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ABN

Editor

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American Academy of Clinical Psychology Board Update

Gerardo Rodriguez-Menendez, Ph.D., ABPP,
MSCP

Dear AACP Colleagues,

The Board of Directors (BOD) thanks you for your continued support of the American Academy of Clinical Psychology (AACP or Academy). The BOD has been meeting monthly to provide the Academy membership with benefits to enhance their clinical practices. The AACP strives to impart the highest levels of professional practice. We therefore want the public to be aware of the distinction of membership in the AACP. We also value our members and wish to assist them with their professional development and practice business management. A key aim or goal is to provide value innovation through a low-cost membership, that will supplement your clinical skills, while providing the business management resources you need to have profitable and sustainable private practices. In this update readers will be provided with the latest Academy initiatives. **As we close the year, please renew your membership with the AACP for the value added that you are afforded through your Academy membership.**

New Board Members and Farewells:

The BOD wishes to thank

Drs. Larry Beutler and Joanne Babich for their service to the Board as they embark on new adventures. Their dedication and collegiality will be missed.



Dr. Beutler is Wm McInnes, Distinguished Professor Emeritus and former Chair of the PhD Programs at Palo Alto University's Pacific Graduate School of Psychology. He previously served on the faculties of Duke University Medical School, Stephen F. Austin State University, Baylor College of Medicine (Director of Training), the University of Arizona (Chief of Psychology), and the University of California-Santa Barbara (Director of Training and Program Head).

Continued on page 2



Dr. Babich private practice for nearly four decades. Dr. Babich has been Nationally Board Certificated in her specialty of Clinical Psychology (American Board of Professional Psychology) since the early 1990's. Dr. Babich was granted the titles of Fellow by the American Academy of Clinical Psychology (AACP), and by the Association for Psychological Science (APS). She is the Founder of Alpha Mental Health Consultants. Her company provides Psychological Services including Psychotherapy, Consultation, Forensic Evaluations and Court Testimony. She was mentored in Rational Emotive Behavior Therapy (REBT), often regarded as a precursor of cognitive behavioral therapy by the renowned Albert Ellis.

In their stead, The BOD welcomes **Dr. George Kapalka** to the AACP Board!



Dr. George Kapalka is a clinical and prescribing psychologist practicing at the Children's Treatment Center in Albuquerque, New Mexico. He is a diplomate in clinical psychology since 2000. He has been practicing for over 30 years with primary focus on the treatment of children/adolescents and their families. He is Distinguished Professor and Program Director of the Master of Science in Clinical Psychopharmacology at Alliant International University's California School of Professional Psychology. He is the author/editor of six books and numerous research publications and presentations, and his book, "Parenting Your Out-of-Control Child" (New Harbinger, 2007) has been translated into 10 foreign languages. He is a Fellow of the American Psychological Association and has received the Researcher of the Year Award from the New Jersey Psychological Association. We are honored to have Dr. Kapalka on the AACP BOD and on our Psychopharmacology Committee. He has been interviewed in newspapers, internet publications, and on television.

Call for New BOD and Committee Members:

Although the Academy's BOD has set forth some ambitious goals for 2022, we must expand the BOD membership. The BOD currently consists of five dedicated professionals and two outstanding student representatives, but there is only so much seven people can do to further the Academy. Similarly, we need to expand our committee membership. I can't emphasize enough that this effort does take a village. Board Membership is reserved for Fellows of the Academy (members who have been certified by the American Board of Professional Psychology, or designated as Fellows by the American Psychological Association). Currently, our committees are as follows:

Membership
Communications
Continuing Education
Finance

Psychopharmacology
Diversity, Equity & Inclusion
Student Division

Therefore, if you are interested in serving on the BOD or a committee, please contact me at grodriguez-menendez@thechicagoschool.edu

AACP Virtual Conference

On Friday, October 14th the Academy held its first Annual **Virtual Conference on Business Management free for AACP members** to increase the profitability of their practice. Presentations given at the conference were on topics such as: attracting clients through optimization of your practice website; practice marketing strategies for developing niche practice areas; financial practice management and knowing your key indicators of practice health and ethical online reputation management strategies. **The BOD wishes to thank the following persons for making this experience possible:**

Lilly Parks
Colleen Murray Peyton
Gerardo Rodriguez-Albizu, JD
Dr. Pauline Wallin
Dr. Jocelyn Markowicz
Dr. Allen Kleiss
Dr. Casey McDougal
Dr. Terry Braciszewski
David Girard, MSCP
David Benitez, MA
Rita Rivera, MA
Robin Parsons
Christine Whitt
Nina Serdy, MA

A link to the conference recording and the conference flipbook are found below:

https://tcsedsystem.zoom.us/rec/share/ntXCd6_2pwwSkjXKnSE42s0PPEisNI378VSjD5_3oGt2CztGai-BfpX2VUAfhkC3C.Kma2nm0etcR4IRjz



This was a complex and highly time-consuming endeavor. Notwithstanding, the conference was conducted in a manner that was with few missteps. In terms of lessons learned, we'll probably need to conduct next year's virtual conference over a two-day period (e.g., Thursday and Friday, Oct. 12 & 13). In cooperation with the Continuing Education Office of The Chicago School of Professional Psychology, we will be able to offer CEs to all attendees. Additionally, we will also include some important clinical updates (e.g., practice guidelines, FDA approved psychotropic medications, etc.) among the various presentations. **So stay tuned to the announcement for the 2023 AACP Virtual Conference on Business Management and Clinical Practice!**

Diversity, Equity & Inclusion (DEI) Update

In our last AACP Membership Survey, a sizable proportion of the membership opined that the AACP needed to engage in collaborative efforts with other professional societies to increase the visibility of the Academy among professional societies and public sectors. To this end, in an effort led by **Dr. Gustavo Segura**, AACP DEI Committee Chair, in a collaborative effort with **Dr. Peter Smith**, President of APA Division 55: Society for Prescribing Psychologists, the letter shown on Page 5 was submitted to **Dr. Cynthia Guzman**, President of the National Latinx Psychological Association (NLPA).

To further our DEI efforts with the NLPA, on Thursday and Friday, October 20 – 22nd, AACP president, **Dr. Gerardo Rodriguez-Menendez** represented the Academy at the NLPA. We look forward to a productive and collaborative relationship with the NLPA and APA Division 55.



Similarly, we are taking actions to collaborate with other societies that include professional associations and APA Divisions:

Society of Indian Psychologists <https://www.nativepsychs.org/>;
Asian American Psychological Association <https://aapaonline.org/>;
American Arab, Middle Eastern, and North African Psychological Association <https://www.amenapsy.org/index.cfm>
Association of Black Psychologists <https://abpsi.org/>
Society for Military Psychology (Division 19) <https://www.militarypsych.org/>
Society for the Psychology of Women (Division 35) <https://www.apadivisions.org/division-35/index>
Society for the Psychology of Religion and Spirituality (Division 36) <https://www.apadivisions.org/division-36/index>



AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY
PO Box 6008, 11007 South Ocean Drive
Jensen Beach, Florida 34957

October 12, 2022

Dr. Cynthia Guzmán, President
National Latinx Psychological Association
2598 E. Sunrise Boulevard
Suite 2104
Fort Lauderdale, FL 33304

Dear Dr. Guzmán

We are writing to you to invite you to join the *American Academy of Clinical Psychology* (AACP) and the *Society for Prescribing Psychology* (Division 55) of the American Psychological Association as part of our diversity, equity, and inclusion (DEI) efforts. We strongly believe that DEI values are fundamental to achieving professional excellence, growth, and development. For this reason, the Board of Directors in each of our respective organizations would like to offer a one-year AACP and Division 55 membership (2023) to members of the **National Latinx Psychological Association** *with fee waiver during the 2023 membership year*. However, beyond this offer, we hope that we can meet with you virtually to better understand the needs of National Latinx Psychological Association and explore the possibility of developing future collaborations.

Regarding situational context, the AACP was founded in 1993. *It began as a membership organization of Board Certified specialists in Clinical Psychology who were certified by the American Board of Professional Psychology (ABPP)*. It is now a membership organization of Professional Psychologists who aspire to the highest levels of practice. As its mission, the association endeavors to: (a) recognize and promote advanced competence within Professional Psychology; (b) provide a professional community that encourages communication between and among Members and Fellows of the Academy; (c) provide opportunities for advanced education in Professional Psychology; and (d) expand awareness and availability of AACP Members and Fellows to the public through promotion and education.

The Society for Prescribing Psychology Division 55 of the American Psychological Association, was created to enhance psychological treatments combined with psychopharmacological medications. The Division promotes the public interest by working for the establishment of high quality statutory and regulatory standards for psychological care. Division 55 encourages the collaborative practice of psychological and pharmacological treatments with other health professions. The Division seeks funding for training in psychopharmacology and pharmacotherapy from private and public sources such as federal Graduate Medical Education programs. Division 55 facilitates increased access to improved mental health services in federal and state demonstration projects using psychologists trained in psychopharmacology.

Our membership includes some of the most prominent and visible leaders in Clinical Psychology and Clinical Psychopharmacology. They are frequently department heads or supervisors, and may be engaged in research, training, or clinical practice in a wide variety of settings including hospitals, universities, the military, medical schools, correctional facilities, clinics, and independent practice. They have served as reviewers of quality of care for insurance companies as well as for governmental third party payers and are frequently found in leadership positions in the profession. The members of the AACP and Division 55 provide professional services in many countries, but the overwhelming majority reside and practice in the United States.

We look forward to collaborating with you and the National Latinx Psychological Association. At your earliest convenience, please provide us your availability for a virtual meeting via Zoom.

We look forward to hearing from you.

Most cordially,

Gerardo F. Rodriguez-Menendez, Ph.D., MSCP, ABPP
President, American Academy of Clinical Psychology
Chair, Division 55 Diversity Council
E-mail: grodriguez-menendez@thechicagoschool.edu



SOCIETY FOR PRESCRIBING PSYCHOLOGY
750 First Street NE
Washington, DC 20002-4242

Peter Smith, PsyD, MSCP
President, Division 55

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Certificate and Patient Brochure Initiatives

A primary project of the BOD is to provide each member with a new AACP certificate, based on membership category: Member, Fellow, and Fellow Emeritus. The certificates serve to document your membership with the AACP and as well as your commitment to the highest standards of professional practice. I wish to thank **Dr. Mary Ann Norfleet**, our esteemed Treasurer, **Dr. Joanne Babich**, and **Robin Parsons**, Executive Director, who diligently worked to create a professional certificate that is proper for display in your practice settings. Given that most of you have websites, **a present goal is to provide you with a digital certificate that can be placed on your practice website for patient information.** We will also be providing you with a **patient brochure** that you can provide to prospective and current patients/clients to inform them that you are an AACP member in good standing. We anticipate that you'll be receiving your digital certificates and patient brochures in February or early March.

Free CE Offerings

As a non-profit association, the AACP received authorization to share with you the opportunity to attend webinar trainings through The Chicago School of Professional Psychology (TCSPP) and it's The National Center for Teaching and Learning. Most of the presentations provide one hour of CE credit to licensed psychologists who attend the webinar in its entirety. Many of these webinars focus on clinical issues, social justice efforts, and other important topics. Please stay tuned to new offerings in 2023 as we'll be bringing you the latest information for your clinical practices. We hope you will attend these webinars, which are free and provide 1 CE to licensed psychologists.

In closing, the AACP BOD looks forward to serving you and we wish you the very best in your professional endeavors. ***We also wish you a joyous Thanksgiving and Holiday Season. Please continue to support the Academy through your membership fees and engagement. Given that we are in November, please remember to renew your AACN memberships. As stated, if you are interested in serving on the BOD or a committee, please contact me at:***

grodriguez-menendez@thechicagoschool.edu

Best regards,

Gery

Gerardo Rodriguez-Menendez, PhD, MSCP,
ABPP
President

Membership Publications and Accomplishments

Michael S. Cohen, Ph.D., ABPP, a fellow with the American Academy of Clinical Psychology is delighted to report that he is the 2022 recipient of the Connecticut Psychological Association award for the Distinguished Contribution to the Health and Welfare of Connecticut Children's award.

Jennifer Cain, Ph.D., Licensed Psychologist, New York and Ohio, Diplomate, American Academy of Experts in Traumatic Stress, shared information about her activities during the pandemic and I asked her to describe this in her own words.

I would like to share something I did during the pandemic. Soon after children started remote schooling, there was an article that came out online from the Chicago Tribune that described a young child being sexually assaulted in her home, on camera, during her school Zoom class. I thought the way the article was written was exploitative of the child and readers, and I notified colleagues on a national listserv. Many of us wrote letters to the editor, resulting in the Tribune changing the article to remove the offensive text.

Meanwhile, after a series of events and encouragement from colleagues, I wrote a letter, obtained the signatures of approx. three dozen colleagues around the country, and sent it to three journalism agencies. One of those agencies, The Center for Journalism Ethics, assigned a journalist to interview me and write a story about it. You can read the story here:

<https://ethics.journalism.wisc.edu/2021/05/17/mandatory-reporting-what-journalists-get-wrong-when-they-cover-child-abuse-and-how-to-get-it-right/>

The second agency requested a guidelines document. After researching the guidelines already available that I could find, I wrote/compiled my own document, implemented feedback from colleagues, and sent it to my contact at the organization. I did not receive a response, so I sent it to the Center for Journalism Ethics, since they had already expressed interest in this topic. They included the document on the same page as the article. It is called "Best Practice Guidelines for Reporting Child Trauma and Crimes Against Children." You can find the link for the document at the bottom of the page. The document was later also published in the *Journal of the American Academy of Experts in Traumatic Stress*. In response, I was invited to sit on the board of the New York State Psychological Association's Trauma Special Interest Group, and I was also invited to speak to journalism students at the Missouri School of Journalism.

The guidelines are divided into five sections. The first section, "Education and Preparation" urges journalists to become informed about child trauma topics and helpful trauma resources in their community, and to cultivate relationships with psychologists and other professionals to consult with when needed. "Respect and Sensitivity" is the largest section, providing numerous concrete steps journalists can take to fulfill the mandate in their code of ethics to minimize harm. The guidelines in this section address such things as omitting graphic details, using respectful language, not airing stories during times when children are likely to be watching, using language that does not

blame child victims or parents who were not present when the crime occurred, and many other details. The “Confidentiality” section provides recommended steps for journalists to take to ensure that the confidentiality of traumatized minors is protected. This is especially important as sometimes data points provided by different outlets covering the same story can be triangulated to identify the child and/or where they live or attend school. The section “Offering Hope to the Public” focuses on how to make news pieces that report trauma and crimes against children positive and useful to the public by including information in the story that informs the public about community resources, recommended safety precautions parents can take, how psychotherapy can help, etc. The final section, “Oversight”, encourages employers to require their journalists to follow these guidelines, as well as put in place internal systems for oversight and correction to ensure the guidelines are followed and provide education to their journalists on trauma-related topics and community resources.

The document I created is different from other similar guidelines documents in that it was written to be broadly inclusive of all types of trauma and crimes affecting children and is only a succinct checklist with no attempts to use the document to educate journalists about trauma. It is my hope that journalists will use it to guide how they report crimes against children, as some of the articles being written, and stories being broadcast on the news, are disrespectful to the children as well as to those consuming the news stories and may potentially cause harm. I wrote/compiled it with the goal of it being a resource for journalists to consult frequently and repeatedly during the course of their work. I wrote it for the children, so that they will not be re-victimized from the stories created about their traumatic experiences. It is my hope that over time, these guidelines will be shared widely and used extensively.

Update from the Psychopharmacology Committee

Dr. Jocelyn Markowicz, chair of the clinical psychopharmacology committee, along with Dr. George Kapalka, vice-chair, the following committee members: Dr. Roger Clark, Dr. Derek Ream, Dr. Mary Tyll, Mr. David Benitez, Mr. David Girard, and Ms. Rita Rivera are committed to bringing greater awareness to advancing your career in clinical psychopharmacology. We are dedicated to adding to the growing awareness campaign about psychologists with prescriptive authority. We hope to educate professionals, students, and patients regarding the training needed to become a psychologist with prescriptive authority and research that demonstrates that they are provide safe and effective care. To this end, we offer myths about psychologists with prescriptive authority along with facts that dispel those myths.

(The Myths and Facts document is sent as separately to avoid altering the format to fit it into the Bulletin)

There was no submission for this section, so I am providing information I was asked to provide to pain patients who were being referred for psychological treatment. This is actually used only for patients who request additional information beyond a one page information sheet. due to it being too detailed for most patients who have not been presented with a conceptualization prior to reading it. I thought you may find some points of interest.

I Have Physical Problems! Why Are You Recommending Psychological Treatment?

Robert A. Moss, Ph.D., ABN, ABPP
Clinical Neuropsychologist

It is often confusing for patients with chronic health issues to be told that psychological treatment could be beneficial. If you have chronic pain, gastrointestinal problems, cardiovascular or breathing issues, cancer, or some other major health problem, you know the location of your difficulty is not your head (unless, of course, you have headaches). Obviously, if your physical problem could be cured then there is no reason to consider other forms of treatment. Unfortunately, your condition cannot be cured at this time. If in the future it can be fixed, that would be fantastic and exactly what you want. In the meantime, you have a problem that interferes with your quality of life which leads to treatment focused on managing your physical symptoms and coping with the problem. That interference may be in your ability to do work and recreational activities, participate fully in relationships or home life, and/or emotional effects, such as depression, anxiety, and irritability. I want to explain the basis for asking you to consider being seen for treatment based on the brain-based psychological approach that I use.

Psychological treatment focuses on the brain which is in control of all other parts of your body, including the part with which you are having difficulty. The brain is also responsible for all activities involved with having a good quality of life. Based on those facts, let me give you a better understanding of what can be done from a psychological perspective. To do that I want to first explain what happens in the body when negative emotions are experienced and why those responses make sense. I will next give you some basic information on the brain's design and how past and current factors can lead to undesirable anxiety and mood states, and possibly exacerbate your physical problem. Finally, I will discuss how certain treatments can lead to improved overall functioning and better day-to-day life quality.

The Physical Responses

Anxiety, sadness, fear, anger, and emotional hurt lead to similar physical responses in the body, and those responses are designed for survival. For example, if you were to come face-to-face with a dangerous animal then your body immediately increases activity in certain organ systems while decreasing activity in others to increase your chances of keeping your life.

Organ Systems Increasing Activity, What It Feels Like, and The Problems Caused

Lungs – Breathing rate increases to get more oxygen for your muscles, but with shallow chest breathing it leads to hyperventilation which results in your hands/lips tingling and feeling light-headed or faint.

Cardiovascular System – (a) The heart rate increases to pump more blood to the areas that need it, such as your muscles and brain. This feels like your heart is racing or pounding. (b) Blood pressure increases to compensate for any blood loss in an attack. You do not feel this when it occurs (called the “silent killer”), but prolonged activation contributes to heart disease and stroke. And (c) the blood vessels in your hands and feet constrict so there is less blood flow. If attacked and you put your hands up for defense, cuts lead to less blood loss. You perceive cold hands.

Skin – You perspire which leads to your skin being slippery and you are harder to hold. Additionally, the sweat glands in certain parts of your body, such as the arm pits, cause an unpleasant odor to make you less attractive to a predator. You feel sweaty/wet.

Endocrine System – Blood sugar increases to have more energy available. For diabetics, this is the reason stress and ongoing negative emotions makes it difficult to keep your blood sugar down.

Musculoskeletal System – Muscles throughout your body tense in preparation of either fighting or running. Prolonged muscle tension can lead to and exacerbate pain.

Organ Systems That Decrease Activity or Shut Down

Digestive System – If you are in danger, your body is interested only in survival and not digesting food. (Actually, you are worried about being digested by that critter.) Salivation stops and you perceive a dry mouth. The blood flow going to the stomach and intestines is diverted to the areas needing it for survival and the motility slows. You perceive a butterfly or queasy stomach. When you later relax the blood flow returns and that is when you are likely to notice gastrointestinal upset or problems, contributing to reflux, constipation, and diarrhea.

Sexual System – Obviously, sex is not on one’s mind when being attacked and the sexual responses go offline. For men, there is decreased blood flow leading to erectile failure. For women, there is decreased blood flow to allow vaginal engorgement and a lack of lubrication that can lead to sexual intercourse pain.

Fortunately, we do not need this fight/freeze/flight (FFF) system very often, but it is always there if we do. Unfortunately, we can activate this system when it is not to our advantage, and that is how so many physical problems are made worse because this system was not meant to run continuously. For example, you can think back on negative things that happened in your life and think into the future about problems that may occur which activates this system. During panic attacks, all the physical changes I just described happen and there is a loss of control feeling because you cannot logically control your body’s responses. For most people panic attacks do not happen, but the physical changes are still present, and these can worsen many health issues. That means these stress and negative emotional responses can make your physical problems worse although they are not the primary cause

of your health problem. This system also uses a great deal of energy and can contribute to fatigue. Finally, the arousal caused by the FFF system interferes with sleep, which makes sense if you need to be on guard in the presence of danger. Sleep loss can contribute to many health issues (including generalized pain as in the case of fibromyalgia) in addition to increasing depression and anxiety.

One Brain, But Two Minds

A very important point is that we have two separate minds. The one with which we are most familiar is the left front side of the brain that “thinks” by using words. We perceive that as self-speech in our heads that is often called “consciousness.” The right front side “thinks” by using images and emotions. Because each side is independent in the way it processes information, we often find ourselves in the position that we can verbally think one way but emotionally think in a different way. This can result in a conflict between how we logically think in words and how we emotionally think in images and feelings. It also means that we often cannot control our emotions that originate in the right side by what we say to ourselves in the left side.

This is an amazing design which increases our chances of survival. Whichever side can most effectively handle ongoing situations is the side that assumes control. Ideally, we want both sides working together in a cooperative manner as we approach life situations. When that happens, we have a sense of internal peace. In reality, we often find that we verbally think one way about a situation, but emotionally think or feel differently about that same situation. That leads to perceptions of internal tension and conflict. It also results in memory/concentration problems and one’s “mind going blank.” People often worry that they may be developing a dementia when, in reality, our brains are performing normally. Let me explain.

If confronted with that dangerous animal, the right front side of the brain assumes control because it is faster in its speed of processing and reacting to sensory information that comes into the right back side of the brain. It temporarily turns off activity on the left front side that might interfere with rapid survival responses. When you experience high levels of negative emotions, the right side of your brain activates and assumes control as if you are in danger even when you are not. The result of decreased left front side activity is that you become more forgetful of names, numbers, and details. You may walk into a room and forget why you are there. You cannot find the words you are trying to say or recall detailed information. As you see, this can interfere with many of our daily activities that rely on our ability to verbally think clearly.

Not only does each side process information differently, but each side also stores its own memories for the functions it controls. For example, if you learn a new word that information is stored on the left side. If you form a new positive or negative emotional memory that is stored on the right side. When you consider that and the other information I discussed, it leads to the conclusion that there are three possible sources of negative emotional or mood states that I will now discuss.

What Causes Psychological Issues, Such as Anxiety and Depression?

There are various medical conditions which can lead to psychological symptoms. However, for the most part serious psychological symptoms and the previously discussed physical problems actually occur in normal, healthy brains. The three sources of such symptoms can be classified as current factors, loss issues, and negative emotional memories. Let's briefly look at each.

Ongoing, or current factors, can result in immediate negative emotional states. For example, pain can create emotional distress. If you get into an argument, that can obviously lead to hurt, anxiety, and anger. Being criticized for something you said or did leads to emotional discomfort. Thus, there are countless current things that can occur which lead to psychological symptoms.

When the positive emotional memories stored on the brain's right side cannot be activated because there is the loss of the person or situation, a grieving or loss-related depression is expected. That can involve the loss of a person, such as with death or divorce. But the same process also occurs when the loss involves a job or enjoyable activity due to pain or other health issues. With each realized loss there will be a worsening of depressive symptoms for a time.

The final source involves negative emotional memories. The memories that continue to have impact through our lives have one or two characteristics. The more one feels a lack of control at the time the memory is formed, the more detrimental that memory will become. Additionally, the more a person feels inadequate or responsible when the memory was formed, the more impact that memory has later in life. Those memories which are associated with loss of control and personal inadequacy are the most detrimental; these are usually those that occur within our past and current relationships. Because no one wishes to verbally think about those negative memories, one main way to deal with them is by staying busy and focusing one's mind on other things.

Many patients with pain or other limiting health conditions were previously physically active but can no longer do those activities. Not only is there loss-related depression, but for those who dealt with negative memories by staying busy, they lost their coping strategy. That leads to a new experience of loss of control which can further activate those memories in which there was a loss of control. Suddenly people may find themselves recalling (visualizing the memories in the brain's right side) or dreaming about those past negative situations. The more influential negative memories a person has, the more extreme the emotions they experience as compared to those people who have few or no past influential negative emotional memories.

To better understand how serious negative emotional memories impact one's current functioning, I will give a few examples.

1. If you had a parent who was verbally and/or physically abusive, as an adult you are expected to have anxiety around authority level individuals (e.g., boss, doctor) because their position of authority activates the memories of that abusive parent who was an authority figure.

2. If you were bullied by a teacher or boss for a long time, you are expected to have developed additional anxiety around future authority figures.
3. If you got bullied in school, as an adult you are expected to have anxiety around peers and concerns about what they think about you because those memories of being bullied reactivate.
4. If you had a long-term psychologically or physically abusive relationship with a spouse or lover, you are expected to have similar feelings of being abused if your current spouse or lover does anything similar to what your past abuser did.

When someone is seen for treatment, the first session involves collecting information on current and past areas. Typically, it is possible to provide an explanation to the patient on how any current psychological problems developed and a treatment plan that addresses current factors, loss-related issues, and negative emotional memories. That allows the patient to decide if the explanation makes sense and whether he/she wishes to proceed with treatment. Any negative emotional memories identified are usually those first addressed. The goal of treatment is to render those memories neutral, and this can typically be done in one to two sessions. Therefore, it is possible to know if treatment is helping very quickly.

Where Can I Get Information on This Treatment Approach?

If you wish to research information prior to scheduling an appointment, all my articles on the brain model and its clinical applications can be found on my page (Robert Moss) at [researchgate.net](https://www.researchgate.net/profile/Robert-Moss) or [academia.edu](https://www.academia.edu/profile/Robert-Moss). My publications can also be accessed via Google Scholar.

There is no charge to view the information at these sites. My most comprehensive article written for professionals was the one I did on chronic pain. The reference is as follows:

Moss, R. A. (2020) Psychotherapy in pain management: New viewpoints and treatment targets based on a brain theory. *AIMS Neuroscience*, 7(3), 194-270. doi: 10.3934/Neuroscience.2020013

A self-help book on relationships was written for the general public and it is also available at these sites. This explains how the brain model explains relationship behavior patterns. It is:

Moss, R. A., and Walker, G. R. (2009) *For Better or For Worse: Am I in Love with a Giver or a Taker*. Greenville, SC: Center for Emotional Restructuring.

I hope this information helps in your understanding why your doctor thought seeing me might provide benefit to you. Thanks for taking the time to look it over.

Report from Singapore: Psychology in the Making

Daniela E. Schreier
Smart Living, LLC

This report comes to you from Singapore. It is explorative in nature and inspired by conversations with Singaporean colleagues, literature and magazine review, and the privilege to witness firsthand how professional psychology emerges in Singapore today.

Ever since I moved to the United States of America to attend graduate school in 2000, I observed the development of professional psychology in Singapore as the Lion City (National Heritage Board, 2021) always remained the home of my heart and soul. From modest beginnings in the 1960s, psychology became a tangible profession and household name over the past two decades in Singapore. Of course, mental health is currently on everyone's mind – due to the coronavirus disease (COVID-19). However even prior to COVID-19, I noticed a rapid change as private practice initiatives surged and hospitals, agencies, community centers, and universities advertised more psychology and psychology faculty positions.

While school, educational, and child psychologists remain in high demand for testing and assessment purposes, now job sites increasingly advertise health, clinical, industrial-organizational, and forensic psychology positions. Traditionally testing and evaluation were seen as the cornerstones of psychological practice in Singapore (Yeo et al., 2013), yet today psychologists provide individual, group, and couples therapy, which was originally the turf of the counseling profession. Current trends show growing demand for psychologists on the island (A. Abraham, personal communication, October 24, 2022; K. Rolles-Abraham, personal communication, October 24, 2022).

Something exciting is happening in the field of professional psychology in the Garden City (National Archives of Singapore, 2018). And if Singapore's past achievements across the board are good predictors of the future, the Lion City will continue to become an influential contributor to the field of professional psychology over the next two decades.

Historic Overview: Singapore and the Emergence of Professional Psychology Singapore in a Nutshell

In 1942, during World War II, the Japanese Imperial Army invaded Singapore, then a British colony. Raffles established Singapore as a British trading post in 1826 and Singapore was under British rule from 1819 to 1963 (National Library Board, 2019a). The gruesome years under siege and occupation ended in 1945. Back under British rule, Singapore became increasingly autonomous and self-governed between 1955 to 1962 (National Library Board, 2019b). Following a referendum (National Library Board, 2019c), Singapore

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joined the Malaysian Federation in 1962. The marriage was short-lived, and Singapore declared independence on 9th August 1965 (National Library Board, 2019d) adopting a parliamentary democracy system (Parliament of Singapore, 2022). Under the transformational leadership of Prime Minister Lee Kuan Yew (Prime Minister's Office Singapore, 2021) and due to the work ethics of the people of Singapore, the country rose from third-to-first world nation within one generation (Institute of State Effectiveness, 2014).

The modern tropical metropolis of Singapore (Data.gov.sg, 2022) – nicknamed the Switzerland of Southeast Asia due to its political neutrality, cleanliness, stable economy, and being the top financial center of the region – positions just north of the equator at the southern tip of the Malay Peninsula. With 5.64 million inhabitants (Department of Statistics Singapore, 2022) the island nation's society is multi-ethnic and consists of four major groups: 74.1 % Chinese; 13.6 % Malays; 9 % Indians (traditional Southern Indians even so in recent years the number of Northern Indian professional immigrants increased); 3.3 % others including Eurasians, expatriates from all over the world and guest workers from China, Indonesia, India, Malaysia, Bangladesh, Pakistan, Myanmar, Sri Lanka, the Philippines, Taiwan, and Thailand. Singapore has four national languages (Singapore Statutes Online, 2022): Malay, Tamil, Mandarin, and English.

In terms of religious affiliations (Department of Statistics Singapore, 2020) over 31.1 % are Buddhists, 18.9 % are Christians, approximately 15.6 % Muslims, 8.8 % Taoist, 5% of Hindus; 0.6 % of other Religions; and 20% are not endorsing any religious affiliation.

Singapore and the Geneses of Psychology

Singapore's counseling history (Tan, 2002a; 2002b; Yeo, 1993; Yeo et al., 2013) and the origins of professional psychology are intimately intertwined. The history dates to the 1960s, when community, school, and career counseling emerged. The Singapore government was an early proponent and sponsor of the early school counseling movement (Tan, 2002a; Tan 2002b; Tan, 2009; Yeo, 1993; Yeo et al., 2013) with the Ministry of Education (MOE) and the National Institute of Education (NIE) paving the way by providing financial support for students from low-income families and community and agency referrals for students with social and emotional difficulties (MOE, 2021a; NIE. Nanyang Technological University, n.d.;). In 1968, the Child Guidance Clinic (CGC) a government children's clinic under the Singapore Institute of Mental Health (IMH) was established (INH. National Healthcare Group, 2021; INH. National Healthcare Group, 2022). At the CGC, a multidisciplinary treatment team assisted children with behavioral, development, and social-emotional concerns. The CGC is still operating today and remains a major government provider of psychiatric and psychological services for children and young adults between six and 18 years of age (Yeo et al., 2013).

When the 1986 report Towards Excellence in Schools (National Library Board Singapore, 2009a) revealed Singapore's scholastically very high achieving student body had further needs in the areas of counseling and career services (Tan, 2002a; Tan, 2009), MOE proactively increased school and career counseling services. In the early 1990s, the MOE's Psychological Service Branch (MOE, 2021b) – a multidisciplinary treatment team consist-

ing of educational psychologists, counselors and reading specialists – provided testing, assessment, and evaluation services for students. And by 2008, each school had a school counselor. In retrospect, it makes only sense that an administration that sees the education of Singapore's next generation as its top priority attempted to attend to risk factors such as socio-emotional, behavioral, and cognitive barriers that affect academic advancement.

In summary, school and career counselors noticed and *Towards Excellence in Schools* (National Library Board, 2009b) revealed the need for specialized testing, assessment, and evaluation in Singapore's multi-ethnic student body (Tan, 2009; Yeo, et al., 2013). Hence MOE provided funding for training programs for educational psychologists and professional psychology started to emerge.

Over the next two decades, psychologists were mainly tasked with testing and evaluation (Yeo et al., 2013) – their specialty – while counselors remained dedicated to providing supportive talk therapy. In Singapore today, psychologists in the community, private practice, at hospitals, and in government position offer both testing and evaluation services as well as a large variety of therapeutic approaches to assist their patients.

As individual counseling is concerned (Sim, 1999; Tan, 2009; Yeo, 1993; Yeo et al., 2013), in the 1960s dedicated members of society, doctors, and clergy founded the Churches Counseling Service (CCS) to assist distressed citizens. CCS was secularized and renamed Counselling and Care Centre (CCC) by the 1970s, (CCC, 2021a). Anthony Yeo (Counselling and Care Centre, 2021b), the Father of Singapore's Counseling movement joined the CCC in 1972 and subsequently became its first Asian director in 1980; post 1996, Yeo served as Clinical Director and Consultant at CCC (Yeo et al., 2013). His philosophy on counseling entailed improving clients' outlook on life and increasing their coping skills in the presence of a strong and positive client-therapist alliance (Yeo, 1993; Yeo et al., 20213). Yeo published a series of books including *Counselling – A Problem Solving Approach* (Yeo, 1993a; Yeo, 1993b). Published in 1993, it's a classic and used by many Singapore counsellors to this day (Yeo, 1993a); between 1981 and 2000, the industrious Yeo (Yeo et al., 2013) also developed the foundation of what is now known as the Graduate Diploma in Counselling Practice; a Master of Science in Family and Systemic Psychotherapy, and a Diploma in Clinical Supervision (now titled the Post Graduate Diploma in Clinical Supervision).

Yeo founded the Singapore Association for Counselling (SAC) in 1981 (SAC, 2022). Today SAC is the largest organization for counselors and psychotherapists in Singapore listing over 1000 members, 400 Registered Counselors and 100 Registered Clinical Supervisors. Its counterpart is the Singapore Psychological Society (SPS) founded in 1979. Membership is voluntary and the Society's mission is to “advance psychology as a science and a profession” (SPS, 2022a). SPS has approximately 1,185 members (SPS, 2022a); the Society's Singapore Register of Psychologists (SRP) has 480 Registered Psychologist. The association aims to promote quality of services, professionalism, and accountability for services rendered. SRPs undergo a strict review process and verification of credentials before being admitted to the Registry (SPS, 2022b). SPS's Directory of Clinical Supervisors counts 263 active supervisors; SPS recommends seeking supervision from Registered Supervisors (SPS, 2022c).

SAC and the SPS – even though membership and registration are voluntary – serve an important purpose: *Aspirational* quality control in terms of professional and ethical com-

portment. Until formal licensure comparable to the National Counselor Examination (NCE) for counselors and the Examination for Professional Practice in Psychology (EPPP) for psychologists is introduced, the SAC and the SPS remain the North Star for professional practice and ethical conduct in Singapore. In comparison to psychologists, psychiatrists are registered with the Singapore Medical Council (Singapore Medical Council, 2022) which is governed by the medical registration act.

In summary, psychiatrists are regulated by the Ministry of Health (MOH) while psychologist, therapists, and counselors are not (MOH, 2022). This may speak to the fact that mental health notwithstanding its rapid expansion is still an emerging field in Singapore. With more private practices and clinics emerging, the need for legislative regulation of the mental health field increases, both to protect the public and to guarantee a minimum standard of professional excellence. The differentiation between counselors, therapists, and psychologist (Lim, 2020) in Singapore is similar to the United States classification with the caveat that a Registered Psychologist in Singapore can hold either a master's or a doctoral degree in psychology.

Current Times: The Road Ahead for Professional Psychology in Singapore Common Mental Disorders

The Second Singapore Mental Health Study conducted in 2016 found that one in seven Singaporeans was afflicted by a mood, anxiety, or alcohol use disorder in their lifetime (Institute of Mental Health [IMH], 2018). The leading mental disorders are indicated as major depressive disorder, obsessive compulsive disorder, and alcohol use disorders (IMH, National Healthcare Group, 2018). While attending continued education events and speaking with Singaporean mental health professionals (A. Abraham, personal communication, October 24, 2022) the findings of the above cited study resonated: Obsessive-compulsive disorder and generalized anxiety disorders, unipolar and bipolar depression, alcohol abuse, and gambling were leading the ranks in reference to patients' complaints and diagnostic findings; in addition to the Singapore Mental Health Study, assessment and treatment for adolescent and adult attention deficit hyperactivity disorder (ADHD; Ministry of Health, 2014) was regarded as a frequently presenting issue and diagnosis. (A. Abrahams, personal communication, October 24, 2022).

According to the MOH schizophrenia, depression, anxiety, bipolar disorder, and substance abuse are the leading disorders at public hospitals while at polyclinics, depression, anxiety, and insomnia are frontrunners; at community centers run by the MOH, schizophrenia and depression are chief diagnoses (MOH, 2020).

The Road Ahead: An Interview with the Founders of Better Life Psychological Medicine Clinic Singapore

In search of answers about the future of professional psychology in Singapore, I turned to the founders of Better Life Psychological Medicine Clinic (Better Life Psychological Medicine Clinic, 2022a). Senior Clinical Psychologist Kim Rolles-Abraham (Better Life Psychological Medicine Clinic, 2022b) and Medical Director and Senior Consultant Psy-

chiatrist Abishek Abraham (Better Life Psychological Medicine Clinic, 2022c) answered the following questions:

How do you view the development in the fields of psychology and psychiatry in Singapore over the past 20 years?

I would say that the awareness of the importance of mental health has grown tremendously in the last 20 years [in Singapore]. As a specialty, the fields of Psychiatry and Psychology were often shrouded with either stigma or the impression that it is not as important compared to other fields of healthcare. More people are reaching out to get help to improve their mental health than ever before, with a flurry of articles being published in the newspapers and in other mass media regarding the importance of mental health. This has been further galvanized by many high-profile cases being brought to the public's attention of those suffering from mental health issues being involved in prominent and often tragic incidents. (A. Abraham, personal communication, October 24, 2022)

What are some major changes or milestones you observed in terms of services rendered, and societal, cultural, generational attitudes towards mental health and psychological and pharmacological treatments.

Now more people are stepping forward to seek psychiatric and psychological intervention for their mental health challenges. While the stigma towards mental health remains, it is slowly being eroded with more services being offered both in the private and the public sector. Family members are also becoming more supportive of their loved ones with mental health challenges. The Ministry of Health is also more involved in developing services for mental health, with an Interagency Taskforce on Mental Health and Well-Being being set up in July 2021, which has already presented preliminary recommendations to address gaps in the provision of services in the field of mental health. Also, more psychiatric illnesses like anxiety disorder, bipolar disorders, and dementia have been added to the list of illnesses covered under the Chronic Disease Management Program (CDMP) which allows patients to use MediSave, a national medical savings scheme, to pay for their consultations and also to take advantage of government subsidies to cover the cost of their mental health treatment. These are examples of how as a society, the attitude towards supporting better mental health is growing within the Singaporean government and society. (A. Abraham, personal communication, October 24, 2022)

During and post Covid did you notice shifts and changes on how services are or were offered and are sought out?

Indeed, there were significant changes in what services were being offered during the COVID-19 pandemic; many clinics and mental health centers began offering online therapy and consultations due to the restricted movements imposed during the COVID-19 pandemic. This trend has continued even beyond the easing of the

the COVID-19 protocols, as many clients find the flexibility of these online sessions suiting their needs and their busy lifestyles. As a result of the increase in clients seeking online consultations, many clients from other countries began to reach out to clinicians in Singapore, particularly a those that did not feel they had adequate access to the right mental health services at the country of their residence. Also, there was an increase in referrals to the private sector from various organizations simply because of the greater availability and flexibility offered in the private sector for interventions. (A. Abraham, personal communication, October 24, 2022)

In terms of number of patients, calls received, awareness of the importance of mental well-being, etc., what are the chief complaints and diagnoses clients and patients presented with during and post-Covid?

The main diagnoses clients presented with since the COVID-19 pandemic have been depressive illnesses, anxiety disorders and attention deficit hyperactivity disorder (ADHD). With the shift of work and school activities to online mediums, a lot of people realized that their ability to concentrate and complete tasks suffered significantly and upon reaching out for help, it turned out they had symptoms or met criteria for ADHD; these symptoms were exacerbated with the demands of online learning and work. Complaints that arose uniquely during the pandemic include social isolation, loneliness, relationship tensions (particularly amongst those they had to live with 24/7), burn out and the blurring of boundaries between the time for work and the time for rest, given that many people began working from home. (A. Abraham, personal communication, October 24, 2022)

In terms of number of patients, calls received, awareness of the importance of mental well-being, what are the main complaints you are seeing and what were/are patients most frequently diagnosed with during and post-Covid?

There were many changes with reference how services were offered and sought out. [due to Covid-19]. This was seen largely in terms of the mode of services, as well as its frequency and intensity. Since there were new restrictions placed on the extent of physical contact individuals could have with one another coupled with fears and anxieties around contracting Covid-19, we saw a huge increase in online services being sought out. Previously, I had only seen patients online when they were in a different country, I am now (even post the initial acute Covid-19 wave) seeing more patients online. At the very beginning of the pandemic, it was out of necessity as online services were at some points the only option available. For example, in cases where patients themselves (or family members they lived with) had contracted the Covid-19 virus or had been served quarantine notices, they could only be seen online. However, it seems that both patients and psychologists have gotten used to connecting using online platforms, and now it is being used more out of convenience and habit, as it has also become a way of life in other domains like the workplace and schools.

Services [during the Covid-19 pandemic] were also being sought out at a much quicker rate than pre-pandemic. During the pandemic, mental health issues became more prevalent, and a lot more awareness around mental illness was garnered. As more people were becoming affected, the stigma of mental illness reduced because of Covid-19, and more people started speaking out about their experiences and the need for more resources. We saw that individuals became more receptive to seeking help as it became more normalized.

The pandemic took a huge toll on individuals in various forms; for example, during enforced lockdowns, tensions between family members quickly grew as some individuals were living within proximity of those they did not get along with or by whom they were abused. Additionally, with social restrictions, many people lost their social support that had previously served as protective factor during stressful situations. Many people felt isolated and very alone in their struggles. We saw a huge rise in depression, adjustment issues and anxiety disorders. This was largely due to issues related to the Covid-19 pandemic such as changes in job situation, unpredictability, health-related problems, and family tensions that contributed to feeling hopeless and anxious about the future. Given that my area of expertise is in eating disorders, I saw a rise in the number of cases presenting in the clinic. Patients shared that with all the unpredictability they were experiencing due to the pandemic, they had turned to food, weight, and exercise to gain some semblance of control and predictability. (K. Rolles-Abraham, personal communication, October 24, 2022)

Can you share a bit about your own professional background, studies?

I did my undergraduate medical degree in two countries as part of a twinning program between two universities, namely the Royal College of Surgeons in Ireland (RCSI) and the Penang Medical College (PMC) in Malaysia. Upon completion of my medical degree, I started my career as a houseman in Singapore, after which I was enrolled in the psychiatric training program in Singapore. During my training, I had the privilege of working and training across a variety of hospitals in Singapore including the Institute of Mental Health for various subspecialties. I also completed two postgraduate qualifications, namely the Master of Medicine (Psychiatry) Degree from the National University of Singapore, and the Membership of the Royal College of Psychiatrists (MRCPsych), United Kingdom. I also obtained my Fellowship in the Academy of Medicine Singapore (FAMS) shortly after becoming a consultant psychiatrist. (A. Abraham, personal communication, October 24, 2022).

What made you venture into the field/ of psychiatry?

What drew me towards the field of psychiatry was my fascination with the mind and the illnesses that can plague the mind, with the hope that the illness can be treated to help the patient towards recovery. Also, I felt that psychiatry was the most holistic of all the medical specialties in the sense that one needed to understand the person in totality to truly understand the patient, rather than focus on just diseases and treatment. I am particularly passionate about treating children and adolescents be-

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because I believe with early intervention, we give the individual the best chance of overcoming the setbacks of mental illness while pursuing success in their life. (A. Abraham, October 24, 2022).

Can you elaborate further on your own professional background?

My area of specialty is in eating disorders. I also enjoy working with patients who experience disturbances in their mood, anxiety disorders, struggles with adjustment to life changes (e.g., work-related changes, marriage, pregnancy, motherhood, parenting issues), as well as trauma. In addition to working with patients who struggle with their mental health, I also work closely with their caregivers as they are often a neglected population who struggle just as much as the individuals in treatment. I enjoy working in inpatient, as well as outpatient, settings and am passionate about running support groups and group therapy sessions. I previously worked with prison inmates and greatly enjoy working therapeutically and serving this population. (K. Rolles-Abraham, personal communication, October 24, 2022)

What made you venture into the field/ of psychiatry?

I've always wanted to go into the helping profession because of my desire and ability to connect with others with the hope to bring about healing. I believe strongly in the power of a therapeutic relationship and attachment and that these elements are integral to one's recovery. Having been a beneficiary of the guidance and holding of wise people that have been placed in my life, I call it an honor and a privilege to be able to give back to society. (K. Rolles-Abraham, personal communication, October 24, 2022)

Can you tell me about your practice, focus, goals, and hopes for the future?

Better Life Psychological Medicine Clinic (BLPMC) is a practice that aims to be a one stop center for patients to overcome their mental health challenges, illnesses, and conditions. We are a team comprised of psychiatrists, psychologists, a family therapist, and a dietitian. We focus on a broad range of conditions as we have many clinicians that have special interests and subspecialties such as child and adolescent, geriatric, eating disorders, forensic and women's mental health, amongst others. Our hope is that we will continue to provide comprehensive mental health support to the community while constantly trying to improve and hone our skills so that we can be more and more effective in helping our clients achieve recovery. (A. Abraham, October 24, 2022)

Can you tell me about your practice, focus, goals, and hopes for the future?

Our practice is one that is multidisciplinary, as we believe that many unique parts are important for the system to work well. As a psychotherapist, my aim is to make mental health services as accessible and far-reaching as possible. I hope to be able to reach various parts of the community and to raise awareness where opportunities

are available. One of my biggest goals now is to develop an eating disorders day treatment program. In Singapore, while we have made some progress in terms of what is available both inpatient and outpatient, I feel that what is lacking is the in-between (e.g., step-down care from inpatient settings, residential treatment facilities). I hope that we can achieve this, and that in the future there will be progress in this area even for other mental health problems. (K. Rolles-Abraham, personal communication, October 24, 2022)

In summary, these are exhilarating times for psychologists and the field of professional psychology in Singapore. Like with any emerging profession, the near future will likely bring more stringent legislative regulations of all mental health professions. As I witness the sincere dedication, hard work, effort, and commitment of Singapore's practitioners to professional psychology, I fully expect Singapore will contribute exponentially to the advancement of professional psychology worldwide over the next two decades.

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