

President's Column

*Julie Meranze Levitt,
President, PSCP*

Why psychology, why PSCP, why join, and why become active?

Julie Meranze Levitt, President

Philadelphia Society of
Clinical Psychologists

Psychology as a treating discipline has had periods of greater public acceptance and periods when the field looks like it will be undercut, at least in its community and outpatient/inpatient treatment work. We are in one of the times that psychology perhaps is not well understood and may be considered a discipline that is being phased out as a treatment modality of choice, at least by insurance companies, because other emerging specialty groups treat people with good results in shorter periods of time with less costs to the insurer.

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For example, behavioral specialists who are trained to perform in specific ways using planned algorithms may be considered a good and less expensive way to treat clients who experience malaise and anxiety and other common mental issues. My question is how psychology, in its treatment applications mode, may continue to excel in what it does best?

In my experience, psychologists who treat have been exposed to a wide range of training opportunities and models describing how people experience themselves, their surroundings, and how they engage in problem-solving. The scope and breadth of the experience is not easily replicated because psychology graduate programs require several years and mentorship is built-into the academic experience. Models of learning and developing an understanding of inborn versus acquired methods of behaving requires serious exploration of research based on standard scientific methodologies, including those from other fields.

This all leads to whether there continues to be a place for psychologists in clinical practice and to what extent

would psychology as a treating discipline need to be reinvented if other disciplines can offer treatment results in less time and for less cost?

First, I would maintain that at all levels of care, training of personnel working with clients/patients must be provided. My questions, rather, concern where psychologists fit into new treatment modalities? Is there a place for us as implementers of new, original approaches and specific interventions that flow from our knowledge base and experience?

(cont. on pg. 2)

An update on the American Psychological Association:

What PSCP members should know

*Julie Meranze Levitt, Chair,
Public Policy*

Proposed Legislation and Recent Developments in APA

I am writing today to update PSCP members about pending legislation in the Pennsylvania legislature and in Congress pertaining to psychologists and mental health issues affecting the public.

(cont. on pg. 3)



President's Column

cont. from pg. 1

Let me share a story. A family story. My aunt Clara Rabinowitz (1899-1999) was a psychologist educated and working in the first half of the 20th century. One of the places she worked, namely the Northside Center for Child Development in New York City, with psychologists Kenneth and Mamie Clark, provided her and other highly trained psychotherapists who were psychiatrists, social workers and psychologists, with an opportunity to rethink how children from economically and socially disadvantaged homes should be treated in mental health clinics. Clara was first a social worker graduate of the University of Pennsylvania, graduating from a functionalist, highly pragmatic school of social work. She later worked toward her doctorate in clinical psychology at NYU. Therefore, she herself came with a multi-disciplinary background when she joined others as volunteer and then paid staff.

At the Northside Center, she and those psychotherapists around her reasoned that the care at the time, offering

children and mother play therapy incorporated within a psychoanalytic framework, was not meeting the needs of a sub-group of the children who were severely deprived. These children and youths were defined as living in sub-marginal social conditions that included, and here I quote from her article from 1956, "...bad housing, overcrowding, inadequate clothing, insufficient medical care, no personal possessions, or spending money; strained, quarrelsome homes atmospheres..." What she and her fellow clinicians did was to bend their interventions away from what they understood psychotherapy to be and include among the areas in which they worked for change, participating "in the realities of the children's lives." They became hands-on, deeply interpersonal with the children, able to help children express feelings about parents and their circumstances, and deal with these circumstances in ways that could allow them to individuate from families, identifying ways that they could respond differently to the world around them and employ self-agency. Exposure to these new adults who listened well and by training and intuition knew when to speak, could help the children

adjust their expectations and take away a sense of willfulness that these children attributed to their parents. Shame was less an issue. Individuation and autonomy followed, based on whatever resiliency the children had learned within their families.

All this was just good therapy. But this therapy approach emerged at a time when there was no systemic way of examining psychotherapy treatment from the vantage point of highly emotionally/physically deprived children and their families. My aunt's article was published in 1956 in *Children III: 3-8* and then reprinted in the *Journal of Progressive Human Services* in 1990. See Rabinowitz (1956). The article lacked a bibliography because there was no previous published work to draw from. See interview of Clara Rabinowitz as part of the Northside Center Oral History Project: *Reminiscences of Clara Rabinowitz, Oral History Research Office, Columbia University, 1990.*

Why am I mentioning this, an article, coincidentally published the year that our own Society was started?

Those psychotherapists worked in an environment in which questioning was

permitted. They also had years of training, training steeped in the kinds of scientifically built hypotheses and with opportunities to explore their own insights and use their creativity. Under such circumstances, new growth is possible. Fields, without cross-pollination, may stagnate. Our training and exposure to others in our profession and other mental health disciplines surrounding us allow us to grow and modify our thinking and interventions.

What we offer as psychologists in collaboration with those in other fields is original thinking grounded in study and minds that have been given permission through years of training to experiment with new ways of conceptualizing and intervening. Our work in private practices, in hospitals, schools, clinics, and communities, and with colleagues at work and in our offices we will continue to move mental health care forward. With colleagues in other fields we in PSCP can provide the fertile mix where new ideas have permission to be raised, dialogued about, and developed. We remain needed in treatment and academic centers that just may, without creativity, inquiry, critiquing, and

willingness to explore practices, grow more mechanistic, less open to modification, and less useful.

I invite you to share in our dialoguing and willingness to remain open to new ideas and partnering with us at the Philadelphia Society of Clinical Psychologists. We need to keep the dialoguing timely and fresh and we invite you to remain a member or join with us as a new member. We need your voice, your thoughts, and welcome you into the leadership process. In a cost conscious healthcare system attempting to assist dramatically greater numbers of people, our approaches will be needed to educate and modify methodologies and specific interventions that do not work or do not work well.

Columbia University Oral History Research Office. (1990). The Northside Center Oral History Project: The Reminiscences of Clara Rabinowitz. A copy of the transcription is in the Philadelphia Jewish Archives Center Collection, Temple University Department of Libraries.

Rabinowitz, C. (1956), (1990). Socially deprived children. *Children III*: 3-8 (January/February), as republished in *Journal of*

Progressive Human Services, 1(2), 1990: 83-94.



APA Update

(cont. from pg. 1)

In addition, I will share what is happening in the American Psychological Association (APA) with respect to the aftermath of the Hoffman Report.

First, let me consider legislation in Harrisburg. With respect to psychologists, the most important legislation is Senate Bill 772, the Pennsylvania Psychological Practice Act, which has not been revised in 30 years. This is the law permitting psychologists to practice in their field. The Pennsylvania Psychological Association (PPA) urges its passage. The Senate already has approved the legislation and the bill is now in PA House. Licensing laws remains in place and are revised when members of the PA House and Senate decide revisions are necessary. The impetus for when to propose revisions and the language for those revisions may come from many constituent groups.

For the sake of clarity, I would like to mention that

the Pennsylvania Board of Psychology, the licensing board for Psychology, does not have a direct role in modifying this Act. Rather, the board is charged only with regulating the licensure and practice of psychology, working in accordance with the practice laws developed in Pennsylvania's legislature. For further clarification, let me explain the duties of the board: The board reviews the qualifications and fitness of applicants for licensure and decides whether to issue, deny, suspend, revoke, restrict or renew licenses for psychologists. In addition, the Board makes known the code of ethics for Pennsylvania psychologists. The ethics themselves are part of the licensing law.

The revised licensing law, already passed in the Pennsylvania House, accomplishes three important goals:

1. Clarifies that diagnosis is part of the scope of practice for licensed psychologists. This provision means that psychologists, in court and in other important areas of jurisdiction, have the legal standing to classify individuals with respect to behavioral functioning. This provision has not previously been in the law.

2. Gives the State Board of Psychology further means for protecting the public by way of the following:

- a. The Board can deny a temporary license to practice psychology in Pennsylvania to those who have had disciplinary actions taken against them in other states.

- b. Psychologists must reveal other professional licenses, allowing the Board the opportunity to know of disciplinary actions under another license.

- c. The Board will have the authority to prevent someone whose license to practice psychology has been revoked from practicing under the "qualified members of other recognized professions" provision.

3. Makes changes in the timing of licensing for psychologists:

- a. Allows students the choice of acquiring supervision in the pre-doctoral period, rather than the post-doctoral period. This allows the training period to be shorter and an ability to start working sooner.

- b. Does away with the six month waiting period before one can re-take an unsuccessful licensing exam. A longer period is no longer

needed for scoring and there are other states that allow retesting after a short period of time.

Now, let me consider important national legislation affecting psychologists: Important to psychologists is Congressman Tim Murphy's bill, H.R. 2646.

Representative Murphy is a Pennsylvania resident and a psychologist. His bill, Helping Families in Mental Health Crisis Act of 2015, has been introduced in the U.S. House by Murphy (R-PA) and Eddie Bernice Johnson (D-Texas). The bill, replacing one last year that did not pass, provides provisions that tighten accountability and oversight for care of individuals with severe mental illness who are in need of mental health services.

There are several positive benefits of the proposed legislation, including stipulations for improved integration of mental healthcare in Medicaid, early intervention in treatment of psychosis, and increased resources for suicide prevention. The bill would expand evidence-based treatment services and improve data collection and outcomes measurement. In addition, the bill establishes stipulations that eliminate

discriminatory barriers to acute inpatient care for Medicaid and Medicare recipients and compel enforcement of the mental health insurance parity law. Also included in H.R. 2646 are incentives for Assisted Outpatient Treatment (AOT) rather than mandates, as was proposed in the 2014 version. Standards of HIPAA would be relaxed to include sharing important information with family members who are the caretakers. At this time, the National Alliance on Mental Illness (NAMI), Mental Health America (MHA), PPA, and APA are in favor of the bill. It is an omnibus bill that requires grassroots support here in Pennsylvania.

Now, a discussion of APA in the Post-Hoffman Report Period: I last reported about the aftermath of the Hoffman Report, which I will refer to as the Report, in the PSCP Fall 2015 Newsletter. Some of the inaccuracies in the report have been corrected by the Hoffman Team and reported as an Errata Sheet as of 9/4/15. On 9/12/15, APA Past President Nadine J. Kaslow, PhD, and President-elect Susan H. McDaniel, PhD, sent by email a follow-up letter to the international community apprising the community of the APA responses to the findings of the Report. APA reported a

summary of activities related to the Report (see <http://www.apa.org/news/press/statements/interrogations.aspx>) that occurred at the Fall Consolidated Meeting Round 1 on 9/25/15. In addition, there was call for nominations for positions on the APA Commission on Ethics Processes, a commission designed to assess and make recommendations for changes to the APA ethics procedures. That APA President Barry Ashton informed President Obama and other major federal officials about APA's new policy that includes a prohibition against psychologist participation in National Security Interrogations was posted on the APA website on 10/28/15. For a complete timeline of events surrounding APA policies and actions with respect to detainee welfare and professional ethics in the contexts of national security interrogations, see <http://www.apa.org/news/press/statements/interrogations.aspx> and the links provided on the page.

At this time, some of those who felt misrepresented in the Hoffman Report are pressing APA for more information about how the Hoffman Team came to their conclusions. In addition, they

are making their concerns known to the membership. Others, also concerned about how the Hoffman Report characterized individuals and events, urge a complete review of the Hoffman Report as a necessary step for healing. A new interim CEO, Cynthia Belar, PhD, former head of the Education Directorate, has been appointed. Norman Anderson, PhD, the current CEO, retires as of December 31. My sense is that APA is trying to implement changes in its governance but also will have to consider members' concerns about possible bias and mischaracterization in the Report and the fact that the Report was not submitted for a thorough review before changes in policies were initiated.

These are interesting times. Legislation to protect the public and further psychologists' roles is underway. I will keep you informed about the actions and climate in APA in my next 3-month update.

For questions, contact me directly.

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My thanks to PPA staff members Justin Fleming and Rachael Baturin for their assistance with the legislative issues discussed in this article and to staff and members of APA whom I reached out to when writing about APA post-The Hoffman Report.



Student Profile:

*Yiqing Miao
Doctoral Candidate
Chestnut Hill College*

My name is Yiqing Miao (“ee-ching meow”). I was born and raised in People’s Republic of China. I came to the United States nine years ago and I fell in love with this country for its diverse cultures and interesting people. I spent four years learning the English language and Psychology; then I went on and got my Master’s degree in Clinical and Counseling Psychology. Right now I am a fifth year Doctoral candidate in Clinical Psychology at Chestnut Hill College, Philadelphia, PA. I have a vast range of professional interests, including couples and family therapy, personality assessment, advocacy for the underserved population, teaching of psychology, and mental health policy making

and change. I am in the process of applying for an internship right now and I have plans as a future psychologist to stay active in clinical practice, teaching, research, and advocacy for social justice.

My doctoral dissertation is titled Family Therapy in Mainland China: Current Adaptation of Western-Developed Interventions. It is a qualitative, phenomenological study that aims to identify specific techniques and interventions adopted from Western-developed family therapy models that are useful for Chinese families in Mainland China. The population to be studied are family therapists that have graduated from the Family Study and Family Therapy Center at Beijing Normal University (NBU) and the China Academic and Graduate Education Development Center of the Ministry of Education. The study will examine the use of clinical interventions and assess the validity of traditional Western practices when applied to families in Mainland China.

The various cultural, philosophical, and legal factors that make the Chinese family unique from the traditional Western family must be explicated in order to

conceptualize any modifications to Family Therapy to this population. The first chapter critically reviews contemporary literature on marriage and family therapy in Mainland China. It includes a comparison between Chinese families and Western families particularly those from the United States of America (USA). The unique characteristics of Chinese families are important to understand and keep in mind when researching and conducting family therapy. To name a few, the influence of the One-Child Law, the skip-generation families, co-residing with the in-laws (Lim, 2012), preference of sons, academic achievement pressure, the 4-2-1 family dynamic (Miller, 2012), filial piety (孝顺 xiao shun), the mother-in-law (婆婆 popo) and daughter-in-law (媳妇 xifu) relationship, and saving face (面子 mian zi) are some of the unique Chinese cultural concepts to be discussed in depth. In addition, a comprehensive overview of mainstream Western family therapy models is included, including Structural model, Systemic model, Satir, Strategic, Behavioral model (Yu, 2011), and contextual theories (Deng, 2013). Then the study will provide information on

the development of family therapy in Mainland China, from the arising needs, to people's attitudes about family therapy, to the theories taught, researched, and practiced, and its user profile. Some major family therapy models taught and used in China include Systemic Family Therapy (the Milan model), Psychoanalytic model, Behavioral model, Contextual model, Structural model, and Satir's Experiential Family Therapy (Epstein, 2012). Interesting differences between Western families and Chinese families may be seen in Satir's model about the expression of emotions, role expectations, Bowenian model's differentiation of the self, and Structural model's study of enmeshment. Challenges of practicing family therapy will be summarized from looking at the issues and applicability of some theories, followed by a summary of models/theories that are compatible with Chinese culture and those conflicting with it.

Following the summary of existing literature, there will be a discussion of the research questions and hypotheses suggested by the review that will be examined in the dissertation. Questions as suggested by preceding researches aim to identify:

1. What specific interventions or techniques work well with Chinese families?
2. What interventions or techniques do not work on Chinese families?
3. What do therapists do to modify the latter to make them adaptable to Chinese families?

A phenomenological, qualitative design will be employed for this study. Participants will be recruited from BNU and the China Academic and Graduate Education Development Center of the Ministry of Education. Fifteen to twenty family therapists in Mainland China, who are certified according to the Chinese licensing board and have been practicing family therapy for at least two years, will constitute the participant body for this study. Open-ended, semi-structured interviews will be conducted to gather information about what specific family therapy models and interventions therapist find most useful with Chinese families, what they find not suitable for Chinese families, and what they may use with caution or modification. Data analysis will employ "thematic analysis" which allows identifiable themes, ideas, or

patterns to emerge from the data in order to understand the phenomenon being studied (Creswell, 2013).

While family therapy is developing in China, existing researches have not performed a critical assessment of the applicability of Western-developed family therapy models to Chinese families. Even fewer researches have examined the applicability of family therapy interventions addressing the rapid changes in Chinese families. The findings of this study could help identify Chinese approaches to family therapy, encourage further research among academics and practitioners, and potentially start the process of evidence-based practices of an indigenous family therapy theory for Mainland China.

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A Rewarding Alternative Career for Psychologists

*Ronald Rosenberg
Vocational Economist*

For a number of years, my practice specialty has been as a forensic vocational expert. I apply my psychological and assessment skills to conduct loss of earning capacity evaluations mainly in matters of personal injury. The referral sources could be attorneys, plaintiff or defense, insurance carriers, and sometimes expert referral services. Other venues for my expertise has been family law (spousal support issues), and as a resource for attorneys representing clients in workers compensation, social security disability claims, and long term disability claims that have been denied.

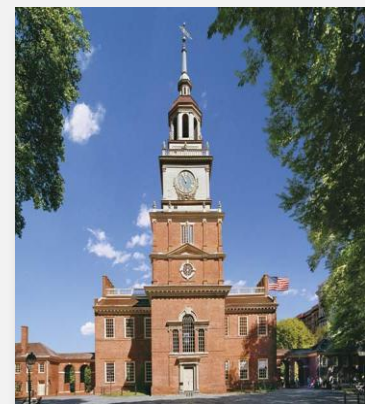
Dr. Phil Spergel, of our PSCP membership, has been practicing in this area for many years and has given workshops on this as an alternative career for psychologists.

A psychologist can bring his or her skill set in clinical appraisal, testing, and evaluation tools to the table enhanced by specialized knowledge that can be acquired. As with attorneys, the vocational expert can

receive a substantial retainer at the beginning of an assignment.

A peer organization that grants advanced credentialing upon qualifying is The American Board of Vocational Experts (ABVE) which can be contacted at (831) 464-4890 or abve@abve.net. The ABVE is also in the process of reinstating their ability to grant CEUs in psychology for attending their annual conference.

Overall, I have found this work to be interesting, challenging, and satisfying. However, one must also be comfortable in an adversarial venue at times as litigation is contested with a plaintiff and defendant(s). The forensic vocational expert could be involved in either side of the litigation.



Time to Get Connected!

Research shows that psychologists who participate in a peer consultation group are less likely become involved in a lawsuit, less likely to describe feelings of burnout, and rate themselves more satisfied with their career.

PSCP sponsors a range of peer consultation groups, and we invite you to join!

Mindful Therapist Peer Consultation

Group in Melrose Park, PA

The Mindful therapists peer consultation group is for mental health professionals, and those in training, who integrate mindfulness into their professional work for self-care and/or client care. A personal daily meditation practice is required of all participants – this can be from a variety of wisdom traditions, including but not limited to, the Buddhist traditions from which MBSR/MBCT are derived. Participants in training must be currently enrolled in a graduate program with a focus on mental and/or physical health. We meet in Melrose Park, PA on the first Tuesday of each month from 10am to noon. We begin with a sitting meditation practice.

For more information please contact Chris Molnar, Ph.D. at Chris@MolnarPsychogy.com or 267-287-8347.

Autism Spectrum Disorders Group

This group will meet monthly on Wednesdays from 9-10:30am at the offices of Drs. Cindy Ariel and Robert Naseef, in Old City, 319 Vine Street, #110. The focus of the group is on the treatment of autism and related disabilities in children and adults, as well as on treatment strategies and support for families/caregivers. Interested participants should contact Dr. Cindy Ariel at cariel@alternativechoices.com or 215-592-1333.

Peer Consultation Group (Media, PA)

This is a general consultation group that meets in the afternoon on the last Friday of every month, at the office of Dr. Greg Milbourne in Media, PA. Please contact Dr. Milbourne at 610-348-7780 or e-mail him at Milbourne@gmail.com



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