Self-Reflection: Viewing Yourself as More Than a Psychologist

Have you ever been in a professional position in which your psychology training alone was not enough to get the job done? Maybe a lack of affordable transportation stood between you and a willing patient. Maybe you were called to help a patient group with needs that fell outside your traditional training. Maybe your resources were too limited to serve a large community’s needs.

Good Practice spoke with five psychologists who responded to such challenges by expanding beyond traditional roles as clinicians and researchers. Each forged a new path, leaving the roads traveled by most mental health professionals in order to serve the needs of patients or the mental health profession in innovative ways. Envisioning themselves as more than simply a psychologist was the first step.

The Businesswoman

A family-friendly work schedule appealed to Mary Alvord, PhD, when she entered private practice in Rockville, Maryland, in 1983. With few evidence-based practices in the area despite growing demand, business was good. A bit too good, in fact. Alvord did not like turning away patients knowing local options were scarce. As her children grew up and needed less of her time, she realized a large practice group could provide patients more access to services.

“I didn’t go in with the aim of having a large practice,” Alvord says. “Demand drove the growth.”

Alvord, Baker & Associates now includes 16 psychologists and three clinical social workers. Since doubling in size in 2006, the practice has diversified to include group therapy, continuing education and clinical research. The shift from small-practice clinician to businesswoman required long hours for the first three years, a good bit of stress and lots of self learning about business management.

Alvord needed to buy out her partner to transition toward a large practice. Her partner, Patricia Baker, PhD, did not share Alvord’s vision of managing such a large enterprise, which included a substantial real estate investment in an office building to house the expanding practice. Baker continued to work for the practice for many years.

“A lot of people are reluctant to make big changes, but I get excited by it,” Alvord says. Indeed, ten years later, she is enjoying variety and challenge in her work, and she no longer turns away patients for lack of clinicians or space.

The Policymaker

Le Ondra Clark Harvey, PhD, always felt a tension between her clinical work and the socio-economic challenges that stopped lower-income patients from taking full advantage of clinical services. The cost of bus fare to travel to a session, for example, was prohibitive for many patients.

“My desire to pursue policy as a career and understand policy better came from my clinical experiences,” recalls Harvey, chief consultant for the California State Assembly Committee on Business and Professions.

Between her internship and post-doctoral work, she took a policy internship at the Center for Policy Analysis in San Francisco to better understand the lawmaking behind mental healthcare policies. She was offered a faculty position at University of California Los Angeles following her post-doctoral work, but accepted a fellowship at the California Council on Science & Technology instead. She was the first psychologist accepted into the program. The fellowship turned into a full time job and she has not looked back.

Harvey’s research skills and grasp of the clinical end results of laws have proven valuable assets in her policymaking career. She marvels at how often legislative positions are supported by nothing more substantive than a Google search. During her prior job as policy consultant to the California State Senate Committee on Business and Professions, the governor cited her legislative analysis when he vetoed a poorly conceived bill specifying required continuing education courses for California psychologists.

Harvey recalls some trepidation when she decided to leave clinical practice. “How would I explain to others the connection between my passion for providing clinical services to the disenfranchised and working as a policy consultant at the state Capitol?” she wondered. “I quickly realized that there is a nexus between the two – for example regulating state boards and influencing policy that impacts practitioners – and once I recognized this I felt like my passions were being validated through the policy work I was doing.”
The Financial Planner

After the 2000 stock market crash, William Martin, PhD, MPH, MS, received calls inquiring about a clinical need that was new to him. Financial professionals were suffering from depression and anxiety, going through divorces, and some were suicidal. Clearly they needed mental health treatment, but what did Martin know about financial triggers of mental disorders? He felt unqualified to address the needs of these patients without a deeper understanding of their financial business world, but there were few places to which he could refer them either.

Martin transitioned into financial psychology. He enrolled in a five sequence course in financial planning to better understand his patients. While he had no desire to be a financial planner, after passing the preliminary sequence he completed the remaining courses to earn a financial planning certification. Armed with a new-found understanding of finance, he developed a keener understanding of the role financial triggers play in a range of mental health conditions.

“The path found me, but I responded to the call,” says Martin, associate professor and director of Master of Science in Human Resources at DePaul University. Martin feels he is meeting a clinical need that had been underserved and is pleased with his transition to financial psychology: “Overall I feel satisfied.”

He advocates for greater professional recognition of the financial psychology field. “Traditionally trained psychologists, psychiatrists and other licensed mental health professionals did not receive specific education and training to address money related matters,” he wrote in a July 2016 article for The National Psychologist. He supports the addition of a Financial Psychology Division to the American Psychological Association.

The Executive

David Young, PhD, figured out early that he enjoyed teamwork. He liked clinical practice in the acute care medical setting and thrived on collaboration. He gained an appreciation not only for the team process, but for the role the unit leader played in pulling it all together. Given the opportunity to become a unit program manager, he seized it, relying on his sensibilities as a psychologist to inform his managerial approach.

“So much of what psychology teaches you is a rigor and a discipline to look at a problem and attack it,” says Young. He adds, “The great psychologists are willing to be mentored.”

Young, now vice president of the Center for Clinical Excellence at Seniorlink, has been attacking new clinical challenges in management roles ever since. He currently is developing a model for positive mental health outcomes for seniors with dementia and their caregivers. His path to Seniorlink included several management roles in programs with interdisciplinary approaches in fields such as occupational health and program-model development.

“My plan was not a plan at all,” Young recalls. “It was something that evolved and happened.”

Part of his role, he says, is to act as the “clinical conscience” of Seniorlink. His latest project is a technology platform for in-home caregivers that would enable them to use their electronic devices to talk to a support coach, answer medicinal and medical questions, find local transportation and errand services, and more.

The Technology Innovator

Sherry Benton, PhD, already had stepped out of a traditional clinical role as director of the University of Florida’s student counseling services. Staffing for the service was generous, but still the counselors could not keep up with demand. Many students were placed on waitlists to receive services.

“It was intolerable to me to keep a student on a waitlist,” says Benton, founder, inventor and chief science officer at Therapist Assisted Online (TAO).

Benton presented the university with an alternative model, augmenting traditional services with online modules to be delivered through the e-learning lab. Students received personalized text reminders about individual goals. Outcomes among students served through the anxiety modules exceeded those of students in traditional face-to-face therapy sessions. TAO is operating in 40 universities and colleges nationwide.

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**Develop market-savvy niches.** Specialty niches continue to be a key vehicle for successful psychological practice, and that is increasingly the case for niches related to health conditions. As psychologists become more involved as members of integrated-care teams, for instance, there are ample opportunities to demonstrate how psychology can improve health in evidence-based ways. That includes everything from behavioral strategies to help people quit smoking or get better sleep, to helping people cope with effects of chemotherapy, to name some examples. Communicating psychology’s effectiveness in such domains, underscores Evans, is also prime material for advocacy.

**Assume leadership roles.** Psychologists should also be thinking about using their unique professional skills – assessment, measurement and evaluation – in leadership and administrative roles. These include roles that blend psychologists’ interest in social justice, science and quality of care – for example, designing systemic strategies to reduce health disparities and improve health equity, Evans says.

Aim high, agrees Vanderbilt Medical Center’s Lane.

“Don’t be afraid of politics or administration or anything else,” Lane advises. “While these roles are not necessarily what psychologists are immediately drawn to,” they provide a fantastic opportunity to observe and influence the bigger picture of health care delivery, she says.

“You can get in there,” emphasizes Lane, “and you can make a difference.”

Written by Tori DeAngelis

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**Why is It Hard to Talk about Money?**  
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If you are in private practice, you face another side of the money taboo. As both business owner and caregiver, you must talk about your own financial needs with patients in so far as you must discuss payment policies and collect payments.

“In the context of the clinical relationship, it may seem that you are talking about your personal wants and needs instead of focusing on the patient,” says Jeff Zimmerman, PhD, ABPP, of The Practice Institute, which provides consulting services and management tools for behavioral health practices. “The business side of the relationship, however, should not be personal either to you or to the patient. It is about the professional service relationship between you.”

Zimmerman, who is the co-author of *Financial Management for Your Mental Health Practice: Key Concepts Made Simple* with Diane Libby, CPA, recommends adopting the following well-established small business practices that professionalize and depersonalize the business side of private practice.

**Have clearly defined policies.** Decide what types of payment or insurance you will accept; when payment is due and if checks may be post-dated; what you will do in case of a missed payment; under which circumstances, if any, will you permit late payments or missed appointments, etc. These policies should be in writing.

**Talk about policies during intake.** Intake is the appropriate time to talk with new patients about their financial responsibilities as well as their treatment responsibilities.

**Planning and metrics.** Well-run businesses follow structured business plans and measure results. Metrics can be simple, for example, tracking the income from different revenue sources, your overhead costs and your ultimate earnings.

**Improve your own financial health.** Make sure you are taking care of yourself financially, including having money set aside for emergencies and saving for your retirement.

Few psychology graduate programs teach basic business practices. Many psychologists seek mentorship from a well-established peer. The Small Business Administration (sba.gov) offers free webinars on topics such as writing a business plan, creating a savings plan and basic marketing strategies. For complex legal and accounting questions, ask an expert. You’ll find it is easier to talk comfortably about financial policies the better you understand them.

Written by Sherry Delaney

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Not only did these five psychologists challenge their own professional self-perceptions, they challenged the perceptions of their peers. Some colleagues were not supportive.

“It was not without its pain,” Benton recalls. Some peers accused her of “selling out” for money. Still she is happy with her choices, and with the knowledge that fewer college students in crisis will find themselves on counseling wait lists thanks to her work.

Written by Sherry Delaney