

The Pennsylvania

Psychologist

March 2012
QUARTERLY

ANNUAL CONVENTION

June 20-23, 2012 • Harrisburg, Pennsylvania



*Moving Forward with the Basics:
Advocacy, Public Education, and Volunteerism*



ALSO IN THIS ISSUE: Special section on gender differences in psychology
♦ Time to vote – electronically! ♦ Understanding the Child Protective Services
Law ♦ More women, earning lower pay, in school psychology

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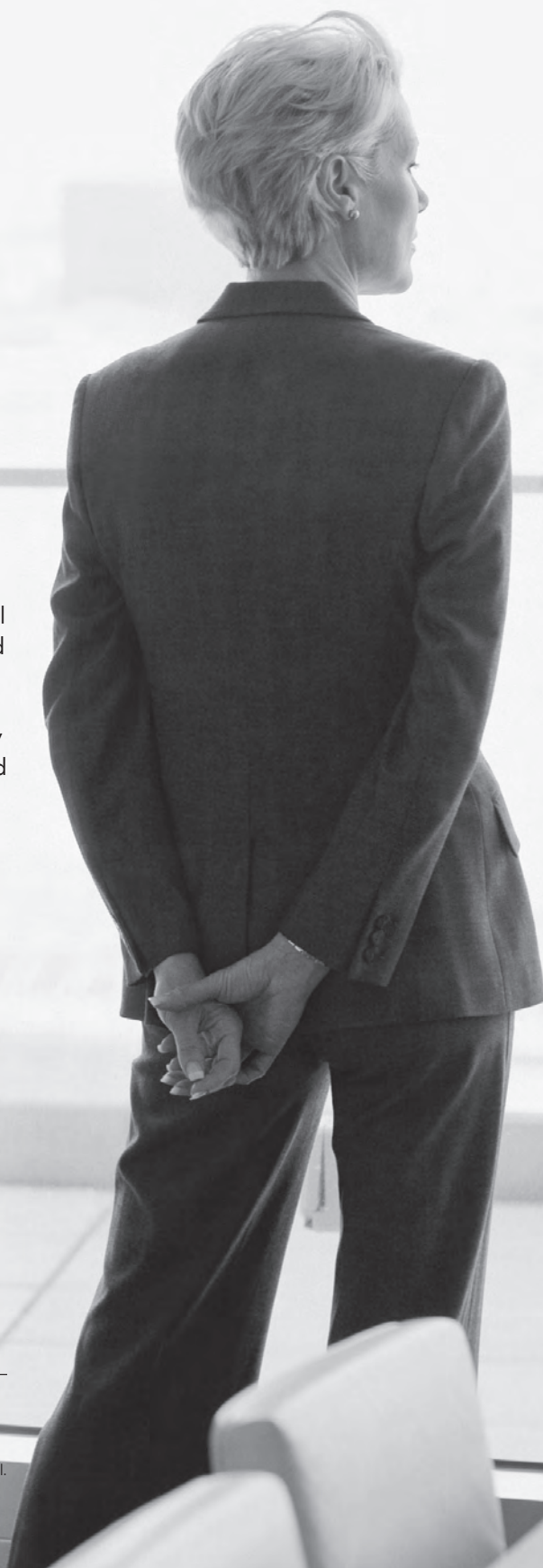
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Moving Forward With the Basics: Advocacy, Public Education, and Volunteerism

Judith Blau, PhD



Dr. Judith Blau

Welcome to the March edition of the *Pennsylvania Psychologist*! This issue presents you with an outline of our upcoming convention, "Moving Forward with the Basics: Advocacy, Public Education, and Volunteerism."

I am very excited that the convention will highlight these themes that are my presidential initiatives for this year. In this article, I wish to update you on the progress of these goals, and encourage you again to be an active participant in our organization, profession, and in educating the public.

PPA continues its strong advocacy efforts on the state level. After a two-year effort, the Pennsylvania General Assembly passed Senate Bill 200, the Safety in Youth Sports Act, which aims to ensure proper screening and return-to-play decisions for high school athletes suspected of having received head concussions. Many other states have adopted much of the wording developed by Pennsylvania legislators, and the National Football League and other professional sports organizations are working to change the culture of athletics, which puts pressure on athletes to minimize or conceal injuries. The passage of this bill represented much effort by its prime sponsors, Rep. Timothy P. Briggs (D-Montgomery) and Patrick M. Browne (R-Lehigh), who will be receiving the PPA Award for Public Service at the convention.

Also on the state level, Pennsylvania will be taking a hard look at its child protective services law in the next year. The legislature has established a task force designed to make proposals for legislative changes. PPA expects to have input into that process. The Legislative and Governmental Affairs Committee,

chaired by Adam Sedlock, will be evaluating the law and will offer policy recommendations for the PPA Board of Directors to adopt and potentially recommend to the legislature. Dr. Sam Knapp and Ms. Rachael Baturin are in the process of gathering detailed information on the present state of child abuse reporting in Pennsylvania and will be working closely with the committee.

*On the state level,
Pennsylvania will be
taking a hard look at its
child protective services
law in the next year.*

On the federal level, APA and PPA were successful in staving off reductions in Medicare reimbursement rates through the end of February 2012. As of the writing of this article (early January), much remains at stake for practicing psychologists. Changes in Medicare reimbursement rates will not only affect Medicare beneficiaries but also individuals with TRICARE or private insurance from third party payers that follow Medicare's lead. Without further action by Congress, psychologists will face payment cuts of 27.4% for all services resulting from application of the Sustainable Growth Rate (SGR) formula and an additional loss of 5% for psychotherapy services due to expiration of the mental health restoration secured by the APA Practice Organization four times since 2008. PPA continues to lobby and to post legislative alerts to our members. It is imperative that we all respond so that legislators are reminded of psychology's critical priorities. We have a great track record, but we need to keep it going.

Thanks go to many of our members who do respond and take an active role. This year, I am awarding presidential citations at the convention to several PPA members who have made extraordinary advocacy efforts: Drs. Vincent Bellwoar, Frank Schwartz, Tom Whiteman, and Ms. Lynne DiCaprio, who spent countless hours in conversations and meetings with insurance companies, the Department of Health, and legislators to change the often wasteful practices of authorizations for visits and credentialing of providers.

We will have an inspiring speaker at the convention related to promoting advocacy. Dr. G. Terry Madonna, director of the Center for Politics and Public Affairs at Franklin and Marshall College, will talk about "Reaching a Better Understanding of the 2012 Elections in the Nation and Pennsylvania" at the Psychology in Pennsylvania Luncheon.

In the realm of public education, more than 50 PPA members continued to actively inform the public and notify us of their activities. We have increased the number of subscribers to our free quarterly e-newsletter, "Psychological News You Can Use," from approximately 3,000 to 3,426 since June. We need your help to invite clients, friends, colleagues, and whomever else to subscribe to this informative publication. They can do so through a very easy process of logging onto our website and finding the appropriate section.

We will again be offering Mind/Body Workshops for the Public, through the purview of Dr. Nicole Quinlan and the Public Education Committee. The theme is "Promoting Healthy Lifestyles," aimed at teaching people ways of maximizing physical and emotional health through exercise, nutrition, quality sleep, stress management, and fostering family connections. In two major addresses at the convention, we will have very exciting

Continued on page 4

Get Involved in Governance

Thomas H. DeWall, CAE



Thomas H. DeWall

In advance of each quarterly meeting of our Board of Directors, each of our specialty boards, made up of several committees each, submits a report with action steps on its area of responsibility.

It is remarkable how much is being done by the volunteer leaders of this association on behalf of our members. According to our strategic plan, our mission reads, "PPA is a member-driven organization dedicated to promoting and advancing psychology in Pennsylvania, advocating for public access to psychological services, and enhancing multiple dimensions of human welfare while supporting the development of competent and ethical psychologists."

Often members are confused about our structure and decision-making processes, and it is a bit complicated so I would like to clarify. The Board of Directors has full power and authority over the affairs and funds of the association within the limits of the bylaws. The Board of Directors is made up of the five officers – president, president-elect, past president, secretary, and treasurer – plus our two APA Council representatives, the chairs of each of our six specialty boards, and the chair of the Pennsylvania Psychological Association of Graduate Students (PPAGS). (All of them are listed on page 1 of this publication.) Also, the president of the Pennsylvania Psychological Foundation (PPF) is a non-voting member. Voting members of the board are all elected by the full membership except that the chair of PPAGS is elected by the PPAGS membership. The Board of Directors establishes policy for the association, adopts and amends a strategic plan, and directs the activities of the staff and all committees.

We have 27 committees, established by the Board, that actually carry out the policies. They are organized into six boards,

all designed to advance aspects of the strategic plan. The Communications Board, chaired by Dr. Bradley C. Norford, includes the committees on the Bulletin, Electronic Media Coordination, the E-Newsletter, Public Education, and Technology Implementation. Together they carry out the important tasks of educating our members and the public through the *Pennsylvania Psychologist*, the E-Newsletter, the main listserv, press releases, speaking engagements, and various social media.

The Professional Psychology Board, chaired by Dr. John Abbruzzese III, includes the committees on Business and Psychology Partnership, Child Custody, Insurance and Managed Care, Legislative and Governmental Affairs, the Practice-Research Network, and Psychopharmacology. Thus, this board is primarily responsible for the many aspects of advocating for public access to psychological services.

The Program and Education Board, chaired by Dr. Beatrice Chakraborty, consists of the Continuing Education Committee and the Convention Committee. They do much of the work of professional development for our members. These two committees plan our spring and fall conferences, freestanding CE workshops, and the annual convention, as noted in some detail in this issue of the *Pennsylvania Psychologist*.

The Public Interest Board, chaired by Dr. Bruce Mapes, is made up of the committees on Colleague Assistance, Ethics, Forensic and Criminal Justice, Multiculturalism, and Geropsychology. Though not a committee, the position of disaster response coordinator is also housed in this board. The part of the vision statement referring to "enhancing multiple dimensions of human welfare" is the primary concern of this board through its many facets.

The School Psychology Board, chaired by Dr. Marie McGrath, comprises the

committees on School Psychology Communications, Public Policy, and Outreach/Liaison. PPA is one of the few state psychological associations with a strong focus on school psychology, and this board provides the leadership for those issues.

PPA has two other affiliated organizations, the Pennsylvania Psychological Political Action Committee (PennPsyPAC), chaired by Dr. Mapes, which raises funds for contributions to legislative candidates and certain

The Board of Directors establishes policy for the association, adopts and amends a strategic plan, and directs the activities of the staff and all committees.

advocacy efforts, and PPF, chaired by Dr. Richard Small, which directs our charitable activities including the student education awards. Together, all of the above officers, board chairs, and committee chairs make up our General Assembly, which meets once each year at the convention. In addition we have a new Task Force on Pediatric Mental Health, co-chaired by President-elect David Palmiter and pediatrician Dr. Steven Krebs. This is a joint task force with the Pennsylvania Chapter of the American Academy of Pediatrics.


PPA is fortunate to have the involvement of about 300 of our 3,000 members on these various boards and

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EXECUTIVE DIRECTOR'S REPORT

Continued from page 3

committees. We could not accomplish nearly as much as we do without this high level of volunteer leadership. Other members often want to know how to get involved. The best way to begin is to join one of our committees. To do so, please click "Join a Committee" at <http://www.papsy.org/index.php/collaboration-communication/>. You will need your member number (printed on your mailing label) as your username and your last name, with its first letter capitalized, as the password.


On a related note, our annual election of officers and board chairs will take place this spring. The candidates for those positions have all become involved in PPA governance through membership on our boards and committees. So I invite you to get involved in that way and one day assume one of the top leadership positions in our association. 

PRESIDENTIAL PERSPECTIVE

Continued from page 2

speakers connected to healthy lifestyles and public education: Dr. Jana Martin, CEO of the APA Insurance Trust, will deliver our keynote address, "Public Education: A Mission, a Message, and a Map for Psychologists," and Dr. Janelle Coughlin, director of the Obesity Behavioral Medicine Program at Johns Hopkins Bayview Medical Center, whose topic will be "The Role of Mental Health Professionals in the Management of Obesity" at the psychopharmacology breakfast.


PPA continues to have a strong and active volunteer group of more than 300 members. Please be involved in the initiatives I have set forth – and in whatever other area your interests lie. I give many thanks to our wonderful staff and members who work so hard to make PPA one of the best and most highly respected mental health associations in the country.

I hope you will join us at what promises to be a most informative, worthwhile, and enjoyable convention. See you in June! 

Bills on Corrections, Insanity Defense Moving

On January 24, the state Senate passed Senate Bill 1019 by a vote of 45-5. It was introduced by Sen. David G. Argall (R-Carbon) and has 16 cosponsors from both parties. SB 1019 provides that psychologists and other managers in the Department of Corrections receive salary increases at least as high as civil service employees. The problem has been that unionized employees would have to take pay cuts to become managers because the latter have had their salaries frozen. As a result very few opt to do that. We know that many psychology director and psychology manager positions are unfilled, and those who do take those jobs tend to have low morale because of this discrepancy. The percentage of prisoners with serious mental illnesses in Pennsylvania (and other states) has grown substantially in recent years, thus making the services of psychologists even more important. Many of these prisoners would be unable to comply with basic regimens of the prison without the assistance of psychologists. In addition, psychologists help prepare inmates for release and reduce recidivism. The bill now goes to the Judiciary Committee of the House of Representatives.

House Bill 1405, introduced by Rep. Glen Grell (R-Cumberland), was reported out of the state House Judiciary Committee unanimously, also on January 24. This is the bill that would authorize psychologists to be appointed by the court to make determinations of insanity and competency to stand trial. Rep. Grell said he will try to make sure this bill gets on a fast track before the full House of Representatives.


Currently, the rules of the Pennsylvania Supreme Court permit psychologists to conduct insanity evaluations (234 Pa. Code §569). Also, Pennsylvania's current insanity statute permits defendants to summon a psychologist to testify on their behalf (50 P.S. §4408 et seq.). However, Pennsylvania's insanity statute does not permit the courts to appoint psychologists to conduct insanity evaluations if they want the report to also address the related issue of competency to stand trial. It makes little sense for the court to allow a psychologist expert to testify for the defense on issues of insanity and competency to stand trial, but prohibit the court the option of appointing a psychologist to do the same. 

Election for Board of Directors Will Be Electronic – VOTE NOW!

Your ballot for the PPA Board of Directors elections should have arrived via e-mail. Please watch for it. If you think PPA has an e-mail address for you that is not current, or if the office doesn't have your e-mail address, please e-mail Iva Brimmer at iva@PaPsy.org with a current address. Do it NOW.

We will post a few reminders to all members and those on the listserv during the month that voting is open, February 21 to March 22. As a reminder, for those of you on the listserv, as with all postings, any commentary about the election or candidates must observe the listserv rules and etiquette (<http://www.PaPsy.org/collaboration-communication/listserv.html>).

If you do not have an e-mail address, or if the PPA office doesn't have it, you will receive a paper ballot in the mail.

The candidates' statements are posted on the PPA website, www.PaPsy.org, in the members-only section. We have a terrific slate of candidates who have served PPA well, and we are so pleased that each of them is willing to continue to lead. Please be sure to vote! 

The Pennsylvania Child Protective Services Law and the Recent Penn State University Scandal

Allan M. Tepper, JD, PsyD, Legal Consultation Plan
Samuel Knapp, EdD, Director of Professional Affairs
Rachael L. Baturin, MPH, JD, Professional Affairs Associate



Dr. Allan M. Tepper



Dr. Samuel Knapp



Rachael L. Baturin

It has been alleged that several years ago, a Penn State University assistant football coach observed a former Penn State football coach performing sexual acts on a child in a locker room located on the grounds of Penn State. It is alleged that this event was reported to the head coach of the university's football team, as well as to other Penn State administrators, but never reported to Children and Youth or to any law enforcement authorities (Subramanian, 2011).

Although the exact facts associated with this case presently are unclear, this situation raises a number of moral and legal questions. First, did individuals who may have been aware of the alleged incident have a moral obligation to take action? Second, did individuals who may have been aware of the alleged incident have a legal obligation to report their suspicions? Third, does this case have implications for revisions of the law governing the mandated reporting of suspected child abuse?

In Pennsylvania, the Child Protective Services Law mandates the reporting of suspected child abuse for individuals under the age of 18. The original reporting statute was promulgated in 1975. The statute was amended in 1995 and again in 2007. During the time period of the alleged Penn State University incident, the 2007 amendments had not yet been adopted.

Under the statute in effect during the time of this alleged incident, teachers or school administrators were required to report suspected abuse if they had reasonable cause to suspect the abuse of a child who was coming before them in their professional or official capacity. Under the 2007 amendment, this requirement was expanded also to require

teachers or administrators to report suspected abuse if they had reasonable cause to suspect the abuse of a child who was under the care, supervision, guidance, or training of the school in which the teacher or administrator is affiliated.

Presently, the facts associated with the Penn State University matter are unclear. Nonetheless, questions can be raised as to whether either version of the reporting statute would have applied in a similar case, and what, if any, changes to the reporting statute should be instituted as a result of this case.

In general, the reporting statute is interpreted as applying to school employees at the primary and secondary levels of education. Although individuals less than 18 years of age may attend college, college and university employees rarely have to report child abuse. There is a question as to whether the educational reporting requirements apply to higher education and to the alleged observations by an active assistant university football coach, as compared to a primary or secondary school teacher or a school administrator.

In the Penn State matter, it is reported that the former coach continued to have access to university facilities, thereby allowing him to bring minors onto the grounds of the university. In this regard, under the older version of the reporting statute, a question arises as to whether the minor "came before" the active assistant football coach in his professional or official capacity, thereby triggering a mandated reporting situation.

Under the 2007 amendment to the reporting statute, a question arises as to whether, at the time of the alleged

behavior in question, the minor was under the care, supervision, guidance, or training of Penn State University. It is alleged that the former coach was afforded continuing access to Penn State facilities. An argument could be made, therefore, that such access constitutes care, supervision, guidance, or training, thereby mandating the reporting of the alleged behavior.

The allegations associated with the recent Penn State University charges are serious. No attempt is being made to diminish the need to determine the exact facts of this case. No attempt is being made to diminish the harm caused by child abuse. No attempt is being made to diminish the need to institute legal mandates necessary to deter such future conduct.

This case, however, illustrates the difficulty inherent in drafting legislation aimed at controlling or eliminating unwanted behavior. Currently, intense legislative discussions are being conducted to determine what, if any, additional amendments to the child abuse reporting statute are needed to address the type of allegations associated with the Penn State University matter. The moral issues associated with this case are clear. The legal issues need greater clarification. ■

Reference

Subramanian, C. (2011, November 7). Sandusky scandal: Penn State child abuse charges shake up administration. Retrieved from <http://newsfeed.time.com/2011/11/07/sandusky-scandal-penn-state-child-abuse-charges-lead-to-two-resignations/>

The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists

As of February 1, 2012

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 115 HB 58	Provides for involuntary commitment to outpatient treatment - Sen. Stewart J. Greenleaf (R-Montgomery) - Rep. Mario M. Scavella (R-Monroe)	Opposed unless amended	In Public Health & Welfare Committee	In Human Services Committee
SB 850	Provides for the offense of cyberbullying and sexting by minors - Sen. Stewart J. Greenleaf (R-Montgomery)	For	Passed 10/19/11, 50-0	In Judiciary Committee
SB 1019	Provides that managers in Department of Corrections receive salary increases at least as high as civil service employees - Sen. David G. Argall (R-Carbon)	For	Passed 1/24/12, 45-5	In Judiciary Committee
HB 42	Prohibits Pennsylvania from implementing the federal health care mandate - Rep. Matthew E. Baker (R-Tioga)	Opposed	None	Passed by two committees. On tabled calendar
HB 663	Restricts insurance companies' retroactive denial of reimbursement - Rep. Stephen E. Barrar (R-Delaware Co.)	For	None	In Insurance Committee
HB 978	Credentials drug and alcohol counselors based solely on their life experience - Rep. Louise Williams Bishop (D-Philadelphia)	Opposed	None	In Human Services Committee
HB 1405	Authorizes psychologists to testify in court on the determination of insanity and competency to stand trial - Rep. Glen R. Grell (R-Cumberland)	For	None	Passed by Judiciary Committee, 1/24/12. On tabled calendar

Information on any bill can be obtained from <http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm>

www.PaPsy.org

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- ♦ Membership benefits
- ♦ Online CE programs
- ♦ Announcements about in-person events
- ♦ Information on PPAGS, PPA's student organization



Saludo!

Beatrice Chakraborty, PsyD

Chair, Program and Education Board, bec27@pitt.edu




Dr. Beatrice Chakraborty

Saludo, PPA friends and colleagues! On behalf of our president, Dr. Judy Blau, the PPA Board of Directors, and the Convention Committee, I extend greetings to you and an invitation to attend the PPA 2012 Annual Convention, June 20-23, at the Hilton Harrisburg. The PPA president's theme which characterizes the 2012 Convention is: "Moving Forward with the Basics: Advocacy, Public Education, and Volunteerism." Under the very capable leadership of Convention Committee chair Mary Pat Cunningham, we have developed an outstanding convention program that essentially demonstrates how our

PPA-member psychologists practice and embrace those basic values.

Register now to attend a variety of continuing education workshops, which address the very latest in psychological science and practice. Also, look for new programs designed specifically for students and early career psychologists, such as "speed mentoring." Feel free to spread the word that PPA is pleased to continue the free mind-body "Healthy Lifestyles" workshops for the public on Wednesday and Thursday.

The Annual Convention is a great time to learn and a great time to use the many networking opportunities to connect or re-connect with friends and colleagues. Opportunities for learning and networking will be greatly enhanced and facilitated by the three main convention speakers: (1) *Keynote*: **Dr. Jana Martin**, CEO, APA Insurance Trust, (2) *Psychology in Pennsylvania Luncheon*: **Dr. G. Terry Madonna**, director, Center for Politics and Public Affairs, Franklin and Marshall College, and (3) *Psychopharmacology Breakfast Symposium*: **Dr. Janelle W. Coughlin**, director, Obesity Behavioral Medicine Program, Johns Hopkins Bayview Medical Center, Baltimore, MD. Venues for learning and fun include the mind-body river walk and the exhibitors' hall, where amazing door prizes are just waiting for you.

Back by popular demand! Inspired by Dr. Blau to "move forward" and celebrate the fun in convention-going basics, we have commandeered the services of our most talented psychologists in Pennsylvania to bring you an evening of comedy and entertainment. You will not want to miss PPA's "Friday Night Live" featuring professional dance routines, a non-professional dance revue (à la "Dancing with the Psychologists") and ghost celebrity comedy skits (think Sonny & Cher, Abbott & Costello, Aretha Franklin, etc.). 

*"Who's on first? What's on second; I don't know is on third..."
Come on down and find out. Join us! Renew your mind and body
in the spirit of learning and fun.*

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*Moving Forward
with the Basics:
Advocacy, Public
Education, and
Volunteerism*





The 2012 Convention Theme Has Attracted Three Inspiring Speakers

Mary Pat Cunningham, MA

Chair, Convention Committee, mpc380@verizon.net

The Convention Committee is excited to announce its accomplishment in attracting three speakers who promote our president's goals for 2012.



Dr. G. Terry Madonna



Dr. Janelle Coughlin



Dr. Jana N. Martin

Dr. Judith S. Blau encourages us to advocate for more access to psychological services through a carefully planned legislative agenda. Our Psychology in Pennsylvania Luncheon speaker is **Dr. G. Terry Madonna**, a nationally recognized political pollster and director of the Center for Politics and Public Affairs at Franklin and Marshall College in Lancaster. He will provide perspective on political environments and relevant polling data.

Dr. Blau challenges us to promote healthy lifestyles including addressing the increasing problem of obesity. Our Psychopharmacology Breakfast Symposium speaker, **Dr. Janelle W. Coughlin**, will join us to offer suggestions on how mental health professionals can aid in the management of obesity. Dr. Coughlin is assistant professor of psychology at the Johns Hopkins School of Medicine. She is also the director of their Obesity Behavioral Medicine Program, and she specializes in the pre- and post-surgical management of bariatric surgery patients.

Last, our president asks us to volunteer our services as psychologists to increase the richness of PPA and promote the welfare of the people we serve. A model for this goal is **Dr. Jana N. Martin**, our key-note speaker. She is the chief executive officer of the APA Insurance Trust. Dr. Martin has been a part of APA's Public Education Campaign for more than 15 years. She is devoted to volunteering her services in her community to demonstrate the role psychologists play in health care, national disasters, and the scientific basis for psychological treatment.

Have no doubt! The 2012 Convention promises to offer plenty of opportunities to learn and to promote our president's goals. 

Support PPA Continuing Education Programs!



Convention 2012 . . . A Preview

Marti Evans, Conference and Communications Manager, mevans@PaPsy.org

PPA's Annual Convention, June 20–23, is an excellent time to connect with colleagues and friends and learn the latest psychological knowledge in addition to the initiatives designed to enhance psychology as a discipline and profession in Pennsylvania. Celebrate with us!

REGISTRATION FEES

To help you properly plan and budget for the convention, the following convention registration fees will apply. If you need a preliminary convention registration form for employer's check-processing/approval, please contact Marti Evans at the PPA office by e-mail or phone (717-232-3817).

	EARLY REGISTRATION (postmark by June 1)		REGULAR REGISTRATION (postmark after June 1)	
	All	Daily	All	Daily
PPA Member	\$330	\$195	\$400	\$220
Non-Member	535	290	590	325
First Year Post-Doc PPA Member	60	45	65	50
Full-Time Student Member	60	45	65	50
Full-Time Student Non-Member	120	85	130	90
Senior PPA Member	215	130	230	145
Senior Non-Member	360	215	405	230
Spouse/Family/Guest	80	50	85	60


HOTEL ACCOMMODATIONS

The Hilton Harrisburg will be the host for the 2012 Annual Convention. To make a reservation, call 1-800-HILTONS or 717-233-6000. When phoning for accommodations, please identify yourself as a participant in the PPA Annual Convention to obtain the group rate: \$127 single/double (plus tax). The group rate is protected until May 28. If the room block is sold out before May 28, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Please make your reservation early! We expect the room block to sell out before May 28. NOTE: Last year the room block sold out in April.**

PROGRAM TOPICS

The 2012 Convention Committee wishes to thank those who submitted proposals for this year's convention, and we encourage those whose programs were not accepted to send a proposal next year. The Call for Presentations form is available at www.PaPsy.org.

Program descriptions will be listed in the convention program booklet, which will be mailed in April. A preliminary schedule is available on our website.

The members of the Convention Committee (see box) and I will continue to work hard to ensure a quality convention. We look forward to greeting you in person in June! 

2012 CONVENTION COMMITTEE

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Murrysville
Chair, Program and Education Board

Mary Pat Cunningham, MA
Peckville
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McMurray

Stephanie Phillips, PsyD
Mars

David Rogers, PhD
Hershey

Nancy Rogers, MS
Hershey

Beatrice Salter, PhD
Philadelphia

Adam Sedlock Jr., MS
Uniontown

Bernard Seif, SMC, EdD, DNM
Broadheadsville

Diane Snyder, MA
McMurray

Linda Taylor, PhD
Wynnewood

James Vizza, PsyD, MDiv
Johnstown



Clinical Workshops

Adam Sedlock Jr., MS, adamsedlock@yahoo.com, and
Cathy Petchel, MA, baywood260@yahoo.com



Adam Sedlock Jr.



Cathy Petchel

We have 14 clinical workshops to be presented at convention this June, ranging from assessment and diagnosis to treatment and interventions, training programs, and issues related to those working in a private practice setting.

On Wednesday, Cathy Petchel will present *The Impact Factor of Anxiety in Bipolar Spectrum*, and Drs. Dea Silbertrust, Lauren Hazzouri, and Nicole Quinlan will offer *How to "Health Kick" Treatment Effectiveness into High Gear*. Drs. Margaret Pepe, Marjorie Kikor, and Rob Yin of the American Red Cross will present *Promoting Resilience: Volunteer Opportunities with the American Red Cross* that morning and *Foundations of Disaster Mental Health* that afternoon. Wednesday also hosts *Stupidity: The Scientific Exploration of the Universal Folk Psychology Concept* by Drs. Ed Zuckerman and Irv Guyett; *Suicide Risk: A Guide to Assessing Imminence* by Dr. Norman C. Weissberg; and *Body Image:*

The Positive Impact of Religiosity by Drs. Valerie A. Lemmon and Charles Jantzi.

Thursday workshops include *Closing Your Practice: Ethical & Practical Considerations* with Dr. Sam Knapp and Rachael Baturin, MPH, JD, and *Two Decades of Sociocultural Factors in Eating Disorders: From Barbara Bush to Michelle Obama* by Dr. Karyn Scher, and *LGBT Issues Across the Lifespan* by Dr. Joseph Micucci and Jeanne Staley and graduate students Shanta Stites, Laura Serbonich and Chris Grundy.

On Friday afternoon, we can hear Dr. Carole J. Moretz present her workshop on *Assessment and Treatment of Hypoactive Sexual Desire Disorder* in addition to *Traumatic Brain Injury & PTSD: Relationship, Prevalence & Treatment Recommendation* by Dr. Tad Gorske, Dr. Katherine Holtz, and Shannon Edwards. *The Collaborative Management of Sports-Related Concussions* will be presented by Drs. Christopher Royer and Harry Bramley.

Saturday is promising with *Evidence & Practice in Psychotherapy: Communicating Our Worth and Our Work* with Drs. Tad Gorske, Robert Gordon, Brother Bernard Seif, Jesus Salas and Taunya Tinsley.

The breadth of knowledge gleaned from the above clinical experts at this convention will boost your clinical skills.

Child, Adolescent and School Workshops

Gail R. Karafin, EdD, grkarafin@gmail.com

The Convention Committee welcomes you to enjoy the PPA 2012 Annual Convention in Harrisburg. This year there will be a number of workshops offered to enhance and extend our skills for treating children and adolescents.

A topic of great interest for our times is the issue of bullying and cyberbullying. Drs. Gail Cabral, Francis J. DeMatteo and Michael Mirabito of Marywood University have prepared a three-hour workshop exploring how changes in technology have increased the frequency and severity of bullying, and how issues of diversity and identity intersect among bullies, bystanders, and targets. Assessment, prevention, and intervention strategies related to families, schools and the professional provider will be discussed. One objective is directed for steps to take when the practitioner is treating someone who has been the target of electronic bullying.

In areas related to treatment of the young, the Tourette Syndrome Association has prepared a workshop for



Dr. Gail R. Karafin

comprehensive behavioral interventions for tics. Dr. Doug Woods reports on the management of tic symptoms through non-pharmacological procedures. He presents an evidence-based approach combining habit-reversal training and function-based interventions for tic management. A second treatment-focused workshop is presented by Dr. Steven Shapiro. He explores breakthrough experiences in those patients typically considered untreatable or unmotivated. He describes dynamic psychotherapy, which focuses on shorter treatment by use of somatic, relational, and experiential techniques to restructure defenses, regulate anxiety, and access underlying resources in patients. Videos of patient interviews illustrate the principles

Continued on next page



Advocacy Applied within an Ecological Context Working with Couples, Families, and Communities

Mark R. McGowan, PhD, dr.mark.mcgowan1@gmail.com



Dr. Mark R. McGowan


For those systems-oriented practitioners, this year's convention is again offering many interesting workshops pertaining to marriage and family as well as assessment issues. From an ecological systems perspective, these offerings are certain to provide attendees opportunities to advance their understanding of interventions and advocacy in the microsystems, mesosystems, and exosystems that impact and shape clinical dynamics (Bronfenbrenner, 1986).

At the microsystem level, Drs. Anita Simon and Claudia Byram will focus on communication patterns between couples in their presentation entitled *SAVI for Couples: Refocusing Couples on Behaviors That Work*. Likewise, Dr. Scott Browning will be joined by two dissertation students presenting their findings in their talk entitled *Parenting Issues in Divorced and Intact Families: Research and Practice*. This talk focuses on research concerning parenting styles with adolescent children and correlations between father-daughter relationships and marriage experiences.

At the mesosystem level, Drs. Jeanne DiVincenzo, Susan McGroarty, and William Earnst will facilitate a panel discussion on strategies for educating physicians about the important influence family dynamics have on the establishment

and maintenance of working alliances with patients in their workshop entitled *The Impact of Family Dynamics on Patient-Physician Collaboration*.

Finally, at the exosystem level, the interplay between patients and the legal system will be emphasized in two sessions on Wednesday. These topics including *High Conflict Families and Litigation: Avoiding Problems and Finding Opportunities* by Dr. Steven Cohen, Dr. Eve Orlow, and Jane Iannuzzelli and *Detection of Malingering on Neuropsychological Evaluations: Strategies and Basic Data* by Dr. Thomas Bowers and Cobi Michaels. The focus of the former workshop will be on assisting practitioners to navigate the legal and ethical issues inherent to practice in the forensic arena. Similarly, the latter workshop will focus on specific methods to detect malingering on neuropsychological evaluations.

Taken together, these presentations are certain to offer interesting and valuable information for practitioners as well as making a contribution to this year's convention theme. I look forward to seeing you there! 

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CHILD, ADOLESCENT AND SCHOOL WORKSHOPS

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taught. A third presentation is related to treatment of children with ADHD when parents have ADHD, too. Drs. Thomas Power, Lisa Ahern, and Jennifer Mautone of the Children's Hospital of Philadelphia, and Sean O'Dell of Lehigh University, outline the state of the research regarding multigenerational ADHD and make suggestions for treatment modifications. They identify five executive processing deficits among inattentive adults that are strongly related to parenting deficits and poor response to treatment. They suggest targets of intervention for families of multigenerational ADHD.

Service delivery models for the young are also a topic at this year's convention. Steven Kossor presents a one-hour workshop providing overview of the documents concerning entitlements to Medicaid funding of treatment services in schools and IDEA/IDEIA requirements for educational supports for

children who require special education services. A second workshop related to service models is one entitled, *Integrating Behavioral Health and Primary Care Pediatrics*. Drs. Shelley Hosterman, Paul Kettlewell, Tawnya Meadows, Christine Chew, KristiLynn Volenat, and Lauren Patton of Geisinger Medical Center present their model for employing integrated behavioral health in primary care pediatrics. Through an interactive panel discussion, they describe rationale, procedures, benefits, and barriers of this model, in addition to presenting their research outcomes. A third workshop in this area presents the application of School-Wide Positive Behavioral Interventions and Supports (SWPBIS) in an alternative school setting serving students with emotional and behavioral disorders. After one year of program implementation, Drs. Patricia Hillis-Clark, Barry McCurdy, and Juan Carlos Lopez of Devereux, reported a reduction of physical restraints and behavioral referrals, and an improvement in overall school organizational health. A three-tiered model of SWPBIS is described. 



Diversity Workshops

Beatrice R. Salter, PhD, brsalter@verizon.net




Dr. Beatrice R. Salter

This year's convention will offer unique programs to help psychologists expand their knowledge of the complex issues involved in providing psychological services in a multicultural society. Dr. Takako Suzuki, Dr. Narrimone Thammavongsa, and Daisy Chebbet will present a workshop entitled *Refugees: How Did They Get Here and Life after Resettlement?* This introductory program will explain the legal process of applying for refugee status, pre- and post-migration traumas and how these processes can impact adaptation and psychological functioning in a new country. These presenters will also offer an intermediate level workshop on *Issues with Refugees after Resettlement: Advocacy, Treatment and Ethical Considerations*. This program will look beyond issues relevant to the individual and identify family factors that impact intergenerational adjustment.

Drs. Francien Chenoweth Dorlaie, Marie McGrath, and Kevin Titze will further expand on this topic in *Understanding Immigrants' Psychological Needs: Multiculturally Competent Assessment and Service Delivery*. They will address multiple barriers to treatment as well as the intricacies of multiculturally appropriate evaluations and treatment formulations.

Dr. Cheryl Rothery's workshop, *Shades of Expression: African American Female Clients' Struggle for Affirmation*, will use case presentations and film segments to delve into cultural and social issues that influence identity development. Racial, social, and cultural factors that can aid or impede treatment will be explored.

Connecting with Clients of Color: The Ethics of White Anti-Racist Work in Clinical Practice will highlight manifestations of white privilege and how these factors can negatively impact the therapeutic relationship. Drs. Audrey Ervin and Eleonora Bartoli have planned a workshop that will provide participants the opportunity to examine anti-racist work with diverse populations. Dr. Ervin will also present on *Multiculturally Competent Leadership: Overcoming Individual and Organizational Microaggressions*, addressing leadership qualities and impediments to systems change.


We hope you will gain new skills and expand your therapeutic repertoire. See you in Harrisburg! 

Speed Mentoring – New in 2012

James Vizza, PsyD, MDiv, jimviz@floodcity.net



Dr. James Vizza

A new feature will be added to this year's Networking Reception for Students and Early Career Psychologists on Friday, June 22, from 5:00 to 7:00 p.m. Attendees will have an opportunity to participate in brief mentoring sessions with some of PPA's seasoned psychologists. The mentors will be at designated tables to share their experiences and respond to questions. They bring a wealth of experience to pass on to those who are just starting their professional careers. Early career psychologists and students are encouraged to come prepared with questions, ideas, and topics to discuss. 

Dancing with the Stars at Comedy Central

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Dr. David A. Rogers

Each year I am privileged to write the convention article promoting the less serious/more fun side of the Annual Convention. Those of you who have read the previous articles know that some years I have detailed specifics about the restaurants, attractions, shopping, and the various activities that the capital city has to offer. Of particular note is the Harrisburg Senators baseball team, the paddlewheel riverboat on the Susquehanna River called the Pride of the Susquehanna, as well as the National Civil War Museum, located conveniently at Reservoir Park.

PPA is also offering its own sponsored activities including, but not limited to, several formally orchestrated social activities. More specifically, the Exhibitors Networking Reception will offer a time for (free) food, (free) interaction, (free) music, and (free) "stuff" offered by the exhibitors! Then there are the various awards ceremonies (Psychologically Healthy Workplace, Main Awards, Student and ECP Awards) that provide an opportunity to experience the joy and enthusiasm of being recognized for their outstanding efforts. Finally, the ever popular Mind-Body River Walk will be held again this year on Thursday morning. This activity provides the registrants with an opportunity to explore and enjoy the natural beauty of the Susquehanna River as it flows quietly past the City of Harrisburg en route to the Chesapeake Bay.

The crescendo of fun culminates in the Friday evening social activity that begins at 8:00 p.m. and ends around 11:00 p.m. This year's efforts will feature a combination of dancing and comedy! The Convention Entertainment Subcommittee will be hiring a local dance instructor and her team to orchestrate a time for group lessons and practice that will be interspersed with time for general dancing and punctuated by some stand-up comedy routines.

I encourage each of you to join us for the fun to be found especially as we tickle your funny bone and help you dance with the stars! We look forward to seeing you there! 



Therapist Wellness and Practice Development Workshops

Charles Lajeunesse, PhD, clajeune@misericordia.edu



Dr. Charles Lajeunesse

For those of you interested in therapist wellness and practice development, I have the distinct pleasure of making those who read this to understand the fantastic opportunity these sessions will be. The first, offered by Drs. Barry Anton and Linda Knauss, is entitled *Effective Patient Care in an Interprofessional Mental Health Practice*. This workshop is both unique in its content and very pertinent to those practicing in urban settings. The next session, entitled *Leadership Challenges in a Volunteer Organization*, is for those wishing to learn more on how to lead volunteer organizations such as those often found in PPA. Dr. Rex Gatto will lead this session. Finally, Dr. Pauline Wallin will present *Finding Authoritative Content for Your Articles and Presentations*. Dr. Wallin wants to help us enter into the 21st Century by employing technology to help meet our professional needs.

The next set of presentations will focus on mindfulness/meditation and emerging technologies. These workshops are equally impressive as those discussed above. A workshop offered by Dr. Katherine Holtz is entitled *The Practice of Mindfulness: Self-Care for Health Professionals*. Dr. Holtz touts the virtues of mindfulness to those engaged in psychotherapy. Dr. David Palmiter will provide a 3-credit workshop on *Using Technology to Enhance Your Professional Mission(s)*. This workshop focuses on iPads, Twitter, RSS, and blogging in ethical and professional ways. Dr. Palmiter claims you at least have to know how to use a computer to benefit from this workshop.

I hope the reader of this article is as excited about the timeliness and quality of the above-mentioned workshops as I am. If you had no reason to attend the convention up to this point, you clearly have reason to do so now.

Ethics Workshops

Molly Haas Cowan, PsyD, mhaas20@yahoo.com



Dr. Molly Haas Cowan

This year's convention will feature several workshops addressing different topics on ethics. Dr. Sam Knapp and Rachael Baturin will present three separate workshops, the first of which is entitled *What Should Be in My Professional Records?* and will examine standards for clinical records and other professional documents. Their second workshop, *Closing Your Private Practice: Ethical and Practical Considerations*, will address issues such as having a professional will and protecting clients when closing a practice. Finally, their third workshop, *Telehealth and Electronic Communications with*

Patients: Ethical, Legal, and Technological Issues, will focus on guidelines for this emerging area of practice.

In the workshop, *Ethics and Sexual Identity: Issues for All Practitioners*, Dr. Richard Small, Dr. Andrea Nelken, and Robert Plymyer will explore issues related to sexual identity, including differences between "common practices and those sensitive to sexual minority clients."

Finally, Dr. John Gavazzi will present *Interactive Ethics: Principles, Acculturation, and Vignettes*, which will feature audience/presenter discussion around the similarities and differences between personal ethics, professional ethics, positive ethics, and risk management.

Each of these workshops will satisfy the three hours of CE on ethics required every two years to retain one's license.

Greetings, Psychology Students!

Diane Snyder, MA
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Programming Focus – Pennsylvania Psychological Association of Graduate Students (PPAGS)



Diane Snyder

The Pennsylvania Psychological Association's Annual Convention is rapidly approaching, and as a PPAGS Board member I would

like to personally invite you to join us in Harrisburg, June 20–23. The Annual Convention is a great opportunity to network with professionals in the field, meet students from across the state, and to have a good time!

Student participation in the convention is welcomed and encouraged, and PPA designates Friday as "Early Career Psychologists and Students Day." Some highlights of this day include:

- *The Student Research Poster Session* showcasing the scientific research being conducted by psychology students throughout the state.
- *The Student and ECP Awards Ceremony* including the Research Poster Session Awards, Foundation Education Awards, the Early Career Psychologist Award, the Student Multiculturalism Award, and the PPAGS Community Service Project Award.
- *The Early Career Psychologist and Student Networking Reception* on Friday evening is an event not to be missed! This event is so much fun and gives students the chance to relax and network with both peers and practicing professionals.

So come to the convention and learn more about your chosen profession. Come to the convention and meet some fantastic people. Come to the convention, get involved and have a great time!

The Evolving Role of Gender in Psychopathology

Elizabeth D. Krause, PhD



Dr. Elizabeth D. Krause

The role of gender in mental health research has changed significantly over the last several decades. Traditionally, psychopathology was viewed as primarily a feminine problem.

Women were believed to suffer from mental illness at higher rates than men. By the late 1900s, however, feminist psychologists began to challenge this notion, pointing to the fact that many of our traditional beliefs were based on case studies and clinical samples, contexts that tend to be dominated by women. In addition, it was argued that research demonstrating a gender difference in the overall prevalence of psychopathology was limited in terms of the types of disorders included (Robins & Regier, 1991). For instance, many of the early prevalence studies excluded mental disorders that tended to afflict men more than women, such as substance abuse and personality disorders, especially antisocial personality disorder (ASPD). Excluding mental disorders associated with delinquency and claiming that women have a higher overall rate of mental illness than men reinforced gender stereotypes about mental illness as a feminine problem and criminality as a masculine one (Robins & Regier, 1991).

There is now increased recognition that neither gender is immune from psychopathology. The advent of sophisticated epidemiological studies that relied on population sampling rather than clinical settings demonstrated there is little gender difference in the overall rate of mental illness. In fact, with the full range of mental disorders included (e.g., substance use disorders and personality disorders), men demonstrate a slightly higher lifetime prevalence rate than women (36% for men compared to 30% for women; Robins & Regier, 1991). These findings led researchers and theoreticians to turn their attention to identifying how psychopathology is manifested

differently across gender, with women predominating in some disorders and men in others (Nydegger, 2004).

Gender differences in the prevalence of internalizing and externalizing disorders

Gender differences in the prevalence of various disorders emerge early on, beginning in childhood and adolescence. During childhood, boys predominate in externalizing problems, i.e., outwardly directed behavioral difficulties such as physical aggression and other conduct problems. Because of the overt nature of these behaviors, boys compared to girls are overwhelmingly diagnosed with mental disorders in childhood, including oppositional defiant disorder, conduct disorder, and attention deficit hyperactivity disorder (e.g., Hartung & Widiger, 1998). In contrast, beginning in the middle school years, girls experience the onset of internalizing problems characterized by internal states of distress that are more covert and harder to identify,

attempts, men are four times more likely to complete suicide (Mościcki, 1994).

Gender differences in the manifestation of mental disorders

While prevalence rates for internalizing and externalizing disorders demonstrate some consistent gender differences, recent research attention has turned to identifying the unique ways in which the genders may express or manifest the same psychological problem or disorder (Crick & Zahn-Waxler, 2003). Consider the childhood diagnosis of conduct disorder. Research on conduct disorder traditionally focused on externalizing symptoms such as physical aggression. This was primarily due to the fact that most early empirical work on conduct disorder (as well as ASPD) excluded females among whom aggression was thought to be rare. Recent research that includes girls demonstrates that girls can be aggressive in the same broad range of antisocial behaviors as boys (Gorman-Smith & Loeber, 2005). More interestingly, however, girls tend to manifest aggression in more covert ways (e.g., lying, truancy, substance use) and through relational aggression. In contrast to physical aggression (harm through physical damage or the threat of damage), relational aggression refers to attempts to hurt others through relationships and is characterized by “direct and indirect acts, such as threatening to end a friendship unless a peer complies with a request, using social exclusion as a retaliatory behavior, and spreading false rumors to encourage peers to reject a classmate” (Crick & Zahn-Waxler, 2003, p. 724). Being exposed to relational aggression is found to predict serious adjustment problems, including peer rejection, depression, anxiety, and impulsivity (Crick & Zahn-Waxler, 2003). Research indicates that girls engage in this harmful type of aggression significantly more often than boys (for a review, see Crick et al., 1999), suggesting that girls can indeed be as aggressive as boys, just in different ways.

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There is now increased recognition that neither gender is immune from psychopathology.

such as depression, anxiety, and somatic complaints. These differences continue into adulthood, with women evidencing more unipolar depression, anxiety disorders, dissociative disorders, somatic disorders, and eating disorders (World Health Organization, 2003). In contrast, men are diagnosed with more substance abuse disorders and ASPD (WHO, 2003). Another noted gender difference in mental health-related behavior in adulthood relates to suicide risk. While women are more likely to be diagnosed with major depression and to engage in suicide

XX vs. XY Examined: How Much Does One Little Letter Change the Brain?

Rick Dowell, PhD, rdowell@heionline.org



Dr. Rick Dowell

"It's a girl!"... "It's a boy!"... the first words of a baby's life. The differences are obvious at birth without the benefit of longitudinal research or high-powered neuroimaging technology.

The differences are driven by different blueprints (XX vs. XY chromosomes). So it should not be particularly surprising that research studies comparing two different samples (XX vs. XY) discover differences with respect to the brain and endocrine systems along with the cognitive processes, behaviors, and emotions that they drive. Our bookstores are filled with magazines and books that highlight gender differences, and the media has magnified each new finding ranging from "a woman uses 20,000 words per day, while a man uses only 7,000" to "women use both sides of their brains more than men" to "girl brains and boy brains" until the mantras become truisms in our culture.

The basis for these truisms appears to rest upon a body of literature that indicates the presence of gender differences with respect to: (a) language development, (b) math skills, (c) spatial processing abilities, (d) responses to pain, (e) styles of relating to others, (f) responses to stressors, and (g) expression of emotions. Without being provided with specific information on research findings, even lay readers can easily fill in the blanks—female superiority in language development, male superiority in math/spatial processing, elevated female emotionality reflected in pain sensitivity and nurturance in relationships and male expressions of emotions in actions rather than words. So, the critical question, based on this avalanche of data, is not whether gender differences are real, but whether we are able to establish the neuro- (brain) psychological (behavioral) connections, right?

Hold the presses! Unfortunately, the research foundation for our fundamental

beliefs regarding gender differences is significantly less well established than our conventional wisdom would lead us to believe. While language differences have been reported, a meta-study (Hyde, 2005) summarizing findings from 165 studies failed to reveal any statistically significant differences in language development. Female "superiority" with respect to the number of words used by each sex has not been supported; each sex uses 16,000 words on average (Mehl, 2007). Math skill "superiority" among males has been challenged by cross-cultural studies and research among elementary school children showing no gender differences. Even the "Rosetta Stone" of spatial processing differences has been found to be dramatically modifiable by experience; differences disappear with training (Cherney, 2008). Gender differences with respect to responses to stressors, pain responses, styles of relating, and modes of emotional expression have also come under fire as the contribution of environmental, social, and cultural factors is uncovered.

Neuroscience has recently entered this research arena, bringing with it high-level technology along with hopes that the "hard science" of brain measurements would disentangle the behavioral literature. A review of neuroscience literature reveals the presence of multiple sex-related differences in brain structures including: (a) brain lateralization (males – left hemisphere dominant vs. females – balanced), (b) cell numbers and brain size (male brains 10% larger), (c) white/gray matter ratios (males – more gray matter vs. females – more white matter), (d) corpus callosum size (females – larger), (e) frontal and temporal lobes (females – larger), (f) hypothalamus (region size/shape differences), (g) inferior parietal lobe (males – larger), (h) orbitofrontal to amygdala ratio (females – higher), (i) limbic system (females – larger) and (j) straight gyrus (females – larger). Convergent support for neuroanatomical findings (a-j above) is almost universally provided with references to behavioral

correlates. The greater hemispheric balance among females is attributed a larger corpus callosum and associated increased white matter. The larger inferior parietal lobe of males is viewed as driving superiority in spatial processing, while the multitude of brain differences with respect to the limbic-hypothalamic axis (amygdala, straight gyrus, limbic system, hypothalamus) are related to greater female emotionality. And in a quasi-Lamarckian explanation, differences between the sexes are ultimately related to environmental demands and evolution (female – nurturer/gatherer vs. male – hunter).


Unfortunately, the research foundation for our fundamental beliefs regarding gender differences is significantly less well established than our conventional wisdom would lead us to believe.

Unfortunately, the neuroscience data do not show reliable support for the vast majority of findings (a–j above). Sex differences in the corpus callosum have not been found among meta-analyses (Bishop & Wahlsten, 1997). Size differences in the straight gyrus have been found to be age- and sex-dependent (larger in boys than girls and larger in women than men). Lateralization of language differences is not found in Asian cultures that use pictographic written language. Critics attribute our tendency to magnify differences between the sexes to a pervasive selection bias. Studies showing gender differences that are consistent with stereotypes, truisms,

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THE EVOLVING ROLE...*Continued from page 14*

Depression is another disorder that demonstrates how the genders may manifest symptoms differently. Theoretical and clinical accounts have challenged the stereotyped notion that males do not experience sadness and depression as often as females. Rather, it is suggested that social pressure to conform to the masculine gender role of strength and stoicism prevents men from expressing depression with traditional symptoms, such as crying, sadness, and negative self-concept (Fivush & Buckner, 2000; Real, 1997). Instead, boys and men are hypothesized to direct their dysphoria outwardly in physical aggression and risky behaviors, or to cope with the feelings in ways that suppress or disguise them, such as through substance use and abuse (Real, 1997). Evidence consistent with this position comes from emotion research that found men and women to report experiencing similar levels of sadness, but different ways of expressing it; women tend to engage in more overt behavioral displays such as crying, while men tend to withdraw or engage in distracting activities (Brody, 1996; Wester, 2002). Block, Gjerde, and Block (1991) found that boys who later showed dysthymia in adolescence were aggressive, self-aggrandizing, and undercontrolled in childhood, whereas girls with later dysthymia were intropunitive, oversocialized, and overcontrolled as children.

The above review demonstrates how thinking and research about gender differences in psychopathology have evolved over the last several decades. In particular, the findings challenged (1) traditional assumptions about women being afflicted by mental illness more than men, and (2) stereotyped notions about certain disordered behaviors being limited to one gender or the other (e.g., aggression being a male problem and depression being a female problem). Given these findings, it is important for researchers and clinicians to be careful not to make assumptions about gender differences based on stereotypes and societal norms regarding gender and emotional expression. The unique behaviors through which psychopathology can be expressed in males and females deserve further research and clinical attention. 

References

References are available on the PPA website, www.PaPsy.org, or from the author at krauseed@sas.upenn.edu.

XX VS. XY*Continued from page 15*


or simplistic brain models are published, while the important contributions of the majority of null findings are neglected as a counter-balance. Small sample sizes and reporting of spurious findings and Type I errors (reporting the one significant difference among the 100 statistical comparisons) permeate the neuroscience literature and further obscure the truth.

So, out of this chaos, what do we think we know? Research appears to provide:

1. limited support for the presence of cognitive processing differences between the sexes that persist even when corrected for environmental factors. However, these differences appear to be less clinically significant and more malleable by environmental factors than previously thought. No clear basis exists to conclude that a processing weakness in an individual is related to sex when multiple other explanatory variables exist.
2. limited support for behavioral and emotional differences between the sexes that are underscored by the presence of gender-based norms for most psychological and behavioral test measures. However, despite these differences, the impact of sex appears minimal when compared to the effect of environmental factors such as age/stage of development, relationships, and home situation, and does not appear to be explanatory for behavioral or emotional symptoms.
3. consistent support for brain size differential (males – larger by 10-11%) even when corrected for body size. This size difference appears to be related to the proportion of neurons (gray matter) vs. support cells (white matter). Unfortunately, the implication of this difference is not clear in light of our knowledge that a direct relationship

does not exist between size and processing.

4. almost universal support for differences in the age of onset, incidence, and symptom expression between the sexes in many neurologically based disorders, including Tourette's Syndrome, Asperger's Syndrome, autism, dyslexia, attention deficit hyperactivity disorder, and schizophrenia.
5. universal support for differences between the sexes with respect to the hypothalamus (preoptic region larger in males, suprachiasmatic nucleus more elongated in females). In addition, the differential effects of exposure to hypothalamically mediated sex hormones such as testosterone, estrogen, and androgen on development is universally supported. Findings suggest that the neuroendocrine-to-environment interface provides an under-appreciated bridge to affect development.

Taken together, we are more alike than we are different. It remains true that differences among individuals are probably better accounted for by age/stage of development, home environment, genetic (family history) factors, and prenatal and childhood history than by sex. So, the next time you are asked to see an adolescent with mood swings, irritability, or truancy, your most effective strategy for understanding the causes will be to assess genetic (family history), medical, and environmental factors rather asking, "Are you a boy or a girl?" 

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Gender and Today's Psychology Practitioner

Nancy R. Chiswick, PhD



Dr. Nancy Chiswick

How does gender impact the life of a licensed psychologist practicing in today's world? Let me count the ways. But before I do, I want to reminisce about how it used to be, back in the day:

Almost all the professors and practicing psychologists were male; even most of the (graduate) students were male; there was some very interesting and rather risqué research going on about sex (between males and females); some people didn't seem to fit into either "male" or "female," but they were diagnosable; and it didn't look like things were going to change very much.

Well, that assumption was wrong. What did happen over this last decade or two has truly revolutionized our knowledge about and attitudes toward gender, and along the way, the same thing has happened to our profession of psychology. Here are some of the changes that have been wrought: Women now outnumber men not only in psychology graduate schools, but also in the profession of psychology; research on sexual behavior now includes that of same-sex as well as opposite-sex couples; the assertion that "male" and "female" are discrete poles has been displaced by the evidence that people array themselves along a continuum of sexual identity; the DSM-IV no longer identifies homosexuality as a diagnosis; and we now know that anything related to gender is likely to change, and probably very soon!

Here are some observations from a group private practice that has been in existence since 1979: When prospective clients call our office, one of the most frequent first questions we're asked is whether we can provide a male/female therapist. It is my hunch that when someone is seeking another person with whom to work on issues too difficult to solve by him- or herself or with family and friends, the prospective client looks for someone who replicates the relationship seen as most helpful or sympathetic in their

past – and the quality that is most easily identifiable is sex. Imagine instead asking whether we can provide a short/tall, or friendly/stern, or quiet/verbose therapist. Sex becomes shorthand for trying to replicate the most supportive person in the past, and I think that can sometimes lead to a faster alliance between therapist and client, which is good. I have a caveat, however: While the initial connection may be easier to make, sometimes the deeper issues are not resolvable with the initial choice of sex, and introducing the opposite sex from the first preference may lead to a more complete treatment outcome.

Not only are gender issues important in the therapist/client relationship, they also have an important role in the professional and business world of the psychology provider. It has long been shown that psychologists practicing in a group setting are less likely to be involved in professional lawsuits and licensing matters, but I would maintain that an ideal group private practice includes both male and female providers for many reasons. In our community, and I would guess in others as well, the tendency has sometimes been to have primarily (or even exclusively) one sex or the other. We have always maintained a roughly 50/50 balance of male and female providers, which I think has contributed to our success in surviving as a group for 30+ years, and also to our growth as individual providers. I am tempted to compare having a joint male/female practice as being somewhat akin to groups that combine different cultural backgrounds, because, in fact, male and female culture can be so very different, and because we need one another in order to learn about that. While most people do that within the context of their family, doing it within the context of the business family is another powerful way of learning to understand the culture of another, in this case, the culture of the other sex.


While the above is a way to get on-the-job training about the other sex, I would also like to advocate that graduate programs and continuing education courses do more to promote better understanding about sex and gender. This

is even more necessary in light of the very fast pace at which strict gender roles are blurring.

No one can be unaware of the dramatic shift over the last decade in our society's attitudes towards people who are not "feminine" or "masculine" in the traditional sense. Whether boys study dance or girls study physics, women wear short hair or men wear long hair, men cry

No one can be unaware of the dramatic shift over the last decade in our society's attitudes towards people who are not "feminine" or "masculine" in the traditional sense.

or women swear, we have all gotten used to seeing the old stereotypes broken. Gen Y and the Millennials have practically done away with the stigma of marrying someone of the same sex. I recently witnessed a mixed (male and female) group of 30-somethings, aboard a plane and headed for a company retreat, thoroughly enjoying the exaggerated gay antics of a flight attendant, nothing self-conscious or negative in evidence – quite different from the reactions of the senior set on the same flight. I would predict from this that our clientele will increasingly include people who are shifting along the continuum of gender, including questioning gender identity. And while we're attending to the needs of those breaking the mold, we need to find a means to support family members who may be having trouble adjusting to these changes, such as a child who is gender variant, something the parents may never have considered in the realm of possibility.

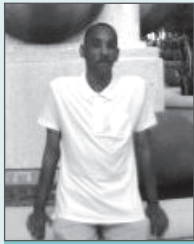
In sum, gender has many ways in which it impacts the practicing psychologist. We have much to learn, and much to give. 

Dr. Chiswick is president and founder of the Child, Adult, and Family Psychological Center, State College, PA.



The Egalitarian Male Therapist: Haven for Change

David Lockley, MS, lockleyd@chc.edu



David Lockley

The therapeutic relationship is unique compared to other professional relationships in part because of the unpredictability of its outcome. Often, clients enter into the experience

uncertain what to expect, but walk away with social-emotional skills that will aid them in the future. Female trauma survivors particularly may benefit from a positive therapeutic relationship with a male therapist by learning new ways to relate to members of the opposite sex in a safe setting. Some of the key elements in a safe relationship between a male therapist and a female client are boundaries, egalitarian relationships, and honesty.

Maintaining appropriate boundaries is crucial when working with clients. This is especially true when a male therapist treats a female trauma victim. Through transference, the male therapist risks becoming an internalized abusive object from the client's past because physical, emotional, or sexual abuse caused by a male means that a boundary has been crossed in the mind of the female. However, if appropriate boundaries are maintained, the female client can internalize her therapeutic relationship with the male therapist and choose to use it as a model for subsequent, more positive relationships with men. Even though this is a therapeutic relationship, this can be invaluable to the woman who may cling to the belief that all men are not to be trusted. She can move from such all-or-nothing thinking to a more realistic analysis of the men in her life.

One of the most important aspects of a healthy relationship is mutual respect. Women in abusive relationships with men are usually forced to submit to the man. The abuser will attempt to blame the woman for every problem in the relationship, and often she will have no voice. In contrast, the therapeutic relationship is centered on the voice of the


client, and in a healthy therapeutic alliance the female client is free to share her feelings without judgment. The female client may inevitably view the male therapist as an authority, but his role is to be non-authoritarian. The female client has freedom of choice regarding many options in a therapeutic setting, from the number of sessions to the quality of information shared. Many female trauma survivors have relationships with men that limit their freedom, and the women often submit out of fear of the abuser's wrath. Gilbert and Rader (2005) found that female therapists who identify as practicing feminist therapy engage in power-sharing behavior during therapy sessions more than women who do not identify as practicing feminist therapy. However, it can be argued that female clients perceive male therapists as having authority both because of their role as therapist and because of their gender. Therefore, as a member of the dominant group in society, if a male therapist decides to share power in his own setting

The female client may inevitably view the male therapist as an authority, but his role is to be non-authoritarian.

with a female client, this has profound implications for the traumatized victim. This egalitarian approach requires a shift of perspective.

Most therapists would argue that honesty is a good indicator of an effective therapeutic relationship. When clients feel safe enough to be vulnerable with a therapist, the therapist can then choose the most appropriate therapeutic intervention. It can be argued that there is an

added benefit of vulnerability within the male/female therapeutic relationship. This benefit is that the female trauma survivor re-experiences painful affect, but is able to work through it in a safe context. For example, the female trauma survivor may experience sadness with her abuser, but may be unable to process it appropriately. With her male therapist, she can honestly express her feelings without fearing that it will have negative repercussions. The male therapist also has the opportunity to be vulnerable and honest so he can model appropriate male emotional expression. The therapist should not attempt to manipulate the female client, but to be accurately empathic and authentic. This is in contrast to the male abuser who often tries to manipulate the woman as a means of exercising control. The female trauma survivor can then experience honesty from a male with no manipulation. She learns from the male therapist that honesty can lead to healing and greater intimacy.

The therapeutic relationship between the male therapist and female client can be transformative for the client. Her boundaries can be respected so that she can feel secure and able to process her pain with a trusted and trustworthy male. She is respected and maintains an egalitarian relationship with a man. She can enjoy a respite from the authoritarian dynamics that often define abusive relationships. Finally, she is able to engage in an honest relationship where she can be vulnerable with a man who will not manipulate her. An egalitarian therapeutic alliance with a male therapist can invite the female client into a whole new world. 

Reference

Rader, J., & Gilbert, L. (2005). The egalitarian relationship in feminist therapy. *Psychology of Women Quarterly*, 29, 427-435.

PennPsyPAC Contributors, 2011

Many PPA members went above and beyond the call of duty to help ensure the viability and effectiveness of the Pennsylvania Psychological Political Action Committee (PennPsyPAC). We are listing here those who contributed at least \$100 during the last calendar year. Many others contributed amounts less than \$100; they are not listed here but will be listed in the pamphlet distributed at the annual convention. Thanks to each and every one of you!

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We offer a big, blaring, Brobdingnagian welcome to the following new members who joined the association between November 1, 2011, and January 31, 2012.



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Pennsylvania Retains Two APA Representatives

Pennsylvania once again received by far the highest number of votes of all of the state, provincial, and territorial psychological associations (SPTAs) in the APA apportionment voting that ended in December. We received 4.02% of the total vote. Pennsylvania is one of only five SPTAs that qualified for two representatives on APA's Council of Representatives for 2013. New York and California each retained two representatives (with 3.38% and 2.74% respectively). New Jersey and Massachusetts each gained a second seat with votes of 2.79% and 2.46% respectively, while Illinois lost their second position with 2.38% of the vote.

Divisions as a group lost a net of one seat and SPTAs as a group gained one seat for 2013. Divisions 40, 55, and 56 each lost a seat while Divisions 39 and 50 picked up one additional seat each.

SPTAs generally benefit from a larger share of the total representation on the Council, which is the main policy-setting body within APA. Some observers have noted that the APA voting system is still skewed toward divisions. For example, Pennsylvania got more votes than five divisions that each were awarded three or more representatives. Eight divisions were awarded two positions with 1% or less of the vote. 

Please Plan to Attend Advocacy Day



The PPA leadership has selected Monday, April 30, 2012, as our Advocacy Day this year. PPA members are urged to attend. It will again be in room 60 East Wing of the Capitol Building in Harrisburg. The schedule will consist of registration at 9:30 a.m., an issue orientation session from 10:00 to 11:30, and meetings with legislators after that. We will be addressing the issues of determination of insanity in criminal cases, child abuse reporting, and a bill upgrading the salaries of psychologists in management positions in the Department of Corrections.

We will be providing more information about the event by e-mail and on our website. Plans for CE credit are in the works. No room for social loafers here!

PPA's 21ST ANNUAL ADVOCACY DAY

April 30, 2012 • State Capitol

Please register by April 16 online or by mailing this form to the Pennsylvania Psychological Association.

REGISTRATION FEES: \$20 for PPA Members, \$30 for Non-PPA Members, Free for Student Members of PPA

Please print.

Name _____

Degree _____

E-mail _____

Mailing Address _____

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(home) _____

Total enclosed (fees listed above) _____

☐ Check enclosed (payable to PPA)

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Card Number _____

Expiration Date _____

Signature _____

Do you have any special dietary/accessibility needs? If so please describe: _____

Send completed form with payment by **April 16, 2012** to:
Pennsylvania Psychological Association
416 Forster Street • Harrisburg, PA 17102-1748
Fax: 717-232-7294



School Psychology Today: More Women, Earning Lower Pay

Sierra L. Brown, MEd, Ara J. Schmitt, PhD, Laura M. Crothers, DEd,
& Tammy L. Hughes, PhD

Over the past 30 years, women have increasingly entered school psychology, a field once dominated by men, in a shift termed the “feminization of school psychology” (Rosenfield, 2004). As of 2004, women working in school psychology now comprise the majority of practitioners (74%) and half of faculty (54%) (Curtis, Lopez, Batsche, & Smith, 2006). Despite this majority, a disparity seems to exist between the salaries of women and their male counterparts in schools and other academic settings. Even with equal years of experience and degree attainment, women appear to trail men in annual salary.

One possible contributor to salary differences may be the approach to negotiating for a higher salary. Research suggests a significant gender difference in successful negotiation, with women being less successful in negotiating a higher salary than men (Stuhlmacher & Walters, 1999). This

Research suggests a significant gender difference in successful negotiation, with women being less successful in negotiating a higher salary than men.

may be due to a complex array of factors, such as context (e.g., organizational norms, distribution of power in the workplace), perceived ability to negotiate effectively (Stuhlmacher & Walters, 1999), sense of entitlement to organizational resources (Barron, 2003), and personal value of negotiation outcomes (Stuhlmacher & Walters, 1999).

A study conducted by Crothers et al. (2010) aimed to identify contributors to the salary disparity between

male and female school psychologist faculty and practitioners. One hundred ninety-one female and 115 male faculty members as well as 148 female and 56 male school psychology practitioners completed a survey that posed questions relating to perceived salary differences and negotiation practices.

School Psychology Faculty

Crothers et al. (2010) found that gender differences in salary existed between male and female faculty, with men earning on average \$12,359.56 more than female faculty per year, controlling for years of experience. For example, results showed that men with 0 to 5 years of experience earn an average of \$4,372 more per year. Though there did not appear to be a gender difference in participants’ willingness to negotiate for increased salary, males were more likely to negotiate for promotion than female faculty members. Most faculty members who completed the survey did not believe that gender impacted the result of their negotiations. However, of the faculty who did perceive a negative impact of gender on negotiations, women were more likely to perceive a negative effect of gender on unsuccessful salary negotiations.

School Psychology Practitioners

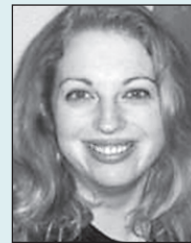
For school psychology practitioners, results suggested that females earn significantly less than their male colleagues, even after controlling for years of experience and degree attainment. Male school psychology practitioners earned on average \$10,504.54 more in annual salary. This result was unexpected given that the men and women in the sample were similarly qualified and ostensibly had similar work responsibilities. Among school psychology practitioners, no gender differences were found in negotiation attempts. It should be noted that school psychology practitioners often



Sierra L. Brown



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Dr. Tammy L. Hughes

enter into contracts after consulting a fixed salary schedule based on education and years of service, and thus may be left with little to no opportunity to negotiate salary. Although salary schedules should provide similar pay for both men and women, the findings of Crothers et al. (2010) indicate that this may not be the case. How this occurs warrants future study.

Conclusions

In a profession now dominated by women, it is vital that continued research be conducted to identify the factors that influence salary differences between men and women in school psychology. In general, the study conducted by Crothers et al. (2010) indicated that perceived gender differences in salary exist with respect to school psychology faculty and practitioners. Gender differences were present despite the fact that men and women are equally willing to negotiate for higher salaries.

Salary negotiation practices of school psychology faculty may differ from practitioners, because faculty members typically negotiate a starting salary prior to signing a contract. The salary of school psychology practitioners is often predetermined by a salary schedule with little room to negotiate. This makes the finding that men earn

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The Family Educational Rights and Privacy Act (FERPA)

A Summary of Recent Regulatory Changes

Marie C. McGrath, PhD



Dr. Marie C. McGrath

In December 2011, the United States Department of Education released updated regulations pertaining to the implementation of the Family Educational Rights

and Privacy Act of 1974 (FERPA; 34 CFR Part 99). This article briefly highlights several of FERPA's key provisions, the changes made to its implementing regulations, and the rationale for those revisions.

FERPA: Key Privacy Provisions

The privacy rights established by FERPA are initially accorded to parents of students enrolled in schools or educational programs that are subject to FERPA's provisions. These rights transfer from parents to students when those students either turn 18 (if still enrolled in high school) or enroll at institutions of higher education (at any age); students who meet these criteria are referred to in the Act as "eligible students."

FERPA defines "educational records" as "records, files, documents, and other materials which (i) contain information directly related to a student, and (ii) are maintained by an educational agency or institution or by a person acting for such agency or institution" (34 CFR §99.3). In general, FERPA requires that written permission be obtained from parents of students under 18, or from eligible students themselves, before personally identifiable information (PII) from those students' educational records can be disclosed to third parties. However, the Act also specifies a number of circumstances in which disclosure of PII may occur without prior written consent, including disclosure to "organizations conducting studies for, or on behalf of, educational agencies or institutions" (34 CFR §99.31), and release of "directory information,"

which includes "name; address; telephone listing; electronic mail address; photograph; date and place of birth; major field of study; grade level; enrollment status... and the most recent educational agency or institution attended" (34 CFR §99.3). (Please see 34 CFR §99.31 for a complete list of exceptions to FERPA's written consent provisions.)

Regulatory Changes and Rationale

The recent changes to FERPA do not affect the types of disclosures that can be made under the Act; however, they are likely to alter the ways in which many educational agencies and institutions carry out those disclosures. Several of the most significant regulatory changes are discussed below. A complete summary of changes can be found via the links provided in the References section of this article.

Research and evaluation-related disclosures. Current trends toward data-based educational practice and policy are reflected in the FERPA revisions. The U.S. Department of Education noted that changes to the existing FERPA regulations were necessary "to protect the privacy of education records... while allowing for the effective use of data in statewide longitudinal data systems... [to] facilitate States' ability to evaluate educational programs, to build upon what works and discard what does not, to increase accountability and transparency, and to contribute to a culture of innovation and continuous improvement in education" (34 CFR §99). The revised FERPA regulations define "educational program," a phrase not operationalized in the Act itself, for the first time. The new definition encompasses early intervention programs, career/technical education programs, and adult education programs, in addition to the traditional educational agencies and institutions described in other sections of the Act, in order to

emphasize the need for data-sharing among different types of educational programs. Specifically, the revised regulations permit early intervention programs operated by non-educational agencies (e.g., Departments of Health, Human Services, or Public Welfare) to obtain data on their students' progress in the school-age programs to which they transition, and for high schools to obtain data from the postsecondary programs that their graduates attend, in order to gather data on the long-term effectiveness of those programs. The revised regulations also permit redisclosure of PII to a third-

Current trends toward data-based educational practice and policy are reflected in the FERPA revisions.

party agency or organization for research purposes. For example, the Pennsylvania Department of Education could redisclose PII provided by local educational agencies to a third-party organization for data analysis purposes without obtaining consent from the local educational agencies that originally provided the data.

Directory information disclosures. The revised FERPA regulations permit schools to adopt limited disclosure policies that restrict release of directory information to specific parties and/or for specific purposes; these policies, which permit more targeted disclosures of PII than the previous regulatory language, must be made public so that parents and eligible students may opt out of specific types of

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School Psychology Section

FERPA

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PII disclosure. While social security numbers and student ID numbers that, by themselves, can be used to access other forms of PII are excluded from FERPA's definition of directory information, the revised regulations permit student ID numbers that are not directly linked to other PII (i.e., those that require concurrent provision of PINs, passwords, or other identifiers in order for educational records to be accessed) to be treated as directory information, and printed on student identification badges along with students' names and photographs. Furthermore, the regulations indicate that neither parents nor eligible students may opt out of this use of information, as "the need for schools and college campuses to implement [identification] measures to ensure the safety and security of students is of the utmost importance and... FERPA should not be used as an impediment to achieving student safety" (34 CFR §99).




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FERPA Resources for School Psychologists

In order to facilitate understanding of and compliance with the regulatory changes described above (as well as those excluded from this brief summary), the U.S. Department of Education has made a number of resources available online. School psychologists, administrators, parents, and other educational stakeholders may wish to examine the following resources:

- *Privacy Technical Assistance Center (PTAC) Privacy Toolkit* (<http://www2.ed.gov/policy/gen/guid/ptac/index.html>). This website contains links to FERPA-related webinars and other training materials; data security checklists; and other reference materials, including FAQs and a FERPA glossary.
- *Family Policy Compliance Office (FPCO) Website* (<http://www2.ed.gov/policy/gen/guid/fpc/index.html>). This website links to the revised FERPA regulations, summaries of their potential impact on the rights and practices of various educational stakeholders, and sample disclosure documents.
- *Pennsylvania Department of Education (PDE) Student Data Access and Use Policy* (http://www.portal.state.pa.us/portal/server.pt/directory/pde_data_policy/71507). This document contains information on Pennsylvania's policies regarding use, maintenance, and protection of the educational data collected in PDE's Pennsylvania Information Management System (PIMS); however, it has not yet been updated to reflect FERPA's recent changes. 


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SCHOOL PSYCHOLOGY TODAY: MORE WOMEN, EARNING LOWER PAY

Continued from page 22

more than women practitioners with similar education and years of experience perplexing. One hypothesis is that male practitioners may earn more money from sponsoring school activities and taking on additional responsibilities for which there may be a stipend. Therefore, it is important that research not only identify base salaries, but also the presence of other responsibilities that may boost the salaries of school psychology practitioners and faculty. More research is needed to tease apart why male practitioners report a higher salary than female practitioners. Although significant advances in workplace equality have taken place in recent decades, it is evident that women have not yet reached pay equity in school psychology.

Note. This article condensed the findings of two empirical articles by Crothers et al., listed among the references below. 

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Moving Gingerly into Electronic Records

Edward Zuckerman, PhD



Dr. Ed Zuckerman

In any legal case against us, our records are our major defense. Without records, the arguments may deteriorate into “he said—she said” stale-mates and then be resolved on the basis of irrelevancies. We all (including judges and jurors) know memory can err, so we trust paper more. But the records must be trustworthy and demonstrably unaltered from when they were composed.

As we know there are legal, governmental, and financial pressures to move to electronic health records (EHRs, which we create, and not just the subset of Electronic Medical Records). Most of us create our clinical records in our handwriting, which has many advantages and should not be casually abandoned.

The biggest drawback to handwritten records is their poor readability. When words are not unambiguous meaning is lost, or worse, can be misinterpreted to our detriment. Idiosyncratic acronyms and abbreviations are major culprits. Recommendation: start a list on your desk or computer of your favorites and in a few weeks you will have captured most. Print copies of your list to go into each outgoing copy of your records.

A solution to bad handwriting is typing into a computer. However this may

simplify the contents by requiring more linear thinking and better sentence structure, it adds time in rewriting and rewording handwritten notes from session. Emphasis is harder to indicate, flows and diagrams indicating interactions are almost impossible, and sourcing is more difficult. Recommendation: To stay with a paper-based records system, print out the notes, sign and date them, and destroy the electronic versions. If you do this, describe your processes and the disposal of your “scratch notes” in your Policy and Procedures Manual.

An alternative recommendation (for those intending to stay in practice more than five years): Adopt dictation software. Dragon Naturally Speaking (and Dragon Dictate for Macs) is inexpensive (\$150-\$200) and for most people, extremely accurate. It allows editing and corrections by voice, memorizes your changes for the future, and is generally faster. It does take time to learn but increasingly saves effort over the years.

For those who do type or dictate their notes, keeping them in a word processor’s format (such as Microsoft Word or Nisus or even Excel) is not enough, because these do not assure that the record is free from alteration nor do they address other vulnerabilities, so these records do not have probative value in court; that is, they cannot be used to corroborate reports of your or the client’s behaviors [caveat: IANAL—I Am Not a Lawyer].

Most of us create our clinical records in our handwriting, which has many advantages and should not be casually abandoned.

Why not? Who created them can’t be established. Authentication of written signatures is standard in courts, but electronic documents have no built-in links to those applying a signatory image to documents. Printing out and imposing a copy of one’s signature, often labeled an “electronic signature,” does not preclude forgery. While programs are available to create truly unique digital signatures using PKI encryption (Public Key Infrastructure) methods and generating “certificates” with “chains of trust,” they are not simple yet.

And how do you prove that you are the author/creator of a document? Even if you used a password on your computer and a second on your word processor, isn’t it possible that someone else used

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Learning objectives: The articles in this issue will enable readers to (1) assess and explain current issues in professional psychology, and (2) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

Tepper, Knapp, & Baturin

1. According to the authors, the Child Protective Services Law in Pennsylvania changed in 2007 so that:
 - a. every adult in Pennsylvania is now a mandated reporter
 - b. mandated reporters are required to report whenever they suspect that a child coming before their agency, institution, or organization is a victim of child abuse
 - c. athletic coaches are specifically excluded from mandated reporting obligations
 - d. child abuse was redefined to include emotional abuse

Krause

2. Which one of the following is NOT considered an internalizing problem?
 - a. substance use disorders
 - b. anxiety disorders
 - c. eating disorders
 - d. major depression

3. Which one of the following statements is TRUE about relational aggression?
 - a. Relational aggression does not predict serious adjustment problems.
 - b. Girls are found to engage in relational aggression more than are boys.
 - c. Relational aggression refers to physical aggression against significant others.
 - d. Relational aggression has always been included as a symptom of conduct disorder.

Dowell

4. Which one of the following is true?
 - a. Female superiority in language development is related to more white matter connections.
 - b. On average, women and men use the same number of words per day.
 - c. Male children show superiority in math skills during elementary school.
 - d. Male superiority in spatial processing is the product of a 10% larger brain.
5. Which one of the following criticisms has not been leveled at the research on gender difference?
 - a. Null findings tend to be neglected thereby magnifying outlier findings.
 - b. Sample sizes for neuroimaging studies are small, which increases the potential for spurious findings.
 - c. A tendency to report findings that dovetail with cultural truisms
 - d. Neuroimaging technology is inadequate to provide any reliable data.

Chiswick

6. According to the author, gender is one of the most frequently requested characteristics of a prospective therapist.
True
False
7. A private practice group benefits from:
 - a. consulting with many insurance providers
 - b. offering reduced rates for group therapy
 - c. the inclusion of both male and female providers
 - d. age restrictions for both providers and consumers
 - e. all of the above

Lockley


8. What are the three key elements in a therapeutic relationship between a male therapist and a female client?
 - a. empathy, positive regard, congruence
 - b. honesty, boundaries, consistency
 - c. boundaries, egalitarian relationship, honesty
 - d. reasonable fees, good time management, fair cancellation policies

9. One research study showed that female therapists who identify as feminist more often engage in power sharing during therapy sessions than female therapists who do not identify as feminist.
True
False

Brown et al.

10. With equal years of experience, is there a statistically significant difference between male and female school psychology practitioner salaries?
Yes
No
11. Does willingness to negotiate account for the salary disparity between male and female school psychology practitioners?
Yes
No

Zuckerman

12. How are passwords often broken?
a. Use of misrepresentations can get people to reveal them.
b. Hackers can rapidly try all the words in dictionaries in a brute-force attack.
c. It is possible to guess based on the user's other information.
d. All of the above. 

Continuing Education Answer Sheet The Pennsylvania Psychologist, March 2012

Please circle the letter corresponding to the correct answer for each question.

- | | | | | | | | | | | |
|----|---|---|---|---|-----|---|---|---|---|---|
| 1. | a | b | c | d | 7. | a | b | c | d | e |
| 2. | a | b | c | d | 8. | a | b | c | d | |
| 3. | a | b | c | d | 9. | T | F | | | |
| 4. | a | b | c | d | 10. | Y | N | | | |
| 5. | a | b | c | d | 11. | Y | N | | | |
| 6. | T | F | | | 12. | a | b | c | d | |

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Overall, I found this issue of the *Pennsylvania Psychologist*

Was relevant to my interests	5	4	3	2	1	Not relevant
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PSYCH TECH

Continued from page 25

your machine when you left it open? Authentication requires proving who was the actual author, not just who has access to the machine and program. Recommendation: Don't use your word processor for permanent records (print them out as above) or buy a full-scale records system that will include solid methods for authentication, digital signatures, time and location stamps, and non-refutability (showing that no one else created the record). Parenthetically, note that hand signed—or even better, handwritten—notes meet these criteria easily.


Can you prove your records were not altered after they were written? Word processors can retain evidence of all changes made to the document, but not who made them or exactly when. Because the contents are crucial, showing that no one has changed the wording, added or removed text or whole pages, or in any other way altered the record is required. Handwritten notes meet these criteria more easily. Recommendation:

Buy and use a full-scale records system that will keep an "audit trail" of every change, its author and the time.

Can you limit the access of your records to only those authorized? Passwords are simply not secure. "Social engineering"—use of misrepresentations—to get people to reveal their passwords is not difficult. Guessing from other information (your dog's name) or brute-force dictionary attacks are often successful. Recommendation: Use a program like 1Password or LastPass (which will keep a library of your passwords) and create random and essentially unbreakable (and sadly not memorizable) passwords.

How can you assure the availability of your records to only some persons? If password protected, as above, you must share the password to open the record; then others might get it as well. There are simple systems for this, such as Hushmail.com, that are often good enough: You and the recipient agree on a password that only the two of you are likely to know such as where you last met. More complex two-key passwords using PKI are available as well.

No more difficult, but more secure and offering additional advantages, is encryption. Rather than trying to block entry, prevent others from reading them by scrambling the text. Encryption is built into all modern word processors, e-mail programs, and browsers. Recommendation: Always use the encryption options in every program you use. Read the manual or search Google for the ways to set this up.

While simple encryption that uses your password is not entirely secure, it may be secure enough for us. HIPAA is technically neutral and so requires security but does not specify the methods for achieving it. HIPAA is also scalable (large organizations have to do more than small practices) and asks us to do our own risk analysis to decide how much effort we need to put into privacy and security methods. Recommendation: Good passwords are very likely all you need for the risks we typically face. My rule has been that if the CIA wants to get my records, nothing I can do will prevent that, but if the CIA wants my records I have worse worries than whether I used the right password. 

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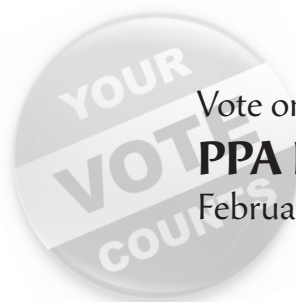
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