

PSCP TIMES

Doug Rushlau, Psy.D., Editor

Tim Peterson, M.Ed., Designer

President's Message

Kristine Boward, Psy.D.

Robyn Bailey is now fully in her official role as PSCP Administrator. Robyn is the friendly face on the other end of the phone and at many of our workshops. Robyn has hung in with us over the past nine months as we have changed staff and roles. She has been single-handedly doing the job of two people with a smile on her face. Thank you, Robyn for your grace and hard work!

Welcome to **Rosemary O'Donnell**, PSCP's new coordinator. Rose will be working with Robyn to keep the office running smoothly and will be assisting at CE workshops throughout the year. I am excited to get to know Rose better and to benefit from all she has to offer the organization.

A big thank you goes out to **Tim Peterson**, Psy.D. Student, who has been graciously lending

his technical skills as well as hardware and software consultation to the office. Thank you for the support and knowledge as well as good humor when we are all ready to pull our hair out.

Finally, a large and grateful thank you goes out to **Dr. Ron Fischman** for his unflinching and successful efforts toward renewing our APA approved continuing education status. At last count, supporting documentation nearing four pounds was mailed, and our ability to continue providing our membership with continuing education credits throughout the year is secure. Ron and Robyn emerged from hours in the file room pasty and squinting into the sun, but declaring success! Thank you for giving up so much of this beautiful summer in service to PSCP.

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This year you will notice our newsletter explores one theme in depth per issue while also keeping you up-to-date on what's happening in your psychological community. This issue is a review of last year and a preview of the year to come. Our December issue will focus on *LGBT issues* and the effects of the fall of DOMA. March will focus on *Human Trafficking issues* and June will explore *the DSM-V* after it has been in use for a year. We very much welcome your submissions on any of these topics. Speak up,

express yourself, get active and let us hear what you know and what you think!

Also look for our monthly e-updates and new social media campaign. PSCP will be exploring the use of Facebook and other social media tools to keep you abreast of the latest political and community happenings.

Looking forward to a great year!

Kristine Boward, Psy.D.

PSCP President

Continuing Education Committee Update

Ron Fischman, Ed.D.

During the 2012-2013 workshop year, The Philadelphia Society of Clinical Psychologists has presented 20 continuing education workshops, and we co-sponsored 23 workshops with other organizations. We all owe a vote of thanks to those who have provided these excellent offerings, and to those members and non-members alike who have offered recommendations to the Continuing Education Chair to present topics. Many participants have commented that PSCP's workshop offerings are of a wide variety to satisfy the needs of psychologists, practicing in a variety of specialties.

Since November, 2012, plans have been underway to assure the continuation of a high quality of programming for the 2013-2014 workshop years. We currently have concluded planning and scheduling for 11 programs for the Fall and Winter of 2013, and we are still scheduling and planning more programs for that period of time. In September 2013, we

will begin planning for the Winter-Spring, 2014 workshop schedule. Most importantly, APA has awarded PSCP the privilege of offering distance learning CEs, and plans are underway to provide online programming for the 2014-2015 workshop year. The Pennsylvania State Department of Education has renewed PSCP's privilege of awarding Act 48 credits, which are still required for professionals who work in a public school entity. During the late spring and summer of 2013, the Continuing Education Chair and the PSCP Administrator have been working on completing the 44 page APA re-application to continue our privilege of awarding APA CEs.

PSCP and the Continuing Education Program are attempting to "go greener." The PSCP representative at all workshops asks the participants to return the cardboard folders, containing workshop information, if they are not intending to use them after the workshop so that we can reuse them at future workshops.

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Public Relations Committee Update

Nina B. Cummings, Ph.D.

PSCP's PR Committee has recently formed a SOCIAL MEDIA committee, consisting of Board Members: Nina Cummings, Kaila Dickstein, Julie Levitt, Takako Suzuki, Shawn Blue and Tim Peterson. Our current goals are: 1) increasing the visibility of PSCP in the Philadelphia community and its surrounds, 2) informing and educating the public about psychological issues and current events within the psychology community, and 3) establishing a forum for our community of psychologists to interact with one another through social media.

In the past year, PSCP has hired a Social Media consultant who has set up Twitter, Facebook and LinkedIn accounts. At the June Leadership Day, following a presentation on social media options by Mr. Peterson, it was decided that PSCP will initially focus its energy on developing the Facebook page.

In order to be successful, our committee first needs to develop a clear and sustainable plan for developing and managing content on the page. Examples of issues to be decided include: how many articles to post each week; determining appropriate content; assigning responsibility for producing content and ensuring it is posted. Our goal is to have a page that accurately represents our lively and active community by the end of September.

The current Facebook page has four users. Our goal for the 2013-2014 year is to have an account that is vibrant and frequently updated, is regularly used by a majority of regular and

student PSCP members, and is visited by hundreds, if not thousands, of people from the general public.

Our committee will have its first meeting late September 2013 to begin this exciting process. We are in desperate need of support from the PSCP membership, calling on those individuals who have competent computer skills and some knowledge of social media. One of the challenges of our current PSCP Board is that many of us are in the 55+ age range and are not hardwired for social media. In order for PSCP to be successful in this new venture, we need the support of those individuals capable and interested in helping to transform us into a vital, current and relevant organization that services both its members and the community at large.

PSCP has an active student membership, with all area doctoral programs sending representatives. Geri Lynn Utter-Godfrey has graciously offered to enlist student representatives to help with our social media efforts; this help is greatly appreciated and necessary for the manpower hours necessary to establish an Internet presence.

If we can successfully develop this online presence, I am confident that we will be able to attract early career psychologists and maintain the rich community resource that PSCP is for representing and educating on important psychological issues.

Interested psychologists and students, please contact me at ninabcummings@gmail.com.

The Future of Psychological Practice

John J. Rooney, Ph.D.

Current estimates indicate that 40-60% of the public is in need of some kind of psychological help. Such estimates underestimate the potential value of psychological services. Everyone would benefit from having a psychologist as a primary mental health care professional, just as everyone should have a family physician (or nursing practitioner) and dentist for regular checkups. Clearly, health professionals are most valuable when they are utilized on a regular basis to help retain good physical and mental health. At one time, people called a doctor or dentist only when they were sick or in pain; today most people have regular checkups, and most health insurance plans pay for such prophylactic visits. Educational programs enacted by professional associations played a major role in influencing such changes. Far fewer people see a psychologist, or other mental health professional, for routine checkups; yet such visits are even more valuable than those to a physical health provider.

Such a practice has several advantages. First, as research consistently demonstrates, a collaborative and trusting relationship between therapist and client is of major importance in progress. Such rapport develops more readily over time under normal conditions rather than when a client is seen for the first time while in the midst of a crisis. Secondly, a therapist who knows the client well is better able to judge the relative influence of current environmental stressors and personality structure on presenting symptoms. This, in turn, enables the

psychologist to utilize the most effective therapeutic approach. A third advantage of encouraging everyone to have both physical and mental health checkups is in facilitating collaborative relationships between psychologists and primary health care providers. Over half of the patients seen by physicians have conditions that respond to changes in lifestyle or habitual behavior. This includes but is certainly not limited to, use or abuse of nicotine, alcohol and other drugs (prescription, OTC, illegal), poor nutrition, lack of exercise, stress control, sleep difficulties, pain management and compliance with medication, all areas in which psychologists specialize. A fourth advantage of establishing a long-term relationship with clients is in the utilization of referrals. Clients who know and trust the psychologist recommending a referral are more likely to accept it and to persist in treatment. Psychologists, of course, have the responsibility to know agencies and mental health professionals that are effective for given conditions.

Finally, encouraging everyone to see his or her psychologist on a regular basis should help remove the stigma that is still often associated with seeking psychological help.

In conclusion, I recommend the following:

- Encourage clients to schedule regular mental health checkups.
- Coordinate psychological services with other health professionals

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Health Care Reform: Effects on Independent Practice of Psychology *Julie Levitt, Ph.D.*

Part I: The Affordable Care Act

With the implementation of the Affordable Care Act (ACA), combined with the possible expansion of Medicaid in some states and cuts in reimbursement for Medicare providers, there is concern and confusion about how services will be provided, by whom, and with what compensation. This will be one in a series of articles describing the mental health care needs in this country, and in Pennsylvania in particular, and how health care reform may affect psychologists practicing independently. PSCP will offer a three-hour CE program on health care reform on 12/13/13, and I encourage those who are interested to attend. Please know that federal mandates are a moving target; I've tried to be as up-to-date as possible. In this article, I will focus on the ACA and its effects on health care delivery and on the practice of psychology.

Some background facts: The health care system, supported by public and private insurance, is moving toward centralization. The purposes of the ACA are: reducing costs, improving care, and making healthcare more accessible, particularly to the currently uninsured. Transparency and accountability are stressed as well as prevention of chronic diseases, patient participation in his/her own care. Also targeted is the expansion of a health care workforce that is educated, skilled, and able to work in multidisciplinary teams.

Among the parts of the plan that are especially important to us as mental health professionals are the shifting focus to "behavioral health" (a

more holistic approach), and improving mental health care for those people with serious mental conditions, e.g., those who suffer from disabling depression, anxiety, or psychosis. We also can be helpful in designing and coordinating programs and mental health interventions in medical practices and in mental health treatment centers.

Pennsylvanians have much to be concerned about with these structural and economic changes. Our population is older than the national average age. While the general health status of our population is considered average, when compared to national statistics, we still have many individuals who do not experience good health, especially the urban poor and those in rural areas, particularly Southwestern and South Central Pennsylvania. Although slightly more than half of the state's population has commercial health insurance, approximately 15% of the state's population is on Medical Assistance, 15% on Medicare, and 2% use other insurance such as Children's Health Insurance Program (CHIP) a children's Medicaid program. Around 12% are currently uninsured, half of whom would be eligible for Medical Assistance in states that agree to Medicaid-expansion. Our state, as of this writing, has chosen not to participate in this option. Hospitals and clinics will continue to provide services for people with no insurance.

Implementation of the ACA may expand support for the services that psychologists offer. Care that is less expensive, yet still skilled and

effective, is more likely to be rewarded by governmental programs and insurance carriers than care that is more expensive and determined to be less effective.

Health Insurance Exchanges: Under the ACA, every state has to set up “exchanges” to provide insurance options for the uninsured or for those who do not qualify for Medicare, Medicaid, CHIP, or other government programs, and these exchanges must be in place by October 1, 2013. If a state has chosen to opt out, the federal government will be setting up such exchanges. As Pennsylvania has elected to not participate in the exchanges, the federal government will administer the exchange for Pennsylvania. The ACA will credit individuals up to 400% of defined poverty level for health insurance premiums. Companies interested in offering insurance plans for the exchanges must meet standards set by the ACA. There will be tiers of coverage offered. Catastrophic insurance health plans will be the least expensive option and will have very large deductibles. Therefore, those choosing the catastrophic option may be least likely to seek mental health services due to these deductibles. In addition, while plans must include mental health care on parity with physical care, the magnitude of services to be covered is not specified by the ACA.

Where do independent practitioners fit within the new system?

It is expected that those psychologists with well-established practices, especially those substantially based on third-party payers, may be dramatically affected by the ACA. Other psychologists, who are primarily self-pay, may be minimally affected, except that patients who

self-pay may also seek reimbursements from their insurance carriers. To the extent that their reimbursement diminishes, these patients may be less likely to continue to see psychologists who are out of network. Conversely, those psychologists working full-time in institutional settings such as schools, college counselling services, prisons, should be unaffected by the implementation of the ACA. Also minimally affected are those psychologists whose funding streams are separate from those under the ACA, such as Medicaid/BHRS, Workers Compensation, Auto Insurance, OVR, Social Security Disability Evaluations, MH/MR contracts and Medicare. For the about 60% of psychologists whose services are largely compensated for by commercial third party payers, changes in reimbursement may be dependent on whether the Accountable Care Organizations (ACOs) establish Behavioral Homes for those to be insured under the Act. ACOs are groups of providers that accept collective responsibility for patients in so-called Behavioral Health Homes. However, there are no regulations in the Act that require current ACOs to establish Behavioral Health Homes or Medical Homes for the newly insured populations under the ACA. And even if the ACOs do choose to provide such care, it is not clear whether they will hire additional staff, including psychologists. They might employ only providers who already are a part of their systems, excluding providers outside their networks. If psychologists are in areas where there is a market for Behavioral Health Homes in addition to independent practice, these psychologists may be less affected. Conversely, if psychologists practice in areas where insurers

are largely establishing ACOs or Medical homes, they may find that their referral base significantly altered. (The information in this paragraph is based largely on conversations with Samuel Knapp, Director of Professional Affairs, Pennsylvania Psychological Association.)

In early 2013, the executive committee of APA's Council of Executives of State and Provincial Psychological Associations (CESPPA) and the APA State Advocacy Office, began to survey executive directors of the state, provincial, and territorial associations (SPTA) to ascertain how psychologists are responding to each of their states' health care reform requirements and, in turn, how state-level associations are responding. Of the 50 states, 30 psychological associations, including the Pennsylvania Psychological Association (PPA), have provided information about how psychologists are organizing in their states. Massachusetts psychologists are the most advanced in their implementation of changes that increase the participation of psychologists by forming ACOs. PPA has worked with a coalition to expand health care through expansion of Medicaid and for the inclusion of psychological services within the implementation.

It's difficult to be specific about the implications of the ACA on the profession in Pennsylvania because the Commonwealth of Pennsylvania has been slow at implementing the Act. While the Commonwealth has received \$35 million in federal grants for development of health care reform as yet, few

decisions have been made about how the new system will work.

As a final point, I would like to acknowledge Samuel Knapp, the Professional Affairs Officer of PPA, Ellen G. Garrison, Senior Policy Advisor Executive Office, APA, Katharine C. Nordal, Executive Director for Professional Practice at APA, Daniel J Abrahamson, Assistant Executive Director of the APA Practice-State Advocacy, and Tammy A. Barnes, State Advocacy Officer, Practice Directorate, APA, for their advice as I developed this article. I also would like to thank Rachel Dolan, MPP, Policy Specialist, and National Academy for State Health Policy, Washington, D.C.

In my next article, I'll explore Medicare and its impact on psychologists' independence practices followed by what we as independent practitioners given how health care reform is developing.

Feel free to write me with questions:
julie.levitt@verizon.net.

Dear Editor:

I write in response to an article in the March 2013 Quarterly issue by Julie Meranze Levitt, Ph.D. entitled *School Vouchers, Education and Psychologists*. I consider Julie a colleague and a friend. We have worked together for years on the board of the Philadelphia Society of Clinical Psychologists.

The article asserts that psychologists should advocate for traditional public schools and should against any public funding for private schools, charter schools and cyber schools.

Psychologists whose work requires them to make recommendations regarding educational placement for children should, in my view, make those decisions in the best interest of the child. In the large majority of cases those children will attend public schools. But the recommendation

should be based on the best interest of the child and not to serve any school or school system regardless of the impact on the child.

Often, there is no significant difference in academic outcome between these different schools. Sometimes the public schools are superior. In other situations a different school might be better.

Does the profession of psychology serve itself and the public well by taking a position on this contentious political issue?

Thank you for the opportunity to comment.

Sincerely,

Steven E. Simminger, Ph.D.

Call for Submissions

Having something to say? The PSCP Times wants your articles. PSCP members and student members are invited to submit articles and essays.

All articles should be relevant to the professional practice of psychology. While articles may address any subject, or any issue of current interest, it is essential that the focus be on the role of psychologists, psychology as a discipline, or the impact on psychologists of the topic addressed. These articles are by

psychologists, for psychologists. Please keep that in mind when submitting an article for consideration.

In addition to articles relevant to psychology, students are invited to submit the abstract of their approved dissertation, along with a brief biographical note, for inclusion in the 'Student Profile' section.

Please contact [Doug Rushlau](#), editor with submission guidelines and requirements for inclusion.

Graduate Student Committee Update

Geri Lynn Utter-Godfrey

The Student Graduate Committee is continuing to thrive with local graduate programs in clinical and counseling psychology. I would like to welcome Adrienne Gallo from the clinical psychology program at Chestnut Hill College, Odelia McFadden from the clinical psychology program at PCOM and Tom Reynolds from the clinical psychology program at Widener University. I would like to thank AnnMarie Whithed from the clinical psychology program at Immaculata University, and Rebecca Bubb from the clinical development program at Bryn Mawr College for their time and dedication as school representatives this past year. I would also like to congratulate, Rebecca! She is beginning her pre-doctoral at internship at Rutgers University this September. These positive transitions have opened up two student representative positions at Bryn Mawr College and Immaculata University for the upcoming year. I am hoping to have these positions filled in the near future. Our current

representatives are committed to recruiting new members from their respective programs as well as maintaining current members on behalf of PSCP.

This fall, the student committee has been working overtime planning a “Self-Care” event for both student and traditional members. This event will provide an open forum for psychologists and students to discuss their self-care routines and challenges. A 45-minute long Zumba class will be taught by a certified instructor, a 15-minute cool down meditation, cold beverages and healthy snacks will be provided to all members for a modest admission fee of five-dollars. PSCP’s first “Self-Care” event will be held on Saturday, October 5th from noon-2pm at Chestnut Hill College’s Sorgenti Gymnasium. Please contact Geri Lynn Utter-Godfrey (Student Liaison) or Robyn Bailey, if you are interested in attending this awesome event!

Research by our Student Members

The Collaborative Experience Between Primary Care Physicians and Mental Health Professionals: A Qualitative Study

Dena DiNardo, MA, MFT

ABSTRACT While the field of Psychology continues to embrace an integrated understanding of the holistic health of human beings, consideration of how other

healthcare professionals are conceptualizing patients still remains. This qualitative, phenomenological study will examine the experienced relationship between Primary Care Physicians (PCPs) and Mental Health Professionals (MHPs). The purpose is to identify and understand the contextualized variables contributing to a PCPs willingness to engage in a collaborative relationship with

Membership Committee Update

Naomi Reiskind, Ph.D.

Over the past year, the membership committee has been seeking ways to increase our numbers by reaching out to area psychologists who are eligible to join the Society but have not yet done so. We are also committed to maintaining the membership we already have. In the fall of 2012, a subcommittee was formed as part of the membership committee to welcome new PSCP members. PSCP is by nature a welcoming group, and the new subcommittee provides a systematic way to let new members know that we are pleased to have them in our ranks, and to tell them about opportunities such as the early career group. Responses to the welcoming phone calls have been overwhelmingly positive, with new members often saying that they were surprised to receive a personal phone call and appreciated being made to feel welcome in the Society. The new member welcoming committee includes

Elana Gotfried, Psy.D. and Seth J. Gillihan, Ph.D. For the upcoming 2012-2013 year, Seth has joined with Naomi Reiskind, Ph.D. as co-chair of the membership committee.

We very much need the help of all of our members to encourage their psychologist friends and colleagues to consider joining PSCP. We have an outstanding continuing education program, and the reduced rate that members receive to attend these workshops goes a long way to cover the cost of membership over the course of one year. Just as a reminder, the requirements for regular membership are a doctoral degree in a clinically related field of psychology, and either being licensed at the doctoral level or having completed a 2000 hour internship. We would also welcome input regarding how PSCP might better meet the needs of our members and, of course, we would be happy to have anyone interested join our committee.

a MHP based upon their pre-existing knowledge and understanding of the varying roles of different mental health professionals. Phenomenological data will be analyzed for an in-depth understanding of existing collaborative relationships between PCPs and MHPs as well as the perceived value of such relationships. PCP awareness of the training and function of various MHPs will be discussed to achieve a deeper understanding of physician perspective.

Ms. DiNardo is entering the fourth year of Chestnut Hill College's Psy.D. Program. She has a Master's Degree in Clinical Counseling Psychology with a concentration in Marriage and Family Therapy from La Salle University.

To learn more, contact Dena directly at: dmdinardo@hotmail.com.

Human Services Committee Update

Lillian Goertzel, Ed.D., President HSC

As we begin our new year for HSC I encourage you to join us in contributing time to the community. Thank you to those who have volunteered time to see our financially disadvantaged clients and we do need ongoing support and availability from our members. It can be rewarding to know you are making an impact on someone's life in a way that empowers them to grow and work towards their best potential.

We are currently in communication with the National Alliance for the Mentally Ill, The Center for Advancement in Cancer Education, Peters Place, Good Guys, Montgomery County Anti-Trafficking Coalition, Pathways Pa, and other organizations to develop ways to give back to our community. Your interest, suggestions and participation are both welcome and needed for us to succeed.

As a reminder: for every 15 hours of your donated time for client sessions that is recorded with our office administrator you will

earn credit for a free three credit PSCP workshop!

We are involved with student mentoring, early and later stage career support, a possible focus on psychologists with infants and toddlers for career support, work with refugees and other groups. I am also in contact with the William Way LGBT community center, and other LGBT support organizations. Hopefully we can become more diverse in our areas of service. We can only expand our services with your help.

It is my privilege to work with a dedicated HSC Board of hardworking members and any member is welcome to attend our Board meetings. Our next meeting is Oct. 6, 2013 at 10:00 AM in the PSCP office. I welcome your voice and you may contact us through the office at 215-885-2562. Thank you assisting us with providing positive resources for our community.



HELPING FAMILIES FIND THE COURAGE TO RECOVER



Seabrook House is an internationally recognized, private CARF-accredited addiction treatment center with several locations. The main facility is located in Bridgeton, NJ.

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Diversity Committee Update

Prepared by Takako Suzuki, Ph.D.

The Diversity Committee of PSCP presented two workshops last year. The first workshop, on June 8th, 2012, was entitled "Working with Clients Whose Cultural Backgrounds are Different from Therapists". This workshop provided case based panel discussion of the treatment of clients who have characteristics that differ from their therapists, such as race/ethnicity, sexual/gender identities, and disability. More than sixty people participated. Six panelists (Drs. Tommy Davis, Maureen Osborne, Kathleen Reidy, Joel Socarrás-Rosa, Karen I. Sofer, and Takako Suzuki) from a range of backgrounds, (i.e., race/ethnicity/culture), different genders, various therapeutic approaches, and in different stages of their careers, led the workshop. They offered case examples which illustrated dilemmas created by cultural diversity, culturally responsive therapy, and creative solutions. Elements of culturally responsive therapy were demonstrated, including recognizing culturally-based barriers to effective communication, becoming aware of our cultural blind spots, and handling unexpected ethical dilemmas, in addition to mutual learning and growth. There were active, thought provoking discussions during the small group discussion with panelists. This was the newly formed Diversity Committee's kick off workshop to bring awareness and some practical tips to PSCP members.

As the inaugural "Diversity film Series: Watch and Talk", the Diversity committee sponsored a workshop entitled "Trans" on February 22, 2013.

Dr. Maureen Osborne, long- time PSCP member who appeared in the film as a treating therapist, presented this workshop. Over 40 people participated, and the film was very informative and moving, Dr. Osborne shared her rich experiences of treating the Trans population, which provoked enthusiastic discussions among participants.

At the PSCP Annual Dinner on April 13, 2013, the Diversity committee donated a "Diversity Basket" as a raffle prize. It was the most wanted item of all!!

We are planning to offer another workshop on "New Immigrants" (e.g., Asylum seekers, Refugees and undocumented immigrants) to address issues in the wake of proposed immigration reform in the spring of 2014. We'll invite an immigration lawyer to educate us on the complicated and ever-changing legal sides of immigration, address psychological issues this population faces, and suggest psychologists' roles in advocating for this underserved population. This workshop will be a collaborative effort with the Public Policy Committee of PSCP.

The Diversity Peer Consultation Group is going strong and being held once a month on Fridays 9-11 am. This year we started to meet via SKYPE, which is working very well. We would like to invite members to join us for this informal and fun case-based consultation group, even if you don't presently confront problematic issues related to diversity in your own caseload. I guarantee you will be fascinated

by hearing complexities of issues each case presents. Students are welcome too!

The general aim of the committee is to provide educational opportunities for PSCP members aimed at increasing competence in treating clients from diverse cultural backgrounds, participation in advocacy work to help underserved populations gain equal access to quality mental health services, and to increase the diversity of PSCP's membership. Our goal is to create an inclusive atmosphere at PSCP.

For the year of 2013-2014, we plan to collaborate with the newly formed Social Media committee and create diversity related resources, such as compiling a list of treatment

centers, or clinicians specializing treatment with varied areas of diversity, and a list of thought provoking and educational Diversity related films.

Would you like to join and be a part of this committee, so that your vision and opinions will make a difference? We would love to hear from senior/seasoned and early career psychologists, as well as other mental health professionals and the student members. If you would like to join with us, please send me an email at suztakako@gmail.com or call at 610-526-2928.

Members: Takako Suzuki, (Chair); Shawn Blue, Odelia McFadden, (student member), Maureen Osborne, Karen Sofer.

(continued from page 2)

For this workshop year, we are mailing a listing of all the workshops with a generic registration form which you may duplicate. A detailed description of all programs is available at our website, along with a registration form that you may download for workshop registrations. If you need more information or if you would like to present a workshop, contact Robyn Bailey, PSCP Administrator, at 215-885-2562.

The Executive Board once again would like to thank each of you who have contributed to our ongoing continuing education program by presenting a workshop, offering an idea for a workshop, or attending a workshop and providing us with feedback to improve our programs. We would also welcome any member who would like to become an active member of the Continuing Education program.

(continued from page 4)

- Set an example by seeing a psychologist periodically, not only to consult about clients, but also to monitor your own mental health.
- Include practices for maintaining clients' positive mental health in graduate program courses and internships.
- Work through APA and its branches and divisions to encourage the public to utilize preventive psychological services and to have health insurance companies support this.

Peer Consultation Groups

Research shows that psychologists involved in a peer consultation group are less likely to be implicated in a lawsuit, less likely to describe feelings of burnout, and rate themselves as more satisfied with their career. PSCP offers a range of peer consultation groups. We invite you to join an existing group or contact Heather Green, Ph.D. to explore hosting your own peer consultation group. Dr. Green can be reached by phone at: 215-901-9990 or via e-mail at

drheathergreen@gmail.com.

Peer Consultation groups are a chance sharpen clinical skills, learn from peers, fight professional isolation, and gain clarity on difficult cases. They are a meeting of peers and are not meant as any form of supervision.

Although some consultation groups welcome student members, these groups do not take on a supervisory role.

Diversity Group via Skype

This group meets one Friday per month from 9 – 11am via Skype though the particular Friday each month changes. For those interested in joining please contact group leader Dr. Takako Suzuki at the number listed below. The group discusses culturally responsive/adaptive ways to effectively treat individuals, couples, and families with different cultural backgrounds. Diverse cultural groups include: race/ethnicity, gender, sexual orientation, older adults, religious/spiritual affiliation, disability, those with socioeconomic challenges, and more. Discussions can be related to, but not limited to: acculturation stress, cultural identity formation, interracial marriage and families, intergenerational issues, discrimination, etc. Participants are asked to bring a case to discuss. Student members are welcome. Dr. Takako Suzuki can be contacted at suztakako@gmail.com or 610-526-2928.

Mindful Therapist Peer Consultation Group in Melrose Park, PA

The Mindful therapists peer consultation group is for mental health professionals, and those in training, who integrate mindfulness into their professional work for self-care and/or client care. A personal daily meditation practice is required of all participants – this can be from a variety of wisdom traditions, including but not limited to, the Buddhist traditions from which MBSR/MBCT are derived. Participants in training must be currently enrolled in a graduate program with a focus on mental and/or physical health. We meet in Melrose Park, PA on the first Tuesday of each month from 10am to noon. We begin with a sitting meditation practice. For more information please contact Chris Molnar, Ph.D. at Chris@MolnarPsychogy.com or 267-287-8347.

**Autism Spectrum Disorders Group**

This group will meet monthly on Wednesdays from 9-10:30am at the offices of Drs. Cindy Ariel and Robert Naseef in Old City, 319 Vine Street, #110. The focus of the group is on the treatment of autism and related disabilities in children and adults, as well as on treatment strategies and support for families/caregivers. Interested participants should contact Dr. Cindy Ariel at cariel@alternativechoices.com or 215-592-1333.

Peer Consultation Group in Media PA

Dr. Greg Milbourne plans to continue general consultation group at his office in Media, PA, assuming he can add new participants. Previously the group had met on one Friday per month, though Dr. Milbourne is willing to be flexible on the meeting date and time to accommodate the group. If interested, please contact Dr. Milbourne at 610-348-7780 or e-mail him at Milbourne@gmail.com to get details about the next meeting.

Peer Consultation Group in King of Prussia, PA

This is a general consultation group that meets every other Monday at 1pm at the offices of Dr. Kristine Boward. Please contact Dr. Boward at 610-659-3763 or e-mail her at KBoward@CenteredPsychology.com if you are interested in participating.

Classifieds

10 x 10 Office in downtown West Chester with Free Parking, Waiting Room, Internet, printer, copier, and fax accessibility. This is a shared space, so we're looking for a good match. Available hours are Monday-Friday 8am-4pm. Weekend hours are a possibility. \$262.50/month. Please call Christy Silva at (484) 678-9191.

Contact [Robyn Bailey](#) for rates and submission deadlines.

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