

PSCP TIMES

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Celebrate with PSCP!

Lillian Goertzel, Ed.D., President PSCP

Welcome to Spring! Join us at our Annual Event on April 18th to honor our keynote speaker Dr. Donald Bersoff, Ph.D., J.D. Dr. Bersoff is a psychologist and attorney, Emeritus Professor of Law at Drexel University's Thomas R. Kline School of Law, Past President of the American Psychological Association, and is a national expert on legal and ethical issues in mental health. His presentation-- Tarasoff Revisited: A Critique-- will be stimulating and vitally important. You can reserve your seat by visiting a link on our website at

philadelphiapsychology.org. or contact the PSCP office. We will have an evening of celebration, with wonderful food and the opportunity to visit with colleagues in a quiet and relaxing environment.

We are drawing closer to time for elections and welcome your vote. Your participation in all aspects of PSCP is vital to our future. I welcome you to contact me with any suggestions you may have.

Lillian Goertzel, Ed.D., President PSCP

IN THIS ISSUE

Celebrate with PSCP page 1

Welcome Message from President-Elect page 2-3

Write Your Story Here page 2,4

Call for Submissions page 3

Guns and Mental Illness page 6-9

Peer Consultation Groups page 10-11

Classifieds page 11

Welcome Message from President-Elect

Julie Meranze Levitt, Ph.D., President-Elect

Dear PSCP Members,

It is with great enthusiasm and some trepidation that I anticipate becoming president of PSCP on June 1. The trepidation is because I am following in the footsteps of many leaders whose vision and practical knowledge have advanced the practice of psychology in the Delaware Valley. The enthusiasm relates to the warm responses of general members and the involvement of a board that cares about PSCP. In preparation for my new position, I reflect on the history of PSCP, a professional society that started as a small group of psychologists who organized together in the 1950s to find ways to practice when psychology as a healing discipline was in its infancy. Over the years, our membership has grown and diversified, to about 250-300 now, and so has our agenda. These last few years have been especially productive as we expand on the possibilities of professional

training and provide cutting edge programming at a reasonable cost that meets needs of our members and the greater mental health provider community. We have participated in redefining the kinds of skills and techniques that offer the most solid treatment for clients. We offer low cost therapy for numbers of people who even today, with the Affordable Care Act, are unable to get quality care for a reasonable price. In addition we provide no cost care for refugees without financial resources. Also, our members have the opportunity to share their expertise with us and other mental health specialists by presenting CE programs, contributing to this newsletter, working with students, serving as early career mentors, and participating in our low fee psychotherapy program for the public. We support one another within PSCP in the search for training and work possibilities. PSCP remains vigilant about legislation that effects

...continued on page 3

Write Your Story Here

Julie Mayer, Psy.D.

Remember the time you were sitting across from that angry couple doing your best to strike that delicate balance in which each of them felt validated by you? That thought flickered through your mind – this would be a great case to write about. You've had that thought before. But, this time it won't go away.

Psychotherapists are ideally situated in our culture to learn about human emotions and transform their wisdom into a creative product that helps to inform others. Not surprisingly,

there are many therapists who have gone on to become professional writers, such as Jonathan Kellerman and Amy Bloom, as well as many who have written about their experiences in the clinical setting, such as Deborah Luepnitz and Irving Yalom.

Even The New York Times is telling us to write. Two recently published pieces, "Writing Your Way to Happiness," by Tara Parker-Pope and "The Best Way to Get Over a Breakup," by

...continued on page 4

“President-Elect”...continued from page 2

psychologists and other mental health professionals and that concerns the public's ability to get excellent mental health service. We have held a CE program to better understand our roles in a fast changing health care climate and most recently, with the state's approval, are providing a high level three credit CE program for mandated child abuse reporters practicing in Pennsylvania.

On May 1 our board will participate in a training session aimed at developing a long range plan. This coming year, we will be focusing on ways to increase participation of our members and increase number of members, an initiative we started this past year, under President Lillian Goertzel's excellent leadership. Our Mix and Mingle last November brought together psychologists across the career span, including those in training and those who are now retired from practice. With increased numbers, we can increase service to the community and add our thoughts about proposed legislation that is important to our field and to mental health services for the public.

I see my presidential mission as being responsive to member needs and to assist in development of new directions that better serve psychologists in practice. Unfortunately, mental health services to the public are both increasing through the Affordable Care Act and ironically, decreasing because of high insurance deductibles that prevent people from seeking treatment. As the mental health service field evolves, it will be important not to fight for maintaining the status quo but rather, to refine what services we are best at providing and how

we can best assist in training others, especially when client situations are complex and require the kinds of skills we offer. We also will be looking for areas of specialization that are not addressed. As psychologists we have broad and in-depth training in so many areas and are able to delve into new areas where there is a need. Finding new roles will be important and I see PSCP as providing the kind of CE programs that allow us to rethink in what areas we want to work. I also see psychologists as well as other professionals in our organization as concerned about issues that are important in keeping our community working well. Our members are willing to support good causes. How we envision psychologists and how we work together as a dedicated professional group will be part of my agenda.

I welcome your ideas. Please contact me with suggestions about how to increase participation, recruit new members, and for directions you think PSCP should take as we face the challenges of new directions in the delivery of health care.

Julie Meranze Levitt, President-Elect

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Call for Submissions

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

Please contact Doug Rushlau, editor with submission guidelines and requirements for inclusion: Dr.Rushlau@centeredpsychology.com

“Write your Story”...continued from page 2

Anna North, tout the benefits of writing our own narratives, and writing about our goals and emotions. Is writing the road to happiness?

There’s only one way to find out.

But where to start? PSCP has launched a four part writing program entitled, “Turning Clinical Insight into Compelling Writing: Four Hands-on Workshops exploring the techniques of fiction, creative non-fiction and memoir writing.” In the first course, on Saturday, February 28th, I began our class with a focus on tools for creating compelling character. The group, consisting of experienced clinicians, recent doctoral graduates and students, explored five perspectives, read excerpts from clinical case studies as well as fiction to demonstrate the particular skills, and then practiced writing short prompted pieces. Some participants had years of writing experience, with multiple publications, while others were delving in for the first time. Everyone had the opportunity to explore character creation.

By the end of class, each participant had produced a longer piece about a character, in an effort to integrate the ideas from each perspective. Then we had the pleasure of listening to what a handful of participants had created. Absolutely engaging stuff! One person wrote an ominous piece about doing Skype therapy with a client who was about to undergo a medical procedure without telling his family. The piece’s tension and the sense of the therapist’s helplessness were striking. We all wanted to know what would happen next. Another participant wrote a jarring and compassionate piece from the point of view of a

recently released prisoner, showing how his world felt fragile and unsteady by describing his efforts to fill a cup of coffee at a mini-mart. We all felt his bewildered, shaky reality.

In our next class, on Saturday, March 14th, we’ll be exploring the story arc. Now that we have a character or two, we will examine how to create a plot for them. In the third class, on Saturday, April 4th, we will color in our picture by practicing writing scene description and evoking mood to bring the story to life. The fourth class, held on Saturday, April 25th, is the culminating one, in which we put it all together.

Writing requires dedication and practice and a great deal of tolerance and patience. But the payoff can be great. It can bring joy to the writer, as well as entertainment and /or education to the reader. Writing is a way to process complex experiences, create and solve puzzles, and communicate something meaningful. It is time to turn that persistent thought into action. Don’t delay! Join us.

The next class is on Saturday, March 14th from 9:00 am to 12:00 noon at The Philadelphia College of Osteopathic Medicine, in Evans Hall, Room 327, City Line Avenue, Bala Cynwyd, Pa. Classes are open to PSCP Members, Associate members and interested mental health professionals who are not members. See PSCP’s website for more details.

Julie Mayer, Psy.D., is the author of the novel, “A Fleeting State of Mind,” and has a private practice in Media, PA.

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Guns and Mental Illness - An Update

Julie Meranze Levitt, Ph.D., Chair, Public Policy, PSCP

This article is an update about the relationship between guns and the mentally ill.

An issue widely written about in the public press is that the mentally ill are generally responsible for gun violence (Swanson and Robertson, in press). The media by focusing on situations in which disturbed individuals have killed groups of people in a public grouping or in schools may be giving the impression that the mentally ill as a diagnosed cohort are especially dangerous and largely responsible for killings. What is not emphasized by the press is how small the numbers of gun-related incidents involving those who have a history of mental illness actually is (Pescosolido et al, 1999). According to the Educational Fund to Stop Gun Violence, in a paper, *Risk-Based Firearm Policy Recommendations for Pennsylvania* (2015), diagnosed mental illness accounts for only a fraction of gun violence, homicides and suicides, in our country, around 4%. More predictive of an act of violence, both homicide and suicide, are a history of having previously committed an act of violence and histories of drug and alcohol abuse. (See p. 5 of that report.)

Regardless of the small risks of violence by people with diagnosed mental illness, we as psychologists and other mental health practitioners cannot ignore the risk of violence to or by our clients. Coming out of the tragedy at Newtown, CT, in December 2012, states began instituting stronger reporting laws and some states, such as New York, have developed law requiring mental health professionals to report to local mental health authorities the

names of all clients who might harm themselves or others. (See the New York Safe Act of 2013 at http://www.omh.ny.gov/omhweb/safe_act/faq.html and Swanson, 2013, for commentary.) Once identified, a client's name will be cross-referenced to see if she/he is on the New York State's data base with respect to gun licenses. If the individual is licensed to own a gun, that person's gun license privilege may be suspended and the police permitted to locate the individual and remove his/her gun(s). This kind of law may lead to the over-identification of those at risk for committing acts of violence and may deter people who need treatment, treatment ironically that may prevent acts of violence, from seeking or remaining in therapy.

But in fact it is difficult to predict who will become violent. The American Psychological Association (APA) in 2013 issued a report on gun violence: *A Panel of Experts Report, Gun Violence: Prediction, Prevention, and Policy*, that made it clear that at that time there was little research on which to base a successful prevention program in communities. See also Scrivner, Tynan, & Cornell (2013), whose work on communities is part of the final APA 2013 report. The lack of research is related, at least in part, to a dearth of federal funding. We have information about the kinds of situations that may be associated with greater risk, including profound depression, severe trauma in childhood or adulthood, but do not yet know how to predict with any certainty who will shoot another or take her/his own life. As an aside, one in five suicides in the United States is by a

veteran. While this troubling statistic suggests that veterans may experience extremely stressful conditions that may predispose them to take their own lives, this will not predict which veterans will commit suicide (Hargarten, Burnson, Campo, Cook, 2014).

Are there strategies other than reporting every client in our practice who might become violent to a governmental authority? For example, Donald Bersoff, PhD, JD, who will speak at our Annual PSCP Dinner in April, contends that the law that emanated from *Tarasoff v. Regents of the University of California* (1976) is not good law and hampers the practice of psychotherapists. See Dr. Bersoff's article based on his 2013 American Psychological Association Presidential Address in the *American Psychologist*, July-August 2014. (Bersoff, 2014). In his address, Dr. Bersoff questions the premises surrounding the duty to warn intended victims and law enforcement if a patient's behavior poses a serious risk of violence. He will speak about *Tarasoff*-related law at our April 18th event.

The question remains: How do we know who in our practice may become violent against self or others and how do we handle the possibility of vulnerable individuals hurting themselves and others when there is no known imminent danger?

One promising possibility, at least in the legal realm, is suggested by the Consortium for Risk-Based Firearm Policy, which presented at Temple University Beasley School of Law (2/5/15.) The Consortium is a think tank that brings together leading United States experts in research, practitioners, and advocates on gun violence prevention and mental health. See [\[dmhl.typepad.com/my-blog/2014/02/consortium-for-risk-based-firearms-policy-recommends-evidence-based-changes-to-state-and-federal-gun-policies.html\]\(http://dmhl.typepad.com/my-blog/2014/02/consortium-for-risk-based-firearms-policy-recommends-evidence-based-changes-to-state-and-federal-gun-policies.html\). The Consortium, in a handout distributed at the lecture, summarizes what we do know about who may become violent and argues that these individuals may or may not be likely to be mentally ill. Here I partly paraphrase the handout:](http://</p></div><div data-bbox=)

- Mental illness, especially depression, significantly increases the risk of suicide.
- Some with severe mental illness, especially those with comorbid substance use disorders and those involuntarily committed to treatment, may pose more of a risk to themselves and others when they are experiencing acute exacerbations of their illness. It must be kept in mind that most people with mental illness do not pose a significant risk to others.
- Past violence is a strong predictor of violence in the future, regardless of whether the person has a diagnosis of mental illness. If one has been convicted of crimes of violence, there is an increased risk of committing violent acts in the future.
- Domestic violence increases risk of firearm violence. Most victims of intimate partner homicide are killed with a gun and there is as much as a five-fold increased risk of intimate partner homicide when an abuser has a firearm.
- Substance abuse increases the risk of committing violence toward oneself and others.

Among the Consortium's recommendations is a call for strengthening efforts to prevent persons with serious mental illness who have been involuntarily hospitalized to have access to guns. Also, the Consortium reasons that these individuals should have the opportunity to have their rights restored when they no longer pose a risk to themselves and others. Unfortunately, however, policies now in place do not adequately address the situations of those who may pose an elevated risk for violence. Bottom line, the Consortium maintains that current law does not provide the means by which guns can be removed from those who pose an elevated risk of violence except under some circumstances, such as domestic violence.

One recommendation of the Consortium is the development a new civil restraining process, the Gun Violence Restraining Order (GVRO), that would allow family and intimate partners to petition the court for gun removal when there is "credible risk" that an individual might physically harm him/herself or others, even when domestic violence is not present. The court process, by bringing the situation to attention of the justice system, could allow for incorporation of additional services for the individual and family during particularly vulnerable periods, hopefully averting escalation to violence. The use of civil court means that criminal charges are not being considered and therefore, would prevent further marginalization and criminalization of individuals who are having a difficult period in their lives. (See the Educational Fund to Stop Gun Violence for additional information at www.efsgv.org.)

What the Consortium is proposing are other ways to weigh risk and court procedures that could protect vulnerable individuals and families from further trauma and hopefully prevent violence. Rather than relying on mental diagnoses to determine risks, the focus would be to identify

situations in which individuals, families, and others are at increased risk of committing acts or being the victims of violence. Gun removal and other services could be in place during the period of acute stress.

While such law has been passed in only one state, California, the idea of involving the law to help when people are severely stressed and who may have an increased risk toward violent actions if guns are not removed, is being considered in two additional states.

What steps do we take as psychologists and other mental health practitioners to lower the risk of violent behaviors? Like GVRO, does not our work involve assessing situations and exploring ways to reduce risk? Don't we try to work with the situation at hand and find ways to reduce stress level and irrational ideation? Don't we try to engage others in the person's life to lessen the client's agitation and provide close watch? Don't we work with families to eliminate risks in homes, such as check for the presence of guns and press the family to remove these and other hazards, such as pills, from the home? How do we identify a client who may lose control? How do we prevent further emotional unraveling of our clients and help them to self-correct? Our approaches are grounded in the present and what we observe and experience.

Let us start a dialogue about those processes we go through when we are concerned about risk. Share your ideas with me so that we can develop strategies to present to lawmakers about how to lower gun violence. I am reachable at julie.levitt@verizon.net.

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

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Time to get connected!

Research shows that psychologists who participate in a peer consultation group are less likely become involved in a lawsuit, less likely to describe feelings of burnout, and rate themselves more satisfied with their career. PSCP sponsors a range of peer consultation groups, and we invite you to join! Contact Kristine Boward, Psy.D. to join an existing group, or to start your own peer consultation group. Dr. Boward can be reached by phone at: 610-878-9330 ext. 107 or via e-mail at KBoward@CenteredPsychology.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

This group meets on occasional Fridays from 10am-12pm, via Skype. The group discusses culturally informed, responsive and adaptive ways to treat individuals, couples, and families of diverse cultural backgrounds. Groups of focus include: race, ethnicity, national origin, gender, sexual orientation, religious/spiritual traditions and beliefs, disability, those with socioeconomic challenges, and more. Issues can be relating 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. Group leader is Dr. Takako Suzuki. For those interested in joining, she can be contacted at suztakako@gmail.com or 610-526-2928.

Mindful Therapist Peer Consultation Group (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 (Old City, Philadelphia)

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

Peer Consultation Group (Media, PA)

This is a general consultation group that meets in the afternoon on the last Friday of every month, at the office of Dr. Greg Milbourne in Media, PA. Please contact Dr. Milbourne at 610-348-7780 or e-mail him at Milbourne@gmail.com if you are interested in participating.

Peer Consultation Group (King of Prussia)

This is a general consultation group that meets every other Monday at 1pm at the office of Dr. Kristine Boward. Please contact Dr. Boward by phone at 610-878-9330 or by email at KBoward@CenteredPsychology.com if you are interested in participating.

Special Interest Group Contact Info

Diversity Group - Dr. Takako Suzuki
Suztakako@gmail.com

Mindful Therapist Group - Dr. Chris Molnar
Chris@molnarpsychology.com

Autism Spectrum - Dr. Cindy Ariel
Cariel@alternativechoices.com

General (Media, PA) - Dr. Greg Melbourne
Milbourne@gmail.com

General (King of Prussia, PA) - Dr. Kristine Boward | KBoward@centeredpsychology.com

Classifieds

Suburban Square Office

Wonderful office for rent on Philadelphia's Main Line in Ardmore's Suburban Square. Collaborative or consulting opportunities are available with other psychologists serving children and adults within the office suite. Office offers ample parking and is in close proximity to train and bus lines. Secretarial services available. Large waiting room and basement storage are included as are all utilities. Monthly rent is \$750. Call 610-896-8666 and ask for Sandy

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supervision, kitchen with fridge, microwave, toaster, coffee maker, sink. 2 decks, one garden, central air, fax, WIFI, individual buzzer for each office. Psychiatrists and learning disabilities specialist on premises. 215-546-2379, marlabisaacs@gmail.com