

# PSCP TIMES

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## As We Start the New Year

*Julie Meranze Levitt, PhD, PSCP President*



I am writing this column as I start my year as President of the Philadelphia Society of Clinical Psychologists.

First, I would like to review some history about PSCP, and then move on

to its recent accomplishments, followed by what I would like to address as president.

PSCP was founded in 1956 by six individuals, including an African American, and one a woman. Before the licensing law passed in Pennsylvania in 1972 and the first license granted in 1973, there was voluntary certification, a step toward legalizing the practice of psychology as a legitimate discipline. In preparation for this column I spoke with a long-standing member who joined PSCP early in its inception. He

described being trained in the 1950s by psychologists and psychiatrists, both within and outside the Veterans Administration. During this period, psychologists and psychiatrists were primarily psychotherapists, as medication for mental illness was in its infancy and not often used as an adjunct in treatment.

Initially, PSCP was open to psychologists with clinical or counseling degrees. It was formed to provide peer support and to consider what psychology was becoming as a discipline and a field of practice, as well as an opportunity to envision what practice could become. This era was the beginnings of practice after the Department of Defense jump-started psychology practice by employing psychologists as testers and counselors, first during WW I and WW II and then after, in Veterans Administration Hospitals. Psychotherapy by

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individual psychologists was known before the advent of WW I but was a rarity.

Early in the 1970s PSCP as an organization became a force for the establishment of licensing of psychologists in Pennsylvania, a resource for ethics related to the profession and treatment, a referral source for those needing psychological treatment, especially those with limited financial means, and an organization advocating service reimbursement within the developing insurance system. Over the years, starting with the 1970s and going into the early 1990s, independent practice thrived in the Philadelphia area.

PSCP went on to support legislation allowing the licensing of home offices in Philadelphia. In addition, PSCP developed programming for the public designed to better understand the prevention and treatment of mental health conditions. Drives for mental health causes, including participation in athletic runs and biking events as ways to raise money, became part of what PSCP members did. At one time, PSCP had its own radio show and provided speakers for television programs and a variety of other organizations in the Philadelphia area related to health care. Continuing education programs were developed with great success. Legislators and others concerned with public policy were among PSCP's speakers. During these years, PSCP thrived.

At present, how guild organizations can best serve their members is becoming an increasingly important question. Guild organizations in psychology, with some exceptions, are experiencing a graying of the populations they serve, with older members more willing to invest

in professional societies and younger members, for any number of reasons, not seeing the efficacy for joining them. An era of continuity, generation to generation, is changing. The practice of psychology becomes broader, with ironically greater narrowing of training and practice that comes with specialization, and more concerned with finding cost-cutting, efficient ways of intervening with fewer sessions and greater reliance on practices that meet a specific level of success that can be coded and quantified. Training is different: there are now professional schools side-by-side academic programs, these latter programs more concerned with research and developing a practitioner/researcher hybrid. There is a move to consolidate training program curricula while specialty programs simultaneously are under way.

PSCP is at a cross-roads. Our members come from several sub-disciplines of professional psychology with various specialties. In PSCP, we are trying to address a variety of needs of psychology practitioners in addition to continuing to focus on the general continuing education of our members and other mental health professionals in our community. In addition, PSCP works to be one of the players informing the public about what constitutes good practice and offering names of psychology practitioners who meet the standards for practice. Who we are and how best can we serve needs of psychologists and the public in the Philadelphia area are questions we ask.

In May of this year members of the PSCP board gathered together for a retreat, A Day of Clarity, with Ellen Greenberg, MSOD, from the Nonprofit Center at La Salle University's School

of Business. At the six hour retreat, board members reviewed practices within the organization and board and discussed how PSCP can function optimally and continue to be relevant. The board recognized that it is necessary to reconsider our mission, goals and actions. To redefine direction, PSCP will need the help of our members.

This summer, the board will meet to start a strategic planning process. We will form committees to look at our bylaws, our business practices, our services, and ask hard questions about what members at various levels of experience and times of professional life want and need from a guild organization. I and the board ask for you to join committees to work on these questions. We want as much participation from members as possible. Later this summer I will begin to circulate the questions we are asking and ask for your help in addressing these. Surveying members and follow-up interview will be part of the process.

Please know that we have no intention of shutting down. Rather, we continue to see the need for an organization in which all practitioner psychologists and research psychologists may come together to meet the challenges in this new era in health care. How we practice among ourselves and with other health disciplines, public health entities, legislators, governmental agencies, and the larger public to address how to keep the population healthy and well-functioning will be important. I will be writing all of you over the summer. Thank you for continuing your membership and paying dues at the highest level you are able. Your participation will make PSCP most able to squarely address our needs as psychology practitioners. We ask for your continued support.

Julie Meranze Levitt, PhD  
PSCP President  
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## Making Joining Easier

At the June 5, 2015 meeting of the Executive Board of PSCP, a new procedure for accepting new members was approved by the Board. Once a candidate for membership completes the appropriate application form, the credentials of all candidates for general membership will be circulated to members of the Executive Board for an email ballot. The results will be tabulated within 7 business days of the application's circulation.

The Article 2.4 of the PSCP By-Laws requires a vote of members of the Executive Board;

however, the By-Laws do not require that the vote take place at a board meeting.

This procedure will streamline the membership acceptance procedure and new applicants should hear of their status within two weeks of the submission of all required documents. The applications for General Membership, Associate Membership and Student membership may be downloaded from the PSCP website.

Ron Fischman, Ed.D.  
Membership Chair

# Directions For Us as Psychologists in This New Era of Health Care

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

*Note: This is my last public policy column, as I will begin my term of PSCP president starting June 1. These are just some thoughts about directions for us as psychology professionals.*

Psychologists in independent practice have enjoyed considerable freedom in practice and opportunities for specialization. Recent changes in health care legislation are forcing us to reconsider our options. I am bringing into this discussion the remarks of Patrick DeLeon, PhD, a former president of the American Psychological Association (APA) and an expert on health care. Dr. DeLeon, in two recent papers, has raised two important intertwined issues.

In the first, titled Here Comes the Judge (March 2015), DeLeon speaks about the need for us as psychologists to join with attorneys to provide better health care to individuals and families. Perhaps you as a PSCP Newsletter reader may recall that in the March 2015 PSCP Newsletter I wrote about the development of 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. This too was the result of mental health partners and attorneys working together to protect

individuals and families from further harm (Levitt, 2015).

In Here Comes the Judge, Dr. DeLeon states: “The needs of psychology’s patients often parallel those of the attorney’s clients. In 2008, the first Veteran’s court was established in Buffalo in an attempt to seriously address this interface. Former Massachusetts Psychological Association President and APA President Ron Levant heralded this transformative movement. At the national level, APA and ABA cosponsor impressive conferences. Another former APA President Don Bersoff, the association’s first General Council (and our speaker and recipient of PSCP’s Psychologist of the Year Award in April, 2015,) noted that by 2013, APA had submitted 147 amicus briefs, 58 of which were filed in the U.S. Supreme Court. Why don’t we hear about more state psychological associations working collaboratively with their local state bar associations?”

He goes on to discuss the real and escalating problem of elder abuse and the imperative that we work with those in the legal profession to establish a data base compiling known information about such abuse and then the need for legislation in order to ensure further protection of the elderly. He says:

“The FY’ 2016 budget for the HHS Administration for Community Living (ACL) proposes to prevent, detect, and respond to

elder abuse, neglect, and exploitation. As the population of older Americans increases, these problems continue to grow. Yet, there is no single set of national elder abuse prevalence data. A 2004 national survey of State Adult Protective Service programs showed a 16% increase in the number of elder abuse cases from an earlier 2000 study. Estimates are that 84% of all elder abuse incidents go unreported. The most recent data suggest that at least 10%, approximately 5 million older Americans, experience abuse each year, many in multiple forms.

The Administration reports extensive negative effects of abuse, neglect, and exploitation on the health and independence of seniors. Older victims of even modest forms of abuse have dramatically higher (300%) morbidity and mortality rates than non-abused older individuals. Adverse health impacts include an increased likelihood of heart attacks, dementia, depression, chronic diseases and psychological distress. As a result, a growing number of seniors access the healthcare system and are ultimately forced to leave their homes and communities prematurely.

ACL envisions building a foundation and establishing best practices for States to expand and improve the protection of elderly individuals living in their communities and in long-term care settings; increase the information and technical assistance available; protect the rights of older adults and prevent their exploitation; and reduce health-care fraud and abuse. Its Ombudsman Program relies heavily upon volunteers who make up the bulk of those who resolve resident issues.

The landscape is changing as individuals in need of long-term care services and supports increasingly choose to live in community settings. Fortunately there is a growing federal awareness of the uncharted area of abuse, neglect, and exploitation of older adults and persons with disabilities. These challenges must be effectively addressed.”

Could we join in the discussions, encouraging the Pennsylvania Psychological Association (PPA) to sit down with the Pennsylvania Bar Association to lay the groundwork for a coordinated effort to define best practices in care of the elderly? Could we as a local guild organization serve as movers and join the discussion? PSCP already is on the forefront of providing workshops for mandated reporters of child abuse within Pennsylvania. Within that discussion, we are becoming well-informed about the Child Protective Services Law (23 Pa.C.S. Chapter 63) and the myriad of issues the law attempts to address and how the law compounds issues further. Might we perhaps begin to educate practitioners in mental health about good practice and press for better service for our growing geriatric population and better data collection in order to understand needs? PSCP plans to offer workshops on elder abuse and hopefully, this will lead to letters and meetings with PPA and legislators. Parenthetically, there is a bill to curb elder abuse currently in the Pennsylvania House (House Bill 142). (Also see <http://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2015&sInd=0&body=H&type=B&bn=0142> for the actual bill.)





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In a second paper, *The Lion Sleeps Tonight*, also written in March 2015, Dr. DeLeon encourages us as psychologists to change focus, moving from training psychologists to be health care providers to making health care providers in fact psychologists. He argues that we need training in interdisciplinary partnership, treating in pseudo-psychological disorders, psychopharmacology, health policy and substance abuse, areas that have not been included in graduate training curricula. Dr. DeLeon talks about our isolation from others in health care because there was no mandated education in these areas.

What he proposes is a reorientation on the definition and training of the psychologist practitioner. Such a refocus will require us, even in our senior years of service, to redouble our efforts to work with other disciplines in teams. This direction also will require us to understand what our discipline offers that sets us apart from other practitioners. We will need to be clear about how the participation of psychologists in interdisciplinary teams uniquely contributes to understanding of diagnosis and care. In addition, we will need to participate with those in other mental health disciplines in the establishment of new models of care. And we need to become involved in the bigger discussion about what community infrastructure must be developed to support good health, optimal functioning and provide strengthening of families and communities.

I propose here more educational/dialogic opportunities within PSCP to rethink our unique contributions as service providers and policy makers operating within the context of present-day situations. This will lead to the development of a greater consciousness of who we are and why and how our involvement in health care is mandatory. I am hoping for opportunities this year when PSCP members may meet and discuss these topics. In addition, I think when appropriate, our future workshop presenters should bring into their discussions how their topics interface with inter-disciplinary problem-solving with specific emphasis on the roles for psychologists.

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## REFERENCES

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<http://hawaiiopsychology.org/resources/Members%20Area/Newsletter/HPA%20Spring%202015%20Newsletter.pdf>
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PSCP Newsletter, March 2015

# Notes From Our Recent, Future PSCP Presidents

I am writing to ask you to join me in extending a warm welcome to our new Board members including Gail Karafin, Ed. D., Pres-Elect and our members at large Cindy Ariel, Phd. , Harry Orenstein, Phd, and Lori Romano, PhD. In addition Julie Meranze Levitt, PhD. Is our new President and Karyn Scher, Phd is our secretary. We all plan to work together to forward the aims of PSCP.

In the past year we have promoted continuing education workshops, promoted social gatherings to inform members about our mission and raised funds for a community charity, Montgomery County Anti-Human Trafficking. We began new student initiatives with our student liasons , Matt Zakreski and Nicole Djkw-Fransko. Chrisitne Waanders, PhD continues to chair our mentorship program.

## Call for submissions

Have something to say? The PSCP Quarterly Newsletter wants your articles. PSCP members, and PSCP 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

We have a cohesive working Board to work on challenges as we move forward We will continue to offer continuing ed, client services, student outreach, mentoring ,networking and public policy updates. I invite you to share your suggestions with us. Thank you for your involvement in PSCP

Lillian Goertzel, Ed.D., Past President

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I am so pleased to be President-Elect of PSCP. I have been a member of this society since my early career days, and I am honored to be able to continue the traditions and missions of our organization. I welcome the challenges ahead, and I look forward to meeting with members in order to collaborate and support your roles.

Gail Karafin, Ed.D., President-Elect

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: [idrpscp@gmail.com](mailto:idrpscp@gmail.com)



## 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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:KBoward@CenteredPsychology.com) if you are interested in participating.

### **Special Interest Group Contact Info**

*Diversity Group* - Dr. Takako Suzuki  
[Suztakako@gmail.com](mailto:Suztakako@gmail.com)

*Mindful Therapist Group* - Dr. Chris Molnar  
[Chris@molnarpsychology.com](mailto:Chris@molnarpsychology.com)

*Autism Spectrum* - Dr. Cindy Ariel  
[Cariel@alternativechoices.com](mailto:Cariel@alternativechoices.com)

*General (Media, PA)* - Dr. Greg Melbourne  
[Milbourne@gmail.com](mailto:Milbourne@gmail.com)

*General (King of Prussia, PA)* - Dr. Kristine Boward | [KBoward@centeredpsychology.com](mailto:KBoward@centeredpsychology.com)

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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](mailto:marlabisaacs@gmail.com)

### **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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Contact Robyn Bailey for rates and submission deadlines.  
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