

President's Column

*Gail Karafin
President, PSCP*

Greetings members and friends of PSCP.

Our second quarter of the 2016-2017 year is underway, and this year we look forward to continuing our traditions and establishing new initiatives. I need to thank our wonderfully dedicated professionals that are the inner strength of our organization.

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They are the leaders in our field and the role models for others to follow:

Julie Meranze Levitt, Ph.D.:
Past President, Public Policy
Chair

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Ronald Fischman, Ed.D.:
Membership Chair

Carol Gantman, Ph.D.:
Human Services Center
Chair, Refugees Initiative

Robert Naseef, Ph.D.: Social
Media Chair

We also are indebted to our
Members-at-Large who assist
the Executive Board and
provide service for our
initiatives:

Linda Albert, Psych.D.

Minna Baker, Ph.D.: also
Early Career Chair

Nina Cummings, Ph.D., also
Graduate Student Chair

Ed DiCesare, Ph.D.: also
Awards Chair

Julie Mayer, Psy.D.

Harry Orenstein, Ph.D.

Lori Romano, Ph.D.

Marcy Shoemaker, Psy.D.

We also are grateful to our
youngest leaders, the
Graduate Student
Representatives:

Danielle Keyes

Loren Pease

The Philadelphia Society of
Clinical Psychologists (PSCP)
is the vehicle that extends our
professional journeys. As
psychologists, we are
committed to improving the
quality of life for others.
PSCP offers us fellowship and
the opportunity for service to
our profession and our
communities. We need to
embrace that opportunity to
enhance our influence. We
educate. We advocate. We
support. We serve others.

Being a member of our
Society enhances us and our
own professional
experiences. Through service
we create a special
connectedness with our
colleagues. We network with
others. We grow and learn.
Each of us individually is like
only one page, but together
we form a completed book.
Together we can create a
more powerful force than we
can as individuals.

Being a member of our
Society strengthens our
organization. Our guild
supports us professionally,
informs us of state-of-the-art,
research-based developments
in our field, and addresses
ethical issues in our work.

Our organization advocates
for the needs of
psychologists.

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A strong organization is a source of pride for us and for our community. When we serve our organization, we nurture it to grow, become stronger, evolve, and become more relevant. Our society advocates for psychologists and psychology.

Being a member of our Society enables us to enhance our community. We provide psychological services to the underserved populations. We educate the public and instruct psychological principles through public events, articles for the community, and legislative advocacy. We are a resource to others. PSCP gives us the ability to advocate for community mental health needs and provide leadership in a much broader world.

It is an honor to serve others and that is partly why we have chosen the profession of psychology. We live a special life dedicated to human service whether we work in hospitals, clinics, private practice offices, industry, or academia. We are dedicated to promote human welfare through research-based practices. Membership in PSCP can be an important part of our own journey in our professional lives as it enhances our personal experiences through connectedness with our

colleagues, continued learning, and the satisfaction of knowing we are doing good work and the right thing. Membership in PSCP enhances our personal growth, strengthens our professional organization, and helps us to improve human welfare by serving the community. Our task is to support our organization and to be advocates for psychologists and for psychology

Gail R. Karafin, Ed.D.

President 2016-2017

Philadelphia Society of
Clinical Psychologists

gkarafin@verizon.net



Public Policy Update

*Julie Meranze Levitt,
PSCP Public Policy Chair*

Let's End 2016 with Greater Unity of Purpose

This is my last column as Public Policy Chair for this year. What I was planning to write about, animal rights and human interactions, I scrapped in favor of looking at what is most pertinent now. We just have experienced a presidential election that turned the

election process into an event that was not predictable. My article is not about taking sides. It's about recognizing that the country has become dramatically polarized, a process that has been going on for some time, and that there are steps we need to take as psychologists.

But first, let me review PSCP's present bylaws. What is our mandate to people who are members of our Society and to the public? In addition to publicly representing and interpreting psychology and protecting the public "by maintaining the highest standards of practice and professional services as a profession and a science," our job is, and here I quote, "to utilize psychological techniques and principles to improve community welfare and to advance scientific knowledge" and "to consult with public service organizations in practicing community improvement." PSCP, since its inception, has made efforts to consider public needs with respect to mental health services and education and has urged members to urge passage of legislation that is favorable to providing the community with services that are asked for and needed.

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Our Human Services Center is among the initiatives important to us as PSCP members. Our standards echo those in the American Psychological Association Code of Ethics. See Principle E of the Ethical Principles of Psychologists and Code of Ethics: Respect for People's Rights and Dignity: <http://www.apa.org/ethics/code/principles.pdf>.

In this uncertain time, there may be dismantling of existing healthcare services, especially for those in the community with the most pressing economic needs, and discrimination against minority groups, some only recently given legitimate status. PSCP needs to recognize and be prepared to carefully examine shifts in legitimacy in status and services. Furthermore, we should honor our mission to consult with public services organizations and other non-profits and be prepared to speak out with them if we believe there is discrimination about who is served within the mental health system and more generally, whose identities are marginalized. The great polarization of 2016 reflects at the underemployment for a sizable segment of the population combined with a sense of futility that meaningful work will ever again be available. Age,

gender identification, minority ethnic identification, status with respect to immigration, religious and ethnic practices, presence of disabilities, physical and mental, and level of income and wealth, are all under assault when people feel unrecognized and appreciated, underserved and without voice.

Part of our work as psychologists reflects our training in communication. We are uniquely positioned to bring different factions to the table and find ways to increase understanding of others and how to work productively with those who are different in culture, expectations, and needs when commonality seems lacking. What we are planning in PSCP is a task force, the PSCP Task Force on Tolerance, to examine in what ways we can educate ourselves as psychologists to handle complex conflict situations in which there are significant power inequities, differences in agendas, and even rules about how to dialogue with individuals and groups outside one's own identity. Perhaps we can use these skills to increase communication and dialoguing in the Philadelphia area populations through workshops for the public and for groups in the community.

Being planned now, by members within PSCP, and by the time this article is circulated you should have much more information, is participation in Washington, D.C., in the Women's March on Washington, on Saturday, January 21. This march is for the protection of women's rights. Too often women are marginalized in our culture, even now, through lower pay scales than men holding the same kind of job and lack of access to healthcare education and services. See <https://www.whitehouse.gov/blog/2015/04/14/five-facts-about-gender-pay-gap> for information about U.S.A. gender wage gap in 2016. There are power differentials that exist between the sexes and only recently in our country's history have they begun to be addressed. Women here only received the right to vote in 1920 under the 19th Amendment. Still only 20% of those serving presently in the U.S. House of Representatives and Senate, the 114th Congress, are women. Yet, they represent slightly more than 50% of the population. Record numbers of diverse groups will be represented in the 115th Congress but numbers of women will stay about the same (19%) and

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only associated with one political party. (See: <http://thehill.com/homenews/house/306480-115th-congress-will-be-most-racially-diverse-in-history>). There are also serious concerns about what women who identify with various minority religious, racial, and other groups within the nation are experiencing. We know that minority race, culture, and multiple-intersections in identities, negatively affect opportunities for women with respect to education and job choice.

See <https://www.womenmarch.org/> for more information about the march's agenda. And for the intersections in identification that unfairly effect minorities and minority women,

see Kimberle Crenshaw's 1993 seminal article, Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color (Kimberle Crenshaw:

https://www.jstor.org/stable/1229039?seq=1#page_scan_tab_contents>'s work/

For a recent review of women in leadership, see The American Association of University Women's Barriers and Bias at

<http://www.aauw.org/research/barriers-and-bias/>

More to come. This article is not about being partisan. This is about the growing disparities in needs and services within our multi-cultural population. It is about what we as psychologists and other mental health workers can do to bring together within the majority alienated segments of the population. We have our work cut out for us. Yet, I know we will find ways to be useful in planning for the future in order to protect individuals, families and communities from further marginalization. In our own work we already are doing this when we treat individuals and families. Let's expand the group that we serve.

Please write me with your stories and your thoughts at julie.levitt@verizon.net



Children and Sleep

Gail R. Karafin, Ed.D.

PSCP President 2016-2017

Introduction

In my previous article, I wrote about the values and

benefits of our membership to our society. This article is one example of how membership in PSCP supports and enhances one's personal career journey as well as benefitting the community at large. Professional membership gives one a forum to develop ideas and advocate for change.

Anyone who knows me knows I have a personal passion to disseminate information regarding teen sleep needs and school start times. Pediatric sleep issues are often an understudied area in child psychology. Through my membership in PSCP and similar organizations, I have developed a forum to educate and promote professional interest in the issues surrounding positive sleep hygiene. As one lone psychologist, it is an uphill climb, but together with others, we can make a greater impact on current practices, as well as the future welfare for the generation of students to come. One can partner with allied organizations to have even greater impact.

Many years ago, I watched as my teenage sons suffered though years of sleep deprivation when they were

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required to rise earlier and earlier as they progressed through the school system. I was not as informed at the time, but the emotional and behavioral changes I was witnessing was not totally from the “adolescent years,” but from symptoms of their increasing sleep deprivation. They entered the delayed phase sleep and their circadian rhythms shifts in adolescence. This meant that they were unlikely to be able to go to bed early enough to get the needed physical sleep craved by their bodies. They were very active in their school extra curricular programs and by the time they got home at night, it was often 8 or 9 p.m., at which time they started their homework, often working till well past midnight. School started earlier and earlier over the years and they had to be at their bus at 6:45 a.m. They often dragged themselves out of their beds at about 6:40 a.m., brushed their teeth, combed their hair, and ran for their bus, often in the dark and without breakfast. “Mom, I am not hungry in the morning.” No wonder, they were still in alpha sleep. They were grouchy with the smallest provocations. On vacations, they were bouncy and pleasant, but everyone is in better humor when on vacation, no? Actually they

were suffering from perpetual jet lag, known as “short sleep.”

I began to see similar patterns in patients that I treated. Parents wanted assessments for their difficult teen for ADHD, depression, anxiety, etc., all possible symptoms of sleep deprivation. Grades dropped and executive functioning skills reduced as a student entered the middle school schedule for the first time. I began to develop a theory that it was the reduced sleep that created these emotional, behavioral and cognitive deficits to otherwise good students who presented as well-adjusted in the elementary school. I began to study the research on this topic and learned that we, the experts on child education and psychology, were not planning appropriate school environments for the physical needs of the children. It is like taking recess away from first graders; we were taking away sleep from growing adolescents. It is wrong when a system designed for children is against their normal biological needs. As experts in human development, it seemed up to us to right that wrong.

Normal Sleep in Childhood

The National Sleep Foundation and many

pediatric sleep specialists recommend the following amounts of sleep nightly relative to a child’s age:

Age	Needed Hours of Sleep
1-3	12-14
3-6	10-13
6-11	9 1/2 -12
11-18	9-9 1/2

Sleep Deprivation

The National Sleep Foundation reports that teenagers worldwide need an average of 9-1/4 hours of sleep each night. As a result, the middle and high school early start times are counterproductive to our children’s developmental needs. Adolescents have a unique internal clock that is a form of Delayed Sleep Phase Disorder. Their circadian rhythms do not enable sleep habits for a 9:00 p.m. bedtime. The melatonin secretion which induces sleepiness starts several hours later. It is difficult, therefore, for a teen to fall asleep much before 11 p.m. and the problem is compounded when they must wake at about 6 a.m. to be able to get to school on time, often omitting breakfast.

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The effects of this sleep deprivation interrupts the circadian sleep phase shift and creates a type of perpetual “jet-lag,” also known as “short sleep” and is associated with a number of cognitive, emotional, physical, and safety problems, as well problems related to equity for economically disadvantaged students. Chronic sleep deprivation should be considered a public health concern.

Cognitive Consequences of Short Sleep

- School Underachievement
- Slower Reaction Time
- Inattentiveness
- Reduced memory
- Reduced information processing
- Reduced time on task
- Difficulty with response shifts
- Decreased Executive Functioning

Educational Consequences of Short Sleep

- Daytime sleepiness in class
- Increased tardiness
- Increased absence

- Decreased motivation
- Increased discipline problems
- Decreased grades
- Increased drop-out rates
- Increased visits to school nurse

Emotional Consequences of Short Sleep

- Increased incidence of depression and anxiety
- Reduced motivation
- Increased drug and alcohol experimentation
- Increased suicidal thoughts
- Irritability

Physical Consequences of Short Sleep

- Increased incidence of Diabetes
- Increased incidence of High Blood Pressure
- Increased incidence of Obesity
- Reduction of immune system effectiveness
- Increased headache
- Cardio-metabolic Disease
- Metabolic changes

Safety Consequences of Short Sleep

- Increased car accident rate for sleep deprived teens who are driving
- Increased accident rate for drowsy students walking to bus stops in the dark or in low visibility

Equity Consequences of Short Sleep

Early school hours disproportionately affects disadvantaged students. Privileged families can more easily counter the negative consequences by choosing private schools with later starts, hiring tutors to boost achievement, and driving their children to school later to maximize morning sleep. Later school start times have shown increased school performance to be nearly double the baseline for economically disadvantaged students.

In June 2014 the American Medical Association issued a press release adopting the position that no middle or high school should start before 8:30 a.m. In addition, in May 2016, the Commonwealth of Pennsylvania proposed a

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Bill in the House of Representatives, HB 2105, introduced by Rep. Tim Briggs, and requested the PA Department of Education conduct a study of the issues, benefits, and options related to instituting a later start time to the school day in secondary schools. This Bill has bipartisan support and is cosponsored by members of the Children and Youth, Education, and Transportation Committees. Please contact your representative in Harrisburg and register your support for HB 2105.

Organizations that Endorse Later School Start Times for Adolescents (abridged list)

American Academy of Pediatrics

American Medical Association

Association of School Psychologists of Pennsylvania

Center for Applied Research and Educational Improvement

Centers for Disease Control and Prevention

Children's National Medical Center

Maryland Department of Health and Mental Hygiene

National Association of School Nurses

National Sleep Foundation

PA Chapter of the American Academy of Pediatrics

Pennsylvania Psychological Association

Philadelphia Society of Clinical Psychologists

Society of Pediatric Nurses

Advocacy is an important part of being a psychologist. Membership in our organization is one effective way to advocate for our clients and our communities.



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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