PSCP Times

Summer2016

President's Column

Gail Karafin,
President, PSCP

Dear PSCP Members,

I am honored to be your President for 2016-2017. I am appreciative of the mentoring and leadership offered to me by my predecessors, particularly Drs. Julie Meranze-Levitt, Lillian Goertzel, and Ron Fischman.

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I want to thank all the members of the Board of Directors for their service last year: Drs. Cindy Ariel, Minna Baker, Marcy Caldwell, Ed DiCesare, Harry Orenstein, Lori Romano, Marcy Schumacher, and Phillip Spergel. Of course, very special gratitude goes to Nina Cummings for maintaining our finances as the PSCP Treasurer, Karyn Scher, for recording our history so well as Secretary, Carol Gantman for leading our Human Services Center (HSC), Robert Naseef for establishing PSCP's place in the electronic world, and Ron Fischman for so aptly maintaining our Membership Committee. Special thanks go to Dr. I. Doug Rushlau for providing PSCP with this wonderful avenue of communication, the PSCP Times. Their donations of time and toil suggest that these professionals are true leaders in our field. Also I wish to thank our Student Representatives, Danielle Key and Loren Pease, for attending our monthly meetings without complaint. Of course, these thanks are not complete without mention of Robyn Bailey, our tireless office Administrator, who keeps us all organized and who helps promote our causes with each other and with the public.

I need you to know my history and interests. Temple University is my alma mater. I am a Pennsylvania licensed psychologist and certified school psychologist. Professionally I combine my interests in clinical practice and school psychology. I have an independent practice in Doylestown and I serve part-time with the Bensalem Township School District as a school psychologist. People who know me know that I have a strong interest in putting science into practice, and I lead a campaign to change high school start times to be biologically more appropriate for adolescent circadian rhythms.

I have served in leadership roles and elected positions in other organizations, most recently with the Pennsylvania Psychological Association (PPA), and this includes the School Psychology Board Chair and the Board of Directors' Liaison to the PPA Graduate Student Committee (PPAGS). Currently, I serve on the Board of Directors of PPA as Secretary for the General Assembly, the Executive Board, and the Board of Directors. With regard to PSCP, I have served as secretary for HSC for many years. Additionally, I hold memberships in PPA, APA, ASPP, and NASP. I am a frequent contributor to the PPA Quarterly publications and have presented a number of workshops for the professional community and the public. I thrive on organizational service.

During my service to PSCP, I plan to continue our visions and missions and to support the professional needs of members. I will promote outreach to our community. I am committed to maintain our traditions, while going forward to face our challenges with the changing landscapes of psychological

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President's Column

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services and mental health practices.

I am a collaborative leader; I see my role to be a coordinator of our committees, our goals, and our service activities. As a leader, my main goal is to support others to be successful in their tasks. Our fiscal security is one of my priorities. I look forward to serving.

Warm Regards to All,
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The Needs of the Elderly with a Focus on Ageism

Julie Meranze Levitt, Chair, Public Policy

In this column, I am I am developing an overview about the needs of our young-elder and old-elder populations in the United States. The impetus for writing about elders comes in part from my own experiences. Whether or not I feel old, others will react to me in ways that confirm that I am no longer young. When I am in NYC, invariably a younger person will offer a seat to me in the subway. New Yorkers are conditioned to that as part of their transportation etiquette. No one asks me for a Driver's License or Medicare Card when I buy reduced fare public transportation tickets. My husband was recently hospitalized because of an emergency and the nurses commented that he did not look his age and about how vibrant, interactive, and knowledgeable he is for his age, these comments with a disregard for the fact that many in his cohort are equally active, informed, and wise at the age of 75. Perhaps a glaring misunderstanding of how the young-old are seen was exemplified by an intensive care nurse, tending to his needs, who read to us as a couple about the signs and definitions of heart-related events and what we can do to prevent a recurrence. The double-sided sheet from which she recited was written in a most elementary way. When I respectfully suggested that we were informed, my husband as a retired neuro-anesthesiologist, and me, as a psychologist who treats individuals and their families with chronic medical issues, the nurse continued to read on; only after completing side-one of the paper, did she give up and leave the paper on a table, presumably for us to read without her being present. There appeared to be an injunction that she must educate her charges and there was no way for her to approach us differently, recognize and honor that cultural differences in two older people just may require a different approach or more "joining" and listening rather than lecturing an elder patient and his wife. Later that evening, my husband signed the form, indicating that he had read it, and the form at some point was removed by a staff member and presumably placed in his chart. Compliance is important and may be more so for the elderly.

What opens up to me is that we as psychologists are expert in understanding individuals and their responses to events and emotions. In addition, psychologists are trained to work with dyads, and larger groups, whether these be family members or healthcare delivery teams with various perspectives and knowledge bases.

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Cultural competence is part of our training and is becoming more recognized as important. The result is that there are many instances in health care where our skills as listeners, interveners and experts in systems are needed.

But let me return to the needs of our seniors, regardless of in what settings they are. Last year, the 2015 White House Conference on Aging (WHCoA) was convened, the sixth such conference, the first having taken place in 1961. Of note is that Medicare and the passage of the Older Americans Act were outcomes of the 1961 conference. In 1971, WHCoA provided the springboard for the National Institute on Aging. The 2015 conference explored financial needs associated with retirement, how to remain healthy as one ages, what supports are needed to support independent living for individuals remaining in their communities and their caregivers, rather than prematurely introducing institutional care, and lastly, how to prevent various forms of abuse, including physical and emotional abuse, neglect, and financial exploitation.

What is clear is that all aspects of care for the elderly require psychological sophistication on the part of individuals who are practitioners and researchers. The report is well-worth reading. Also worthwhile is a special issue of the American Psychologist: Aging in America: Perspectives from Psychological Science (American Psychological Association, May-June 2016, Vol. 71, No. 4.)

What I choose to concentrate on this article is Ageism, a prevailing, insidious part of our culture that continues to view the elderly through negative stereotypes, as perhaps I have alluded to in the hospital example above. Ageism pervades all aspects of life and can have negative consequences on physical and mental functioning. Todd D. Nelson (2016) demonstrates this in his article, Promoting Healthy Aging by Confronting Ageism. We as psychologists who are standard-bearers of cultural competency as a necessary part of our own development and for its inclusion in graduate school psychology curricula, have already embarked on the road to understanding new social trends and customs. We examine the experiences of underserved groups and ask questions about our sensitivity in working with these groups, including those with differences in biological, gender and choices of sexual partners. We are open to learn about those who have suffered from the whiles of war. However, an area that has received not enough attention and in which we need to work more aggressively is Ageism.

Ageism, according to Nelson (2016), is so engrained in our culture that we at times fail to notice when it occurs. Exploration of Ageism, a term only coined by Robert Butler in 1969, is a relatively new area of study and action. As with other prejudices, it is based on negative stereotyping. Ageism affects many areas of functioning, including cognition, emotional and physical health, and longevity. For example, with respect to cognition, Hess, Hinson, and Statham (2004), working with older adults, found that when negative age stereotypes were implicitly primed, subjects' recall on a test of memory was significantly lessened in contrast to a condition in which positive stereotypes were primed.

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Of interest is that middle-aged people who were primed with negative old-age stereotypes performed significantly worse than those who received stereotypes associated with being young or no primes (Meisner, 2012.) These results underscore the negative effect of old age stereotypes on memory, and that this is so even for middle-aged adults who possibly do not believe that such stereotypes are true for them (Meisner, 2012; O'Brien & Hummert, 2006.)

Of interest is that not all cultures have the same incidents of memory loss as a byproduct of old age. Nelson goes on to cite Levy (2009) who says that memory deterioration may be an artifact of how society treats elders. Nelson cites an interesting study that suggests for the first time that belief in old age as an inevitable time for mental decline correlates with cognitive decline in the older years. Levy, Zonderman, Slade and Ferrucci, (2012) followed people for over 38 years. Those with negative stereotyping about cognitive decline demonstrated a 30.2% greater memory decline than did those subjects who did not ascribe this kind of age stereotypes. Negative stereotyping in old age also may influence will to live (Levy, Ashman & Dror, 1999-2000.) See The Island Where People Forgot to Die, about a Greek island, Ikaria, where inhabitants reach the age of 90 2 ½ times above the rate of Americans, with less depression and about a quarter of the incidence of dementia (Buettner, 2012). Important may be the social structure on the island where people are expected to be engaged in the community's well-being and there is a strong push toward socializing with others. To work is expected for all at any age. Feeling useful and part of the community may be one of the important ingredients in long-term survival for this population.

Nelson (2016) also cites studies that suggest that negative age stereotypes also affect physical health. Levy et al. (2008), studied the responses of participants who were either primed with positive age stereotypes (words such as astute, sage, accomplished) or negative age stereotypes (for example, words such decrepit, senile, forgets) who then were exposed to different forms of stress induction (counting backward by 7s and describing for 3 minutes a stressful event experienced). Cardiovascular measures were taken. Subjects exposed to negative stereotypes had stronger cardiac responses to stress than did those exposed to positive stereotypes. These data demonstrate the powerful effects of the older individual's age-related thoughts about aging on their physical reaction to stress (Allen, 2015).

Other studies cited by Nelson (2016) show a relationship between ideas about aging and length of life. Ng, Levy, Allore, and Monin, (2016) found that people with more positive ideas about their mental and physical health when older lived 2.5 and 4.5 years longer respectively than their counterparts who accepted the negative age-related stereotypes.

I could cite more but the bottom line seems to be that we in this country have come to recognize the negative effects of other isms but our views about aging remains one of the most institutionalized form of prejudice today (Nelson, 2002, 2015), including with respect to medical caregivers' willingness to care for the elderly and employ the elderly in clinical trials.

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How do we change this serious situation?

One, we must educate society, including the very young, debunking myths associated with aging. Interestingly, I worked with high school students from diverse countries who participated in an oral history program to understand the history and culture of first generation Philadelphia Jews born in 1930 or before. One unanticipated finding of the project was that exposure to elderly dispelled myths about older people. Some of the young students admitted to strong prejudices about the elderly as they began the project and were greatly relieved to find those whom they interviewed or whose oral histories they read were smart, excellent teachers, articulate, and full of knowledge. Ageism as a series of beliefs was dispelled for these students who then reached out to family in order to learn more about their aged relatives. (Meranze Levitt, 2015).

Psychologists working with staff in clinics, hospitals, physician offices, and day centers for seniors can help staff to work differently with elders. Helping elders to inoculate themselves against negative stereotyping will be important. Believing in the human spirit and that all human lives matter and have meaning are not Pollyanna or pie-in-the-sky constructions. Psychologists have the skills to enable the public and professional caregivers to examine beliefs, including destructive mythologies about old age. Research and clinical work is needed in this area and I urge more of you to consider a specialty in elder care. We are privileged to have Marcy Shoemaker, PsyD, as a PSCP board member with expertise about the aged. She will present a CE program in the fall. She too can be a resource to those who want to learn more.

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Farewell from Outgoing President

Julie Meranze Levitt, Chair, Public Policy

Immediate Past-President, PSCP

Thank you all for an opportunity to serve as PSCP president

This column is my final signing off communication as president of PSCP for the year 2015-2016. It's been great serving as president. Through the experience I have gained a better understanding of the many facets of the association and how we can further fine-tune our objectives to better serve our Greater Philadelphia mental health professional community and the public. I am writing to say thanks to all of you who have participated in PSCP workshops, attended social functions, and volunteered your time in so many ways for PSCP projects. My most sincere thanks to our board members, all of whom have contributed suggestions and ideas for projects and rolled up their sleeves to problem solve and get jobs done. I offer special thanks to them all: Cindy Ariel, Minna Baker, Marcy Caldwell, Nina Cummings, Ed DiCesare, Ron Fischman, Carol Gantman, Lillian Goertzel, Gail Karafin, Robert Naseef, Harry Orenstein, Michele Robins, Lori Romano, Karyn Scher, Marcy Shoemaker, Phil Spergel, Doug Rushlau, and our student liaisons to the Board, Daniele Key and Loren Pease. In addition, my sincerest thanks to our administrator, Robyn Bailey, for doing so much to keep the organization running well and to meet member requests. I also want to welcome new members of the board and this will soon be possible, when the voting ends on June 23.

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We are privileged to belong to the largest psychologist organization in Pennsylvania aside from outside of the Pennsylvania Psychological Association. What we do here in PSCP can serve as a model for other local associations. Our focus has been and will continue to be how best to provide needed services in a way not possible by regional or national organizations. We become the in-person place to share fellowship and fun along with ideas, to teach, and to work with others in developing approaches to mental health care that are tailored to the needs of our community. Most important is to keep exploring what it takes to meet local needs and interests.

We are in good hands with Gail Karafin, PSCP president now through the end of May, 2017. Please welcome her and share your ideas with her about how to make PSCP an even better organization. And please encourage others to join us. We can do so much more with greater numbers of members, whether this be weighing in on public policy issues and legislation or developing CE on new topics or the integration of older and new approaches to care, or finding like-minded professionals with whom to develop sound new treatment approaches and/or models of care. We truly benefit from diversity and find it important and necessary to have several generations of psychologists with unique backgrounds and skill-sets from whom to learn, debate, and together move forward in providing care.

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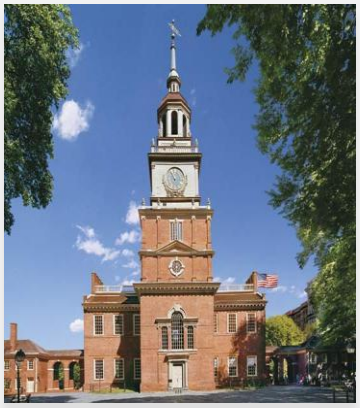

Time to Get Connected!

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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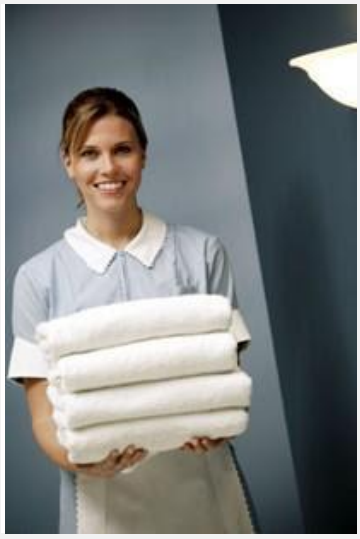

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