's struggle to free itself from materialism through age-old practices and philosophies such as meditation, Buddhism, and Daoism. He weds this to cutting-edge brain imaging science. Such East-West studies are leading us to wholeness as we move to the future.

The Judeo-Christian expression of humanity's attempts to deal with our tendency toward materialism can be seen in the life of the Essenes, desert-dwelling Jewish people living a simple monastic life before the Christian era while waiting

for the Messiah. During the early Christian period, many people moved out of the larger cities and into desert areas when Emperor Constantine, in 313 A.D., decreed that Christianity could now be freely practiced. This “Edict of Toleration” led to a superficial and more political practice of the Gospel, so those interested in freedom from materialism went to a more barren land in the Middle East to live out their existence in poverty and simplicity. They were eventually known as “the Fathers and Mothers of the Desert” from which flowed the Christian expression of monastic life, within the same Jungian archetype as Asian monastics and ascetics from every other tradition.

“Success” is typically defined as having money and material possessions.

Let us now return to contemporary times via Madonna (the entertainer, not the mother of Jesus). She sings and struts about being a “material girl in a material world,” and to some degree she is correct. We need to live *in* the world as responsible stewards of what we have, but not *of* the world, as the saying goes. Through the help of our ever-evolving psychological and spiritual supports we can learn to enjoy what we have, and be content when we don't have everything we *think* we need.

We can learn a great deal about this from our students and patients. Educators and clinicians daily witness the courage of people as they work to maximize their gifts and talents in a world that is highly competitive and often superficial in its criteria for success. Yet the human spirit is alive and well under the ashes of life's stressors. Stress management and mind-body approaches to psychology affirm this everyday in psychological settings.

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Be more flexible. Consider adding night or weekend hours to better accommodate clients as a way to increase your case load. Clients may not have the flexibility in the workplace to schedule visits that impinge on their workday.

Now is a great time to consider what you might be able to do to add value to the counseling experience. Perhaps a follow-up call checking in with the client would help, or providing them a copy of an article on their situation, a Web site link, or contacting their physician to update them. Ask yourself what you can do to add value to your client's experience and satisfaction.

What other services can you provide that clients may want? Consider lower cost options for clients – shorter sessions; groups; teleseminars, webinars, e-books. Be creative. Listen to what services they are asking for that you don't currently provide.

In summary, most people still have jobs. People still have problems. We just need to be creative and attentive to the business side of our practice. 📌

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An excellent example of such affirmation and psychological outreach is the Pennsylvania Psychological Association's free-to-the-public Mind-Body workshops offered at its annual convention. With the help of a grant from the American Psychological Association, this program is in its second year and has been very well received.

Permit me to conclude by offering a quote, and recommending a book worth reflective reading, by psychologist and professor of psychology Robert Wicks. In *Crossing the Desert: Learning to let go, see clearly, and live simply*, Dr. Wicks offers us a counter-cultural attitude adjustment which is both appealing and optimistic:

"So, in the desert, an opportunity to gain a new perspective and a unique appreciation for what is truly important is joined by a radically different sense of what relationship, hospitality, and compassion should mean in our lives. Is it any wonder then, that the desert would be an ideal metaphor for the challenging times in life to remind us of the need to let go of all that is incomplete and unnecessary in us?" (p. 22).

Moses, the Buddha, Jesus, and Susan Boyle can't all be wrong. Sorry Madonna. 📌

References

- Goldin, P. (2008). www.shrinkrapradio.com
- Millman, D. (2006). *Way of the peaceful warrior* (revised ed.). Tiburon, CA: H. J. Kramer Publishers.
- Surya Das, L. (1998). *Awakening the Buddha within*. NY: Broadway Books.
- Wicks, R. (2007). *Crossing the desert*. Notre Dame, IN: Sorin Books.

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contributes to our understanding of development and attachment, the self, love and relationships, personality, and other issues that arise so often in clinical work. I also wanted to remind readers that psychoeducation for clients that includes facts gleaned from research is beneficial, just as learning about psychology is good for college students. Whether a client has anxiety over financial matters, or wants to understand why they choose the same problematic type of romantic partners, explaining how research has delineated the mechanisms and processes that underlie their problems helps clients to believe that their problems arise from mental processes that are understandable, predictable, and common to all people. 📌

References

- Gollwitzer, P. (1999). Implementation intentions: Strong effects of simple plans. *American Psychologist*, 54, 493–503.
- Gollwitzer, P. M., & Moskowitz, G. B. (1996). Goal effects on action and cognition. In E. T. Higgins & A. W. Kruglanski (Eds.), *Social psychology: Handbook of basic principles* (pp. 361–399). New York: Guilford.
- Kawakami, K., Dovidio, J., Moll, J., Hermsen, S., & Russin, A. (2000). Just say no (to stereotyping): Effects of training in the negation of stereotype associations on stereotype activation. *Journal of Personality and Social Psychology*, 78, 871–888.
- Moskowitz, G. B., Gollwitzer, P. M., Wasel, W., & Schaal, B. (1999). Preconscious control of stereotype activation through chronic egalitarian goals. *Journal of Personality and Social Psychology*, 77, 167–184.
- Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185, 1124–1131.
- Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review*, 101, 34–52.

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may involve a transference based on the fear of being exploited as well as the expectation that one does not pay for nurturance. The therapist's countertransference conflicts might inhibit a therapeutic exploration of fantasies and conflicts about money. Weissberg points out that the main financial negotiations between therapist and patient are setting a fee, modifying the fee to reflect changing conditions, collecting the fee, and dealing with missed hours. Although Weissberg warns that money matters are roads to other irrational conflicts, nevertheless, the financial arrangement between therapist and patient is essentially a business agreement, in that therapists are selling their training and time as a means of support.

Patients often express their resistances and transferences in scheduling and payment conflicts that are highly rationalized. That is when patients might benefit from a careful combination of reality clarifications of the treatment agreement, the value of treatment and when ready, an interpretation of their unconscious fears of the treatment situation. 📌

References

- Fenichel, O. (1938). The drive to amass wealth. *Psychoanalytic Quarterly*, 7, 69–95.
- Gordon, R. M. (1975). The effects of interpersonal and economic resources upon values and the quality of life. (Vol. 36, pp. 3122). US: Univ Microfilms International.
- Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decisions under risk. *Econometrica*, 47, 313–327.
- Nickerson, C., Schwarz, N., & Diener, E. (2007). Financial aspirations, financial success, and overall life satisfaction: Who? and How? *Journal of Happiness Studies*, 8, 467–515.
- PDM Task Force. (2006). *Psychodynamic diagnostic manual (PDM)*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Spinella, M., & Lester, D. (2005). Money attitudes and personality. *Psychological Reports*, 96, 782.
- Weber, B., Rangel, A., Wibral, M., & Falk, A. (2009). The medial prefrontal cortex exhibits money illusion. *PNAS: Proceedings of the National Academy of Sciences of the United States of America*, 106 (13), 5025–5028.
- Weissberg, J.H. (1989). The fiscal blind spot in psychotherapy. *Journal of the American Academy of Psychoanalysis*, 17, 475–482.

The “Young” and the Restless: Center Stage for ECP Issues

*Allyson L. Galloway, Psy.D.
Andrea M. Delligatti, Ph.D.*

Some exciting things have happened this past year at PPA, specifically for early career psychologists (ECPs). At the 2008 PPA Convention, Drs. Andrea Delligatti and Nancy Chubb emphasized the importance of PPA taking a detailed look at early career issues and, thus, the ECP Task Force was formed. An ECP is a psychologist who has completed a doctorate and is within the first 7 years of his/her career as a psychologist. The ECP Task Force worked throughout the year holding focus groups and an online ECP survey to assess the needs of early career psychologists in order to present recommendations to the PPA Board of Directors regarding ways in which PPA may better meet those needs.

The ECPs surveyed came from diverse backgrounds. Many seemed unaware of the relevance of professional associations to them as ECPs. Many who were aware of PPA or even members, felt that PPA focused on more seasoned and established clinicians. While respondents were passionate about the field of psychology, they expressed frustration and feelings of being unprepared for the realities beyond the graduate school setting. More specifically, they felt that their academic programs did not prepare them for the difficulties they would face in finding internship placements and post-doctoral supervision necessary for licensure. In addition, meeting these requirements for graduation and licensure comes at a significant cost, and financial issues including loan repayment and inadequate wages are all too common. In rural areas, it is difficult to find licensed psychologists employed in agency settings to provide supervision. Many respondents felt lost and alone in trying to navigate these first stages of their career while balancing responsibilities and obligations in their personal lives. The respondents to the ECP survey identified four broad areas of need: career exploration and development, debt-related issues, sense



Dr. Andrea Delligatti



Dr. Allyson L. Galloway

of community, and ongoing education/training and professional development.

In March, the ECP Task Force presented formal recommendations to the PPA Board of Directors. The Board approved these recommendations at their June meeting during the 2009 PPA Convention, and the Early Career Psychologists Committee was formed. The membership of the committee consists of at least one ECP from each specialty board, a representative from the PPAGS Board, and seasoned PPA members with interests in ECP issues. The committee is co-chaired by an ECP, Dr. Michelle Herrigel, and a more seasoned mentor, Dr. Delligatti, who also chaired the ECP Task Force. The initial focus of committee work is on the development of a mentoring program, ways to assist and support ECPs through internship, post-doctoral supervision, and licensure, and to develop a sense of community through a listserv for ECPs.

Additionally, the Early Career Psychologists Committee plans to not only focus on each of the four areas of need identified by the ECP Task Force survey, but also begin to address these issues.

With regard to career exploration and development, the ECP Committee recommended the continuation of the PPAGS Internship Fair, the development of programming to assist ECPs through internship & post-doctoral supervisors, the development of an internship and post-doctoral consortium (Arizona Model), and education

about Pennsylvania law and legislative processes, as well as using advocacy to change or amend laws. Trainings on the broader application of psychological knowledge, the business of psychological practice, insurance issues (e.g. panels, documentation, contracts), and different business structures are also recommended, as well as trainings on grant writing, securing research funding from varied sources (e.g. NIH, NIMH, NSF) for academic or hospital settings, and ways to interface with PPA's Practice-Research Network.

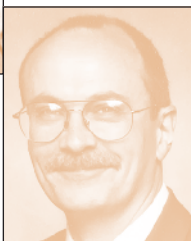
It is no surprise that debt-related issues are at the top of the priority list for ECPs, and the ECP Committee will be examining the possibilities of graduated membership dues, reduced fees and/or travel reimbursement for trainings/events, coordination of room sharing at convention or a lottery program for reduced room rates, or perhaps having sponsors help with costs of training (e.g. individuals, PPF to convention, PennPsyPAC to Advocacy Day). The committee will encourage workshops on ECP issues at regional CE conferences and may suggest reduced fees for trainings if an ECP volunteers at those events. Additional issues to be examined include financial planning resources and seminars, the continuation of a job database through PPA Career Center, continued advocacy for loan forgiveness, and further exploration of temporary licensure or certification so insurance companies will reimburse for services provided by ECPs.

To address needs related to the sense of community the committee is developing a listserv for ECPs to highlight issues relevant to ECPs in Pennsylvania. Additional plans include the continuation of the link on PPA's Web site for ECPs and students to articles of interest and the addition of a section on ECP FAQ to

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Dr. Stephen N. Berk



Dr. Donald McAleer

Drs. McAleer and Berk Win Election for APA Council of Representatives

Dr. Donald McAleer won re-election as a member of the APA Council of Representatives, and Dr. Stephen N. Berk won election for the first time to the post. Both members are past presidents of PPA and have held numerous leadership positions in our association. The election was conducted by APA in the late spring among all APA members in Pennsylvania. Drs. McAleer and Berk will serve 3-year terms on the PPA Board of Directors as well as the APA Council. Based on the apportionment voting last fall, Pennsylvania is one of only two states with two seats on the APA Council, the other being New York. California lost one seat in that balloting. The two winners will serve three-year terms. 📄



PennPsyPAC Fund Raiser

Saturday, October 10, 2009, 6:30 p.m.

Kimmel Center

Broad and Spruce Streets, Philadelphia.

This event will again inspire us with performances by the

Philadelphia Orchestra

Featuring works by Barber, Prokofiev and Berlioz.

Once again, we will begin this gala evening with light food and drinks in the Kimmel Center Green Room.

To sign up or for further information, please contact:

Ruth Morelli, Ph.D., ABPP

610-358-9315 or Firenze711@comcast.net

or

Judy Blau, Ph.D.

215-348-9242 or jblau1@aol.com

THE "YOUNG" AND THE RESTLESS

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PPA's Web site. The committee will also plan networking events for ECPs at training events, a mentoring program matching ECPs with more seasoned psychologists, the invitation for at least one ECP to sit on most committees within PPA, support for ECPs to participate in PPA's advocacy efforts and leadership development activities, as well as articles in *The Pennsylvania Psychologist* and on the PPA Web site on ECP issues.

Ongoing training & professional development was the last main area identified by the ECP Task Force. To address these issues, the ECP Committee will look into licensure preparation classes, easier access to PPA resources for advice, guidance, and support via improved Web site navigation, trainings on grant writing and locating funding sources for projects, and regional workshops on risk management and ethics. The committee would like to develop a listing of ongoing regional consultation groups or a listserv with links on the PPA Web site to them. Finally, the committee will focus on the development of programs in self-care and work-life balance for ECPs, continued clarification of what PPA can offer to ECPs, and better marketing of PPA's value to ECPs.

There are certainly many exciting things to come for ECPs in Pennsylvania! If you have interests in ECP issues or would like to join the ECP listserv, please contact Dr. Michelle Herrigel at michelleherrigel@comcast.net. 📄

Pennsylvania Psychological Association 2010 Award Nominations Sought

For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and send the information to the following address by the deadline listed.

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

AWARD FOR DISTINGUISHED CONTRIBUTIONS TO THE SCIENCE AND/OR PROFESSION OF PSYCHOLOGY


to be given to a Pennsylvania psychologist for outstanding scientific and/or professional achievement in areas of expertise related to psychology, including teaching, research, clinical work, and publications. Deadline for entries is **October 20, 2009**.

DISTINGUISHED SERVICE AWARD to be given to a member of the Association for outstanding service to the Pennsylvania Psychological Association. Deadline for entries is **October 20, 2009**.

PUBLIC SERVICE AWARD to be given to a member (individual or organization) of the Pennsylvania community in recognition of a significant contribution to the public welfare

consistent with the aims of the Association. Deadline for entries is **October 20, 2009**.

AWARD FOR DISTINGUISHED CONTRIBUTIONS TO SCHOOL PSYCHOLOGY: Deadline for entries is **December 31, 2009**.

PSYCHOLOGY IN THE MEDIA AWARD: Deadline for entries is **December 31, 2009**. Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2010 Psychology in the Media Award. Members who have written newspaper or magazine articles or books, have hosted, reported or produced radio or television shows or commercials about psychology or psychological issues, or have designed psychologically oriented Web sites are eligible for the award. We are seeking candidates who have had a depth and breadth of involvement in these areas with the media over a period of time. Some of the work must have been published or broadcast during 2009. An application form which is available at www.PaPsy.org, must accompany all entries for this award. Applicants who have received this award in the past 5 years are not eligible. 

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iva@PaPsy.org

Check out PPA's Career Center

The Membership Benefits Committee would like to remind all PPA members that the new online Career Center is up and running! Simply click on the green box labeled "Career Opportunities" on the right hand side of the PPA home page (www.PaPsy.org). This is a resource for both job seekers and employers/recruiters.

Job Seekers

- search jobs anonymously
- post résumés
- receive personal job alerts
- create and access your job seeker account

Employers/Recruiters

- view résumés
- post a job
- view products/pricing
- create and access your employer account

www.PaPsy.org



PPA ANNUAL CONVENTION

June 2009 – HIGHLIGHTS



- ◀ Dr. Steven Cohen accepted the gavel upon becoming the new PPA president from now-past president Dr. Nancy Chubb.



- ▲ PPA's Professional Affairs Associate Rachael L. Baturin, MPH, J.D., (right) was recognized at the annual banquet by outgoing President Dr. Nancy Chubb for her outstanding 10 years of service to PPA.



- ◀ Dr. Katherine Nordal, Executive Director for Professional Practice of the American Psychological Association, delivered the keynote address on "Challenges and Opportunities for Psychological Practice."



- ▲ Six graduate students received education awards from the Pennsylvania Psychological Foundation at the PPA convention. Pictured (l-r) are Dr. Toni Rex, an award sponsor, Alison Paules, B.A., Timothy Barksdale, M.A., Rune Mølbak, M.S., M.A., and Lavanya Devdas, M.A. Not pictured are Jennifer Killian, M.S., and Danielle Novick, M.S.

Pennsylvania Psychological Foundation Presents Education Awards

Deborah Derrickson Kossmann, Psy.D.



Thanks to the generosity of PPA members and friends, the financial burden for nine graduate psychology students has been lifted a bit. The PPF Education Awards, which

ranged from \$1,500 to \$2,000, were presented during the 2009 Annual Convention in Harrisburg. The winning graduate students have faced challenges such as chronic medical problems, financial stress from medical bills, and relocation to an underserved area. While dealing with various hardships, they have still displayed a commitment to the field of psychology, maintained high academic achievement, and participated in various forms of volunteer community service. Graduate school is expensive these days. Every bit of funding helps with a student's financial struggle.

The winners and the awards are:

Lavanya Devdas, MSW, a third-year student in the Gannon University Ph.D. program, received the *Toni Rex Wellness Award*. As a student from India, she has an interest in promoting cultural awareness and is particularly interested in providing services to children and adolescents. Lavanya has struggled to continue her training in the aftermath of a serious car accident that left her with a modified lifestyle as a result of her injuries. She has presented several poster sessions on Counseling and Hinduism.

Jennifer Aye Killian, M.S., a third-year student in the Philadelphia College of Osteopathic Medicine Psy.D. program, received the *Frank and MaryAnn Dattilio Scholarship Fund Award*.

Jennifer's interest is in cognitive behavior therapy and psychometric testing. Because she is fluent in Spanish, Jennifer hopes to serve some of the Hispanic women and children migrating into the Harrisburg area. She is a member of


PCOM's Culturally Aware Psychology Students (CAPS) and has been involved in the planning of several conferences dealing with healthcare and transgender health issues. Since 2003, she has also volunteered as a crisis pregnancy counselor.

Rune L. Mølbak, M.A., a fourth-year student in the Duquesne University Ph.D. program, also received the *Frank and MaryAnn Dattilio Award*. Rune is a Danish citizen who has been studying in the U.S. for more than 5 years. He was the 2007 winner of the Sydney M. Jourard Memorial Student Award from the Humanistic Division of APA and the 2009 Duquesne University Graduate School Award for Excellence in Scholarship for his "dedication to research and scholarship." He has published articles in *Theory and Psychology*, *The Humanistic Psychologist*, and a book chapter in an anthology, *Varieties of Theoretical Psychology*. His goal is to become "a successful scholar in academia" and work as a psychologist in private practice.

Alison Elizabeth Paules, B.A., a second-year student in the Marywood University Psy.D. program, received the *Tsoules, Sweeney, Martin & Orr, LLC, Award*. Alison is very involved in the community and with PPA, where she is Marywood's PPA liaison and a member of the PPA Public Education Committee. She also participates in the Graduate Student Council, the Graduate Psychology Club (Inpsyders), and the Judicial Board at Marywood. She is also involved with "Adopt A Grandparent." Her interests include public education, health psychology, and geriatrics.

Timothy Barksdale, M.A., a second-year student in the Philadelphia College of Osteopathic Medicine Psy.D. program, received the *Matthew H. Small Memorial Award*. Timothy's interests include cognitive behavior therapy, and he is currently working as a research assistant in a study of physiological behavior change and as a research assistant in a study on behavior therapy for postpartum depression. In

addition, he participates in PCOM's CAPS and on the PCOM Ethics Committee. Timothy received the Man of the Year Award from The African Episcopal Church of St. Thomas for leadership in community outreach programs. These programs include sponsoring the local Boy Scouts, coordinating the Red Cross blood drive, and establishing and running the Homeless Outreach program.

Danielle M. Novick, M.S., a sixth-year student in the University of Pittsburgh Ph.D. program, received the *Elliot Riegler Memorial Award*. Danielle's doctoral research looks at syndromal and subsyndromal mood and anxiety symptomatology associated with suicidal ideation in unipolar depression. In addition, she is investigating whether suicidal ideation is a marker for bipolar spectrum diagnoses and whether suicidal ideation moderates treatment response. She has coauthored articles appearing in *Bipolar Disorders*, *American Journal of Psychiatry*, *Psychological Medicine* and *Journal of Clinical Psychiatry*. Her internship will be in New Orleans at the Southeast Louisiana Veterans Healthcare system. She looks forward to working with survivors of Hurricane Katrina and returning Iraq veterans and their families. 

Since its beginning, the PPF education awards have provided funds for 80 students. Each year the Awards Committee solicits benefactors to support the awards, but the goal of PPF is to build an endowment to allow the awards to be self-sustaining. Continuing support of the education awards is needed since some of the awards are one-time grants. Your donations to the Pennsylvania Psychological Foundation support the work of talented and dedicated future psychologists like this year's award winners. Individuals who are interested in supporting this process are invited to contact Iva Brimmer at 717-232-3817 or e-mail: Iva@PaPsy.org.



Both Sides of the Table

Margaret Pendergast, Ph.D., NCSP
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According to Sam Knapp, Ed.D., director of professional affairs for the Pennsylvania Psychological Association, an issue that comes up repeatedly is cooperation or

lack of cooperation between school psychologists working for the schools and psychologists in independent practice in the community. This article offers a perspective, and attempts to educate, facilitate cooperation, and reduce misunderstandings.

First, a few facts and opinions to set the stage:

Releases of information from private practice are different from the release of information from a school in that the release to a school district cannot be made to an employee of the district with the promise of confidentiality to that individual alone; written information becomes part of the record and may be reviewed by team members working with the student. On the other hand, a release of information in private practice is governed more by the client who may agree with the clinician that only certain information may be released. Whereas this may appear to be a disadvantage for the school, it does not need to be viewed in that manner. Parents and students may feel 'safer' and more trusting with problem solving and decision making knowing that their therapist can assist them with the 'big picture' while respecting private matters. Private practitioners only have the information that they have heard through their clients. They have neither the luxury of several teacher opinions, or daily contact, nor do they know the strengths and weaknesses of school personnel.

Within a few years of service most school psychologists have far more training and experience in psycho-educational testing than do private

practitioners. If, indeed, private practitioners are advanced experienced evaluators, they do not have the advantage of directly observing the student in various environments to gain supportive evidence of their testing results. They do, however, often have the opportunity to glean information from the home setting. Often their recommendations are generalized; these general recommendations can be made more specific to the school setting with help from the school psychologist.

Initial diagnoses, especially for young children in private practice, may need to be reconsidered and changed as the clinician acquires more information and/or more evidence over time. Sharing information and opinions can be helpful for treatment planning. It is reasonable for a school psychologist to ask a private practitioner if a diagnosis has been made and what the diagnosis is.

The school psychologist likely will need to educate the clinician about school law and current available services within regular and special education. Considering that more than two-thirds of school-aged children with mental health needs do not receive treatment (Segool et al., 2009), it is understandable that parents and private practitioners seek assistance from the school. According to Mental Health: A Report of the Surgeon General, approximately 21% of children and adolescents meet diagnostic criteria for any mental health disorder, with 11% experiencing significant impairment in their home, school, or interpersonal functioning (Segool et al., 2009). Acquainting parents and private practitioners about 504 plans will be instructive and supportive.

The first ethical obligation for psychologists, both private and public, is "do no harm." Clinical psychologists may not be aware of the attitudes toward special programming in the school setting; school psychologists may not be aware of the family dynamics regarding diagnosis and labeling. Diplomacy and

respect must be assumed quickly and communicated carefully.

Manners matter. Introductions, eye contact, and seating are not always things we should take for granted in a school. School psychologists are typically flexible, often from necessity; they may, indeed, be late to a meeting when introductions have been made. In contrast, private practice typically provides a place with some 'sameness' and repeated procedures (greet a secretary, pay a bill, sit in a favorite seat, say good-bye) which helps develop comfort and respect. The school often has a more businesslike approach to managing a meeting. Naturally, the experience for the parents is quite different and may affect their attitude and behavior.

Managing informal and formal meetings is an art. Getting people together in a school is complicated. Agendas are often 'fuller' than the time allotted. When a private practitioner joins these meetings it is wise to adjust the pace, remembering that a 'cast of thousands' is not the best place to share sensitive information. There are reasons why there is often a meeting before the MEETING and a meeting after the MEETING. It is appropriate and wise and polite to ask and/or explain the credentials of the private practitioner, and hopefully address the time period the practitioner has known the student/family. If people arrive at the meeting late, it is a nice idea to tell the guest that you will be writing their name and credentials, and experience on a piece of paper in order that it be shared, but not reviewed at each interruption. The purpose of this activity, in addition to being mannerly, is to establish the practitioner as a welcomed, appreciated guest, whose presence hopefully will be a help on behalf of the student. Summaries of the meeting at each interruption need not be perfect. They may serve as an opportunity for corrections and a chance for further

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Private School Psychologists in the Schools

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With the advent of new practices such as Response to Intervention (RTI), private school psychologists hired by parents are asking how to get RTI-generated data, and how to evaluate instructional and/or behavioral programs and the integrity of their delivery in classrooms across the state. These new challenges for private evaluators add to the already complicated, and often district-specific, procedures for obtaining teacher input, teacher-completed rating scales, and access to classrooms for student observation.

General parameters for addressing these issues will be covered in this article; if there is interest, an announcement will be on the listserv for further discussion.

The first ethical requirement for a private school psychologist is to inform the parents that they can request the evaluation from the school for no charge. The private evaluation, in fact, will have to be reviewed by the school psychologist and the team in order to receive special education and related services. The time line for a school evaluation is 60 calendar days.

The discerning private school psychologist should carefully assess the parents' referral question as there are times when the problem can be "worked through" in the confines of their office. For instance, with a records review, a parent may be coached on how to approach the school or begin tutoring, and the student may be counseled prior to or in lieu of testing.

When parents are insistent, or the private school psychologist deems appropriate, a psycho-educational evaluation can be presented to the school and offered as a preliminary step to a multidisciplinary team evaluation. The public school psychologist still has the right to evaluate using different or additional instruments. A private psychologist may offer a DSM-IV diagnosis that can be

A private evaluator observing a student is also observing a classroom of children, a teacher, and a system.

addressed through regular education programming such as remedial reading, a 504 plan and/or special education. The school district should proceed by reviewing the evaluation and determining a course of action. The private school psychologist can advise the parents.

After evaluation by a private school psychologist a letter or report may be presented to the school; the private evaluator may accompany the parents at a school meeting to determine how to proceed.

Although the principal is considered the "custodian of the record," guidance counselors are often contact persons for private evaluators since they are appointed as local education agency representatives. If a private evaluator is dissatisfied they need to go up the chain of command. The evaluator typically approaches the principal first and then learns the preferred channels in the particular building.

Rating scales are regularly completed by teachers who are acquainted with the student. This may be part of a preliminary screening or a full evaluation. Since students behave differently in different settings, courses, and with varying personalities, giving more than one rating scale is advisable. Parents may present the scales to the school with a stamped, addressed envelope, accompanied by a release of information and/or a letter introducing the private evaluation. Teachers are usually encouraged to notify appropriate school personnel if such a request is made.

A private evaluator observing a student is also observing a classroom of children, a teacher, and a system. Arrangements need to be made ahead of time. Confidentiality and professional respect are paramount. Knowing that an observation can be made by several qualified individuals, the private evaluator should consider the purpose of his or her observation and consider asking if anyone has formally observed the student and if that can be shared and/or included in the report.

Data results and details about the instructional/behavioral programs are relatively new areas of educational measurement. Not all schools have RTI in place. Teachers still give anecdotal information and impressions but are more inclined to have measurable data. Three "tier" interventions indicate levels of need and intensity of program. Problem areas are targeted and remedied. The goal is fluid services according to temporary needs. However, interventions can also be offered in the method of instruction, such as a "double dose." School psychologists are typically part of the teams evaluating the data to evaluate interventions. In short, the private evaluator must ask why the student is in (or not in) a tier (or available program), what happened before, what is happening now, and what is in the future. They can also ask if the teacher or consultant could write a short paragraph regarding past and current status, and future options; this information is typically part of the team report. High schools present their own dilemmas since interventions tend to be individually crafted.

In summary, the better known the private psychologist is to the school system, the easier it is to know the programs and procedure. A consoling factor is that the same is the case for the public school psychologist working within the system. 📄

Graduation Competency Assessments: Keystone Exams

Gail R. Karaf n, Ed.D.
School Psychology Board Chair

Editor's note: Just before press time the State Board of Education approved a compromise version of the Keystone Exams. Use of the exams will be voluntary; districts can use local assessments instead. The Keystone Exams will be worth one third of the student's final grade, and if students fail them they will be able to do a separate project instead. More details will be described in next month's Pennsylvania Psychologist.



Governor Ed Rendell's administration is promoting competency assessments for all Pennsylvania high school seniors as a requirement for graduation. Needless to say, this proposal has been controversial. The proposal requires high school students to pass end-of-course assessments, or Keystone Exams, in order to graduate. Thus far, the proposed exam areas include reading,

writing, math, science and social studies.

Supporters of these exams seek to raise the bar for the high school diploma. A June 15, 2009, *Philadelphia Inquirer* article quoted a recent poll, finding 80% of employers supported end-of-course tests and only about half deemed the current diploma a good indication of skills. The State Board of Education chairman, Joseph Torsella, has affirmed his intent to work with state legislators on the Keystone Exams.

Secretary of Education Gerald L. Zahorchak seeks to have the diploma equate to a certain level of competence for all graduates. He spoke at the House Republican Policy Committee hearing on Keystone Exams on April 1, 2009. He reported that, "By 2010, 70% of newly created jobs will require post-high school education. Yet evidence is mounting that our young people are under-prepared for post-secondary expectations: one-third of students in our public colleges have to retake high school subject matter, and employers report significant costs associated with remediating students on the job.... [In addition] international competition for good jobs is intensifying."

Opponents of the proposal have cited studies done by Andrew L. Amrein and David C. Berliner from Arizona State University, who studied "The Impact of High Stakes Tests on Student Academic Performance." (December 2002; <http://edpolicylab.org>) They concluded:

There is inadequate evidence to support the proposition that high-stakes tests and high school graduation exams increase student achievement. After implementation of high-stakes tests, nothing much happens; that is, no consistent effects across states were noted.... The data presented in this study also suggest, however, that after the implementation of high school graduation exams, academic achievement as indicated by ACT, SAT and AP scores declined....[suggesting] students are learning the content of the state-administered tests and perhaps little else.

Other opposing views include studies that suggest that high stakes testing

- can lead to higher dropout rates for poor performing students;
- fail to lead to improved performance for other students;
- can fail to represent the needs of students with handicapping conditions, specific learning styles, or with limited English proficiency;
- is redundant because there already is an abundance of testing required with 11th grade PSSA tests and graduation projects.


"There is inadequate evidence to support the proposition that high-stakes tests and high school graduation exams increase student achievement."

The PPA School Psychology Board and the PPA Board of Directors voted to support the proposal of the Coalition for Effective and Responsible Testing (CERT), which provides for a more flexible program for assessing graduation requirements. We also support the Pennsylvania State Education Association (PSEA) compromise proposal, which states that Keystone Exams:

- must be research-based consistent with the standards of the educational measurement profession;
- must improve student assessment at a cost that can be calculated and budgeted, both at district and state levels;
- must not involve punitive high-stakes, gatekeeper tests;
- must place a priority on research-based methods to improve student achievement where standards are not being met, thus benefiting students instead of punishing them;
- must protect diverse learners from unfair negative effects.

The latest proposal put forth by Mr. Torsella, July 2009, indicated major changes from the earlier proposals. These included having Keystone Exams replace 11th grade PSSAs, and instead having the Keystone Exams used to determine annual yearly progress (AYP) for the No Child Left Behind (NCLB) mandate. Districts may voluntarily use one or more Keystone Exams as final course exams. Failure of a Keystone Exam would not prohibit a student from passing a course or from graduating. Students will be offered remediation and can retake an exam or module. A student who does not pass a module, but has met attendance requirements and participated in supplemental remediation may substitute a project-based assessment to be administered at the local level and scored at a regional level by panels composed of teachers, principals and curriculum specialists.

School Psychology Section

Alternate measures for IEP students will be permitted with appropriate modifications and accommodations consistent with the student's IEP. In addition, the secretary of education may waive one or more modules on a case-by-case basis for cause with a written request from the chief school administrator regarding students who are experiencing extenuating circumstances – for example, student illness, death in the immediate family, frequent transfers in schools, or transfer from an out-of-state school in 12th grade. A district may opt to substitute local assessments, and PDE will create a Local Assessment Validation Committee to develop the criteria for the local validation process. PDE will contract with an independent research organization to perform validity studies once every 5 years. The studies will examine the degree to which (1) the Keystone Exams and performance level cut scores are valid; (2) they align with state academic standards; (3) they align with performance levels of other states; and (4) they predict college and career success. 


BOTH SIDES OF THE TABLE

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comments. Reviews, however, when someone arrives at a meeting are practical and necessary, as well as courteous.

Advocacy and the Advocate

The school psychologist must define when to be an advocate and for whom. Reviewing the ethics on being an advocate for the student is helpful. Consulting with a colleague who typically agrees with you is as beneficial as consulting with one who does not typically agree with you. For example, some school psychologists are more likely to identify a student as a special education student than others. Pressure from supervisors in the school may be affecting programming choices and decisions. When confronted with another psychologist, these issues come to light and can be uncomfortable.

Working with a psychologist “across the table” provides opportunities for the school psychologist to expand clinical, communication, and leadership skills. Furthermore, the school psychologist will be appreciated for respecting privacy, increasing awareness of the school climate, and interpreting testing results. The advantage for the private practitioner is to increase awareness of another environment, observe the parents’ interaction with the school and the school presentation to the parent, and sometimes the student. Cards are generally laid on the table and subtleties are observed. This should not be an “us against them” approach, but rather a “we’re in this together” for the best interest of a student, a family and a community. 


Margaret Pendergast is a licensed psychologist with over 22 years in education and 20 years in private practice.

Reference

Segool, N., Mathiason, J., Majewicz-Hefley, A., & Carson, J. (2009, May). Enhancing student mental health: Collaboration between medical professionals and school psychologists. *Communiqué* (National Association of School Psychologists), 37(7), 1, 23–26.

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We offer a warm welcome to the following new members who joined the association between May 1 and July 31, 2009!

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Member News

◆ ◆ ◆
Dr. Margaret Bott died on June 7, 2009. A long-time PPA member, Dr. Bott had retired as a psychologist with the former Harrisburg State Hospital, where, among other activities, she developed the animal assistance program for state institutions.

◆ ◆ ◆
Dr. Paul D. Halpern and **Ellie Slott-Fisher** co-authored *Dating for Dads*, a book recently released by Bantam Books (a division of Random House, Inc.).



Some Neat Computer Stuff

Ed Zuckerman, Ph.D.

Faxes on your computer

You really don't need a separate fax machine if you have a computer with a fax modem. Simplify your life. Not only can you fax off any document residing on your computer (or use your printer's scanning function to convert paper documents to your computer) you can receive faxes on your computer if it has a built in fax modem and then save or print them. Just look to see if your equipment has a telephone cable port. Both of these methods require the expense of a separate phone line, but other methods have been developed.

For a few dollars a month many companies will provide you with a fax number (local or even toll-free) to receive faxes so you won't need that extra line, fax paper, cartridges, etc. Programs use either entirely Web-based services with all actions taking place on their Web site which you log in to, or Web and e-mail using your e-mail program to receive and send faxes with storage and other options on their Web site.

For example www.MyFax.com stores faxes on their Web site, allows you to use your e-mail account to fax, has an address book of your fax numbers, adds a cover page, offers a local or toll-free fax number, and includes 100 sent and 200 received pages per month for \$10/month. Very similar are www.Fax.com, www.Rapidfax.com, and www.Send2Fax.com (\$9/month for 150 pages). At www.Faxage.com you can see 10 plans to suit anyone's needs. The site, www.Packetel.com, is ideal if you don't send many faxes but receive a lot, because you can receive unlimited faxes for \$3.95/mo. Faxes are sent (for about 7¢/page) and can be in .pdf format and for an extra cost a text message can alert you when a fax is received.

Others add voice mail to the fax services, sending and receiving faxes as attachments to your e-mail, encryption and password protected fax accounts, and some add a setup fee. At www.faxbeep.com/internet-fax-buyers-guide you will find a very complete checklist to evaluate your needs. If you rarely use fax, paying for each page will be cheaper and so see www.faxprices.com/?s=st, with comparisons of about 30 plans, and Kevin has lots of information on plans at www.savetz.com/fax/index.php. Buying on price alone might lead to having a company that goes out of business. Most offer a free trial so you can test them out.



Trustfax.com. Some offer multiple e-mail users/addresses for a group practice. Some offer better support, which is better if your situation is complex. A decision-assisting Web site is www.faxprices.com/?s=st, with comparisons of about 30 plans, and Kevin has lots of information on plans at www.savetz.com/fax/index.php. Buying on price alone might lead to having a company that goes out of business. Most offer a free trial so you can test them out.

If you have never used Windows XP to fax, all the instructions are here: www.microsoft.com/windowsxp/using/setup/hwandprograms/printfaxscan.msp. If you just need to send a fax once www.FaxZero.com lets you send up to two free faxes per day to anywhere in the U.S. (including Puerto Rico) and Canada. There is a limit of 3 pages per fax and an ad will appear on the cover page...but free....

Google's Gmail is finally encryptable

If you use Gmail because it is free, stores all of your mail forever, and has the best spam filters, you can now encrypt your e-mail automatically. Just click one button once. Sign into your Gmail account, click on the Settings tab at the top of the page and then scroll to the bottom of the list that opens. Click on "Always use https" and all your mail will be encrypted. If you sign in from several locations there is another step you should take as described here: gmailblog.blogspot.com/2008/07/making-security-easier.html

Hacking made easier

Data thieves can install programs known as "keyloggers" on computers that visit their Web pages. The keyloggers then steal stored passwords and computer keystrokes.

How does one cope with keyloggers? First, try to avoid phishing Web sites such as ones asking you to confirm your registration or disconfirm that your credit

card has been billed for an unauthorized purchase. If you get anything like this, do NOT click on the link in the message. Instead go to the true bank's or credit card's Web site using your regular methods. Second, use a password management program like LastPass (more below) which has safety features such as an onscreen keyboard. This is a display of a keyboard that you use with your mouse to enter your password so no keys are pressed and cannot be stolen. Third, use password managers that deny the keyloggers' next move – screen scraping – which take a picture of the screen as you are typing in your username and password or maybe even the onscreen password. There are, of course, anti-keylogger programs for sale, but you can avoid this escalation.

I am recommending you immediately download and use LastPass to make signing onto Web sites easier and much safer. It is a fully featured, cross-platform (PC, Mac, iPhone, etc.), and – wait for it – free "password manager" that works with all popular browsers. I have been using it for two weeks and am happy and secure. It takes a total of about 1 hour to learn all of the features but only a few minutes to get started. Go to the Web site and watch the video – <https://lastpass.com>

It also will create new unbreakable (OK, not for NSA but for all practical purposes and certainly for HIPAA) passwords or you can use your old one which it will remember and even import from your current browser's list. It will hold securely other information such as your credit card and bank account numbers, and other text. It can fill in forms more flexibly than the auto fill options of your browser because it can create separate identities (you, the psychologist, the investor, the parent, etc.). Why is it safer? It encrypts all of this information into a file on your computer which you access with a master password and which you will have to supply each time you restart your computer and use LastPass. This

Continued on page 27

CE Questions for This Issue

The articles selected for one CE credit in this issue of *The Pennsylvania Psychologist* are sponsored by the Pennsylvania Psychological Association. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this offering. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period, then you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the test at home and return the answer sheet to the PPA office. Passing the test requires a score of at least 70%. If you fail, you may complete the quiz again at no additional cost. We do not allow more than two attempts at the test.

Complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. For each question there is only one right answer. Be sure to fill in your name and address, and sign your form. Allow 3 to 6 weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before November 30, 2009 – the end of the current renewal period.

Return the completed form with your CE registration fee (made payable to PPA) for \$20 for members (\$35 for non-members) and mail to:

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416 Forster Street
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Learning objectives: The articles in this issue will enable readers to (1) assess and explain current issues in professional psychology, and (2) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

DeWall

1. During the 2008–09 year PPA intervened on behalf of psychologists with all of the following EXCEPT:
 - a. Magellan Behavioral Health
 - b. CCBHO
 - c. MHNet
 - d. the Pennsylvania Department of Education

Legal Column

2. A psychologist is seeing a girl who is 12 years old. The girl told the psychologist that she had sex with her boyfriend, who is 16 years old. The psychologist is a mandated reporter.
True
False

3. According to the Child Protective Services Law a suspected perpetrator of child sexual abuse may not necessarily be a caregiver.
True
False

Novotni

4. A psychological practice is a business and should have a strategic plan.
True
False

Bellwoar

5. Psychologists should view insurance companies as:
 - a. a necessary part of healthcare delivery
 - b. profit-driven organizations only
 - c. only the last resort in growing one's practice
 - d. a dinosaur that will soon reach extinction

Gordon

6. In the unconscious, money can represent everything that one can take or give.
True
False

Persing

7. One way to help clients to attain their long-term or overarching goals is to teach them to set very specific behavioral strategies to accomplish the tasks that will get them to their goals. These specific behavioral strategies are called:
 - a. Action Management Guidelines
 - b. Incremental Behavioral Intentions
 - c. Implementation Intentions
 - d. Incremental Action Intentions

Seif

8. Buddhist philosophy teaches that suffering is a result of:
 - a. poverty
 - b. materialism
 - c. attachment
 - d. over-indulgence

Pendergast, Both Sides of the Table

9. Children who are having academic and behavioral difficulties in school may receive assistance through:
 - a. regular education programs
 - b. special education programs
 - c. 504 plans
 - d. all of the above

Pendergast, Private School Psychologists

10. The private school psychologist has the following options:
- use school information provided by the parents as part of a report
 - request a formal observation to be completed at the school and then shared
 - coach the parents
 - counsel the student
 - all of the above
 - none of the above

Zuckerman

11. A good password manager
- protects against "keyloggers"
 - encrypts your passwords
 - keeps only encrypted collections of passwords on your computer and on the Internet
 - generates one-time passwords
 - all of the above

PSYCH TECH

Continued from page 25

encrypted file (without the password) is also stored on their servers so you can access it from other, even insecure computers and devices or if your computer crashes. You can do this securely using a "one-time password." Such passwords are incredibly secure but difficult to generate and implement without a program like this. They even defeat keyloggers and screenscrapers. Lastly, you can download and keep a text file of your passwords for just-in-case. An explanatory review is here: www.vikitech.com/security/secure-and-efficient-password-management-in-firefox-with-lastpass

Another free password manager is KeePass (<http://keepass.info/download.html>), which is open source and widely cross-platform and best on Windows. It has some interesting options but they are complex to understand. Also, the commercial RoboForm has been around for years (<http://roboform.com>) and does much of what LastPass does but not on Macs and costs \$30.

Note: I have nothing to disclose as I have no relationships with any of these companies. 📄

Continuing Education Answer Sheet *The Pennsylvania Psychologist, September 2009*

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

- | | | | | | | | | | | | |
|----|---|---|---|---|-----|---|---|---|---|---|---|
| 1. | a | b | c | d | 7. | a | b | c | d | | |
| 2. | T | F | | | 8. | a | b | c | d | | |
| 3. | T | F | | | 9. | a | b | c | d | | |
| 4. | T | F | | | 10. | a | b | c | d | e | f |
| 5. | a | b | c | d | 11. | a | b | c | d | e | |
| 6. | T | F | | | | | | | | | |

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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November 5-6, 2009

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Exton, PA
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April 8-9, 2010

Spring Continuing Education and Ethics Conference
Lancaster, PA
Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit <http://www.PaPsy.org/resources/regional.html>.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

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