

## HISTORY OF PSYCHOLOGY IN LANCASTER COUNTY

### Philosophical Roots

The word psychology comes from two Greek words, *psyche* (ψυχή) meaning “soul”, and *logos* or “word” or “reason”. In more recent terms the meaning of *psycho-* is “mind”, and *-logy* is “science”. Psychology’s origins can date back to the early Greek philosophers and their desire to understand how an individual can know oneself. From approximately 600 to 300 BC, Greek philosophers explored a wide range of topics relating to what we now consider psychology. Socrates and his followers, Plato and Aristotle, wrote about such topics as pleasure, pain, knowledge, motivation, decision making, intellect and rationality. They opined about whether human traits are innate or the product of experience, which continues to be a topic of debate in psychology today. They also considered the origins of mental illness, with both Socrates and Plato focusing on psychological forces as the root of such illnesses. Their inquiries were based more on speculation than observation. Following a relative dearth of contributions to psychology during the Middle Ages, the 17<sup>th</sup> century philosopher René Descartes (1596–1650) postulated that the soul or mind resided in the pineal gland at the base of the brain, linking the mind and the body. Descartes viewed the mind and body as an interacting system through sensation, emotion and action, moving psychology from a more philosophical approach to a physical one. However, the concept of the “mind” is a hypothetical construct not able to be observed and therefore not receptive to scientific inquiry. The philosopher Thomas Hobbes (1588–1679) and John Locke (1632 – 1704) were English philosophers who disagreed with the concept of dualism. They argued that all human experiences are physical processes occurring within the brain and nervous system. Locke expounded on the concept of *tabula rasa* or blank slate, offering that our behavior is guided by our sensory experiences. Locke subsequently replaced the philosophical question “How do we know?” to “What are we justified in accepting as genuine knowledge?”. Locke fostered observation and experimentation in the study of human behavior, serving as an impetus to British empiricism. In 1710, George Berkeley (1685-1753) proposed that our knowledge of the external world comes through the senses. Conflicting with the philosophical view of humans being rational, Jean Jacques Rousseau (1712-1778) took a different perspective, postulated that people were first and foremost emotional beings and emphasized the impact of emotions on our behavior.

### Psychology as a Science

The late 19th century marked the start of psychology as a scientific enterprise. Psychology evolved from a more philosophical “science of the mind” toward a true empirical science, ultimately redefining itself as the *science of behavior*. The focus of the earliest psychological scientific research was on the study of individual differences in physiological sensation and psychological perception. In the early 1800s the astronomer Friedrich Bessel (1784-1846) noted that reaction times in recording celestial events differed from one astronomer to another. Through a series of experiments on touch and color discrimination Ernst Heinrich Weber (1795-1878) discovered a mathematical constant, an exact mathematical relationship, for detection of just noticeable differences now known as Weber’s law. Gustav Theodore Fechner (1801-1887) furthered the method of quantitative study of psychophysiological and mental processes. Hermann von Helmholtz (1821-1894), first a student of medicine and then a physicist delved

into a variety of experiments on vision and hearing. In 1879 Wilhelm Wundt (1832-1920) is credited with founding the first psychological laboratory in Leipzig Germany. Wundt's publication *Physiological Psychology* is considered the initial treatise for psychology as an independent scientific endeavor and established the basic elements for psychological experimentation. Early psychology research labs in the U.S. were established at Johns Hopkins (1883), the University of Pennsylvania (1887), the University of Wisconsin (1888), the universities of Kansas and Nebraska and Clark University (1889). Diverging from the study of sensory perceptual and physiological processes, Hermann Ebbinghaus (1850-1909) used the experimental method in the study higher mental processes (specifically memory) and in a study on the possible effects of fatigue on behavior. Sir Francis Galton (1822-1911) introduced the use of the biographical and family history methods and twin comparison in the study of individual attributes and differences. At times referred to as the father of mental tests, Galton put forth effort at measuring intelligence and noted the presence of probability curves in his studies similar to more modern rating scales. From a mental health perspective, Jean-Martin Charcot (1825-1893) and Pierre Janet (1859-1947) led the move to the scientific study of psychiatric disorders. From a neuropsychological perspective, Pierre Flourens (1774-1867) studied the impact of removing various areas of brain tissue on the behavior and functioning of animals discovering such things as areas of the brain involved in heart rate, breathing, movement, vision and hearing. Paul Broca (1824-1880) identified expressive language disorder in a stroke patient with focal left frontal lobe involvement. German physiologists Gustav Fritsch (1838-1927) and Eduard Hitzig (1839-1907) used electrical stimulation of the brain to map various areas of the brain involved in specific behaviors leading to Wilder Penfield (1891-1976) demonstrating very specific sensory experiences and memories associated with electrical simulation at specific points in the brain.



Wilhelm Wundt, University of Leipzig

(Image from the Wikimedia Commons)

Various "schools" of psychology emerged, each developing their own systems of approaches to the study of behavior. Perhaps the greatest contribution to psychology as an applied science, emanated from the school of Functionalism. Functionalism's contribution to applied psychology lies in its focus on the utility or purpose of one's behavior and under what conditions a specific behavior may emerge. Paralleling Darwinian theory, functionalism was interested in examining the ways in which the mind adapts to changing situations and environments. Functionalism emphasized the causes and consequences of human behavior; the union of physiological with the psychological; the applications of psychological

knowledge to the solution of practical problems; the evolutionary continuity between animals and humans; and the improvement of human life. (APA Dictionary of Psychology, 2022)

In 1896, Lightner Witmer Ph.D. (1867 – 1956), viewed as the founder of clinical psychology, introduced the term “clinical psychology” and established the first psychological clinic at the University of Pennsylvania. Witmer primarily worked with children referred by teachers and parents from the surrounding areas, treating such problems as speech disorders, school refusal, sleep disturbances, hyperactivity and other behavioral problems.



Lightner Witmer

Psychology is a diverse discipline, grounded in science, but with nearly boundless applications in everyday life. Some psychologists do basic research, developing theories and testing them through carefully honed research methods involving observation, experimentation and analysis. Other psychologists apply the discipline's scientific knowledge to help people, organizations and communities function better. As psychological research yields new information, whether it's improved interventions to treat depression or how humans interact with machines, these findings become part of the discipline's body of knowledge and are applied in work with patients and clients, in schools, in corporate settings, within the judicial system, even in professional sports.

Psychology is a doctoral-level profession. Psychologists study both normal and abnormal functioning and treat patients with mental and emotional problems. They also study and encourage behaviors that build wellness and emotional resilience. Today, as the link between mind and body is well-recognized, more and more psychologists are teaming with other health care providers to provide whole-person health care for patients. (About APA, 2022)

### **Applied Psychology**

In addition to experimental research psychology, there are a great number of specialties within the field of applied psychology. Applied psychology deals with every day, pragmatic issues and for the most part developed in the 1940s, 1950s. Among those are school, consumer, community, organizational, engineering, and forensic psychology. In this paper, I will limit elaboration on specialties to those pertaining to health care, namely clinical psychology, health and medical psychology, and clinical neuropsychology.

## Clinical Psychology

The first applied psychology specialty, encompassing the largest number of psychologists, clinical psychology came into prominence during World War II when many academic psychologists were recruited to serve military personnel both during and post war. The Veteran's Association funded many programs to develop clinical psychologists to meet this need. Clinical psychologists' expertise lies in the evaluation, diagnosis and treatment of psychological disorders and/or coping with behavioral/emotional disturbances of lesser severity. Individual and group therapies may be provided. Clinical psychological testing of such aspects as personality/behavioral traits, psychological disorders and intellectual/learning abilities are also frequent areas of expertise.

Clinical psychology specializes in the research, assessment, diagnosis, evaluation, prevention, and treatment of emotional and behavioral disorders. Clinical psychologists are doctorate-level professionals who have received training in research methods and techniques for the diagnosis and treatment of various psychological disorders. They work primarily in health and mental health clinics, in research, in academic settings, or in group and independent practices. They also serve as consultants to other professionals in the medical, legal, social-work, and community-relations fields. Clinical psychologists comprise approximately one third of the psychologists working in the United States and are governed by the code of practice of the American Psychological Association and by state licensing requirements.

## Behavioral Medicine, Medical Psychology, Health Psychology

The behavioral medicine field brought an increased focus on the biopsychosocial model in contrast to the medical model of illness, emphasizing the application of biological, psychological, social, learning and behavioral principles and techniques impacting health and illness. With more specific focus, medical or health psychologists concentrate on the prevention and treatment of medical disorders, focusing on promoting and maintaining health, illness prevention, management, and treatment compliance, and adjustment to existing illnesses. Behavioral Medicine specialists may target the treatment of medical conditions that are exacerbated by stress and other psychological factors such as somatoform disorders, hypochondriasis, conversion disorders and other conditions with a primary physical manifestation (e.g., headache, chronic pain, hypertension, diabetes, cardiac disease, IBS (irritable bowel syndrome), skin disorders, and sexual disorders, among others). The field also specializes in the treatment of conditions that are associated with particular behaviors, habits and lifestyle potentially impacting physical health and well-being, such as: medical noncompliance, insomnia, obesity, smoking and other substance abuse disorders. Frequently functioning as part of an interdisciplinary team, health and medical psychologists are most generally employed in hospitals, rehabilitation centers, long care facilities or in primary care settings.

## Clinical Neuropsychology

The American Psychological Association defines Clinical Neuropsychology as a specialty field within clinical psychology, dedicated to understanding the relationships between brain and behavior, particularly as these relationships can be applied to the diagnosis of brain disorder, assessment of cognitive and behavioral functioning and the design of effective treatment. Neuropsychological evaluations are requested specifically to help understand how the different areas and systems of the brain are working. Services can range from developmental concerns in infants, academic challenges in childhood, adolescence and early adulthood, work and social challenges in adulthood and to concerns about declining function in old age. Some of the conditions neuropsychologists routinely deal with include developmental disorders like autism, learning and attention disorders, traumatic brain injury, epilepsy, brain cancer, stroke and dementia.

## **Clinical Psychology and Mental Health Services in Lancaster County**

After World War II, the American Psychological Association (APA) reorganized itself to accommodate both experimental and applied psychologists and the Pennsylvania Psychological Association (PPA) reorganized in the same vein to represent all psychologists in Pennsylvania. PPA made licensing of psychologists one of its priorities, and a bill calling for the licensing of psychologists was introduced in the Pennsylvania legislature in 1948. Despite great efforts by PPA and many individual psychologists, the state legislature did not pass a licensing bill for psychologists, in part because of the opposition of organized medicine, which considered psychotherapy to be a medical procedure. A licensure bill was finally enacted into law in 1972. Up until 1986, the educational requirement for licensure as a psychologist in Pennsylvania was a master's degree. In 1986, the Professional Psychologist Practice Act was amended, requiring a doctoral degree for licensure as a psychologist. (Pennsylvania Psychological Association, 2022). Prior to the licensure bill being enacted in 1972, little reference to the early psychologists in Lancaster County could be found during research for this article. William Grayson Gemperling III, an associate on APA since 1955 (American Psychological Association, 1955), appears to be the first licensed Lancaster psychologist, being granted the 21<sup>st</sup> psychologist license in Pennsylvania on July 11, 1973.

### Psyche Cattell and James McKeen Cattell

The most renowned psychologists to grace Lancaster County are Psyche Cattell and her father, James McKeen Cattell. Psyche Cattell's history is quite intriguing with regard to the annals of psychology in general and specifically for women in science. Dr. Cattell's academic and professional accomplishments for a woman during her era were remarkable. She was not encouraged to obtain higher education, her father not believing that she had what it would take to succeed academically. Through work as a research assistant at Harvard and Stanford she subsequently was able to finance her education. She was one of the first women to obtain master's degrees from Cornell and Harvard, subsequently obtaining her doctorate from Harvard in 1927. Dr. Cattell moved to Lancaster in 1939 to become the chief psychologist at the Lancaster Guidance Clinic. There she was undeniably involved in bringing to Lancaster, mental health services that had been present in larger cities for decades before. Dr. Cattell continued her work at the Lancaster Guidance Clinic (later becoming the Lancaster Guidance Center) until a mandatory retirement at the age of 70 in 1963. She also maintained a private practice in Lancaster from 1939 – 1972. (She may have been the first psychologist to establish a private practice, information on the first psychologists in Lancaster being unclear.) A pioneer in emphasizing the importance of pre-school education, in 1941 she opened an early childhood education program in her own home (314 N. West End Ave.). Originally called The West End School the citizens of Lancaster insisted on calling it Dr. Cattell's School. In 1945, the name was officially changed to The Cattell School until its closing in 1974 (Bazar, 2010). Dr. Cattell's primary area of research was in the measurement of intelligence in children. Among her accomplishments was the development of the Cattell Infant Intelligence Scale and authoring *The Measurement of Intelligence of Infants and Young Children* in 1940. On a side note, she was able to adopt several children, a rare occurrence for an unmarried woman of that era. Following a stroke in 1987, Psyche Cattell died at Moravian Manor in Lititz on April 17, 1989.



Psyche Cattell

Psyche Cattell has short lineage to the founding fathers of psychology, being only two generations removed from the fathers of psychology as a scientific inquiry. Psyche was the daughter of James McKeen Cattell who obtained his Ph.D. at the first established psychology lab under Wilhelm Wundt at the University of Leipzig. He became the first American to publish a dissertation in the field of psychology, *Psychometric Investigation*. He continued his research on intelligence with Sir Francis Galton in London. In 1888 he became the first professor of psychology in the United States, teaching at the University of Pennsylvania and serving as president of the American Psychological Association in 1895 (New World Encyclopedia contributors, 2018) and later as the President of the American Association for the Advancement of Science in 1924. Dr. Cattell moved to Lancaster to oversee his company, Science Press Printing, shortly following the start of WWI after he was terminated from the faculty at Columbia University for speaking out against America's conscription policy (Brubaker, 2013). Though James McKeen Cattell did not provide clinical services in the Lancaster area, he was the editor and publisher of numerous scientific periodicals. In 1894, he cofounded and subsequently became the editor of the journal, *Psychological Review*. He was the editor of the journal, *Science* from 1894 to 1944. He was a major catalyst in making psychology a respected field of scientific inquiry. Regarding the impact of his editorship on the development of psychology as a science, it was written, "there is no denying that it significantly enhanced psychology's visibility and status among the older sciences." (Benjamin, 1993). Upon his death *The New York Times* acclaimed him "the dean of American science.". James McKeen Cattell died at Lancaster General Hospital on January 20, 1944.



James McKeen Cattell

Inpatient Mental Health Care

The early leader in inpatient care in the county was Philhaven Hospital. Established in 1952 by the Lancaster Mennonite Conference in response to inhumane conditions in state hospitals, Philhaven became a major provider of mental health care in the southcentral Pennsylvania region. Historically, all primary care hospitals in Lancaster County have provided inpatient mental health care at one time or another. Saint Joseph Hospital opened an inpatient psychiatric unit in 1959 and Lancaster General Hospital in 1972. Clinical psychologists have provided services to these entities as part of the specialty staff or on a consultative basis. Eugene Homan Ph.D. was the first clinical psychologist with full time commitment to an inpatient psychiatric service at any of the community hospitals, joining the staff at St. Joseph Hospital in 1974. In 1982, Lancaster General Hospital hired its first psychologist, Dixon Miller, Ph.D. to provide service to the inpatient psychiatric unit. Drs. Homan and Miller introduced a greater emphasis on psychotherapy on their respective units, providing group and individual therapy to patients. Prior to their engagement, treatment primarily consisted of pharmacologic treatment and for lack of better terms, rest and recreational therapies. St. Joseph Hospital and Community Hospital of Lancaster ultimately closed its doors. The inpatient psychiatric service at Lancaster General closed and entered a joint venture between Penn Medicine Lancaster General Health with Universal Health Services, moving inpatient services to the Lancaster Behavioral Health Hospital at 333 Harrisburg Pike in July 2018. At present, there are no psychologists on staff at Lancaster Behavioral Health Hospital.

### Outpatient Mental Health Care

Established in 1937, Lancaster Guidance Clinic was staffed by a number of psychologists during its existence in addition to psychiatrists. Initially an entity of Community Services Association, the two split in 1947 and Lancaster Guidance Clinic became an independent non-profit outpatient agency with support of the Lancaster County Mental Hygiene Association and as a member of the Community Chest. (Eshleman, 2001). With the passage of the 1965 Mental Health/Mental Retardation Act, support and affiliation with the Lancaster County Office of Mental Health and Mental Retardation commenced. In addition to provision of mental health services to the general population, the Guidance Center developed a Student Assistance Program providing prevention and intervention services to all 16 county school districts and Lancaster Catholic and Lancaster Country Day students. The Guidance Center operated at various locations including 630 Janet Avenue, 211 Granite Run Drive and finally to New Holland Avenue prior to closing its doors on September 3, 2002. Upon its closure, Community Services Group assumed care for the Guidance Center's existing clientele.

Penn Medicine Lancaster General Hospital provides outpatient mental health services through LGHP Neuropsychology and the Outpatient Behavioral Health Program. Behavioral health counselors are integrated at all primary care practices and some special care practices within the health system, which affords patients the ability to see a psychologist or counselor at their physician offices.

Philhaven, WellSpan Philhaven -In addition to providing inpatient care, Philhaven has long provided outpatient mental health services employing a number of psychologists to serve its population. On January 1, 2016, Philhaven merged with and became part of WellSpan Health, becoming WellSpan Philhaven. This affiliation resulted in a merger of their respective services covering a range of outpatient and inpatient behavioral health services in Lancaster and south-central Pennsylvania. At the time of the merger, Philhaven was the 14th largest mental and behavioral health provider in the nation, with 55 specific programs in 22 locations in Lebanon, Lancaster, Dauphin and York counties employing 1100 staff. (About WellSpan Philhaven, 2022).

### Early Private Practices Established by Psychologists in Lancaster County

Psychological Associates – Co-founded in 1970 by Betty Finney, Ph.D. and Joseph Horvat Ph.D. Dr. Finney taught for 33 years including several years as Chair of the Department of Psychology. She served many community organizations including Hospice of Lancaster County, Lancaster Council on Alcohol and Drug Abuse, United Way, the Human Services Steering Committee of the Lancaster County Housing and Redevelopment Authority, Office of Aging, the Manor Township Youth Aid Panel, the Lancaster Public Service Research Institute, and a consultant for RAPE and Head Start and a Disaster Mental Health Worker for the American Red Cross and a Critical Incident Stress Debriefing for Lancaster Emergency Management. She was one of the founders of the Betty Finney AIDS House. Dr. Finney was given the Lifetime Achievement Award by Mental Health in America in 2010.

Pennsylvania Counseling Services - In 1983, psychologists Roy Smith Ph.D. and Jonathan Davis, Psy.D. set up practice as Lebanon County Psychological Services. Eventually, this practice expanded geographically becoming Pennsylvania Counseling Services serving 9 counties in the central Pennsylvania region.

Philip L. Taylor, Ph.D. individual private practice

Bruce Wittmaier, Ph.D. individual private practice

Samaritan Counseling Center - In 1985, a group from Highland Presbyterian Church saw a need for increased mental health care and established the Samaritan Counseling Center. Other group practices for mental health care employ a variety of providers including psychologists, licensed professional counselors and licensed clinical social workers.

Behavioral Healthcare Consultants – Founded in 1987 by Dixon Miller, Ph.D. and Robert Frazier, Ph.D., this practice was unique in Lancaster County as the first private practice with primary focus on behavioral medicine and neuropsychology.

Over the past several decades, much of the counseling for general mental health care has been increasingly assumed by master's trained professionals in far too many practices to review in this account. Specialty areas of practice have been developed (e.g., victims of sexual assault through the YWCA, children services at the Schreiber Pediatric Behavioral Health Outpatient program). To meet the needs of the growing Latinx population coordination of services has become a focus of Nuestra Clinica. That being said, gaps in racial and cultural diversity of providers remains limited and problematic.

### **Integration of Clinical Psychology into the Medical Arena: Behavioral Medicine, Health and Medical Psychology, Neuropsychology**

Straying from its original focus on the diagnosis and treatment of mental disorders, the 1970s marked the development of the clinical psychology subspecialty of Behavioral Medicine. The term Behavioral Medicine first appeared in a 1973 book by Lee Birk entitled *Biofeedback: Behavioral Medicine* and in the names of two clinical research programs, the Center for Behavioral Medicine at the University of Pennsylvania (1973) and the Laboratory for the Study of Behavioral Medicine at Stanford University (1974).

### St. Joseph Hospital

In 1974, Eugene Homan, Ph.D. was hired to provide psychological services for the inpatient psychiatric unit at St. Joseph Hospital. Within a short time, consult requests began asking for his input on



medical-surgical patients. This demand increased and in 1976 Dr. Homan established the first Behavioral Medicine, Medical Psychology practice in Lancaster County at St. Joseph Hospital. Unique at the time, the Behavioral Medicine Program at SJH was the first such program in a community-based hospital, shortly after the known first hospital based Behavioral Medicine Service in the state at the University of Pennsylvania Hospital approximately one year prior. The program at St. Joseph's was the first established behavioral medicine program in a public general hospital. Unique at the time within a hospital setting, psychologists on staff were granted partial privileges, functioning as independent providers and permitted the privilege of writing behavioral orders in the treatment of patients. Initially solo, Dr. Homan's contributions in the treatment of medical patients led to expansion of staff, later additions including Larry Dresdale, Ph.D., Donald Hutchings Ph.D., Jon Bentz, Ph.D., William Ferguson, Ph.D., Eileen Cahoon, Ph.D., Michael Eshleman, Ph.D., Tom Pallmeyer, Ph.D., John Laguna, Ph.D. and Mark Hemlick, Ph.D. Dr. Homan and staff developed a strong behavioral medicine, medical psychology and neuropsychology program making major in-roads in the behavioral treatment of chronic headaches other chronic pain, stress related psychophysiological disorders, conversion disorders and the treatment of anxiety and depression associated with a variety of medical conditions and treatments. A busy biofeedback program was developed necessitating the addition of a biofeedback technician, Michael Franz, to meet this need. In addition to providing outpatient services, Dr. Homan and his staff served as consultants to the medical units, rehabilitation, and psychiatric units of the hospital. For reasons not clearly understood, the Behavioral Medicine service at St. Joseph's was shut down in 1995 and further psychological services, such as consultation to the rehabilitation unit, were then provided by contracted psychologists rather than hospital employees.

#### Lancaster General Hospital and Penn Medicine Lancaster General Hospital

Initially hired to provide psychological services to the inpatient unit at Lancaster General Hospital in 1982, Dixon Miller Ph.D. began to provide consultation to the newly established inpatient rehabilitation unit at LGH, providing psychotherapy and neuropsychological care. With the addition of Robert Frazier, Ph.D. to the hospital staff, an outpatient behavioral medicine and neuropsychology service was developed. Drs. Miller and Frazier left LGH in 1987 to pursue private practice. That same year, with knowledge that LGH was likely to be designated as the primary trauma center for Lancaster County, with specialty care needed for brain injury, neuropsychologists William Ferguson, Ph.D., and Jon Bentz Ph.D. left St. Joseph Hospital for Lancaster General Hospital. Joined by Edward Purzycki, Ph.D. that same year the Lancaster General Department of Behavioral Medicine and Neuropsychology was established. Shortly thereafter, Margaret Nepps, Psy.D., Adam Wilikofsky Ph.D. and Vanessa Selby, Ph.D. were added to the department. Consultation was provided to all units within LGH with special attention to the rehabilitation and trauma services. A number of psychometrists were hired to provide neuropsychological testing including Marsha L. Charles, MS, LPC, CSP who to date is the only board certified psychometrist in Lancaster County. Subsequent neuropsychologists added included David Marino, Ph.D., Jesse Main, Psy.D. and Sabrina Everett, Psy.D. With increased demand for behavioral medicine expertise, additional staff added included Janine Castle, Ph.D. and Jennifer Collins, Psy.D. Christa Coleman Psy.D., Dennis Given, Psy.D. developed specific programming for headache and chronic pain management. Other neuropsychology and behavioral medicine emphases included pre-surgical psychological and neuropsychological evaluations, weight management, and adjustment to chronic illness and debility. Psychologists at LGH were affiliated with the medical departments/divisions of Psychiatry or Neurology depending upon their primary responsibilities or specialties. In the Fall of 2017,

the Neuroscience Institute was established comprised of LGHP Neurology and LGHP Neuropsychology. In addition to the psychologists providing direct patient care, a number of master's level counselors were also added to provide service to patients of the Neuroscience Institute.

With the increased appreciation of the role psychological factors and principles play in the etiology and treatment of medical conditions and patients, Peggy Nepps, Psy.D. became the first non-physician faculty member of the Lancaster General Hospital Family Medicine Residency in 1988. Her primary roles were in curriculum development and teaching of behavioral science and psychiatry and in the development of a resident research program which she supervised. Dr. Wilikofsky joined the Family Practice Residency faculty in 1993, training residents in interviewing techniques, family systems assessment in addition to coordination of the Family Medicine Downtown Psychiatry Clinic.

During their 35+ years on staff at Lancaster General, Drs. Purzycki and Bentz initiated several programmatic developments including the conceptualization and founding of interdisciplinary Memory Disorders Program in 1996 (subsequently renamed the Alzheimer's and Memory Care Program). 1997 marked the implementation of WADA procedures for individuals undergoing surgery for intractable seizures. In 2008, LGHP Neuropsychology established the first American Psychological Association credentialed Psychology Internship Program in Lancaster County. That same year, Dr. Bentz was awarded a grant to provide education regarding sports related concussion to students, parents, coaches and athletic trainers, pre-season and post-concussion cognitive assessment, treatment and recommendations for return to play at several high schools in Lancaster County. This program eventually led to the 2012 development of the multidisciplinary Post Concussion Recovery Program. In 2021, Drs. Purzycki and Main developed protocols for and initiated functional neuroimaging and intra-operative monitoring for patients undergoing neurosurgery.

Lancaster General Hospital and Lancaster General Hospital Physicians recognized the detrimental impact of stress on healthcare professionals that became especially apparent during the COVID pandemic of 2019 through the time of this writing. In response to this awareness, a new position, LGHP Chief Wellness Officer was created. Initially intending to fill this position with a physician, a recruitment committee of physicians was formed to vet a number of candidates, ultimately recognizing the unique skills and competencies of psychologists in this area of expertise, choosing psychologist Jennifer Collins, Psy.D. to fulfill this role.

### **Professional Organizations and Licensure of Psychologists**

The American Psychological Association (APA) was founded in 1892 with 31 members and grew quickly after World War II. Today, APA is the largest scientific and professional organization representing psychology in the United States, with more than 121,000 researchers, educators, clinicians, consultants and students as its members. APA also has 54 divisions in subfields of psychology. (American Psychological Association, 2022) Initially APA was comprised of psychologists in academia and those conducting research. During World War II, many academic psychologists were recruited to serve military personnel, a major impetus for applied psychology.

The Pennsylvania Psychological Association (PPA) is one of 60 APA affiliated state, provincial and territorial psychological associations. PPA evolved from a small meeting of psychologists in 1933 to a professional association with almost 3,000 members., serving the needs of psychologists in independent

practice, schools, business organizations, hospitals, private and government agencies, and academia (Pennsylvania Psychological Association, 2022). Samuel J. Knapp, Ed.D. of Lancaster served as Director of Professional Affairs for PPA (1987-2021), known nationally for his expertise on professional ethics for psychologists. Dr. Knapp received the American Psychological Association Foundation's 2021 Gold Medal award for Life Achievement in the Practice of Psychology for his distinguished career generating demonstrable effects and making significant contributions to best practices in professionalism, ethics education, positive ethics, and legislative advocacy and as an ethics educator extraordinaire.

The Lancaster Lebanon Psychological Association (LLPA) started out as the Lancaster Lebanon School Psychology Association; an informal group composed of school psychologists working with the Lancaster Lebanon IU 13. The group started meeting in the mid 70's for lunch in the Lancaster Lebanon (IU 13) area-The Host Town in Lancaster and the General Sutter in Manheim. At that time (early 70's) there were few private practicing psychologists in the area. That changed by the end of the decade as the number of licensed psychologists increased and private practices/groups grew. It was about this time that LLPA became established and included psychologists in the private sector. (Donecker, 2022). At the time of this paper members listed on the LLPA website numbered 73. Recorded Past Presidents of LLPA

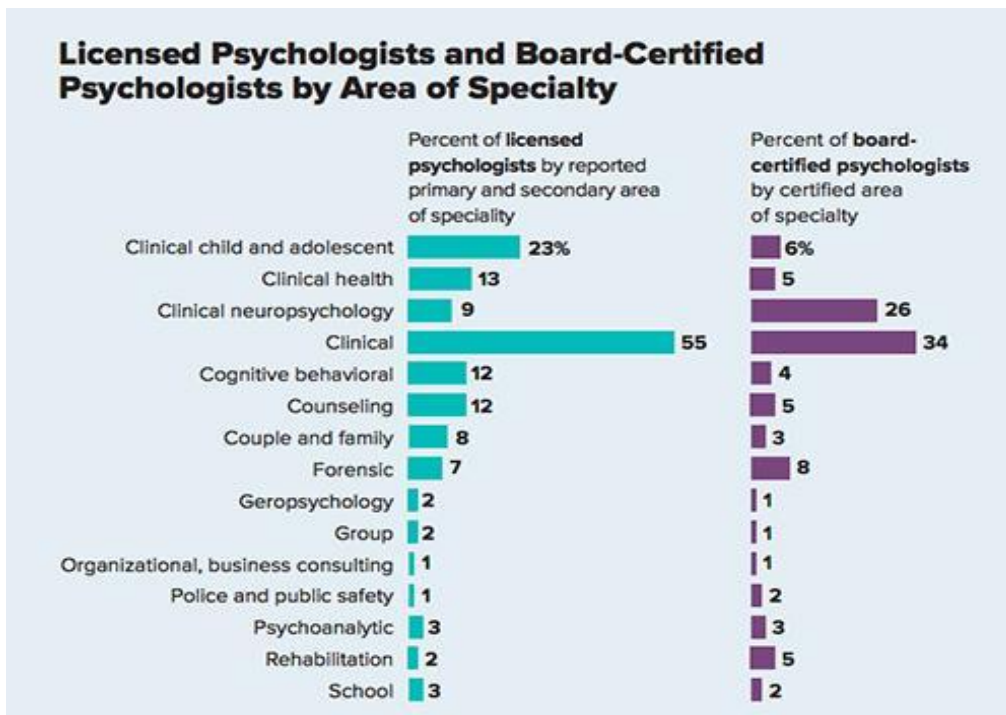
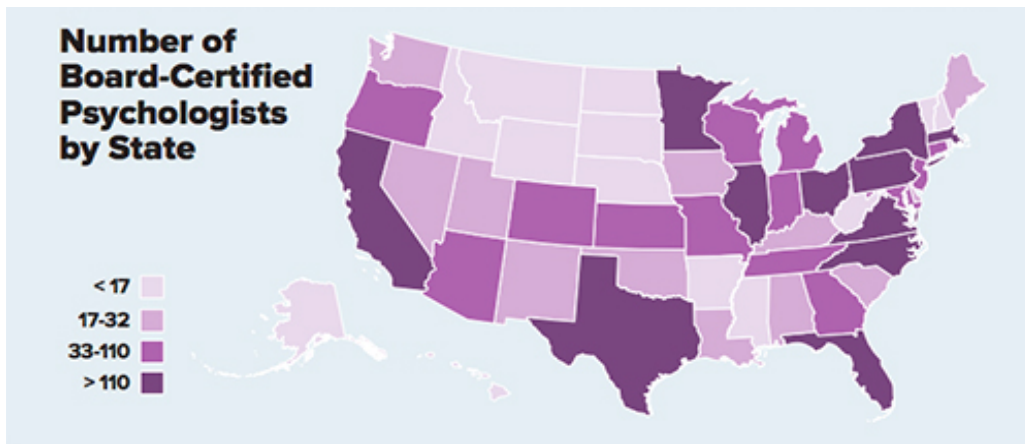
- 2001 - Cynthia Socha-Gelgot, Ph.D.
- 2002 - Delbert W. Ellsworth, Ph.D.
- 2003 - Bruch E. Eyer, M.S
- 2004 - Steve Backels, Ph.D.
- 2005 - W. Richard Kettering, Ph.D.
- 2006 - Jane Weierbach, Ph.D.
- 2007 - Alan Babcock, M.Ed.
- 2008 - Alan Babcock, M.Ed.
- 2009 - Jane Knapp, Ph.D.
- 2010 - Jean S. Cannon, Ph.D.
- 2011 - Donald H. Olsen, Ph.D.
- 2012 - Robert Justice, Ph.D.
- 2013 - Daniel F. O'Neill, Psy.D.
- 2014 - Leslie Huff, Psy.D.
- 2015 - Daniel F. O'Neill, Psy.D.
- 2016 - Lance D. Couturier, Ph.D.
- 2017 - ?
- 2018 - ?
- 2019 - Present - John T. Spychalski, M.Ed.

### **Board Certified Psychologists**

The American Board of Professional Psychology (ABPP) offers certification in sixteen specialties. Contrasted with the common expectation of board certification in medical specialties, board certification in psychology has not been the norm. Rather, board certification in psychology specialties is the exception. That being the case, ABPP notes "a growing interest among jurisdictional regulators and third-party payers to look toward board certification, similar to medicine, as a way to credential competent specialty practice."

On review of the American Board of Professional Psychology and the American Board of Professional Neuropsychology, board certified psychologists and neuropsychologists in Lancaster at the time of this writing are:

Jon E. Bentz, Ph.D. (Clinical Neuropsychology)  
 Susan L. Calhoun, Ph.D. (School Psychology)  
 Christine L. Castillo, Ph.D. (Clinical Neuropsychology, Pediatric Clinical Neuropsychology)  
 Freeman Chakara, Psy.D. (Clinical Neuropsychology)  
 Christa C. Coleman, Psy.D (Biofeedback)  
 Melissa S. Cyrus, Ph.D. (Geropsychology)  
 Dixon Miller, Ph.D. (Clinical Neuropsychology)  
 Scott Nelson Jones, Ph.D. (Geropsychology)  
 Edward J. Purzycki, Ph.D. (Clinical Neuropsychology)  
 Cynthia S. Socha-Gelgot, Ph.D. (Clinical Neuropsychology)



## Training and Education

### Doctoral Internships, Residencies, Fellowships

There are two American Psychological Association approved doctoral intern programs currently operating in Lancaster County:

WellSpan Philhaven (initial accreditation in 1989)

Penn Medicine Lancaster General Hospital (initial accreditation in 2008) In 2019 Penn Medicine Lancaster General Hospital also began a postdoctoral fellowship in neuropsychology.

In addition to the two accredited programs, a number of individual and group practices in the county have provided non-accredited training for graduate students in psychology, counseling and social work to provide mental health care.

### Continuing Education

Founded in 1991 by psychologist Ken Ralph, Ph.D. and Judi Ralph, J&K Seminars provides continuing education opportunities to mental health professionals. Other approved continuing medical education providers include Penn Medicine Lancaster General Hospital and WellSpan Philhaven.

### Millersville University

Millersville University has offered a master's degree in psychology. Prior to the 1986 amendment to the Professional Psychologist Practice Act, individuals with master's degrees could be licensed as psychologists. Now, Millersville's Master of Science program in Clinical Psychology offers two options for matriculation, one being geared toward individuals desirous of continuing on to a doctoral program after graduation and a second meeting the educational requirements for application as a Licensed Professional Counselor (LPC).

Clinical coordinators at Millersville have included Betty Finney, Ph.D. (?-2001), Claudia Haferkamp Ph.D., (2001-2020), Karena Rush Ph.D. (2020-present).

### **Future of Psychologists in Healthcare**

The future of psychologists in health care is simultaneously promising and tenuous. For many years the medical profession considered psychotherapy a medical procedure, and psychologists who provided psychotherapy without supervision were considered mavericks. A 1960 survey found that only 4% of psychologists were in full-time independent practice and 35% were in part-time independent practice (compared with 50% in full-time and 30% in part-time independent practice today). In 1960 testing was the most common professional activity, followed by educational guidance, with psychotherapy as third. Now the effectiveness of psychologists doing psychotherapy is unquestioned, and issues are being raised as to whether or how far to extend the scope of practice of psychologists even further. (Pennsylvania Psychological Association, 2022) Employment of clinical, counseling, and school psychologists was projected to grow 14 percent from 2016 to 2026, faster than the average for all occupations. Greater demand for psychological services in schools, hospitals, mental health centers, and social service agencies should drive employment growth.

As with nearly all healthcare professions, diversity of providers is an area of concern. The trend of increasing diversity of psychologists is likely to continue. A report from the American Psychological Association analyzing demographic changes in clinical psychology from 2007 to 2016 discovered the following:

- The median age of psychologists has decreased from 50.1 to 48.9 years and baby boomers have been surpassed by younger generations as the majority of the workforce.
- The percentage of psychologists who are women increased from 57 percent to 65 percent.
- From 2007 to 2016 the number of psychologists who are racial/ethnic minorities nearly doubled, although it still accounts for a relatively small proportion of the total workforce (16 percent in 2016).

The lack of governmental funding of training programs such as that provided by Graduate Medical Education (GME) for physicians is a major barrier to the training of future psychologists. The reduction in remuneration for psychologists remains a threat to the profession. The use of psychiatric medication has increased dramatically relative to the provision of psychological interventions. This has occurred despite clear evidence that psychological treatments are often more cost effective than treatment with medications alone and more clearly, that psychological and pharmacologic interventions are clearly superior to either alone. Other types of lower cost non-doctoral level practitioners such as social workers are providing an increasing proportion of delivered mental health treatments.

Psychologists are likely to become more specialized in their areas of practice, such as health and medical psychology and neuropsychology and or take on more supervisory responsibilities of lower mid-level providers. As awareness around the importance of mental health continues to increase, it will become more normal to see clinical psychologists in traditional health care settings. The number of clinical psychologists working in medical settings has grown along with the range of services provided by psychologists to patients with the multitude of medical problems across the lifespan. It has become rare to not have clinical, health and neuropsychologists associated with general medical hospitals. There is likely to occur increased engagement and collaboration between psychologists and physicians in health care settings. Psychologists are likely to become more represented in in medical health care settings becoming an integral part of the medical home approach to care. Most medical practitioners now receive training and education on various concepts of clinical psychology, and research has demonstrated that the employment of psychological interventions in treatment of many medical conditions is both efficacious and cost effective. Recognition of psychologists as independent providers with medical staff privileges will likely become more prevalent.

The COVID-19 pandemic has stimulated and there will likely continue to emerge an expanded role for technology in service delivery. Telehealth services has enabled greater access to care for many patients at reduced cost. Virtual treatment options and online therapy may help future psychologists begin addressing this issue both on a domestic and international scale. Virtual, on-line apps providing direction for improved mental health and general well-being addressing stress management, wellness, work-life flow, mindfulness have become common and available.

The shortage of psychiatrists and associated limitations in access to psychiatric services has been problematic. There is a growing national mental health crisis and a shortage of psychiatric specialists to meet the demand. Most psychotropics are currently prescribed by primary healthcare professionals, including physicians, nurse practitioners, and physician assistants; however, these professionals often have limited training in mental health treatment.

There has emerged interest on the professional level and within government to allow prescription authority for clinical psychologists with advanced degrees in psychopharmacology. Currently, five states have prescription authority for psychologists: Iowa, Idaho, Illinois, New Mexico, and Louisiana. Also, prescribing psychologists have safely and effectively prescribed psychopharmacologic medications in the Public Health Service, Indian Health Service, and the US Military for more than 20 years. Legislative movement within Pennsylvania for psychologist prescribing privileges are ongoing (Co-Sponsors Needed for HB 2607: Prescription Privileges for Psychologists, 2022).

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