

## PSCP Remembers Patricia M. Bricklin, Ph.D.

**In Memoriam of Patricia M. Bricklin, Ph.D., LLD**  
**February 28, 1927 – December 21, 2010**

The Philadelphia Society of Clinical Psychologists Officers, Board and Members were saddened to learn of Dr. Bricklin's death this past December. Due to her great influence on psychology and on many of us, we wanted to honor her in this newsletter through the words of one of our members.



**by Gail R. Karafin, Ed.D.**

Secretary/Treasurer, Human Services Center

It is with sorrow in my heart that I write about Dr. Patricia Bricklin's passing. Dr. Bricklin was a psychologist's psychologist and an active leader of psychological practices for over five decades. We were so fortunate that she was our own local treasure. In studying Dr. Bricklin's career, it is evident that she was influenced by four major principles that guided her professional journey.

First, Dr. Bricklin led a life dedicated to study and education. She received a Master's Degree in school psychology and a Doctorate in clinical psychology from Temple University in Philadelphia. In addition, she received an honorary Doctor of Humane Letters from the Chicago School of Professional Psychology and an Honorary Doctor of Law from St. Joseph College for her advocacy for children with learning and emotional disorders. She authored and co-authored over 25 professional articles and books, including ones relating to special needs children, educational remediation, marriage and family issues, assessment, professional ethics and law, managed care, and other issues related to the role and function of the psychologist. She was a professor at Widener University, a professor at Hahnemann University, and an adjunct at Johns Hopkins. She served on the Editorial Advisory Board for the *Journal of Learning Disabilities* and was Editor for *Professional Psychology, Research and Practice*.

Second, Dr. Bricklin dedicated her life to leadership and to serving the profession of psychology and the community. She had an independent practice in Wayne, PA for over 40 years and served on the Board of Directors to a variety of schools for children with learning disabilities. She held multiple leadership positions in the American Psychological Association, including President of Division 29 and Chair of the Board of Professional Affairs and of the APA Insurance Trust. Dr. Bricklin also was President of the American Association of State Psychology Boards, the National Council of Schools and Programs in Professional Psychology, the International Reading Association, the Society for Personality Assessment, Pennsylvania Psychological Association, and our own PSCP President from 1965 to 1967. Dr. Bricklin did not only join, she served and she led.

Third, Dr. Bricklin contributed to the professional foundation for current legal and ethical practices in psychology. She knew the laws and regulations of psychology, as she was involved in writing almost all of them. She was the first Vice Chair of the Pennsylvania State Board of Psychology; her license number was 000002. She served on the Pennsylvania Drug, Device and Cosmetic Board for the Department of Health. She received awards in recognition of her many contributions to the regulation and practice of psychology, for licensing and credentialing of psychology at the national level, for personal dedication to the welfare of the consumers of psychological services, and for legislative efforts for the advancement of psychology.

Fourth and finally, Dr. Bricklin truly made psychology a "household word," and was an outreach pioneer in the media. She served on the Advisory Board for a weekly public radio program called "Family Matters" on WHYY in Philadelphia from the mid-1960s to the early 1980s. She co-hosted both radio and television programs with her husband, Dr. Barry Bricklin. In addition, Dr. Bricklin was the Consultant in Psychology and co-host daily for CBS radio.

*Bricklin continued on page 4*



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## PSCP President's Report



by  
**Andrew J. D'Amico, Ph.D.**

This is my last article as President. I would like to begin by thanking our members, board members, and administrators for giving me the opportunity to serve the organization in

this capacity. It has been an immensely gratifying and enlightening experience, one that I will cherish for the rest of my professional career.

In reflecting on my last two years as President, I would like to share a memorable experience that occurred while I was still President Elect. One of the people I admire most within this organization, Past President Dea Silbertrust, Ph.D., J.D., invited me to attend the PPA Leadership Conference that was held in Harrisburg in 2009. During this conference, I was inspired by two presentations, one given by our own Steven Cohen, Ph.D., Past President of both PPA and PSCP, and the other given by Richard Dowell, Ph.D. from Williamsport, PA. Steve's talk centered on his personal leadership journey by reflecting on his development from a person who was initially honored to be asked to lead, to one who was anxious about how he would do, to one who felt confident and was able to effect change by working with others. Steve proposed that if you want to be a better clinician, get involved in a professional organization. The second talk by Dr. Richard Dowell was equally captivating; he borrowed from the Wizard of Oz to describe the natural flow of energy which ultimately connects us all. This bond, according to Dr. Dowell, is what allows for empathic reasoning and good teamwork. For me, these talks were a lesson in the art of leadership, something that is best accomplished when focusing on the interrelatedness between people. But because leadership is a developmental process, likened to a child's movement from ego-centricity to mindfulness of others, it tends to unfold gradually; the movement toward connectedness does not happen right away. Hence, like Steve, I was initially nervous about my prospects. As time has passed, the message of both talks began to take hold and I realized the importance of shifting my focus from myself to those around me. With this, my fear dissipated, I was more inspired to lead, and I began to notice the incredibly talented professionals within the organization, along with the endless possibilities for our Society.

PSCP is a fabulous agency, rich in highly dedicated, decent, and capable people. If you don't believe me, come to one of our annual events, where you will spend an enchanting evening listening to the fascinating stories about others' clinical work and the splendid things that they do in order to help others; or attend one of our professional workshops where you will be exposed to some of the finest presenters in the tri-state area, imparting their

knowledge on a variety of topics such as post-traumatic stress, child-related issues, family matters, ethics, and mindfulness; or spend forty-five minutes reading our newsletter, chock full of cutting-edge articles, updates on public policy, and explorations into the all-important field of ethics; or attend one of our student workshops, where you will witness the emergence of new professionals and future leaders, as well as a fresh look at our field; or sit in a Board Meeting and listen to some of the best minds in our field wrestle with complicated issues such as health care reform, mental health parity, and Medicare reimbursement; or join us on one of our community walks where you will see PSCP at its best, advancing mental health within our community; or, last but not least, visit our administrative office in Jenkintown and speak with our Executive Director Sandi Greenwald, the hardest worker and greatest asset to our agency. In each case, I guarantee that you will be uplifted by what you experience and will come away, like I have, with a profound sense of connectedness with others. You will also realize that being engaged in an organization such as PSCP runs alongside your own professional development. With this in mind, as

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***I'd like to invite you to take your own journey and become more involved in our Society, either by running for the Board, joining a committee, attending a network event, writing an article for the newsletter, mentoring a student, or being a part of one of our community projects.***

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I come to a close of my presidency, I'd like to invite you to take your own journey and become more involved in our Society, either by running for the Board, joining a committee, attending a network event, writing an article for the newsletter, mentoring a student, or being a part of one of our community projects. In doing so, reach out to others and create your own connections and be a part of this very fulfilling organization. I leave this office with enormous gratitude to all those who worked so hard over the last two years to make PSCP better. If you are wondering about the next term, don't think twice because I can assure you that the organization is being left in very capable hands. When I say that Nicole Lipkin, Psy.D., M.B.A. is one of the most energetic, creative, and hardworking people you will ever meet, I mean it! Having already made her mark on PSCP through several successful initiatives, we couldn't ask for a more qualified person to lead our Society. I know that Nicole will make a great President, and I, for one, can't wait to see what's coming next! ■



## Earthquake in Japan: Philadelphia Area Response Information

Dear Members,

Thank you very much for your concerns for the earthquake and tsunami disaster in Japan. People are trying their best to rescue and support the victims, as well as survive this National tragedy. Your kind donation in support of their efforts is the best way to help from outside the country. The following are ways to donate aid to Japanese earthquake, tsunami, and radiation victims. We would like to extend our sincere gratitude to those who have sent their prayers and words of concern to us. Your support is important and appreciated.

Prepared by Takako Suzuki, Ph.D.  
Assistant Professor, PCOM  
[takakosu@pcom.edu](mailto:takakosu@pcom.edu)

Below is a list of organizations accepting donations for the relief efforts in Japan. They are recommended by Japanese organizations in Philadelphia.

The relief efforts are currently focusing on securing basic resources and ensuring physical, environmental, and medical stability; they are not at the stage where they can start accepting volunteers. Below are some Japanese-English mental health providers in the Philadelphia area. If you work in schools and need some consultation, feel free to contact Takako Suzuki. If you need more information on Japanese speaking mental health professionals in several different states, go to Group With:

[http://www.groupwith.info/htdocs/index.php?action=pages\\_view\\_main&page\\_id=24](http://www.groupwith.info/htdocs/index.php?action=pages_view_main&page_id=24).

### Philadelphia - Japan Disaster Relief Fund

Online: <http://iasgp.org/content/view/835/361/> or

Mail to : Philadelphia Japan Disaster Relief Fund

ATTN: Laura Rose

c/o Beneficial Bank

4733 West Chester Pike

Newtown Square, PA 19073

Sponsored by Philadelphia-area Japanese-related organizations and sending the fund to Japanese Red Cross.

**The Nippon Foundation for the earthquake/Tsunami victim** This is a NPO in Japan which was suggested in Japan for foreign donation (no administration fee; fund directs 100% of your donation to disaster relief efforts).

[http://members.canpan.info/kikin/products/detail.php?product\\_id=1080](http://members.canpan.info/kikin/products/detail.php?product_id=1080)

### The Japanese Medical Society of America (JMSA) Relief Fund

Donation will be used specifically for medical relief efforts.

<http://www.jmsa.org>

### Japan Center for International Exchange (JCIE/USA): Earthquake relief and recovery

<http://www.icie.org/earthquake>

### Japanese Chamber of Commerce and Industry of New York, Inc.(JCCI)/Nippon Club

<http://www.jcciny.org/japanearthquake.aspx>

### Japanese Consulate General of NY:

<http://www.ny.us.emb-japan.go.jp/en/t/2011/110312.html>

### Red Cross:

International Federation of Red Cross and Red Crescent Society:

<http://www.ifrc.org/en/>

American Red Cross:

[http://american.redcross.org/site/PageServer?pagename=ntld\\_main](http://american.redcross.org/site/PageServer?pagename=ntld_main)

### Japanese-English speaking Mental Health Providers in Pennsylvania area:

#### Takako Suzuki, Ph.D.

Licensed Psychologist in Philadelphia, Bala Cynwyd, and Plymouth Meeting

4 East Germantown Pike, Suite 205

Plymouth Meeting, PA 19462,

(610)526-2928,

[tsuzuki936@hotmail.com](mailto:tsuzuki936@hotmail.com)

#### Mariko Nakanishi, M.D.

Division of Child Development

The Children's Hospital of Philadelphia

3550 Market Street, 3rd floor

Phila., PA 19104

215-590-7500

in Japanese: 267-426-2297

[nakanishi@email.chop.edu](mailto:nakanishi@email.chop.edu)

#### Human Services Center

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Jack Porter, Ed.D.

Charles Tucker, Ph.D.



Despite all these activities, Pat found time to be a dedicated wife and mother. She was married to the esteemed Dr. Barry Bricklin and they had four children: Brian, Scott, Carol and Alisa. Recently Samuel Knapp, Ed.D., ABPP, Director of Professional Affairs for the Pennsylvania Psychological Association, wrote: *despite her fame and influence, she never let these activities interfere with her cherished roles as a wife, mother, teacher, colleague, or friend... She never used an office for self-aggrandizement, focused on group processes and group relationships, and made sure that every participant had a chance to be heard.*

The Philadelphia Society of Clinical Psychologists was truly fortunate to have such an outstanding psychologist, Dr. Patricia Bricklin, to serve with us. She was a pioneer in the practice of psychology. She laid the foundation for others to follow in PSCP, in Pennsylvania, and in the national community. She was a guiding light for study and education, advocacy and leadership, ethics and legislation, and media outreach. She will be an inspiration for those who follow for decades to come. ■



**Psychological Advocacy 2011  
The Belmont Center, Philadelphia, PA  
Friday, June 3, 2011, 10:00 a.m. to Noon**

**Presenters:** Samuel Knapp, Ed.D., ABPP  
Thomas H. DeWall, CAE  
Rachael Baturin, MPH, J.D.

**Credits:** 2 CE

**Cost:** \$30 per person

Review of important legislative initiatives.

To register, please submit the following to the PPA office, 416 Forster St., Harrisburg, PA 17102, fax 717-232-7294. Or register online at [www.PaPsy.org](http://www.PaPsy.org).

Name and Address:

City, State, ZIP:

Telephone/E-mail address:

**Become a PSCP Fellow**

**by Christine Waanders, Ph.D.**

PSCP Membership Chair and Board Member

**Become a PSCP Fellow!**

PSCP distinguishes those with sustained or superior service to our organization with the Fellow designation. You may be eligible...

- Have you been a member for 5 continuous years?
- Have you held elective or appointed office within the organization for two years or more?

We would like to recognize your contributions by electing you to the next level of membership!

Please contact Christine Waanders at [waandersc@yahoo.com](mailto:waandersc@yahoo.com) to obtain the PSCP Fellow application. The Fellow designation is noted in both our print and on-line member directories. We also enjoy honoring new Fellows at our annual winter gathering. ■

**PSCP Extends a  
Very Special Welcome to  
New Members**

**by Christine Waanders, Ph.D.**  
Membership Chair

Greetings colleagues! As we head into Summer and Fall, I would like to share a few thoughts on PSCP membership. Sometimes friends and colleagues ask what I get out of this organization. My answer is that I value the sense of connection that I get with other psychologists in the Philadelphia region. During graduate school and at the start of my career, I felt very much in touch with the field; but when I left internship and headed into the work world, I missed having a network of colleagues with whom to consult, commiserate, and share professional ups and downs. I have found that with PSCP. If you would like more of these experiences, I encourage you to get more involved! Come to one of our networking events, join a committee or attend a board meeting. Becoming or staying tied in to the PSCP network of psychologists will strengthen your practice! If you know of a colleague who might be interested in joining, please pass their contact information along; we would be happy to reach out to them by phone or mail!

We would like to recognize and welcome those who joined PSCP from September 2010 through April 2011. We hope new and longstanding members alike will enjoy getting to know each other at our social events, at the practice building series, by attending one of our board meetings, or through an upcoming continuing education program.

**General Members**

Karen Clark-Schock, Psy.D.	Malvern, PA
Mary Riggs Cohen, Ph.D.	Newtown, PA
Bruce N. Eimer, Ph.D.	Huntingdon Valley, PA
Eric Frajerman, Psy.D.	Richboro, PA
Rayanne Gillies, Ph.D.	Pennington, N.J.
Linda Lelii, Ph.D.	Elkins Park, PA
Reena R. Kolar, Ph.D.	Collegeville, PA
Paige Novick-Kline, Psy.D.	Holland, PA
Stephen A. Weiner, Psy.D.	Yardley, PA
Barbara Matthews Wolf, Ph.D.	Philadelphia, PA
Leslie Parkes-Shralow, Ph.D.	Philadelphia, PA

**Associate Members**

Linda L. Leibowitz, MA	Havertown, PA
Rosemarie Manfredi, Psy.D.	Philadelphia, PA
Helen J. Rosen, Ph.D., MSW	Wynnewood, PA

**Student Members**

Tamara April- Davis, M.S.	Chestnut Hill College
Brian D. Barber, MS	Chestnut Hill College
Davic Butman	Chestnut Hill College
Brad Beckwith, M.S.	Chestnut Hill College
Rachel Benyola	Chestnut Hill College



Rebecca Bernard, M.A.	Chestnut Hill College
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Amanda Chase	Chestnut Hill College
Aliece Chen, M.S.	Chestnut Hill College
Amanda Conforto	Immaculata University
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Shadana Davis	Chestnut Hill College
John DeHart	Chestnut Hill College
Meghan Ennis	Chestnut Hill College
Adrienne Gallo	Chestnut Hill College
Luciana Gomez	Chestnut Hill College
Karen Gould, M. Ed.	Chestnut Hill College
Kristine L. Gross, M.S.	Chestnut Hill College
Chris Grundy, M.S.	Chestnut Hill College
Stacey Gutman, MS	Chestnut Hill College
George James Jr., M.S.	Immaculata University
Elzbieta Jarzabek, M.S.	Chestnut Hill College
Faheem Johnson	La Salle University
Rutvi Kapadia, M.A.	Chestnut Hill College
Jon Krigel	Widener University
Michelle Lantieri	Chestnut Hill College
Yinchi Li	Chestnut Hill College
David Lockley, MS	Chestnut Hill College
Sneha McClincey, M.A.	Chestnut Hill College
Stephen J. Milburn	Union Institute & University
Grant Mundell	Union Institute & University
Catalina Ottinger	PCOM
Allison Otto, M.S.	Chestnut Hill College
Tim Peterson, M. Ed.	Widener University
Skye S. Randall	Chestnut Hill College
Angelo Rannazzisi	PCOM
Jana Rostocki	Chestnut Hill College
Laura Serbonich, M.S.	Chestnut Hill College
Jessica Stripp	Chestnut Hill College
Timothy Vail, M.A.	Chestnut Hill College
Jehanne Watts	Chestnut Hill College
Allison Williams	Chestnut Hill College

What a wonderful opportunity for students to network with professionals who will soon become mentors, supervisors, and colleagues! Contact the PSCP Office with any questions at 215-885-2562.

## PSCP Student Liaison

**Susan Thornton, MA**  
4th Year Psy.D./MBA  
Student Liaison



As I reflect on my three-plus year term as Student Liaison, I am amazed at the progress PSCP has achieved on behalf of its student members.

Recruitment efforts have increased PSCP's student membership from approximately 30 members in 2008 to 127 at present. These recruitment efforts included a free first year of student membership, speaking engagements at local graduate programs, and appointment of representatives in local graduate programs. Additionally, PSCP now boasts an active Graduate Student Committee comprised of representatives from local programs and the two current Student Liaisons, myself and Emily Buniva Edelson. I would like to acknowledge this year's committee members, which include Christy Barbone from the school psychology program at PCOM, Kevin Giangrasso from the clinical psychology program at PCOM, Jill Hersh from the clinical psychology program at Immaculata University, Jon Krigel from the clinical psychology program at Widener University, and Natalie Nageeb from the clinical psychology program at Chestnut Hill College. Along with Emily and me, these committee members have contributed to the development and successful implementation of two student workshops this year. In the fall, PSCP and PCOM collaborated to offer a workshop entitled "Successfully Navigating the APPIC Internship Process," which was attended by 17 students, all of whom benefited from the wisdom of PCOM's Dr. Bruce Zahn. More recently, a panel of four psychologists advised students on how to survive (and thrive) in graduate school. Thanks to the expert advice of panelists Dr. Michael Cassano, Dr. Michael Dyson, Dr. Cheryl Rothery, and Dr. Christine Waanders, (moderated by PSCP

*Student continued on page 6*

### **Remember to...**

**Renew your PSCP membership before June 1st**  
so that you can take advantage of member benefits that include:

- \*discounted Continuing Education workshops,
- \*Free peer supervision groups,
- \*consultation and guidance regarding ethical concerns,
- \*up-to-date information on important local, state and national political/legal issues relevant to psychologists and much more...

**Renew online at [www.philadelphiapsychology.org](http://www.philadelphiapsychology.org)**

or

call the PSCP office at 215.885.2562.

## Executive Director's Report



**Sandi Greenwald**  
PSCP Executive Director

"A kite, a sky, and a good firm breeze, And acres of ground away from trees, And one hundred yards of clean, strong string. O boy, O boy! I call that Spring!" Anonymous

While it takes very little to fly a kite, it takes many hard working and dedicated individuals to create the agenda for continuing education, student events, social networking, and practice building events. It also takes time and creative energy to successfully launch these events. PSCP has been soaring into spring with many wonderfully successful Continuing Education Programs, under the leadership of **Ron Fischman and Ann Whitehouse**. They are working hard to complete the 2011-12 CE line-up, and we are very appreciative of their efforts.

My heartfelt thanks go out to **Nina Cummings, Nicole Lipkin, Andy D'Amico, and Takako Suzuki**, who erased the winter doldrums with the fabulous 2011 PSCP Annual Event in January. What a wonderful evening!

Congratulations to **Susan Thornton, Emily Edelson** and all the PSCP Student Member Representatives for the thorough job they did creating, planning, and executing the marvelous Student Discussion on March 18, 2011. Our thanks to the panel of volunteers who led the discussion, and to **Andy D'Amico, Ph.D.** for moderating.: **Michael Cassano, Ph.D.** from Widener University; Pliner Psychological Associates) **Michael Dyson, Psy.D.** (Immaculata University) **Cheryll Rothery, Psy.D.** (Chestnut Hill College) **Christine Waanders, Ph.D.** (Children's Hospital of Philadelphia; The Center in King of Prussia)

In February the PSCP Office welcomed Briana Brady, a graduate student at LaSalle University, as our new Executive Assistant. We are grateful for her warm smile, dedication to tasks, and her appreciation of all things PSCP.

A special thanks to Andy D'Amico, PSCP President for his time and efforts. PSCP has enjoyed the buoyancy of his enthusiasm like a good strong kite; his constant encouragement, planning and forward thinking, like a good firm breeze lifting us higher; and the connectivity to each individual, organization, and the community like one hundred yards of clean, strong string. I call that ...Leadership!

Sincerely,  
Sandi  
Executive Director, PSCP  
[sandi.greenwald@philadelphiapsychology.org](mailto:sandi.greenwald@philadelphiapsychology.org)

## PSCP Student Liaison

President Andy D'Amico), students learned how to successfully navigate the hurdles associated with completing their graduate training and procuring careers in clinical psychology. This event was coordinated by the Graduate Student Committee (with assistance from Sandi and Briana) and had a great turnout of 36 students.



Panel members Cheryl Rothery, Michael Cassano, Michael Dyson, and Christine Waanders, joined Susan Thornton and a group of graduate students at the Student Discussion.

They came...  
They listened...  
They asked...



They will survive and definitely thrive!

I am honored to have served on the board of an organization that has been so supportive to graduate students in clinical psychology. I have learned a great deal from my experience as Student Liaison and am extremely grateful for the mentorship I have received through this organization. I am also excited about creating similar leadership opportunities for other graduate students in clinical psychology. I have no doubt that PSCP student members will continue to benefit from the ideas of new student leaders, including those of Emily Buniva Edelson, PSCP's next Student Liaison. The following is an introduction from Emily:

"Hello PSCP members. I am so excited to take over Susan Thornton's position as the new Student Liaison. For those of you who do not know me, I am a second year student at Widener University in the Psy.D. and Human Sexuality dual degree program. I am also working towards my certification as a school psychologist. Susan has had a tremendous impact on the graduate students' experience in PSCP and leaves me with huge shoes to fill. I feel honored by the opportunity and hope that I will be able to continue and expand upon Susan's vision. As part of this objective I hope to expand the sense of community among the graduate student members of PSCP through social and networking events. I think we have a great year ahead of us." ■

# Women and Work: How Psychologists Can Help Today's Women Leaders

by Susan Thornton, 4th Year Psy.D./MBA student

Have you ever discussed work-related issues with a female client? Are you interested in helping women advance within the field of clinical psychology? This article deals with women's work experiences and how psychologists can contribute to women's workplace satisfaction and career advancement.

Women's work experiences have evolved dramatically in the past century – even just in the past few decades. Although their experiences are more similar to those of men than ever before, many important differences remain. On average, women continue to receive lower pay (for example, women earned 73 cents for every dollar earned by men in the U.S. in 2005; Eagly & Carli, 2007). Additionally, women have fewer opportunities for career advancement. For example, in 2010 women constituted 46.7% of the U.S. labor force but only 2.6% of chief executive officer (CEO) positions in Fortune 500 companies (Catalyst, 2010). The gender wage gap and gender leadership gap described above constitute some of the more obvious manifestations of women's experiences in the workplace. These and other problems have deleterious effects on women, organizations, and society at large.

A myriad of theories have been proposed over the years to explain women's work experiences. Perhaps the most popularized theory has been the "glass ceiling" metaphor (Morrison et al., 1987), which posits that women are prevented from ascending to higher levels in companies by the implicit but nonetheless impenetrable barrier of gender discrimination. There is considerable debate over whether the glass ceiling still exists for women in the workplace. Authors Eagly and Carli (2007) contend that the glass ceiling metaphor is no longer adequate to characterize the complexity of women's career trajectories and instead offer the metaphor of a "labyrinth." Eagly and Carli argue that this labyrinth metaphor more accurately captures the uniqueness of each woman's career advancement, including both explicit and implicit barriers to promotion that manifest in twists, turns, and dead ends. Because the labyrinth is an entity that is amenable to modification, rather than a fixed barrier, it can also offer hope to women, organizations, and society at large. Another compelling metaphor involves on-ramps and off-ramps to symbolize women's tendencies to enter and exit their careers at various points during their lives (Hewlett & Luce, 2005). Hewlett and Luce (2005) found that 37% of women voluntarily leave corporate jobs at some point in their careers for reasons such as child and elder care. The off-ramp phenomenon exacerbates issues of equal pay (women earn 11% less when they take less than one year off and 37% less when they take three or more years off) and equal opportunity for career advancement (Hewlett & Luce, 2005). A lack of job flexibility (e.g., part-time or virtual working options) further complicates women's ability to reintegrate successfully into the workforce.

Literature on women and work identifies some factors that contribute to gender differentials in work experience. These include gender differences related to education; work and family; stereotypes, prejudice, and discrimination; leadership differences, political skill; and a stacked development deck (wherein women receive fewer opportunities for professional development). Most of these factors favor men (with the exception of education which is advantageous to women and leadership differences which is neutral). Furthermore, the interaction of these factors complicates the ability of women to achieve success and satisfaction in their careers. Each of these factors will be explored in further detail below.

Women received the majority of Bachelor's, Master's, and Doctoral degrees in 2007-2008 (Valerio, 2009). More specifically, women received 57.3% of all Bachelor's degrees, 60.6% of all Master's degrees, and 51% of all Doctoral degrees awarded those years (Valerio, 2009). However, this advantage is a recent phenomenon that most impacts younger generations of women.

Research on leadership differences by gender shows that men's and women's leadership styles are more similar than different (Eagly & Carli, 2007). Men and women do not differ significantly on personality aspects that relate to leadership potential, and gender differences in leadership styles have been small (Eagly & Carli, 2007). More recent studies have found that women tend to exhibit transformational leadership more often than men and may be perceived as superior to men on several dimensions of leadership (Eagly & Carli, 2007; Ibarra & Obodaru, 2009). There is a need, however, to expand upon these findings.

Regarding work and family issues, women continue to perform the overwhelming majority of domestic tasks (spending 19 hours on them per week, as compared to men's 11 hours per week; Eagly & Carli, 2007). Additionally, the types of domestic tasks women tend to perform are daily tasks with less flexibility. This prevents women from benefiting from downtime in the same way that men do. Additionally, competing work and family goals greatly affect women's satisfaction both at work and at home, creating the sense that they are not fully committing to either.

With respect to stereotypes, prejudice, and discrimination, instances of outright gender discrimination and/or sexual harassment are no longer as prevalent as they once were. However, stereotypes along with subtle forms of prejudice and discrimination continue to undermine women's ability to succeed and advance in the workplace. Literature suggests that women leaders face pressure to act within narrow bands of acceptable behaviors (Kolb, Williams, & Frohlinger; Morrison, White, & Van Velsor, 1987). Others may react negatively when they perceive that women leaders violate social scripts by acting either "too masculine" or "too feminine" (Chrisler & Clapp, 2008).

*Women continued on page 17*





## PSCP 2011 Annual Dinner Event

**By Harris W. W. Stern**

PSCP Public Relations Chair

The collegial warmth at the PSCP annual dinner was in dramatic contrast to the frigid Saturday night winter outside of Azie-On-Main in Villanova where the event was held. Besides the fun of spending relaxing time with colleagues from work and colleagues whom we may rarely get a chance to see, there was terrific food (such as Asian hors d'oeuvres, sushi, hot Japanese dishes, wine, and desserts including chocolate) and a fabulous silent auction (including weekends for two at the beach, sail boating, makeovers, hair pampering, meals at upscale restaurants, and massages). The auction – a new format this year – raised money for PSCP and generated a lot of excitement among the sometimes highly competitive bidders (although no fist fights were observed).

There were brief speeches, with PSCP President Andy D'Amico lauding the accomplishments achieved in the past year by numerous actively involved members and highlighting some of what he hopes the organization will achieve in the coming year. Special awards acknowledging extraordinary service to PSCP were given to Naomi Reiskind for her many years of precise and accurate work as treasurer, Ron Fischman and Ann Whitehouse for their dedication to building a strong Continuing Education Program, Susan Thornton who as Student Liaison has built an incredibly vibrant student membership, Norman Pitt for his and Villanova University's support for the Continuing Education Program, Andy Offenbecher for his years heading HSC, and to President Andy D'Amico for his outstanding leadership.

The event was a wonderful success due to the diligence and hard work of Programming Chair Nina Cummings and Executive Director Sandi Greenwald, whose creativity, intelligence, attention to detail and dedication stand behind the successes of the organization. Many other Board members also worked hard to ensure that we had a lovely evening, including Nicole Lipkin, Andy D'Amico, Dea Silbertrust, and Takako Suzuki. I was honored to be the photographer and historian for the evening.

Many of us are already looking forward to next year's annual event. We encourage all of our members to get involved in the planning and preparations. We certainly always welcome contributions of enticing items for the Silent Auction, such as donations of vacations, services, activities, and items that you can obtain from businesses and colleagues who would like to support a wonderful, service-providing organization. We hope to see you at next year's event! ■



Addie Smith, Lee Casaccio, Norm Pitt, Wayne and Ann Whitehouse, Sandi Greenwald, Eileen Casaccio, and Tom Moretti took time to smile for the camera.



Great wine, wonderful appetizers, and food, and the opportunity to network with colleagues and re-connect with friends.



Congratulations to one of many very happy winners.



Everyone was intent on choosing their favorite from the fabulous buffet.







Program Chair Nina Cummings and Allan Tannenbaum welcomed guests, sold raffle tickets and helped make the evening a success.



Addie Smith, Eileen Casaccio, Ann Whitehouse, Susan Thornton had fun while networking.



Wayne Whitehouse, Susan Stuber, Nicole Lipkin and others make choices at the silent auction.



Andy and Paula chat with Lou and Allison in the beautiful and spacious setting.



Mary Cohen, Christine Waanders, and Ivan Haskell chat and toast a lovely eve-



Brenda Bary and Jim McGlinchey enjoyed the evening catching up with friends.



Naomi Reiskind, Al Gerstein and Della Grossman enjoyed a relaxing meal.



Della Grossman and Nina Cummings reconnect.



Elliot Miller, Jenine Cohen, Mary Cohen, Steve and Latrishia Simminger, Odalis Chacon, and Michael Dyson are ready to visit the delicious buffet.



Jerry Leider, Gail Karafin, Lillian Goertzel, Don Gurian, and Fred Karafin had a table with a great location.



Allison Brannigan, Lou Moskowitz, Seth Blau, Andy Offenbecher, Takako Suzuki, Judy Blau, Paula D'Amico, and Jane Richenbach enjoyed catching up over fabulous food.





Judy Eidelson, Julie Levitt, and Carol Gantman enjoy a moment together.



Ron Fischman and Andy Offenbecher share a good laugh.



Julie Levitt and Takako Suzuki have fun with sushi!



Naomi Reiskind is honored for her many years as PSCP Treasurer by Dea Silbertrust, Past President.



...And a great time was had by all...  
Join us in January 2012 for the  
PSCP Annual Dinner.



President Andy D'Amico, and President-Elect Nicole Lipkin, were proud to honor Ron Fischman and Ann Whitehouse for their successful work on CE Workshops; Norm Pitt for his valuable help at Villanova; Andy Offenbecher for his years heading HSC; and Susan Thornton for her strong leadership of Student Members.

Enjoy a wonderful evening of fabulous food, interesting conversation, and reconnecting with colleagues.. ■

*Helicopter Parenting continued from page 22*

(4) **Help corporations and Generation Yers enlist parents productively:** Managers and HR can set plans and policies in place about how a company is going to handle overly involved parents; psychologists can assist in the development of such policies. Corporations may need to develop information for parents in the hiring packet delineating expectations regarding parental contact in the workplace and outlining the importance of their assistance with increasing their adult child's independence and success in their careers. As far as the young adults and parents, psychologists can support the desire to maintain strong family relationships and seek each other out for support (or even commiseration), without supporting a young adult deferring responsibilities to parents.

(5) **Friend and Family Days at Work:** Psychologists can support a corporate environment in which there are appropriate and fun opportunities to include family and/or friends, thereby acknowledging the importance of these relationships and providing all employees with the opportunity to integrate the people that matter the most to them with their work family.

(6) **Spend time getting to know one another:** All of us feel more valued at work, feel more "seen," and feel more able to hear constructive criticism from those with whom we have developed some interpersonal closeness. Psychologists can support supervisors, colleagues, and young adults in developing such relationships, promoting employee satisfaction and good business management.

(7) **Leadership:** Psychologists can support managers and supervisors in talking to Gen Yers about the qualities of leadership that are important to the organization (e.g., independent thinking, personal power with regard to problem-solving and decision-making, maturity and emotional intelligence with regard to inter and intra-personal functioning), and support Gen Yers in setting up related goals and working toward such qualities.

(8) **Set Appropriate Boundaries:** In addition to managing and modeling appropriate therapeutic boundaries (and appropriate contact with parents), psychologists can coach/support managers in clear communication, in a supportive and emotionally-intelligent manner, with their young adult employees. Such clear communication about expectations and concerns will set the stage for a mature work relationship, while also modeling appropriate and successful work relationships for a Gen Y employee. Psychologists can also work with Gen Yers to distinguish between peer, parental (i.e., dependent), and work relationships.

Dr. Nicole Lipkin is an organizational consultant & leadership strategist at Equilibria Leadership Consulting, an international organizational solutions company based in the US and the UK. She is also the owner of Equilibria Psychological and Consultation Services, a group practice based in Philadelphia. Nicole is the co-author of the popular business and management book, *"Y in the Workplace: Managing the 'Me First' Generation."* She is PSCP's President Elect.



## Ethics Corner

### To Record or Not to Record: What to Include in Client Records



by Dea Silbertrust, Ph.D., J.D.  
Ethics Committee Co-Chair

Long after graduate school, many of us continue to struggle with what details should go into a client's record and what should be left out. Part of the difficulty stems from the conflicting pulls on psychologists. We want to provide quality services; good record keeping helps us to do that. But we also know that records may be read by others and we want to protect our clients' confidentiality. Then again, we want to protect ourselves with enough detail should an ethical or legal complaint be brought against us. Another difficulty is that there is no one document that covers all issues related to record keeping. There are federal laws, such as HIPAA, and state regulations, including those of the State Licensing Board of Psychology; there are APA's Ethics Code and Record Keeping Guidelines; and there are insurance guidelines, including those for Medicare. Finally, the level of detail you include also depends on the type of services you provide, the setting in which those services are provided, the particular client involved, and your practice style.

#### Why Keep Client Records?

Psychologists are required to keep client records for clinical, ethical, and legal reasons. Reviewing these reasons can help clarify what should, and should not, be included your records.

**Improving client services:** The fundamental purpose of client records is to help you provide quality care and assessment. This means that the information should be useful in your ongoing work with the client, and assist you if the client returns for further evaluation or treatment.

**Continuity of care:** Your record should be able to assist a clinician who may work with your client in the future.

**Institutional needs:** If you work in an institutional setting, such as a hospital or school, you must follow their rules for documentation, in addition to the ethical and legal requirement discussed here. In these setting, there are likely to be other people involved in your client's care, so the record is one way of communicating with other providers.

**Third party payers:** Insurance companies may require documentation and your records may be subject to audits. Medicare, for example, has particular requirements for documenting medical necessity for assessment and treatment.

**Ethical and legal mandates:** To meet the psychologist's standard of care, you must keep adequate records. This is required both by our ethical code (APA, 2002, §6.01) and the regulations of the Pennsylvania State Board of Psychology (49 Pa. Code §41.57).

**Risk management:** Good record keeping will be invaluable if you have a complaint or lawsuit brought against you. It is also necessary if your records are requested by subpoena or court order. In the legal arena, if something is not documented, it may be deemed not to have happened.

#### What You Must Include in Client Records

The minimum requirements for keeping adequate client records are described in the regulations of the State Board of Psychology which is found in 49 Pa. Code §41.57(b) and summarized below:

- (1) client's name and address; if client is a minor, the names and address(es) of parents; and if the parents are divorced, details of the custody arrangement
- (2) presenting problem or diagnosis
- (3) fee arrangement
- (4) date and substance of each service contact
- (5) test results, including basic test data
- (6) notes on formal consults with other providers
- (7) test or other evaluative reports
- (8) authorizations for release of information

Pennsylvania psychologists have been sanctioned for keeping inadequate records. You will not be among them if you maintain this information in each client's paper or electronic file.

#### Psychotherapy vs. Progress Notes

Basic session notes, often called progress notes, are different from more extensive notes which HIPAA specifically defines as "psychotherapy notes." You must keep progress notes as part of the client's record. You do not need to keep psychotherapy notes, but if you do, they should be kept in a separate file. Psychotherapy notes are not the same as, nor do they replace, progress notes.

*Ethics continued on page 12*





The licensing board regulations discussed above require all Pennsylvania psychologists to keep notes on the “substance of each service contact.” HIPAA does not use the term progress note, but does specify that certain information will be considered part of the clinical record (their term for the client record). This includes anything related to “medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.”

All notes that fall into this category are part of the clinical record. This means they are part of the file that may be released to third parties with legitimate access to the records.

**What is in psychotherapy notes?** HIPAA affords greater privacy protection to “psychotherapy notes” which are defined as those “documenting or analyzing the contents of conversation during a private counseling session” whether individual, couple, family, or group. These are similar to what are sometimes called process notes. They are considered the clinician’s private notes. You may include details that are more extensive than those needed in the clinical record, tentative findings or speculations, information about third parties (e.g. a client’s family members), thoughts about transference, or other sensitive information that you would not want to share with other providers or insurance carriers.

Any significant clinical information or decision-making should be included in the clinical record. More detail, however, may be included in psychotherapy notes. For example, the fact that a client is experiencing vivid dreams should be included in the progress notes while the content of those dreams might go in the psychotherapy notes.

There are limited circumstances when others may have access to your psychotherapy notes. But, in general, release of a client’s records will not include them. It is, therefore, recommended that psychotherapy notes be kept separate from the rest of the client record.

**Client vs. modality:** Another area of confusion is what to do when providing couples, family, or group sessions. The answer depends on who is considered the client. For example, family sessions may be included in your treatment of an adolescent. In that case, the teenager is the client and the file will be his/hers. Each session note should include the modality, which may be an individual session one time and a family session another. On the other hand, you may meet with the family most of the time and consider the family your client. Then the file would be kept for the family.

In the case of group therapy, a file probably should be kept on each member of the group. A separate psychotherapy note for the group as a whole can be kept separate from any single member’s file.

**Risk management issues:** There are several situations that warrant more detailed session notes. This includes high risk client situations such as suicide attempts, homicidal threats, possible child abuse, or in-session intoxication. It can also involve potential ethical dilemmas such as when to consider terminating treatment, referring a client to another provider, or handling a dual relationship.

In short, a more detailed progress note is likely to be warranted any time you are unsure how to proceed and/or you know that you need to consult with a colleague. This might include details of the situation, how you responded, reasons for your response, and notes of any (formal or informal) consults.

### File Organization

If your files are a mess, no one, including you, can find what they need. This is particularly important with clients in long-term treatment, forensic cases, and cases involving multiple service providers. Since there are no rules dictating how files should be organized (except for the HIPAA provisions relating to “psychotherapy notes”), use common sense. It can be helpful to divide large files into sections such as fees and billing, background information, progress notes, and materials generated by the client (e.g. cards, email updates). The important thing is that people with legitimate access to the records can easily find what they need and follow the course of assessment or treatment.

### Essential Do’s and Don’ts

- . Keep a file on every client that is accurate, legible, and organized.
- . Keep at least the minimal information required by law.
- . Understand the difference between “psychotherapy notes” as defined by HIPAA and progress notes.
- . Keep more detailed progress notes when it involves a client’s high risk behavior or an ethical dilemma.
- . Do not alter or destroy a record after receiving a subpoena or court order. You may make an addition to the record if you date it when written.
- . Read the next *Ethics Corner* to learn about releasing, storing, and destroying paper and electronic records.

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## PSCP/HSC Refugee Trauma Initiative

Political asylum-seekers and other immigrants seeking refuge in the United States make up one of the most underserved populations in Philadelphia. Despite language and cultural barriers, many traumatized refugees would welcome the opportunity to receive psychotherapy, but they cannot afford to pay even a minimal fee.

In order to make psychological services more available to this population, PSCP's Human Services Center and Public Policy Committees are undertaking a new initiative. This program will build on our longstanding tradition of providing low-fee treatment to underserved populations. Since many of us have limited experience working with individuals from different cultures, PSCP/HSC will provide additional support to clinicians who seek to increase their cultural competence and/or their competence in working with survivors of human rights abuses. We propose to do this by offering a range of opportunities including mentoring, peer supervision, and workshops.

Our first step will be to establish a list of volunteer therapists, along with languages spoken, geographical location, accessibility to public transportation, and areas of competence.

If you are interested in becoming a part of this project please respond by email to Judy Eidelson at [judyeidelson@gmail.com](mailto:judyeidelson@gmail.com) or Carol Gantman at [cgantmanphd@gmail.com](mailto:cgantmanphd@gmail.com).

As always, you will have the opportunity to decide whether or not to accept each specific referral, and you will receive credit for each hour of service in the same way you do when seeing other HSC clients.

**Please include the following information in your email:**

Your Name: \_\_\_\_\_

Office address(es): \_\_\_\_\_  
\_\_\_\_\_

Accessibility to public transportation: \_\_\_\_\_

Languages in which you are fluent: \_\_\_\_\_

Prior experience with survivors of forced migration, violence, rape, or torture: \_\_\_\_\_  
\_\_\_\_\_

Thank you for considering joining this initiative,

Judy Eidelson  
Carol Gantman  
Julie Levitt



## Peer Consultation Groups

by Takako Suzuki, Ph.D.

### Peer Consultation Groups are meeting now!

We are happy that PSCP peer consultation groups are meeting and going strong. Participating members are finding many benefits to being involved, such as finding that their clinical work and their work lives are improved by both the support and the skill enhancement gained through their involvement. Participants are also reporting that these groups challenge them intellectually and bolster their reflection on their work, challenge their assumptions, and help them gain perspective on best practices from professional peers. Given the challenges of today's professional and economic climate, peer consultation provides a venue for stress reduction, as well as a place to share business practices which can help us find ways to improve the financial success of our practices. PSCP is an ideal organization through which to find professional peers with whom to consult. Participation in peer consultation groups is one of the many benefits of membership in PSCP. There is no charge to participate in any of these groups. **Groups are open to all members who are licensed mental health practitioners. Student members may be permitted to attend some groups (but are not permitted to present cases, due to the liability issues and conflicts that can arise when students receive supervision in multiple settings). Students, please contact group organizers directly to find out whether or not they accept students, as each group has its own unique goals and ground rules, and the decision to open the group to student members is entirely up to each group.**

The following Peer Consultation groups are currently meeting and are open to new members:

#### Mindfulness Peer Consultation Group: NEW

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 and specifics about location contact Chris Molnar, Ph.D. at [metacenter@comcast.net](mailto:metacenter@comcast.net) or 267-287-8347.

#### Diversity Group:

This group meets regularly once a month on Friday from 10am-12pm at PCOM, 511 Roland Hall. The meeting schedule is set for 3/18, 4/22, 5/20, 6/24/2011. The group discusses culturally responsive/adaptive ways to treat individuals, couples, and families with different cultural backgrounds effectively. Diverse cultural groups include: race/ethnicity, gender, sexual orientation, older generation, religious/spiritual beliefs, disability, those with socioeconomic

challenges, and more. Issues can be relating to, but not limited to acculturation, cultural identity, interracial marriage and families, intergenerational issues, racism, etc. Participants are asked to bring a case to discuss. Student members are welcome. Group leader is Dr. Takako Suzuki. She can be contacted at [takakosu@pcom.edu](mailto:takakosu@pcom.edu) or at 215-871-6435. Interested participants are asked to contact Dr. Suzuki to inform her of plans to attend the group.

#### 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](mailto:cariel@alternativechoices.com) or 215-592-1333.

#### Addictions Peer Consultation Service:

Addictions group is not meeting at this time due to the low attendance. However, Mark Schenker who was organizing this group would like to be of assistance to the PSCP members who may have some consultation questions regarding addiction issues. Feel free to contact him at 215-743-6417 or [mschenker@caron.org](mailto:mschenker@caron.org).

*For those who would like to host a group or would like a group listed, please contact Dr. Takako Suzuki at [takakosu@pcom.edu](mailto:takakosu@pcom.edu) or at 215-871-6435. Dr. Suzuki will be happy to help facilitate the formation of new groups and to connect new prospective members who are seeking a group. We hope that you will take advantage of the wonderful peer support PSCP can provide through participating in a peer consultation group. ■*

#### HSC Client Referral

An HSC client will *never* call for an appointment without the office getting your approval first. Some clients do ask for a clinician who will see them on a "sliding scale". Those clients are referred as self-pay general referrals. Clients often use "low-fee" and "sliding scale" interchangeably, so if you're not sure, call the office. We keep records of all general and HSC referrals.

*Sandi Greenwald, PSCP Executive Director*



## Human Services Center Update

by Lillian Goertzel, Ed.D.  
President, HSC

Thank you to all of you who are willing to donate your time to assist with the aims of the Human Services Center. The following is an update regarding our dynamic projects which address the mental health needs of the community.

**CLIENT SERVICES:** Reduced cost psychotherapy to those with financial difficulties and mentoring of graduate psychology students. Thank you to all of our members who provide these services.

**SPEAKERS BUREAU/MEDIA CONTACT DIRECTORY:** The following PSCP members have agreed to speak about topics or to respond to media requests within 24 hours in their areas of expertise. Media may contact the psychologist directly or call the PSCP office at (215) 885-2562 and ask for Sandi Greenwald, PSCP Executive Director. Thank you to the following psychologists who have volunteered their time for this purpose:

Stephen Berk, Ph.D., Bruce Eimer, Ph.D., Marion Rudin Frank, Ed.D., Joseph Friedman, Ph.D., Carol Gantman, Ph.D., Sharon Katz, Ph.D., Daniel Lee, Psy.D., Nicole Lipkin Psy.D., MBA, Nicole Machinski, Ph.D., Gail Post, Ph.D., John J. Rooney, Ph.D., Diana Rosenstein, Ph.D., Karyn Scher, Ph.D., Vivian Center Seltzer, Ph.D., Adelina Smith, Psy.D., Keren Sofer, Psy.D., Harris W. Stern, Ph.D., Charles Zeiders, Psy.D.

**REFUGEE INITIATIVE:** Coordinated by Julie Levitt, Ph.D., Carol Gantman, Ph.D., and Judy Eidelson, Ph.D. to provide evaluations and/or psychotherapy to traumatized refugees. Additional training will be offered to PSCP members in the future for use with this population. Please see the member portion of the PSCP website for upcoming information and to volunteer.

### PSCP Values all HSC Volunteers

#### Thank You, HSC Client Therapists

*PSCP values all volunteers and appreciates the time and effort individual members give to provide services to those in need. The PSCP/HSC staff apologizes for names inadvertently left off of this list. If you saw an HSC client from November 30, 2010-March 31, 2011, and you are not listed here, or if you are interested in volunteering, please contact Sandi at 215-885-2562.*

#### Volunteer Therapists Actively Seeing HSC Program Referral Clients October 1, 2010 through March 30, 2011

Minna Baker, Ph.D.	William Liberi, Ph.D.
Jenna Baum, Psy. D.	Marcie Lowe, Ph. D.
Michael Broder, Ph.D.	Leslie Melman, Psy. D.
Amy Cades, Ph.D.	Greg Milbourne, Psy. D.
Eileen M. Casaccio, Psy. D.	Louis Moskowitz, Ph. D.
Elaine DeSilva, Ph. D.	William Neely, Ph. D.
Jacqueline Duci, Ph.D.	Pamela Nesbit, Ph. D.
Karen W. Edelstein, Psy.D.	Robert Pomerantz, Ph.D.
Jeremy Frank, Ph.D.	Robyn Reichert, Ph. D.
Michael Freidman, Ed.D.	Katheleen Reidy, Ph. D.
Carol Gantman, Ph.D.	Naomi Reiskind, Ph.D.
Adrienne Gioe, Ph.D.	Naomi Rosenberg, Ph. D.
Jane Greenberg, Ph. D.	Carolyn Saligman, Ph. D.
Paul Himmelberg, Ph.D.	Roger Sealy, Psy.D.
E. Shireen Kapadia, Ph. D.	Robert Staples, Psy. D.
Gail R. Karafin, Ed.D.	Harris Stern, Ph.D.
Beatrice Lazaroff, Ph.D.	Susan Stuber, Ph. D.
Daniel Lee, Psy. D.	Ellen Taupin, Ph.D.
Julie Levitt, Ph.D.	Anna Tobia, Ph. D.
Marjory Levitt Ph.D.	Julia Weinberg, Ph.D., J.D.

Our next Human Services meeting will be held on Sunday May 1<sup>st</sup> at 10AM in the PSCP office. PSCP members are welcome to attend HSC meeting and to participate in any of our projects. For more information regarding any of our projects please visit the website [www.philadelphiapsychology.com](http://www.philadelphiapsychology.com) or call the office at (215) 885-2562. ■

#### Thanks for these Volunteer Therapists who have notified the office of their willingness to participate October 1, 2010 through March 30, 2011

Cindy Ariel, Ph.D.	Michael Montanaro, Ph. D.
Michelle Atkins, Ph. D.	Ruth Morelli, Ph.D.
Robin Arnold, Psy.D.	Andrew Offenbecher, Ph. D.
Philip Braun, Ph. D.	Maureen Osborne, Ph.D.
Carole Bogdanoff, Ph. D.	Joanne Perilstein, Ph. D.
Steven Cohen, Ph.D.	Pilar Poal, Ph. D.
Stuart Cohen, Ph. D.	Linda Polin, Psy.D.
Andrew D'Amico, Ph.D.	Diana Rosenstein, Ph. D.
Jay Efran, Ph. D.	Cheryll Rothery, Psy. D.
Mary Ertel, Ph. D.	Karyn Scher, Ph. D.
Holly Evans-Schaeffer, Ph. D.	Vivian Seltzer, Ph. D.
Kathryn Farmer, Ph. D.	Kenneth Sheinen, Ph. D.
Marion Rudin Frank, Ed.D.	Dea Silbertrust, Ph.D., J.D.
Vincent Gioe, Ph.D., M.F.T.	Steven Simminger, Ph.D.
Lillian Goertzel, Ed.D.	Nancy Small, Ph.D.
Janice Goldman, Psy. D.	Maria Soda, Psy. D.
Jessica Goodman, Ph. D.	Andrea Solomon, Ph.D.
Mark Greenberg, Ph.D.	Ann Spector, Ph. D.
Judith Jackson, Ph. D.	Charlotte Swenson, Ph. D.
David Kannerstein, Ph.D.	Bette Tiger, Psy. D.
Susan Kaye-Huntington, Psy.D.	Ari Tuckman, Psy.D.
Linda Knauss, Ph. D.	Heather Tuckman, Psy.D.
Lawrence Ladden, Ph. D.	Jeffrey Walters, Psy.D.
Richard Lowe, Ph.D.	Christine Ware, Ph.D.
Marilyn Luber, Ph.D.	David Wasser, Ph. D.
Nicole Machinski, Psy. D.	Gail Zivin, Ph.D.
Susan Mathes, Ph. D.	Martin Zlotowski, Ph. D.
Arlyn Miller, Ed.D.	



## Where do we stand with legislation in Pennsylvania and with Medicare and health care policies in Congress?



by Julie Meranze Levitt, Ph.D.  
Chair, Public Policy Committee

This column will focus on efforts in the Pennsylvania Psychological Association (PPA), our state guild organization, and in the American Psychological Association (APA) to address the concerns that we have in independent practice, affecting our ability to best meet the needs of our clients.

I'll start with PPA. Its agenda is concerned with statewide needs and works with our state house and senate in addition to supporting the national agenda of APA to secure adequate reimbursement under Medicare. As has been mentioned in other articles, the focus on Medicare is important because Medicare rates inform the rates of other insurance carriers. According to Sam Knapp, Ed.D., Public Affairs Officer of PPA, Pennsylvania legislators have supported legislation to assure patient access under Medicare. This perhaps is associated with the fact that Pennsylvania has among the highest number of recipients enrolled in Medicare—we have the second highest elder population in the country, only topped by Florida. Almost 16% of residents here are on Medicare.

PPA will continue to support APA in encouraging Congressional legislation that will include psychologists as part of the definition of “physicians” within Medicare. Please note that most other non-physician specialists are included under this definition, including optometrists, chiropractors and dentists. While not increasing psychologist reimbursement, such a definition would strike the requirement in some states that psychologists may only work under physician supervision in some mental health centers or hospitals, increase the efficiency of mental health care, and provide autonomy for our services. Presently in Pennsylvania, physicians provide supervision of psychologists in community mental health centers and partial-hospitalization programs.

Regarding state issues, most current legislators are against increased regulation of the insurance companies, even when proposed initiatives may benefit consumers. Therefore, PPA does not see much change in areas that it has traditionally supported, such as those concerned with expanding provider panels or placing restrictions on the ability of carriers to demand retrospective payment.

PPA's long term legislative policy includes taking on one or two legislative issues per legislative session. This year there are two initiatives: head trauma in high school sports and a bill that would allow psychologists to testify on determinations of insanity (as presently the initial insanity testifying is limited to psychiatrists). Recognizing psychologists in this capacity is consistent with the scope of psychologists' practice and the work of forensic psychologists.

With regard to the APA Practice Organization (APAPO), which handles legislative issues, the focus this year has been on Medicare reimbursement for psychologists, a knotty issue related to a complicated formula. For 2011, a decision by the Centers for Medicare and Medicaid Services (CMS) to revise something known as the Medicare Economic Index (MEI) has negatively affected Medicare reimbursement for cognitive specialties such as psychology. The reason is that the MEI changes favor specialties whose practices are associated with high overhead (related to expensive equipment), supplies and technology. Accordingly, more weight for overhead expenses was a drawback for psychologists, social workers and psychiatrists who provide relatively low cost services that do not involve high-end technology. Going forward, a question is whether the formula can be reconfigured and how this can best be done considering that Medicare is required by law to make its payments from a fixed pot of money. APAPO obtained signatures from 22 members of the House of Representatives on an August 25, 2010 letter to CMS objecting to the impact on the MEI revision on mental health care, but the agency still implemented the changes for 2011. The effect of these changes on reimbursement for mental health care will likely be an issue for consideration by the Technical Advisory Panel that CMS is going to convene to review the MEI.

In closing, I am quoting from *The Steady Evolution of the President's Vision* by Pat DeLeon, a former president of APA who is a psychologist and lawyer with a masters degree in public health, (March 2011, as printed in its entirety on PPA's list on 3/21/11, by Stephen A. Ragusea). Dr. DeLeon says, “A modern evidence and value-driven healthcare system must have the capacity to learn and adapt—to track performance in real-time and generate and apply information for future improvements in safety, quality, and value of care received. Today, there are enormously misaligned incentives which have evolved from an obsolete reimbursement system...In essence, it is time to adopt an entirely new paradigm. Taking a broader perspective, it is possible to integrate data taken on socioeconomic, environmental, biomedical, and genetic factors, as well as on resource use, outcomes, financing and expenditures...”

We, locally, are part of the mix. How we can help includes being open-minded to new views of healthcare and the fact that we must be part of the initiatives that are functional/programmatic in nature, rather than structural and discipline-driven. We also must be ready to support legislation in an active way—by becoming well-informed and through letter writing, meeting with members of Congress, and by joining together to look at how local practices can align with other professions in new ways.

I would like to extend my appreciation to Sam Knapp, Ed.D., and to Diane M. Pedulla, J.D., Director, Regulatory Affairs, of the APAPO Government Relations Office, who spent considerable time assisting me in understanding the complexity of the issues above. I believe that only with the support of professionals such as them, who work directly with our legislators through our major associations, can we hope to find resolutions to the myriad issues related to needed mental health service. Our profession is a noble one and we must have multiple places at the table to ensure that all in our country are afforded excellent care.

We welcome new members to the Public Policy Committee. Please contact me at [julie.levitt@verizon.net](mailto:julie.levitt@verizon.net). ■

*Women continued from page 7*

Acting in a manner perceived as “too agentic,” whereby one focuses on outcomes, may contribute to a perception of women leaders as “too masculine.” However, acting in a manner perceived as “too communal,” whereby one emphasizes process and relationships relative to outcomes, may contribute to a perception of women leaders as “too feminine” (Duff-McCall & Schweinle, 2008). The perception of women’s verbal or nonverbal behaviors in the workplace may also be affected by stereotypes. For example, when a woman speaks in an indefinite manner or cries at work, she may be viewed as weak and/or incompetent and others may judge her performance negatively. As a consequence, employees may be resistant to leadership by women and/or act in discriminatory ways. This can, in turn, prevent women from performing effectively and/or advancing to senior leadership roles.

Men are thought to outperform women in the domain of political skill. Political skill was defined by Perrewé and Nelson (2004) as “an interpersonal style that combines social astuteness and the ability to execute appropriate behaviors in an engaging manner that inspires confidence, trust, and genuineness” (p. 366). The authors identified four major dimensions of political skill: social astuteness, interpersonal influence, networking ability, and sincerity, which are all crucial to success in organizations. Despite the importance of these skills, Perrewé and Nelson (2004) contend that women are frequently reluctant to “play politics” for a number of reasons including a lack of competence and confidence in this area, an aversion to politics, and failure to see its importance.

Finally, companies frequently fail to identify female talent and support women’s development. As Howard and Wellins (2009) write, “one important reason that women have failed to advance in management is that they have not had equal access to developmental experiences that would prepare them for higher levels” (p. 7). Their study indicated that men make up 50% more of “high potential” candidates in executive-level programs (i.e., those candidates identified as having the potential for advancement). In fact, organizations provide progressively less support for women as they advance to higher levels of leadership (Howard & Wellins, 2009). It is particularly important to receive support during leadership transitions, which constitute crucial times for success. Women again receive less support at these junctures (Howard & Wellins, 2009).

In order to gain a more comprehensive understanding of what women experience in the workplace, I also interviewed executive coaches who work with women. The coaches spoke about the benefits of individual-level interventions, as well as common development themes for women. The following section focuses on what psychologists can do to help today’s women leaders.

Psychologists providing individual-level interventions to women are uniquely positioned to help women succeed professionally. Rapport helps women to feel safe and think outside the bounds of traditional male wisdom related to career success and advancement. In the context of a conversation with a supportive other, women can process events in their preferred style (usually via verbal exchange), benefit from interpersonal learning, and have their experiences normalized by psychologists. Psychologists can help women to understand factors affecting their experience at the individual, group, organizational, and societal levels, as well as the complex interactions among those factors. A qualitative analysis of the interviews I conducted with coaches suggested that there are seven major developmental themes for women.

The first of these developmental needs involves developing authenticity. Authenticity can be difficult for women to achieve due to the pressure to act within a narrow band of acceptable behaviors. In order to perform effectively, women need to be able to communicate in a genuine manner that does not activate problematic stereotypes; this is a difficult balance to achieve. The second common developmental theme is creating skills to simultaneously manage work and life goals. Psychologists can help women to prioritize work and life goals, and establish standards in both domains, so that women can feel as though they are adequately performing in both contexts. The third developmental goal is preventing excessive self-blame or self-criticism. Women tend to hyperfocus on negative aspects of their performance. Although this may result from internalized stereotypes, prejudice, and/or discrimination, it is not adaptive and may stand in the way of women feeling satisfied at work.

*Women continued on page 18*





The fourth developmental need involves helping women to lead rather than do. Many women are promoted based on their ability to implement effectively. They may be reluctant to delegate these duties when they are promoted, however, placing a strain on their leadership (and delegation) responsibilities. The fifth developmental need is controlling one's own destiny. Although normalization is an important experience for women, it becomes problematic when women feel that they are victims and consequently helpless. Therefore, it is important to emphasize women's ability to work within the realities they face and find ways in which they can act as agents of their own success. The sixth developmental need is self-promotion. Women tend not to be as vocal about their ambitions as men, which may contribute to their being overlooked for promotions and other developmental opportunities. Finally, the seventh developmental theme relates to managing emotions. Women must find outlets for their emotions so that they do not activate stereotypes held by co-workers.

In thinking about helping to increase women's career satisfaction and develop women leaders, it may be helpful to focus on a few areas: making crucial contacts, managing others' perceptions, managing self-perceptions, and career planning. These are all activities in which psychologists are well-equipped to engage. Crucial contacts for professional development may include (male or female) mentors, contacts in networks within or outside of the organization, and other sources of candid and/or comprehensive feedback. Literature on professional development suggests that these connections are important resources for career advancement; women may be sorely lacking in them due to exclusion, competing demands on time (e.g., family responsibilities), or lack of awareness of their importance (Valerio, 2009). Managing others' perceptions involves helping women to understand the dynamics between themselves and co-workers, as well as how they contribute to them. Similarly, managing self-perceptions involves helping women to identify the beliefs they have about themselves and their efficacy, altering those beliefs that are not adaptive. Finally, career planning entails exploring women's values, goals and priorities, helping them to communicate these clearly to bosses and other important stakeholders.

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## Specialized Treatment Programming for Adolescent Females

by Lynn Bornfriend, M.D., Jack Plotkin, B.S.N., and Chuck McLister, M.A., C.A.C.

We all suffer some degree of trauma in our lives. For most of us, it is the result of standard life events, such as divorce or the loss of a parent. However, children are uniquely vulnerable to the effects of trauma because they are already grappling with developmental challenges, making choices that follow them into adulthood. The realities of our culture—replete with texting, instant messaging and a multitude of technological advancements—pose a challenge to protecting our children from a variety of potentially traumatic experiences (Klorer, P.G., 2009; Christakis, D.A., Zimmerman, F.J., DiGiuseppe, D.L., & McCarty, C.A., 2004; Elkin, T., 2005, March 10). In fact, this vulnerability and the accelerated tech landscape can compromise their ability to handle life's normal challenges.

Everyone knows that males and females are different. Some of the differences—like facial hair or body type—are obvious. Other differences are subtle, and can be especially significant to the treatment of emotionally traumatized adolescents. It is not unusual for boys and girls to display different symptoms of the same disorder. For instance, males experiencing behavioral and/or emotional problems often have major behavior problems in school, while, in contrast, females display fewer outward signs (Timmermans, M., van Lier, P.A.C., & Koot, H.M., 2010). In addition, because the symptoms in females are less apparent, girls often go untreated, leading to problems in school, low self-esteem, and difficulty developing healthy relationships. Children's reactions to traumatic experiences and life challenges can also take distinctive forms in female and male adolescents. Early-onset disorders (e.g., conduct problems, autism) tend to show a marked male preponderance, whereas adolescent-onset disorders (e.g., depression, anxiety) tend to show a marked female preponderance (Zahn-Waxler, C., Shirtcliff, E.A., Marceau, K., 2008).

Learning styles also influence the unique needs of teenage boys and girls. Traumatized females are often more emotionally reactive and tend to over-value relationships, even at the cost of their safety. Alternatively, boys may focus on gaining power and dominance, and may cope with emotional pain by avoiding the expression of any feelings except for anger (Sullivan, T. N., Helms, S. W., Klierer, W., & Goodman, K. L., 2010; Shih et al., 2006; Hankin et al., 2007). It is critically important to present information to adolescents of either gender so that they can relate to and understand it. We can't help them if they cannot hear us.

Because of these varied symptoms and differentiated learning styles, programs that treat mental illness in children and adolescents must attend to issues specific to boys and girls. Moreover, because most treatment models have traditionally been geared to treating males, the development of programming unique to girls is essential.

In order for an adolescent female treatment program to be successful, gender responsive and trauma-informed programming must show up in treatment curriculum and daily hospital practices, ensuring that girls have access to services that are relevant to their unique developmental profiles. This includes an intake process that is welcoming and strength-based, therapy that teaches relationship-based coping skills, opportunities for the healthy expression of emotion in a safe environment, daily rituals that protect privacy but also encourage community membership, milieu development that includes the opinions and preferences of the patients, and a non-punitive motivational/behavior management program.

In December 2010, Fairmount Behavioral Health (FBHS) completed a 54-bed expansion project, adding 32 acute psychiatric adolescent beds and relocating 22 acute adult psychiatric beds. This expansion and relocation has enabled Fairmount to enhance its services for a number of key patient populations, including services for adolescent females, dually diagnosed patients, and young adults (ages 18-30). In addition, FBHS added 22 chemical dependency residential beds including the provision of detoxification services for the treatment of opiate dependence.

Fairmount's 32-bed adolescent girl's program expansion is a direct response to the increased demand for inpatient child/adolescent services in the Delaware Valley over the past several years and will enable Fairmount to provide gender-specific and trauma-informed treatment for girls. The newly constructed adolescent wing houses two units, both of which serve teenaged girls. This unit has ample group therapy/activity space, as well as a new classroom for school. The program utilizes Gender Responsive and Trauma Informed Treatment based on the CORE© Training/Curriculum Program, making Fairmount's girls programming a model of best practice for the Delaware Valley.

Fairmount's expansion project will also enable the development of unique adult programming based upon specific clinical profiles including units for High Acuity patients, the Chronic Mentally Ill, those with Dual Diagnoses, and a unit for Short Term Assessment and Treatment. The expansion project makes Fairmount the largest freestanding behavioral health hospital in the Greater Philadelphia region. In fact, Fairmount's patient capacity will be 239 inpatient/residential beds, including 172 inpatient psychiatric beds and 67 chemical dependency/detoxification beds. An evaluation or direct referral can be scheduled by calling the 24-Hour Assessment Center at 215-487-4100.







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**Dr. Gratz** completed her undergraduate studies at the LaSalle University, Cum Laude and received her D.O. from the Philadelphia College of Osteopathic Medicine in 1985. After her internship in Internal Medicine at Hahnemann University Hospital, she completed a residency in adult psychiatry at Hahnemann University Hospital in 1989 and a two-year National Institute of Mental Health (NIMH) sponsored fellowship in Clinical Psychopharmacology in 1991 at the Eastern Pennsylvania Psychiatric Institute (EPPI).

Board Certified in Psychiatry since 1998, Dr. Gratz has provided her expertise in many regional psychiatric facilities and has served as a Professor and Lecturer in the Department of Psychiatry at EPPI and the Drexel University College of Medicine. Notable positions include Director of ECT and Medical Director of the Schizophrenia Center at EPPI, Director of Adult Inpatient Services at MCP/Hahnemann and Interim Medical Director of Hahnemann University Hospital, Psychiatric Medical Care Unit.

Dr. Gratz is an active member of many professional organizations including the American Psychiatric Association, American Medical Association, and the American Society of Clinical Psychopharmacology. She has published several journal articles and book chapters on psychopharmacology, in particular focusing on the treatment of Neuroleptic Malignant Syndrome. In addition, she has been the recipient of several research grants exploring treatment of Psychotic Disorders. She has been the recipient of many teaching awards while on staff at MCP/EPPI. Finally, she has received the Exemplary Psychiatry Award from the National Institute of Mental Illness (NAMI) and the MCP Physician Star Award for the Most Dedicated Doctor.



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## Helicopter Parenting



By Nicole Lipkin, Psy.D., MBA

Psychologists who work with young adults, parents of young adults, and HR managers, hiring managers, bosses, or college professors have heard the different sides of the stories about parents advocating (or complaining) on their adult child's behalf. Corporate America and professors certainly have dealt with (and perhaps felt irritated by) hovering helicopter parents. As psychologists, why should we be concerned with a parent who is willing to advocate on behalf of his/her adult child in the workplace, in school, in extracurricular activities, and in their social relationships?

First of all, helicopter parents are known for blaming everyone else for their child's problems and failures, removing blame from their child. Take for example the young student who fails a test (because he/she didn't study or prepare). A helicopter parent will often call the school on the child's behalf and reprimand the teacher for not instructing their child well enough. This teaches a child that:

1. Mom and dad are going to save me from everything.
2. Nothing is my fault.
3. I can get away with it.

Due to consistently believing that nothing is one's own fault and to rescue from the natural consequences that result from one's mistakes, a child fails to benefit from learning from such mistakes, fails to develop self-management skills (i.e., accountability and responsibility taking), and, therefore, fails to develop key skills necessary for success in the workplace and effective leadership.

When the helicopter adult is faced with mistakes, errors, and constructive criticism in the workplace, it is not surprising that he/she has great difficulty accepting blame, responsibility and accountability for his/her actions. This results in difficulties for the Generation Y employee, as well as for HR and management. Moreover, the well-meaning helicopter parent who calls to advocate on their adult child's behalf inappropriately recreates the parent-child relationship at work, and causes further challenges for their child by ultimately destroying his/her credibility and personal reputation. As psychologists, we have a role to play in helping the Generation Y adult learn the lessons they did not learn earlier, challenging their erroneous fixed beliefs about themselves and their role in the world, as well as supporting them in taking responsibility, feeling blame, embarrassment, shame, or imperfect, and coping with challenges to their beliefs about themselves and others. We can also assist HR and managers faced with helping young adults develop appropriate workplace self-management skills. In addition, we can support parents, used to advocating for their children, in learning to do this less and less, thereby facing their own feelings and beliefs about themselves as parents and their child.

### Strategies

We can coach managers/bosses/HR and support the growth and development of Generation Y employees and helicopter parents through the following strategies:

**(1) Don't accept excuses in the workplace:** It can be difficult to remain resolute when we witness others feeling badly or reacting poorly to feedback given regarding productivity, responsibility taking or accountability. Leaders, managers, and parents need to increase their ability to resist too much empathy in order to help young adults develop responsibility and accountability. They also need to learn to be consistent and hold people accountable. Generation Y employees may need support in learning to face these feelings and consequences.

**(2) Problem-solve together when an issue occurs:** When a problem occurs, Generation Yers may benefit from support in brainstorming and problem-solving solutions with leaders, managers, parents, or therapists, rather than allowing them to simply "pass the buck back" to someone else. This process will help them learn different ways of enhancing their own problem-solving abilities and develop confidence in their abilities to create useful, productive, and effective solutions, thereby incrementally providing them with confidence in their own independence and autonomy.

**(3) Help them build their parachutes:** As psychologists, we can encourage parents to refrain from adding their input when their son/daughter has a problem, but support the parents' desire to protect or aid their child and manage the other feelings that arise when they aim not to do so. We can also assist a Generation Yer in learning to handle his/her own problems, discovering independently the steps he/she needs to get there, and the importance of ownership and personal power with regard to decision-making and problem-solving. Through this, we can also help them understand the importance of reputation-building within organizations and how it directly impacts promotion, increased responsibility, and relationships. We can also support managers in speaking with their employees about this and/or helping young adult employees develop these skills and attitudes.

*Helicopter Parenting continued on page 11*



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## Suicide: Lifting the Mask

By Norman C. Weissberg, Ph.D.\*

When I was growing up, the word “cancer,” if mentioned at all, was spoken in a whisper; it was too scary to say the word out loud. Fortunately, that is no longer the case. But another word has taken its place and that word is “suicide.” The word itself is fraught with strong negative emotions: fear, guilt, shame, profound sadness, anger, regret, confusion, etc. It is often easier to ignore suicide than to confront it, to minimize the frequency with which we talk about it, and to distance oneself from those who are suicidal by dismissing them as “mentally ill.” Suicide is also a phenomenon that is encased in misinformation, myths, and confusion. Here are some myths that need to be dispelled in order for us to provide accurate information regarding this major health problem.

**MYTH:** People who talk about suicide are just trying to get attention.

**FACT:** People who talk about suicide are in enormous psychological pain—no less real than excruciating physical pain. To dismiss or trivialize their pain is a serious mistake. People who talk about suicide frequently attempt suicide.

**MYTH:** Talking with someone about suicide increases the likelihood that he/she will attempt suicide.

**FACT:** Talking with someone about suicide does not plant the idea in their head or fertilize a thought that is already there. To the contrary, talking about one’s suicidal thoughts with someone who cares and is both compassionate and nonjudgmental is often a welcome relief.

**MYTH:** Suicide can’t be prevented.

**FACT:** Most people who attempt suicide are ambivalent about ending their life. What they want is for the pain to go away. Moreover, many exhibit warning signs. Recognizing and responding appropriately to these signs can prevent a suicide.

**MYTH:** If someone has attempted suicide but was unsuccessful, that individual is unlikely to try again.

**FACT:** A prior attempt is a major risk factor for a subsequent attempt.

**MYTH:** Parents and teachers are usually aware of the fact that their child or student is deeply troubled and may be harboring suicidal thoughts.

**FACT:** Teens are quite skilled at hiding their problems. Their outward behavior (laughing, joking, enjoying being with their friends) often masks their inner turmoil and pain.

### DID YOU KNOW THAT:

- Of the 15 leading causes of death, suicide ranks number 11. (Homicide ranks number 15). However, among 10 to 24-year-olds, suicide is the third leading cause of death.
- In the United States in 2007 (the latest available data), there were 34,598 deaths by suicide. This translates into one person killing him or herself every 15.2 minutes. Since 2000, the age-adjusted death rate for suicide increased 8.6%. Of the 50 States and the District of Columbia, Pennsylvania’s suicide rate ranks 32nd.
- The three most commonly employed methods of suicide are firearms (50.2%), suffocation/hanging (23.6%) and poisoning (18.4%).
- Men take their own lives at nearly 4 times the rate for women, but women attempt suicide 2-3 times more often than men. The disparity between attempted and completed suicides is largely a function of the means employed. Men more often use firearms—which are almost always fatal—while women more often employ poisoning.
- Male adults age 75 and older have the highest suicide rate; among adult women, those between 45 and 54 have the highest suicide rate. However, irrespective of sex, 45 to 54-year-olds have the highest rate. In 2008, 8.3 million adults (3.7% of the adult population) acknowledged that they had serious thoughts of suicide in the past year, 2.3 million had made a serious plan, and 1.1 million made an attempt.

### SUICIDE WARNING SIGNS:

- A previous attempt or gesture
- Talking or writing about suicide
- Appearing depressed most of the time
- Expressing feelings of hopelessness and helplessness to effect any change in one’s life
- Expressing feelings of worthlessness and believing one is a burden on one’s family and friends
- Despite a surface appearance of being connected to one’s family and friends, an internal belief, revealed either verbally or behaviorally, that one is isolated, alone, and not bonded to others in one’s life
- Giving away prized possessions
- Getting one’s affairs in order

*Suicide continued on page 25*



- Dramatic mood swings

Suddenly seeming happier and calmer after weeks of feeling depressed and/or agitated


**WE CAN ENCOURAGE LOVED ONES OF A SUICIDAL PERSON TO:**

- Tell their loved one about their concerns, particularly if any of the above warning signs are observed
- Listen compassionately and non-judgmentally
- Refrain from giving advice or coming up with simple solutions. Refrain from minimizing, trivializing or dismissing their loved one's problems with statements like "You'll get over it."

Encourage their loved one to seek professional help. If the person is imminently suicidal, strongly encourage him/her to call the **NATIONAL SUICIDE PREVENTION LIFELINE: 1-800-273-TALK (8255)**. In the five county Philadelphia area, the hotline (which is available 24 hours a day, 365 days a year) is staffed by volunteers from **CONTACT OF GREATER PHILADELPHIA**.

For more information about CONTACT, go to their web page: [www.contactgreaterphiladelphia.org](http://www.contactgreaterphiladelphia.org).

\*Norman Weissberg received his Ph.D. from the University of Michigan and completed additional training at Downstate Medical School in Brooklyn and at Hofstra University. For 38 years, he was a professor of psychology at Brooklyn College, CUNY and served as Department Chair and Academic Dean. He also worked (part-time) for 9 years at a Community Mental Health Agency and maintained a small private practice. He is currently the Director of Training for CONTACT OF GREATER PHILADELPHIA.



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More Details to follow soon... Save the date!*



**NOTES:**



**Thanks to all the PSCP Members who contributed articles for this newsletter.** We are working hard to create a printed newsletter full of informative articles for all our members. If you are interested in submitting updates on clinical procedures or new research, book reviews, or 3-5 page scholarly and clinically-relevant articles for the next PSCP printed newsletter, you are invited to submit them for review to Dr. Christine Ware at [citrini@mindbodyservices.com](mailto:citrini@mindbodyservices.com).



**You can have your very own PSCP mug and T-shirt.** Beautiful white ceramic mug with our colorful logo on two sides and cotton T-shirt with our colorful logo and motto- "Advancing the field of psychology for over 50 years". Mugs are only \$10 each and T-shirts just \$15. Order by calling the office 215-885-2562.



**Congratulations to the 2010-11 PSCP Executive Board,** and thank you to the 2010-11 Executive Board. We had a wonderful year and look forward to the stimulating workshops, social action opportunities and new programs the new board will work on this year. If you are interested in becoming more involved, contact Sandi at the PSCP Office 215-885-2562.

## Community Outreach

### **TEAM PSCP Needs YOU!**



Walk, exercise, expand your professional network, renew friendships, get a PSCP T-Shirt...all while being part of a TEAM that *will* make a difference.



Changing Minds...One Step at a Time

### **2011 Greater Philadelphia NAMI Walk**

5k walking event (3.2 miles)

**Sunday, May 22, 2011**

**Montgomery County Community College**  
340 DeKalb Pike, Blue Bell, PA 19422

Check in: 8:00 a.m.

Walk Begins: 10:00 a.m.

Join Team PSCP leader

Andy D'Amico

**click below**

or copy and paste into your browser:

<http://www.nami.org/namiwalks11/phi/pscp>

**Can't walk that day? Sign up to donate to TEAM  
PSCP at the same site.**

## What is Act 48?

Act 48 Credits are required for all professionals holding a public school certificate in PA in order to work for a public school entity. A public school entity is a public school district, a charter school, or an intermediate unit. This requirement includes school psychologists, guidance counselors, school home visitors, etc. 180 Act 48 Credits are required every 5 years after the granting of your certificate. PSCP is an approved provider of Act 48 Credits.

**NOTE:** PA Act 48 now requires Pre/Post Test to be taken, self-graded, and sent in with the Request form and evaluation in order for credit to be granted.

## Classified Ads



### **OFFICE AVAILABLE**

Center City— near Rittenhouse Square.  
Part-time availability for mental health or alternative healthcare professionals in suite with shared waiting room. Secure, hi-rise building. Bright, beautifully appointed, quiet. Good transportation location. Competitive fees.

#### **Contact:**

Joanne Buzetta, Licensed Psychologist  
215-636-0336

### **Psychologists Needed**

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBH/IDS) has reorganized a Behavioral Health Forensic Evaluation Center (BHFECE) located at the Philadelphia Family Court.

Effective April 1, 2011, consulting contract opportunities are available for qualified child psychiatrists and psychologists to perform comprehensive evaluations of children for the benefit of the Court, the children and their families.

Evaluations will be assigned, scheduled and reimbursed based on a Fee Schedule which reflects the complexity of the presenting issues, the credentials of the evaluating professional and acceptance of a completed report. The reimbursements for submitted and approved evaluation reports range from \$475 to \$1235.

For a review of important information (evaluator requirements and credentials, application process, evaluation guidelines, etc.) which will assist you in determining a decision to apply for an evaluator consultant contract, go to [www.pmhcc.org](http://www.pmhcc.org), press "Join Our Team", then "Consulting Opportunities", then "Behavioral Health Forensic Evaluation Center".

We value your interest and look forward to enlisting your services for our children in need!

BHFECE, DBH/ IDS

### **Interested in**

**placing a business, practice, or classified ad  
in a PSCP printed newsletter,  
directory, or email newsletter?**

Contact :

Sandi at the PSCP office at  
215-885-2562 or

[sandi.greenwald@philadelphiapsychology.org](mailto:sandi.greenwald@philadelphiapsychology.org)  
for details.



# Philadelphia Society of Clinical Psychologists

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[www.PhiladelphiaPsychology.org](http://www.PhiladelphiaPsychology.org)

To Contact the PSCP Office:  
215-885-2562 or [info@PhiladelphiaPsychology.org](mailto:info@PhiladelphiaPsychology.org)  
PSCP Executive Director  
and Layout Designer: Sandi Greenwald

## PSCP Fall/Winter Workshop/ Event Schedule

DATE	WORKSHOP TITLE/SUBJECT	PRESENTER	LOCATION
May 20	A Proposed Method to Combat Female Bullying and its Adverse Legal Consequences	Kaila Dickstein, Psy.D.	PCOM
June 3	Child Abuse from Legal and Psychological Perspectives: Office of Children and Youth 2011 Update	Marilou Doughty, MS; Chief Randy Floyd; Gregory Gifford, Esq.; Michele Kristofco	MCIU Norristown, PA
June 5	PSCP Annual Picnic in the Park welcoming new members	Members and their guests invited to join in the fun!	Gladwyne Park
Sept. 16	The Psychological Impact of Infertility: An Introduction to Psychosocial Evaluation and Treatment Planning	Julia Weinberg, Ph.D., J.D.	American Red Cross SEPA 23rd and Chestnut, Phila.
Sept. 23 AM	Psychotherapy for the Treatment of Depression: A Wholistic Approach to the Treatment of Anxiety	Harris W. W. Stern, Ph.D.	PCOM
Sept. 23 PM	Social Literacy: A Social Skills Seminar for Young Adults with ASD, NLD, and Social Anxiety	Mary Riggs, Cohen, Ph.D.	PCOM
Oct. 14	Gender Variant Children and Adolescents	Graciela Slesaransky-Poe, Ph.D.	TBD
Oct. 28	A Tale of Two Psychologists: It was the Best of Ethics ...It was the Worst of Ethics	Dea Silbertrust, Ph.D., J.D. Jan Grossman, Ph.D., J.D. and PSCP Players	TBD
Nov. 6	PSCP Open House Welcoming New Members	All members invited	Call PSCP Office for details
Nov. 18	Depression and Anxiety During and After Pregnancy: Assessment, Treatment and Prevention Strategies	Helen L. Coons, Ph.D.	TBD

*\*\*All courses are on Fridays, from 9:00 a.m. to 12:00 p.m. unless otherwise noted.\*\**

### Looking to provide CE credits at your organization's workshop?

PSCP has a simple application process for Co-Sponsorship. For more information, and to receive a co-sponsorship packet, contact PSCP Executive Director, Sandi Greenwald by phone at 215-885-2562 or email at [sandi.greenwald@PhiladelphiaPsychology.org](mailto:sandi.greenwald@PhiladelphiaPsychology.org).

