A Brief History of PPA

PPA evolved from a small meeting of psychologists in 1933 to a professional association with almost 3,000 members. When PPA was first organized, the world was very different than it is today. Babe Ruth was still playing baseball for the New York Yankees; Greta Garbo was the biggest film star of her day; Pennsylvania was the second most populous state in the United States (Philadelphia was the third largest city, behind New York and Chicago), and prohibition had just ended.

Sigmund Freud was still practicing psychoanalysis in Vienna; B. F. Skinner had just earned his doctorate in psychology; and Carl Rogers was a child psychologist in Rochester, New York. Little more than 100 doctorates in psychology were awarded every year and the American Psychological Association (APA) had about 2,000 members. Professional or applied psychologists were rare and they felt out of place in the experimentally dominated APA, and had their own national organization, the American Association of Applied Psychology (AAAP). Mental health treatment was largely confined to a few large state hospitals, psychoanalytically oriented psychiatrists who worked in large cities, or a few psychologists working as psychometricians in community clinics or in public schools.

The Founding of the Pennsylvania Association of Clinical Psychologists (1933-1943)

In 1931, Ms. Florentine Hackbusch, M.A., a field representative for the Pennsylvania Bureau of Mental Hygiene, started to communicate with psychologists with the goal of establishing a society that would, among other things, help “set up some standards for psychologists who would be recognized as qualified examiners in mental deficiency.” Together with Dr. Mary Vanuxem, a psychologist at Laurelton State Hospital, Ms. Hackbusch organized a meeting of psychologists at the Abraham Lincoln Hotel in Reading. Plans were made for a committee to write the framework for creating a formal organization of psychologists. For reasons that are not clear, such plans were not followed through. In 1932, Ms. Hackbusch convened a second meeting with a smaller group to discuss plans for a statewide organization. Finally, a third meeting, held on June 16, 1933, in the Education Building in Harrisburg, resulted in the establishment of the Pennsylvania Association of Clinical Psychologists (PACP).

PACP developed a constitution, elected officers (Lightner Witmer, the founder of clinical psychology, was the first elected President of PACP), held a yearly meeting (the first was held in 1934 at the Hotel Harrisburger with an attendance of 31), published a newsletter (Dr. Robert Bernreuter, the father of school psychology, was the first editor), and had other activities, including the introduction of a bill to license psychologists. However, PACP’s most noticeable accomplishment was the issuing of a credential and defining the role for school psychologists by the state education agency. In doing so, certified school psychologists took responsibility for diagnosing mental retardation for special education placements away from physicians. Another PACP-backed initiative led to certified school psychologists filling the post of Supervisors of Special Education to ensure that appropriate diagnostic procedures were used in the placement of children in special education. The term “Supervisor of Special Education” was used instead of “psychologist” because one prominent legislator believed that psychology was a religion and should not be referenced in statutes. The same legislator also blocked another bill drafted by Dr.
Bernreuter proposing licensing psychologists for private practice. Despite the accomplishments of PACP, travel restrictions during World War II led it to become inactive.

**Reorganization as the Pennsylvania Psychological Association (1946-1961)**

After World War II, APA reorganized itself to accommodate both experimental and applied psychologists, which included merging with AAAP. Similarly, PPA reorganized itself in 1946 as an umbrella organization of all psychologists in Pennsylvania. The reorganized body made licensing of psychologists one of its priorities, and another 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. During this time, PPA restarted publishing the *Pennsylvania Psychologist* and held yearly conventions and other continuing education programs.

**PPA Hires First Executive Officer (1961-1973)**

The work required to achieve licensure and to run the day-to-day operations of the association required more work than volunteers could do. Consequently PPA hired its first paid employee, Dr. William Cohen, of Springfield, Pennsylvania. Among activities during this time period, PPA worked on the passage of the Mental Health and Mental Retardation Act of 1966, which established community mental health centers throughout the counties of Pennsylvania. Also, PPA continued to pursue licensing though the state legislature, but also decided to establish its own certification program, and the PPA Board of Examiners held written and oral examinations and granted certificates of approval for psychologists to practice independently. This board functioned as the credentialing body for psychologists within Pennsylvania until a licensing law was passed in 1972.

**The Pittsburgh Years (1973-1986)**

In 1973 PPA moved its offices to Pittsburgh when Dr. Evelyn Perloff became Executive Officer. Later Dr. Zita Levin became Executive Officer, and PPA eventually acquired its first full-time headquarters after administering the association business on Dr. Levin’s kitchen table for several years. During that time, the licensing act for psychologists in Pennsylvania took effect. Now that licensure was accomplished, PPA discontinued its self-certification board.

Under the direction of President Patricia Bricklin, PPA took steps to become more politically sophisticated. A professional lobbyist was hired and, in 1977, PennPsyPAC was formed to assist candidates favorable to the issues of importance to PPA. Also, PPA provided input and testimony on the Mental Health Procedures Act of 1976, which revised involuntary hospitalization procedures in Pennsylvania. Finally, the licensing law was amended in 1986 to require a doctoral degree for new licensees, but it also included a 10-year window of opportunity for persons with terminal masters degrees to become licensed as psychologists. After 1995, however, all psychologists had to have a doctoral degree to become licensed.
PPA Moves to Harrisburg (1986 to present)

When Dr. Levin retired in 1986, PPA fulfilled its long-term goal of moving its offices from Pittsburgh and, using money prudently saved over the previous years, purchased its current headquarters on Forster Street in Harrisburg. Pennsylvania became the first state psychological association to own its own building. Thomas DeWall, formerly the Executive Director of Common Cause in Pennsylvania, became the new Executive Officer in 1987 and served until 2013.

The current Executive Director is Krista Paternostro and under her direction, PPA continues to be financially strong. Iva Brimmer (Business and Membership Manager), Peggie Price (Administrative Assistant) and Katie Boyer (Secretary) play crucial roles in ensuring the smooth running of the organization.

Legislatively, PPA was a key state in the effort to get psychologists included as independent providers in Medicare. U. S. Rep. William Coyne of Pittsburgh was the prime sponsor of the bill to get psychologists included in Medicare. A partial mental health parity law went into effect in 2009 due in part to the work of PPA staff especially Rachael Baturin (Professional Affairs Associate) who was active in generating support from the Pennsylvania Congressional delegation.

Organizationally, PPA continued to grow. In 1990, the Pennsylvania Psychological Foundation (PPF), a charitable and educational affiliate, was formed. Under its Executive Director, PPF now has $160,000 in assets and supports scholarships for graduate students, disaster response programs, and programs for impaired psychologists, among other activities. Through the efforts of Marti Evans (Conference and Communications Manager) continuing education programs offered by PPA have continued to expand, especially after the State Board of Psychology began to require continuing education as a condition of licensure renewal. Nearly 3,000 psychologists and mental health professionals participate in PPA’s continuing education programs each year.

The *Pennsylvania Psychologist* has received acclaim for its quality. Dr. Anita Brown became the first African-American President of PPA in 1991. PPA continued its advocacy for removing barriers to practice for clinical and school psychologists alike. Consultation on ethical issues is provided by Dr. Samuel Knapp, Director of Professional Affairs, and Rachael Baturin. PPA has continued its support for school psychology through several revisions of special education regulations. PPA also played a crucial role in securing a ban on corporal punishment in the public schools of Pennsylvania. In 1992 PPA received the award for Outstanding State Association from Division 31 of APA (Division of State, Provincial, and Territorial Psychological Association Affairs).

The working lives of psychologists were to take a downward turn in the 1990s due to the arrival of managed care. Managed care substantially changed the manner in which health care is delivered and led to a substantial increase in administrative burdens and decreases in payments.
for psychologists, and barriers for consumers to seek psychological services. Act 68 of 1998, promoted by psychologist-State Senator Timothy Murphy, eliminated some of the more egregious actions of managed care companies, and was one step toward addressing the day-to-day frustrations of dealing with them.

PPA supports the activities of the APA Public Education Campaign, which was launched in 1996. Since its inception, the public has moved from understanding the value of psychology to actually experiencing its value. Our members have helped spread the message of how psychology can impact and improve daily living and help make psychology a household word in their communities. Marti Evans serves as the APA Public Education Campaign Coordinator for Pennsylvania. Furthermore, as we are going to press, PPA is working hard on helping psychologists respond to impeding changes to the health care system as a result of the Affordable Care Act.

Conclusion

In a brief history such as this it is impossible to give adequate attention to the many issues that have faced psychologists over the last 75 years or to acknowledge those who have made outstanding contributions to advance psychology as a profession and a way to promote human welfare. How then can we summarize the history of PPA? We would say that some things change, some things remain the same, and some things should always remain the same.

Some things change: 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.

Some things stay the same: The first issue of PACP’s publication, Clinical Psychology, contained a lead article, “Concerning Clinical Psychologists and Psychiatrists,” in which editor Robert Bernreuter noted the friction that sometimes occurs between psychologists and psychiatrists and urged “greater mutual respect and closer cooperation” between the professions.

Some things should never change. Psychology is important because it is a means to promote human welfare. The late Dr. Bernreuter, when being recognized for his pioneering work late in his life, noted that “we made a lot of mistakes, but we really did try to help people.” No one could ask for a better guide for our behavior.

The Five Stages of PPA’s Development

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<th>Year</th>
<th>President</th>
<th>Great Events</th>
<th>PPA</th>
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<th>Year</th>
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<td>1933</td>
<td>Franklin Roosevelt</td>
<td>Great Depression</td>
<td>first organized as Pennsylvania Association of Clinical Psychologists on June 16, 1933, 16 members</td>
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<td>1946</td>
<td>Harry Truman</td>
<td>end of WW II</td>
<td>PACP, which was dormant during World War II, reorganized as Pennsylvania Psychological Association</td>
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<td>1961</td>
<td>John Kennedy</td>
<td>First manned orbital space flight</td>
<td>PPA established self-certification board; hired first paid Executive Secretary, William Cohen</td>
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<td>1973</td>
<td>Richard Nixon</td>
<td>Watergate hearings</td>
<td>Licensing law passed in 1972, PPA moved offices to Pittsburgh</td>
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<td>1986</td>
<td>Ronald Reagan</td>
<td>USA/USSR agree to limit nuclear weapons</td>
<td>Following resignation of Dr. Zita Levin, PPA moved offices to Harrisburg, purchased building in 1988</td>
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