

President's Column

*Julie Meranze Levitt
President, PSCP*

Dear Members of PSCP:

This has been a whirlwind year with much success in advancing our initiatives. I would like to share some of these here.

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Our Continuing Education Program under Chair Lillian Goertzel continues in full swing with offerings on subjects that we have presented before but with nuances, new directions, and perspectives that vary, and CE program content not previously presented. We believe our members want both and that as a local organization, we are able to focus on what is most relevant for our practitioners. This spring there have been programs focused on needs of children, for example, Brad Norford's Using Magic to

Enhance Clinical Work with Children (2/19/16), Sylvia Lott's Re-examining the Impact of Counselor Self-Awareness in Multi-Cultural Competence (3/11/16), Tim Barksdale's Diagnoses and Treatment of People with Intellectual Disability, Mental Illness and Challenging Behaviors (3/11/16) and Nancy Isserman's Understanding Inter-generational Transmission of Trauma in Military Situations (4/15/16) in which she will look at returning military and the issues and treatment of families. In addition, the specter of returning home after coming in harm's way will be the focus of Dr. Isserman's workshop, one in which we as mental health practitioners may help to mend the rifts created. Also examined is treatment of anger (Lynda Albert, 4/8/16), ethics in supervision (Linda Knauss, 3/18/16) and working with transgender and gender non-conforming adults (Audrey Ervin, 5/20/16). Dr. Lott's workshop, mentioned above, also will examine counselor self-awareness as part of multi-cultural competence, an area important to all psychotherapists. The vexing issues of psychotherapy were explored by Jay Efran on 2/12/16. Doug Tynan's workshop on directions in clinical practice was

mentioned in my other article for this newsletter. The fall offers different CE topics that should increase our knowledge base, be relevant for practice, and help us as members refine the definitions of professional identity and find our places in the changing field of psychology and psychological service. More about those workshops in our next PSCP Times.

(cont. on pg. 2)

A Message from the PSCP President-Elect

Gail Karafin

I send warm greetings to my PSCP Colleagues. I have been a long time member and Fellow of our organization and have served as Secretary and Secretary/Treasurer of our Human Services Center/Committee for many years. I do not wish to sound cliché but it is my honor to serve with our Board of Directors for the next two years.

For those members who are not familiar with my experiences and interests, I will take this opportunity to introduce myself.

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President's Column

cont. from pg. 1

Our PSCP Board has worked on the bylaws to make them more relevant to practices in PSCP. This work derives from our strategic planning initiative, started by the Board of Directors last May. Looking at mission, objectives, administration, education and community outreach, professional and to the public, are part of PSCP's ongoing effort to run smoothly and meet the needs of our members and the community populations we serve. This is our most ambitious bylaw review and recommended changes. Our special thanks to Naomi Reiskind and Ron Fischman who have completed the hard work of recommending significant bylaw revisions, the first of what may be a series of bylaw changes.

I am happy to announce that thanks to private funding and board members Robert Naseef, and Cindy Ariel with Tim Peterson, a former student member, a new website should be launched early in summer, one that greatly enhances the scope of what we can communicate to other professionals and the public. We will have an

option for providing a more complete professional profiles of our members, including what insurances they take, so that the public can get access to the kinds of treatment our members are providing. Also in the works is a printed paper membership directory so that we will be able to reach out to each other. While that directory comes out only every other year and therefore, will not be able to reflect what insurances our psychologists take, we nevertheless believe that this is an important means of communication with current members. Up-to-date insurance information will be available only on our website.

Our Human Services Center (HSC) is continuing to provide low fee/pro bono treatment to underserved populations. We have 20 plus members dedicated to this project who volunteer their time working with clients. We intend greater outreach to individuals and organizations that want to send referrals to us. Carol Gantman, HSC Chair, has done an incredible job in further defining what our HSC service should look like in this age of high deductibles and incredible expenses, and the plight of refugees, who because of their in-transition status,

cannot easily secure needed mental health care.

Our membership Committee under Ron Fischman has reinvigorated the Fellows designation. We will be honoring newly elected Fellows at our Spring Dinner. Thanks, Ron, for your work on this initiative.

Mention of the new Fellows at our spring events segues nicely into a discussion about our special celebration this year. PSCP turns 60 years old this year and our Spring Dinner on April 17 at the William Penn Inn in Gwynedd, PA, affords an opportunity to celebrate this anniversary. Gail Karafin graciously chairs the event. There will be excellent music provided by the Ed DiCesare and Regina Richards Guitar Jazz ensemble, with soft jazz during the cocktail hour and dance music after the dinner program is complete. We also plan an art auction, focusing on psychologists and their friends and family members as artists., planned by Nina Cummings. Our special honoree, Psychologist of the Year, is Linda K. Knauss, Ph.D./ABPP, who has ably served PSCP as president, as a member of our Ethics Committee, and as a provider of excellent CE programs. In addition, she has served in the Pennsylvania

Psychological Association as president and ethics expert, and as well as in the American Psychological Association. In addition to honoring Dr. Knauss and our new Fellows, we will be showing our appreciation of long-serving volunteer psychologists in HSC.

Please remember to vote in our spring elections and consider joining a PSCP committee. Our strategic planning continues—we will have another in-depth session in May. If you would like to join us then, please get in touch with me.

We welcome spring and look forward to seeing all of you at the spring dinner, our workshops, as volunteer therapists for low fee clients, and in any capacity in which you would like to serve. I welcome suggestions and volunteerism. My email is julie.levitt@verizon.net.

Gail Karafin assumes the PSCP Presidency in June 2016 and will do a spectacular job. Please welcome her when you attend spring events!



President-Elect's Message

cont. from pg. 1

I am a licensed psychologist with an independent practice in Doylestown Pennsylvania, and also I am a school certified psychologist contracted part-time in a Bucks County School District. I consider myself to be very fortunate to bridge two very different worlds in psychology. Additionally, I am very familiar with organizational governance, and I serve on the Board of Directors and the Executive Board for the Pennsylvania Psychological Association (PPA). I have been a frequent contributor to the PPA publication, *Pennsylvania Psychologist*. Those of you who know me are aware that I have strong interests in pediatric sleep dysfunction, and I have a passionate commitment to start high schools later to better meet the biological needs of our students. I bring a varied background of knowledge and experiences to my new PSCP position.

PSCP is an organization filled with wonderful traditions. At the same time we look forward to entering the needs of our future. My goal is to respect our timeless traditions for education and public service as we embark on new frontiers, such as the electronic age, the insurance landscapes, and the new regulations. Equally

important, is the opportunity for us as a community to meet and greet and just plain have fun together. We are a unique and eclectic family.

Issues on our horizon include strengthening our financial security, increasing our visibility to the media and the public, increasing our early career membership and involvement, maintaining our high quality continuing education programs, serving the public with our special skills, and exploring new office space to improve our services.

I want to thank all those members who have graciously given their time and ideas to our organization. Special thanks you go to our current President, Julie Meranze-Levitt, Ph.D. who is providing expert leadership and guidance, to Robyn Bailey, our Administrator, who keeps us organized, and to our recent Past Presidents, Drs. Lillian Goertzel, Kristine Boward, and Ron Fischman. Also I send special thanks to our PSCP Board of Directors: Drs. Nina Cummings (Treasurer), Karyn Scher (Secretary), Cindy Ariel, Minna Baker, Marcy Caldwell, Edward DiCesare, Carol Gantman, Robert Naseef, Harry Orenstein, Michele Robins, Lori Romano, Doug Rushlau,

Marcy Shoemaker, and Phil Spergel. PSCP is indebted to the contributions of these professionals.

[Now comes the advertising.] If you have not already done so, PSCP welcomes you, your ideas, and your involvement. We are like musical notes on a page. In isolation, the notes do not mean much, but if we come together, we can create a melodious song. Please think about your interests, strengths, and talents and ways you can contribute to this song. I have learned that providing service to others enriches our own spirits tenfold.

I wish peace and strength to all of you and your families.

Love you all,

Gail R. Karafin, Ed.D.

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IN MEMORIAM

Dr. Sidney Portnoy died September 27, 2015. Dr. Portnoy was Director of the Penn Valley Counseling Associates in Montgomery County, Pennsylvania. He treated clients of all ages from childhood to geriatric, and he specialized in child and adolescent psychology

and in relationship counseling.

Dr. Barry Ginsberg died October 26, 2015. Dr. Ginsberg established an independent practice in Doylestown Pennsylvania in 1976. He was a graduate of Pennsylvania State University and was a Diplomat of the American Board of Professionals. Dr. Ginsberg specialized in Emotion Focused Relationship Enhancement Therapy, Parenting Skills Training & Coaching, and Filial Family Play Therapy. He authored several books, including “50 Wonderful Ways to be a Single Parent” (2003), and “Relationship Enhancement Family Therapy” (1997). Dr. Ginsberg was the recipient of the Central Bucks Chamber of Commerce 2015 Lifetime Achievement Humanitarian Award.

Dr. John Shanken-Kaye died December 21, 2015. Dr. Shanken-Kaye, a graduate of Temple University, was a forensic and counseling psychologist and educational consultant. He was the Director of ACES in Doylestown Pennsylvania over 20 years, and served families, children, adolescents, parents and teachers. A specialist in Forensics, Dr. Shanken-Kaye was a recognized expert in

child custody, personality assessment, competency to stand trial, risk assessment, parental competence, and insanity defense. In addition, Dr. Shanken Kay was a contracted therapist for the Bucks County Juvenile Court and the Bucks County Office of Children and Youth. He was appointed by the Governor of Pennsylvania to two consecutive, four-year terms on the Pennsylvania Sex Offender Assessment Board. He was a well-known speaker for educators and justice professionals. He coauthored two books, “The Self-Control Classroom: Understanding and Managing the Disruptive Behavior of all Students Including Students with ADHD” (1996), and “From Disrupter to Achiever: Creating Successful Learning Environments for the Self-Control Classroom” (2003).



Psychology Practitioners and State of Psychology

Julie Meranze Levitt

In December 2015, an interesting, and provocative article, *Bowling Alone: The Decline of Social Engagement and Other Challenges for the American Psychological Association and Its Divisions,*

(Robiner, Fossum & Hong, 2015) appeared in *Clinical Psychology: Science and Practice*.

The article discusses the changing face of membership organizations in general and membership changes in the APA and its divisions or specialty groups. As the authors describe, collective activities in the United States are in decline. In general, organized groups are experiencing decreasing numbers of members whether these be social groups, like bowling clubs, religious groups, or professional ones. Disappointing and of concern to us as psychologists is that psychological organizations are experiencing a downturn in membership, one that is similar to that which is occurring in many other professional organizations, including the American Bar Association and the American Medical Association. In this article, I will look at what might cause diminished numbers in groups expressly for psychologists and what this could mean. I will conclude by discussing why a vibrant, robust PSCP is important and necessary for the survival of psychology and psychologists.

Authors William N. Robiner, Thyra A. Fossum, and Barry

A. Wong begin by referring back to political scientist Robert Putnam's book, *Bowling Alone: The Collapse and Revival of American Community* (2000), in which the author recounts the ways American distance themselves from membership organizations. While some others have questioned Putnam's observations, Robiner et al. believe that membership organizations are now under pressure to change in response to several circumstances, including changes in resources, expectations, and needs of those who would join. Missions need to be examined and goals adjusted.

The authors go on to explain the need for changes in membership organizations, which are affected by a soft economy, alternative ways for potential members to get information and network, and alternative processes by which they can press for change. There also are fairly significant differences in expectations in different age groups and levels of experience within groups. Also, what was previously considered an organization that could serve the needs of various cohorts, may longer be the case. My own observation here is that as advanced education and ability to travel enter into the

equation for more people and people no longer live in small, more insular communities, there is greater heterogeneity in groups and one set of objectives may no longer fit all. Local and national umbrella groups may have been more efficacious when people had more difficulty reaching out to others beyond their neighborhoods and more immediate communities.

Robiner et al. go on to explain the existence of dwindling membership in APA and its divisions. This trend is despite, according to the authors, the "relatively high number of students graduating with doctoral degrees by historic standards", (p. 368). They point to the downward economy and slow, uneven recovery since the recent 2008 Recession, the fact that prior to the Recession it was easier to get travel subsidies for faculty and dues, there are limitations of membership for psychologists who are becoming more specialized in practice and research, younger psychologists may be less willing to commit to organizations, important because APA's membership is aging and there are not younger ones willing to take their place, and the controversies over APA's stance over ethics in military

interrogations involving psychologists has created dissent. They also describe the idea that belief systems related to professional identity may cause some members and cohorts of members to not want to join, e.g., over the question of prescription privileges for psychologists. Also, younger potential APA members may not agree with some of the other stances taken by APA, either because these are perceived as too conservative or too far-reaching. There also is a feminization of APA membership with women in the majority within the general membership and in most APA divisions, factors that may change how members perceive psychology and its mandates. In addition, there is the question of rival organizations, popping up everywhere, which may be appealing to sub-groups of APA, such as the Association for Psychological Science (APS) which appeals to psychologists whose work includes a significant concentration in research, and other groups that appeal to a specialized area, for example, the neuropsychologists may choose to join as their primary affiliation the International Neuropsychological Society, and/or to specialty groups

that cut across disciplines, such as the International Society for Traumatic Stress Studies (ISTSS) and the Society for Neuroscience (SfN). Some organizations are surviving well because they meet specific needs of a group and/or because they are priced right and members believe they are getting the payback they believe is fair. Age cohorts and interest cohorts have different agendas and needs and frankly, it may be difficult for a national umbrella membership group to meet the requirements of all subgroups.

So, what does this downsizing in large national professional groups in psychology mean for PSCP and its ability to survive?

I am proposing that we must look into our own mission and objectives and question whether we can meet member needs for professional psychologists/practitioners-throughout their professional life cycle. PSCP is celebrating its 60th anniversary this year and considering the number of professional generations it has served, has been effective in attracting psychologists across the career-cycle who believe in joining groups.

However, like APA, the membership is greying, not

necessarily replacing older members with recent graduates from psychology programs. I believe there are a number of factors at work here. I agree with experts who say that the younger generations are less wedded to affiliating with professional groups. But I also have a hunch that joining groups may come later in life when the need for affiliations becomes clearer for those navigating complex systems, including professional and political, for example, who get reimbursed for what services? Our recent graduates may have enormous debt from graduate education. Schooling is long and the motivation to start a family once schooling is completed may be a reason to put off joining groups-life's demands with career starting, having children, and finding time for oneself and family may make any outside affiliations seem too demanding and expensive. The practice environment facing younger members will require becoming staff members in institutions and large independent practices and it is unclear whether solo and small practices will survive. Why should one join when the need to make a living may exclude independent practice?

Other factors also may influence whether to join a local psychological organization. Income may have diminished even for more established professional outpatient groups and individual practitioners. Competing pressures with growing children and the desire to pull back and enjoy some leisure may also tamp down interest in a professional membership group. For those who have large practices, there may be other pressures with diminished time and offers into leadership of bigger regional and national groups or teaching obligations, that cut down time for professional groups. The need for treatment referrals may be increased as the pie of available referral sources diminishes. Practitioners may choose to pay large on-line broker groups who try to match clinicians with prospective clients.

And so on.

Now then, why with all the arguments in favor of not joining an umbrella local group, should people join a local psychology group and become active members? Here's how I reason:

In numbers, there is strength. A local professional society means that local issues can be aired and addressed and for

PSCP, we have the numbers of members to respond to both local issues or those that arise in the state legislature.

Staying aware of new trends that may affect local populations is part of what PSCP brings into its Continuing Education programs. For example, the Philadelphia area houses many veterans returning from war, encompasses a population that includes underserved and marginalized communities, including refugee populations, and is home to ethnic groups from many parts of the country and world. Psychologists in our part of the Commonwealth and country need to know how to work with many kinds of people living in our region. In addition, PSCP offers service for those who cannot afford psychotherapy through our low fee/pro bono Human Services Center (HSC) program and workshops/consultation for our practitioners, who provide service pro bono, serve this such generally underserved populations. In sum, PSCP enriches our members' perspective as practitioners.

PSCP offers an opportunity for mental health professionals at different times in their career to

dialogue and learn from one another. Isolating various approaches to mental health treatment may serve to fine-tune skills but does not facilitate the questioning and opportunity for incorporation of other modalities and interventions that can add to one's skill level. The richest, deepest understanding of therapeutic approaches comes from the opportunity to bring our own backgrounds to the attention of others and for others to teach us. Widening the circle of exposure is useful. We all learn that way.

PSCP supports members when there is need for consultation in the areas of practice approaches, techniques, and ethics. In addition, PSCP members can offer advice in office practice building and members who are new graduates and/or want to consider changes in the kind of work they do may learn from other members who are established in outpatient practices and/or who work in other settings that may be of interest, such as in hospitals, in community centers, and for governmental institutions.

PSCP could not exist if it did not, as a professional society, respond to changes in how the field of professional psychology is moving. While

we cannot predict the future, a local society such as ours educates members about changes in the workplace, directions in our field, and offers possible solutions when practice models change, e.g., W. Douglas Tynan's Making the Case for Behavioral Health in the New Health Care System, hopefully presented as part of our CE offerings this past month. My submission date for this article is 2/29/16.

We in PSCP should urge widening the circle, bringing in new members, including those from other practitioner professions. From a clinical perspective and in order to join others in further developing the field of psychology, we will need a larger, involved, and diverse membership. Remember, we have the tools and commitment to improve mental health in our community. And those skills include the ability to diagnose through testing and interviewing and a wide range of theoretical constructs and technique that allow us to take into account the individual and the environment in which he/she lives. We understand systems and how they work. Part of our professional charge as psychologists is to be socially responsible-to serve the public through education and

treatment in order to strengthen communities and help people live the most productive lives. Consider volunteering time and encouraging others to join PSCP. Get involved in PSCP by joining a committee, writing an article for the PSCP Times, or attending social functions for an opportunity to dialogue and maybe develop a discussion group or a CE program. Also, see my article on our work this year to remain relevant to membership and future directed with respect to the identity of psychologists and psychology in a second article in this edition of the PSCP Times.

Robiner, W. N., Fossum, T. A, & Hong, B. A. (2015). Bowling alone: The decline of social engagement and other challenges for the American Psychological Association and its divisions. *Clinical Psychology: Science and Practice*, 2(4), 366-383. doi:10.1111/cpsp.12124

This article is followed by additional commentary in the same edition:

Karlin, B. E. (2015). Bowling together: Promoting the identity, brand, and value of the Society of Clinical Psychology. *Clinical Psychology: Science and Practice*, 2(4), 384-386. doi: 10.1111/cpsp.12121

Keane, T. M. (2015) "A sense of where you are," *Bowling alone and the future of the Society of Clinical Psychology. Clinical Psychology: Science and Practice*, 2(4), 387-389. doi: 10.1111/cpsp.12120

Putnam, R. D. (2000) *Bowling alone: The collapse and revival of American community*. New York, NY: Simon & Shuster.



Social Media Report

Robert Naseef

To carry out our mission of serving the community through the practice of psychology, PSCP has been establishing a social media presence on Facebook, YouTube, and most recently Twitter.

When you have a chance, take a look at our recent Facebook posts at: https://www.facebook.com/PhiladelphiaSocietyOfClinicalPsychologists?ref=aymt_home_page_panel.

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If you have a personal or professional Facebook account, you can “like” our page, and this will help us reach a broader audience.

Our YouTube channel features an introduction to the organization by Pres. Julie Levitt and three short videos highlighting our special education offerings in recent months. Take a look and let us know what you think at:

<https://www.youtube.com/channel/UCXfyoWLIExfPGtJXSnQo3cw>

Our Twitter account is <https://twitter.com/PhillyPsych>, so if you tweet you can follow us there.

Our URL, www.philadelphiapsychology.org, is serendipitous for our organization. When doing a search on major Internet directories, our site comes up very highly ranked because of this. For example, when searching the phrase “psychologist in Philadelphia,” we come up as the 2nd unpaid listing on Google, the 5th unpaid listing on Yahoo, and the 10th unpaid listing on Bing.

Tim Pederson, a recent graduate of the PCOM and a web designer, <http://www.timpetersondesigns.com/>, is helping us design a major upgrade of the

website. We are planning a dynamic new directory as a major feature of the site.

I am eager to hear your feedback and suggestions on our social media.

Robert.Naseef@gmail.com



Exploring Social Media's Terrain

Julia L. Mayer

A few years back, I reluctantly wandered into the terrain of social media. I'd long been a hold-out. For the previous twenty years of psychological practice, I had felt that self-promotion was distasteful, participation in social media unprofessional, and the risks to privacy too great. Frankly, I felt that any involvement in social media would negatively impact the integrity of my work. My clients would be able to access information about me that could compromise our relationship--you know, that antiquated one in which I am as close to a blank slate as possible.

That old world is gone. Social media is woven throughout our lives and work in ways

that we not only cannot escape, but that we should use to disseminate valuable psychological information, share resources, and offer support. Social media has become the most powerful force for our profession to keep the world informed about the importance of psychology in all aspects of life.

The cover story of the January, 2016 issue of the Monitor – #Give Psychology Away by Jamie Chamberlin--demonstrates the radical changes in our profession that have occurred. The article highlights the social media efforts of four psychologists. Each has a niche interest within the field, about which they blog, tweet, make YouTube videos or podcasts, or post on Instagram or Facebook. Each has developed a large following and each enjoys the networking connections that arise from their efforts.

One, an expert on social media ethics, recommends maintaining a professional stance: “If something someone says makes you angry, take a break.”

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Remember to maintain your professional demeanor on social media.

Another suggests choosing up to three platforms and managing them well. Too many accounts can make it more challenging to interact with your audience.

A third psychologist got pointers from a journalist and lessons from a videographer to help him to produce videos for his YouTube channel. He mentions that keeping up with social media has helped him to relate to his adolescent clients. He also recommends that when psychologists use social media, they should, "Write clearly in a jargon-free, concise way..."

Consider that we mental health professionals may even have a responsibility to participate in social media, as part of our mission to be of help to others. We can provide access to a vast array of psychological information and therapeutic resources to a global community in desperate need of solutions at all levels. We can show the world how psychology is a part of all we do, including politics, the arts, and sports. Psychology can be applied to anything and everything. All you have to do is choose what interests you. Surely, there

will be others out there who are also interested.

When my husband and I signed a book contract last year, (AARP Meditations for Caregivers, Da Capo Press, July 2016), we became obligated to undertake a wide array of social media to market the book. After I calmed down from my panic about it, I began to explore for myself with guidance from my young adult children. What I discovered is that this could be fun. Because our book is about family caregiving, I now have a twitter account that focuses specifically on that topic. Our book will have its own Facebook Page. Our LinkedIn accounts are growing and we'll be starting a blog sometime soon, now that we've finished writing the book. Will some of my clients learn more about me this way? Of course they will. And that is just part of life in 2016. Grist for the mill, as they say.

Can social media be used to promote your therapeutic practice? Plenty of therapists list their practices on websites like Psychology Today. The variety and specificity of these sites are growing. Some professionals have websites on which they write blogs that disseminate information about the focus

of their practices, their philosophy, and therapeutic techniques, while encouraging people to contact them directly through the websites. Just like in other aspects of our lives as psychologists, we must always consider the impression we are making through our actions and toward whom we are aiming our messages, whether in person or through social media. Why not make it easier for people to find you and to make an informed decision about their care?

How to get started? If you're like me, you'll need to get help from someone who is fluent in social media. Take time to read other people's psychology blogs, watch some topical YouTube videos and then set up a blog with a theme about which you are passionately interested. Get a twitter account to draw readers to the blog. Then, play. If you are enjoying the enormous range of topics and all the access, connection and news, then dive in and build a following.

PSCP is interested in starting a blog to increase communication among the professionals in the organization. We'd like to share ideas, perspectives, information about specialties and even use of social media

among members. If you have ideas for this new project, let us know. Next newsletter – look for my article: tips for writing a blog.

References:

Ethical Use of Social Networking Technologies in Career Services, by Julia Panke Makela, in cooperation with The National Career Development Association Ethics Committee, July 2015 (NCDA)

The Internet's Ethical Challenges, by Sara Martin, Monitor Staff, July/August, 2010, Vol. 41, No. 7.

Ethical Principles of Psychologists and Code of Conduct, June 1, 2010
www.apa.org/ethics/code/

#Giving Psychology Away, by Jamie Chamberlin, Monitor on Psychology, January 2015, Vol. 47, No. 1



PSCP Student Representatives Introduction

Loren Pease

Danielle Key

As the newest student representatives on the PSCP board, we have begun working with other board members on increasing our visibility in the community. As younger students who

moved away from home for our doctoral programs, social media has been integral in maintaining our connections to friends and colleagues. Our hope is to bring this connectivity to the Philadelphia psychology community. Philadelphia has several graduate programs and organizations, yet our collective voices are not always meeting each other. Our social networking committee hopes to offer a visible bridge between these voices and offer some enlightening and compelling information that can be posted and tweeted out to the masses. Each week our committee scours sources ranging from NPR to the New York Times to Buzzfeed in search of news that will inform and delight the psychologically minded.



Letter to the Editor

Philip Spergel

I have read Julie Meranze Levitt's Presidential Address in the Winter, 2015 PSCP Times with great interest. She discussed the experience Clara Rabinowitz had regarding interaction with socially deprived youth. I have had a similar experience. My Doctoral Dissertation was entitled The

Relationship Between Vocational Interest, Aptitude and Personality Integration with Disadvantaged Youth (Temple University, 1958). The population consisted of 130 adolescent males and females from Gratz, Ben Franklin and Edison High Schools. They had discipline issues and were viewed as potential dropouts. In an effort to help them complete their secondary education the Philadelphia Board of Education joined with the Philadelphia Jewish Employment and Vocational Services (JEVS) to develop such a program. JEVS applied for and received a government grant from the Office of Vocational Rehabilitation, United States Department of Health, Educational and Welfare, Project number 355. The boys and girls spent the morning in school and they attended the JEVS workshop in the afternoon.

This was an intercity population; many with gang affiliations. There were territorial issues and cross-boundary lines could jeopardize one's health. One of our biggest problem issues was poor attendance and punctuality.

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In an effort to overcome these problems I had an epiphany. I met with the group and explained that if they punched their time card a half-hour earlier they could be paid for a full hour and if they punched out a half-hour after the required time, they could receive another full hour of pay. This significantly improved attendance and punctuality. There may be some of you that feel that I was, to use our jargon, making these adolescents becoming more sophisticated character disorders or borderline personalities. Since I was an elective therapist, I used whatever technique I thought would work.

Dr. Meranze Levitt cited her aunt Dr. Clara Rabinowitz and her experience dealing with a population of socially deprived children during the time she was a member of a group of mental health professionals who were associated with the Northside Center for Child Development in New York City. They quickly realized that a psychoanalytic framework would not be effective and they became more pragmatic utilizing more interactive techniques.

With regard to my interactions with my dissertation population, I had

the good fortune to grow up in South Philadelphia, though not an intercity deprived area, it was certainly not wealthy or luxuriant. I lived in a two-story row house with eight people including myself. There were three bedrooms and one bathroom. I had to fight for bathroom time between my brother, my parents, my maternal grandparents, an uncle and an aunt. However, I would never trade that experience because it helped me grow with regard to learning about the needs of others.

I also have had the benefit of enriching my therapeutic approach by being a member of a team that dealt with the Workshop population; psychologists, a social worker, a physician, a reading specialist, work foreman and administrators.

Years later I was invited to give a talk at Ben Franklin High School. After I finished my talk I was en route to my parked car, which was located near Broad and Spring Garden Streets, when a young man stopped me who was wearing a white intern-physicians jacket coming from Hahnemann Hospital. I recognized him. He was a member of my dissertation population and with pride told me that he had graduated from medical

school. It was quite a rewarding experience for me.

Psychology must move with the time as do other disciplines. How others perceive us including third party payers, is based on how we perceive ourselves. As therapists we do not need to feel we are in competition with psychiatrists because many of them no longer do psychotherapy but rather prescribe psychotropic medication.

Younger psychologists entering in the field have had training that older practitioners have not. Of course, there are basics that are consistent such as theories, testing and therapeutic techniques. However, younger psychologists for the most part, are more technologically sophisticated than older practitioners (me included). Therapy can be conducted in various settings; telephone, Skype, and other forms. Frankly, I don't know whether that is good or bad.

Early on, psychiatry viewed clinical and counseling psychologists as second-class citizens and at times we perceived ourselves likewise. Fortunately, for the most part, this is less true.

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I believe we have demonstrated our rich heritage and our competence. It is for that reason I am opposed to psychologists who seek license to prescribe psychotropic medication, except for those who practice in very rural locations. I feel that those who want that privilege should go to medical school and then take a residency in Psychiatry.

I have been fortunate for not having had the need of dealing with third party medical plans. However, I recognize and understand the frustration of those who do so. Perhaps, we may become politically more effective in dealing with this issue.

I respect Dr. Meranze Levitt's efforts to make PSCP a better, more innovative, forward thinking and progressive organization. To do so we must have new ideas, be inventive, think outside the box and be willing to take educated risks.



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



Classifieds

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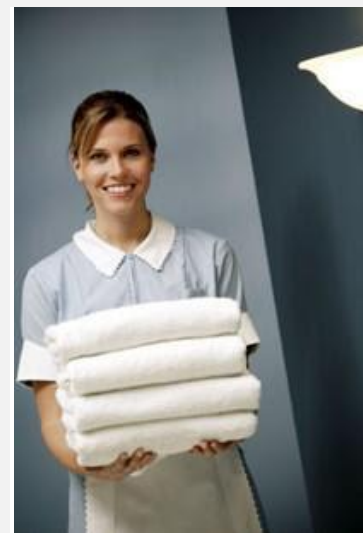
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