

**Testimony of the Pennsylvania Psychological Association  
Before House Human Services Committee  
Public Hearing on Mental Health  
September 11, 2012  
Harrisburg, PA**

Good morning. I am Dr. Samuel Knapp, and on behalf of the Pennsylvania Psychological Association, I want to thank members of the House Human Services Committee for the opportunity to talk about psychology.

Psychology is the study of human behavior and experience. Professional psychologists work as mental health, health care, and problem-solving professionals to promote individual and social well-being.

Psychologists are licensed in every state in the United States (and every province in Canada and most developed countries across the world).

To become licensed as a psychologist in Pennsylvania, a person must have a doctoral degree in psychology. Typically this 12-year path requires 10 years of full-time education and 2 years of supervised experience. A more detailed description of the requirements for psychologists can be found in Appendix One.

Pennsylvania has about 5,600 licensed psychologists. Most of them work in outpatient practices, while others work in colleges or universities, community mental health centers, public or private schools, hospitals, prisons or other locations. A distribution of work locations can be found in Appendix Two.

**Psychology as a Mental Health Profession**

Most psychologists are trained as mental health professionals who focus on treating a variety of mental health concerns. The three biggest areas of presenting concerns are depression, anxiety, and relationships. Others specialize in work with persons with autism, developmental delays, or serious mental illnesses.

About 25% of psychologists focus primarily on the treatment of children.

About 10% of psychologists focus on the treatment of older adults.

About 8% of psychologists focus on treating the abuse of alcohol and other drugs (Greenberg & Jesuitus, 2003).

**Psychology as a Health Care Profession.**

About 10% of psychologists (health psychologists, rehabilitation psychologists, or neuropsychologists) focus on assessing or improving the physical well-being of their patients.

As many of you know some of the biggest challenges to the physical health of Americans come from the need to change lifestyle behaviors (the big four are smoking, overeating, inadequate diet, and lack of exercise). Appendix Three shows that 9 of the 15 most common causes of death have a significant behavioral component to them. Lifestyle changes can extend the lifespan of Americans, reduce rates of disability, and improve the quality of their lives.

### **Psychology as a Problem-Solving Profession**

About 12% of psychologists regularly do some forensic work such as evaluations for juvenile court or child custody evaluations (Appendix Four). Other psychologists focus on performance enhancement or relationship building. One of the most obvious sources of performance enhancement is the work of school psychologists, who cooperate with other school personnel in ensuring optimal educational placements for children with special needs. One of the most underused and underappreciated services is premarital education. Reviews find that “premarital education was positively and significantly associated with marital satisfaction and commitment and negatively and significantly associated with marital conflict” (Stanley, 2006, p. 120).

### **Challenges to Pennsylvanians**

In many ways Pennsylvania has done well in supporting mental health services and health care protections including legislation in the last session such as Act 30 of 2010, which promotes problem solving (mental health or substance abuse) courts and Act 101 of 2011 (“Safety in Youth Sports Act”), which protects high school athletes from the consequences of untreated or undertreated head traumas.

#### **Immediate Challenges**

1. Review of Child Protective Services Law. Our perception is that the standards for identifying child abuse are too strict in Pennsylvania (especially in the areas of physical abuse and neglect) and that many abused children are not getting the protection they need (more detail on our concerns is found in Appendix Five). We know that this will be a focus for the legislature next session.
2. Continued funding for services for persons with serious and persistent mental illnesses. We know we are living in a time of fiscal austerity, but funding for persons with serious and persistent mental illnesses not only is the humane thing to do it is the prudent thing to do. We caution that some cost-saving efforts, such as placing restrictions on access to psychotropic medications, may end up costing more money in the long run if they result in increased reliance on hospitalizations or emergency services.
3. Ensuring an adequate health care benefit package in any health care exchange. We are working with a number of organizations to prepare our perceptions of what that package should look like.
4. Adequacy of psychological services in prisons and state hospitals. For example, the Parole Violator study of the Pennsylvania Department of Corrections found that inmates who received mental health services in prisons had rates of reincarceration significantly lower than inmates who did not receive those services (Bucklen, 2005). This shows that both the public (and the prisoner) benefit when quality psychological services are made available. We need to ensure that the policies within the Commonwealth of Pennsylvania provide sufficient incentives for psychologists to want to continue to work there.

## Long-Term Challenges

1. Greater integration of health care with mental health care. There is growing recognition that mental health cannot be completely separated from overall health care. Emotional states and relationships impact physical health and vice versa. The need for integration of health and mental health is especially important for patients with serious medical conditions where comorbid mental health problems are common.
2. Full parity for mental health and substance abuse services under commercial insurance. The parity law of 2008 ensured parity for most commercial insurance policies, but not all. In the long term we would like to see mental health and substance abuse parity for all health care policies.
3. More research. We know far more about treating mental illnesses and addictions now than we did (even in my career) when I started graduate school in 1973. We are making substantial progress in reducing the symptoms and functional limitations of many mental illnesses, resulting in greater employability and higher quality of life for many individuals. This trend should be encouraged.
4. Public education. Many groups have worked hard to reduce the stigma of mental illness and also to inform the public of the ways that they can use psychological science to improve their lives and their relationships with others.

Thank you for the opportunity to discuss these important issues. I am available to respond to any questions you might have.

### Appendix One: Educational Preparation for Psychologists<sup>1</sup>

1. Doctoral Degree in Psychology: an average of 10 years of full-time study (6 years beyond a bachelor's degree)
  - Approved doctoral programs must include studies in statistics, research design, psychometrics, assessment (psychological testing), treatments and intervention, program design, learning, cognition, lifespan development, and other areas
  - Doctoral programs may issue Ph.D., Psy.D., or Ed.D. degrees
  - The major areas of applied psychology are clinical, counseling, and school psychology
2. Supervised Experience: two years, one of which may be predoctoral
3. Passing Two Examinations: The Examination for the Professional Practice of Psychology, EPPP, and the Pennsylvania Psychology Law Examination, PPLE
4. Acceptable Moral Character

### Appendix Two: Primary Work Locations of Psychologists<sup>2</sup>

Outpatient Independent Practices	45%
College or University	15%
Community Mental Health Center	5%
Public or Private School	7%
Hospitals	15%
Correctional facility	1%
Other	10%
Retired	2%

<sup>1</sup> Until 1995 Pennsylvania also licensed individuals with terminal masters degrees in psychology. Currently about 15% of psychologists licensed in Pennsylvania hold terminal masters degrees.

<sup>2</sup> This data is an estimate based on figures from annual surveys of the members of the Pennsylvania Psychological Association (PPA) and also the nationwide surveys of the Association of State and Provincial Psychology Boards. Pennsylvania was adjusted in light of data from ASPPB that shows relatively more institution based practices.

### Appendix Three: Causes of Death

Rank	Disease	Percent of Mortality
1	Heart Disease <sup>3</sup>	25%
2	Cancer <sup>4</sup>	23%
3	Stroke	6%
4	Lower respiratory disease	5%
5	Accidents <sup>5</sup>	5%
6	Alzheimer's Disease <sup>6</sup>	3%
7	Diabetes <sup>7</sup>	3%
8	Influenza and pneumonia	3%
9	Kidney disease	2%
10	Septicemia	2%
11	Suicide	1.4%
12	Chronic liver disease and cirrhosis <sup>8</sup>	1%
13	Hypertension <sup>9</sup>	1%
14	Parkinson's disease	.08%
15	Homicide	.08%

<sup>3</sup> Heart disease can be prevented or the impact of heart disease can be reduced through good diet, exercise, and abstaining from smoking or drinking in excess.

<sup>4</sup> The National Cancer Institute (<http://www.cancer.gov/cancertopics/wyntk/cancer/page4>) notes that lifestyle (excess weight, poor diet, lack of exercise, excessive exposure to sunlight, smoking tobacco, etc.) accounts for a substantial number of cancers. One expert claims that one-third of cancers are due to lifestyle issues.

<sup>5</sup> Human error accounts for most accidents (e.g., 50,000 Americans die from traffic accidents a year alone).

<sup>6</sup> Cognitive decline can be slowed through regular exercise, good diet, an active social life and involvement with cognitive activities, such as reading, doing puzzles, or solving problems.

<sup>7</sup> Diabetes is strongly associated with excess weight. Weight reduction programs have the promise of reducing the prevalence of diabetes.

<sup>8</sup> Alcoholism is strongly associated with liver disease.

<sup>9</sup> Chronic stress exacerbates hypertension in many persons.

## Appendix Four: Forensic Psychology

Types of work done by forensic psychologists include:

- evaluations for guardianship (incapacity hearings for older adults), capacity to consent to treatment and manage one's own affairs;
- emotional damages in civil litigation;
- disability determinations and employment litigation;
- criminal work, including waivers for juvenile courts, sentencing, competence to stand trial, competence to waive Miranda rights, insanity defense, defense of diminished capacity, and evaluation of sex offenders;
- child welfare work including assessment of child abuse, assessment of emotional abuse, and recommendations for termination of parental rights;
- forensic-like evaluations with external consequences could include evaluations for carrying lethal weapons for security guards, evaluations of police officer candidates, evaluations of candidates for clergy suspected of misconduct or impairment, or clerical candidates;
- other quasi-forensic roles could include parenting education classes or other services for divorcing couples, serving as a coach for families undergoing collaborative divorces, or therapy for parolees or persons on probation. Evolving areas of practice include parenting coordination (where a judge appoints a parenting coordinator) to make decisions concerning the implementation of the court order) or as consultants to attorneys who are working through collaborative law arrangements.

### Appendix Five: Child Abuse Reporting

The rate of substantiated child abuse reports has decreased consistently over the last 35 years. The reasons are unclear. Some of it may be due to an increase in children being diverted into General Protective Services. However, most psychologists believe that the decrease is because of overly restrictive interpretations of what constitutes child abuse, so that many children who once would have been identified as abused in the 1980s or 1990s are not being considered abused today. Pennsylvania has the lowest number of reported cases of child abuse in the country (1.3 out of 1,000 children), which is one-seventh the national average.

#### Total and Substantiated Reports over Time

Year	Total Reports	Substantiated Reports	Percentage Substantiated
1976	6,395	2,651	41%
1980	13,750	4,133	30%
1990	24,357	7,951	33%
2000	22,809	5,002	22%
2010	24,615	3,656	15%
2011	24,378	3,408	14%

#### Substantiated Reports over Time for Mandated Reporters

Mandated Reporter	1990	2000	2010	2011
Private Psychiatrist/Psychologist <sup>10</sup>	45%	32%	18%	14%
Public MH/MR Agency	30%	15%	13%	9%
Private Nurse/Doctor	33%	26%	19%	17%
School	31%	14%	6%	5%
Total Reports	33%	22%	15%	14%

<sup>10</sup> Later reports simply referred to "private psychiatrist," but a communication from the Pennsylvania Department of Public Welfare indicated that both private psychologists and psychiatrists were included in this statistic.

## References and Resources

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