

Good Stuff: Psychology, The Health Care Profession of the 21st Century
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Much of my professional experience has followed in the mode of health psychology. Following licensure at the Master's level, my early employment was in a community mental health center attached to a 500 bed acute care hospital. We were often called to follow patients in acute care and what another world that was. Ward clerks, nurses, procedures and equipment; patients struggling to understand the nature of their illness or injury and the implications for their future. One of my first experiences was on the burn unit. Patients there required assistance with pain management and compliance with treatments that provoked more pain. Also they were grappling with issues of self image, panic and fear, and questions about their future. The family medicine residency program asked for our input. Their accrediting body required "a behavioral component" of their medical education. They were looking for staff to provide training and input into the psychological aspects and behavioral presentation of patients with various medical illnesses.

In my doctoral training, I chose a special proficiency in Behavioral Medicine to better understand psychobiological factors in bodily disease and psychological processes induced by illness, injury and loss. Hypertension, pain, asthma, cardiovascular disease, cancer, the impact of stress on immune system functioning, and obesity, I discovered, had behavioral components and associated psychological factors. Coping with acute health crises, adaptation to chronic illness and disability, issues in compliance, stress, appraisal and coping, the biopsychosocial

perspective: I could feel the Cartesian Dualism melting away. I recall Ralph May, a particularly insightful and articulate classmate, turning to me and saying “Don, this is really good stuff!”

Good stuff indeed! My predoctoral internship gave me the opportunity to apply this understanding and these principles. My internship was in a consortium of three facilities providing traditional mental health, acute physical rehabilitation, neuropsychology and acute hospital consultation. It is in this model that I continue to practice today.

I believe there are a number of wonderful things happening right now in psychology. The Surgeon General’s report on mental health indicates that Behavioral Science now has emerged as one of the most exciting areas of scientific activity and human inquiry (Satcher, 1999). Aging and mental illness, aging successfully, children with developmental disorders and ADHD, anxiety spectrum disorders, and the expanding pharmacotherapy for mood disorders tantalize us with the prospects of future patient care.

At the federal level, we are seeing proposals to include funding for psychology graduate training sites, historically the sole domain for graduate medical education. When the regulations are finally accepted, psychology interns will finally receive funding for the hospital based portion of their training consistent with that of other health care professionals.

Internally, APA has recently proposed changes to its bylaws to include the word “health” in its mission statement. It’s about time! As APA president, Dr. Noreen Johnson stated: “Psychologists have known for years what many policy makers are only now discovering, Mental health is health, and psychologists provide health care services for more than just mental health problems” (Johnson, 2001).

Increasingly, we are seeing a greater acceptance of psychological factors in health and illness. Seven of the top ten health risk factors are behavioral: tobacco use, diet and activity

patterns, alcohol use, unintended injuries, suicide, violence and unsafe sex. We also know that the illnesses that are the leading causes of death in the United States, heart disease, stroke, pulmonary disease, chronic liver disease and cancer, have strong behavioral components (National Center for Disease Statistics, 2000) Compliance with treatment regimens, advising on the best treatment approaches, assessment and intervention in psychological factors effecting physical illness and health are clearly the domains of the behavior specialist, of psychology.

We are not supplanting medicine. Rather, psychology is a component part of complete health care. In fact, the American Medical Association committee on C.P.T. codes has recently approved six new codes to be used for psychological interventions to medical patients. For too long, we have been unnecessarily restricted by a very narrow view of the role of psychology. Typically, medical patients had to be given a mental health diagnosis. For treatment, we've been able only to provide "psychotherapy," defined as insight oriented, behavior modifying or supportive treatment, to medical patients. The new codes will allow psychologists to be more easily involved in the evaluation and management of patient care.

At the same time there remains a dark side. There are forces aligned to restrain psychology. Managed care continues to be problematic. Despite protestations to the contrary, their main goal continues to be the bottom-line profit, not patient care. Dr. Richard Small in his 1995 presidential address called for us to oppose "organizations that seek to the value and subvert psychological services for corporate profit" (Small, 1995). There have been small gains in terms of patient's rights. At the Federal level, the Kennedy - Kassembaum bill allowed for the portability of health insurance and required the development of privacy requirements yet fell short of full patient protections. A weakened version of the Domenici - Wellstone mental health parity bill went into place several years ago. We see hope on the horizon with several bills now

before congress sponsored by Reps. Ganske and Dingell. In Pennsylvania, led by psychologist Tim Murphy, we saw Senate Bill 100 become Act 68, a basic framework for patient protection legislation.. But more work can be done. At the state and federal levels we can do better to close loopholes to improve patient protection, to enhance patient care by passing any willing provider and hospital practice legislation for psychologists.

Most bothersome to me, however, have been internal issues. True, managed care has cast a dark shadow over our profession. The effect on individual psychologists, however, is troubling. In talking to and listening with colleagues you can hear an air of discouragement and frustration. If you listen carefully, many psychologists also sound depressed and disheartened. I hear colleagues advising students and family members not to go into the profession. There is a sense of helplessness. Perhaps if we circle the wagons, complain and point our fingers at the outside forces at work, then things will go away, or at least will not affect us as badly. I am reminded of the quote by poet laureate Maya Angelou “Self-pity in its early stages is a snug as a feather mattress. Only when it hardens does it become uncomfortable.”

I'd like to let you in on a secret. My friend and colleague Dr. Ralph May is right. “This is good stuff!” We really do have a lot to offer. The problem as we don't seem to know how to sell it very well, either to the public or to ourselves. While it's true that our national organization has mounted a number of public awareness campaigns, and both Drs. George Albee and Marty Seligman have encouraged us to “give psychology away”, it's unclear to the extent to that we as individuals actually believe in the value of what we do. Perusing several list serves, I am impressed by the constant barrage of criticisms toward medicine for not recognizing our skills, toward managed care for creating burdensome paperwork and unnecessarily managing a product, which by most studies, is self limiting. Also troubling is internal bickering. This is not the usual

debate between scientific professionals. Rather, they are scathing attacks on the qualifications, knowledge or experience of psychologists who do not agree with a particularly precious professional viewpoint. This infighting will serve no-good end.

In his parable “The Man and the Lion”, John Henry Newman (1908) talked of how change can be created by actors or reported by victims. I believe that we have an opportunity, and in some ways, a responsibility. Just like lions in the above story, if we choose to be the artists, if we choose to have pride in what we do, if we choose to apply our science to health in whatever venue we serve, we can be successful.

In particular I see several areas for future endeavor; technology, psychopharmacology, primary care, hospital practice, business, and schools.

Technology: particularly telehealth and on-line therapy. A recent article in ON magazine (Boynton, 2001) highlighted the potential of e-therapy. To paraphrase the TV commercial, “this is not your father’s therapy.” Initially the idea of e-therapy seems ill advised, but what are its applications? Psychoeducation? Rural populations? For those whose disabilities impair their mobility? Dr. Russ Newman in a recent Monitor article (Newman, 2001) described the potentials and concerns. While there are many ethical and practical problems to be solved, what better profession than Psychology to propose those solutions. APA has already developed a site www.dotcomsense.com to provide practical tips and advice for those seeking online help. PPA, through its web site development group, proposes to use technology to enhance not only our organizational effectiveness, but also communication including a well developed virtual community. The listserve already facilitates clinical discussion, peer consultation and political activism.

Psychopharmacology: Sam Knapp has said, the support for prescription privileges in PA is wide, but not very deep. There now exists a number of excellent training programs for those interested in advancing their knowledge of psychopharmacology in anticipation of the day that properly trained psychologists will be permitted to prescribe. Programs such as the Prescribing Psychologists Register, Farleigh Dickinson College and Felician College are examples of diversity in models of training. The concept of prescribing psychologists is not without opposition. In a recent statement, the Task Force on Prescribing Privileges of The Society for a Science of Clinical Psychology, Section 3 of Division 12, called for a moratorium on expenditures and advocacy by APA on behalf of Prescription Privileges. Further, they called for a binding referendum on whether APA should continue to advocate for the privilege. Their points are heartfelt. From a practical standpoint, if we cannot agree among ourselves, how do we hope to convince legislators of the wisdom and benefit of prescribing privileges for psychologists?

Association with Primary Care Providers: The last 15 years have seen a change in medical practice with a return to the concept of primary care. In this model, a single clinician is accountable for addressing the personal health care needs either directly or, when appropriate, in collaboration with specialists. The primary care physician is the point of entry to the healthcare system. Unfortunately, many primary care doctors fail to recognize mental health problems due to the demands of a busy practice, limited training, or a focus on the disease model / physiological illnesses and symptoms. What a tremendous opportunity for collaboration! It has been estimated that up to 70% of visits to Primary care physicians (PCP's) are for problems which have some psychological or psychosocial component. We can assist the PCP in providing specialty interventions in major health problems such as cardiac disease or simple compliance with suggested treatments. We can also work collaboratively to manage a host of traditional behavioral health problems such as anxiety spectrum disorders and depression.

Hospital Practice: For over a decade, we have fought in Pennsylvania for permission to care for our patients behind the doors of hospitals. There is no reason that we should not be permitted to admit, discharge and guide the hospital experience of our clients in their time of need, as occurs in sixteen other states and the District of Columbia.

Business: Psychology can play a unique role in furthering the concept of employees as the most valuable resource of a company. We see at this convention the involvement of psychology in the workplace: The Healthy Workplace Award, the keynote address on the value of psychology in human relations. Psychologists are advising and developing programs that can improve the health of employees, advance careers and reduce turnover. Executive coaching can provide leadership skills for

employee growth and professional development. Productivity and retention hinge on employees feeling central and important to the workplace.

Schools: We are seeing the difference that psychology can make in the school systems, with the APA Center for Gifted Education Policy, improving the quality of after school programs, the anti-violence campaign, partnering with MTV and the public education campaign to name a few. Movements exist to bring together different sub-disciplines within psychology, such as school psychology and neuropsychology to highlight the issues of individual differences in the learning styles of students in an effort to improve public education.

What does all of this have to do with PPA? Past presidential addresses have echoed this theme. Dr. Peter Keller in his 1998 address, challenged us to reexamine and think “more clearly and creatively about what we now do and what we might do, given the skills we have or might develop as psychologists” (Keller, 1998). Dr. Steve Ragusea in 1993 underscored the recognition of psychological factors involved in a host of physical and social maladies. He encouraged us to take the initiative, to believe that our profession is “changing the course of human history” (Ragusea, 1993). Dr. Rodney McLaughlin in 1983 referred to “perilous times” and encouraged psychologists to promote the profession lest our hard-fought gains be lost (McLaughlin, 1983). And Dr. Pat Bricklin commented in 1975 that psychology “seems to be the apparent victim of benign neglect”(Bricklin, 1975). It is as true now as it was then. We cannot allow this to happen.

Clearly the challenges remain. This IS good stuff! We can either choose to have our history written for us or be the authors of our destiny. We need energy and

enthusiasm, both individually and organizationally, for the future. While there may be a sense of discouragement among some practicing psychologists, I can tell you there is little in our students. For those of you who attended the regional leadership conference in April, you were able to witness the vibrancy and zeal those student members bring to an organization. I thought I was at a revival meeting. I have no doubt in my mind that current psychology students believe that this is “good stuff”, and have good ideas on how to make it better. They accept the idea of a profession that is unconstrained, independent and empowered.

Organizations follow a developmental progression not unlike that of humans. If this is so, then PPA has moved through a number of phases. As detailed in the History of the Pennsylvania Psychological Association in its early years PPA moved through the issues of infancy and growth. There was development of the organization, resolving questions of its goals, its structure and its mission. It moved into adolescence with the further maturity of its organization which provided stability and culminated, in 1989, with the purchase of its own headquarters building.

It seems to me that we're now in a new stage of development, that of generativity. We have struggled through internal issues. We have announced ourselves and are recognized nationally as a leader in State Psychological Associations. It's time to develop our progeny, to organizationally pass on what the association has created to those who follow. Current students are the future members of the association. The task force on student membership initiative, begun by Dr. Stevick last year has completed its initial work. Under the leadership of Dr. Steve Berk, it has now become a project group, charged with the mission of bringing into existence a student organization within PPA.

To this end, during my presidency, I plan to focus on fully integrating students into the organization. It is my hope and plan to visit all the doctoral training programs in Pennsylvania to encourage their active participation in PPA and the student initiative.

Consistent with the idea of organizational development, we also need to think about future fiscal stability. PPA is in good shape. Under the capable leadership of our executive director, Mr Tom DeWall, our financial position is stable. But we cannot be complacent. Also, we cannot continue to vie in a professional climate marked by organizations with competing dues increases. To this end, I am appointing a Task Force, chaired by Dr. Rex Gatto to explore method of increasing non-dues revenue for the association.

Also, under the leadership of Dr. Dianne Salter, the Task Force on Bylaws revision will continue its work. There are a number of proposals you will be asked to consider. The bylaws of modern organizations need to be flexible to meet the challenges of a changing environment, while providing an framework of stability. Our bylaws have served us well, however, required adaptation for a faster paced world. You will hear more of these proposals in coming weeks.

I would close in saying that I believe, as Dr. Ron Levant has commented, there is something new stirring in Psychology. I see a mixture of excitement and challenge rising from the ashes of discouragement. The concept of health is broad. It includes traditional mental health, physical health, healthy workplaces and healthy schools. This is certainly “Good Stuff.” Please join me in celebrating Psychology; the health care profession of the 21st century.

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