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The Pennsylvania Psychologist

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NOVEMBER 2015 • UPDATE

Licensure Renewal Deadline Approaches

Samuel Knapp, EdD, ABPP; Director of Professional Affairs



Dr. Samuel Knapp

PPA urges all psychologists to complete the mandatory continuing education (CE) requirements before the current biennial licensure period ends on November 30, 2015. The State Board of Psychology has disciplined psychologists for failing to get the necessary continuing education or for falsely stating that they had completed their CE requirements.

All psychologists in Pennsylvania will be sent renewal notices from the State Board of Psychology this fall. Psychologists must complete the renewal form and return it unless they intend to retire. The most common reason that psychologists inadvertently fail to renew their licenses is because they have neglected to notify the licensing board that their addresses have changed. The State Board of Psychology can be contacted at 717-783-7155 or through e-mail (ST_PSYCHOLOGY@pa.gov). Do not send renewal materials to the PPA office. *Psychologists who practice after December 1, 2015, without a license may be in violation of the Professional Psychologists Practice Act and subject to prosecution by the State Board of Psychology.*

Psychologists who hold licenses in Pennsylvania and other states should be sure that they meet the continuing education requirements of all of the states in which they are licensed. Several psychologists have been disciplined because they did not realize that courses that met the CE requirements in one state did not necessarily meet them in another state.

License renewal in 2015 will differ from previous years in that all licensing boards require licensees to complete a continuing education program in child abuse recognition and reporting as a condition of licensure renewal. The continuing education requirements for psychologists can be found in the accompanying article "What Are the Continuing Education Requirements for Psychologists in Pennsylvania?" on [page 5](#).

LICENSING PERIOD ENDS
NOVEMBER 30, 2015

Pennsylvania Psychology CE FAQs

In Pennsylvania psychologists are required to complete 30 hours of CE credits over a two-year licensure cycle. This cycle ends on November 30 of odd-numbered years, making the next cycle end date **November 30, 2015**. Read below for some frequently asked questions about this process.

Q: What is the total number of CE credit hours needed to maintain my license?

A: You need 30 hours of CE credit.

Also remember that:

- ♦ At least 3 must be ethics credits.
- ♦ At least 2 must fulfill Act 31 requirements (PA Child Abuse Recognition and Reporting). If you are trying to get licensed, you must complete 3 hours of Act 31 training.
- ♦ Up to 15 credit hours can be completed via home study.
- ♦ You can carry over up to 10 hours of unused credit from a previous cycle.

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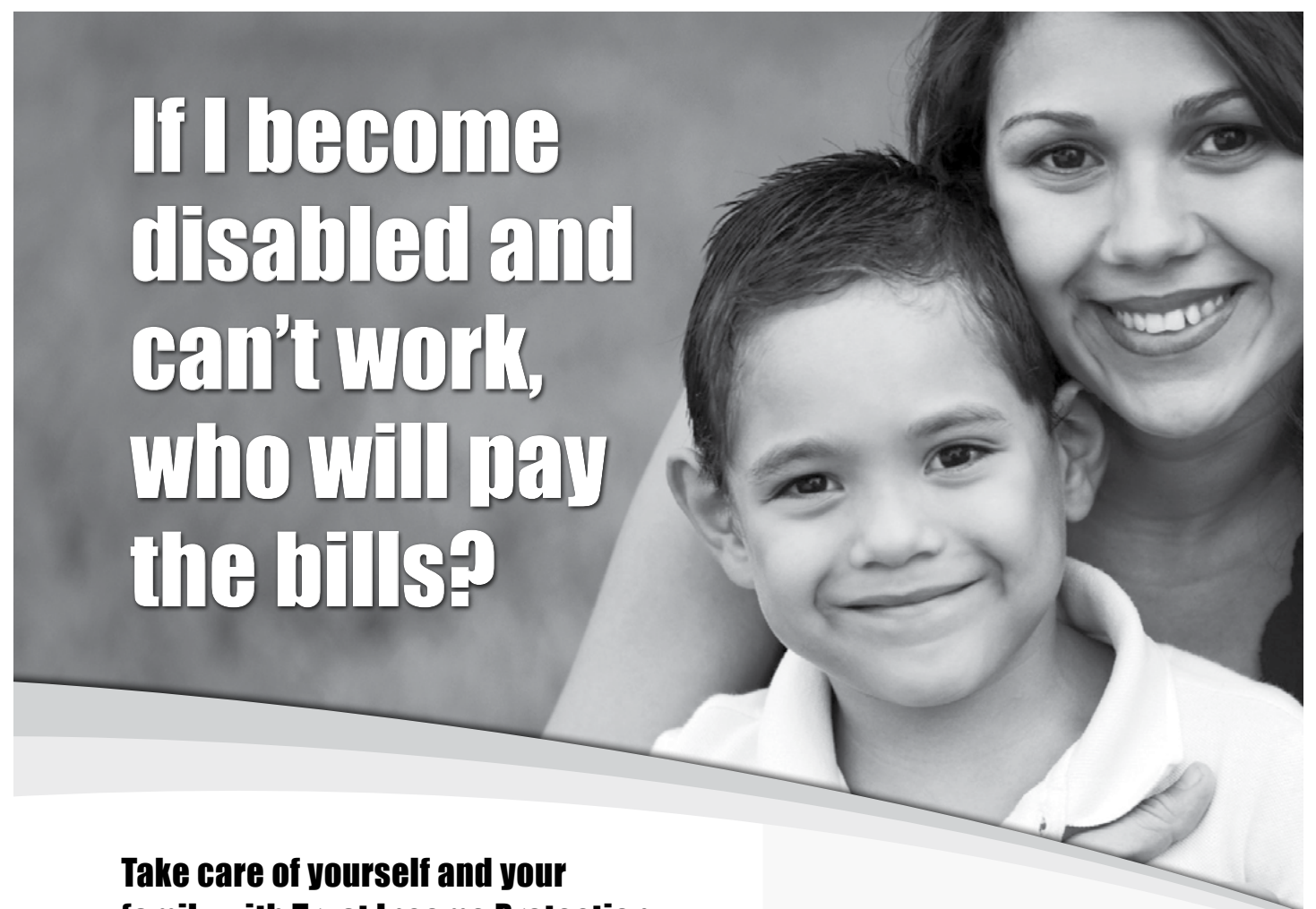


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When Do Personal Behaviors Become Professional Concerns?

Samuel Knapp, EdD, ABPP; Director of Professional Affairs¹

When does the personal behavior of a psychologist or a psychology student become a professional issue? Supposedly the private behavior of a psychologist should remain private behavior. After all, the APA Ethics Code states that the professional activities of psychologists “should be distinguished from the purely private conduct of psychologists which is not within the purview of the Ethics Code” (Preamble, APA, 2010). As long as psychologists perform adequately in their professional roles, should it make a difference what they do in their personal lives?

I have known psychologists who have used illegal drugs, had an extra-marital affair, employed prostitutes, was a nude male model at an art school, had her pictures printed in a national “men’s magazine,” or engaged in other activities that would offend the sensitivities of some people. As long as they did not work while they were stoned or had affairs with patients (or others over whom they had professional influence or authority), what they do in their personal lives is none of our business. Or is it?

Psychology (and other health care) licensing boards may deny a license if the applicant does not have acceptable moral character. In general parlance, character refers to the “honesty and integrity with which a person deals with others” (Johnson & Campbell, 2004, p. 406). So, for example, some states require applicants to submit a child abuse clearance and an FBI crime report. Being identified as a child abuser or having a felony would trigger further inquiry and possibly be grounds for denying a license. Also, a report that they had engaged in a serious

ethics violation while a trainee could eliminate them from consideration for licensing on the grounds of poor moral character.

Psychology (and other health care) licensing boards may deny a license if the applicant does not have acceptable moral character.

Even after an applicant becomes licensed, psychology boards often have the option of disciplining them if they violate the APA Ethics Code or other ethics code adopted by the licensing board; commit a felony; or engage in a misdemeanor that is related to the practice of psychology. So a misdemeanor for threatening to assault a neighbor would not fall under the jurisdiction of the psychology board, but a misdemeanor for threatening to assault a patient would.

The line gets blurry, however. One psychologist told me that he made an obscene gesture to a driver who was moving very slowly down the highway. It turned out that the driver was the patient whom he had seen in therapy only one-half hour earlier. The patient never came back to therapy. Was this act related to the practice of psychology? One psychology student allegedly was a vampire (she never completed the program). But was this a lifestyle choice or the manifestation of a disturbed personality? The widespread

use of the internet increases the extent to which patients can access private information on their psychologists; thus expanding the extent to which private actions could be seen by patients or other professionals.

Pipes, Holstein and Aguire (2005) suggest several questions to ask when ambiguous behaviors might cross the line between the personal or the professional. For example,

1. Does the behavior seem in part professional?
2. Will the behavior likely impact clients, students, or research participants?
3. Is it linked to the role of a psychologist?
4. Could clients, students, or research participants reasonably interpret the behavior as occurring in a professional role?
5. Could it be viewed as discrediting the field of psychology?
6. Did the psychologist fail to clarify the professional/personal distinction?
7. If the answer to questions 1 through 4 is yes, did the psychologist repeat the behavior?

According to these standards, the psychologist who made an obscene gesture toward a patient was not acting in a professional role and his behavior, albeit offensive, would not be confused as part of his professional role. Another psychologist does not put political endorsement bumper stickers on her car because, she reasons, she might offend a client who might identify her car. Decisions such as this are entirely personal and not the concern of the State Board of Psychology or

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¹ The author thanks members of the PPA Ethics Committee for their review of a previous version of this article.

WHEN DO PERSONAL BEHAVIORS BECOME PROFESSIONAL CONCERNS?

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the profession in general. No reasonable person would confuse placing bumper stickers on one's car as a professional activity.

Nonetheless, some situations may lead to confusion as to whether psychologists were acting in a professional role. For example, a minister asked a psychologist who was a lay leader in a church to be part of a team which was to meet with a congregant who was disruptive in church. Whether the psychologist was acting in a professional role or not depends on how that role was presented to the congregant or the other members of the team. Unless the role were clarified, others could reasonably construe the psychologist as acting as a professional; and not as an ordinary member of the church's leadership.

In this situation, I would urge psychologists to avoid role slippage. When

psychologists are acting as lay leaders (not as psychologists), they should clarify this with the members of the team and the congregant ahead of time. We do not want to create a situation where the psychologists believe that they are acting as lay leaders, but everyone else expects them to employ their unique psychological skills to the situation.

Role slippage can also occur when psychologists act as "unintentional evaluators," such as when a guest at a party asks a psychologist for a professional opinion (or a question with professional implications), such as "does my child have an attention deficit problem?" or "do you think my child is gifted?" Psychologists should not underestimate how naïve some lay persons can be; often they believe that we can make judgements based only on snippets of self-reported information on a third party. Psychologists need to choose their words carefully, as desperate parents may selectively interpret or misconstrue what they say. Of course the optimal response is to refuse to

give a diagnosis and then explain the steps or processes that the individual can go through to get an answer (e.g., "Have you talked to your child's pediatrician?").

Conclusion

Usually a clear bright line exists between professional and personal behavior. However, psychologists need to show sensitivity in some situations where seemingly personal activities could be construed as professional.

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What Are the Continuing Education Requirements for Psychologists in Pennsylvania?

Samuel Knapp, EdD, ABPP; Director of Professional Affairs¹

Licensed psychologists in Pennsylvania who wish to renew their licenses must complete a minimum of 30 contact hours of continuing education (3 of which must be in ethics) between December 1, 2013 and November 30, 2015. Psychologists may carry up to 10 contact hours in excess of the 30 required from one renewal period to the next; however, psychologists may not carry over continuing education hours in ethics.

The State Board of Psychology will accept a continuing education course if it is (1) a course from an accredited college or university corresponding to the scope of practice of psychology and generates semester or quarter hour credit; (2) given by an APA approved CE provider; (3) given by a sponsor approved by the American Medical Association and the course is related to the practice of psychology and has learning objectives and assesses the extent to which those learning objectives are met; or (4) given by a provider specifically recognized by the Pennsylvania State Board of Psychology as a CE provider for Pennsylvania psychologists.

Up to 15 of the required contact hours may be in home study programs offered by an approved sponsor. The State Board of Psychology has decided that a continuing education program offered via the Internet (i.e. webinar) is considered "live" if the instructors and participants can see, interact, and discuss information in real time. If the instructors and participants cannot engage in all three activities, the program is considered "home study."

Up to 15 hours can be acquired by teaching an approved workshop or college course. However, an individualized course may be credited to an instructor only once every 4 years. One clock hour of instruction equals one contact hour of CE. In the event that the course has multiple instructors, the Board will

determine the hours of continuing education granted to a psychologist/instructor by dividing the number of continuing education hours by the number of instructors. For example, a psychologist with two co-presenters who presents a three hour workshop through an APA approved provider would receive one contact hour of CE credit.

Up to 10 hours may be obtained by writing an article in a journal abstracted in PSYCHLIT, or a book chapter, or a book published by a commercial publisher or by a psychological association. The hours of continuing education granted to a psychologist/writer will be determined by dividing 10 by the number of co-authors. For example, a psychologist with one co-author who wrote an article published in a peer review journal abstracted in PSYCHLIT would receive credit for 5 hours of continuing education. For more information about CE requirements in Pennsylvania, visit: <http://www.papsy.org/index.php/ce/ce-licensure-requirements.html>.

In 2016, the State Board of Psychology will conduct a random audit of licensed psychologists. Psychologists who are audited must forward copies of

their transcripts as documentation for attending and completing the required contact hours for the 2013–2015 licensure renewal period. Psychologists should be sure that they meet the continuing education requirements in all of the states where they are licensed. Several psychologists have been disciplined because they did not realize that courses that met the CE requirements in one state did not necessarily meet the requirements in another state.

In addition, all health care professionals licensed in Pennsylvania must take a two-hour course in child abuse recognition and reporting which has been approved by the Pennsylvania Department of Human Services and the Pennsylvania Department of State. The Pennsylvania Psychological Association offers one such home study which can be found on its website (papsy.org; click on psychologists, then on Act 31 resources). The State Board of Psychology may not renew a license unless the provider offering continuing education in fulfillment of Act 31 requirements has submitted documentation to the Department of State (the oversight body for the licensing boards in Pennsylvania) that the psychologist has completed the coursework.

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Do Psychologists Like Their Careers?

Samuel Knapp, EdD, ABPP; Director of Professional Affairs¹

Murphy and Halgin (1985) identified the top factors that influenced the career choices of psychologists: professional altruism, vocational achievement, and personal growth. Most psychologists considered their choice of work not so much a job, but a “calling” or a “vocation” which is “a particular life role that is oriented toward demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals a primary source of motivation” (Dik & Duffy, 2009, p. 428). That is to say, people do not usually become psychologists for instrumental purposes (e.g., “I want this job so I can afford a nice car and go on good vacations”). Instead, this choice more commonly reflects a life-long commitment to promote the well-being of others. Murphy and Halgin found that, despite a common belief to the contrary, few psychologists entered the field in order to “solve their own problems.”

Several years ago members of a psychology listserv were asked to identify the things that they liked most about being a psychologist (Sternlieb & Knapp, 2012). Almost all respondents gave responses consistent with the perspective that they chose a role where

they could help others. Others reported that they found the work intrinsically interesting and valued the quality of their relationships with other professionals.

Empirical evidence supports the positive comments found in the informal survey referenced above. Looking over studies through the years, Norcross, Karpiak and Santoro (2005) reported that the mean levels of satisfaction of psychologists with their careers has hovered around 5 on a 6 point scale with 6 indicating the highest possible level of satisfaction. A variety of other surveys since their review have found the same general trends (e.g., Goodyear, 2008; Rupert et al., 2012).

Survey data with members of the Pennsylvania Psychological Association show that, over a 15-year period (from 1998 to 2013), the percentage of respondents who stated that they were satisfied with their careers as psychologists ranged from a low of 78% (in 1999) to 89% (in 2008). However, satisfaction with income levels was consistently lower with 41% reported being satisfied (in 1999) and 51% in 2005 (Knapp, Leitzel, & Keller, 2013).

Of course not everyone thrives as a psychologist. In their detailed study of

psychotherapists, Orlinsky and Rønnestad (2005) found that more than 60% of psychologists had positive patterns of practice that they labeled, effective practice, although 14% of novice therapists (less than 5 years of experience) and 2.6% of senior therapists (those with more than 15 years of experience) had more problematic work patterns that they labeled as disengaged or distressing practices.

Several factors are consistently associated with greater career satisfaction: being older, being in an independent practice, having practiced for more years, having higher incomes, and encountering fewer negative client behaviors. Perhaps psychologists who have been working in the field longer may have learned better coping skills. Also, the more dissatisfied psychologists may have voluntarily left the profession or sought niches within the field more suited to their interests and abilities. Finally, psychologists who go into private practice have the freedom to screen out more problematic patients and expose themselves to fewer negative patient behaviors, and they have greater flexibility of work schedules

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¹The author thanks members of PPA's Ethics Committee who commented on an earlier draft of this article.

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DO PSYCHOLOGISTS LIKE THEIR CAREERS?

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in independent practices (Rupert et al., 2009). This satisfaction with self-employment is consistent with data on worker satisfaction in general, where self-employed workers tend to report more job satisfaction than workers employed by others (Pew Research Foundation, 2009).

Workers generally prefer environments with a participatory style of management where they have input into treatment decisions; feel related to and friendly with their co-workers; and have a sense of accomplishment (Muchinsky, 2006). Unfortunately, many public agencies and hospitals are established to ensure psychiatric control over the workplace, thus marginalizing the role of psychologists within the decision making structure of these organizations. Although some psychiatrists (especially younger ones) adopt a team approach, many do not, which has

hastened the exodus of many psychologists out of institutional employment.

Conclusion

Job satisfaction remains an important area of concern both for the well-being of psychologists and for the quality of services that they provide. Survey data shows that most psychologists experience their careers as rewarding and satisfying. Being older, and in independent practice, and exposed to fewer negative patient behaviors were associated with higher levels of self-reported career satisfaction.

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Commentaries on Do Psychologists Like Their Careers?

Samuel Knapp, EdD, ABPP; Director of Professional Affairs

I had circulated an earlier draft of the article “Do Psychologists Like Their Careers?” to several knowledgeable psychologists for feedback. I received many helpful comments that greatly improved the quality of the article.

In addition, I received some detailed commentaries that deserve further consideration. Dr. Edward Zuckerman noted the limitations of having psychologist self-report the reasons that they choose their field. They often involve complex motives, chance encounters, or reasons outside of immediate conscious awareness. Although surveys, such as the one cited in the article by Murphy and Halgin (1985) can give general trends or overall themes found in a sample of psychologists, Dr. Zuckerman is correct that the individual reasons that anyone chooses a career are likely to be determined by many complex factors. Norcross and Farber (2005) noted that the desire to help people is prominent among reasons to enter the field of psychology and that “in our experience, only a relatively few clinicians are chronically preoccupied with their own desire for self-growth” (p. 951). They nonetheless concur that the motives for career choices of psychologists are complex and multi-determined.

Dr. Claudia Haferkamp pointed out that psychologists scored highest in investigative and second highest in social aspects of vocational choice according to John Holland’s categories of vocational interests. Although Holland’s sample of psychologists included experimental as well as applied psychologists, the general emphasis on intellectual curiosity and social involvement is consistent with the self-report from PPA’s informal survey (Sternlieb & Knapp, 2012).

Dr. Bruce Mapes asked if the changing rules and procedures, such as the

Dr. Claudia Haferkamp pointed out that psychologists scored highest in investigative and second highest in social aspects of vocational choice according to John Holland’s categories of vocational interests.

changes in CPT codes or diagnostic manuals, may reduce career satisfaction. Although I have seen no studies that look at this issue directly, the data I do have is consistent with his conjecture. For example, PPA survey data in January 2013, just after new CPT codes were introduced, showed a dip on career satisfaction, in the absence of other obvious factors (Knapp & Leitzel, 2014). Also, anecdotal reports suggest that agency rules or red tape constitute a source of occupational stress for health professionals. These hassles take a toll on psychologists. That is one reason why PPA scrutinizes proposed laws or regulations governing psychology so closely. We want to ensure that whatever rule is established does not add additional paperwork or administrative burdens that could substantially degrade the overall quality of work life of health care professionals.

Dr. John Lemoncelli raised two important issues that deserve additional comment. First he noted that “no [doctoral] program could ever adequately prepare students for the issues that they will encounter in a rapidly changing world.” This is certainly true. One study found that the half-life for psychology (the amount of time before half of the knowledge base becomes obsolete) is 9 years for clinical

psychology, although most psychologists believe that the half-life will be reduced to 7 years in the near future (Neimeyer, Taylor, & Rozensky, 2012). Consequently, the goals of programs should be to teach the basic information and skills needed to practice now and to teach an attitude of self-reflection and professional growth that will prepare the students to accommodate to the new challenges that they will face throughout their careers.

Dr. Lemoncelli also raised the issue of isolation among professional psychologists. While in graduate school, he noted, most students will have access to consultation and supervision on difficult cases. However, such supports are not necessarily available when students get licensed. Dr. Lemoncelli wrote, “Going out in private practice . . . can be very lonely . . . [except for] psychologists who take the time to develop a supportive group” Although some may work in an agency or institution that values consultation, others may not have such supports available.

I think membership in professional associations constitutes one way to reduce isolation. In addition to receiving timely information relevant to the practice of psychology, professional associations provide networking opportunities for psychologists. In early October I had the pleasure of giving two continuing education workshops to members of the Northwestern Psychological Association in Erie, PA. Old friends got to reconnect and meet the new psychologists who had just moved into town. These opportunities provide connections that psychologists can use when they encounter a difficult case, or consider developing a consultation group or journal club. Perhaps these informal

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COMMENTARIES ON DO PSYCHOLOGISTS LIKE THEIR CAREERS?

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contacts are one reason why members of the Pennsylvania Psychological Association have rates of being disciplined by the State Board of Psychology that are far lower than those of non-members (Knapp & VandeCreek, 2009).

Conclusions

While helping others is a major reason for entering the field of psychology, occupational choices are complex and

multi-determined. Most psychologists like their careers, although it is worth considering in more detail the individual and environmental qualities that contribute to career satisfaction. These factors are likely to include the presence (or absence) of professional hassles, social supports, and attitudes that embraces the need for continued learning.

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PENNSYLVANIA PSYCHOLOGY CE FAQs

Continued from page 1

Q: How many hours of CE credit can be accrued for teaching workshops?

A: You can accrue 15 hours of CE credit.

Also remember that:

- The number of credits per workshop are divided by the number of presenters. For example, a three-hour workshop co-presented by three people equals 1 credit hour per person.

Q: How many credits can I earn for professional writing?

A: You can earn up to 10 hours of CE credit for writing an article, a book, or a chapter.

Also remember that:

- The article must be published in a peer-reviewed journal such as *APA Journal* (qualified peer reviewed journals are abstracted in PsycLIT).
- The number of credits per article are divided by the number of co-authors. For example, a psychologist would receive 5 hours of credit for writing one article that has two co-authors.

Q: How many hours of CE credit may I earn for teaching a college course?

A: You can earn up to 15 hours of CE credit for teaching an approved course.

Also remember to:

- Keep the syllabus for the class you are submitting for credit.
- 1 college credit = 15 hours of CE credit.
- 1 hour of CE credit equals 1 clock hour of instruction.
- You can submit a course that you taught for credit once every four years.

Q: Do all CE programs have to be approved by the American Psychological Association?

A: No.

Please note:

- Programs can also be presented by sponsors approved specifically by the Pennsylvania State Board of Psychology. Also, the Board will accept CE programs from providers approved by the American Medical Association as long as the program has specific learning objectives, a mechanism for determining the consumer's perception of the extent to which the learning objectives

were met, and the content dealt with the practice of psychology.

- The Board will accept college courses in psychology as long as they are from accredited universities or colleges and the course generates semester or quarter hour credit.

Q: Is there any option for me if I develop a serious illness or other unavoidable impediment to completing the requirements?

A: The State Board of Psychology has the option of waiving requirements under unusual situations.

Please note:

- Psychologists seeking a waiver should write the State Board of Psychology and describe why they were unable to fulfill the continuing education requirement. Requests can be sent by email to ST_PSYCHOLOGY@pa.gov

Four Considerations When Billing for Services

Samuel Knapp, EdD; Director of Professional Affairs¹

As much as psychologists want to focus on delivering health care, they are also small business owners and have to deal with the realities of billing, insurance, and day-to-day financial management issues. Few graduate programs include instructions on small practice management, so this is a skill that most psychologists have to learn on their own. This article briefly reviews four common billing issues faced by psychologists.

1 Bad Debts — Perhaps the most frustrating experience of psychologists in independent practices is when patients accrue debts and fail to pay. Handling fee issues responsibly and consistently helps reduce the stress of managing a practice. In addition, it reduces the likelihood that a psychologist may develop ill-feelings toward a particular patient, thus reducing the strength of the treatment relationship.

Psychologists should always verify the patient's insurance information up front and have them sign an agreement that they are financially responsible in the event that insurance companies do not pay. This is consistent with the requirements of the APA Ethics Code which states that "as early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements" (Standard 6.04 (a)). This also gives psychologists an opportunity to educate their patients about copayments and deductibles.

The simplest way to avoid patient debt is to collect all fees at the time of

service, including all deductible charges. Psychologists may charge the rate-schedule fee at the time of service when patients have a deductible.

Some psychologists have credit card machines or devices such as Google Square and keep the patient's card on file to charge the patient portion of the fee in the event that the patient does not pay with cash or check. Psychologists should accurately describe how they intend to use the credit card information in the billing agreement that patients sign, but should not store credit card information on a computer unless they follow strict federal security regulations.

Psychologists vary in the degree of specificity in their payment agreements and these differences reflect differences in payment experiences as well as personal priorities. For example, one psychologist includes a statement in her payment agreement that patients are responsible to pay \$X if they write a bad check. Another psychologist, who never had a patient write a bad check, does not include that in her agreement. Additionally, some psychologists charge clients a "late fee" of a few dollars if they do not pay at the time of session. Of course payment policies should be consistent across all patients.

Whether a psychologist should use a collection agency or go to small claims courts is an individual decision. Some psychologists believe strongly in pursuing all bad debts on principle; others are more pragmatic. The APA Ethics Code states that "psychologists will inform the person that such measures will be taken and provide that person an opportunity to make prompt payment" (Standard 6.04 (c)). The Ethics Code does not specify how much time should be given,

but I would think that 30 days would be adequate notice.

Nonetheless back end techniques (small claims court or bill collection agencies) may require a lot of effort and risk generating ill feeling or even precipitating a licensing board complaint. Furthermore, even winning a case in small claims court does not necessarily guarantee that the patient will actually pay the debt. At times prudent psychologists will cut their losses, forget about the debt, and move on.

2 Sliding Scales — Many psychologists are concerned about helping persons who cannot afford psychotherapy. Psychologists who work outside of insurance companies control their fees and have the flexibility to adjust them depending on the patient needs. My informal contact with psychologists suggests that most require patients to pay something for the services. Of course, psychologists who do reduce their fees need to consider practical issues. For example, many patients know each other and sometimes share information with each other including the fees that they are paying for the services.

Unfortunately, most health insurance companies do not permit psychologists to waive the deductible or a portion of the deductible. In addition, they expect psychologists to attempt to collect copays for every session. Psychologists who have contacts with companies that do permit waivers should only grant waivers or partial waivers on a case-by-case basis and document their rationale for doing so. Routine waiver of copayments or deductibles would be considered fraud. It is impossible to set

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¹The author thanks members of PPA's Insurance Committee for reviewing a previous version of this article.

FOUR CONSIDERATIONS WHEN BILLING FOR SERVICES

Continued from page 10

an exact figure as to what constitutes routine waiver. An insurer might not think twice about a psychologist's bills from a zip code with a low mean income and waived 30% of the copayments, but become suspicious of a psychologist with the same percentage of copayment waivers who billed from a zip code with a high mean income.

3 Volume Discounts — Some psychologists who do not bill insurance tell me that they offer volume discounts to patients. For example, if they see a patient who appears to need at least 10 sessions they will offer that patient a discount for paying for all sessions up front. Instead of having the patient pay \$150 for each of 10 individual sessions, they arrange for the patient to pay \$1,200 in one lump sum for all 10 sessions.

Although this arrangement may be appealing, psychologists should anticipate that some patients may decide not to continue treatment either because they get better earlier, they don't view therapy as helpful, or for some other reason. The optimal response would be to offer them a pro-rated refund regardless of the reason that they wish

to terminate. So a patient who has paid \$1,200 for 10 sessions would receive \$600 back if they wish to terminate after 5 sessions. Psychologists who use volume discounts should also anticipate that some patients will submit for reimbursement from their own insurance policy. If so, the psychologist needs to report the actual discounted payment to the patient for the session; not their standard no-discount fee.

4 Cancellations, No Shows, and Late Appointments —

May psychologists charge patients the full amount for a psychotherapy session that had to be shortened because the patient arrived late? May psychologists bill patients who do not show or fail to cancel an appointment? May psychologist bill for patients who cancel at the last minute?

Again, much depends on whether a psychologist is covered by an insurance contract and the conditions of that contract. Certainly psychologists who are working outside of insurance can establish whatever policies they want as long as they have informed the patients of these policies ahead of time. Often repeated lateness can be dealt with clinically, but there are also financial implications to such behaviors as well. Psychologists should specify their policies clearly and ensure that they are

compatible with any insurance contracts the psychologist has.

Even so, there is much to be said for enforcing these policies with discretion. One psychologist had a 24 hour cancellation policy (the patient would be billed for cancelling an appointment with less than 24 hours' notice). However, he routinely waived the first incident and simply remind the patient of the policy and that it would be enforced next time. Another psychologist used discretion in enforcing the policy with patients who were sick. She noted that she really did not want patients with an infectious cold or flu coming into her office when their ability to benefit from treatment was limited and their potential to infect others was high. Still another psychologist who lives in a part of the state known for its bad weather in winter, allows cancellations for poor weather. She reports that she never felt that a client abused this exception.

Conclusions

Certain themes run through each of these issues. Psychologists should know their insurance contract; think through billing issues ahead of time; make their billing procedures as explicit as possible and ensure that the patients sign an agreement to pay for them; and implement their policies with a sense of fairness and discretion.

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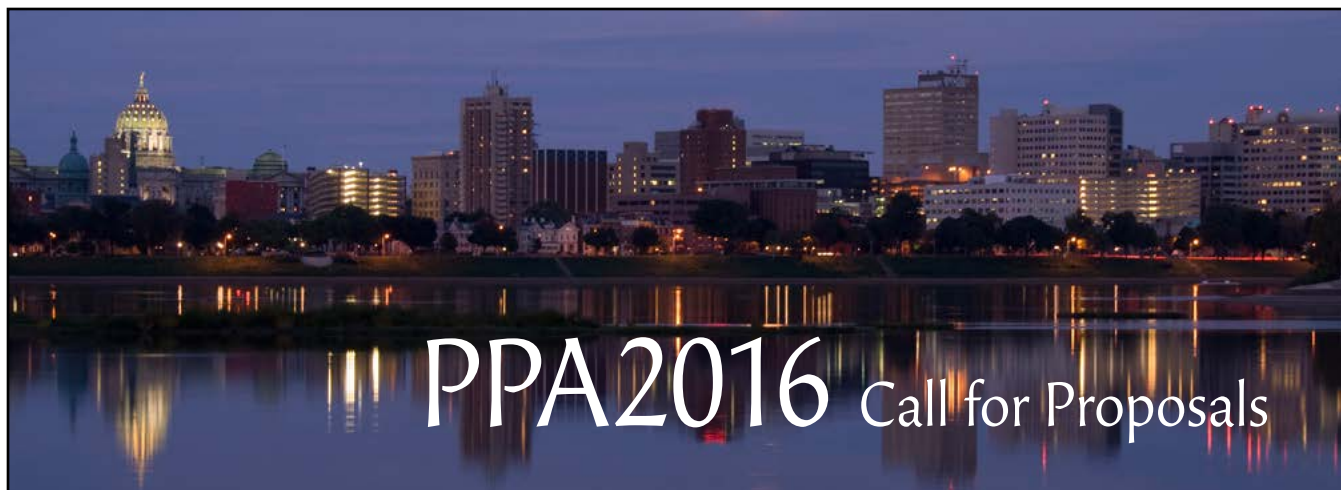
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Confronting Interpersonal Violence Throughout the Life Span

The 2016 PPA annual convention will address multiple areas of interpersonal violence, including the lasting impact of these experiences on the attainment of developmental stages, positive interpersonal relationships, and healthy coping skills. Areas that will be addressed include child abuse, domestic violence, intimate partner abuse, school violence including bullying, workplace violence, elder abuse, abuse of the disabled, and sexual abuse across the lifespan.

The goal is to establish strategies to help our communities move from cultures of detachment and violence to cultures of cooperation, peacefulness, and nonviolence. Topics will seek to identify ways to highlight psychology's value in homes, schools, workplaces, and our communities at large. We, as psychologists, can become change agents by working with other professionals and agencies to identify causes that fuel violence and develop concrete tools that address and remedy these issues. Nonviolence can be promoted through advocacy and the dissemination of educational tools that reinforce an evolving view of cultural differences, self-awareness, violence, and trauma.

All topics submitted by **January 8, 2016**, will be reviewed by the Convention Committee, but special consideration will be given to topics that relate to this year's theme. Submit your proposal online at <http://www.papsy.org/?page=Convention>.

Questions about this process?
Please contact Judy Smith at
judy@papsy.org or (717) 510-6343

2015/16 CE Calendar

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

November 6

PPA On the Road – CE Workshop
Bedford, PA

June 15 – 18, 2016

PPA Annual Convention
Hilton Harrisburg
Harrisburg, PA

Contact: judy@papsy.org

Podcasts

New podcasts for CE credit by Dr. John Gavazzi are now available on www.papsy.org.

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit www.papsy.org.

Registration materials and further conference information are available at www.papsy.org.

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