PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

The Pennsylvania Psychologist

July/August 2008 Update

Authorizations, Parity, Medicare Dominate Legislative Agenda

Right at press time we learned that the conference committee considering the federal mental health parity bill agreed on a compromise that gives us most of what we wanted. Passage by the full House and Senate is expected.

As we approach the summer, there is still the possibility for some substantial legislation to be passed before the end of November 2008, when the current legislature ends. Any bills not passed by then must be reintroduced in the next session. On the state level, PPA's major issue has been outpatient authorizations. As readers of the Pennsylvania Psychologist know, State Senator Jake Corman (R-Centre) has introduced SB 1300, which is the Senate equivalent of the original HB 1000, which would restrict the ability of insurers to require authorizations for outpatient mental health treatment. SB 1300, now in the Senate Banking and Insurance Committee, once appeared "dead." However, PPA staff has been in communication with staff of Senator Don White (R-Indiana), chair of the Banking and Insurance Committee, and he now sees the problems of administrative burdens caused by managed care companies as a legitimate issue. However, he is not yet convinced that legislation is the optimal way to resolve the problem. PPA staff have held two meetings with the staff of Senator White and numerous insurers, and have laid out our position. Dr. Vince Bellwoar graciously attended these meetings to help represent the perspective of psychologists.

Also, in early May, Dr. Samuel Knapp traveled to DuBois, PA (within the district of Senate President Pro Tempore,

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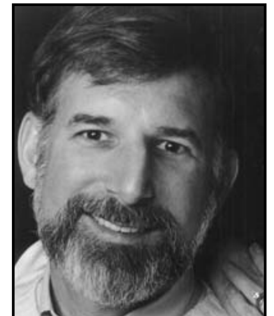
Forensic Psychology for Non-Forensic Psychologists: Issues and Pitfalls

Steven R. Cohen, Ph.D., Jane Iannuzzelli, M.Ed., M.A., and Eve Orlow, Ed.D., M.S.


Steven R. Cohen, Ph.D.

Jane Iannuzzelli, M.Ed., M.A.

Eve Orlow, Ed.D., M.S.

Most of us enter the field of clinical psychology because we are fascinated with human behaviors, intrigued by the mechanisms of the mind, and captivated by the antics of interpersonal dynamics. Mix this together with a deep desire to "do good" and help people and we have the mixture that builds a clinical psychologist. In today's litigious society most of us want to do anything we can to avoid the courts and legal system. If a letter comes in the mail from an attorney, many are filled with dread and trepidation fearing the worst. Those of us who are engaged in the practice of forensic psychology receive these letters from lawyers and judges every day of the week. Rather than a source of dread, it is just a routine part of our practices.

There are many definitions of forensic psychology but it is generally thought of as the application of psychological principles and knowledge to various legal activities. Typical forensic psychology issues include child custody disputes, child abuse or neglect, assessing personal capacity to manage one's affairs, matters of competency to stand trial, criminal responsibility, personal injury, and advising the courts in matters relating to sentencing.

Most clinicians want no part of this and are quite content to see their patients, help them improve and go home at the end of the day. Some look at the forensic psychologist with respect and admiration for putting themselves in the situation of dealing with the most difficult of clients, dealing with attorneys who are vigorous advocates for the clients, and being ready to testify in court. Mixed with this respect may also be an attitude of, "are you nuts? Why would you put yourself through that!"

However, in today's litigious society no clinician is immune or protected from interactions with the courts and the legal system. This can happen in ways that are not always obvious to us. A client calls and schedules an appointment because he is anxious. During the intake interview he reveals that he is anxious because he was involved in an automobile accident and wants treatment to reduce his anxiety and panic attacks when driving. If you accept this case you've just become involved with the legal

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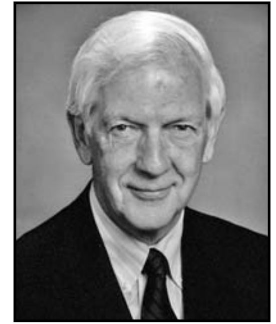
Suicide Trial Highlights Current Legal Standards for Mental Health Professionals

Robert P. Gallagher, Ed.D., University of Pittsburgh



On February 11, 2002, a college junior at Allegheny College committed suicide. The student had been treated at the college counseling center for recurrent panic attacks and episodes of depression since arriving on campus and had voluntarily submitted to a psychiatric hospitalization for a week at the beginning of his sophomore year. He also saw mental health professionals in his home community during the summer between his freshman and sophomore years, but returned to the college counseling center for continued help when he returned to campus.

Following the student's suicide, his parents filed suit against Allegheny College, his college counselor, and a consulting psychiatrist, claiming negligence in the treatment of their son, and failure to notify them of his suicidal ideation. Initially, two college deans who interacted with the counseling center were also named in the suit but, in a summary judgment, the court excluded them from the liability charges stating that these lay people had no duty to prevent suicide.

The trial of *Mahoney vs. Allegheny College* was heard in August 2006 in the Court of Common Pleas of Crawford County. The trial was presided over by Judge Barry F. Feudale.

The plaintiffs charged that the college defendants:

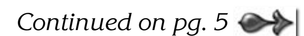
- Breached a duty of care to prevent their son's suicide
- Had a duty to notify parents about son's mental health problems
- Failed to involuntarily hospitalize their son
- Failed to require a leave of absence

The defense maintained that the evidence would show that:

- The mental health providers were well trained and experienced professionals who were knowledgeable about the law and committed and caring in their treatment of the student.
- Mental health professionals in Pennsylvania are prevented by law from breaching a patient's confidentiality without permission from the patient unless there is clear and present danger to self or others. To have gone against the student's explicit wishes in this case would have significantly threatened the therapeutic relationship.
- The student did not meet legal criteria for involuntary hospitalization.
- Since the student was performing at a high level in other aspects of his life and was not perceived to be in imminent danger, no reason existed to initiate an involuntary leave of absence. To do so would have created an additional psychological burden for the student.

The purpose of this article is not to review the trial proceedings, but to summarize the judge's charge to the jury following all of the testimony and closing arguments. No attempt will be made to cover the complete charge but only to highlight those elements of the charge that might be of interest to mental health professionals (MHPs) practicing in Pennsylvania. The charge to the jury included the following directives:

- The burden of proof in this case is on the plaintiff and must be established by a preponderance of the evidence.
- MHPs have a duty to attempt to prevent patient suicide when there is a custodial relationship such as when a patient is in a hospital or mental health institution. In this case no custodial relationship was found.
- Liability may be found, however, if the MHP's treatment was negligent in that it fell below the standard of care normally provided in the profession, and such negligence was a factual cause of death.
- Negligence consists of a careless or unskilled performance by a MHP in carrying out his or her professional responsibilities.
- A MHP, who professes to be a specialist in a particular mental health field, is expected to have the same general skills-set as do others in that same mental health specialty.

Continued on pg. 5 

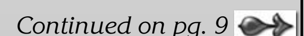
PPA Members Respond to Strategic Plan

For the past 12 years PPA has conducted a survey of its members to determine their needs, priorities, and opinions on a variety of practice and association related matters. The 2007 survey contained numerous questions concerning PPA's goals as an association.

PPA's Board of Directors has a strategic plan that helps it fulfill its goal of promoting psychology to enhance human welfare. The PPA Strategic plan has four general goals: advocating for public access to psychological services; supporting its members, especially through continuing education; disseminating knowledge about psychology to the public; and ensuring organizational strength.

When asked about these goals in the 2007 Annual Survey, 95% of PPA members agreed or strongly agreed that legislative advocacy was an important role for PPA; 89% agreed or strongly agreed on the importance of supporting and providing continuing education for its members; 68% agreed or strongly agreed with the goal of educating the public about psychological knowledge; and 70% agreed or strongly agreed on the need to maintain organizational strength. When asked about the strengths of PPA in reaching these goals, many respondents volunteered their appreciation for the work of the PPA leaders and the staff. Also, many stressed the importance of continuing to work on legislative change.

Other parts of the survey asked about specific PPA activities. When asked to compare the *Pennsylvania*

Continued on pg. 9 

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Suicide Trial Highlights Current Legal Standards for Mental Health Professionals

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- Negligent conduct is considered a factual cause if the conduct played an actual real role in harming the decedent. The connection between the conduct and the harm cannot be imaginary or insignificant.
- There may be more than one factual cause of harm. A jury can find factual cause even if other causes also contributed to the harm.
- A factual cause of harm can be found when a MHP fails to act, or negligently delays taking appropriate therapeutic steps that significantly contribute to the patient's harm.
- A mistake on the part of the MHP is not evidence of negligence. If the MHP possesses reasonable knowledge, professional learning, and skills, and uses them appropriately, he or she is not considered negligent even though the judgment made may subsequently prove to be incorrect.
- The counselor in this case owed a duty of care to the decedent. She did not owe a duty of care to the plaintiffs.
- The decedent was over 18 and the law presumes that he was capable of making his own decisions, including medical decisions.
- Patient confidentiality is also protected by the state and, without the patient's permission to do otherwise, must be maintained unless there is a clear and present danger to self or others.
- Clear and present danger is demonstrated when a person makes threats to commit suicide and has committed acts in furtherance of these threats such as obtaining the means to commit suicide.
- It must be determined through credible evidence if the decedent was responsible for his own death. It is possible for the jury to find that both the decedent and the defendants contributed to the death of the decedent. The jury must then decide the percentage of each party's responsibility.
- If the jury finds that the decedent's negligence was greater than the combined negligence of the defendants, then the plaintiffs are barred from recovery and there will be no need to consider what damages will be awarded. If the decedent's negligence is found to be equal to, or less than, the defendant's combined negligence, the jury must set forth the causal percentage to the decedent and each of the defendants.
- Also, a verdict, in a civil case such as this, rendered by at least five-sixths of the jury shall have the same effect as a unanimous verdict. Consequently, when at least ten of its members have agreed upon a verdict, the jury will be returned to the courtroom to render its verdict.

On August 31, 2006, the jury found in favor of the college, the counselor and the consulting psychiatrist. The decision was not appealed, so there was no opportunity for the case to be reviewed by the appellate court. Had it received such a review, an opinion on the case would have been published.

Consequently, this article provides an opportunity for psychologists to take note of Pennsylvania law in action. It is important to understand that the instructions by the judge in this important case represent the current standards by which mental health professionals will have their work evaluated in the event that an allegation of negligence is made.

The author of this article served as an expert witness at the trial on behalf of the college and the counselor. He can be reached at rgallagh@pitt.edu.

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system. Act 6 of 1990 (the law covering auto accident payments) specifies the fees we are allowed to charge in auto accident cases (110% of the Medicare allowable), requires that treatment notes are sent to the auto insurance carrier, and specifies conditions for peer review of our work. In that simple acceptance of an anxiety client we have entered a new world and must learn a whole new set of rules that govern both our behaviors and issues of confidentiality for the patient.

Another scenario is that you are engaged in the treatment of a child. You have been very protective of your work with this child and built a great deal of trust. Although you have kept the parents apprised of the child's progress and significant issues you have maintained a reasonable level of confidentiality with the child. At some point during the course of treatment the parents divorce and there is a custody dispute. A custody evaluator is appointed to help the courts make a decision about the best interests of this child. In the course of the evaluation the custody evaluator contacts you and requests your complete records (and sends you the proper consents for the release of the records). Now your clinical work is in the legal system. You may not want to send your records, you may be fearful of how they will be used, and you may feel very protective of your client. But, your work with this child will no longer be a private matter, and will be known to the attorneys, the parents, and the court. It may also trigger a request for you to appear in court to testify about your clinical work.

Yet another scenario, a divorced mother calls you because a child is upset about visiting the opposite parent and wants you to help the child. You quickly discover that the child is indeed upset about the visits, and the mother asks you to write a letter to her attorney stating that the child is upset and that the visits be suspended. You want to do this, but that small voice warns against it. You think "I remember hearing something about this at an ethics workshop a while back – what should I do?"

Find Out What to Do

Every day there are issues in our practices that pull us into being entangled with the legal system. These bring up questions of both law and ethics. If you are not knowledgeable about the proper responses do not guess! Even your best guess could be damaging to your client and result in a licensing board complaint against you. If you are unsure about what to do, reach out to a knowledgeable colleague. Ask for guidance and document the conversation. Every member of the PPA Ethics Committee is willing to consult with you about ethical questions and our nationally acclaimed Director of Professional Affairs, Dr. Sam Knapp, is available to answer questions about ethics. Another resource is the PPA Web site, which has available many of the articles about ethical issues that have been previously published in the *Pennsylvania Psychologist*. The PPA listserv is also a valuable resource and a way to obtain a quick consultation with peers. Often a question is answered within minutes of posting.

It is extremely important to know the ethical codes applying to forensic practice. In addition to the general APA Ethics Code, there are guidelines for forensic psychologists published by the APA Division of Forensic Psychology and there are specific ethical guidelines for custody evaluations.

Court Orders

If you receive a Court Order it is essential that you thoroughly read and understand it as it pertains to your responsibilities. If you have questions or the order is not clearly written you can consult with an attorney or ask the judge for clarification by letter. You should be cautious about contacting the attorneys involved in a particular case as it may be prohibited by the Court Order. Ex-parte communication may also be prohibited by the Court Order. Even if ordered by the court to perform certain duties the psychologist should not accept an assignment if he or she is not trained or experienced in that particular area. If there is an ethical conflict between the APA code or guidelines, and the Court Order, then the psychologist should obtain legal advice and/or inform and educate the court about the ethical conflict. We cannot assume that judges and lawyers are familiar with our ethical constraints so if there is a conflict it is incumbent upon us to educate them.

Subpoenas

There are a number of fairly common pitfalls that trip up psychologists. Responding to subpoenas is a common question. A subpoena looks very official with fancy print and a fancy seal on it. It will demand that you produce your records under penalty of being in contempt of court. The wording may vary from one jurisdiction to another, but the effect is the same; it looks very official and intimidating. However, a subpoena does not exempt us from the need to have proper consent from our clients to release those records. We must respond to a subpoena, but the response does not mean sending records without a release. If the patient does not consent to the release of records, one can inform the attorney who issued the subpoena (and a copy to the opposing attorney if there is one) that under the laws governing the practice of psychology in Pennsylvania you are not permitted to release the records without the consent of the client. Some attorneys will argue that the subpoena is a Court Order and we must comply. But there is a difference between a subpoena and a direct order from a judge. If there is a direct order from a judge to release records without patient consent then we must comply with that order or risk being in contempt of court. Any lawyer can obtain a subpoena by going to the prothonotary's office and taking a subpoena from the stack. But a direct order from a judge is issued from the judge's office and signed by the judge.

Consents and Releases

The release of records itself and consent for treatment often becomes a difficult area. With the recent change in Pennsylvania law any child aged 14 and above can consent to his or her own treatment. The person consenting to the treatment is also considered the person controlling the records. In that situation we should even obtain releases

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from the child to give information to the parents. If the child is under the age of 14 and the parents are married to each other with no custody orders in place either parent can give consent for the child's treatment. If there is a separation or divorce and the custody order is in place giving one parent sole legal custody (the ability to make major decisions for the child, i.e. medical, educational, etc.) then only the parent with sole legal custody can consent for treatment for the child under age 14. If there is shared legal custody then we should obtain consent from both of the parents before we can treat a child under the age of 14. (The Grossman decision stated we need consent from both parents when there is shared legal custody for evaluations. Although the Licensing Board has not ruled on treatment, it is safest to assume that they will impose the same standard if they rule on this.)

Emergency Treatment

This becomes problematic when one parent wants treatment for child, the other parent does not, and they have shared legal custody. Many times the parent wanting treatment will contact us and ask us to treat the child anyway. The child may be desperately in need of treatment but without the consent of both parents we should not treat the child. There are exceptions for emergencies. But it is prudent to take a very narrow view of what constitutes an emergency. If the child is acutely suicidal, acutely homicidal, or in immediate danger, then one can justify intervention without the consent of both parents. However, once the child is stabilized, the emergency situation has ended. It is hard to justify weeks and weeks of treatment as an emergency situation.

Requests Made to the Treating Psychologist

Custody and visitation issues often present problems for the treating psychologist. Children may be upset by the transitions that occur when they are shunted from one parent to another. They may not want to leave the primary parent to spend time with the other parent. Sometimes this reaction may be warranted by the behaviors of the non-primary parent. Sometimes the reaction is elicited by the feelings of the primary parent, who may be alienating the child from the other parent. Often one parent may pressure the treating psychologist to write a letter to an attorney or the court recommending that the visits with the opposite parent be stopped because the child is upset. You see the child's reactions. Sometimes the child will say to you, please stop them from forcing me to see the opposite parent. Your heart wants to stop the suffering of the child. You are tempted to write that letter. But, do not do it. As the treating psychologist, you are not permitted to make recommendations about visitation or custody. With a proper release, you can describe the child's behaviors, and the information provided to you by the parties, but must stop short of making the recommendations regarding a change in custody or visitation. You can recommend an independent custody evaluation so all of the parties can be examined and the evaluator can obtain a fuller assessment of the situation, and make recommendations in the best interests of the child.

Sometimes when performing custody evaluations and reviewing treatment summaries from the treating psychologist, it is clear that the records are not objective clinical records, but an attempt by the treating psychologist to be an advocate for his or her patient. Too often we lose objectivity and identify with the client and forget that our role is to treat the client and make accurate and objective records about the treatment of the client. The client's attorney, not the psychologist, is paid to be a vigorous advocate for the client.

Fact vs. Expert Witness

Sometimes we are asked to testify in court about a client we are treating. Sometimes we are not asked, but receive a subpoena forcing us to testify in court. Remember, even though there is a subpoena, or a request from the client, we still have an obligation to have a signed consent to release information from the patient. There are two kinds of witnesses in a courtroom setting. One is the fact witness, the other is the expert witness. This is a very important distinction for us. A fact witness is called to testify about the facts of the case. An expert witness is expected to render expert opinions. A fact witness is paid a small amount of money, determined by the court, for your time in court. As an expert witness we are allowed to charge reasonable professional fees for our time, preparation, and increased liability of courtroom testimony. Many attorneys will try to call psychologists to testify as a fact witness to try to save their client money. It is our belief that as a fact witness, one should testify only about matters that require no expert opinion. Issues such as dates of treatment and fees paid do not require expert opinion. Questions about diagnosis require expert opinion. Questions about the content of sessions require expert opinion. Questions about treatment goals, progress, reactions of the patient, etc. all require expert opinion. Ultimately it is the judge in the case who decides if your testimony is as a fact witness or expert witness. But it is our responsibility to argue forcibly that we are being called as an expert and should be compensated as such. On a practical note, when testifying in court, it is important to set your fee and obtain the payment in advance of the testimony. Once you have testified there is little motivation for the client to pay your fee, especially if they are unhappy with anything that you said in court.

Risk Management

The involvement in the forensic arena multiplies the risks of boundary crossings and ethical violations. It presents conflicts between what we think is the right thing to do for our client and the limitations of the law. It increases our fears, anxieties and self-doubts. However, you are not alone. Remember, whatever your situation is, someone else in PPA is well experienced in dealing with it. Before you act without full knowledge, reach out and consult with a knowledgeable colleague. In the forensic world the dangers are real regarding risks, so be careful and reach out for help and advice.

PPA Governance 2007-08

Continued from pg. 4

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SAVE THE DATE

Pennsylvania Psychological Association of Graduate Students (PPAGS)
2nd Annual Internship Fair

Saturday, September 27, 2008
9:00 a.m. – 1:00 p.m.

Chestnut Hill College
9601 Germantown Avenue
Philadelphia, Pennsylvania

Program:
9:00-9:30 Registration, Refreshments and Networking
9:30-11:00 Question & Answer: Internship Director Panel entitled, “Nuts and Bolts of Internship Choice and Application”
11:00-1:00 Students Meet Directors and Interns

Additional details to follow. Registration will be available online shortly.

For more information, please contact Elisabeth Roland at elisabeth.roland@gmail.com.

Nonprofit Building National Network

Most of us are not surprised to learn that soldiers are returning home with serious mental disorders, significant psychological symptoms, and that family members are severely affected. Limited access to resources and fear of stigma are preventing many from receiving needed mental health care.

“Give An Hour” is a newly formed organization, founded by a Washington, DC, psychologist and featured in a recent Time Magazine article, seeking to create a broad national network of mental health professionals to reach out to troops and families affected by the current military conflicts. Mental health providers are asked to participate – i.e give an hour of therapy time each week if contacted to help in this effort. Recipients are encouraged to give an hour back to their community in some way when they feel ready.

Go to www.giveanhour.org to sign up for the national network and to learn more about this organization. Or contact Marion Rudin Frank, Ed.D., at mjfrank@comcast.net or 215-545-7800.

Authorizations, Parity, Medicare Dominate Legislative Agenda

Continued from pg. 1

Senator Joe Scarnati) and to Indiana, PA (within the district of Senator Donald White). Among other things, Dr. Knapp met with numerous mental health providers and generated several dozen e-mails and letters in support of SB 1300. Our deep appreciation goes to Dr. Ralph May, who helped set up these meetings. Also, Dr. Donald McAleer and Ms. Amy Wooten traveled to the Indiana University of PA (also in Senator White's District) and helped generate more than a dozen letters to Senator White from IUP students. Our appreciation goes to Dr. McAleer and Ms. Wooten for doing this and for Dr. Kim Husenits for facilitating the meeting.

As it stands now, Senator White appears willing to at least consider allowing a compromise bill to be brought up in his committee. The key word is "consider," as there are no guarantees yet. Senator Corman's staff is currently talking to some insurers to determine the possibility of a compromise. Our bottom line is that any bill must substantially reduce the administrative burden on psychologists. During this process, a major insurer in Western PA, UPMC, has announced that, due to provider concerns, it will be discontinuing the authorization requirement for outpatient mental health treatment.

On other state issues, PPA has joined with numerous other education groups to oppose a regulation proposed by the Pennsylvania State Board of Education to require competency assessments as a condition of high school graduation. Although recognizing the need to improve basic education, evidence in other jurisdictions shows that such tests have not accomplished the desired goals of improving student performance and often increase dropout rates. Almost all education groups in PA oppose this proposal.

Also, PPA has joined with many drug and alcohol provider groups in opposing proposed regulations from the PA Department of Health that would expand the amount of information that providers have to give to insurance companies as a condition of third-party reimbursement. Furthermore, a bill to mandate coverage of autism services has passed the House and is in the Senate, where it is experiencing strong opposition. In addition, a bill to forgive student loans for mental health professionals who work in public facilities passed the House and is in the Senate, where it too is experiencing strong opposition. Finally, the Pennsylvania Senate has passed SB 1373, which would require cost of living increases for public mental health programs across the state. Governor Rendell vetoed a similar bill last session.

PPA's big issues on the federal level include mental health parity and reversing the reduction in Medicare payments. As many readers know, the United States Senate and House of Representatives have both passed mental health parity bills. In the United States Congress, when the Senate and House pass different bills on the same issue, those bills must go to a conference committee for an attempted reconciliation. The conference committee has not yet issued its recommendation and there is no foregone conclusion that it will. The House version is much more expansive than the Senate version and some strong advocates of parity appear reluctant to compromise with the more limited Senate version.

Finally, strong efforts are underway to reverse cuts in Medicare. The last several years have seen several efforts to cut Medicare payments to health care professionals. APA has been successful in reversing all of the cuts except one. However, as we go to press, the U.S. Senate Finance Committee has just approved a bill that would, among other things, restore most of the cuts in Medicare, although efforts to make the restoration retroactive appear to have failed. Also, the Medicare bill from the Senate Finance Committee would gradually eliminate the "psychiatric outpatient reduction" for mental health treatment under Medicare. Currently mental health patients have a 50% coinsurance under Medicare, while other Medicare health care services have 20% coinsurance. This bill would gradually reduce Medicare's coinsurance for mental health treatment so that its coinsurance would be 20%, or the same as in physical health, by the year 2014.

PPA Members Respond to Strategic Plan

Continued from pg. 3

Psychologist to other professional publications, 51% of the respondents stated that it was much more useful; 42% about the same; and 7% much less useful. As far as changing the *Pennsylvania Psychologist*, 63% wanted more articles concerning advocacy efforts; 59% wanted more scholarly or technical articles written for intermediate to advanced psychologists in content areas; 40% wanted it to have more lay-friendly articles designed for sharing with clients or community members; 29% wanted more emphasis on the lives, practices, relationships, and accomplishments of PPA members; and 60% wanted to keep the *Pennsylvania Psychologist* the way it is.

Respondents were also asked to rate the PPA Web site (www.papsy.org). According to the respondents, 19% had visited the Web site more than 5 times in the last year, 39% had visited it 2 to 5 times, and 17% had visited it at least once. The links found most useful were those dealing with CE requirements (44%), psychology sites (44%); licensing information (40%); ethics/legal questions (37%); Internet guide (28%); Vote Smart (27%); ethnic minority resources (18%); and the Pennsylvania Psychological Foundation (16%).

About 11% of the respondents reported that they had taken a CE course online. Of those who did not take an online course, many reported that they preferred courses in person, while others stated that they do not like working on computers.

More than 44% of the respondents indicated that they were on the PPA listserv. Since the PPA listserv has 650 members (or about 20% of the membership), it appears that the members on the PPA listserv were overrepresented among survey respondents. Participants on the listserv rated these discussions of the various topics as important: clinical issues (96%); legislative updates (93%); practice tips (91%); and referrals (66%). Of those who did not participate on the listserv, many indicated that the volume of e-mails discouraged them from participating.

Only 4.4% of respondents stated that they have suggested that their clients subscribe to *Psychological News You Can Use* (our e-newsletter). However, 86% of the respondents believed it could be at least somewhat useful for their patients to see.

Ethics and the Difficult Person: The Psychopath in Film and in Your Office

Robert M. Gordon, Ph.D., ABPP, and Jennifer Bottinelli, Ph.D.

On May 9, I (RMG) held my 10th annual PPF Ethics Workshop fundraiser. I compared the DSM criteria for antisocial personality disorder to the Psychodynamic Diagnostic Manual's (PDM) criteria for psychopathic personality disorder. The DSM and PDM complement each other. The DSM is a nosology based on symptoms, while the PDM is a nosology based on etiology, pathogenesis and symptoms. The PDM is more helpful at understanding the full range of people from the surface symptoms to the underlying personality dynamics. The PDM divides psychopathy into two subtypes: the passive/parasitic (less aggressive, con artist), and the aggressive (predatory and violent).

Psychopaths can be physically dangerous, but in treatment they are more likely to act out the transference and cheat or exploit you. They might set you up for a malpractice suit for the money. The main defensive style of the psychopath is reaching for omnipotent control. They get pleasure over having power over, exploiting, and conning others. Psychopathy is generally organized at the borderline level of severity and often combines with other personality disorders such as narcisstic, paranoid and sadistic personality patterns or disorders. There is a high number of psychopaths in prison, but the smarter ones are in any area that has power over others such as clergy, lawyers, CEOs, law enforcement, politics, etc.

They will at first seem cooperative and friendly, while they are assessing your physical, intellectual and moral capabilities. To test you, they may invade your personal space and then ask you for favors or to bend the rules for them.

Therapy is often counterproductive. Psychopaths learn how to use psychology to better manipulate others. Some limited issues may be the focus of treatment, such as anger management. Some patients with psychopathic traits who have some remorse and insight can improve in long-term psychotherapy. If they remain in treatment, they may learn to better contain their acting out.

When treating anyone with psychopathic traits, keep strict boundaries, keep them from testing your personal space, set limits consistently (or they will sense your weakness and play on it), keep goals focused, never do favors, get a consult, and if you are frightened or uncomfortable, do not treat them.

Remember APA's Ethics Code, 10.10 (b): Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

Robert M. Gordon, Ph.D.

Dr. Jennifer Bottinelli showed film clips illustrating issues about psychopathy. The first set of clips was a scene from Joel and Ethan Coen's *Fargo* (1996), a film that depicts both aggressive and passive/parasitic psychopaths working together in a kidnapping. What was meant to be a simple kidnapping for money turns into multiple murders when the aggressive type explodes. It is a rare illustration of how the different subtypes react in the same situation.

Jennifer Bottinelli, Ph.D.

In David Mamet's *House of Games* (1987), a handsome con man sucks in a female psychiatrist by making a deal with her. She asked him not to have her patient injured because of his gambling debts. He claims that he will write off her patient's debts in exchange for informing him about the "tells" of another poker player. He charms her, invades her space, touches her, and asks for a favor in the first few minutes of their meeting.

Finally, the relationship between an aggressive psychopath, his mother, and his therapist is a key plotline in the first season of *The Sopranos* (1999). Tony Soprano's mother is a cold, hostile psychopath. She orders a hit on her own son. Tony is in denial about this. He argues that feelings are signs of weakness. He physically attacks his therapist when she confronts him about his mother's borderline personality and hostility towards him. Tony acts out both his negative transference and erotic transference to his therapist, rather than grieve the loss of a good enough mother.

Check out PPA's Career Center on our Web Site at www.PaPsy.org

The Membership benefits Committee would like to remind all PPA members that the new online Career Center is up and running! Simply click on the green box labeled "Career Opportunities" on the right hand side of the PPA home page (www.PaPsy.org). This is a resource for both job seekers and employers/recruiters.

Job seekers:

- ✓ search jobs anonymously
- ✓ post resumes
- ✓ receive personal job alerts
- ✓ create and access your job seeker account

Employers:

- ✓ view resumes
- ✓ post a job
- ✓ view products/pricing
- ✓ create and access your employer account

CLASSIFIEDS

PSYCHOTHERAPIST: We are looking for a licensed Psychologist or MSW to join our private practice of independent psychologists in Linwood, NJ. Ideally, the candidate is a Medicare and Magellan provider and wants to develop a full-time practice within our office. Please send letter of interest and resume to Dr. Leight, 2106 New Road, Suite F3, Linwood, NJ 08221, fax 609-926-1165 or Email: newroads5@verizon.net.

PSYCHOLOGIST: The Anxiety & Agoraphobia Treatment Center is seeking a licensed psychologist for busy Main Line Practice. Cognitive behavioral orientation with experience treating anxiety disorders with primarily adult population. Part time, with the possibility to expand to full time, fee for service position with opportunity available for program development. Send resume to: Anxiety & Agoraphobia Treatment Center, 112 Bala Ave., Bala Cynwyd, PA 19004. Fax: 610-667-1744.
Email: BJFD1@aol.com.

POST-DOCTORAL SUPERVISION for PA psychology licensure available for qualified candidate. Non profit in southern NJ is seeking a staff clinician. Duties include assessment, treatment and clinical team leadership. The ideal candidate would have an interest in trauma, child welfare and family therapy. Required are a masters or doctorate degree in social work, psychology or related field. Competitive salary and generous days off and health benefit. EOE. Contact George Zeo, Psy.D., Associate Vice President, Community Treatment Solutions, 236 W. Route 38, suite 100, Moorestown, NJ, 08057. Telephone: 856-642-9090, Fax: 856-642-9303, Email: gzeo@ctsnj.org.

LICENSED PSYCHOLOGIST - LANCASTER AREA: Seeking third associate for well established private practice, having two "rural" offices. One associate is a member of Catholic Therapists and has an eclectic theoretical orientation (psychodynamics, CBT, etc.) The other specializes in CBT and clinical health psychology. Wanting complementary clinician to serve all ages. Must have experience in working with children and have interest in play therapy (supervision/consultation available.) Office overhead and insurance billing part of negotiated agreement. Send letter of interest & CV to Janice Hakes Wagaman, MA, 16C South 7th Street, Akron, PA 17501.

LICENSED DOCTORAL-LEVEL PSYCHOLOGIST: Children's Behavioral Health Services, Inc. provides quality mental health services to children in Northeastern Pennsylvania.
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Behavioral Specialist Consultant: Perform Intake Interviews, develop and monitor Treatment Plans, facilitate communication among treatment team members. Supervise Therapeutic Staff Support workers who implement the treatment plans.
Mobile Therapist: Provide therapeutic services to children and their families in their homes or community.
Internship Supervision: Participate in supervision of interns in our Pre doctoral Internship Program, offering individual supervision and didactic instruction with other staff psychologists.
Salary: Negotiable depending upon experience.
Benefits: Health Insurance, including Medical, Prescription, Vision and Dental. Annual Leave: 15 days. Personal Days: 2 per year. Holidays: 11 per year. To apply for the position: Please e-mail your vita with a cover letter and three letters of professional/academic recommendation to Susan Hurd: shurd@cbhsinc.com or send/fax to: Children's Behavioral Health Services, Inc. Attn: Susan Hurd, 104 Woodward Hill Road. Edwardsvillle, PA 18704-2347. Fax: 570-714-7231.**Free Examination copies** on Google books, "I Love You Madly! Workbook: Insight Enhancement about Healthy and Disturbed Love Relations" and home study CE credits, by Robert M. Gordon, Ph.D. Go to www.mmpi-info.com or call 610-821-1072.

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CE CALENDAR

The following programs are being offered either through co-sponsorship or solely by PPA.

KEY: **Date** and *Title of Program*
Location
Contact person's name/
telephone number

Various
Internet Techniques for Mental Health Professionals—eight-part telecourse
Pauline Wallin, Ph.D. (717) 761-1814 or pwallin@paonline.com

October 23-24, 2008
Fall Continuing Education and Ethics Conference
Pittsburgh, PA
Marti Evans (717) 232-3817

March 19-20, 2009
Spring Continuing Education and Ethics Conference
Lancaster, PA
Marti Evans (717) 232-3817

June 17-20, 2009
Annual Convention
Harrisburg, PA
Marti Evans (717) 232-3817

November 5-6, 2009
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

HOME STUDY CE

Competence, Advertising, Informed Consent and Other Professional Issues*
3 CE Credits

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3 CE Credits

Confidentiality, Record Keeping, Subpoenas, Mandated Reporting and Life Endangering Patients*
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6 CE Credits

Pennsylvania Law, Ethics, and Psychology (Fourth Edition)*
6 CE Credits

For all of the Home Study CE Courses above contact: Katie Boyer (717) 232-3817 secretary@papsy.org.

For C.E. programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.papsy.org/resources/regional.html.

*** This program qualifies for three contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.**
Registration materials and further conference information will be mailed to all members.
If you have additional questions, please contact Marti Evans at the PPA office.