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The Perfect Storm Hits Psychology

In the fall of 1991, an unusual set of meteorological conditions led to a massive storm in the North Atlantic. This "perfect storm" (also called the Halloween Nor'easter of 1991), created the highest waves in recorded history off the coast of the Canadian maritime provinces that exceeded 100 feet. It inspired the book *The Perfect Storm* by Sebastian Junger and later a movie by the same name.

The phrase "perfect storm" has entered everyday vocabulary to refer to a set of unusual circumstances occurring together that synergistically create severe trouble and turmoil. Psychology is experiencing a perfect storm which became apparent to PPA by the fall of 2012. As described by one member of the PPA Board of Directors, "We are under attack on all fronts."

The perfect storm is a result of a combination of ongoing concerns that need immediate attention. These concerns include dealing with increased fraud and abuse initiatives by Medical Assistance, pressures for payment reductions under Medicare, rate reductions by some major commercial insurers, an initiative to revise the Child Protective Services Law arising from the Penn State scandal, concerns about revising the involuntary hospitalization or duty-to-protect procedures in Pennsylvania, proposed changes in the ethics code by the State Board of Psychology, changes in the CPT codes, expected changes in the DSM, problems in ensuring adequate support for psychologists working in the state hospitals and Department of Corrections in Pennsylvania, among other challenges to public access to psychological

Continued on page 8

Legislators Consider Reforms to Child Protective Services Law

As we go to press, the Children and Youth Committee of the Pennsylvania House of Representatives is planning a series of hearings on proposals to reform the Child Protective Services Law in Pennsylvania. Many of these proposals reflect the recommendations of Pennsylvania's Task Force on Child Protection, which issued its final report in November 2012.

The final report can be found at its website at http://www.childprotection.state.pa.us/. This hard-working task force met for more than a year, heard public testimony, deliberated carefully on the issues, and produced a 400-plus page report with dozens of recommendations to reform the child abuse reporting law in Pennsylvania. The summary of proposed recommendations is itself 23 pages long.

Although the task force was appointed in response to the activities surrounding former Penn State assistant coach Jerry Sandusky, PPA has long maintained that the main problem with the Child Protective Services Law is that too many abused children are not being protected. Pennsylvania has the lowest rate of identifying abused children in the country (one-seventh of the national average) and a rate of substantiating child abuse (14%) which is far below the national average of 23%.

Among many other proposals, the task force recommended expanding the definitions of mandated reporters to include more professions, requiring mandated reporters to be trained in the identification and reporting of child abuse, upgrading the training for child welfare workers, creating multidisciplinary investigatory teams, eliminating loopholes in the definition of child sexual abuse, expanding the definition of non-accidental injury, requiring all professionals who work with children (including mental health professionals) to be screened for past offenses against children, creating a task force to recommend evidence-based intervention programs for families, and improving the operation of ChildLine.

Continued on page 8

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PennPsyPAC Helps Legislative Agenda

Thomas H. DeWall, CAE

Thomas H. DeWall

In the December 2012 *Pennsylvania Psychologist* we presented information about the amount of money PennPsyPAC raised and spent in 2011 and how that compared to other professional health care associations' PACs. This month we are updating those figures for 2012. Table 1 shows that PennPsyPAC leads most other non-physician PACs but is dwarfed by the Pennsylvania Medical PAC.

The money we have raised has helped us gain passage of numerous pieces of legislation in Harrisburg that have advanced the interests of psychologists and their patients. It has also helped us defeat legislation that would have negatively impacted professional psychology. On the other hand, there are some issues on which we have not yet achieved success, though I believe we could if more members contributed to PennPsyPAC. For example, several years ago we made a major push to authorize hospital privileges for psychologists, but the Medical Society was able to water down our bill. Only about 11% of PPA members contribute to PennPsyPAC. If we could double or triple that number we could win legislative battles such as that. The same can be said for managed care reforms, school psychology issues, and other bills in the legislature.

The funds that PennPsyPAC raise go mostly to help elect or re-elect candidates for the state House and Senate in both major parties who are supportive of our agenda. Most of those funds are spent in attending legislative fundraising events, which means that both our paid and volunteer leaders get "face time" with the candidates to discuss issues vital to psychologists' interests. A portion of PennPsyPAC expenditures also goes to support our annual advocacy day and regional advocacy days around the state.

I am indebted to PPA staffer Katie Boyer for doing the research on the Pennsylvania Department of State's website to compile all of the figures in Table 1.

Table 1 *Amounts Raised and Spent in 2012*

Name of Association	Name or Acronym of PAC	Raised	Spent
PA Psychological Association	PennPsyPAC	$48,141	$40,383
Chiropractic Fellowship of PA	Chiropractic Fellowship PAC	$2,350	$3,650
PA Chiropractic Association	PA Chiropractic Association	$5,370	$7,010
PA Dental Association	PA Dental PAC (PAD PAC)	$25,860	$15,855
PA Medical Society	PA Medical PAC (PAM PAC)	$171,825	$179,536
PA Psychiatric Society	Psychiatric Physicians of PA PAC	$957	$2,655
PA State Nurses Association	PSNA PAC	$1,750	$2,704
PA Assn. of Nurse Anesthetists	PA Association of Nurse Anesthetists PAC	$19,655	$37,668
PA Ophthalmology Association	PA Ophthalmology PAC	$67,534	$50,388
PA Optometric Association	PA Optometric PAC	$45,230	$55,890
PA Pharmacists Association	PA Pharmacy PAC (PHARMPAC)	$30,205	$26,603
PA Physical Therapy Association	PA Physical Therapy Positive Action Committee	$27,174	$27,061
PA Podiatric Medical Association	PA Podiatric Medical Association	$19,121	$28,320

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- The *Pennsylvania Psychologist*
- PPA Member Listserv
- PPA Online Psychologist Locator
- Online Career Center
- Ethical and Legal Consultation
- Annual Convention/CE Workshops
- Colleague Assistance Program
- Online CE Courses
- An e-newsletter, "Psychological News You Can Use"
- *Membership Directory and Handbook*
- Act 48 Credits
- PA State Employees Credit Union
- Networking Opportunities for Students
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Billing Questions

A Conversation With Two PPA Insurance Committee Chairs

Samuel Knapp, EdD, Director of Professional Affairs

Dr. Sam Knapp

Dr. Daniel Warner

Dr. Vince Bellwoar

I (SK) had the opportunity to discuss billing issues with Dr. Daniel Warner (DW), current chair of PPA's Insurance Committee, and Dr. Vince Bellwoar (VB), who is currently president-elect of PPA and a past chair of the Insurance Committee. Given the changes in billing brought on by the new CPT codes, I felt it was especially important to hear from them. Here is a summary of our conversation.

SK: What is the difference between a 90832, 90834, or 90837, which the CPT manual defines as psychotherapy "with patient and/or family member," and 90847, which the CPT manual defines as "family therapy (conjoint psychotherapy) (with patient present)?"

DW: The difference depends on whether the focus of the treatment is on the patient (as in 90832, 90834, or 90837) or the family (as in 90846 or 90847).

SK: How are psychologists going to get paid for time spent on an emergency if the insurance company does not reimburse for a crisis code (98039)?

VB: Of course psychologists can bill a crisis code to a self-pay patient, but a problem arises if the psychologist is in-network with an insurance company that does not reimburse for the crisis code. The only response is to bill the procedure code that most closely represents the nature of the service delivered, such as a 90834 (psychotherapy 38 to 52 minutes). If appropriate a complexity modifier may be added as well. The problem is that crises often take far more time than the insurance company pays for, thus penalizing the psychologist who is delivering an essential service for less than adequate reimbursement. The provider may also consider calling the patient's insurance company for special authorization for a 90839. If the crisis session is needed to keep the patient out of a higher level of care, some insurers may grant the 90839 authorization.

SK: I understand that a few insurance companies are refusing to pay for the 90837 procedure code, or only paying for it if services have been preauthorized. May a psychologist charge a patient for the difference between the time the psychologist spent with the patient and the time that the insurance company reimbursed?

VB: Psychologists need to adhere to the contents of their contracts with the insurance company. Most companies would not allow psychologists to bill patients for a covered service except for the copay.

SK: May a psychologist bill using two procedure codes on the same patient on the same day?

DW: Most insurance companies will not pay for two procedure codes on the same day – but they should pay for the interactive codes like 90785.

SK: I have heard that it is now required that psychologists document the start and stop times for each therapy session. Is this correct?

VB: Yes, that is true for Medicare, but not for most commercial policies. However, many psychologists are documenting the length of time or the start and stop times for all of their sessions. Doing so would provide proof of the length of the session in the event of an audit by a commercial insurance company.

SK: What are interactive codes?

DW: Interactive codes may be used in conjunction with 90791, 90832, 90834, or 90837 (but not for family therapy such as 90846 or 90847). They may be used when a session involves an unusual difficulty or intensity (not additional time) of service such as when a patient has an intense emotional reaction to situations brought up in therapy or when a report of suspected child abuse should be made. Interactive codes should not routinely be used with difficult patients. Psychologists should document what in the session justifies the use of the interactive code.

SK: May a psychologist use the interactive codes with group therapy?

DW: It is possible to use an interactive code with group therapy if one of the therapy members has an issue that is particularly complex and requires extra time outside of the group. The psychologist needs to have done something extra in terms of work in order to justify the interactive code for group therapy.

SK: Can a psychologist be out-of-network for an insurance company in one location, but in-network in another location?

VB: This depends on the insurance companies. Most companies do not permit this arrangement. It is possible however, that a company may allow the services of a psychologist to be billed in-network if they are part of a group or agency, but out-of-network if they have an independent practice separate from that group or agency. In that case the group or agency is in-network, not the psychologist.

SK: May a psychologist bill a patient for the time spent reading records?

Continued on next page

Medicare Fee Decreases Result in Access Problems for Older Adults

According to surveys of its members conducted by the Pennsylvania Psychological Association, the impact of declining fees under Medicare, combined with the threat of more drastic cuts, are creating difficulties for Medicare beneficiaries who are seeking psychological services.

The 2010 PPA survey revealed that 75% of psychologists somewhat or strongly agreed with the statement that Medicare patients could get an appointment with an in-network psychologist within two weeks. Only 15% of psychologists reported that they or their staff received calls in the last month from patients complaining that it was difficult for them to get an appointment with an in-network psychologist.

However, the 2012 PPA survey revealed that the percentage of psychologists agreeing that Medicare patients could get an appointment with an in-network psychologist within two weeks fell to 61%. Also, 29% of psychologists or their staff had received calls from patients in the past month complaining that it was difficult for them to get an appointment with an in-network psychologist. That is, in a two-year period the estimated number of Medicare patients with difficulties getting access to psychological services has nearly doubled.

Medicare fees are being lowered pursuant to several formulae established by Congress and/or imposed by the Centers for Medicare and Medicaid Services. Some of those formulae pertain to all health care providers, whereas others apply disproportionately to psychologists and other mental health professionals (Knapp, 2013). The top legislative priority of PPA and APA at this time is rectifying the rate decreases with the goal of ease of access to psychological services under Medicare.

Reference

Knapp, S. (2013, February). Reimbursement formulae under Medicare, *Pennsylvania Psychologist*, 1, 6.

Continued from previous page

DW: Absent an insurance contract that specifies otherwise, psychologists may bill patients for any professional service as long as the patients have been informed of the billing arrangements ahead of time. As a practical matter, most psychologists will read reports, write brief letters or perform other services for patients without charging extra money. However, situations have arisen where patients have asked for psychologists to read hundreds of pages of court documents, past treatment records, and other information, insisting that reading this information is essential for the psychologist to "understand them sufficiently enough to be helpful." Other situations have arisen where patients have asked for a brief letter that takes the psychologist a few minutes to write. However, then the patient is dissatisfied and wants the letter expanded and rewritten several times, so the time commitment on the part of the psychologist expands from ten minutes to three hours. Because of the potential for patients to take advantage of the goodwill of psychologists, many psychologists specify in their informed consent documents that they will charge for all services requested by the patient, including reading records, generating reports, making consultations, or other services longer than 15 minutes. Of course, psychologists can always waive this financial obligation to a patient if they wish. However, its presence in the informed consent document reduces the likelihood that patients will make extraordinary demands on the time of the psychologist and then expect the psychologists to do this extra work for free.

SK: Can psychologists charge patients a late fee for uncollected debts?

VB: They can charge a late fee if this fee has been discussed with patients when treatment begins and is not prohibited by any contract the psychologist has signed with an insurer.

Plan to Attend Advocacy Day

The PPA leadership has selected Monday, April 15, 2013, as our Harrisburg Advocacy Day this year. PPA members are urged to attend. It will again be in the state Capitol Building. 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 several new legislative proposals for dealing with child abuse reporting.

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 above board 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.

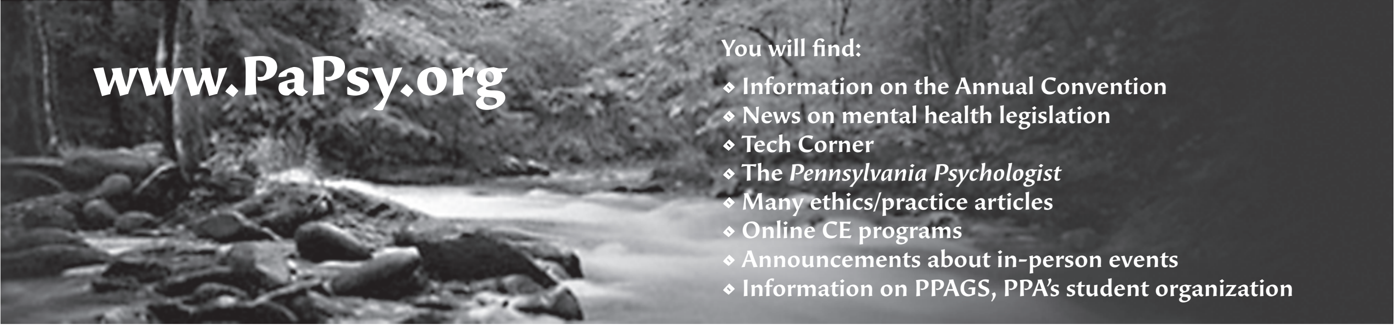
The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists

As of March 18, 2013

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 77	Provides for involuntary commitment to outpatient treatment - Sen. Stewart J. Greenleaf (R-Montgomery)	Against unless amended	In Public Health and Welfare Committee	None
SB 344 and 345	Eliminates health care mandates - Sen. Mike Folmer (R-Lebanon)	Against	In Banking and Insurance Committee	None
HB 21	Authorizes psychologists to testify in court on the determination of insanity and competency to stand trial - Rep. Glen R. Grell (R-Cumberland)	For	None	In Judiciary Committee
HB 336	Authorizes licensing boards to expunge disciplinary records for certain technical violations after four years - Rep. Kate Harper (R-Montgomery)	For	In Professional Licensure Committee	Passed 2/13/13, 195-1
HB 316	Establishes child advocacy centers to investigate allegations of child abuse - Rep. Julie Harhart (R-Northampton)	For	In Aging and Youth Committee	Passed 2/12/13, 198-0
HB 430	Allows reports of child abuse to be submitted through advanced electronic communications - Rep. Katherine M. Watson (R-Bucks)	For	None	In Children and Youth Committee
HB 431	Mandates training in child abuse conducted by DPW for all licensees - Rep. Mauree A. Gingrich (R-Lebanon)	For if amended	None	In Children and Youth Committee
HB 580	Provides mandated reporters of child abuse with information on reports they have filed - Rep. Louise Williams Bishop (D-Philadelphia)	For	None	In Children and Youth Committee
HB 673	Makes failure to report suspected child abuse a felony - Rep. Kevin J. Boyle (D-Philadelphia)	Against	None	In Judiciary Committee

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



If Your Patient Was Abusing Prescription or Illicit Drugs, Would You Know?

National Institute on Drug Abuse

In 2011, 3.1 million persons aged 12 or older reported using an illicit drug for the first time within the past 12 months. This averages to approximately 8,500 initiates per day. Additionally, 6.1 million persons aged 12 or older reported the nonmedical use of prescription psychotherapeutic drugs in the past month (SAMHSA, 2012).

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, is interested in improving clinical outcomes by providing science-based resources to clinicians about drug abuse and addiction. To help achieve that goal, NIDA has developed NIDAMED, a portfolio of resources to help psychologists and other clinicians better address drug abuse in their patients. Visit the NIDAMED website now to view the portfolio of free resources: http://www.drugabuse.gov/nidamed-medical-health-professionals.

Available materials include:

- **The NIDA Drug Use Screening Tool.** This interactive Web tool, easily accessible from mobile devices, offers a single question Quick Screen to identify patients with recent substance use. If a patient is found to be at risk using the Quick Screen, the **NM ASSIST** provides more in-depth questions about patient drug use. A substance involvement score, generated from patient responses, suggests the level of intervention needed.
- ***Screening for Drug Use in General Medical Settings: Resource Guide.*** This guide supplements the NIDA Drug Use Screening Tool by providing more detailed instructions to clinicians about how to use the tool, discuss screening results, offer brief interventions, make necessary referrals, conduct biological specimen screening, and locate substance abuse treatment facilities.
- ***Screening Tool Quick Reference Guide.*** This pocket guide provides an abbreviated version of the NIDA Drug Use Screening Tool and instructions on its use.
- **Patient Resources.** These materials were developed to help clinicians provide patients with information about drug use, addiction, and treatment. Resources include (1) one-page fact sheets about prescription drug abuse, marijuana, and substance abuse treatment options; (2) booklets about the science of addiction, facts about drugs, and tips for finding treatment; (3) posters to help start conversations with at-risk patients about their drug use; (4) an online tool that highlights parenting skills to prevent the initiation and progression of drug use among youth; and (5) a website written in simple, direct language to help readers understand drug abuse, addiction, and treatment.
- **Substance Abuse-Related Continuing Education Courses (CME/CE).** These two new MedScape CME/CE courses, which offer up to three CME/CE credits, include video vignettes modeling clinician–patient conversations about the safe and effective use of opioid pain medications. The courses were created to help clinicians understand and address the complex problem of prescription drug abuse. More than 30,000 clinicians have completed the course for credit, and an additional 50,000 have viewed it.
- **Curriculum Resources.** This series includes ten innovative drug abuse and addiction curricula, which were designed to help teach students to identify and treat patients struggling with drug abuse and addiction. The resources were created to help fill gaps in current medical education related to both illicit and prescription drug abuse.

To order these and other resources free of charge, visit the NIDA Drug Pubs website: http://drugpubs.drugabuse.gov/. If you have questions about any of the NIDAMED resources, contact nidacoe-team@jbsinternational.com.

Reference

Substance Abuse and Mental Health Services Administration. (2012). Results from the 2011 National Survey on Drug Use and Health: Summary of National findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Author.

THE PERFECT STORM HITS PSYCHOLOGY

Continued from page 1

services. All of this is occurring while psychology and health care in general are preparing for changes as a result of the phase-in of the Affordable Care Act.

The storm is occurring at a time when APA has had to cut back its staff available to help states because of budget constraints. PPA's budget is similarly strained and there is no flexibility in adding new staff to respond to these immediate issues. It is also occurring at the time that PPA will be undergoing internal changes surrounding the retirement of long-term executive director Thomas DeWall at the end of August 2013.

We are not helpless in the face of these challenges. Instead we expect to address each of them, doing the best we can to ensure public access to quality psychological services. The articles in this edition describe some of the changes that psychologists are facing and efforts by PPA to address them.

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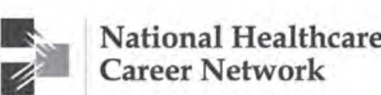

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CHILD PROTECTIVE SERVICES LAW

Continued from page 1

The recommendations can be classified into four general groups. One group of proposals deals with issues not directly related to the practice of psychology, and PPA will not comment unless specifically asked to. A second group of recommendations would clearly, in the opinion of PPA, improve the Child Protective Services system, such as the option of filing reports of suspected abuse by e-mail. A third group of recommendations could be helpful if written or implemented appropriately. For example, PPA supports the idea of educating mandated reporters. However, we would want any educational mandate to be integrated into existing continuing education requirements for psychologists, include some alternate educational path for psychologists who do not work with children, avoid overlap with mandated educational programs required as a condition of keeping certification as a school employee, and address other technical concerns. A final group of recommendations would, if implemented, reduce the safety of children and should be resisted. For example, some proposals would greatly expand the reporting obligations of psychologists even in situations where the credibility or certainty of the allegation is highly suspect. PPA believes that the exceptions to confidentiality in the psychologist-patient relationship should be narrowly drawn.

Now legislators are taking the proposals of the task force as well as their own ideas and writing bills to amend the Child Protective Services Law. As with any bills in the state legislature, it will take months of hearings and meetings in both the state House of Representatives and the state Senate before these proposals become law. PPA will be working in coalition with other health care groups to ensure the passage of laws that best serve the children of Pennsylvania.

Classifieds

POSITION AVAILABLE

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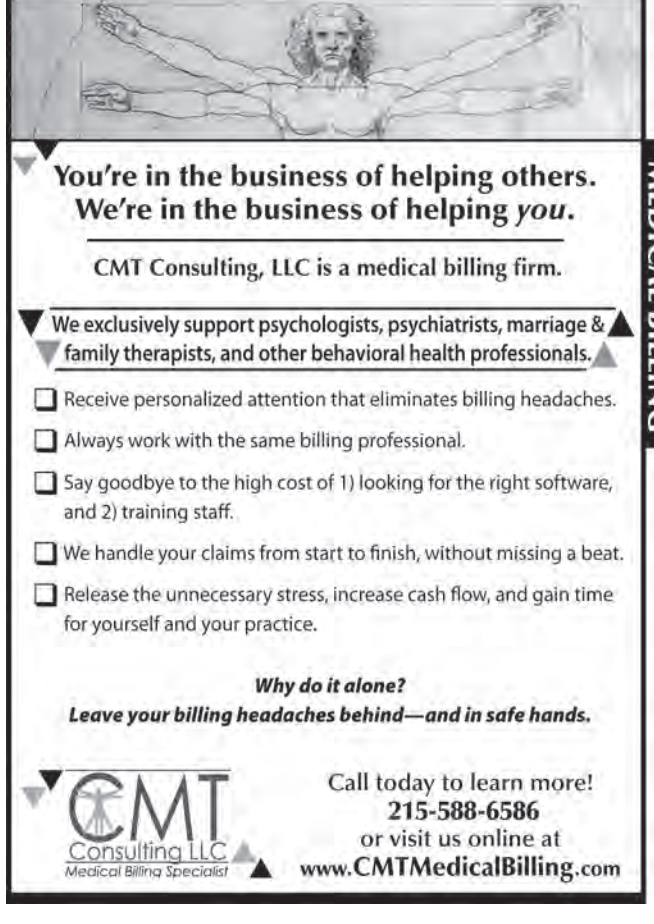

Continuing Education for Psychologists and Social Workers

June 10, 2013

Mr. Rogers and the Spirituality of Children

Presentations by:
Amy Hollingsworth
Karen Vander Ven
Carl Johnson
Judith Rubin
Dana McMakin
Martha Robbins

Greetings from:
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Keynotes

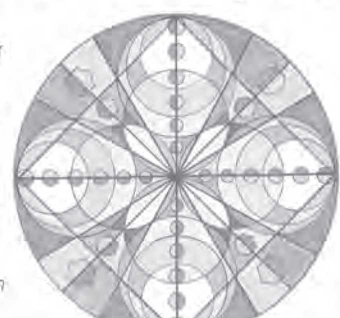
Joan Borysenko, PhD
Cancer biologist, mind/body connection expert, best-selling author of ten books including *Minding the Body, Mending the Mind*

David Feinstein, PhD
Clinical psychologist, leader of EP, award-winning author of *Energy Psychology Interactive* and *The Promise of Energy Psychology*

Roger Jahnke, OMD
Acupuncture & traditional Chinese physician, co-founder of NQA, author of *The Healer Within* and *The Healing Promise of Qi*

William Tiller, PhD
Physicist, Standford professor emeritus, author of *Science and Human Transformation: Subtle Energies, Intentionality and Consciousness*

Eben Alexander, MD
Academic neurosurgeon, best-selling author of *Proof of Heaven: A Neurosurgeon's Journey Into the Afterlife*



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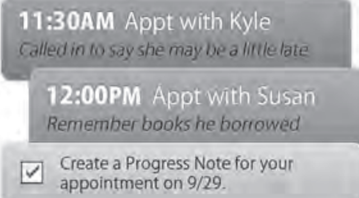
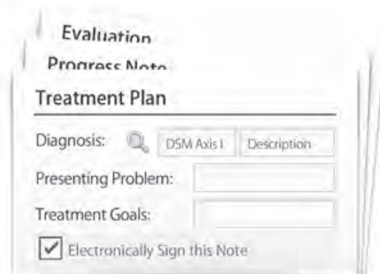


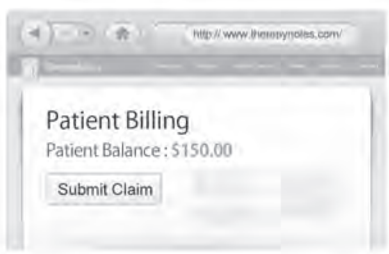
Scheduling & To Do Lists

Streamline your practice management and workflow. Past appointments are automatically added to your To Do List. Sync your calendar to your iPhone. Great multi-clinician scheduling features.



Patient Notes & EMR

Our form-based system makes it easy to keep up with your notes. Templates were designed specifically for mental health and therapists. Also upload any files to your patient records.



Electronic Billing

Easily submit claims electronically with TherapyNotes EDI! Track balances, view revenue reports, and generate CMS forms, superbills, and patient statements all from within TherapyNotes.

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PPA President	David J. Palmiter Jr., PhD
PPF President	Toni Rex, EdD
Executive Director	Thomas H. DeWall, CAE

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iva@PaPsy.org.

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

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

April 15, 2013
Advocacy Day
State Capitol Building
Harrisburg, PA
Rachael L. Baturin, MPH, JD
(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.

HOME STUDY CE COURSES — *also available at www.PaPsy.org*

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*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.