

Hawai'i Psychologist

NEWSLETTER OF THE HAWAII PSYCHOLOGICAL ASSOCIATION

Vol. XXIV, No. 2

SPRING 2001

President's Message

Seven Habits of creating a highly effective Psychology

by Rob Welch, Ph.D.
HPA President

Aloha!

This is a great time for psychology! People want greater satisfaction in the physical, emotional and spiritual aspects of life. They want more...more capacity for work and for play. Whether it is hope for relief from a life-limiting disorder or the ability to increase the positive aspects of their lives, the methods of psychology are becoming more accepted.

This is also a time of great danger! The growing interest in psychological results does not necessarily mean a growing interest in psychologists. People will rely on professions that create images for them, and that add value and meaning in their lives. In order to maximize our benefit to the community, psychologists must be willing to embrace change.

We will need to establish seven new habits to maximize our future for the community through psychology.

1. The habit of lifelong learning. Psychologists will need to embrace the idea that what we know about behavior and change is growing each year. Continuing improvement of our skills and knowledge is essential to maintain our usefulness to the families we serve. Dr. Kate Brown

and her committee have worked diligently to create more training opportunities available for psychologists. Additionally, the University Psychology Department and ASPP under the leadership of Drs. Karl Minke and Raymond Crossman respectively are also working to increase the educational and training opportunities available. Kate is looking for your input about what training would improve and expand your work and I know that Karl and Ray would love to hear about your education needs and how to meet them.

2. The habit of understanding the needs of business. Useful work is an important way to create meaning in our lives. Hawai'i's businesses are critical to our community and to the growth of psychology. Hawai'i's businesses need psychological methods to increase their value to employees and customers. It is a natural partnership. As one effort to increase this partnership, Dr. Craig Robinson has led the effort to implement the new Hawai'i Healthy Workplace Award which will be presented at the 2001 HPA Convention. Many psychologists are expanding their work with the business community. Craig, as head of HPA's Business of Practice Network, would appreciate your ideas and experiences. The rest

of us can learn from your leadership.

3. The habit of building alliances. The efforts to increase the value of behavioral health for the community must involve many other professions who have a stake in the changing role of helping professions. We will be most effective when nurses, social workers, marriage and family therapists, physicians, consumers and others join us in advocacy. Building common links that recognize the goals and initiatives of these allies has been the work of Dr. Martin Johnson and the Legislative committee. Please let Martin know where HPA can be more effective in building partnerships that create win-win solutions.

4. The habit of broadening the field. Last week a surgeon friend of mine left for the mainland to spend time training and observing a new surgical procedure at another practice on the mainland. This procedure is not offered in Hawai'i, and she wants to make it available to her patients. Not all surgeons want to use this new technique, and some of her colleagues believe the new procedure is really not the province of surgeons. However, she wants to use it and believes it will improve the quality of her care to patients in her practice. Psychology will realize its full value to people only when we open up our

training, practice, and legislative efforts to a much broader view of what psychologists are permitted to offer. The Board of HPA has led efforts to increase the scope of practice for psychologists in a variety of areas including substance abuse treatment and telehealth. The Board is committed to pursuing additional initiatives that will assist you in your work, including prescriptive authority for psychologists. There is more to do, and we need your support.

5. The habit of being more visible. Psychologists and their methods are the “best kept secrets in town.” To maximize our value to the community, we must increase our exposure to people in their daily struggles. We need to give psychology away in ethical and research-supported ways. Only then will we be first on their minds when people seek help for themselves and their families. The Board is working to establish links to media outlets that will permit the wide distribution of

psychological methods and recognition of what can be achieved. This year HPA has featured several segments and articles in the media, and we need much more. Your help is critical to this effort, and I hope everyone will get involved.

6. The habit of getting involved. The political process shapes the debate over what become the laws and regulations that affect consumers and psychologists. To be most helpful in this debate, psychologists need to become more active. Active with our energies and resources. One need only spend a week at the Legislature to see how significantly our educational and practice opportunities are affected by the beliefs of elected officials. Psychologists will benefit most by adopting a habit of giving time and resources to ensure that the highest quality services are available to consumers. This doesn't happen by accident, and many of the most important issues are shaped outside of the legislative session. The APA

recently reorganized to permit greater flexibility in advocacy and education on a national level. The Board of HPA is investigating methods to increase our advocacy capacity in Hawai'i. Get involved and recognize the importance of these initiatives.

7. The habit of taking ownership in the future of psychology. The future of your profession and its value to the people you serve is up to you. The efforts of HPA and its volunteer board are for you. With your help HPA will realize the maximum benefit for the community, for people in need, and for psychologists. Be an active member of HPA, give your financial support, and offer to give one hour per month to build a positive future for psychology.

I hope you enjoy this edition of the HPA Newsletter and that you will contact me, the board members, or Carol Parker if you have any questions. Best wishes for the great summer!



Members, Return to the listserv

by Steven Pollard, Ph.D., HPA Listserv Administrator

Just a quick update for those of you who are not members of the HPA Listserv, as well as for those members who asked to be removed because of the virus problems last Fall.

Since APA has been providing virus screening services, we have not had any virus problems since last November. I encourage new members as well as all HPA members to sign on to the listserv. If you want to be placed on the listserv, please let Carol Parker at cparker@hawaiiipsych.org (or call

521-8995) know so that she can verify your membership and you will then be added to the listserv.

The listserv is really a valuable tool that we have not been utilizing sufficiently. It can be an excellent tool to ask a clinical question or to request information about research on a specific topic.

I think we could make even more use of the listserv if members would feel free to pose clinical, educational, or research questions that would be of interest to many of the members. I posed one question myself about

ethical responsibility to patients or clients when they have our e-mail address. There were several thoughtful and helpful replies on the listserv.

Very few members now make the mistake of sending personal messages to the listserv.

The listserv is a free service provided to HPA by the American Psychological Association.

I hope that we learn to take more advantage of this communication tool during this year.

What we did last...Session

by **L. Martin Johnson, MBA, PsyD**
Chair, Legislative Affairs Committee

Like the summers of youth, the beginning of this legislative session was looked upon with excitement, high expectations. Now that it's almost over, much of it seems a blur and, although I've no wish to extend the session, there is an overriding sense that it went by way too fast. We started out the session with four major goals:

1. Work with the Equal Insurance Coalition to forward the cause for Mental Health Insurance Parity.
2. Introduce a Prescriptive Authority bill and position it for passage.
3. Recruit new members for the committee.
4. And as always, monitor and testify on proposed legislation that impacts psychology.

Promoting Parity for Children

As this is written, a bill has passed both the House and the Senate for full mental health parity for children. Although it must still go through a conference committee and then on for the Governor's signature, there is cause for optimism at this point. Much credit is due Dr. Karuna Joshi-Peters for her longstanding efforts on this issue. She has served on the Mental Health Parity Task force as well as being our representative on the Equal Insurance Coalition.

Prescriptive Privilege Progress

HPA has drafted a bill for limited Prescriptive Authority and it has been introduced both to the House and the Senate. As this is the first year of the legislative biennium, the bill will still be alive next year. Dr. Kate Brown has been instrumental in

working with the State Licensing Board who have agreed in principle on the prescriptive privilege issue. We hope to resolve several issues specific to the bill before next session. In addition, the bill has been presented to various state agencies and legislators. Additional educational presentations will be made between legislative sessions.

Other Legislation

In addition to the bills above, the Legislative Committee testified in support on bills addressing full parity in mandated insurance benefits, advanced psychiatric directives and qualified substance abuse providers. A bill to create a mandated coverage benefits insurance panel was opposed and amendments suggested. Many bills on a wide range of issues including workers compensation, firearms, privacy and confidentiality, sentencing for drug court, and Medicaid compensation were monitored.

Membership

With regards to committee membership; new members this year include: Drs. Tom Glass, President-Elect, Herb Gupton, Don Knopf, Jim Peck, and Peg Murphy-Hazzard (parity sub-committee). Continuing members include Drs. Karuna Joshi-Peters (parity sub-committee), Ray Folen, Kate Brown, Past-President, Rob Welch, President, and Carol Parker, Executive Director. Each of these members has contributed their time, energy and effort toward effectively representing HPA in the legislature. I'm sure members will

join me in offering a warm Mahalo. Additional appreciation is owed Stacey Yim, Carol's assistant who keeps a knowing eye on the volumes of proposed legislation flowing through the legislature. And finally we are deeply appreciative to Linda Chu Takayama and Cynthia Nakamura, our legal consultants, and a key element in our ability to be effective.

Future Considerations

At the APA State Leadership Conference held in April in Washington, D.C., a major emphasis was on advocacy for psychology. Currently consideration is being given to different ways that we can foster advocacy of psychology here in Hawai'i. One possibility is the creation of a Political Action Committee (PAC) for HPA. A sub-committee has been formed to investigate the possibility and the requirements of forming a PAC for HPA.

If you are still reading...

The next year will offer unique challenges for HPA and the legislative affairs committee in particular. If you are still reading, I commend your interest and invite you to become more involved in advocacy and legislative affairs. If you would like to get involved, or if you simply have opinions or questions about any of these issues please feel free to contact me or Carol Parker.

Follow-up review of the State's efforts to comply with the Felix Consent Decree

Conducted by the Center for the Study of Youth Policy
School of Social Work, University of Pennsylvania
January 2001

Since 1994, a number of Hawai'i licensed psychologists and those whom psychologists have supervised have served as Felix-class providers. As many of you are already aware, the State of Hawai'i is currently under a Federal Court Consent Decree ("Felix") to improve mental health services for children and adolescents. Many of you, whether involved directly with providing services to children or who have merely interest in Felix may have wondered to what extent the system encourages and supports the use of best practices as consistent with our profession.

According to the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (1992), "Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society...(p.3)."

The Follow-Up Review

Last year, Marion Higa, Auditor for the State of Hawai'i, requested that the University of Pennsylvania School of Social Work Center for the Study of Youth Policy conduct a review of the Felix system and prepare a report for Governor Benjamin Cayetano and the State of Hawai'i Legislature. The report was prepared by Center for the Study of Youth Policy Dean and Director Ira

Schwartz, Ph.D. and Co-Director Richard J. Gelles, Ph.D. Dr. Schwartz is an expert in the areas of community-based programs and has served as a court monitor on children's mental health issues. Dr. Gelles is recognized internationally as a researcher on children's mental health and has worked with the U.S. Congress drafting mental health legislation, the U.S. Department of Health and Human Services and many state/local agencies. Both led a team which included a child and adolescent psychiatrist, a doctoral level social worker with background in special education/evaluation research, a senior faculty at the University of Pennsylvania School of Law who served as a former clerk for the U.S. Supreme Court, and a senior faculty member of the School of Social Work who served as director of the U.S. Children's Bureau.

The "Follow-Up Review" took place from January to October 2000. The team reviewed over one hundred cases as well as documents related to Felix compliance, reviewed the literature on best practices for mental health service provision and met with representatives from the Hawai'i State Departments of Health, Education and Attorney General; the Offices of Youth Services and the Auditor; and the Hawai'i State Legislature. It also includes forty-one references. The "Follow-Up Review" is available in its entirety from Ms. Higa's office—State of Hawai'i Auditor, 465 South King Street, Room 500, Honolulu, HI 96813; (808) 587-0800. Excerpts from the recent State of Hawai'i Auditor's Report may cause many of us to question whether the State of Hawai'i and the Federal Court have implemented Felix in a way

consistent with our ethical principles. The following are excerpts:

Excerpts

"The State [has failed] to develop a working definition of the *Felix* class [which] has resulted in open-ended entitlements, inconsistent services, and an inability to ensure that services provided are effective...The Department of Health ...continues to provide the following (taken directly from the *Felix* consent decree) as the working definition of the *Felix* class: The 'Plaintiff class' is 'all children and adolescents with disabilities residing in Hawai'i, from birth to 20 years of age, who are eligible for and in need of education and mental health services....' However...the definition provided by the health department...[does not] meet the standards for a working definition. Social scientists generally agree that a working definition is an 'operational definition' that establishes thresholds or boundaries for inclusion or exclusion from a group or category (p.6)."

"Our investigation shows the State of Hawai'i has not established a 'best practices' approach for designing and funding programs aimed at achieving compliance with the *Felix* consent decree. A 'best practices' approach would set a goal of progress rather than process. Legal definitions, protocols, and paperwork are necessary evils, but educators must not lose sight of the fact that the goal is improving academic achievement levels for students with disabilities or mental health problems. The consent decree clearly calls for educational and mental health assistance that is effective—not just having the child in the class, but also having the child advance academically (pp. 8-9)."

“The Departments of Education, Health, and Attorney General are not assessing effectiveness of services to *Felix* class children...The superintendent of education acknowledged that he would like to assess the effectiveness of services provided to *Felix* class children. However, the superintendent contends that the department has devoted so much energy to compliance and provision of services that it has not been able to develop an effort to assess service outcomes...The deputy attorney general in charge of the *Felix* case dismissed and denied the suggestion that there was a mandate that the Departments of Education and Health [to] provide effective services to the children in the *Felix* class...The director of health and the deputy director for the Behavioral Health Administration of the Department of Health initially stated they believed that the terms of the consent decree and the benchmarks did not include a mandate to provide effective services to children. However, at a subsequent meeting, both stated that they were concerned about outcomes and effectiveness of services. Nonetheless, they are still not using standard scientific methods to assess outcome. The Service Testing protocol provided by the *Felix* monitor is not a scientifically appropriate protocol to assess outcome and effectiveness. Service Testing is not a reliable and valid measure of individual child progress or outcomes; rather Service Testing was specifically designed to assess compliance with the terms of this consent decree. As such, it can only assess a school complex’s compliance with procedural benchmarks and satisfaction with services and systems of care pp. 9-10).”

Assessing and achieving compliance

“The court monitor and the advisory panel’s central role are to assess and measure the State’s effort to comply with the terms of the *Felix* consent decree. They also provide technical assistance to the Departments of Education and Health. Here is where a blurring of roles, boundaries, and

responsibilities occurs. The court monitor not only established the benchmarks and developed the instrument to measure achievement of the benchmarks, but he apparently also serves as a consultant to the State to help it achieve compliance—that is, comply with his own benchmarks as measured by his own instrument...It appeared to us and to many others in Hawai`i that the court monitor’s oversight role is in conflict with his technical assistance and consultant role. There appears to be no independent individual or panel that is assessing the compliance efforts and is also independent of the activities and pressures of the compliance effort (p.11).”

“A similar blurring occurs with regard to the role of psychologists who provide evaluations for schools. As noted throughout this report, the lack of a clear and consistent working definition for the *Felix* class means that psychologists are the primary determinants for inclusion in the *Felix* class and classification as to what level of services are required. In many communities, the agency with which the psychologist is affiliated then provides the recommended services. Here again, there is no independent oversight or even an independent diagnostic and/or “gatekeeping” function (p.11).”

“Our case file review...and discussions with school principals are consistent in concluding that children in need of special education services and mental health services are better off now than ten years ago because the State has created a system of care to provide such services. There are more services available according to our case file review and principals’ accounts. Case file reviews indicate that the services being delivered are largely appropriate and meet the appropriate standard of care (p.18).”

Questions remain

“There is, however, no ongoing assessment or concern to assess which services are more effective than others, which services need to be strengthened, and which could and should be discontinued in favor of

other options or services. Moreover, there is no effort to attempt to provide services that are effective and that use existing resources in the community. These questions will have to be answered as the State of Hawai`i strives to sustain the efforts on behalf of the children in the *Felix* class. (Certainly, the Legislature will need this kind of information in order to continue its support for spending such a large amount of the public’s tax dollars.) (p. 19).”

“Based on our discussion with the Auditor’s staff, administrators at the Departments of Education and Health, and our own analysis of the budget data provided to us from the Departments of Education and Health, we found no consistency in the manner in which costs are reported. The Department of Education combines costs for administration and services to *Felix* class children with administrative and services costs for other special education children. The Department of Health budget combines costs for compliance with the consent decree with costs associated with delivery of services to the *Felix* class. In addition, the Department of Health includes the costs for new and experimental services, such as Multisystemic Therapy (MST), with the costs for traditional mental health services. Thus, it is impossible to examine the budgets and determine the costs of core and essential services versus the costs of new, experimental, and non-essential services. Such segregation is essential for controlling cost effectiveness of alternative treatment options (p. 27).”

“There is no segregation of the costs for establishing and providing services, and for assessing compliance with the decree. Further, there is no segregation of core and essential services from new and experimental services. This results in the impression that all services are essential and must be funded...An example of this false impression situation is the request to the 2000 legislative session from the Department of Health for an emergency appropriation, which

included 1.2 million for Multisystemic Therapy. MST has been used and rigorously evaluated with juveniles involved in delinquency. It has never been used for sex offenders or other children with the same category of special education or mental health needs as *Felix* class children. The health department implemented MST in January 2000, before the emergency appropriation was approved. By including a funding request for MST in an emergency request, the Department of Health implies that MST is an essential service needed to comply with the terms of the consent decree. MST is an experimental service that is not used by other school districts in the country for IDEA or Section 504 students and thus could not be considered an “essential” service required by the consent decree (pp. 29-30).”

Shortage of help

“Perhaps the most difficult task facing Hawai’i is the shortage of

trained mental health and special education personnel to meet the needs of the more than 10,000 children already in the *Felix* class. Past and current efforts have not produced a workforce large enough and stable enough to meet the *Felix* class’ need for services. In addition, turnover negatively impacts continuity of care. Continuity of care has shown to be a low to no cost intervention that improves diagnostic accuracy, quality of care, and patient satisfaction (p. 32).”

“The State of Hawai’i should develop an indigenous capacity to recruit and retain critical personnel. The Legislature could fund stipends for school psychologists and other professionals on the mainland to support field placements in Hawai’i schools and mental health agencies. The Legislature and the University of Hawai’i could also fund exchange programs and internships that would fund undergraduate students from the

mainland to spend one or more semesters at the University of Hawai’i studying and working in the areas of speech pathology, school psychology, and other needed specialization (p. 33).”

The Auditor’s Report contains a number of recommendations for remedying deficiencies. It also contains a written reply from the State Attorney General Earl Anzai, the Department of Health Director Dr. Bruce Anderson and the State Superintendent of Education Dr. Paul LeMahieu. What are your opinions as Felix-class providers? To what extent has the Federal Court and the State responded to the Hawai’i psychology community’s concerns and included psychologists in the implementation design of Felix-class services?

We welcome your comments through our web site, through fax or in writing to the editor of the HPA newsletter.

Respectfully submitted
anonymously.



Aloha, New Members!

Members

BRENDA J. ANDRIEU
Retired, Middlebury College, VT
PhD, Psychology, University of Minnesota

JOAN SHEERAN APO
Private practice, Aiea, HI

DAVID M. LECHUGA
Private practice, Mission Viejo, CA
PhD, Clinical Psychology, UCLA

JAMES M. MEREDITH
Flight Commander, Hickam AFB Mental Health
PhD, Clinical Psychology, Virginia Commonwealth University

Student Members

ALEXANDER J. BIVENS
Post Doctoral Fellow, Mokilana Project
PhD, Clinical Psychology, Loyola University, Chicago

LYNN K. GOYA
Private practice, Clinical therapist
Graduate student, ASPP-Hawai'i Campus
MS, Counseling Psychology, Chaminade University

JOHN T. HAVEY
Therapist, Children and Adolescent Resources for Education
Graduate student, ASPP-Hawai'i Campus

IRENE M.T. LEE
Graduate student, ASPP-Hawai'i Campus

Associate Members

DIANE M. DROZ-MORIN
Clinical Social Worker, Fleet and Family Support, Pearl Harbor
MSW, Social, UH-Manoa

MAVIS V. MAIAVA-ALAIMALO
Substance Abuse Therapist, Queens Clinical Counseling Center
Graduate student, ASPP-Hawai'i Campus

Out of State Members

WARREN R. LOOS
Private practice, Albany, NY
PhD, Psychology, University of Nebraska

CLAUDETTE H. OZOA
Private practice, Albany, NY
PhD, Psychology, University of Nebraska

News about Members

Big Islander HAROLD HALL is the CRC Press editor of the *Pacific Institute series on Forensic Psychology*. Potential authors are encouraged to contact him at pacinst@lava.net or review the web site of the Pacific Institute for the Study of Conflict and Aggression at www.violenceprediction.com (address P.O.Box 819, Kamuela, HI 96743).

Clinical Director of the Windward Adolescent Day Treatment Program at the Windward Health Center, JARED YUROW is a member of the board of Hawai'i Families as Allies. TRACY TREVORROW will be a visiting scholar at Tuebingen University, Germany, to teach and conduct research on applied

psychophysiology with Niels Birbaumer, Ph.D. from April till July 2001.

Newly arrived on Kaua'i from Bellevue, Washington, ANNE STIRLING HASTINGS specializes in sexual issues, having written 5 books about sexual recovery and the role of our culture in creating problems, such as addiction. Her sixth book on internet sexual addiction will be coming out soon.

On November 20, 2000, EWA STAMPER led a chat at *Americasdoctor.com* on "Psychological Support for Infertility Treatment." WILLIAM NUESSELE and his wife Charlotte have moved to Hawai'i from Massachusetts to join the staff of Hawai'i Counseling and Education Center.

TAMMIE KIM, who has plans to return to the Islands, works in San Francisco on a federal grant as a therapist for men of color who are at risk of HIV transmission in a substance abuse treatment facility. She received her PsyD last May and is currently working on accruing postdoctoral hours toward licensure. LYNN GOYA is the recipient of the ASPP-Hawai'i Campus Ethnic and Diversity Scholarship.

BEATRICE AUSTIN has been awarded a postdoctoral fellowship in forensic psychology by the Pacific Institute for the Study of Conflict and Aggression. A Psy.D. recipient from ASPP-Hawai'i Campus, Austin has a flourishing practice in Hilo.

Student Division created by HPA

by Noela S. Yamamoto, M.A.
HPA Student Division Representative

The amendment to the HPA Bylaws to include a Student Division was passed, effective October 2000. As the first voting student representative to the HPA Board, I am deeply honored to represent the diverse and collective voices of students studying, researching, and practicing psychology.

This will be a challenging and exciting year as we continue to increase the visibility and participation of students in HPA. Our goals for the year include: (1) sponsoring a workshop for students at the 2001 HPA Convention (October 17-19) that bridges the gap between what we learn in school and the realities of practicing in the profession; (2) creating an HPA Student Listserv, which will be a great way to network, dialogue, exchange information and ideas with all student members on the list; (3) exploring the ideas of creating a mentorship program where interested

students will be matched with members of HPA to foster career enhancement and professional growth; (4) increasing HPA student membership, awareness, and involvement; and (5) assisting with the development and organization of the HPA student division.

As your representative of student concerns at the state level, I am interested in hearing any comments or suggestions about goals or activities you think the HPA Student Division should pursue. Please feel free to contact me by e-mail at NY@worldnet.att.net

If you are an interested student who would like to be a part of the HPA Student Listserv (includes only HPA student members), please send an e-mail to me at NY@worldnet.att.net. The HPA listserv is a free service to all HPA members that provides e-mail service to all members on the list. New and current HPA student

members who are not listed on the HPA General Listserv (includes all HPA members, student members, and affiliate members) can become listed by sending their e-mail address to Carol Parker at cparker@hawaiipsych.org. She will verify membership in HPA and forward the person's e-mail address to Steven Pollard, Ph.D. for listing.

The annual student membership fee of \$25 includes a membership card that entitles the cardholder to discounts at local establishments, a subscription to the *Hawai'i Psychologist* newsletter, being a part of the HPA listserv, opportunities for networking and service to the community. If you would like to pass along an application to a student or colleague, please contact Carol Parker at 521-8995.

It is an honor to serve you and we invite you to join us for an interesting and exciting year!

HPA members surveyed

by Alex Lichton, Ph.D.

Last year HPA conducted a needs assessment of members. The results have been disseminated over the HPA Listserv; however, the Board decided to reprint the survey results in this newsletter in order to encourage discussion about where HPA should be headed. Currently a new survey is being sent to non-members as well, along with a copy of this newsletter, in order to invite their participation.

The process of responding to members' concerns is ongoing. So far the following actions have been guided by the response to our last membership survey. The Listserv has been implemented in order to facilitate networking opportunities and to encourage the development of interest groups within HPA. New discounts have been offered at Duc's Bistro, The Cutting Crew Hair Salon, and financial consulting/disability insurance with Jill Aki at Pacific Financial Group. The Legislative Committee has moved towards increasing the role of psychology as opposed to what have been perceived by some as divisive actions to restrict the scope of other professions. We have tried to communicate to neighbor island members through video conferencing (still some bugs to be worked out) and are planning for continuing education on the neighbor islands. In addition, the Student Division is working on a mentoring program.

We think you will find the members' comments to be interesting and encourage you to e-mail HPA with your response after reading the survey results.

What factors do you think influence people to join HPA?

1. Support of legislative activities
2. Networking opportunities

3. Discounts on continuing education/convention
4. Ethics consultation
5. Private practice referral
6. Subscription to *Hawai'i Psychologist*

7. Discount at Barnes and Noble
8. Professional/peer support (write-in)
9. Professional identity/affiliation (write-in)

Other: information about psychology issues in Hawai'i, to vote for outer island representative, professional commitment and identity, opportunity to associate with peers on semi-social level, to present papers at convention, to update info by attending convention, be part of collegial body, advocacy on managed care/insurance issues, professional development activities, discounts/incentives with local restaurants and merchants

Why do you think some members decide not to renew their membership?

1. Cost of the clinical surcharge
2. Cost of basic membership
3. Irrelevance of HPA to members' professional life
4. Not enough member benefits
5. Politics/personality conflicts
6. Not aware of member benefits (write-in)
7. Not enough contact/relevance to Big Island/Neighbor Islands (write-in)

Other: don't care about their profession, doesn't seem to have much connection to Island of Hawai'i; the clinical surcharge should be based on income rather than flat fee; conferences mostly concerned with clinical (especially financial) rather than academic issues; psychology is too political -

too little real caring about the welfare of subjects, clients and young psychologists: for example: behavior of Licensing Board; it would be good to have annual convention occasionally on outer island or rotate locations annually, hold continuing education workshops on outer islands too; greed, rationalization; not well-trained in importance of supporting their state association. don't see the relevance of supporting HPA.

Which new member benefits might entice members to renew?

1. Interest groups within HPA
2. Increased continuing education (**examples:** impact of legislative activities on their livelihoods; certificates of attendance; all areas -- and the presentations/workshops at the HPA annual convention are usually excellent; let's talk to each other about ideas, values, not how to beat out other; demonstrating how HPA has direct relevance to psychologists' practice; EMDR; play therapy; dream analysis; psychology of mind; more national speakers; issues related to neuropsychology; object relations therapy; dynamic family therapy; business of practice; workshops for consumers or other health care professionals to expose psychological expertise in community; more HPA involvement opportunities; more offerings on the neighbor islands - 4 votes; examination of factors that contribute to change in treatment; examination of various theories and application to clinical practice)
3. Private practice business consultation
4. Group malpractice insurance
5. Group legal consultation rates
6. Mentoring

Other: seeing that HPA responds to requests that members

make, handling individual concerns to their practice in their community effectively and in a timely manner; information on scholarships/fellowships for prospective Psy.D. students; more neighbor island activities; public debates on issues of intellectual substance, cooperation with social work and psychiatry rather than an adversarial relationship; M.A. level section; clinical social worker section; increased peer support; group health insurance rates cheaper than we can get as providers; community service programs - useful outreach to help our communities; more active lobbying with HMSA and third party payers to reduce authorization paper work and increase our fees - we recently suffered a fee reduction from HMSA last year, previously unprecedented and have gotten no help in redressing this from HPA despite HMSA's major profits last year; discounted services such as movies, restaurants, department stores; send a list of all the legislative actions that are sponsored by HPA and that have helped them financially in maybe the last three years, e.g. tie-in with Axis II disorder; better marketing strategies to help foster psychological services; small business management consultation

What suggestions might you have to make the Hawai'i Psychological Association more relevant to a broader spectrum of its membership?

We need to focus more on maintaining quality and respect for the discipline which may mean developing stricter guidelines on training and confidentiality...E-mailing membership consistently re:

HPA MEMBER BENEFITS

. HPA Listserv

- . 10% discount at **Duc's Bistro**, 1188 Maunakea, Honolulu, 531-6325
- . 10% discount at **The Cutting Crew Hair Salon**, 2169 Kalia Rd., Honolulu, 922-8898
- . 10% discount on disability insurance and free consultation with Jill C. Aki, **Pacific Financial Group**, 1221 Kapiolani Blvd. PH35, Honolulu, 497-6286

membership concerns and professional issues. Creating a forum for practice issues on HPA chat room which only members are eligible to join...Make it a "friendlier" association to members who are master's level in the field...Monthly meetings with attractive main speaker...Meetings are not worth the time...More neighbor island activities...I happen to believe HPA is doing a very good job but possibly because of private practice income decline, members may not join or renew...Present relevance to others the role of psychology in business, medicine...More continuing education opportunities on neighbor islands...Cleaning up our own house: treating the war between ASPP and UH Dept. of Psychology and the great harm this battle has caused. Show some idealism by standing up to the mess at the State Hospital, the prison, our state mental health system...Hold joint activities, both lecture-type and social, for academic and professional psychologists...Diversify, expand benefits, provide additional incentives to entice new and renewing members...Bi-monthly meetings focused on wide variety of topics, with individual speakers or panels, etc...You should market to clinicians who are M.A. level and to clinical social workers. We need to all work together rather than be divisive...Psychologists have it good in Hawai'i; thus there is not a lot of perceived need to protect the profession's interests...There really needs to be an increase of support for those of us on neighbor islands...More interaction between clinical and academic. Increased support for involvement in general clinical practice in addition to mental health...Better presentations at HPA

- . Discounts on the annual convention, all continuing education workshops, seminars, and dinner meetings
- . Subscription to the *Hawai'i Psychologist*
- . Representation with third party providers
- . Referral service
- . Ethics consultation
- . Legislative advocacy
- . Public education campaign

conference...Web page consultations...For me, a neighbor islander, a chance to be involved, welcomed. I feel left out, ignored, snubbed. Even when I come all the way from neighbor island to attend presentations, conventions, etc. it's expensive...Lower clinical surcharge. More continuing education opportunities throughout the year and on neighbor islands...Encourage mini-HPA meetings on each of the neighbor islands, not Board meetings but discussion-specific topic meetings...I am very pleased with HPA's legislative action and the annual conferences...More regular events that bring members together...You need to set up appointments with all non-HPA psychologists and physically go to their office to discuss how you want them involved in HPA in light of their needs (don't just phone them or e-mail)...Special interest groups, mentoring young students...Complete the conversion to a web-based information association where members can get info, lobby legislation, register for conferences, renew and pay membership, find colleagues, etc...Publish standards of care...Increased member benefits. Increased exposure to psychological community related to how HPA has helped psychology in Hawai'i...More balanced convention presentations. Interest groups within HPA. More continuing education.

Are you interested in mentoring a new member or new psychologist?

Yes: 10 Maybe: 1

Are you interested in receiving mentoring from a more experienced psychologist?

Yes: 6 Maybe: 2

. Opportunities for networking and service to the community

For some discounts you may need to present your new HPA membership card (issued twice a year to new members). If you know of any merchant willing to offer discounts to HPA members, please let us know. We are particularly interested in offering discounts on the outer islands.

HPA Member Profile

Maria Chun: A force for good

by Paula Bender Gillingham

(Editor: The following article appeared in Malamalama, and is reprinted with the permission of its editor.)

Since she received her doctorate in psychology in 1996, Maria Chun has looked for things that trouble society and ways to fix them. “Anytime you have to deal with people, organizations and systems, community psychology training is a major asset,” she says.

Chun was the first PhD recipient to complete the community and culture concentration, one of 10 areas of specialization offered by the UHM Department of Psychology. Being first created some initial discomfort. “I used to feel guilty for calling myself a psychologist, thinking people would accuse me of not practicing. Now I know that I am practicing psychology every day I am on the job.”

Her outlook made her an ideal candidate to run Lt. Mazie Hirono’s “Slice Waste and Tape,” or SWAT, program. For the past year, Chun and her staff have worked with each of the state’s 20 agencies to go over every regulation with a fine-tooth comb. Their goal: reduce the burden of state regulation on businesses, the general public and on the state itself. “Starting from page one, rule one would not have been efficient,” Chun

says. “Instead we put our focus on priority areas and those that presented problems for the public, Legislature and state departments.”

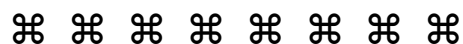
Thanks to SWAT, the Public Utilities Commission started a Web site and encourages inquiries via e-mail to improve public access. The Department of Land and Natural Resources Division of Boating and Ocean Recreation has reduced 200 pages of administrative rules to 50. At UH, Board of Regents staff determined that 10 chapters of rules could be repealed or amended. Chun helped Department of Commerce and Consumer Affairs Licensing Administrator Noe Noe Tom and her staff identify decades-old real estate rules that were obsolete or could be deregulated.

“**My working group** had a lot of questions regarding policy,” Tom says. “Maria brought very clear implementation and direction to us. When we needed feedback from her office, she came to see us. She was very responsive and supportive. Through her, we now have SWAT bills designed to help with deregulation and make licensing more reasonable.”

By the time the Cayetano administration ends on Dec. 2, 2002, Chun will have worked her way through all of Hawai`i’s administrative rules and out of a job. That’s the nature of the position—and the nature of Chun. For her, job security is less important than the opportunity to be a behind-the-scenes dynamic force for good. Her past positions include budget analyst for the Senate Committee on Ways and Means and senior research analyst for State Auditor Marion Higa.

Recalls UHM Professor of Psychology Anthony J. Marsella, Chun’s dissertation supervisor, “I was taken with the purity and focus of Maria’s dissertation work on multiculturalism in Hawai`i schools.” He says it was clear that she would end up in a public service capacity where she could make a difference and speak out on behalf of Hawai`i’s people.

“Maria is confident without being cocky, committed without being zealous and determined without being offensive,” Marsella says. “She is the consummate civil servant and I am glad she is on our side.”



Violence in the workplace: an interview with Jack S. Annon, Ph.D.

by John R. Bond, Ph.D.

Hawai'i has recently experienced first hand the trauma of violent employment-related murders. These were not drug or gang related – the bad guys offing other bad guys – nor were they surreptitious killings occurring in the dark of night for some personal gain. As unpleasant as those might be, we have become inured and, to a degree, even accepting of such events occurring as evidence of imperfect human morality. The impact of the Xerox killings in Honolulu, however, was increased immeasurably by the apparent abruptness and unpredictability of the event and the fact that it took place in a respectable business establishment and in broad daylight – a setting in which, heretofore, we had all felt safe from danger. And to further threaten our sense of daily security, both the victims and the perpetrator looked like pretty ordinary people.

In an attempt to gain some insight into what appears to be a growing phenomenon, the *Hawai'i Psychologist* interviewed one of HPA's long-time members, Dr. Jack Annon, clearly one of the most knowledgeable authorities in forensic psychology, not only in Hawai'i but in the entire country.

Dr. Annon's credentials are vast and impressive. A clinical psychologist who is a Diplomate in forensic psychology, he is highly experienced in the myriad of associated subjects related to that specialty. Some of these are competency and criminal responsibility, malingering, forensic hypnosis, sex offenses, professional ethics and, of course, the topic of this interview, "Violence in the Workplace." A licensed private detective as well, Dr. Annon is a member of and contributor to more professional organizations and publications than any three average clinicians and, in addition, he has been a friend and colleague of mine for over three decades.

The interview took place at Dr. Annon's office in Hawai'i Kai on March 30, 2001. Dr. Annon rarely had to pause before answering a question. He is clearly so well versed in this area that facts, thoughts and feelings all poured out with little hesitation and great enthusiasm. What follows is more a summary of our discussion than a verbatim account. The words are not always precisely those which were spoken but the data and impressions are reported as objectively as possible, with Dr. Annon's concurrence.

Bond: When the efforts of Henry Kempe in the sixties finally initiated long overdue efforts to deal with the issue of child abuse and neglect, some said the data indicated that, as a society, we were becoming increasingly abusive toward our children. Others felt that the abuse had always been present and we were simply beginning to uncover it. What about violence in the workplace? Is it a relatively new or a rapidly growing phenomenon that's been with us a long time?

Annon: **It's similar to child abuse in that it is not new nor was it increasing rapidly when it began to be noticed by the public. The difference in the apparent frequency of the events nationally is largely a function of media hype and the results of increasing media exposure. In addition to the notoriety the media gives these acts, it also serves to plant ideas in the minds of some individuals. Do you know what shows the inmates watch in prisons? They're not situation comedies; they're police shows – to get ideas and to learn.**

Bond: I was planning to ask you about the effect of the media but since you've brought it up, would you elaborate upon the results of media exposure?

Annon: **Sure. I'm simply saying that the problem is, in part, due to vicarious violence. It's social learning. After all, we know that we learn behavior in one of a few ways, and the media is clearly one of those ways which is particularly important in these cases.**

Bond: So, you're saying that many of the publicly committed acts of violence of this sort are the result of modeling and examples of what has frequently been called "copycat behavior"?

Annon: **Absolutely. After the Columbine killings on the mainland, I clipped out reports of similar local aggressive acts reported in the Honolulu papers. In one month, there were 22, far more than usual.**

Bond: Individuals who purposefully harm or kill others usually do so for one of a relatively small number of reasons: Personal gain, retaliation, self-protection, duty or the implementation of some strongly held belief. Is there a pervasive motivation among those who commit violent acts at work?

Annon: **"Violence in the Workplace" is really a sort of generic phrase. Workplace, in this context, should be perceived very broadly. It includes not only the place of employment but also schools, as well as other violent scenarios.**

Bond: Would you also include the Oklahoma City bombing and the Unabomber in that broad definition? And again, what about the motivation?

Annon: **Yes, it includes all of them. Often the motive is one of retaliation, not infrequently against particular individuals who have been riding or demeaning the perpetrator. Sometimes the retaliation is much broader in scope and is directed**

against an entire institution (company or school) because of a perceived injustice. It's a "me against them" mentality, and the "them" can be specific co-workers, bosses, teachers, students, or simply others in general.

Bond: Most individuals who purposefully injure or kill others make an effort to avoid being identified and punished for their acts. Recently we have seen a number of acts in which the perpetrators seem to have accepted an almost existential "responsibility" for what they have done. They either sacrifice themselves in the act or behave so openly that not only their identity but also their capture are virtually assured. If this is the case, why is it so?

Annon: I'm not certain, but it may be the "me versus specific others" again. It's likely that in many of these cases the perpetrator is so focused upon the fate of the subject or subjects of his aggression that his own fate is essentially ignored.

Bond: Do you feel that the ethnic diversity of schools and the workplace in Hawai'i might serve to either ameliorate or exacerbate the likelihood of these violent acts occurring here?

Annon: Racial discrimination has always been with us. Even in a relatively harmonious, multi-cultural environment, we can always find something we don't like about another group. If anything, I would guess it might [make] things a little worse.

Bond: Unfortunately, not the response I'd hoped for.

For many years psychologists and psychiatrists, when asked to predict the future dangerousness of individuals, have either acknowledged a limited ability in this area or have fallen back on the old saw about "the best predictor of future behavior is past behavior." Are we better at this now?

Annon: Very much so. We used to be able to accurately predict one of three, and even so the court said to keep predicting because that was better than chance. Now, however, with the help of instruments like the Hare Psychopathy Checklist our predictive ability is at the .30 level. We can predict psychopathy to the same degree that we can correlate strength and gender. (Ed.: The Hare PCL screening instruments have recently evolved into a dozen-item checklist which is felt to be a very useful tool for detecting psychopathy.)

Bond: That's good news, but picking out psychopaths does not necessarily predict who will be physically dangerous, does it? We know that there are a great many very prominent psychopaths out there who are super salesmen, politicians and the like.

Annon: True. However, it turns out that the higher score an individual attains on the checklist, the stronger the prediction of violence.

Bond: That's very useful information. Is this the sort of self-determining, screening device that can be administered and/or scored by a clerk or anyone?

Annon: No. It requires a trained professional to administer, score and interpret it properly.

Bond: With the current state of art, are there some special warning signs which not only clinicians but family, neighbors, friends and co-workers can use to be aware of individuals who might be violent in the future?

Annon: Let me share with you a copy of the booklet for the "Violence in the Workplace" workshop I conducted in Honolulu last month. The booklet lists the following individual signs, in brief:

- **making either direct or veiled verbal threats of harm**
- **intimidating others or instilling fear in co-employees or supervisors (e.g., harassing phone calls, stalking, etc.)**
- **any history of violence**
- **fascination with or approval of reported incidents of workplace violence**
- **acting in a paranoid manner**
- **excessive discussion of weapons**
- **an escalating propensity to push the limits of normal conduct at work, with disregard for the safety of co-employees**
- **difficulty accepting criticism**
- **holding a grudge, possibly with the wish for something bad to happen to the offender**
- **expressed extreme desperation over family, financial, personal or other problems**
- **obsessive involvement with the job (often an indication of failed relationships outside of work; as a result, work becomes the sole source of identity)**

Bond: Ever since the Tarasoff case at UC Berkeley in 1976, clinicians have felt themselves to be in an ethical and moral *Catch-22* regarding when they should violate confidentiality. Any suggestions?

Annon: Well, the courts in Hawai'i have not required us to follow Tarasoff strictly, so we have more leeway than clinicians in many other states.

Bond: That's great, but what about situations where a patient clearly indicates persistent, deeply held and very possibly dangerous feelings toward another party? As I recall, following Tarasoff, a New Jersey court faulted a therapist because, after having determined that the patient was a potential danger to another individual, the therapist did not take what the court felt were reasonable steps to protect the potential victim. What are your thoughts?

Annon: In Hawai'i, as we speak, this is currently a big issue which is yet to be resolved. I'd try to get the individual himself to inform appropriate parties. For example, if the hostility was directed at his boss, I'd encourage him to let his boss know his feelings and I'd mention to the patient that it could be very helpful for his own problem, for example, if his boss were to join us for a few sessions.

Bond: Wow! Isn't that a somewhat unrealistic scenario?

Annon: Well, there's no doubt it's a sticky wicket.

Bond: This has been most informative, Jack. Thank you for your provocative and helpful insights in this area.

Annon: Thank you, John.

Job violence workshop in November

by Harold V. Hall, Ph.D

Director, Pacific Institute for the Study of Conflict and Aggression

A conference entitled *Violence on the Job: Prediction, prevention, and intervention* will be offered on November 2, 2001, at the Hawai'i Convention Center by the Pacific Institute for the Study of Conflict and Aggression.

Hawai'i psychologists Harold Hall, Graham Taylor and Beatrice Austin will be among the presenters at the conference, with APA credit to be offered to participants. November 2, as may be realized, will be the 2-year anniversary of the Xerox mass killings in Honolulu.

On November 3, at the Convention Center, a workshop and series of

examinations may be offered to mental health professionals in the areas of (1) workplace violence, (2) violence prediction, and (3) competency to stand trial and criminal responsibility. In order to sit for one or more of the examinations, participants should have surveyed several relevant books that are considered essential reading in the various topical areas. APA credit will be awarded.

Attending the workshop and passing an examination will signify no more than that, and the training is not intended as a substitute for formal coursework, diplomate status in forensic psychology, or special

training that may be offered by the judiciary or corporate work entities. Pacific Institute staff will feel more comfortable, however, referring cases to those who pass the test in their interest area(s). The ultimate purpose of this training is to provide an option for HPA members to managed care and other involvements.

As a public service, fees will be kept low and will cover handouts and refreshments.

APA's workplace award comes to Hawai'i

by Craig Robinson, Ph.D., APA Business of Practice Network

HPA is looking to recognize psychologically healthy workplaces.

The "Psychologically Healthy Workplace Award" was conceived by the Practice Directorate of the APA. The program was first implemented in 1999 by New Jersey. The program was successful and the Business of Practice Network (BOPN), an arm of the Practice Directorate, decided to formally adopt the program as a means of increasing psychology's influence in the workplace. Please keep in mind that in these days of managed care and mandated healthcare insurance, in many respects business and employers are our "clients."

The specific purposes of the award program are:

1. To recognize the best practices of progressive businesses and industry leaders relating to a healthy workplace;
2. To highlight the important connections between employee psychological health and work satisfaction, and a company's business success;
3. To promote a dialogue between psychology and industry that facilitates each other's efforts to help our most precious resource, the workforce.

And now Hawai'i

Last year Awards were given by the Psychological Associations in the states of Vermont, Massachusetts, New Jersey, Arkansas and Connecticut. This year there are several more states, including Hawai'i, that are going ahead with the program. APA's long-range goal

is for the award to be given in all states, which would evolve into a national recognition to be given by APA.

I am the BOPN representative from Hawai'i and have just returned from the APA Leadership Conference in Washington, DC. I am proud to say that Hawai'i is doing extremely well, relative to all other states, in the development of the awards program. I chair a super committee consisting of Drake Beil, Ron Barozzi, and Greg Turnbull. Drake has been invaluable in helping us secure sponsors and financial contributions from the business community. In addition to Ron's fundraising efforts, he serves as a critical link between our committee and the HPA Executive Board. Greg Turnbull has created our awards program "web presence" on the HPA website. (see <http://www.hawaiipsych.org/>). Besides being the only state that has such a site, the high quality of it was noted by others during the Washington meeting I attended.

Hawai'i is the only state I am aware of with any type of official sponsorship from the community, and we are definitely the only state that has secured financial contributions that do not come from either APA grant money, or State association funds. In fact, our committee agreed early on that we did not want to request any funding from APA or HPA.

Levels of sponsorship

We have created different levels of financial sponsorship. Altres is our leading financial contributor and is a "Platinum Sponsor," Kaiser Permanente is a "Gold Sponsor," and HMSA is a "Silver Sponsor." Other

possible financial contributors are pending. We also have contributing partners, such as The Chamber of Commerce, Hawaiian Employers Council, Small Business Hawai'i, and the Honolulu Advertiser. Additionally, the Advertiser has provided us with financial help regarding certain marketing and printing costs. Pacific Business News also featured an article on the Healthy Workplace Award in a recent issue.

The Workplace Award will be given to a company or business in each of the following five categories: 1) Small business; 2) Large business; 3) Non-profit organizations; 4) Government; and 5) Military.

Applications are now being requested. Following review of the written application, site visits will be made by at least two psychologists. The applicant will be evaluated on certain predetermined criteria, including employee involvement, family support, employee growth and development, and health, safety and security. Awards will be given on Monday, October 19, at a lunch presentation, which is the second day of our annual HPA convention. We have requested from the Governor a proclamation designating October as Healthy Workplace Month.

Interested applicants can obtain information, as well as download an application, from the HPA website. If any of our HPA members know of businesses or organizations we could contact to make aware of the program and get them to apply, please contact me at either 808-533-6133 or craigrob@compuserve.com.

Frequently asked ethics questions

By Donald S. Hiroto, Ph.D.

(Editor: The following article appeared in the November 2000 issue of *California Psychologist*, and is reprinted here with the kind permission of its editor.)

The Ethics Committee provides a telephone consultation service to assist California psychologists in clarifying ethical questions. This consultation service does not provide advice, but rather offers suggestions to resolve ethical issues by referring to guidelines established by the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (*American Psychologist*, December 1992).

To inform readers about the types of ethical problems our Committee received, we reviewed questions we received during the six month period from January to June 2000. These inquiries reflect the psychologists' sensitivities to important ethical principles: understanding the role of consultation (Standards 1.20: Consultation and Referrals; 5.06: Consultations; and 8.02: Confronting Ethical Issues); the need to maintain professional competence (Principle A: Competence); and the nature of professional responsibility (Principle C: Professional and Scientific Responsibility). The following is a sample of questions that the Committee addressed.

Question: *You have been treating a client who subsequently becomes involved in a custody case. The client directs you to maintain strict confidentiality by editing notes which may be damaging to the client's case, or by not taking notes regarding custody issues. In addition, both the husband and wife sign an agreement that they do not want you to testify in an upcoming court case. What are the ethical issues that need to be considered? Can you be excused from providing testimony?*

Response: Standard 1.23 (Documentation of Professional and Scientific Work) and Standard 7.02 (Forensic Activities) reviews ethical standards concerning documentation. In brief, it is unethical to edit or alter notes as well as to avoid keeping notes. In cases such as this one, potential ethical conflicts arise when a client who is in psychotherapy involves the treating psychologist in forensic activities. For example, the unique demands of forensic activities (see Standard 7.05: Prior Relationships in Forensic Activities; Standard 7.03: Clarification of Role) will need to be disclosed and addressed as soon as the client makes the request for forensic services.

Regarding the second question, any agreements from a couple or family that involve the psychologist are to be avoided since one or more of the clients may change their mind. In addition, the psychologist needs to clarify special constraints that apply in marital and family therapy. For example, clients need to understand the limits of confidentiality (Standard 5.01), and informed consent to therapy (Standard 4.03). Regarding the specific issue of giving testimony, the court determines whether or not a psychologist shall be excused from giving testimony. But this question raises the larger issue of potential ethical conflicts when a client proposes special considerations of the psychologist (Standard 4.01: Structuring the Relationship; Standard 5.01: Discussing the Limits of Confidentiality; Standard 7.03: Clarification of Role in Forensic Activities). It is incumbent upon the psychologist to understand the ethical responsibilities in order to anticipate and prevent therapeutic complications.

Question: *If you file an ethics complaint against another psychologist, what is the process? At what point will the respondent be notified that a complaint has been filed?*

Response: When a complaint is filed, the Ethics Committee assigns a principal investigator and subcommittee to conduct an initial investigation, the results of which are presented to the entire Committee. If the Committee finds no grounds for a potential ethical violation, the Complainant (the person who files the complaint) is so notified and the Respondent (the psychologist who is the object of the complaint) is never notified that a complaint was filed. If the Committee decides to open the case, the Complainant and Respondent are notified by certified letter of a formal investigation. The letter describes the specific charges and offers the Respondent an opportunity to respond or refute the charges.

Question: *You are the director of a Clinic and you supervise an intern who will be subpoenaed for a hearing. Should you, as the supervisor, act to have the subpoena directed to you instead? How much responsibility do you have?*

Response: Guidelines established from Standard 1.22 (Delegation to and Supervision of Subordinates) and 1.23b (Documentation of Professional and Scientific Work) were employed to review the supervisor's ethical responsibilities. Discussing the Limits of Confidentiality (Standard 5.01) as well as recognizing the intern's Boundaries of Competence (Standard 1.04) were also reviewed. Circumstances surrounding the specific details of this case dictated whether the supervisor accompanied the intern or asked that the subpoena be redirected to the supervisor.

Question: *You are preparing a psychological report and the referring agency insists on the inclusion of raw test scores. Are you required to comply with this request?*

Response: Standard 2.02b (Competence and Appropriate Use of Assessments and Interventions) contain guidelines under which raw test scores can be released.

Question: *Who has the rights of confidentiality if your client is deceased?*

Response: Standard 5.05b (Disclosures) addresses this problem. Consultation with the client's legal representative or appropriate designate was needed to discuss specifics of this case. The psychologist's obligation to maintain Privacy and Confidentiality (Standards 5.02 and 5.09) remain inviolate.

Question: *You arrange for a psychological evaluation and the client agrees to estimated fees between \$1500-\$2000. You discover that the evaluation will be more extensive and that the fee approaches \$3000. The patient is not pleased, but you re-negotiate the fee to \$2150 and arrange for the patient to pay in installments. You are concerned about the patient's reliability and ask if it's permissible to withhold the psychological report until the fee is paid in full.*

Response: Standard 5.11 prohibits the withholding of records for nonpayment. Standard 1.25 (a,e) addresses the importance of discussing financial arrangements as early as possible.

Question: *A patient you are treating had previously reported an alleged child abuse incident to Child Protective Services. Your patient remains concerned about the child's safety. Although you do not know the child and have never treated the child, you are concerned that you may have a responsibility to report your concerns to CPS. Are you required to report your concerns?*

Response: The psychologist was referred to Penal Code (PC) 11165: Child Abuse and Neglect and PC 11166 which defines the reporting of suspected child abuse. In brief, reporting is required whenever a provider has knowledge of, observes, or "reasonably suspects" that a child has been abused. The client must be informed of your mandated requirements within the context of confidentiality. The psychologist was also referred to Standard 1.02 (Relationship of Ethics and Law) and Standard 5.01 (Discussing the Limits of Confidentiality).

Question: *Two individuals were hired by a psychologist as research assistants. They wanted a "get acquainted" meeting with the psychologist and met with him in his office. Some nine months later the psychologist bills the two researchers for professional services. The psychologist's office manager stated that the previous billing service failed to collect appropriately and they were "mopping up." The person making the inquiry wonders if it is unprofessional to request a payment at this late date.*

Response: Although the billing was not timely, the delay did not violate ethical standards of conduct. There are occasions when the Committee may investigate potential ethical violations that were not part of the consumer's original complaint. For example, in this case, there may be a potential violation of multiple roles (Standard 1.17), a violation of informed consent to therapy (Standard 4.02), the potential for exploitative relationships (Standard 1.19), and a possible failure to discuss fees (Standard 1.25).

Question: *Does the Ethics Committee have the power to discipline CPA members and does the Committee report results to other agencies?*

Response: Our primary missions are to educate and promote the highest level of ethical behavior by California psychologists, and to protect the welfare of the general public. The Committee does investigate and adjudicate complaints filed by consumers or other psychologists against CPA members. The Committee may discipline a psychologist if it finds that the psychologist has violated ethical standards of conduct. The discipline may include a demand that the psychologist cease and desist from certain conduct; that he/she must fulfill a requirement for further education and/or supervision; or, at the most extreme, the Committee can recommend expulsion from CPA.

The findings are strictly confidential with one exception: Findings which result in a recommendation for expulsion, or a stipulation that a member resign from CPA membership are reported to the CPA Board of Directors for approval. If the Board approves of the discipline, the CPA Membership Committee is then notified to take appropriate action. The Committee does not report to other external agencies (e.g., the BOP or the APA).

Reference:

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1628.

Dr. Donald Hiroto is a member of the CPA Ethics Committee. He is a clinical psychologist with the West Los Angeles Veterans Administration Medical Center and is Associate Clinical Professor of Psychology, UCLA Department of Psychology and Department of Psychiatry and BioBehavioral Sciences, NPI, UCLA School of Medicine.

Office Space

Partly furnished office available Monday, Thursday, Friday

All day or half day

Share with speech pathologist and psychologists

Ala Moana Pacific Center, adjacent to Liberty House

Contact: Mary (808) 941-8536

e-mail: Marydizon@aol.com

Feds announce position for clinical psychologist

The Federal Bureau of Prisons, Department of Justice is recruiting for a Clinical Psychologist at the Federal Detention Center in Honolulu.

Duties

Clinical psychologists work closely with inmates. As members of an interdisciplinary team, they participate in administering a wide variety of psychological assessment techniques (intellectual, personality, aptitude, vocational and educational), interpret results, and prepare comprehensive reports. They are also involved in the development and organization of individual and other rehabilitative programs for the treatment of prisoners with many kinds of problems.

Qualifications required

In order to qualify for consideration for GS-11, you must show that you

have satisfactorily completed, in an accredited school, all requirements for a Ph.D. or equivalent degree directly related to full professional work in clinical psychology. For GS-12 and above, you must have one year of appropriate professional experience in difficulty and responsibility to the next lower grade. Pertinent unpaid or volunteer work will be credited on the same basis as paid employment.

Age

At the time of appointment, applicants must not have reached their 37th birthday unless they have previously served in a Federal civilian law enforcement position covered by special Civil Service retirement provisions, including early or mandatory retirement. In special situations, a waiver may be granted up to age 39. The maximum entry age limit has been established under

the authority of Public Law 101-509 and the age limit constitutes an exception to normal age discrimination prohibitions contained in Section 15 of the Age Discrimination in Employment Act.

How to apply

Application packages may be obtained by calling (301) 317-3269 or writing: Bureau of Prisons, Mid-Atlantic Region, Evaluation Unit, 10010 Junction Drive, Annapolis Junction, MD 20701. You may also contact Daniel D. Trent, Ph.D., Chief of Psychology, FDC, Honolulu, at (808) 525-5388, or see their website at www.bop.gov and go into the "employment" section.

APA Divisions 31 and 42 develop speaker database

State and provincial associations are always on the lookout for speakers for conventions and workshops to meet the CE needs of members. Many of APA's divisions have members with significant expertise who are seeking forums where their knowledge can be disseminated. Out of this mutual need Divisions 31 and 42 have joined together to develop a database for speakers that will be available to state and provincial associations. Division 31 is managing the database.

One key objective is to help state and provincial psychological associations find good presenters that they can afford. If you are interested in sharing your expertise as a speaker,

please submit your name and the information listed below to the Division 31 Central Office. If you hear a speaker that you thoroughly enjoy, please recommend them so that they may be included in the database.

Psychological associations that have good luck with a particular program and presenter are urged to submit these names to the database.

To register or recommend someone for the database, please submit the following:

Presenter name, degree, title, address, telephone, fax, e-mail.

Program topic(s), length of presentation(s), where presentation(s) have been given recently and contact perso, geographic area(s) for presentation(s), fees (if any) and other requirements.

Send this information to APA Division, c/o OPA, 400 E. Town Street #G20, Columbus, Ohio 43215; fax (614) 224-2059; or e-mail mor528@aol.com.

(Editor: Please send the same information to Carol Parker, c/o HPA, 1188 Bishop St. #912, Honolulu, HI 96813; fax 521-8994; or e-mail cparker@hawaiiipych.org.)

Seven ways to incur the wrath of an attorney

by Robert Henley Woody, Ph.D., Sc.D., J.D.

A commonly heard lament from psychologists is, "Attorneys are horrible to me." What they mean, of course, is that attorneys, duty bound to be zealous advocates of legal interests of their clients, seek to persuade others for clients' benefit. The psychologist will be pressed to participate in a legal proceeding structured in a manner to help the attorney's client.

The attorney's knowledge and use of legal procedures and rules, such as issuing a subpoena or gaining a court order, strike some psychologists as an unwarranted attempt to wrest control and autonomy away from the psychologist. From the legal vantage point, here again the attorney is fulfilling the duty to client advocacy. The psychologist can, of course, obtain personal legal services to counterbalance the advocacy with a proper definition of duties and preservation of rights for the psychologist. Understandably, a psychologist may tend to avoid paying for legal services, thereby being vulnerable to the attorney's use of legal procedures and rules. The consequences of not having an attorney will be discussed later.

This article aims to help the psychologist minimize aggressive tactics by an attorney. The fundamental two-fold premise is that the psychologist should (1) demonstrate full and proper cooperation with the legal system and attorneys; and (2) avoid inappropriate views or conduct.

To identify and highlight potential pitfalls, I offer "recommendations" that will almost assuredly trigger an adverse reaction from an attorney. Let there be no misunderstanding: the "recommendations" are offered with paradoxical intention, that is, by knowing what conduct will produce

an attorney's wrath, the psychologist can and should avoid it.

Recommendation One: Try to control the legal process and the lawyer. This is an ill-fated venture. Whereas psychologists are trained to be altruistic and nurturant, attorneys are trained for adversarial conditions. For example, when the psychologist foolishly tries one-upmanship, such as spouting psychobabble, the attorney, armed with verbal weapons (aka legal strategies) unknown to the psychologist, will transform, manipulate, and challenge everything the psychologist says. Since the "battle of wits" occurs under legal rules and is on the attorney's playing field (e.g., the courtroom), it is a no-win situation for the psychologist.

Recommendation Two: Ignore the legal process. Some psychologists harbor the illogical notion that they may ignore a subpoena or court order. When dealing with any communication from an attorney, regardless of modality or form, the psychologist, by ethics and law, must protect confidential and privileged information. This protective stance does not, however, allow self-ordained rejection of the legal process. For example, a subpoena requires a formal response of some kind, be it production of or objection to producing, say, psychological records.

If an attorney calls, professional courtesy requires that the psychologist respond, although the content might be minimal in substance. If the attorney sends a letter, professionalism also dictates a meaningful response from the psychologist. Similarly, with a subpoena or court order, the psychologist has no basis for not responding; indeed, failure to respond in a proper and meaningful

manner can result in negative consequences (discussed below).

Recommendation Three: Fail to deal with fees at the outset. In accord with ethics, the psychologist should address the issue of fees at the beginning of professional services. The code of ethics for the American Psychological Association (1992) states: "As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements" (p. 1602).

The foregoing ethical standard is particularly important to both the client and the psychologist in legal cases. Upon the first contact from an attorney (or a request from the client), the psychologist should set forth a detailed and written fee arrangement, that is, a contract for service. Without a clear contractual arrangement, the attorney may attribute little or no importance to the psychologist's getting paid, and the psychologist will be vulnerable to the negative effects of pressing the client for payment.

The contract for services also contradicts another common problem. The attorney may want to pay the psychologist as a "fact" witness, which would result in far less remuneration than the psychologist's regular fee. If the psychologist clarifies this matter by contract and resolves any disagreement from the beginning, the likelihood of receiving the appropriate professional fee is greatly increased.

Recommendation Four: Inflate fee for forensics above regular fee. Related to the preceding "recommendation," some

psychologists charge a higher fee for forensic services than for clinical services. This idea is predicated on the belief that working in legal context is more demanding and carries the prospect of higher risk (e.g., of a complaint or not getting paid), and thus the fee should be higher. This rationale is, interestingly, appropriate for attorneys. For example, the Florida Bar (1998) has guidelines for attorneys to consider in determining a reasonable fee. Although the guidelines are not applicable to psychologists per se, consider:

- (1) the time and labor required, the novelty, complexity, and difficulty of the questions involved, and the skill requisite to perform the legal service properly;
- (2) the likelihood that the acceptance of the particular employment will preclude other employment by the lawyer;
- (3) the fee, or rate of fee, customarily charged in the locality for legal services of a comparable or similar nature;
- (4) the time limitations imposed by the client or by the circumstances and, as between attorney and client, any additional or special time demands or requests of the attorney by the client;
- (5) the experience, reputation, diligence, and ability of the lawyer or lawyers performing the service and the skill, expertise, or efficiency of effort reflected in the actual providing of such services. (pp. 692-693).

It could be argued that these guidelines for attorneys support the notion that a fee for forensic services could potentially be higher than the fee for clinical services. It should be

emphasized that the ethics code of the American Psychological Association (1992) provides that "Psychologists do not exploit recipients of services or payors with respect to fees" (p. 1602). A contingency arrangement, whereby the amount received by the psychologist depended upon the outcome of the case (i.e., the amount of the judgment awarded) would seemingly be precluded by "A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such person if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party" (p. 1601). In fact, the guidelines for forensic psychologists (Committee on Ethical Guidelines, 1991) state specifically: "Forensic psychologists do not provide professional services to parties to a legal proceeding on the basis of 'contingency fees,' when those services involve the offering of expert testimony to a court or administrative body, or when they call upon the psychologist to make affirmations or representations intended to be relied upon by the third parties" (p. 9). A contingency arrangement would make the psychologist a shareholder in the outcome of the litigation, which would jeopardize objectivity.

Although a psychologist may think that there is possible justification of a forensic fee that is higher than a clinical fee, it is ill advised to charge a higher fee for forensic services for one important reason. The court may show disapproval of any semblance that the psychologist is not supportive of or fulfilling his or her societal duty. In fact, under some circumstances, a judge has been known to order reduced or no fees for a psychologist because of the reasons stated above.

Recommendation Five: Charge excessively for preparation. Carrying forward the idea that

working in legal context is different from clinical work, some psychologists report spending considerable time "reviewing the chart" in order to prepare for their testimony. With all due respect, some psychologists seem to require far more time to review their own files than, say, attorneys require to review their files. Said differently, an attorney knows how long it takes to review, say, fifty pages of typescript; when a psychologist submits a bill for an exorbitant amount of time allegedly spent on reviewing records, a legal firestorm is likely to result. The answer is simple: after having arranged for payment for review, provide an accurate and detailed accounting of the time required.

Recommendation Six: Keep records, information, or opinions from the attorney. Perhaps because of resistance and/or naïve misconceptions, some psychologists believe that they can selectively release information in legal proceedings. The legal process determines the nature and extent of information that must be released; thus, a subpoena or court order, not the psychologist's personal preferences, control this matter.

Any notion that the psychologist can "keep two sets of records" has no assured legal basis. Discovery procedures for obtaining psychological information are intended to provide the attorney(s) with full and complete disclosure of information. Any restriction or definition of full and complete disclosure can come only from the law. Similarly, when being deposed, the psychologist must respond honestly and completely to questions. If a psychologist reveals that records, information, or opinions were knowingly withheld, the wrath of the attorney will surely spew forth in a volatile fashion, and sanctions from the court may follow.

Recommendation Seven: Act emotionally. Somewhat akin to the earlier comments about the psychologist's trying to one-up or enter into a "battle of wits" with an

attorney, some psychologists are prone to “lose their cool” and engage in emotional retorts with the attorney. When this happens, the psychologist is concretizing loss.

The professional credibility of the psychologist rests upon scholarly reasoning and academic persuasion. To allow emotionality to permeate professional statements and dictate conduct reduces the psychologist’s effectiveness and professionalism.

An attorney has been trained to use a range of emotionalized responses—and knows the boundaries and how to not cross over them. The psychologist must learn to not succumb to provocations of emotions.

Negative Consequences for the Psychologist

The psychologist who allows any of the foregoing seven “recommendations” to occur can expect a negative outcome. The penalty will likely jeopardize the psychologist’s career, and perhaps even impose a life-long consequence.

Among other somewhat minor, but highly punitive options, the attorney can use legal process to require the psychologist to “dance to the fiddler’s jig,” that is, adhere to a schedule for date, time, and place that is chosen by the attorney,

regardless (generally) of the convenience or preferences of the psychologist. If done by the law, an attorney is in position to teach the psychologist a painful lesson for any attempt to control the legal process or the attorney.

One “teaching technique” favored by some attorneys is to file a motion for an order for contempt of court and financial sanctions (which would require the psychologist to pay the expenses incurred by the attorney in seeking the court order). Even if the court does not grant the motion, such a technique can potentially damage one’s reputation, increase stress and anxiety, and require the psychologist to pay for personal legal representation.

In any scenario involving the above-mentioned issues, the psychologist should seek legal counsel. In this era of declining incomes, no psychologist welcomes additional expenses, such as for an attorney. On the other hand, mishandling a legal matter can result in negative consequences. Once this has occurred, without an attorney, the psychologists is choosing to face the spectre of other expenses (e.g., defending against a complaint to the state licensing agency), sanctions (e.g., an action by an ethics committee), and damages (e.g., to professional reputation, resulting in a decrease in referrals and clientele).

Remember the old adage “The person who tries to be his or her own lawyer has a fool for a client.”

References

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47 (12), 1597-1611.

Psychologists (Division 41 American Psychological Association and American Board of Forensic Psychology). (1991). Special guidelines for forensic psychologists. *American Law Psychology Society News*, 11 (1), 1 & 8-11.

Florida Bar. (1998). Rules regulating the Florida Bar. *Florida Bar Journal*, 72 (8), 667-758.

Robert Henley Woody, Ph.D., Sc.D., J.D., is in private practice as an attorney at law in Tallahassee, FL, and Omaha, NE, and a Professor of Psychology at the University of Nebraska at Omaha. He is a member of the Florida, Michigan, and Nebraska Bars. All rights to this article are retained by the author; it may not be reprinted, in whole or in part, without his written permission. This article is intended for educational purposes only, and is not a rendering of legal or other professional service. If legal advice or other expert assistance is required, the service of a competent professional with knowledge of all laws pertaining to the reader should be obtained.

New Hawai’i Publications

Fujii, D.E., Lloyd, H.A., & Miyamoto, K. (2000). The salience of visuospatial and organizational skills in reproducing the Rey-Osterreith Complex Figure in subjects with high and low IQs. *The Clinical Neuropsychologist*, 4, 551-554.

Hall, H.V., & Poirier, J.G. (2001). *Detecting malingering and deception: Forensic Distortion Analysis* (2nd ed.). Boca Raton, FL: CRC Press.

Haynes, S.N. (2001). Clinical applications of analogue behavioral observation: Dimensions of psychometric evaluation. *Psychological Assessment*, 13, 73-85.

Simon, E.P., & Folen, R.A. (2001). The role of the psychologist on the multidisciplinary pain management team. *Professional Psychology: Research and Practice*: 32, 125-134.

Suinn, R.M. (2001). The terrible two’s – anger and anxiety: Hazardous to your health. *American Psychologist*, 56, 27-36.

2001 H.P.A. Officers

President

Rob Welch, Ph.D.
615 Piikoi St #1603
Honolulu HI 96814
Work: (808) 545-2100
Fax : (808) 545-4939
email: drwelch@aol.com

President-Elect

Thomas A. Glass, Ph.D.
2443 Pacific Hts Rd
Honolulu HI 96813
Work: (808) 596-8778
Fax: (808) 596-8558
email: tglasspsych@cs.com

Past President

Kathleen S. Brown, Ph.D.
1188 Bishop St #1412
Honolulu HI 96813
Work (808) 531-5959
FAX (808) 531-5959
brown.kathleen.s@worldnet.att.net

Secretary

Rosemary Adam-Terem, Ph.D.
1833 Kalakaua Ave #800
Honolulu HI 96815
Work (808) 947-5676
Fax (808) 951-9282
Email: rozi7@hawaii.rr.com

Treasurer

Graham Taylor, Psy.D.
1188 Bishop St #1112
Honolulu HI 96813
Work (808) 545-5711
Fax (808) 737-5885
email: hawaiiathletes@aol.com

Rep. From the Neighbor Islands

Melora Jacober, Psy.D.
PO Box 1079
Kamuela HI 96743
Work (808) 885-9279
Fax (808) 887-2049
Email: Yodatoo@aol.com

Academic Div. Rep.

Karl Minke, Ph.D.
UH – Psychology Dept
2430 Campus Rd
Honolulu HI 96822
Work (808) 956-8414
Fax (808) 956-4700
Email: minke@Hawaii.Edu

Clinical Division Reps.

Ronald Barozzi, Ph.D.
47-234 Kamehameha Hwy
Kaneohe HI 96744
Work (808) 566-3739
Fax (808) 566-3573
Email: barozzi@lava.net

June Ching, Ph.D.

1833 Kalakaua Ave #800
Honolulu HI 96815
Work (808) 949-9502
Fax (808) 951-9282
Email: junewching@hawaii.rr.com

Tanya Schwartz, Ph.D.

Queen's Medical Center
c/o REHAB Hospital, Psychology
Services
226 N Kuakini St
Honolulu HI 96817
Work (808) 566-3761
Fax (808) 544-3361
Email: tanyaschwartz@hawaii.rr.com

General Division Reps

Raymond Crossman, Ph.D.
400 Pacific Tower
1001 Bishop St
Honolulu HI 96813
Work (808) 536-5555
Fax (808) 536-5505
Email: rcrossman@aspp.edu

Alex Lichten

931 Maluniu Ave
Kailua HI 96734
Work (808) 236-8335
Fax (808) 247-7335
Email:
ailichto@hsh.health.state.hi.us

Student Division Rep.

Noela S. Yamamoto
1036 Makaiwa St.
Honolulu HI 96816
Work (808)223-2545
Fax (808) 735-6882
email: NY@worldnet.att.net

Executive Director

Carol Parker
Hawai`i Psych. Assn.
1188 Bishop Street, Ste. 912
Honolulu HI 96813
Work (808)521-8995
Fax (808)521-8994
email: cparker@hawaiipsych.org

Legislative Chair & Federal Adv Coord

L. Martin Johnson, MBA, Psy.D.
1210 Auahi St #107
Honolulu HI 96814
Work (808) 783-7793
Fax (808) 589-1730
email: mnm@pacificglobal.net

APA Council Rep.

Kathleen S. Brown, Ph.D.
1188 Bishop St #1412
Honolulu HI 96813
Work (808) 531-5959
Fax (808) 531-5959
brown.kathleen.s@worldnet.att.net

BOPN Representative

Craig H. Robinson, Ph.D.
1188 Bishop St #2608
Honolulu HI 96813
Work (808) 533-6133
Fax (808) 521-6654
e-mail: craigrob@compuserve.com

Hawai`i Psychologist Staff

William T. Tsushima, Ph.D., Editor
Carol Parker, Publications Editor
Vincent G. Tsushima, Ph.D., J.D.,
Associate Editor
John R. Bond, Ph.D., Editor Emeritus