Weathering the Economic Storm

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PRACTITIONER PROFILE: EILEEN M. CONNOLLY, PhD
Just a few years ago, Brian K. Sullivan, PsyD, was flying high. His Charleston, South Carolina, practice, Lifeworks, LLC, was everything he had dreamed it would be. It offered clients all kinds of services – psychology, psychiatry, life coaching, fitness training and more – all under one roof. It offered every amenity, for clinicians and clients. And the six-office condo that housed the practice featured eye-catching architecture, lovely interiors and a spa-like atmosphere.

But in 2008, Sullivan found himself someplace he’d never imagined he would be: a bankruptcy attorney’s office. “Economic developments almost did me in,” he says. “Lifeworks was a bellwether for the economic downturn.”

Sullivan’s not the only psychologist to find himself struggling. Even though financial worries may mean that clients need psychological services more than ever, they’re also less likely to be able to afford help. But Sullivan and others have come up with innovative ideas for keeping their practices viable despite the significant financial challenges facing psychologists and clients alike.

**Innovative Practices**

They offer the following suggestions for weathering the economic storm:
Keep marketing.

“A lot of the people I’m competing with have cut their marketing budgets, because money is tight,” says Tammy Martin-Causey, PhD, president of PsychArizona and managing partner of Pivot Point Leadership, LLC. Not Martin-Causey: She’s actually doing more marketing to maintain her volume. She’s spending $400 to $500 a month on Google AdWords, for example, which helps ensure that her practice ad appears on pages with related Google search results. She also uses the social media tool Twitter to announce new articles on her Web site, which drives visitors to the site and moves her even higher up on search results. “Ninety-nine percent of my business comes from the Internet,” she says.

Martin-Causey sees even her receptionist as a marketing opportunity. “We tend to think, ‘I don’t have enough money to hire someone to help me,’” she says. “But my front office person makes the sell.” Many practices in her area rely on voicemail, she points out. When potential patients call Martin-Causey’s office, the receptionist spends five or 10 minutes answering questions. “Even though it’s expensive, hiring staff was the best thing I ever did,” she says.

But marketing doesn’t have to cost anything. “I don’t spend any

► Adjust your availability to meet client demand.

Determine when clients are using your services most often. You may need to increase your availability during hours that your clients find particularly convenient. If you are regularly paying office overhead at times when you have no appointments scheduled, consider changing your office hours to better fit the needs of your clients and avoid spending money on utilities and other expenses when you are not generating revenue.

► Expand options for clients.

During times of economic turmoil, more people may need psychological services while fewer people are able to afford them. For many, losing a job means losing health insurance coverage. Consider offering your services in alternative formats, for example, other than 50-minute psychotherapy sessions. Could you provide 30-minute sessions at a lower rate? How about offering sessions every other week rather than weekly, or perhaps more group sessions?

► Look at how the economy is affecting local businesses and their employees.

For example, would an employer find stress management training helpful? If you already provide services to local organizations, could you offer new or different services that they would find helpful?

► Build connections with other community-based sources of psychological services.

For example, decide whether to cultivate or strengthen your relationship with Employee Assistance Programs (EAPs) that the major employers in your areas are using. Some employees may turn to EAPs when looking for affordable mental health services. Further, do you have connections with any community health or mental health centers in your area? They may need to direct people who are ineligible for services at the center to other community-based providers.

► Avoid unnecessary expenses and maximize your capacity to generate revenue.

Focus first on big-ticket items, such as rent or mortgage, and determine if changes are appropriate. For example, if you don’t need your current office space full-time, you might consider sharing the cost with another practitioner or downsizing your office space. Take additional steps as applicable to your practice such as seeking out better rates for communication services and eliminating unnecessary postage costs. Also review your staffing needs and determine whether you are handling tasks that would better be outsourced or handled by administrative staff. The effective use of support staff can free you to generate revenue, work more efficiently and provide better customer service.

A final word: Even though you may feel pressure to maximize the number of clients you see during tough economic times, you also need to consider how many clients you can reasonably handle and still maintain optimal health and well being. (See “An Action Plan for Self-Care” on page 16.)
money on advertising,” says Mary Karapetian Alvord, PhD, director of Alvord, Baker & Associates, LLC, in Rockville and Silver Spring, Maryland. What she and her staff do instead is give lots of free community talks, do pro bono work and get involved in their state psychological association. Alvord is also happy to talk to reporters. Doing so helps establish her expertise and gets her name out there, she says.

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APA POLL FINDS ECONOMIC STRESS TAKING A TOLL ON MEN

Economic pressures are having an increasing impact on men aged 35 to 54, according to an April 2009 survey by the American Psychological Association (APA). Growing numbers of middle-aged men are reporting significant stress related to work, money, housing costs and job stability. The poll, involving 2,160 adults aged 18 or older, was conducted online within the U.S. by Harris Interactive®.

Among the 45-54 age group, 81 percent of employed men reported work as a significant source of stress, compared with just 68 percent of employed women. While the number of women aged 45-54 reporting stress related to money has dropped since APA conducted a poll in September 2008 (from 83 percent to 78 percent), the percentage of men in this age group reporting stress related to money rose considerably during that same period (from 78 percent in September 2008 to 86 percent in April 2009).

Among 35-44 year olds, the number of men reporting money as a significant stressor also surpassed that of women (88 percent versus 77 percent). Job stability is a growing concern among males in this age group, with 71 percent reporting this as a significant stressor – a jump from 57 percent last September. Almost two-thirds of men age 35-44 (65 percent) reported stress related to housing costs.

Impact of Employer Actions

The survey also found that actions taken by employers to reduce costs were having a far reaching impact on Americans.

Nearly seven in ten (68 percent) employed survey respondents reported that their employers have taken steps such as putting a freeze on hiring or wages, laying off staff, reducing work hours, benefits or pay, requiring unpaid days off or increasing work hours in the past year as a result of the weak economy. Not surprisingly, people who have been hit with multiple employer-driven cost-cutting actions are most likely to report stress related to economic factors. For example, 86 percent facing four or more actions reported work as a significant stressor versus 63 percent whose employers have not taken any action as a result of the economy.

And regardless of whether or not they have already been affected by layoffs, 43 percent reported that they are concerned about layoffs impacting their household.

The American Psychological Association has developed resources to help people manage their stress related to the economic turndown. Among the materials available online at APAHelpCenter.org are:

- Managing Your Stress in Tough Economic Times
- Staying Hopeful after Job Loss
- Staying Resilient Through Tough Economic Times
- Dollars and Sense: Talking to Your Children about the Economy
Stand out with amenities.

When Martin-Causey launched her practice, she knew she wanted to create “a relaxed, friendly environment that people felt comfortable coming to.” She didn’t know that would mean ditching her coffee pot in favor of an espresso machine at the recommendation of her office manager, a former Starbucks® barista. The espresso machine is now a symbol of her commitment to clients’ comfort. “When the office manager asks people if they’d like a latte, that makes this place stand out,” says Martin-Causey.

Alvord’s office features a library of videos and DVDs so that parents can educate themselves while they wait for their children. There’s also a quiet waiting area so they can sit and read a book from the well-stocked bookcase.

Invest in technology.

“All I’m a techno-geek,” admits Alvord. “I love technology.” All her clinicians’ offices have computers and printers. Further, each of the practice’s two sites has a webcam that facilitates communication, consultation and training across multiple sites; a T1 line links the two practice locations. “I told our IT guy that we were going to expand to two offices, but I wanted it to feel like one,” Alvord explains. “I didn’t want two phone numbers or two databases.” When users log on to the practice’s intranet, meeting schedules and other announcements pop up. There’s also an instant-messaging system. The practice’s clinicians appreciate the ability to access the system remotely, which helps them balance work and home demands.

The technology is not just for employees. The practice has also harnessed technology’s power for clinical purposes. The practice uses a video game system in group sessions with children to promote resilience and social competence, for example. Used in two sessions on what Alvord calls “gamesmanship,” the video game system helps teach kids such skills as sharing, taking turns, complimenting each other, being good winners and losers and regulating their emotions. “And since we have four controllers and six kids in the group,” says Alvord, “they have to negotiate who will go first and in what configuration.”

Buy expertise.

“What I’ve learned is that I’m not a businessperson, but I am running a business,” says Alvord. “I’m not going to get an MBA, so I hire people.” Alvord has a business consultant come in quarterly to review the budget and offer suggestions. For a staff retreat, she hired a professional facilitator to guide participants through the process of identifying strengths, weaknesses, opportunities and threats. And she draws on the expertise of an attorney, accountant and other consultants as needed.

Martin-Causey’s accountant helped her see why it was wiser to buy office space than rent. “I paid zero on rent,” she says, explaining that she cancelled out the rent on one office by renting out another space when she didn’t need it. “That was good until tax time, when I got hit because I didn’t really have any expenses.” Like many psychologists, Martin-Causey wasn’t sure she could afford to buy. But
Advancing the Mission to “Serve and Protect”

Practitioner Profile: Carol Vipari, PhD

“Serve and protect.”
The police officers that psychologist Carol Vipari, PhD, works with at the Toronto Police Service (TPS) are so committed to that mission it’s sometimes hard to get them to focus on their own well-being.

Take those working in the service’s child exploitation unit. “Often these officers are so dedicated to their jobs and so interested in saving children that they won’t take breaks,” she says, explaining that the officers are exposed to an endless stream of horrific images of abuse and exploitation. “They’ll work through lunch. They work long hours. They take work home.” And that’s not good for them in the long run, says Vipari.

Helping these officers manage the demands of their work is just one of Vipari’s many tasks as the first-ever corporate psychologist for Canada’s largest municipal police service. Her mandate is to enhance the psychological health and resilience of the service’s 8,000 uniformed officers and civilian staff so that they can perform at their best.

Promoting Resilience


The skills she learned there have served her well in this new setting. “Working at the hospital gave me an understanding of how to connect with individuals who are reluctant participants in both the assessment and treatment process,” she says.

Police officers can also be hesitant to seek help, Vipari says.

“Police officers aren’t accustomed to thinking of themselves as needing help; they’re there to help others,” she explains. “There’s a macho tough-guy image that officers take on with the badge and a mentality that an officer should just ‘suck it up.’”

Now that she has established trust and credibility, Vipari is busy with a variety of efforts designed to keep her colleagues psychologically healthy. She works hand in hand with the service’s second psychologist, who was hired last year.

Focusing on Prevention

Responding when an officer is hurt is only a small part of what Vipari does, although she is happy to help out the team that assists officers after a traumatic incident if called upon. “Our emphasis is more on prevention,” she says.

As a result, Vipari might spend her day screening new constable candidates or officers seeking transfer to the TPS emergency task force (or SWAT team). Vipari uses psychometric testing and structured interviews to ensure that candidates are well suited for the jobs they’re after. Her goal is not just to rule out those who aren’t a good fit but to find individuals with the qualities that will make them effective officers – emotional control, tolerance of diversity, capacity to form relationships and good coping skills.

On another day, Vipari might be checking in with officers in high-risk positions, such as the emergency task force or...
officers returning from military leave. Vipari and her fellow psychologist plan to expand that program to include undercover officers in the coming year. “Their work puts them at great risk physically and psychologically, because they don’t have the safety nets that are available to other officers, who have a team member close by ready to help them out,” she explains.

Or Vipari might find herself consulting with supervisors who need her professional advice. In one case, a supervisor put on display a photo depicting an incident where a police officer had been killed. Intended to serve as a warning about the realities of the job, the photo upset some officers. In response to the supervisor’s request for advice,

The Toronto Police Service (TPS) is “a large and expanding police service with a real priority on health and wellness,” explains corporate psychologist Carol Vipari, PhD, of the TPS.

And it’s not just Vipari who has noticed that commitment to the psychological well-being of Canada’s largest municipal police service: Earlier this year, the Toronto Police Service won a Best Practices Honor from the American Psychological Association (APA). Part of APA’s Psychologically Healthy Workplace Program, these honors recognize especially innovative programs or policies.

At the Toronto Police Service, this means a mentoring program that helps officers through the stressful interview process they must undergo to be promoted. To prepare candidates, mentors offer detailed information about what to expect, provide sample questions and reassure candidates that their anxiety is normal. The program also helps interviewers, who undergo mandatory training on how to be objective, ensure consistency and avoid bias and discrimination.

Employees have enthusiastically embraced the program. And the Toronto Police Service’s prediction that the program will reduce turnover has proven true: In 2008, the service’s separation rate was just five percent – with retirement accounting for nearly two-thirds of that figure.

For more information about APA’s Psychologically Healthy Workplace Awards program, visit www.phwa.org.

“Sometimes all somebody needs is an opportunity to talk about what they are going through,” says Vipari. She’ll reassure colleagues they’re experiencing normal reactions to their circumstances and offer coping strategies. If necessary, she’ll steer them to the TPS’ employee assistance program, which can provide referrals to therapists in the community who can provide longer-term support.

One function Vipari doesn’t perform is fitness-for-duty evaluations, something many police psychologists do. “It has to do with clarity of role,” she says, explaining that the TPS has other advisors who perform such evaluations. Her role is to provide psychological support, which would be impossible to provide without trusting, open relationships.

“I want police officers to know that when they come to me or participate in one of my psychological support or health promotion programs, they can be open with me and share what’s going on in their lives.”

Vipari helped her understand the reactions and reconsider how to accomplish her goal.

Sometimes officers or civilian staff need additional support. While Vipari doesn’t provide ongoing psychotherapy, she is available when officers or staff are facing a crisis – whether it’s job stress, a serious illness in the family, marital difficulties or suicidal feelings.

“I want police officers to know that when they come to me or participate in one of my psychological support or health promotion programs, they can be open with me and share what’s going on in their lives,” says Vipari. “I can’t be useful to police officers who won’t tell me things because they think I’m going to trigger an alert that will get their gun and badge taken away.”

Keeping the Trust

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For Daniel Hoffman, 31, a doctoral student in clinical and school psychology at Hofstra University in New York, being online is second nature. “I’ve done all my assignments on the computer since fourth grade,” says Hoffmann. “My cohort is the PC (personal computer) generation, and we’ve used the Internet since high school. Social networking is a natural extension.”

Thirty-five percent of adults online have a profile on a social networking site. That figure is up from 8 percent in 2005.1 And members of younger generations aren’t the only ones joining the groundswell. For example, Pauline Wallin, PhD, a clinical psychologist in independent practice and life/executive coach in Camp Hill, Pennsylvania, has accounts on LinkedIn, Facebook and Twitter. “I love the possibilities for both public education and marketing of psychological services on the Internet,” she says.

Since you don’t know by which online channel someone will find your practice, connecting all the places where you appear on the Web is important. In the basic information of any networking site, it’s a good idea to include the information that will lead contacts to your presence on the Web. Consider including your Web site address, blog and links to your listings in online directories or referral services. Tracy Ochester, PsyD, of Leawood, Kansas, says that even just updating her social networking sites from time to time “gives me more visibility – makes me more searchable – on the Web.”

And even if psychologists choose not to utilize any of the social networking vehicles, it still makes sense to...
understand how they work. Valerie Shebroe, PhD, an independent practitioner in East Lansing, Michigan, says she’s just taking her first wobbly steps when it comes to networking online. But she believes it’s important to keep up with those future psychologists who are running headlong into the virtual world. “Whether we participate or not, we mid- and late-career psychologists involved in training or supervision need to be prepared to help our students think through the clinical, ethical and legal issues involved in social networking,” says Shebroe.

The same is true for practitioners, says David Ballard, PsyD, MBA, the American Psychological Association (APA) Practice Directorate’s assistant executive director for corporate relations and business strategy. “Technology is changing the way people communicate with each other and that has implications for both how practitioners do business and their ability to relate to the clients they serve.”

There are a host of available social media tools with varying functional capabilities and not all of them may be right for you. Following is an introduction to three of the most popular tools.

LinkedIn

Who Uses LinkedIn: The site has 38 million members. More than half (51 percent) of users are 25-34 years old.

How LinkedIn Works: After creating a profile of your work skills and achievements, you can then invite other professionals to join your network. Those who accept your invitation can choose to grant you access to their own networks, thereby ‘linking’ you to an ever-widening pool of colleagues. In addition to networking with a vast number of colleagues, members can poll their networks, share videos and presentations and scan or post job openings.

Dr. Shebroe appreciates the ability to get to know her colleagues better so she can help people find the support they need. She notes, “On the other hand, if you pose a question on LinkedIn, you can tap the wisdom of the entire community with their ‘ask/answer a question’ feature.”

Dr. Wallin, who also writes a marketing blog, considers LinkedIn “a great marketing tool because psychologists position themselves as experts by answering questions and connecting with others.” According to Wallin, there are lots of inquiries about communication, motivation and team building. “By answering these questions, you will get to know the people who need and want the kinds of services that you have to offer.”

Keely Kolmes, PsyD, a clinical psychologist in private practice in San Francisco, decided that she wanted to have a professional presence online when she started her private practice last year. By joining groups on LinkedIn, she says, “I’ve been able to participate in meaningful conversations while also drawing more traffic to my Web site, blog and Twitter profile.”

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they need. “I saw LinkedIn as another way to network with colleagues and learn about them in a more in-depth way,” she says. “I’m in an often transient university community and getting to know psychotherapists across the nation has helped me to confidently provide referrals to clients who move on to other cities.”

**Twitter**

**Who Uses Twitter:** Some 9.3 million U.S. visitors in March 2009. Data from February 2009 indicated the largest percentage of users are 45-54 years old.

**How Twitter Works:** Twitter relies on the “tweets” or 140 character-or-fewer information blasts its members send out to their followers.

Dr. Kolmes utilizes Twitter strictly as a professional vehicle. “I don’t use it to post about things like the last meal I ate, and I do not follow my clients or friends,” she says. “I use it to engage in professional conversations that reach a great number of people and to follow psychology-related news and networks.”

She also employs Twitter to build her practice, “tweeting” when she has openings in support groups and providing the link to her blog for more information. “Twitter is great for announcements and brief interactions,” says Kolmes.

“I try to link to the newest materials from the [APA Practice Directorate mind-body health] public education campaign,” says Colorado Public Education Campaign Coordinator Stephanie S. Smith, PsyD, a psychologist in private practice in Erie. “I’m a mom of two young kids and I send out a lot on parenting. I have more and more followers all the time.” Dr. Ballard also posts on Twitter and follows other psychologists and business professionals. “LinkedIn is my professional network, Facebook is for friends and personal contacts and Twitter is my channel for real-time, two-way communication.”

**Facebook**

**Who Uses Facebook:** Facebook boasts 33 million U.S. users and more than 200 million users worldwide. The number of users over age 35 more than doubled last winter. The majority (55 percent) of members are female, with the fastest growing demographic women over age 55.

**How Facebook Works:** A contact is added once each party accepts the other as a “friend.” Among the most popular ways friends connect is through the sharing of photos, leaving messages on each others’ “walls,” and drumming up support for causes they believe in.

Privacy settings help members determine what can be accessed by whom. You can choose to make your beach photos viewable by your college friends and your family, but hidden to the rest of your list, for example. Many practitioners don’t want to be “friends” with clients at all, regardless of how private they can keep their Facebook profiles. A member can accept a friend request, ignore it or send a message back to the sender without taking further action.

Citing concerns for boundary issues affecting the client-patient relationship, Jeff Zimmerman, PhD, a clinical psychologist in private practice in Cheshire, Connecticut, decided Facebook was not a good fit for him. “It opens up parts of your life that are generally not open to patients. This can have many unintended consequences on the process of therapy,” he says.

According to Ballard, if a client asks to be your friend on Facebook or contact on another site, consider explaining the confidentiality issues and why other channels of communication may be more appropriate. Additionally, you may want to explore the issue further to address any boundary issues and feelings, such as embarrassment or rejection, that declining the client’s request may have elicited.
“Psychologists fear [using social networking tools] because of possible ethical concerns, and I think we sometimes shortchange ourselves,” says Dr. Stephanie S. Smith. As with any professional activity, when using social media, psychologists should be attuned to possible ethical issues and take the steps necessary to manage risks.

**Boundaries.** Increasing popularity of social networks has the potential to blur the lines between personal and professional. If you choose to participate, be proactive in defining your online “brand” by regulating how much and what information is available about you online.

Before you even begin considering who can and cannot be your friend or contact on a site, you need to decide what information you want available to those searching for you. Your Web site URL (address) should be available, but do you want a business phone number viewable as well? While you may want to list your office address, avoid posting personal information such as a home address or phone number. “Like everything with the Web, be careful with what you post,” cautions Daniel Hoffman. Simply put, “If you don’t want it getting around, don’t post it online.”

**Privacy and Confidentiality.** Psychologists who use any of these tools to communicate directly with clients should discuss the inherent limits of confidentiality with clients in advance.

**Informed Consent.** When social media are utilized in professional activities, it is important to make sure that expectations are clear. For example, if clients send you a message through one of the vehicles, should they expect a response and, if so, how quickly? What are appropriate uses of the tools? For example, will you use electronic communications only for scheduling appointments and reminders, or for other purposes such as homework assignments between sessions and tracking target behaviors? Additionally, be sure clients know how to access care and what communication channels to use in case of emergency. Practitioners should discuss these topics with clients at the beginning of the therapeutic relationship, as well as any time new technologies are introduced.

**Marketing and Advertising.** Though the Internet is a different medium, the same standards of ethical practice you apply to printed promotional materials are relevant. Be sure that online communications, including those using social media, are professional in content and tone and do not include statements that could be considered fraudulent, misleading or false. Be sure to review the section on advertising and other public statements in the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct, as well as any state-specific restrictions and prohibitions.

Stephen Behnke, JD, PhD, director of the APA Ethics Office, has written for the association’s *Monitor on Psychology* about applying the APA Ethics Code online. Here’s a sample of his observations:

“Rather than telling psychologists what they may and may not post, the code [of ethics] orient[s] psychologists toward an attitude of reflection. Central to our ethics is considering how our actions are going to affect others, most especially those with whom we have professional relationships.” (Dr. Behnke’s complete column, “Posting on the Internet: An Opportunity for Self (and Other) Reflection” originally appeared in the January 2007 issue of *Monitor on Psychology* and can be found online at http://www.apa.org/monitor/jan07/ethics.html.)

“Our Ethics Code distinguishes between our professional and our private lives....The Internet is providing ample opportunity to reflect on the relationship between the private and the professional by making available in the public domain what has customarily been considered private conduct. When information moves from the private to the public domain, there is an increased likelihood of its having an effect on our professional lives.” (Behnke’s “Ethics in the Age of the Internet” originally appeared in the July/August 2008 issue of *Monitor on Psychology* and can be found online at http://www.apa.org/monitor/2008/07-08/ethics.html.)
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(More information on setting your privacy levels is available in the article, “10 Privacy Settings Every Facebook User Should Know,” on AllFacebook.com, a Web site unaffiliated with Facebook, at http://www.allfacebook.com/2009/02/facebook-privacy.)

Because of such privacy concerns, many Facebook members choose to use the site purely as a social outlet.

“I avoided Facebook for a long time due to privacy reasons, but in the end it’s been a fun way to keep up with some friends,” says Michael E. Schwartz, PsyD, a neuropsychologist in Liberty, New York. His privacy settings allow only his friends to view his profile page. In fact, Schwartz says that he sets the privacy settings so high that he cannot be found even if someone searches for him via his email. “And whenever there is the possibility of adding a new friend, I look through their list of friends to limit the friend/patient contact,” adds Schwartz. “If there’s overlap, I don’t ‘friend’ them.”

It’s also possible to use Facebook solely as a professional networking tool, notes Dr. Ballard. For example, fan pages or groups are popular means of connecting with other members interested in a particular issue. A practitioner can provide a large audience with information and links to resources without having to accept members of that audience as friends with access to the practitioner’s complete profile. Other professional uses of Facebook could include using your profile page as an online directory listing, extending the reach of your blog and promoting events, speaking engagements and public education activities.

“What is important with any social networking vehicle is that you decide in advance how you want to use it,” explains Dr. Ballard. “That gives you a frame by which to evaluate your activities on the site. Being strategic about how I use social media helps me maintain appropriate boundaries, manage risks and use these tools most effectively.”

2 http://press.linkedin.com/
5 Twitter Traffic Explodes...And Not Being Driven by the Usual Suspects,” http://www.comscore.com/blog/2009/04/twitter_traffic_explodes.html
The Hawaiian island of Molokai is well known for its history as a leper colony, and patients with what is now known as Hansen’s disease still live on an island that is accessible only by commuter plane or passenger ferry. There are no traffic lights or supermarkets beyond mom and pop-style stores. But even though psychologist Darryl S. Salvador, PsyD, is a city boy from the Honolulu area, he loves his life on Molokai and his job as director of behavioral health services at the Molokai Community Health Center (MCHC) in Kaunakakai.

A third-generation Filipino American whose grandparents came to work in Hawaii’s sugar plantations, Salvador relishes the challenges of providing psychological care in an isolated, medically underserved rural area. He’s excited about being part of a multidisciplinary team of health-care professionals. And he’s taking advantage of many opportunities to provide leadership.

Serving the underserved

Salvador began his career thinking he would be a teacher, but experience counseling youth at his church and in the community helped move him into psychology. He earned a PsyD in clinical psychology from Argosy University in Honolulu in 2004.

During a postdoctoral fellowship at Tripler Army Medical Center in Honolulu, he spent one day a week providing services at the MCHC and another center on Maui. When Salvador finished his fellowship training in 2006, he became the MCHC’s first full-time psychologist.

Part of the attraction was the generous loan repayment program offered by the National Health Service Corps (NHSC), whose mission is to attract health-care professionals to work in medically underserved areas. Thanks to the program, Salvador has already repaid almost half of his $108,000 school loan.

“*It’s nice to be able to work [as a team] on cases. The patients coming here can have complex issues.*”

The real attraction, though, was the challenge of providing care in such a remote setting. “I didn’t realize how rural it could be,” says Salvador. The island’s population is around 7,300. Many residents live in poverty.

Stigma can be a big issue when it comes to behavioral care, says Salvador. “People still think that psychologists only see people who are hearing voices or things like that,” he says. Seeing a psychologist can be a source of shame for the Native Hawaiians and Asian Americans who represent the bulk of the island’s population. “Culturally, people tend to keep things within their own families,” he says.

It’s not just a matter of ethnicity. “People on Molokai have seen so many providers come and go,” says Salvador. That transience makes it difficult for residents and providers to have the level of trust they need to discuss sensitive issues like depression or sexual abuse.

Providing information at community health fairs and engaging in other outreach activities has helped Salvador educate residents that talking over problems with someone can be helpful. And the longer he’s there, the more people seem to trust him.

More and more residents are overcoming their hesitations and coming to see Salvador. He works four fast-paced 10-hour days at MCHC, then flies to Oahu to help train interns and postdocs as a clinical supervisor/faculty with the I Ola Lahui Psychology Training Program.

He loves the variety of his work as the island’s only psychologist. “In one session, I might be seeing a seven-year-old and his parents for ADHD issues,” he says. “In the next session, I might see a 42-year-old patient dealing with..."
Integrating care

One of the most exciting things about working in a federally qualified community health center designated to provide primary care services, says Salvador, is the opportunity to work as part of a team of health-care professionals.

Because he’s on location in the clinic, Salvador can easily help out when the physician, dentist or nurse practitioner senses that a patient is struggling with depression, anxiety or some other psychological disorder.

But Salvador doesn’t address just mental health issues; he’s also concerned about his patients’ physical health. His intake procedure, for example, includes taking a full biopsychosocial history. He not only asks patients about their psychological or behavioral issues but also about any physical problems or medications they’re taking.

If Salvador learns during his initial assessment that patients aren’t taking the medication they need for hypertension or diabetes, for example, he’ll urge them to work with the center’s physician or nurse practitioner to get those conditions under control. The team of health-care professionals might also consult about psychotropic medications that may be helpful to patients struggling with psychological issues. (Salvador has post-doctoral specialized training in psychopharmacology.)

In turn, the physician and nurse practitioner refer patients to Salvador who need help sticking to exercise plans, medical regimens or other strategies for preventing health problems or keeping existing problems from getting worse.

“It’s nice to be able to work [as a team] on cases,” says Salvador. “The patients coming here can have complex issues.”

Salvador even collaborates with the center’s dentist. He helps address the needs of patients who want to stop smoking and consults with the dentist regarding strategies that can help him deal with patients who may have behavioral difficulties.

Salvador believes his skills as a psychologist allow him to contribute effectively to patients’ overall health. “I tell

NEW MONIES AVAILABLE FOR LOAN REPAYMENT THROUGH NHSC

The American Recovery and Reinvestment Act of 2009 could double the number of clinicians in the National Health Service Corps (NHSC) loan repayment program and add 1,200 more behavioral and mental health professionals to underserved areas over the next two years. Applications are expected to open in June 2009. Interested psychologists are strongly encouraged to begin the NHSC application process early, especially if you need to locate a setting (such as a community health center) approved by the NHSC in order to apply for a job. Visit http://nhsc.hrsa.gov/applications/lrp/ for more information about the NHSC program and to sign up for email notifications when the new loan repayment application cycle opens.
patients, 'My strategy is to help you get yourself better physically and mentally,'” he explains.

This strategy fits with his overall philosophy. “I believe very strongly that good health means everything – your physical, mental, behavioral and spiritual health,” says Salvador, who credits both his internship at the Portland, Oregon Veterans Administration Medical Center and his fellowship at Tripler for his commitment to integrated care. “To treat someone just from a psychological viewpoint means you lose some of the opportunity to help them even more.”

**Providing leadership**

That spirit of interdisciplinary collaboration carries over to the administrative side.

Because the MCHC had opened its doors only recently in 2004, Salvador was able to chart his own path when it came to developing the behavioral health service. Unlike in a health center model where the behavioral health director falls under the medical director, Salvador reports to the executive director of MCHC.

He and his colleagues meet weekly not just as an interdisciplinary team but as an executive team to hash out clinical and administrative issues. “That gives us the opportunity to see each other as equals and peers and to work together,” he says.

Salvador’s executive director encourages him to be a leader even beyond the health center. Until last year, he chaired a behavioral health hui. (Hui, he explains, is a Hawaiian word meaning group.) Members are behavioral health providers from community health centers (CHCs) across the state of Hawaii who come together quarterly to work on projects and interact with one another. Among their core activities, members of the hui engage in peer consultation for difficult cases and share program and treatment ideas to improve the quality of care provided to patients in their communities. Salvador plays additional professional roles as well, serving as a community ambassador for the NHSC and as a member of APA’s Committee on Early Career Psychologists.

Spreading the word about the many opportunities available in CHCs is one of his goals.

For one thing, Salvador says, The American Recovery and Reinvestment Act of 2009 included funds to expand the loan repayment program for psychologists and others working in CHCs. And the need is growing. “As more and more people lose their jobs and their health insurance, community health centers’ role as safety nets for health care becomes even more important,” he says.

What’s more, he emphasizes, working at a community health center is a great job. “It’s exciting, very rewarding and at times very difficult – all wrapped up in one,” he says.

**LEARN MORE ABOUT COMMUNITY HEALTH CENTERS**

Located in all states and territories, the approximately 1,200 community health centers in the U.S. provide comprehensive primary care services to underserved populations with limited access to health care through traditional sources. Health centers serve the homeless, the uninsured, residents of public housing and others – 16 million total patients in 2007.

More information is available online at:

- http://bphc.hrsa.gov
- Health Resources and Services Administration
- U.S. Department of Health and Human Services
- http://nachc.com
- National Association of Community Health Centers
As professionals working with people in distress, practicing psychologists themselves tend to face undue stress. Some practitioners functioning in the role of helper are far more concerned with their clients’ well-being than with their own.

Yet a proactive approach to self-care is crucial for effectively managing occupational and personal stressors and for maintaining optimal wellness. Good self-care is sound prevention – guarding you against severe or chronic distress or even professional impairment.

The global economic downturn may intensify the challenges facing practitioners. For example, stress levels may spike for psychologists experiencing financial concerns or hardship while they work with clients in similar or worse situations. In a December 2008 survey of American Psychological Association (APA) members, up to one-third reported that the economy had a negative impact on the number of clients seen, income and employment security.

In good economic times and bad, practicing psychologists have an abiding ethical imperative to engage in self-care. The APA Ethical Principles of Psychologists and Code of Conduct (2002, Principal A) states that: “Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.”

The same self-care guidance that psychologists offer to clients is useful for the caregivers themselves. Consider the following self-care pointers:

- Make personal and professional self-care a priority.
- Honestly assess your psychological and physical health. Focus on prevention rather than simply on remediing problems such as inactivity, over commitment or poor nutrition.
- Find time for activities that are personally restorative such as brisk walking or other forms of exercise, yoga, pleasure reading, journaling, meditation and massage.

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**EIGHT BENEFITS OF SELF-CARE**

- Reduces occupational hazards such as burnout and compassion fatigue
- Helps build resilience
- Models healthy behavior for clients
- Promotes quality of caring
- Increases the capacity for empathy
- Fortifies relationships with clients and others
- Enhances self-esteem and confidence
- Contributes to realistic goal setting

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Consider how guidance for patients may apply to you.
Avoid isolation. Identify sources of social support and use them. In addition to close family members and friends, sources of social support might include local civic groups or spiritual organizations, for example.

Establish and maintain professional connections that offer an opportunity to discuss the specific nature and stressors of your work. Consider when it may be helpful or necessary to tap into peer support groups or consultation, make connections with colleagues through professional associations or engage in personal psychotherapy. Pay attention to possible warning signs such as feelings of helplessness, emotional swings, tendency to ruminate, loss of empathy or disconnecting from family and friends.

Take occupational risks seriously, and be aware of the particular risks facing practicing psychologists. If necessary, educate yourself more fully about topics such as professional burnout, vicarious traumatization, compassion fatigue and colleague assistance. Incorporate this learning into your professional training and continuing education.

Develop realistic and reasonable expectations about work and your capabilities at any given time. Make appropriate accommodations or adjustments – such as limiting your caseload or consulting with peers – in light of professional stressors and risks that you are experiencing.

Pay attention to the need for balance in work, rest and play. If your schedule is packed, be prepared to say “no” to additional demands on your time. Take vacations or other appropriate breaks from work. Monitor carefully the substances and/or processes you use for relaxation or entertainment.

Pursue opportunities for intellectual stimulation, including some outside the profession. Nurture interests apart from psychology.

Take steps to enhance your career satisfaction. Many psychologists find it satisfying to diversify their professional activities, perhaps incorporating a niche practice area when the market opportunity arises. Some find it stimulating to combine clinical and non-clinical work.

Adopt a long-range perspective, recognizing that you likely will have different needs at various stages of your career. Beginning to engage in self-care practices as an early career professional can help them become a habit. Self-care activities should be tailored to your individual circumstances and needs. The pointers above are intended as healthy food for thought to help you develop a personal action plan that works for you.

This material was developed in collaboration with the APA Board of Professional Affairs’ Advisory Committee on Colleague Assistance (ACCA).
A Psychologist “On the Move”

Practitioner Profile: Eileen M. Connolly, PhD

Eileen M. Connolly, PhD, works predominately as a solo practicing psychologist in suburban Philadelphia. But she’s hardly isolated within the four walls of an office.

Since earning her PhD in counseling psychology from Temple University, Connolly has built a diversified practice with both individual and corporate clients. Her professional grounding in vocational testing and counseling, along with more traditional counseling, led her to her first job at the Educational Testing Service (ETS) in Princeton.

Connolly says that her management position at ETS helped her understand top managerial roles – from CEO and chief financial officer to the director of human resources – and how organizational systems function. “The work was a good match with my psychology background and training,” says Connolly, adding that it paved the way for later professional pursuits.

Connolly left her position at ETS to begin a solo practice with a range of activities. To help her begin to build the coaching component, she sought supervision from psychologists who were actively involved with doing executive coaching. These days, Connolly spends roughly 40 percent of her professional time helping organizational clients improve their effectiveness and achieve their corporate goals.

In recent years, Connolly has seen companies pay greater attention to developing particular competencies needed for specific leadership roles. For example, if a leader needs to be more assertive and that person doesn’t necessarily see herself that way, the coach helps the individual cultivate the necessary competency. “The approach used to be reactive and focused on getting faltering leaders back on track. Now it’s much more proactive and focused on developmental activities,” says Connolly.

When asked what has helped her grow her consulting business, Connolly zeroes in on one particular factor: “I’ve developed strategic alliances.” One of her strategic partners is a company that provides a host of career-related services such as career transition resources. “It’s been an excellent source of professional enrichment as well as referrals,” says Connolly. She travels regularly to the firm’s offices in Manhattan to interact with other coaches, and she’s taking the lead in helping the group develop tools to hone their consulting skills.

“You need to create opportunities for collegial relationships with your peers,” says Connolly. “They don’t just occur naturally.”

Another of her strategic allies is a group in Texas that provides assessment tools she uses in her coaching work. Further, Connolly credits her membership in the American Psychological Association’s (APA) Division 13 (Society of Consulting Psychology) as a good source of information and networking opportunities.

Immersing herself in the community – exploring demand for psychological services and forging connections – has helped Connolly diversify her practice. “Once I began receiving referrals to conduct psychological evaluations on candidates for bariatric surgery, I wondered if this development was a pattern, part of a larger trend,” says Connolly. She reached out to a surgical clinic to find out what procedures their patients were seeking and how her professional services might fit in.

To help build her competence in this area, she sought out...
connections with colleagues doing pre-surgical consultations. She also began tapping into other community-based resources for people struggling with weight control. As local demand for bariatric surgery has grown, patient consults have become an increasing part of Connolly’s practice, which now includes post-surgical services such as treatment adherence.

A substantial percentage of Connolly’s practice taps into psychology’s roots in mental health services delivery. Connolly works with adults who have a variety of psychological problems including anxiety, mood and adjustment disorders, stress and relationship issues.

Having a blend of professional activities helps her diversify revenue sources. The mental health services portion of her practice involves health insurance as well as self-pay clients. Coaching work has been a major factor in reducing her reliance on the insurance and managed care reimbursement system.

While she credits diversified revenue streams as one factor in having a successful practice, Connolly adds that her investment in professional networking has paid dividends in increased referrals. For example, some of the psychologists in Connolly’s network who are involved in coaching do a lot of organizational development work, while Connolly does none. She may find herself in a situation to share a lead involving that type of work with a colleague. “The reverse is also true,” adds Connolly. “Some of these psychologists who specialize in organizational development work might have an occasion to refer one-on-one coaching opportunities to me.”

For Connolly, another major factor in building a thriving practice is flexibility. In the current economic environment, Connolly says, “Companies are cutting executive coaching budgets. But they’re not necessarily cutting outplacement and career transition benefits for employees who are laid off.” Connolly now focuses more of her professional coaching work on helping unemployed executives find their next professional opportunity and perhaps strategize to switch careers. “You have to go with the larger trends, both economic and within health care,” she says.

Another evolution in Connolly’s practice relates to technology. Over the years, her standard approach to coaching has involved meeting with executives on their own turf. But Connolly sees technological tools such as webcams and Voice over Internet Protocol (VoIP, a general term related to delivering voice communications over networks such as the Internet) as creating new opportunities to work remotely with organizational clients. Meanwhile, she says, technology aids practice building. “It opens up the field of potential candidates and referrals for coaching.”

When asked what she’s doing to ensure a thriving practice despite the economic downturn, Connolly says she’s trying to keep all her channels, as well as her eyes, wide open and be aware of trends and opportunities as they emerge. For example, more people are coming to her for psychotherapy as they experience greater stress, although they aren’t coming as frequently as in the past. “The [psychotherapy] channel is stable, but it looks different these days.”

The upshot, she says, is a balancing act. “I’m maintaining my core [practice activities] but looking to be flexible and adaptable.” To help accommodate changing client demand for psychotherapy services, Connolly became a participating provider in one insurance network.

“I see colleagues who remain in the office with their patients day in and day out,” says Connolly. “I hope they’re taking the time to network, to consider new options and additional ways to utilize their broad skills.” For Connolly, taking advantage of networking opportunities through professional associations and continuing education, for example, helps her interact with peers and benefit from their experiences.

“You have to go with the larger trends, both economic and within health care.”

Her peers, in turn, admire her interactive and proactive style. “She’s a psychologist on the move,” says Helen Coons, PhD, a practicing psychologist in Bala Cynwyd, PA, and member of the APA Committee for the Advancement for Professional Practice.

In anticipating marketplace opportunities, Connolly says she always expects to find bends in the road. “It’s important to be aware that things are changing. Hold steady but remain flexible,” says Connolly. “I position myself to be ready for the next bend.”
she got a loan from the U.S. Small Business Administration, which allows smaller down payments and longer loan periods compared to many bank loans. “I trust my accountant,” says Martin-Causey.

**Explore new opportunities.**

Instead of focusing on what you offer, emphasizes Martin-Causey, focus on what clients need. “A lot of times clinicians will say things like, ‘I offer cognitive-behavioral therapy on this population; come to me if you need that,’” she says. “But the market may shift, and that’s not what people are looking for.”

Keep abreast of what people will want by reading many publications, attending community events and monitoring legislation, she suggests. For example, many HMOs in her area began offering incentives to stop smoking. “If you're not attuned,” she says, “you won’t know things like that until you’re well behind the curve.”

In response to the weak economy, Martin-Causey has added a few new services. She now advertises premarital counseling services in a local wedding magazine, for instance. “That’s an industry where people are still spending money,” she says. And she’s working with an oncologist to help patients manage their pain. “I’ve never done that before, but I got the training,” says Martin-Causey, who distributes marketing materials to doctors’ offices and participates in a networking group of healthcare professionals and other community members. “You have to diversify as much as you can in this economy.”

For Sullivan, the changes have been more extreme. “I lost a lot of money,” says Sullivan, now a tenant in the space he once owned. And while his solo practice has done well, Sullivan has been left with a large debt as a result of his larger enterprise collapsing.

Ultimately, by downsizing his operations and expanding the scope of his work, Sullivan avoided bankruptcy and began developing new skills. In search of new revenue sources, he decided to join his wife’s breast cancer support and awareness business. “She printed up t-shirts that said, ‘Fight Like a Girl’ and sold them out of the back of a van,” explains Sullivan. His idea? Move the business online, add social networking and expand the scope of the business so that funds could be raised for breast cancer support and psychological research at the same time. Additionally, he is developing an affiliate marketing program for the site, incorporating a dedicated search engine within it so that site visitors can find psychologists who support the cause. Sullivan says the business will represent a unique blend of breast cancer awareness and psychology.

To David Ballard, PsyD, MBA, these examples illustrate the importance of continual professional reinvention.

“We’re at a time when the clients we serve and we as psychologists are struggling,” says Ballard, assistant executive director for corporate relations and business strategy in the American Psychological Association Practice Directorate. “But despite difficult economic circumstances, creative thinking about business opportunities helps psychologists stay viable.”
PRACTICE Working for You
In this issue —

- Weathering the economic storm
- Profiles of innovative practitioners
- Plugging in to social networks
- An action plan for self-care