

President's Column

Gail Karafin
President, PSCP

Warm regards to all PSCP members. It is my pleasure to communicate events that are on the horizon for PSCP 2016-2017. The Board of Directors is planning avenues for fund-raising and for exciting and innovative events:

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•Robert Naseef, our Social Media Chair, will release a new, user-friendly website this fall. It will provide the opportunity for members in private practice to have their own page. We are excited about the benefits this will provide our membership.

Dr. In addition, Naseef is planning to produce new PSCP YouTube minutes featuring Nina Cummings, the face of PSCP.

• Ron Fischman, our Membership Chair, is launching a new program

that will outreach to newly licensed psychologists in our five-county area.

• Cindy Ariel and Robert Naseef have planned an exciting new event for September 27, 2016. PSCP will sponsor the movie viewing, "Life Animated," a heartwarming, family-friendly, documentary about communicating with a child with autism. For those wanting continuing education credits, this film will be preceded by a one-hour educational discussion led by Drs. Robert Naseef and Brad Norford. Be on the lookout for an announcement about this event.

• On Saturday November 12, 2016, Julie Levitt will hostess a "Meet & Greet" social in her home in Bala Cynwyd. Julie is an exceptional hostess, and she provides a special opportunity for members to network and socialize around good food and spirits. More information will follow.

• Our Continuing Education Committee, led by Lillian Goertzel, has been very busy planning this fall's workshops. There is an interesting line-up of programs on many important topics, including our very popular mandated child abuse reporting workshop. In addition, we have scheduled topics about legal

and ethical hazards, money and families, geriatric issues, forensic psychology for nonforensic psychologists, pediatric sleep, and caregiver support.

• Carol Gantman has worked diligently with the Human Services Center committee to update policies and programs to offer treatment for refugees and underserved populations. The benefits of these efforts have already been seen with the increase in service to the community.

It is with much gratitude and appreciation that take special time to express gratitude to the new 2016-2017 Board. We are greatly indebted to Julie Levitt, the PSCP Past-President, for her outstanding leadership and mentoring during 2015-2016. She is the model for professionalism and wisdom. I know she will continue to serve our organization.

In addition, we are greatly appreciative of the contributions of Karyn Scher, our returning PSCP Secretary; she has so diligently recorded the PSCP history, and we are fortunate she will continue to do so for 2016-2017.

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Cindy Ariel, our incoming PSCP Treasurer, has taken the reins of financial leadership with wonderful enthusiasm and insights. I believe our PSCP finances are in good hands with her leadership.

We welcome the return of our Members-at-Large: Minna Baker, Nina Cummings, Ed DiCesare, Harry Orenstein, Lori Romano, and Marcy Shoemaker. In addition, we welcome our new Members-at-Large, Lynda Albert, Scott Budge, and Julie Mayer. We are fortunate to have them join us and we look forward to their contributions.

We must also mention the publishing talents of Doug Rushlau. He is the person behind the scenes for the PSCP Times that you are reading now. We can be proud of our publication because of Doug's diligence and editing skills.

We would be remiss to not express appreciation to our out-going board members. Lillian Goertzel's tenure has been reached as the 2015-2016 Past-President. We are much indebted to her years of service for PSCP and are fortunate that she will remain on the Board of Directors as

Chair of the Continuing Education Committee and as a member of the Human Services Committee. Nina Cummings resigned her position as the PSCP Treasurer, but she will continue to serve as a Member-at-Large on the Board of Directors. Look for her video debut on the PSCP YouTube site in the fall. Additionally, we thank Phil Spergel for his years of service as a Member-at-Large. He was a voice to the Board of Directors for many years. We are appreciative of his service.

No thank you would be complete without mention of our Administrator, Robyn Bailey. She keeps all of us on our toes and organized. She represents PSCP well as the first voice heard by strangers and colleagues. She has a talent for flexibility and patience. How does one herd cats? Especially when those cats change every year? Robyn does this seamlessly.

Now I will provide my pitch to all those readers out there. PSCP welcomes your involvement and ideas. Please support the PSCP activities. I look forward to seeing you at the film showing, "Life Animated." Please attend Julie's "Meet & Greet" social in November. Also plan to attend the

continuing education workshops in your areas of interest. Consider volunteering service to your professional organization. Volunteer to serve on a committee and become involved. We are a friendly group that embraces its members. You can help by inviting a colleague to join our ranks or by connecting us with potential organizations where we can partner. You can help by attending events or suggesting new ones. If you have an idea please share it with me or one of your Board members. We are always interested in fund raising ideas.

Thank you for being a member of our family. We look forward to a rewarding year together.

Gail R. Karafin, Ed.D.

President 2016-2017

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Public Policy Update

*Julie Meranze Levitt,
PSCP Public Policy Chair*

There are three pressing issues that we as psychologists should address related to the definition of and reimbursement for our services. These include two different pieces of legislation that have been made priorities of the American Psychological Association Practice Organization: First is the legislation put forth this year to update and improve federal mental health programs., In the House, the “Helping Families in Mental Health Crisis Act of 2016” (H.R. 2646) is sponsored by Representatives Tim Murphy (Republican, Pennsylvania) and Edie Bernice Johnson (Democrat, Texas). The Senate’s counterpart bill, the Mental Health Reform Act (S. 2680), has been introduced by Senators Lamar Alexander (R-Tenn.), Patty Murray (D, Washington), Bill Cassidy (R., La.) and Chris Murphy (D-Conn.). A second priority legislative issue is the Medicare Mental Health Access Act (H.R. 4277, S. 2597), introduced in the House by Representatives Kristi Noem (R-S.D.) and Jan Schakowsky (D-Ill.), and Senators Sherrod Brown (D,

Ohio) and Susan Collins (R, Maine). A third key issue for the Practice Organization is advocating for the Centers for Medicare and Medicaid Services to adequately recognize psychologists within Medicare’s Physician Fee Schedule. The comment period closed for the most recent update to the fee schedule on 9/6/16.

Before going into the 2016 issues, however, I would like to provide a little history about psychologists and Medicare. Psychologist were permitted to be independent providers within Medicare only in 1989, twenty-four years after President Linden B. Johnson signed the legislation for Medicare into law. There has been resistance to allowing psychologists to work in inpatient facilities as independent practitioners. Initially, in order to be reimbursed, payment for psychologists had to be bundled into hospital payments. In various ways, psychologists have been inconsistently treated, under Medicare allowed freedom to see patients without medical oversight and in other situations, only under supervision. More about the history of healthcare in this country, including Medicare, to follow in a subsequent article.

Secondly, it is important to know that the two sets of bills in Congress now, if not passed this session (to end in December), most probably will be initiated again in the next two-year session of Congress, starting in 2017.

Let me bring you up-to-date about each of these bipartisan bill

Helping Families in Mental Health Crisis Act of 2016, H.R. 2646, which passed the House July 6th by a vote of 422-2, is important for a number of reasons. This piece of legislation would increase care for children and adults to prevent more serious conditions and provide/improve treatment:

- Improve coordination across federal agencies in addressing mental health and substance abuse issues;
- Allow limited Medicaid coverage for services performed in institutions for mental disease, and clarify that same-day coverage of physical and mental health services is allowed;
- Create consistent reporting on the effectiveness and enforcement of requirements under Mental Parity and Addiction Equity Act, preventing discriminatory coverage limitations for individuals using mental health and substance use disorder insurance benefits;

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- Require further clarification of privacy and information sharing standards under the Health Insurance Portability and Accountability Act for communication between providers, patients, and families, and the development of model training programs and materials;
- Renew and extend authorization for assisted outpatient treatment programs and assertive community treatment programs;
- Establish a demonstration program for training health service psychologists in community-based mental health services provision; Establish new grant funding for development and dissemination of evidence-based interventions and integrated service programs, early childhood intervention and treatment programs, adult suicide prevention, and crisis intervention grants for law enforcement;
- Reauthorize grants for the Minority Fellowship Program, for jail diversion programs, projects for transition from homelessness (PATH), suicide prevention, and comprehensive community mental health services for children having

serious emotional disturbances

Although similar, the Senate bill (S. 2680) has some significant differences with the House-passed measure. If Congress doesn't pass mental health reform legislation and send it to the president to be enacted, current law regarding HIPAA, MHPAEA, and SAMHSA programs will remain unchanged. The sponsors will then reintroduce bills and work toward passage next year, in the first session of the 115th Congress.

Medicare Mental Health Access Act (H.R. 4277, S. 2597) The second bill under consideration, the "Medicare Mental Health Access Act" is focused on removal of barriers now in place under Medicare for treatment provided by psychologists in certain facilities. While psychologists may practice independently throughout the United States and its jurisdictions, and can see Medicare beneficiaries independently in their own offices, Medicare still requires unnecessary physician sign-offs and oversight of their services in some settings. These procedures delay or prevent needed care. Medicare must provide better services to people in need. The rationale

for a change in the Medicare regulations is based on the following.

- Only one in three older adults with a mental disorder receives treatment
- Making patients wait for services worsens outcomes and increases costs. For Medicare users, a chronic condition like diabetes or congestive heart failure, co-existing depression doubles the rate of hospitalization and emergency room use
- Physicians, especially psychiatrists, are less available in rural and other underserved areas, including inner city areas. Psychiatrists are more than 30% less likely than other physicians to accept Medicare.
- Physician oversight is usually provided by general practitioners, who have little training in treating mental disorders, detecting and treating or referring only 40-50% patients with mental health problems.
- Behavioral health services are an essential part of treatment for many mental disorders and psychologists provide more than 70% of these services in facilities
- Medicare does not require physician sign-off in offices; it is inconsistent that such requirements exist in outpatient rehabilitative facilities, home health agency programs, partial-

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hospitalization situations and other settings where psychologists are free to practice independently by state law

- Private sector plans, Tricare, and the VA and Medicare Advantage plans allow psychologists to practice independently and since 1974, the U. S. Department of Labor law on workers' compensation has included psychologists under the definition of "physician."
- Medicare is moving toward integrated care and allowing psychologists autonomy will further this goal.
- Psychologists are not currently allowed the same mental health professional shortage bonuses payments paid to psychiatrists and other physicians. In addition, and unlike Physicians, Psychologists cannot participate in electronic health records incentive payments.

The Act will add Clinical Psychologists to the list of providers in Medicare's definition of "physician," a definition that includes other doctoral level service providers, including chiropractors, optometrists, podiatrists, and dentists. Again, should these bills not get enacted, the sponsors will

most likely introduce them again next year. We are past the comment period on the physician fee schedule for 2017, However, there will be another opportunity next year to provide comments. In the meantime, the APA Practice Organization will be working with CMS to influence Medicare reimbursement policies affecting psychologists. A problem for 2016 is that three important initiatives required responses from us and the need for responses within a short period of time may have led to confusion. For the future, I have requested clearer explanations for each of the initiatives with more description distinguishing each initiative in the body of the request.

Please consider the importance of the proposed legislation and write your members of Congress if you support this legislation. For more questions and comments, write me at julie.levitt@verizon.net

My thanks to Sam Knapp, Pennsylvania Psychological Association Professional Affairs Officer and to Scott Barstow, Director of Congressional Affairs, American Psychological Association Practice Organization for their

support and suggestions in crafting this article. For further information, go to the American Psychological Association Practice Organization Practice Central for more information about legislation and opportunities to include your comments on important issues: <http://www.apapracticecentral.org/advocacy/index.aspx>



In Memoriam

G. SCOTT BUDGE, Ph.D.

It is with a very heavy heart that I bring you tragic news. Our colleague and friend, G. Scott Budge, Ph.D., was killed piloting a small engine plane when it went down on Sunday, September 25, 2016 at approximately 12:30 p.m. near Sky Manor Airport in Alexandria Township New Jersey. The pilot and his passenger were pronounced dead at the scene. There was no one on the ground injured. It was not immediately clear what cause the crash and the state police and the FAA are investigating the incident.

Dr. Budge had a unique combination of professional expertise.

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His firm wrote, “He was able to adeptly apply deep technical curiosity for and knowledge of human psychology with real-world understanding of how family relationships are affected by money and business.” Scott was a licensed psychologist in New York, New Jersey, and Pennsylvania. He was recently elected to the Board of Directors for the Philadelphia Society of Clinical Psychologists (PSCP). Scott was a Clinical Associate with Centra Comprehensive Psychotherapy and Psychiatric Associates, where he delivered counseling services to individuals, couples, and families in the context of a multi-disciplinary mental health practice.

Additionally, Dr. Budge specialized in working strategically with various issues that challenged the sustainability of well-being in individuals, families, and the organizations they lead. Scott worked in a variety of venues that not only included traditional healthcare delivery settings and university counseling centers, but also management consulting and financial services firms. In addition to

providing independent consulting services, Scott was also an affiliated expert with the consulting firm, RayLign Advisory, where he applied his expertise to the dynamics of families, family businesses, and the training and consulting with wealth management advisors who worked with complex financial families. The latter work was the focus of his book, *The New Financial Advisor: Strategies for Successful Family Wealth Management*. (John Wiley & Sons).

Scott published several articles, including works on the psychology of investments, group dynamics, family wealth and family businesses, and has served on the Editorial Board of the *Family Business Review*. He was also on the Editorial Board of *Trusts & Estates Magazine*. He spoke at numerous industry conferences on psychology, philosophy, and family wealth management in the US, Europe, Caribbean, and Latin America. In addition, Scott was co-founder of Shaking the Tree Foundation, a professional theatre group whose productions focused on challenges faced by families of wealth. Scott was a Fellow at the Family Firm Institute, and a founding member of the Money and

Family Life Project at the Ackerman Institute for the Family.

Dr. Budge grew up in Idaho and worked in various farming roles in his early life. During summers while at college, he fought range and forest fires in Southern Idaho and Northern Nevada for the Bureau of Land Management (U. S. Department of the Interior). In his leisure time, Scott had a pilot’s license and enjoyed the challenges of private aviation. His loss will be felt by his family, his friends, his colleagues, and by the community at large. PSCP sends heartfelt condolences to all those people whose lives he touched and enhanced. May his memory be a blessing and an inspiration to us all.

PSCP is investigating funeral/memorial services and will post the information as soon as it becomes available.

Gail R. Karafin, Ed.D.
PSCP President, 2016-2017



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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