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Psychologists Facing Challenges in 2013

Professional psychologists will be facing one of their more difficult years in 2013.

It is hard to find an area of practice in professional psychology that is not experiencing substantial strain. For example, psychologists who work with Medical Assistance have encountered an increased number of audits by managed care companies. The audits are more frequent and Draconian and they emphasize minute details over substance or idiosyncratic interpretations that no reasonable person could predict. In addition, the Pennsylvania Department of Public Welfare has announced a "redesign" that will impact those psychologists who provide BHRS services. The nature of this redesign is unclear, but efforts to reduce abuse will mean cutting some legitimate services to children. At one time Medicare was among the top rated insurers for being responsive to patient needs. However, its esteem in the eyes of psychologists has slipped in recent years because of the increase in bureaucratic demands, rate cuts, and the threat of deep cuts in reimbursement.

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Reimbursement Formulae Under Medicare

Samuel Knapp, EdD, ABPP, Director of Professional Affairs

Dr. Sam Knapp

Medicare is an important third-party reimbursement system because 18% of Pennsylvania's population is covered by Medicare and also because commercial insurers often use Medicare as a benchmark for determining their own rates. The procedures that the Centers for Medicare and Medicaid Services (CMS, the federal oversight body for Medicare), uses for determining rates under Medicare are complex and continually changing.

Payment under Medicare is determined by the Resource Based Relative Value Scale (RBRVS), which is a formula based on practice costs (rent, utilities, supplies, equipment, staff, etc.), malpractice expenses, and work value. Physicians, who invest heavily in medical equipment, have higher practice costs than psychologists and higher malpractice costs. Work value refers to the amount of education and skill needed to perform the service, higher for physicians than for psychologists, although I believe they are wrong in doing so, at least for most medical specialties. For psychologists more than 70% of the RBRVS comes for the work product (compared to 50% for physicians).

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SAVE THE DATE

Plan to Attend Advocacy Day

The PPA leadership has selected Monday, April 15, 2013, as our Harrisburg Advocacy Day. PPA members are urged to attend. It will again be in Room 60, East Wing of the Capitol Building. The schedule will consist of registration at 9:30 a.m., an issue orientation session from 10:00 to 11:30 a.m., and meetings with legislators after that. We will be addressing several new legislative proposals for dealing with child abuse reporting and a bill making numerous changes to the Professional Psychologists Practice Act.

We often shy away from the word "lobbying" because it has developed negative connotations. But the state and federal Constitutions guarantee citizens' right to petition the government for a redress of grievances. It's not all sleazy guys handing money under the table to public officials. Doing it honestly and aboveboard is called government relations, advocacy, or ... lobbying. At any rate, this is your chance to influence the process of deciding aspects of how psychology is practiced in Pennsylvania. No room for social loafers here!

We will be providing more information about the event by e-mail and on our website. Plans for CE credit are in the works. Please visit our website to register: www.PaPsy.org.

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Lessons Learned as a Clinical Supervisor, *Part Two*

Claudia J. Haferkamp, PhD

Dr. Claudia J. Haferkamp

In Part One (Haferkamp, 2013) I reviewed three lessons I learned as a clinical supervisor: supervisors are professional gatekeepers; if you didn't see or hear your supervisee in action, then perhaps things didn't happen the way they should have (so observing supervisees is crucial); and have a theoretical model for supervision so that you can diagnose problems, give consistent feedback, and model key skills. This article will examine the challenges of evaluating supervisees, developing training plans, record-keeping, and staying receptive to learning as a supervisor.

Lesson #4: Negatively evaluating supervisees is both hard and scary. When I got my doctorate, I was unprepared for how hard it would be to give negative feedback to supervisees, regardless of how accurate or well-founded it was. I felt guilty because I knew some students had made major personal, financial, and career sacrifices to enter graduate school. Falender and Shafranske (2004) note several factors that contribute to a reluctance to negatively evaluate supervisees including: (1) the perceived incongruence of giving negative feedback while maintaining a supportive supervisory relationship; (2) the tendency of both parties to see evaluation as inherently punitive; (3) lack of clear criteria for defining competencies; (4) concerns about legal and ethical consequences of negative evaluations; and (5) lack of collegial, administrative, or institutional supports for negative evaluations and the remediation that may be necessary. These factors may lead to "evaluation inflation" – i.e., giving more positive evaluations than are warranted because negative evaluations could have serious consequences. A well researched discussion of the pragmatic, psychometric, legal, and ethical issues in supervisee evaluation is in Falender and Shafranske's (2004) excellent book.

In my own defense, I trust my observations because I have watched large chunks of most supervisees' sessions and I kept notes of each session including topics discussed, important client developments, and specific directives/assignments given to the supervisee. My notes also include grading rubrics for specific skills being evaluated. I also have supervisees rate themselves using the same rubrics. Most recently, I've developed written supervision informed consent forms because I have been remiss in formally acknowledging our mutual rights and responsibilities in the supervisory relationship. But the emotional challenges of giving negative feedback are still great. I do remind myself of some key thoughts to help myself through the process:

- It's my ethical and legal responsibility to provide timely and accurate evaluations.
- I can support the student while not back-pedaling or apologizing for my evaluation.
- Thinking dichotomously never helps (i.e., there are no good guys or bad guys here, etc.).
- I have a responsibility to support the student in remediating any areas that are open to remediation.
- Not every student who enters a graduate program in our field is cut out to be a therapist. Good intentions do not make a competent therapist.

Lesson #5: Have a training plan or learning contract for each supervisee. Whether it's called a "contract," "individualized learning plan," or "supervision plan," supervisors should discuss with supervisees what learning goals and objectives are relevant; how the supervisee will be assessed and evaluated; responsibilities of supervisees and supervisors if training goals are not satisfactorily met; clear statements about the length and frequency of supervision meetings, type of monitoring and recording; and expectations for how the supervisee should prepare for supervision. A contract is a risk management tool that provides a basis for evaluating supervisee performance using clear criteria. It justifies any grades given and evaluative statements made about the supervisee. It creates a "paper trail" if remediation is necessary. And perhaps most importantly, it satisfies the supervisee's right to informed consent and due process (Falender & Shafranske, 2004).

One advantage of being an academic is that the goals and objectives for one's supervisees are often covered in the course syllabus. However, for the sake of each supervisee's informed consent and due process, a course syllabus alone is not sufficient. I am currently drafting a supervision learning contract that goes beyond course objectives and is tailored to the training needs of each student. It will cover many of the issues that Falender and Shafranske (2004) note. I am hopeful this will enhance our working alliance.

Lesson #6: Take good notes in supervision. I know supervisors who seldom write anything down. Frankly, I don't know how they sleep at night. If I don't write it down (or otherwise record it), then how can I remember it? How can I back up my assertions about a supervisee's skills? Effective documentation is at the front lines of risk management. But what to document may vary depending on the contract, the setting, clients served, agency policies, etc. A brief documentation list for supervisors might include: supervision contract and other performance evaluations; logs of cases/clients; dates of supervision meetings held; client diagnoses, problems discussed, and future plans; details relating to safety and ethical, legal issues and their resolution; what records and/or audio/videotapes were reviewed and what recommendations were made. Supervision notes need to be clear, specific, nonderogatory and nonjudgmental (Falender & Shafranske, (2004).

I often supervise cognitive and cognitive-behavioral therapy, so I note each supervision agenda, which taped sessions/segments were watched, suggestions or "homework assignments" given to the supervisee, and specific skill ratings. Students are told that they must: review their session tapes noting segments to show

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Lasting Benefits of Foundation Award: So Much More Than We Expected

Christine Charyton, PhD, and Judith Blau, PhD

This article is written in two sections, by the recipient and by the sponsor, to give the perspective of each. More emphasis is given to the experience Dr. Charyton has had. We are hoping to inspire other people.

Recipient's perspective – Dr. Charyton

On June 21, 2002, I received the Pennsylvania Psychological Foundation Education Award sponsored by Judith S. Blau, PhD, "given in loving memory of her father, Milton Silverstein," not only for the present accomplishments, but also for my future potential while I was a doctoral student attending Temple University. Dr. Blau and I are both proud psychologist Temple University alumni. Judy and I have been meeting regularly since I received the award in 2002. She and her husband, Seth Blau, provided guidance while I was pursuing my doctoral studies to both my husband, John Elliott, and me. Judy and Seth were also interested in my creative engineering design research at Ohio State University as a visiting assistant professor. Judy and Seth invited us to share our original music with them; they embraced our creative hobby. Our band, Cyd Peace, was featured in "OPA notes," an electronic newsletter for the Ohio Psychological Association illustrating interesting hobbies of psychologist members.

Judy has also been inspiring and supportive of my interests to continue practicing psychology while working in academia (teaching, scholarship, and service). Currently, I am a visiting assistant professor in the Department of Neurology and lecturer in the Department of Psychology at Ohio State University. I also have my own private practice near the Ohio State campus.

Dr. Blau is a model practitioner with significant leadership contributions. I was very pleased to hear her tell me that she was president-elect of PPA when we last met. Judy has been influential for me being active with leadership and advocacy efforts. Last year, in Ohio, I was chair for Legislative Day at our state Capitol in Columbus. This advocacy work involved educating psychologists and legislators about integrative health care and prescriptive authority by psychologists. I first advocated for psychological services for college students to support a bill that included funding for SAMHSA on Capitol Hill in Washington, DC, when I was secretary-treasurer of APA Division 10, the Society for the Psychology of Aesthetics and Creativity in the Arts. However, the roots for all of my advocacy efforts began as a doctoral student when Dr. Blau nurtured me to advocate for important issues in Pennsylvania by sending e-mails to legislators. In sum, Judy has mentored me to actively contribute toward enhancing public policy for numerous persons affected by the field of psychology.

I am grateful for these experiences and Dr. Blau's mentoring. Our friendship and her guidance have been significant in my career development. These experiences have led me to teach my students to advocate for psychology's public policy issues. Thank you for the opportunity of receiving this award from Dr. Blau and the Pennsylvania Psychological Foundation. I am sincerely appreciative of our continued friendship and having Dr. Blau as both a colleague and mentor.

Sponsor's perspective – Dr. Blau

When I agreed to sponsor a Pennsylvania Psychological Foundation Education Award in honor of my father, I had no idea what a wonderful experience it would be at that time and for years afterwards. It turned out that the Awards Committee chose to give it to Christine Charyton. We had never met before, and sat together at the luncheon, also with her husband. As luck would have it, we hit it off splendidly, and then found out that we lived about 20 minutes away from one another in Bucks County. The rest, as they say, is history.

I don't want to repeat what Christine has already written. I do want to say that the opportunity I have had to mentor and support her during graduate school and her early professional development has been a tremendous gift for me. Seth and I feel very privileged to have been part of Christine and John's lives, and to have them be part of ours.

LESSONS LEARNED...

Continued from page 3

in supervision, prepare items for the agenda, bring all completed session progress notes, and rate their skills in each session using the grading rubrics provided. The growing edge for me is to have my supervisees evaluate the quality and helpfulness of my supervision. I'm a work in progress in that regard.

Lesson #7: Get off your pedestal and let your supervisees teach you a lesson or two!

Some humbling lessons that I have learned from my supervisees over the years include such gems as: (1) Stop micro-managing me! Sometimes things happen on their own timetable, not because you want it to happen! (2) What's the big deal if ONE session didn't perfectly follow the standard cognitive therapy session structure that Beck describes?! Stop being so dichotomous! (3) I know that Socratic questioning has something to do with Socrates, but that does NOT help me learn how to do it! (4) This cognitive-behavioral stuff is a lot harder than you think it is! And (5) my favorite lesson of all: "Geez, Dr. Haferkamp, give us a break, will ya?!"

Perhaps I have stated the obvious in these articles, but there's no doubt that these lessons, and those that I will acquire in the future, are making me a more humble, sensitive, ethically grounded and skillful supervisor. I recall with great fondness some of my most influential supervisors and I hope that a few supervisees may remember me that way in the future (if not right now!) The challenges, frustrations and responsibilities of the job are great but so are the rewards of seeing a novice grow in both confidence and skills.

References

Falender, C. A., & Shafranske, E. P. (2004). ***Clinical supervision: A competency-based approach.*** **Washington, DC: American Psychological Association.**

Haferkamp, C. J. (2013, January). Lessons learned as a clinical supervisor, part one. ***Pennsylvania Psychologist, 3.***

Mental Health and Substance Use Problems Among Older Adults

Tod R. Marion, PhD, MPH

Dr. Tod R. Marion

As the newly appointed chair of the Geropsychology Committee I am seeking members' participation in a survey to identify your experience, training, and expertise in working with older adults. We are also interested in identifying the barriers you see in providing services to older adults. This survey is part of a broader initiative conducted by the Southwestern Pennsylvania Partnership for Aging (SWPPA). Jessica Strong, the Project Consultant with SWPPA, Dr. Carol Luce, and Diane Word are working with me on this project.

SWPPA is a 10-county coalition of individuals, nonprofit and for-profit aging and health care providers, business and community organizations, institutions, and governmental entities committed to improving the social, emotional, psychological, and physical well-being of older adults. SWPPA was recently awarded a grant from the Staunton Farm Foundation to examine how older adults in our region access and receive behavioral health treatment. SWPPA is interested in exploring the barriers they face and the opportunities for increased collaboration among providers from the aging, mental health, and substance abuse sectors.

This survey is intended to gather information from psychologists. We will survey consumers and individuals from aging, mental health, substance abuse, medical, legal, long-term care, housing, and financial areas of the community. For the purposes of this survey, we use "mental health issues" to refer to problems including but not limited to: mood disorders, thought disorders, behavioral problems, and cognitive problems such as dementia. We refer to substance abuse problems including but not limited to: alcohol misuse/abuse, illicit drug abuse, prescription drug misuse/abuse, and over-the-counter drug misuse.

We are expanding on the initial goal of the survey to identify opportunities for psychologists to build a practice serving older adults. The results will be presented at the PPA Annual Convention in June 2013. I hope you will join our presentation at the convention to further explore these issues together. We plan to use your input from the survey and the discussions to make policy recommendations for improving services to older adults.

Thank you very much for your consideration and cooperation with the survey. Please call me at (412) 974-5537 or e-mail me at mariontod@hotmail.com or Ms. Strong at swppajs@zoominternet.net with questions or comments.

SURVEY

The following are the survey questions for you to review. If you follow the link below you will be able to conduct the survey online through Survey Monkey at www.SurveyMonkey.com/S/OABH_SurveyForPPA.

Observations

1. What percentage of the clients that you or your organization serve are older adults, aged 65 and over (estimated)?
2. What are the most common mental health problems among the older adult clients you serve?
3. What are the most challenging mental health problems among the older adult clients you serve?
4. What are the most common substance abuse problems among the older clients you serve? Please indicate if you do not encounter substance use problems.
5. What are the most challenging substance abuse problems among the older adult clients you serve?
6. What are the most difficult problems you face is serving older adult clients?

Trainings

7. Have you received any training to help you recognize and deal with issues facing older adults and/or aging concerns among your clients?
8. Do you or your organization have any specific programs/services for older adult clients?

Referrals

9. When a mental health and/or substance abuse issue is identified, what is the process if it is determined that a referral needs to be made? If a referral is made, what (if any) follow-up occurs?
10. What are the major problems you face in accessing treatment for these patients?

Barriers and opportunities

11. What are the main barriers that exist in addressing issues facing older adults with mental health and/or substance abuse issues? Please rank in order.
12. What currently works well when addressing issues facing older adults and working across multiple service systems?
13. What opportunities exist to improve the current service delivery model? What recommendations would you give to policymakers?

Thank you for your cooperation and time in completing this survey. We look forward to you attending our workshop.

REIMBURSEMENT FORMULAE UNDER MEDICARE

Continued from page 1

Therefore, minor adjustments in the work value have a disproportionate impact on psychologists' fees.

Factors influencing the rate of reimbursement under Medicare include the Sustainable Growth Rate, Five-Year Review, and the "Final Rule" (the Medical Economics Index). The Sustainable Growth Rate (SGR) formula, which was enacted as part of the Balanced Budget Act of 1997, tied the Medicare reimbursement rate for all providers to a formula based on changes in the national economy and Medicare costs. However, 14 times the American Medical Association has led a coalition of health care providers that has been able to delay the implementation of the SGR for one year and often get modest payment increases. Because of the deferral of accumulated decreases over the years, if the SGR were to go into effect in 2013, all providers would see a decrease in their Medicare payments around 25-30%. Almost everyone in Congress agrees that the SGR is unrealistic and should be replaced; however, there is no agreement on how to replace it.

In addition to the SGR, the Five-Year Review Rule requires the review of payment formulae for providers. In a recent Five-Year Review, CMS determined, with wide professional consensus, that Evaluation and Management (E & M) codes involving direct patient contact for medical services were undervalued and needed to be increased. However, CMS could only increase the rate of E & M codes by reducing overall payments to providers across the board because of the requirements in the Balanced Budget Act of 1997, which requires cost-neutrality in the amount of money paid to Medicare providers.

The reduction in payments was made through an across-the-board reduction in the work value portion of the RBRVS, thus leading to an across-the-board decrease in payments under Medicare. However, almost all providers were minimally impacted by this change because they received increases in E & M codes. Psychologists and licensed clinical social workers, however, are not permitted to bill for E & M codes under Medicare and therefore received all of the decrease in Medicare payments and none of the increases, resulting in an overall 7% decrease in Medicare payments. For several years, the APA Practice Organization (APAPO) was able to persuade Congress to restore a large portion of those decreases. However, in 2012, Congress refused to grant yet another extension.

With the recalculation of the Medicare Economic Index through the "Final Rule," CMS has instituted a review of the RBRVS, which gave more emphasis to work costs, such as equipment and overhead, and less to the work product. Since psychologists have relatively low overhead compared to physicians, who have expensive medical equipment, psychologists saw a reduction in their reimbursement under Medicare. It was projected that the reduction would be around 4% (no precise figure was given, only an estimate) followed by other 2% reductions in future years, leading to a total of an 8% reduction by 2013. The APA Practice Organizations has been arguing with CMS about their method of calculating overhead, citing the report of a Medicare Payment Advisory Committee that urged alternative methods for calculating these costs.

The pernicious and cumulative impact of all of these changes has greatly hurt the ability of the public to access quality psychological services. A 2012 insurance survey showed that, for the first time, Medicare beneficiaries were reporting significant difficulties in finding treating psychologists. The gradual decrease in payments, coupled with the threat of Draconian cuts under the SGR and the increased bureaucratization of Medicare, has made it a less attractive source of income for psychologists. In 2013, PPA will be focusing a large amount of attention on securing fair reimbursement under Medicare.

PSYCHOLOGISTS FACING CHALLENGES

Continued from page 1

One major insurer in Pennsylvania announced a rate reduction for psychological services at a time when psychologists are uncertain about the impact of the Affordable Care Act upon their services. Highmark has reduced their rates by 10%. Other commercial insurance rates are likely to go down because they often take their lead from Medicare. The extent to which insurers will adopt Accountable Care Organizations or medical homes under the new Affordable Care Act is unclear. However, any movement in that direction will impact the number of outpatient referrals. Business groups are proposing changes to Workers Compensation that will make access to health care more difficult.

Because of the impact of the recession on the tax revenues of school districts, some districts have cut back on school psychology positions, and further cuts may occur in the near future. Meanwhile, psychology students are facing increased problems in finding internships and are graduating with unprecedented high levels of student debt. State hospitals and prisons are cutting back on supervisor positions for psychologists, which also means a further lack of internship positions. All of these changes are occurring in the context of psychologists having to deal with new CPT codes and new diagnostic codes (with the DSM-5) and continuing challenges to upgrade to HIPAA-compliant means of record storage and retention.

Some of these challenges, while difficult in the short run, will be unlikely to impact the long-term future of psychology or our ability to provide quality psychological services to patients. Other challenges, although exacerbated by the recession, reflect an ongoing tendency to under-appreciate the contributions of professional psychology to public welfare. PPA will continue to address these concerns through its advocacy initiatives, public education campaign, and other venues. PPA staff and volunteer leaders have been meeting with legislators, executive branch officials, other health care professional associations, and insurance company executives to find solutions to these challenges.

Perhaps the most salient manner in which the under-appreciation of psychological services expresses itself is through the decline in reimbursement for psychological services under Medicare. Although Medicare covers 18% of the population of Pennsylvania, its influence is more pervasive because many insurers link their reimbursement to Medicare payment rates. In 2013 PPA will be focusing a large amount of attention on securing fair reimbursement under Medicare (*see related article on page 1*).

Classifieds

POSITION AVAILABLE

REHABILITATION NEUROPSYCHOLOGIST POSITION IN PITTSBURGH - The University of Pittsburgh Medical Center Department of Physical Medicine and Rehabilitation is seeking a full-time Licensed Psychologist to provide services to adults as part of an inpatient Stroke and General Rehabilitation team on a 19-bed, CARF-accredited unit. Job duties include assessment, intervention, patient and family education, and working closely with an interdisciplinary team. There could also be opportunities for outpatient work across a wide range of populations. Applicants must have completed a doctoral degree in clinical or counseling psychology from an APA/CPA-accredited program, an APA/CPA-accredited internship, a postdoctoral residency/fellowship in Rehabilitation Psychology or Clinical Neuropsychology, and have clinical experience in medical rehabilitation settings. Applicants must also be eligible for licensure as a Psychologist in the Commonwealth of Pennsylvania and must be licensed upon starting the position. Interested candidates should send a CV and cover letter via e-mail to rickerjh@upmc.edu, or by mail to: Dr. Joseph Ricker, Department of Physical Medicine and Rehabilitation, University of Pittsburgh Medical Center, 3471 Fifth Ave, Suite 201, Pittsburgh, PA 15213.

Established, successful outpatient private practice in State College (statecollegetherapist.com) seeks **PA LICENSED PSYCHOLOGIST** to join our group full-time. We are particularly interested in colleagues skilled in treating substance abuse and those experienced with child therapy and custody evaluations. Generalists are also encouraged to apply. Great opportunity for dynamic, early career psychologist, or individual seeking career relocation, to live and work in vibrant university community. E-mail cover letter and CV to cafpc@comcast.net.

PART-TIME FEE FOR SERVICE - DOCTORAL LEVEL PSYCHOLOGIST positions available in nursing homes and rehabilitation facilities in Montgomery, Bucks, and Chester counties. If you are a Medicare provider or Medicare eligible and are interested in a rewarding experience, please contact: Dr. Lynne Freeman or Dr. Robert Mabel at LMF Psychological Services, LLC, P.O. Box 237, Hatfield, PA 19440; (215) 362-1420 or e-mail lmfpsych@hotmail.com.

OTHER

OFFICE SPACE FOR RENT –Beautiful office space for rent in Wayne, near King of Prussia, with established mental health practitioners. Private entrance and parking. Available March 1. Call Hope Riley, PhD, at (610) 971-0117 or e-mail hoperiley502@gmail.com.

EXPANSION OFFICE SPACE! Share quiet, professional suite near suburban Philadelphia area (Bala Cynwyd), furnished, conference room, fax/copier, etc. Flexible hours, friendly rates. (610) 664-3442.

LIFE SKILLS TRAINING SUPPORT GROUP FOR YOUNG ADULTS –Life Skills Training Support Group for Young Adults to learn what parents, teachers & educators didn't teach to be able to be successful in a marriage, schooling, parenting & socially. Includes financial, healthy lifestyles, organizational, social, time management & much more. Meets alternating Sundays at 3 p.m. for an hour. Must pre-register. 306 Rickert Rd, Sellersville PA 18960; (215) 799-2220; drjaallender@gmail.com

Upcoming PPA Election Will Be Online

The Nominations and Elections Committee has been recruiting excellent candidates for positions on our Board of Directors. The offices being contested are president-elect, treasurer, and the chair of the Communications, Internal Affairs, and School Psychology Boards. Our election this year will take place through a link on our website starting next month. All members will be notified of it by e-mail. 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.

The candidates' statements will be posted on the PPA website, www.PaPsy.org, in the members-only section. It's your organization! Please pay attention and vote for the candidates you believe will provide the best direction for the association in the coming years. We are trying to make the process as easy for you as possible.

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The *Pennsylvania Psychologist* Update is published jointly by the Pennsylvania Psychological Association (PPA) and the Pennsylvania Psychological Foundation in January, February, April, May, July/August, October and November. The *Pennsylvania Psychologist* Quarterly is published in March, June, September and December. Information and publishing deadlines are available from Marti Evans at (717) 232-3817. Articles in the *Pennsylvania Psychologist* represent the opinions of the writers and do not necessarily represent the opinion or consensus of opinion of the governance, members, or staff of PPA. Acceptance of advertising does not imply endorsement.

2013 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

April 4 and 5, 2013
Spring Continuing Education and Ethics Conference
Monroeville, PA
Marti Evans (717) 232-3817

April 15, 2013
Advocacy Day
State Capitol Building
Harrisburg, PA
Rachael L. Baturin, MPH, JD
(717) 232-3817

June 19-22, 2013
Annual Convention
Harrisburg, PA
Marti Evans (717) 232-3817

October 31/November 1
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

Podcast
A Conversation on Positive Ethics with Dr. Sam Knapp and Dr. John Gavazzi
Contact: ppa@PaPsy.org

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.PaPsy.org/index.php/collaboration-communication/.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

also available at www.PaPsy.org – HOME STUDY CE COURSES

Excess Weight and Weight Loss – NEW!
3 CE Credits

*Ethical Practice Is Multicultural Practice**
3 CE Credits

*Introduction to Ethical Decision Making**
3 CE Credits

Staying Focused in the Age of Distraction: How Mindfulness, Prayer and Meditation Can Help You Pay Attention to What Really Matters
5 CE Credits

*Competence, Advertising, Informed Consent and Other Professional Issues**
3 CE Credits

*Ethics and Professional Growth**
3 CE Credits

*Confidentiality, Record Keeping, Subpoenas, Mandated Reporting and Life Endangering Patients**
3 CE Credits

*Foundations of Ethical Practice**
6 CE Credits

*Ethics and Boundaries**
3 CE Credits

Readings in Multiculturalism
4 CE Credits

*Pennsylvania's Psychology Licensing Law, Regulations and Ethics**
6 CE Credits

***This program qualifies for three contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.**

For all Home Study CE Courses above contact: Katie Boyer (717) 232-3817, secretary@PaPsy.org.