

NYSPA Notebook

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NYSPA's 77th Convention Report

Leonard Davidman, PhD • 2014 President-Elect

On Friday May 30 and Saturday May 31, psychologists from all parts of New York State, neighboring New Jersey, Connecticut and as far away as Philadelphia came together to learn, socialize, network and receive honors at NYSPA's 77th Annual Convention in Hauppauge, Long Island at the Hyatt Regency Long Island at Wind Watch Golf Club. The Suffolk County Psychological Association was our regional host. Thank you SCPA executive board and president Dr. Keith Moss, for your support.

Have you ever been to a NYSPA convention? It is really quite an experience because it has so many aspects to it.

There were 11 educational presentations, ten posters, ten exhibitors, a keynote speech by APA presidential candidate, NYSPA member Dr. Susan H. McDaniel, an awards luncheon with a dozen awards given to hard working NYSPA volunteers and leaders, a presentation of the five graduates of the NYSPA Leadership Institute founded by former NYSPA president

and current NYSPA DPA (Director of Professional Affairs) Dr. Jerry Grodin, and a clip from the project created by the graduating class.

There were two pre-convention workshops on Friday: couple therapy using Imago principles to reunite couples with Gene Shelly, M.Div and Barbara Fontana, PhD, and suicide assessment skills given by Shane Owens, PhD.

On Friday night at our cocktail reception there was a surprise announcement and public signing of a partnership agreement between NYSPA, represented by our new executive director Tom Coté and Health Assets Management, represented by its president Carmel Gold. Health Assets Management is the premier mental health billing and practice management company in New York State. They will provide NYSPA members with consultation services and discounted rates on issues related to practice management, billing, benefits verification, credentialing, remittances and payment services.

This year's theme was *New Horizons in Psychology: Diverse Approaches for Integrated Health Care in Diverse Contexts*. Despite the titles of its three tracks (Childhood and Adolescent, Diverse Contexts, and Private Practice) a sampling of the topics that were covered were mental health needs of children, legal issues of integration, school psychology and cultural diversity, HIV, harm reduction with addictive behaviors, Latino mental health, working with female victims of violence seeking asylum, and mind-body medicine in private practice.

Our keynote speaker Dr. Susan McDaniel who comes from Rochester addressed the topic of "The Future of Psychology in Healthcare." To make a point and also to put us in a fun mood early in her presentation she showed a hilarious clip of Bob Newhart playing a psychologist treating a woman. You can see it here <http://bit.ly/ThyZIQ>. Get ready to double over laughing.

The awards ceremony was quite moving. One highlight was the Legacy Award presented by Dr. Howard Cohen and given to Dr. Frank Goldberg. Another one was the Beacon Award given to Dr. June Feder after serving many years as chair of the Legislative Committee and who has been elected as one of NYSPA's representatives to APA Council. Even though Dr. Feder was on the awards committee this award was kept secret from her.

Finally there was another surprise - a special President's Award given to Diane Fisher-Golden. Dee, as she is known, is a longtime NYSPA senior staff member. After Tracy Russell, our



Drs. Patricia Dowds, Herb Gingold, Louis Jacobson and David Byrom at the Friday evening reception.

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Executive Report

Tom Coté, MBA, CAE • Executive Director



It's hard to believe I've been your Executive Director for over three months already. As the old adage states "time flies when you're having fun." I have certainly hit the ground running and while there is always work to do, we have made significant strides already.

I have been working on several initiatives to modernize our operations and allow us to prosper. One important task to achieve this is to create greater visibility for NYSPA and the profession of psychology, both to the public, as well as with the NYS legislature. We are working on restructuring our legislative committee to be more responsive and efficient, sharpening our communication tools and partnering with other mental/behavioral health groups to form collaborative relationships. In concert, we are planning to significantly boost our grassroots advocacy efforts across the State to continue building our NYSPA brand with elected officials. These efforts are vitally important to our external relations, both for regional affiliates as well as NYSPA and psychology as a whole.

Our committees and task forces have made notable accomplishments to NYSPA over the last few months. The Healthcare Reform Task force has

been diligently working on implementing their recommendations (see page

4). We now have an LGBTQ Task Force that is increasingly gaining momentum (see page 4). Our legislative program has made progress during this legislative session (see page 4). And as always, our Insurance Committee has been deeply invested in monitoring issues effecting the profession.

We are currently working on a potential fall convention to engage with our robust upstate membership. While still in the planning stages, we are hoping to create a one day conference in upstate to bring our programming content and carry the NYSPA message upstate. Stay tuned for details on this event within the next few weeks.

One final note; NYSPA's Central office is moving! As of August 1st, we will be working from our new office space. The space is modern, cost effective and in a great location of the Capital Region. If you're ever in the Albany area, we have space for you to lay your hat, connect to our wi-fi and see how we operate. Feel free to stop by!

Convention Report

continued from front page

last executive director left, Dee stepped up to the plate and became our Interim Executive Director. She knows every aspect of NYSPA and serves as our institutional history expert and go-to-person. Without Dee taking over we don't know what we would have done. The award was well deserved.

For many people it was a treat to meet some of our NYSPA staff like Tom Coté, Dee Fisher-Golden, Mary Harwood and our NYSPA president Dr. Dinelia Rosa. Dee's husband Jon was our official photographer. Those on our listserve had a chance to meet people they have been communicating with but never met in person.

The convention committee consisted of NYSPA president Dr. Dinelia Rosa, Dr. Christine Allen and Sabrina Esbitt.

2015 Convention.

As NYSPA's 2014 President-Elect, it is my responsibility to lead a team planning our 2015 convention. We have already started to explore venues and themes. I hope to create both an educational and exciting experience for NYSPA members and guests. If you want to be a presenter please be on the lookout for our call for papers. If you want to be a committee member reviewing submissions or planning events please contact me at Ldavidman@hotmail.com. We want you to be there.



President's Message

Dinelia Rosa, PhD

Dear NYSPA Members,

Five months have passed by in a blink of an eye. There has been a lot of exciting work!

NYSPA Health Care Reform Task Force

In April 2013, NYSPA Health Care Reform Task Force presented four recommendations that were unanimously approved by Council. These are:

- 1) Put out a call to find psychology leaders and place them in key positions in public and private healthcare groups to help shape policy favorable towards psychologists.
- 2) Make efforts to diversify NYSPA across a board range of practice areas, ages, and ethnicities in NYS, and to have better representation within NYSPA of those who understand the health care reforms. The group will consist of seasoned psychologists, early career and students.
- 3) For NYSPA lobby for Medicaid expansion which focuses on using an Integrated Primary Care Model. This is a setting where a behavioral health consultant (psychologists or otherwise) represents a fully integrated part of the health care team. This is recommended given the goals of a patient centered medical home and for cost savings.
- 4) For NYSPA to consider taking the lead on creating a Mental Health/Substance Use Disorder Advisory Board within the NYS Legislature, with NYSPA being represented (or leading) on this Board.

At the April 2014 Council of Representative meeting, Dr. Lubna Somjee, Co-chair of the HCR Task Force, presented Council members with four asks related to the recommendations. The first ask was that NYSPA continue to work actively on bringing the HCR recommendations to fruition. Second, that Council and Executive Committee continue to

dedicate time each meeting to discuss HCR issues and how best to navigate changes and advocate. Third, to have NYSPA members inform us of any contacts they may have with individuals or organizations that influence policy and politics in NYS. Fourth, to have each division and region actively involved in educating their membership regarding HCR and engage membership to help with advocacy efforts (brainstorm ideas, carry out ideas approved by NYSPA, contribute to PAC's etc). Council members agreed with these recommendations.

I would like to echo this ask: if you or a colleague have contact with individuals or organizations that influence policy and politics in New York State, please let us know. It is important for NYSPA to learn which members have existing connections with policy making entities. This is a very important step in establishing collaborations and increasing the presence of NYSPA where it matters. Please let us know by contacting either Dr. Lubna Somjee or Dr. Jon Marrelli.

The Legislative Committee and NYSPA's Legislative Agenda

Since Dr. John Northman was appointed as Chair of the Legislative Committee in April, he has met weekly with our Executive Director Tom Cote, DPA Jerry Grodin and I to discuss the reorganization of the Legislative Committee. Please refer to my message in the most recent *Friday Flash* where I provide further details regarding the changes in the Legislative Committee. Also note that regardless of the reorganization, NYSPA has not neglected to attend to our primary legislative concerns.

- **S.3481/A.801: PLLC bill.** This bill remains static in both houses of the Legislature. NYSPA will continue to support it.
- **S.7488: RxP bill:** This bill was introduced this year for the first time. The

bill does not yet have an Assembly sponsor.

- **ABA Regulations:** The ABA Advisory Board is being created as we speak. We are recommending a NYSPA member to sit on the board.
- **S.2923A/A.3570A: School psychologist licensure bill.** This bill did not move this year. NYSPA has not taken a position but will continue to monitor.
- **S.4176-B/A.6948A: Neuro tech bill.** While NYSPA did not actively oppose this bill, NYSPA did monitor it VERY closely. NYSPA has remained neutral on this bill.
- **S.7497/A.8342: Forensic evaluations bill.** NYSPA did not oppose this bill but it weighed in on the need to make some changes.
- **Telehealth insurance reimbursement bill.** NYS does not have a bill yet but we are beginning to draft one. Twenty-one states already have a telehealth bill, New York should be next.
- **Duty to Protect:** NYSPA is in the process of obtaining a report from the Duty to Protect Task Force on a survey issued to psychologists in NYS at the beginning of the year that will inform and help NYSPA formulate a policy that does not exist at this time.

As you might know, NYSPA has worked tenaciously to support the medical marijuana bill, which Governor Cuomo agreed to support after some added recommendations, in particular the prohibition of smoking marijuana. I would like to recognize the efforts of our NYSPA Division on Addictions, and our 2012 NYSPA President, Dr. Richard Juman for their advocacy efforts in supporting this important bill.

On May 15, I was invited to testify in a public hearing regarding legislation that would prohibit licensed mental health professionals from engaging minors in

sexual orientation change efforts (S.4917-B/A.6983-B). I represented NYSBA among other organizations that were also speaking in support of the bill. Soon after, the NYS Assembly passed the bill. Unfortunately it did not get to the Senate before the closing of the legislative session for this year. However, NYSBA will continue to support the bill until it becomes a law.

Insurance Issues

On the Insurance Committee end, Drs. Jerry Grodin and Nadine Lindner continue to work tenaciously with insurance companies, in particular ValueOptions with whom they have met three times. You may have followed their updates in the Friday Flash and in messages on the listserv.

Increased Diversity in NYSBA

Our LGBTQ Task Force is up and alive! So far the group has met three times, the most recent being a social. The outpouring of support given to them by divisions (Clinical, Psychoanalysis, Women's Issues, Independent Practice,

Social Issues, and Adult Development), and regions (Manhattan Psychological Association) is amazing. They have also received pledges from the Divisions of Culture, Race and Ethnicity and Organizational, Consulting and Work Psychology for future activities. We thank Dr. Herb Gingold for spearheading this important initiative.

Moving forward and as a reminder, do not forget to ask your Council Representative(s) what was discussed, voted on, etc. at our most recent Council meeting in April. Our next Council meeting is scheduled for September 20, 2014. Bring any concerns you might have and would like to be addressed at Council to the board of your division(s) or regional association. If you have not received updates of your respective division board meetings, please contact them and ask them for updates and reports. For divisions who are doing this already and working hard to keep their members informed of the bidirectional communications between divisions and NYSBA governance, thank you!

Keep an eye for our weekly Friday Flash. NYSBA uses this electronic newsletter to share information with you. Please do not ignore these emails! Our Director of Professional Affairs publishes his "DPA Dispatch" with valuable information relevant to many of the concerns being expressed on the listserv around insurance, new codes, and DSM versus ICD. Archives of the DPA Dispatch are available at: <http://tinyurl.com/mcas4eo>

Visit our website regularly at <http://www.nyspa.org> to find archive information and workshops relevant to the discipline and to the current changes.

Last but not least, I would like to use this opportunity to remind you that there is more yet to be done and we need more volunteers willing and able to step up to the plate to support any of the initiatives, projects and goals NYSBA is tackling at this time.

So please join us!



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RxP for Properly Trained Psychologists: What Does it Mean? And Where Can One Get Trained?

Jerry Grodin, PhD • Director of Professional Affairs

The New York State Psychological Association has proposed State Legislation (Senate Bill 7488) authorizing properly trained “licensed doctoral level psychologists” to prescribe medications within a defined formulary:

RxP means the authority to “prescribe, administer, discontinue and/or distribute without charge, drugs or controlled substances recognized in or customarily used in the diagnosis, treatment and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the board (Board of Psychology).”

1. The psychologist must hold a current license to practice as a psychologist in NYS.
2. The psychologist must have completed an organized sequence of study in an organized program offering intensive didactic education, and include the following core areas of instruction:
 - a. Basic Life Science
 - b. Neuroscience
 - c. Clinical and research pharma-

- cology and psychopharmacology
- d. Clinical medicine and pathophysiology
- e. Physical assessment and laboratory exams
- f. Clinical pharmacotherapeutics research
- g. Professional, ethical, and legal issues

The didactic portion of the education shall consist of an appropriate number of didactic hours to ensure acquisition of the necessary knowledge and skills to prescribe in a safe and effective manner.

3. The psychologist must have obtained relevant clinical experience sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners as determined by the board.
4. The psychologist must pass an examination developed by a nationally recognized body (e.g. The Psychological Association’s Practice Organization’s College of Professional Psychology) and be approved by the board.

The chart at right provides a comparison of training by various professional groups, which all leads to the ability to prescribe. It should be noted that psychologists will have extensive training in a limited formulary.

So where can one obtain training in RxP? The programs listed have been training psychologists for many years. Some of our NY colleagues are already trained. Most programs are a 24 month post-doctoral masters in psychopharmacology. Many classes are online.

- California School of Professional Psychology (San Francisco, CA) (Alliant International University)
- Fairleigh Dickinson University (Teaneck, NJ)
- Massachusetts School of Professional Psychology (Boston, MA)
- Nova Southeastern University Center for Psychological Studies (Ft. Lauderdale, FL)
- Prescribing Psychologists Register (Miami, FL)
- New Mexico State University (Las Cruces, NM)
- The Psychopharmacology Institute (Lincoln, NE)



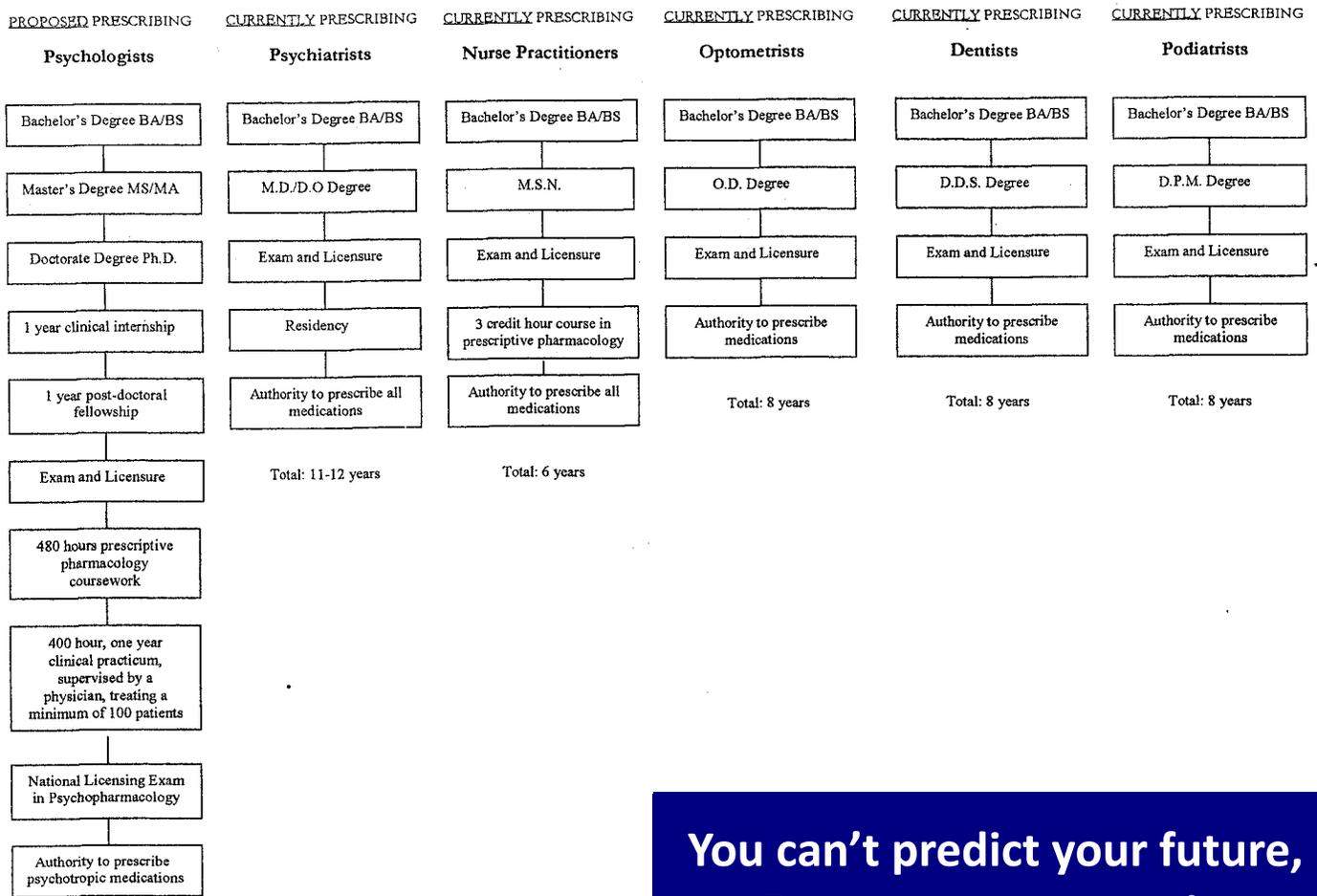
NYSPA’s Central Office is Moving!

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Figure 1: Coursework and Training Required to Become a Prescribing Psychologist
(Compared with other Prescribing Practitioners in Tennessee)



Total: Equivalent to 12-13 years of full time study

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The deadline for the Fall issue of the *Notebook* is September 15, 2014.

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Health Care Reform Task Force Update

Jon Marrelli, PsyD & Lubna Somjee, PhD, Co-Chairs



Health care reform (HCR) is well underway. We have seen numerous changes as a result of the Affordable Care Act (ACA), yet there remain many more changes that will be rolling out. The landscape of healthcare as we know it has truly changed from the healthcare system we are all accustomed to. With change comes adjustment but also the potential for opportunity, particularly if psychologists are able to work together and forge a strong, unified voice on behalf of the people we serve. The reality is that policy and politics greatly influences healthcare, and we have a responsibility to help inform NYS legislators of what the public needs in the way of behavioral health services. Promoting the broad spectrum of professional practice areas within the field - from private practice to new, innovative practices - will be essential in helping psychology thrive. In this update from the New York State Psychological Association's (NYSPA's) Health Care Reform Task Force, we provide a brief update on some of the changes occurring related to HCR.

We are all becoming well aware of the changes we see around us as the ACA rolls out. As Katherine Nordal discussed at this year's State Leadership Conference, the changes brought about by the ACA will transform the way many professional psychologists practice. Perhaps most significantly, the law's push for integrated care will cause the creation of more collaborative, multidisciplinary practice models (Clay, R, 2014). May, 2014). The most obvious changes include the proliferation of Accountable Care Organizations (ACO's) and Patient Centered Medical Homes (PCMH's). These newly created entities have caused healthcare professionals to move toward developing large integrated medical practices with a variety of different

service providers, resulting in a decrease of solo and small medical practices. As a result we have also seen consolidation of hospitals, and some hospitals folding. We have seen a great push towards the adoption of electronic health records (EHR's) as well as the start of different payment models. Another major change are the state Exchanges that offer new types of insurance products.

There are more changes to come. Thus far the trend is to continue to develop more ACO's and PCMH's which will drive healthcare professionals to work in large entities. As the American Psychological Association advocates for psychologist to be included in EHR incentives, it is likely psychologists may also be mandated to use them at some point in the near future. Insurance companies are also working on different reimbursement models that will roll out and likely put increasing pressure on solo or small psychology practices, as well as other healthcare settings. We shall soon know how the state Exchanges fared financially and if premiums will increase and healthcare professional panels will decrease. In terms of APA advocacy, when psychologists advocated for the profession on Capitol Hill this year, they pushed three APAPO priorities - increasing Medicare rates for psychologists, making psychologists eligible for EHR incentives, and including psychologists in the federal definition of 'physician.' (Clay, R, 2014).

These changes will ultimately impact all psychologists with private practitioners potentially being the most affected, although those working in large settings will all ultimately be affected as well. Between reimbursement models changing, the overall costs of adopting and maintaining EHR's, and insurance companies utilizing fewer psycholo-

gists on panels, psychologists have to be prepared and begin to take a proactive stance to inform themselves of what is going on and proactively weather these changes.

Similar to every professional who works in this changing healthcare system, psychologists will have to adjust. With change, there is also opportunity for psychologists to work in different ways. There is opportunity for innovation with private practice - to try and find ways to continue in spite of the upcoming challenges. Finding new models of private practice will be key as it is clear many types of behavioral health issues will not be addressed by ACO's and PCMH's, as they will often offer brief visits within an integrated care setting. Those with more long-standing or intensive mental health issues will not be treated appropriately in these settings. There is also room for innovative and entrepreneurial psychologists to develop new models of integrated care.

As our colleagues in the California Psychological Association have stated so succinctly, some psychologists may choose to join an integrated care team, in which case they would aim to work with medical staff at local hospitals, clinics, and other medical settings, or gain additional skills in working from a population management framework and focus on prevention efforts. (Ritz, M, 2014). Others may choose to augment their clinical practice by developing connections to medical providers, in which case one could work towards defining the uniqueness of their practice, develop agreements with local physicians, and promote the value that is added by psychologists unique skill sets and competencies (Ritz, M, 2014).

Transition to this new healthcare landscape is similar to any other transition

and includes periods of uncertainty. This uncertainty will create stress for all professions given many of us are attached to what healthcare used to be. Often faced with uncertainty, our inclinations are to deny, resist, or embrace. One reasonable way forward is to take charge and plan for how to best maintain the integrity of our profession while also evolving in step with the larger legal, regulatory, and health paradigms which are emerging. Based on various pockets of successful advocacy around the country we present several common themes for effective advocacy. As always, it is important to develop a personal relationship with your local legislator, and to support your local state psychological association and APA/APAPO - the APA and APAPO serves as the voice of our profession (Ritz, M., 2014). Two other important approaches we have seen are: 1) working together as a profession and not allowing healthcare reform to create further rifts in the profession and 2) having as many psychologists involved in advocacy as possible.

Working together involves pooling resources toward a shared goal: strengthening psychology's voice. Working together to pool ideas, information, energy and carrying out initiatives. As psychology is a profession where "1000 flowers bloom," there has historically been a lot of infighting amongst the different areas - academic, research, clinical, and so forth - and in some recent cases these rifts have intensified. This makes less and less sense in the current, precarious environment. Relative to other healthcare professionals there are relatively

few psychologists and the need to work together becomes all the more pivotal.

Having as many of us involved in advocacy as possible is also going to be necessary to gain strength- whether that means becoming actively involved in local, state psych associations or donating to the NYSPA political action committee (PAC). Whether one agrees with it or not, money does talk, and psychologists are among healthcare providers who donate the least to PAC's (Hoffman, N., 2012).

NYSPA has been engaging in a multi-pronged effort when it comes to tackling healthcare reform. NYSPA's Health Care Reform Task Force has been engaged in various efforts and some are outlined below:

- 1) Educating the members about changes happening and those on the horizon.
- 2) Strongly encouraging the need for more active advocacy and developing several recommendations to help psychologists have a stronger voice in NYS
- 3) Working towards developing a mental health advisory board within the NYS legislature to advise on all matters behavioral health. Together with other psychologists and our Executive Director Tom Cote, we have been exploring various ways to drive this recommendation and have been making progress at finding options to establish this.
- 4) Discussing the critical importance of, and assisting with, develop pro-

fessional relationships with other organizations that formally or informally influence legislation and mental health policy. NYSPA has been developing such relationships with various legislators, professional groups and other organizations. We are continuing to explore other relationships and partnerships.

- 5) We are an ongoing stakeholder in the NYS of Health (our Exchange) and have representation on their regional advisory board. Thus far we have been invited to provide feedback regarding provider panels, mental health services and have voiced various concerns.

We thank you for your time, and encourage NYSPA and its members to be innovative, energized, activated, and unified during these times when healthcare is shifting in numerous, unexpected ways.

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Stepping Up to the Plate: Opportunities and Challenges for Women in Leadership

Susan H. McDaniel, PhD, ABPP & Nadine Kaslow, PhD, ABPP

“A leader takes people where they want to go. A great leader takes people where they don’t necessarily want to go, but ought to be.” — Rosalynn Carter

“There are 3 essentials to leadership: humility, clarity, and courage.” — Fuchan Yuan

“As we look ahead into the next century, leaders will be those who empower others.” — Bill Gates

The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we’ve both: taken on leadership roles in academic health centers (Susan as a Division Chief in Psychiatry and an Associate Chair of Family Medicine, Nadine as Vice Chair of Psychiatry and Behavioral Sciences and Chief Psychologist at Grady Hospital). We both did national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine (ELAM). We have both been active for years in APA governance: Nadine is now the President of APA, Susan is on the Board of Directors and running for President. Susan has built a career developing primary care psychology, Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone:

“This is Dr. McDaniel.”

“Can I leave a message for Dr. McDaniel?”

“No, this is SHE. How can I help you?”

How many of us have had this experience? When we started working in our

respective academic health centers in the 80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here—an era when many women want to “lean in,” step up to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That’s how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman’s skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman’s goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in a very rich meal; we hope you will consider some of the references for more in-depth treatment of these subjects.

Alignment

Opportunities for leadership can arise in planful or very unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution or agency with your own. We find it very useful, as a first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we’re making difficult decisions about priorities, we return to our personal

mission statements and ask what is most important in achieving our personal goals. Not who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

After writing a personal mission statement, the next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway & Hepworth, 2008). Does it have a clear mission and identified goals? How do these match with your own?

More generally, do its leaders communicate clear expectations and responsibilities for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals who are having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

Power and Dependency

Leadership, by definition, means confronting issues of power and dependency. The American Heritage Dictionary lists four definitions of power, the first being “the ability or capacity to act or perform effectively.” This certainly sounds consistent with collaborative care. Not until the 4th definition do we get to “the ability or official capacity to exercise control or authority.” It is this definition that implies

domination, and can be problematic for physicians in relation to patients and other team members. The antidote to power as domination is shared power, or caring. Caring consists of being present, listening, demonstrating a willingness to help, and an ability to understand--people talking with each other rather than to each other, interactions based on a foundation of respect and empowerment (McDaniel & Hepworth, 2003). Sometimes that means finding out the behaviors that the other person experiences as respectful or empowering, or reporting on behaviors we appreciate.

The sociology of superordinates tells us that there are predictable feelings and behaviors experienced by those higher in the hierarchy, as well as by those perceived as lower (Goode, 1980). In particular, those higher tend to experience their position in terms of feeling burdened and responsible rather than powerful, blessed or lucky. Those lower can feel that their talents or accomplishments go unrecognized. They can be vulnerable to feeling invisible, unappreciated, disrespected, and eventually, resentful. Understanding these dynamics can help to provide appropriate support to leaders or followers, and move the culture towards one of collaborative respect.

Conflict Management

Competence in conflict management is essential for effective leadership. Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, & Marcus, 2014). Conflict management refers to using strategies that facilitate the movement of the parties in conflict toward resolution without escalation or the destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. It entails thoughtful consideration of the myriad sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling differences in

the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. With regard to the conflict situation, attention needs to be paid to pertinent issues, history of the conflict, primary players, and other stakeholders. Organizational factors to be examined include current policies/objectives, environmental influences, and working conditions. Examples of personal factors to assess are personal issues, personality styles, usual methods of anger management and conflict resolution, and beliefs about the behaviors of others that trigger intense feelings. Cultural factors to be identified pertain to cultural differences in communication styles and emphasis placed on individualism versus the common good.

The next step is to encourage each party to ask him/herself a series of questions, such as "how does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation". If you are a party to the conflict ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. Doing this requires focusing only on issues directly germane to the situation. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings in composed manner and listen to and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party(ies). This involves being clear about the outcome you want, accepting what you can get, giving up on having to be right, and demonstrating your willingness to hear the other party's

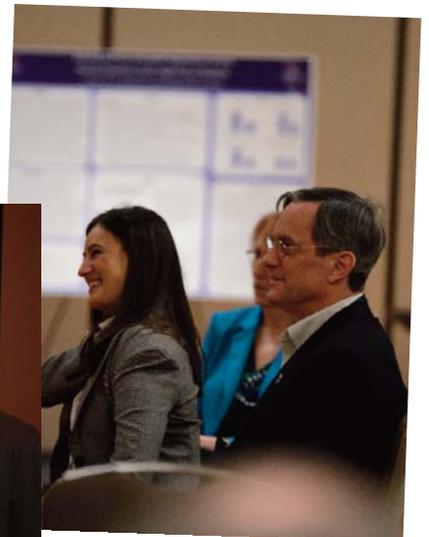
perspective and to work collaboratively. Following this, share what you are willing to do to improve the situation and strive to do your best to make these changes.

In conclusion, women bring many talents to leadership. Like other important decisions in life, it takes courage to "step up to the plate" but it is also a rewarding opportunity to serve. We all need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

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2014 Convention Highlights



2014 Convention Highlights



For more convention photos, visit <https://www.flickr.com/photos/125344985@N07/>

NYSPA Congratulates Award Winners!

Allen V. Williams, Jr. Memorial Award

The Allen V. Williams, Jr. Memorial Award is NYSPA's highest honor and is given on the basis of any one or more of the following criteria: sustained service to the profession; significant involvement in the broad issue of the profession; a unique contribution to the profession; and a unique contribution to NYSPA.



2014 Recipient: George H. Northrup, PhD

Distinguished Service Awards

Presented to psychologists who have demonstrated an unusually strong commitment to NYSPA's program and goals.

2014 Recipients: Julie Fink-Sullivan, PsyD, Nadine Lindner, PhD and Jon Marrelli, PsyD

The Beacon Award

The Beacon Award is presented to a psychologist whose leadership and/or advocacy activity has established a guiding light for the profession of psychology.

2014 Recipient: June Feder, PhD

NYSPA Diversity Award

The NYSPA Diversity Award is presented to a psychologist who has demonstrated a strong commitment to diversity and inclusion through NYSPA's programs and goals. The award recognizes the service and passion related to issues of diversity by sustained dedication and involvement in NYSPA.



2014 Recipient: Roy Aranda, PsyD, JD

Sydney A. (Bud) Orgel Memorial Award

Inaugurated at the 2005 Annual Convention, this award is presented to an early career psychologist.

2014 Recipient: Jeanette Sawyer Cohen, PhD

Legacy Award

Special recognition for contributions over the whole of a career.



2014 Recipient: Frank Goldberg, PhD

Joanne Lifshin Mentorship Award

The Leadership Institute of the Foundation of NYSPA recognizes others that exemplify the incredible ability to mentor early career psychologists and students to become leaders, like the late Dr. Joanne Lifshin.

2014 Recipient: Christine Allen, PhD



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NYSPA Partners with Health Assets Management To Offer New Member Benefit

At a formal contract signing ceremony at our 77th Annual Convention, NYSPA officially teamed up with Health Assets Management to create yet another member benefit.

NYSPA Executive Director Tom Coté and Health Assets Management President Carmel Gold authorized a partnership that will provide NYSPA members with consultation services and discounted rates on issues related to practice management, billing, benefits verification, credentialing, remittances and payment services. For more information about Health Assets Management, you can visit their website here.

NYSPA members in good standing will receive a 10% discount on billing services and a 25% discount on set up fees when you sign on as a billing customer. There are discounts on additional serv-

ices including eligibility and benefits verification as well as credentialing services. Health Assets Management will also offer a free one hour consultation to any NYSPA member for the services listed above.

For insurance or billing related questions, continue to contact us at nyspa@nyspa.org. We will submit your question to the Insurance Committee or directly to Health Assets Management for your free consultation.



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- Sexual Assault in the U.S. Military
- Ethical Considerations for Working with Military Members and Veterans
- Evidence-Based Treatment of PTSD: Cognitive Processing Therapy (CPT)

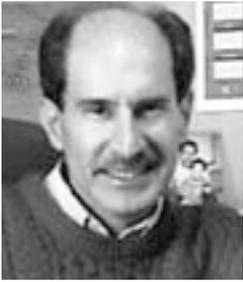
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The Research Digest

From the Column Editor:

This issue of the NYSJA Notebook features the eighth installment of The Research Digest column, aimed at translating research into practice, thereby hopefully at least partially bridging the often-cited gap between research and practice.

David Glenwick, PhD, Editorial Policies Committee Chair

Identifying and Treating Posttraumatic Stress Reactions in Justice-Involved Youth

Keith R. Cruise, PhD, MLS

Posttraumatic stress disorder (PTSD) is a prevalent disorder among male and female youth in the juvenile justice system. Prevalence rates have ranged from 11 to 65%, with gender and type of PTSD measurement (self-report versus structured interviews) viewed as contributing to the wide range of identified prevalence rates. The prototypical trauma event exposure, in terms of both frequency and reported impact, involves witnessing or experiencing violence. For example, in a 2004 study by Abram et al. of 898 youths in a juvenile detention center, 75% of males and 64% of females endorsed having seen or heard someone get hurt badly or killed. In a study conducted by my colleagues and me (Stimmel, Cruise, Ford, & Weiss, 2013), (a) male juvenile detainees endorsed experiencing an average of three potentially traumatic events and (b) when witnessing (65%) or experiencing (47%) community violence was endorsed, 30% of male offenders identified this exposure as the most bothersome event. These results exemplify that violence exposure is often nested within a broader pattern of lifetime trauma event exposure referred to as poly-victimization (Finkelhor, Ormrod, & Turner, 2007).

The high prevalence of exposure to potentially traumatic events and current PTSD indicates the need for effective screening and follow-up assessment of youth who come into contact with the juvenile justice system. In fact, a recent series of studies

have identified that traumatic event exposures and current PTSD symptoms are associated with elevated risk for a variety of emotional and behavioral difficulties that are relevant to understanding the treatment and rehabilitation needs of justice-involved youth. For example, in their juvenile detention sample, Abram et al. reported that over 50% of male and female youth with PTSD also endorsed symptoms for two or more comorbid disorders. Kerig, Ward, Vanderzee, and Moeddel (2009) found evidence that current PTSD symptoms mediated the association between interpersonal trauma exposure and self-reported mental health problems in male and female juvenile offenders, with this effect being stronger for females than males. Stimmel et al. (2013), in their male juvenile offender sample, found that community violence exposure accounted for 20% of the variance in self-reported reactive aggression. Total PTSD symptom severity also uniquely contributed to the prediction of reactive aggression scores, with hyperarousal symptoms (i.e., irritability, anger, hypervigilance) accounting for this effect.

The specific contributions of anger, hyperarousal, and complex PTSD symptoms (e.g., guilt, dissociation, impaired relationships) to the severity of mental health problems, aggression, and violence reported by juvenile offenders has reinforced the conceptualization of posttraumatic reactions as reflecting a pattern of impaired self-regulation

(Ford & Blaustein, 2013). Therefore, the pattern of trauma exposures and associated mental health consequences reported by juvenile offenders is perhaps better conceptualized as complex trauma. Complex trauma is defined as either exposure to multiple traumatic stressors at an early age or prolonged exposure to a single inescapable severe stressor (e.g., torture or captivity) that compromises the development of core self-regulatory competencies or primary attachments in youth (Cook et al., 2005). In a review of the available literature, Ford, Chapman, Connor, and Cruise (2012) argued that the self-regulatory domains affected by complex trauma might explain much of the aggression exhibited by justice-involved youth in residential settings. For example, problems with affect regulation (anger, difficulty identifying affect states), cognitive regulation (hostile threat schemas, hostile attribution bias), behavioral regulation (frustration intolerance, impulsivity, task persistence), and self-regulation (shame, guilt, coherent self-image/poor self-esteem) have all been identified as correlates of and contributors to aggressive behavior. As such, the traditional aggression reduction strategies relying on compliance and control that are used in juvenile justice settings are likely to be ineffective and to potentially exacerbate posttraumatic reactions among affected youth.

This research reinforces the need for

trauma-specific interventions as an important component of effective rehabilitation plans for youth involved in the juvenile justice system. The offender treatment literature in general has found that interventions focused on skill building via a cognitive-behavioral treatment approach demonstrate stronger effectiveness than strategies focused solely on discipline or deterrence (Lipsey, 2009). In this vein and specific to the juvenile justice context, Ford, Steinberg, Hawke, Levine, and Zhang (2012) reported positive results (reduced PTSD symptom severity and improved affect regulation) for their intervention, Trauma Affect Regulation: Guide for Education and Therapy (TARGET), in a randomized controlled trial comparing TARGET to relational supportive therapy in a sample of justice-involved adolescent girls. Also, the number of TARGET sessions attended was associated with reduced disciplinary incidents and seclusions in three juvenile detention centers (Ford & Hawke, 2012). A unique focus of TARGET is psychoeducation regarding typical stress responses and explaining PTSD symptoms as resulting from a disruption in the brain-body system's response to stress. Consistent with the focus on self-regulation and skill building, TARGET sessions then address the development of specific skills to identify triggers for alarm reactions, distinguish alarms from adaptive thoughts and emotions, and identify adaptive, in-the-moment behavioral responses. Additional secondary analy-

ses of TARGET data suggest that changes in negative affect regulation are key to the positive treatment effects noted.

In summary, research conducted over the past decade has highlighted the impact of high trauma exposures and posttraumatic reactions on the emotional and behavioral functioning of justice-involved youth. Researchers have begun to understand the effects of these experiences on behaviors that bring youth into the juvenile justice system (e.g., aggression, violence, substance use) and are documenting that the effects of cumulative trauma exposures can compromise development of multiple core self-regulatory competencies that extend well beyond the traditional anxiety and dysphoria associated with PTSD (Ford et al., 2012). Three important practice implications can be drawn from this research. First, mental health screening and assessments routinely conducted with youth at the point of initial system contact should address these broader core competency disruptions in order to identify and plan appropriate treatment responses. Second, based on such assessments, offering treatment that focuses on affect regulation may not only promote trauma-specific symptom reduction but also result in improved self-regulation that translates into safer juvenile justice institutions for staff and youth. Third, viewing trauma exposure and posttraumatic reactions through the lens of "systemic self-regulation"

(Ford & Blaustein, 2013) will assist juvenile justice professionals in achieving a broader understanding of the negative behaviors that bring youth into the juvenile justice system, with direct implications for day-to-day management in both community, correctional, and residential settings.

Recommended Readings

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- Rosenberg, H. J., Vance, J. E., Rosenberg, S. D., Wolford, G. L., Ashley, S. W., & Howard, M. L. (2013). Trauma exposure, psychiatric disorders, and resiliency in juvenile-justice-involved youth. *Psychological Trauma: Theory, Research, Practice, and Policy*, doi:10.1037/a0033199

References are available upon request.

Keith R. Cruise, PhD, MLS, is an associate professor of psychology at Fordham University. He can be contacted at cruise@fordham.edu



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Congratulations 2014 Leadership Institute Graduates!



Adi Avivi, PsyD is a graduate of the Clinical Psychology at Long Island University. At the time of her induction into the Leadership Institute, she was a psychology intern at Kings County Hospital Center. She has been a psychology extern at both Columbia University Medical Center and Jamaica Hospital Center. As a clinical psychologist, Adi intends to divide

her work between providing therapy, conducting research, translating that research into advocacy, and sharing what she has learned with up-and-coming psychologists. Through all of this, she expects to maintain a firm connection to broader social-change opportunities, tying her work wherever applicable to public policy and social movement contexts. She is a member of NYSPA and APA.

Heather Glubo, PhD received her doctorate of philosophy, Clinical Psychology with Health Emphasis from Yeshiva University. She has been a Psychology Fellow at Rusk Institute of Rehabilitation Medicine, NYU Langone Medical Center. She has also served as a psychology extern at the North Central Bronx Hospital. Her short-term and long-term goals include being active in both advocacy and leadership efforts. She is a member of NYSPA and APA. She serves as the Northeast Regional Advocacy Coordinator for APAGS and have been involved in a leadership capacity doing advocacy work since 2008.



Anita Madan, PhD received her doctorate in Psychology from UC Berkley in 2010. She has been a Postdoctoral Fellow at NYU Medical Center and a psychologist at Manhattan VA Medical Center. Currently, Anita works as a psychologist at Bellevue Hospital. Anita's goals include developing a strong grasp on the systemic problems that contribute

to lack of opportunities and challenges faced by the underserved and to serve as an advocate for those who do not have the resources or voices to get the services they need. She wants to help shape a healthcare system that is easier for individuals of all education levels to navigate. She is a member of NYSPA and active in DOWI.



Elizabeth Merrill, PsyD, ABPP, CGP received her doctorate from The Wright Institute in 2007. She is currently the Assistant Director of Childhood Adolescent Psychology Education and Training at Continuum Health Partners, St. Luke's-Roosevelt Hospital. She is also a Supervising Psychologist at The Child and Family institute at St. Luke's-Roosevelt Hos-

pital Center and an Assistant Professor of Psychiatry at the Incahn School of Medicine at Mount Sinai. Her goals are to further her expertise in administration and become the Training Director of an APA accredited clinical psychology program and increase her political involvement with APA, EGPA and NYSPA. She is a member of NYSPA and APA.

Rebecca Rangel, PhD recently completed her doctorate of Philosophy, Counseling Psychology at Columbia University. Rebecca is an adjunct faculty member at John Jay College and the Director of Mentorship at the Latina Researchers Network. She has also been a Psychology Chief Extern at the Rafael Tavares Hispanic Mental Health Clinic and Women's Program at NY Presbyterian Hospital, Columbia University Medical Center. She is a member of NYSPA and APA.



Drs. Avivi, Glubo, Merrill and Madan graduate at NYSPA's 77th Annual Convention

Westchester County Psychological Association Celebrates Its 60th Year

Erica Saxe Ross, PhD • President, WCPA

The Westchester County Psychological Association (WCPA) celebrated its 60th year on May 9, 2014. WCPA, a professional organization of psychologists who live or work in Westchester County, NY was founded in 1954. The organization is affiliated with NYSPA.

WCPA has successfully continued to evolve as a professional group of psychologists due to the dedicated service of countless members over the past six decades. The organization makes the voice of Westchester psychologists heard on the state and national level regarding important psychological issues and the practice of psychology.

Workshops and CE Credit

In an effort to be current, the association has offered members and psychologists from other counties workshops on salient topics such as electronic communication and risk management, DSM V and ICD-10 diagnosis, implications of NY SAFE Act, new forms of drug abuse affecting teens and young adults, and CBT treatments for anxiety, weight management and sleep to name just a few. The educational

branch, WCPE, is approved by APA to offer CE credits for psychologists. The organization is one of the few county psychological associations with this capability.

21st Century Mindset

This year, WCPA developed a List Serv to enhance inter-member communication. An updated Referral Service is also in the works on the WCPA website, in addition to Members in Print and News about Members professional accomplishments. The association's newsletter, The Westchester Psychologist is published five times a year. WCPA maintains a Speaker's Bureau, A Test Kit Library Service and a Group Therapy Exchange. This year in an effort to introduce local graduate students to psychology, WCPA is offering free membership to students throughout their graduate school career.

Community Involvement

WCPA hosts an Annual Fundraiser at its Annual Meeting. The proceeds are donated to a worthy local organization such as The Food Bank, Gilda's Club,

My Sister's Place, The Children's Village and the Loft (serving LGBT teens and the community). In recent years, WCPA has contributed to WESEF, the Westchester Science and Engineering Fair, which recognizes talented high school students in the sciences. WCPA offers awards in the Behavioral Sciences and many members serve as judges in this prestigious event. The organization has also offered free workshops to the community on a wide range of pertinent topics.

WCPA Honors One of Its Own

It was most fitting that in the 60th year of WCPA, the Executive Director of WCPA, Bobbie Gallagher, was honored for her impressive and unprecedented 51 years of service. She was presented with both the Distinguished Service Award and the Lifetime Achievement Award. Bobbie was honored through, song, poetry, metaphors, jokes and toasts. To sum up her achievement, she is considered the heart and soul of WCPA.

Visit WCPA's website:
<http://www.westchesterpsych.org/>

NYSPA Social Media

NYSPA is active on many of the social connection mediums. Member publications and media mentions are promoted on Facebook and Twitter, in addition to NYSPA events, news and legislative activities. Ensure that you are connecting with your colleagues in NYSPA's LinkedIn group for a fast, free and friendly option for networking. NYSPA members are encouraged to shared any articles or news of interest and join the current conversations on each respective medium.



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Janina Fisher, Ph.D., is a licensed Clinical Psychologist and assistant director and trainer of the Sensorimotor Psychotherapy® Institute. She is a former instructor at the Trauma Center in Boston. She is also past president of the N.E. Society for the Treatment of Trauma and Dissociation, an EMDR Consultant, and a former Instructor, Harvard Medical School. Dr. Fisher is the author of a number of articles on trauma treatment and lectures nationally and internationally. For more information about Dr. Fisher, see www.janinafisher.com.



Kekuni Minton, Ph.D., is a founding trainer of SPI, co-author of *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* with Dr. Pat Ogden, EMDR practitioner, and was a faculty member at Naropa University for 11 years. His doctoral thesis in clinical psychology focused on somatic relational therapy and he has special interests in meditation and cultural trauma. Dr. Minton was the resident psychotherapist at the Boulder County AIDS Project for 3 years, and trains internationally for SPI in the United States, France, Italy, London, Finland, and Spain.

<u>DATES</u>	<u>TIMES MODULE 1</u>	<u>LOCATION</u>
1.) October 17-19, 2014 (Fri.-Sun.)	Friday Oct. 17, 2014: 10:00am-5:30pm	Cicatelli Associates Inc. 505 8th Ave. #16 New York City, NY 10018
2.) January 23-24, 2015 (Fri./Sat.)	Saturday Oct. 18, 2014: 9:00am-5:30pm	
3.) March 13-14, 2015 (Fri./Sat.)	Sunday Oct. 19, 2014: 9:00am-12:00pm	
4.) May 8-9, 2015 (Fri./Sat.)	<u>TIMES MODULE 2-6</u>	
5.) June 5-6, 2015 (Fri./Sat.)	Fridays: 9:00am-5:30pm	
6.) July 24-25, 2015 (Fri./Sat.)	Saturdays: 9:00am-5:30pm	
(13 days spread over 6 modules)	(80 contact hours)	

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Discounts: 5% if application is received by **August 1st, 2014** and/or payment in full by **September 19th**
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Calendar of Events

For details and registration for these program, please visit <http://www.nyspa.org>

September 13

Clinical Division Presents: The Loneliness of the Private Practitioner: Emotional Self-Care for Psychologists

September 14

Organizational, Consulting and Work Division Leadership Conference

September 21

Division of Psychoanalysis Annual Fall Conference: Dynamic Linking: Psychotherapy Integration in the Analytic Field

September 21

Division of Forensic Annual Fall Conference: The Many Faces of the Psychologist as Expert Witness

September 28

St. Francis College
Brooklyn Heights
Division of Culture, Race & Ethnicity Presents: Cultural Competence in Assessments Workshops

November 1

Independent Practice Division Open House

November 2

Division of Women's Issues Fall Workshop: Balance and Stress

November 9

Neuropsychology Division Open House

December 7

Division of Women's Issues Holiday Luncheon

December 7

Division of Group Psychology presentation with Dr. Robert Grossmark



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