PSCP Times

Summer 2017

President's Column

Gail Karafin
President, PSCP

The 2016-2017 year has been an exciting period for the Philadelphia Society of Clinical Psychologists (PSCP). So many things have occurred it is difficult to know where to start.

In this issue

First, have you noticed our new name? Last year through the efforts of Julie Meranze Levitt, PSCP conducted Strategic Planning meetings. One of the outcomes of those meetings was to give PSCP a new name. The name was approved in the recent spring 2017 elections. We are now are, "PSCP: The Psychology Network," and with that title, we have adopted a whole host of objectives to become the local go-to place for all things psychology.

This year we have begun a new mission. We planned an event for graduate students. We also planned an event for early career psychologists seeking information about the business of establishing and maintaining a private practice. Through the leadership of Cindy Ariel, we participated in the Women's March in Washington. For the community, we continue to advocate legislation for the public good, and we offer reduced cost therapy for underserved populations through our Human Services Center. In this past year, the Board has agreed to donate a portion of its continuing education proceeds to charities related to the topic.

For the psychology community we continue to provide high quality continuing education to update and maintain professional skills. We bring the latest legislative information to our readers and advocate for bills promoting the public welfare. We establish a forum for meeting with colleagues and creating a strong sense of professional identity. Some of our members conduct peer consultation groups to share and enhance therapeutic skills. New in our repertoire of workshops is an all-day program called the PSCP Trifecta Conference which provides all mandated continuing education programs required for licensure in Pennsylvania: Mandated Child Reporting, Suicide Prevention, and a program for Ethics education. We are pleased with the early registrations, so it appears we have filled an important need as the licensure year ends in November 2017.

Most important, *PSCP: The Psychology Network* creates a sense of community with our fellow psychologists. Sam Knapp recently wrote in an email about the importance of having a sense of community for psychologists (PPA Listserve, 6/6/2017).

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The research on resilience and stress highlights the importance of social supports to promote the ability to meet tough challenges. According to Knapp, informal conversations with colleagues are considered to be as relevant, and sometimes more relevant, than textbooks and journals for the best sources of information. PSCP: The Psychology Network contributes to fulfilling this need.

PSCP is pleased to introduce the New Board of Directors for 2017-2018.

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We are grateful to these professionals who have graciously volunteered their time and expertise to promote the PSCP mission and the mission of psychologists.

We are excited as we enter this new year with a new name. We welcome all members to participate in a committee of interest. If you have a special interest and would like to volunteer in a committee or establish a new committee, feel free to contact Gail Karafin at gkarafin@verizon.net

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Public Policy Update

Julie Meranze Levitt,
PSCP Public Policy Chair

Understanding the Efforts to Repeal and Replace the Affordable Care Act-What This Means for Us as Providers and for our Clients

For several years I have been Chair of the Public Policy Committee of PSCP, soon-to-be *PSCP: The Psychology Network*. I have written on many topics to keep our members informed.

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The newest effort to replace the Affordable Care Act is in the works. The situation that will result if the Act is replaced need to be considered in terms of health care risk for those who seek care for mental health and other treatment. In this article, I will explore issues with the proposed legislation and next steps to take.

Background: The Affordable Care Act and what it proposed to do

The Patient Protection and Affordable Care Act, often shorted to the Affordable Care Act, and called Obamacare and ACA, signed into law on March 23, 2010, was developed to increase health insurance quality, decrease the rate of uninsured, and reduce costs to consumers. Together with the Health Care and Education Reconciliation Act amendment, its passing was one of the major changes in healthcare delivery within the last century after Medicare and Medicaid legislation in 1965. Mostly in place by January 2014, the Act established mandates, subsidies, and insurance exchanges and required insurers to accept all applicants, provide for a specific list of conditions and charge the same rates for all, regardless of preexisting conditions and the sex of the applicant. The implementation of the Act was to occur between 2010 and 2020.

The impact of the Act included dramatically changing the individual insurance market while largely retaining the structure of Medicare, Medicaid, and the employer marketplace. Among the provisions have been a simplified enrollment, states were expected to insurance expand eligibility for individuals and families with incomes up to 133% of the federal poverty line, including dependent children and adults without disabilities. Dependents could continue to be covered on their parents' insurance plans until age 26. However, still, there were groups who remained uninsured, including undocumented immigrants who can still seek out emergency services and citizens living in states that opt out of the Medicaid expansion and do not qualify for existing Medicaid or subsidized coverage through new states' insurance exchanges.

One of the more unpopular part of the plan is the individual mandate, which requires buying insurance or paying a penalty for all persons not covered by employers, Medicare, Medicaid, or any other public insurance plan. This effort was made to ensure that the healthier segment of the population, frequently without insurance, would help subsidize those who could be very sick. Other provisions of the plan included banning of lifetime limits and disallowing insurers to drop members when these individuals became ill, providing preventive care, four levels of coverage, and the establishment of appeals processes for coverage determination

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and claims on new plans. As part of buying in, insurers must spend 80-85% of premium dollars on health costs.

State exchanges were another part of the plan, with states not required to use exchanges managed by the federal government. As of 2017, states can apply for a "waiver for state innovation" that allow for experiments that meet certain criteria in providing care to residents.

Accountable Care Organizations (ACOs) are allowed within the Act. These are organizations of providers that operate with the understanding that they provide coordinated, quality care for Medicare recipients. They can continue charge a fee-for-service approach. Different from Health Maintenance Organizations, ACO clients are not required to receive all the care from the ACO but the care must be of high quality.

The Impact of the ACA

There has been a dramatic reduction of the uninsured; initially, there were reported to be 16.0% without health insurance in 2010 to 8.9% in the January-June 2016 period, according to a CDC report (National Health Interview Survey, January to June 2016. (www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201611.pdf)

As of August 2016, 15 states operated their own exchanges, which was the hoped-for outcome, and other states used a federal exchange or functioned in collaboration with or were supported by the federal government. Medicaid expansion was occurring and individuals fared better in states that agreed to Medicaid expansion. However, for those getting their insurance from employers, premiums and deductibles increased (Johnson, 2016).

With respect to health, insurance coverage saves lives because it encourages early discovery and prevention of medical conditions that compromise health.

Himmelstein and Woolhandler (2017) wrote that a rollback of the ACA's Medicaid expansion alone would contribute to an estimated 43,956 deaths annually. (https://www.washingtonpost.com/posteverything/wp/2017/01/23/repealing-the-affordable-care-act-will-kill-more-43000 - people-annually/ , accessed 6/12/17), see original article on which their writing is based (Sommers et al., 2012).

It is beyond the scope of this paper to provide all the statistics either supporting the ACA or rejecting it.

In May, the House of Representatives voted to repeal and replace the ACA. Here are the changes in the proposed act, the American Health Care Act (Paduda, 2017):

- The bill replaces income-based subsidies with age-adjusted tax credits of fixed amounts.
- Takes away individual and employer mandate

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- Increases premiums for older people and decreases the cost for younger people who get their insurance from small employers or the individual market
- Terminates funding for Medicaid expansion and caps future Medicaid payments
- Penalizes those who do not maintain continuous coverage
- Permits states to allow insurers (insurance companies) to drop coverage for different kinds of medical care, meaning that individuals may not be able to obtain coverage for their condition or the type of care they need, e.g., behavioral health or maternity
- Eliminates taxes and tax increases from the ACA, meaning that Medicare will run out of money sooner

The question of healthcare and the ACA are complicated. To what extent the ACA should be modified is open to question. Eliminating Medicaid may increase the number of uninsured to 23 million people.

It is generally believed that the U.S. Senate version of the bill will be different. If the changes voted on in the U.S. House are of concern to you, it is important to let your Senators know which provisions from the House bill must be changed in the Senate version. The Senate is crafting its version of the bill in secret. I am planning to provide more information about the Senate version when such information is available. This article is an overview of what has happened in the ACA and this year. Please contact me with questions at julie.levitt@verizon.net.

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Animals and People

What we know and what is relevant to our work as mental health practitioners

Julie Meranze Levitt,
PSCP Public Policy Chair

Introduction

Recently, there has been an increased interest in understanding the beneficial relationships between people and pets and other animals.

It is as though the sensitivity of animal welfare groups has finally had an impact or that slowly, and related to scientific investigations,

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people have been developing an increased understanding about what animals experience. We now know more about animals, (ironically, we are part of this classification), for example, that some animal species are capable of emotions and feeling pain and a sense of suffering (sentience, in the research world) and have memory, sophisticated social systems and communications (for example, see Michel, 2016). Furthermore, we are being sensitized to recognize that to various extents, animals, other than ourselves share with us genetic markers and may be related through common ancestors, and that, perhaps, they deserve to be treated "humanely." This recognition is surfacing as more scientific investigation is focused on reactions that can be pinpointed in brains and as our understandings of DNA and genetics are becoming more sophisticated from the cellular level and above.

I am bringing this topic into our newsletter discussions because I have my personal bias. I think that if we better understand our interconnections, human and otherwise, we will develop a caring attitude toward humans different from ourselves and other living beings and even our environment. We will be able to move from an assumption of control and protection of our own group's exceptionalism, to respectfulness of others and our environment and will no longer shun, disregard, or relegate others into a category of "no care is needed" or continue to see parts of our natural environment as disposable and irrelevant. My hunch is that as people know/respect animals, they can develop an appreciation of "other" and that this appreciation may become associated with a more generalized view that life itself and its environment are sacred. Of interest is that the Jewish Torah directs us to feed our animals before we feed ourselves. See Genesis 6:9-11:32. This has been interpreted in different ways but cruelty to animals under our care or failing to feed those animals that we find hungry is not acceptable in Jewish law. Recall *The Little Prince* by Antoine de Saint-Exupéry, first published in 1943, in which the author says "You are responsible, forever, for what you have tamed."

Recent Research: Animals as Companions of Humans

In this article, I would like to consider relationships between people and companion relationships with pets and why this such an important area to study, understand, and recognize as having therapeutic benefit. As cited by Amiot, Bastian & Martens, in their 2016 review article, recent genetic analysis demonstrates an interdependent co-evolutional relationship between humans and many animal species, especially dogs,

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that has developed over thousands of years, starting as far back as 32,000 years (see Wong 2013). Other research cited in Amiot et al., 2016, has begun to demonstrate that the human-animal attachment may have consequences for well-being consequences for both humans and animals but that the association is complex and variable (See Friedmann & Son, 2009). One of the seminal studies demonstrating the impact of animals on human health is a longitudinal one by Friedmann and colleagues (1980). The study at that time showed that 28% of the pet-owners survived heart attacks in the first year after the occurrence in comparison to 6% of patients who had no pets. One of the few experimental studies looking at interactions between companion animals and humans randomly paired hypertensive stockbrokers willing to adopt a pet with one of two conditions: to pet-ownership , or no pet ownership. After 6 months, blood pressure was measured during a stressful test. There were smaller increases in blood pressure in the pet-ownership condition than in the non-pet ownership group (Allen et al. 2001). In more recent studies by Friedmann, [Friedmann & Son, (2009) and Friedmann, Thomas, & Son, (2011)], the statistics have been more robust and the findings continue to support the connection between having pets and surviving myocardial infarction. One of the few experimental studies showing a relationship between companion animals and human health outcomes was a study by Allen et al. (2001), that showed that while ACE inhibitor lisinopril lowers blood pressure, pet ownership lessens human home blood pressure responses to mental stress.

Moreover, Amiot et al. (2016) suggest that neurochemical responses may increase the ability to cope with stress. Research has demonstrated increases in oxytocin (a hormone), dopamine (a neurotransmitter) and endorphins (a group of hormones and peptides that activate the body's opioid receptors), all are associated with increasing a sense of well-being in humans and dogs when humans and dogs interact in a positive way with each other. A brain-imaging study showed that pet-owners had a lower stress response when they were with their companion animal than when their animal was not present (Nagasawa et al., 2015) Also, there is evidence from longitudinal and epidemiological studies that people having a companion animal had fewer physician visits than those without (Headey and Grabka, 2002, and Sugawara et al., 2012.) We are aware also that dogs may be able to discern subtle signs of emerging illness. Additionally, farm animals may help in the "green care" or care on a farm for individuals with dementia, psychiatric conditions, and physical disabilities. (Amiot et al., 2016).

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The co-evolution of humans and dogs and the domestication of dogs is suggested as responsible for humans and animals communicating, and synchronizing activity to get needs met. Moreover, research demonstrates that gazing behavior of dogs but interestingly not from wolves is associated with increased oxytocin levels in owners. Moreover, when dogs are given exogenous oxytocin they look more at their owners and owners, in turn, have increased level of oxytocin after these events. All this suggests a positive feedback loop (see Nagasawa et al., 2015) and for criticisms of the study, see Wynne 2015. The suggestion of basic emotions in dogs, like anger, fear, sadness and complex emotions, such as shame, jealousy, compassion, attributed to dogs by their owners, just may be understood as a high level of understanding between humans and dogs. (Amiot el al., 2016).

Amiot et al. (2016) also point out that there are some negatives to human-pet connections, including spread of disease and possibility of allergic reactions, and limitations to what animal-human relationships can accomplish. For example, in severe depression, pain, deep loneliness and physical disability, pets may not change the reality for people, and they cite Gilbey et al., 2007 about the limitations about the construct of loneliness.

Roles of Animal Companions that Do Work

At this point, let's consider for whom and when pets are a positive experience. Children with companion animals often develop improved empathy, self-esteem, and social participation, (Melson, 2001, as cited by Amiot et al., 2016). Pets can help in other ways with children, such as in the treatment of thought disorders (Levinson 1969) and conduct disorders, and learning to read (Winerman, 2017). Pets under such circumstances may inject reality and joy into the lives of children who are having difficulty with being in the here-an-now. Incarcerated youths with conduct disorders may experience a sense of worth and purpose when caring for and training service dogs. Reading Education Assistance Dogs (R. E. A. D.) provides dogs and handlers to schools and libraries to help young readers, especially those who are not strong readers, to read with greater proficiency. In a longitudinal study looking at children from 8 to 12 who had just obtained a new dog, when compared with a matched group that did not have a new dog, not surprisingly, it was found that those in the new dog group were visited more by friends and spent more time in family activity at a follow-up one month later (Serpell, 1991). Moreover, there is evidence, in retrospective studies, that experience of affectionate relationships with pets during childhood inclines adults to positive

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relationships with animals and to report greater empathy and positive feelings toward humans, for example, see Miura et al. 2002. A social lubricant factor is hypothesized by Amiot et al. in their 2016 review.

Limitations of Animals as Companions

It is important to keep in mind that certain cultures may be predisposed to certain kinds of pets and human-to-human contact may be superior to human-animal companion contact under more severe circumstances (Amiot, et al. 2016). As an example, see Podberscek (2009), in which the author explores the South Korean attitudes toward dogs. Studies of human-animal relationship in the social sciences are relatively new and while there are more studies, there are more questions that need to be asked, for example, what does it mean to be human and what are our moral responsibilities beyond our own human group (see Serpell, 2009, cited in Amiot et al., 2016). In addition, keep in mind that most studies concerning animal-human interaction are correlational; cause and effect, therefore, cannot be known for certain.

Conclusions

What I am suggesting here is that as practitioners we take the time to explore the possible therapeutic gains that come from humans spending quality time with companion animals and becoming familiar with animals in other contexts. And, in addition, that we work to prevent children or adults from abusing animals and to inject compassion and understanding of harm. How people react to animals may provide us with diagnostic information either in the direction of the healing capability of interacting with animals or where we must go next in treatment when we become aware of negativity toward animals. However, caution about animal abuse as a marker for human violence is voiced by Patterson-Kane & Piper (2009). Our experiences listening to clients who have pets or who set apart time for observing and interacting with animals in other circumstances, such as visiting animal sanctuaries and tending to animals in shelters, will add to our understanding of the roles of animals in promoting human mental health in addition to broadening our own world-views about how peaceful communities, based on respectfulness and not doing harm, can evolve and be sustainable.

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Ψ

ACT 53: THE PROFESSIONAL PSYCHOLOGISTS PRACTICE ACT

(Courtesy of the Pennsylvania Psychological Association)

What Does Act 53, the Professional Psychologists Practice Act Mean for Me? On June 23, 2016, following approval by the General Assembly, Governor Tom Wolf signed Senate Bill 772 into law making it Act 53 of 2016. SB 772 modernized the Professional Psychologists Practice Act, which had not been changed in 30 years. Act 53 took effect on August 22, 2016. The Pennsylvania Psychological Association (PPA) thanks Senator John R. Gordner for his sponsorship of the bill and his commitment to seeing the bill become law. For more information go to: http://www.papsy.org/page/PsychModernization Contact the PPA If you have any questions about Act 53, please contact Justin Fleming, PPA's Director of Government Affairs at justin@papsy.org or 717-510-6349.

Changes for Licensed Psychologists

- Act 53 clarifies that diagnosis is in the scope of practice for licensed psychologists.

- Act 53 narrows exceptions to licensing that allows hospitals and state, county, or municipal governments to use the term "psychologist" when hiring unlicensed persons to do work of a psychological nature. Changes for School Psychologists

- Allows state-certified school psychologists currently in the field, and those enrolled in school psychology training programs before June 30, 2018, to provide private practice services while employed as a school psychologist, but eliminates this licensure exemption for those entering the field in the future. Changes for Students

- Act 53 provides doctoral students the option of completing two years of clinical supervision in the pre-doctoral period, rather than one year of predoctoral and one year of post-doctoral clinical supervision. This provision will take effect once the PA Board of Psychology promulgates regulations changing the current law, which could take up to two years.

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‣ Act 53 eliminates the six-month waiting period for a person to re-take a failed licensure exam.

Public Protection Measures

‣ Act 53 gives the State Board of Psychology the option to deny a temporary license to practice psychology for those who have had disciplinary actions taken against them in other states.

‣ Act 53 mandates that licensed psychologists disclose other professional licenses to the Board so it can be made aware of any potential disciplinary actions which occur under another professional license.

‣ Act 53 gives the State Board of Psychology the authority to prevent psychologists who lose their licenses from practicing under the "qualified members of other recognized profession" provision.
Pennsylvania Psychological Association
Founded in 1933, the Pennsylvania Psychological Association (PPA) is the third largest state association affiliated with the American Psychological Association. Our vision is to promote the science and practice of psychology by supporting psychologists to meet the evolving needs of the public. PPA is committed to advocating for psychologists with the state and federal legislatures and regulatory bodies. Most of the public policy advances made by psychology in Pennsylvania have been due to the advocacy efforts of PPA. If you have general questions about the PPA:
Pennsylvania Psychological Association
5925 Stevenson Ave, Suite H Harrisburg, PA 17112
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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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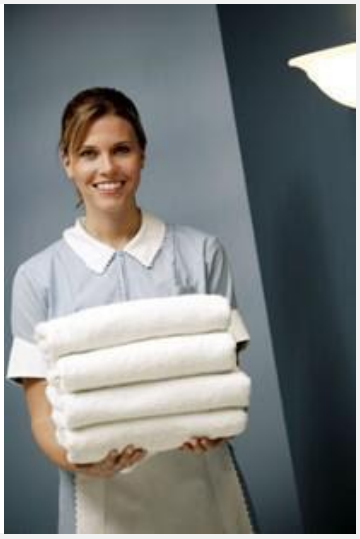

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