The Pennsylvania

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PPA2015

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Presidential Perspective

Theme for 2015–2016

Confronting Interpersonal Violence Throughout the Life Span

Beatrice R. Salter, PhD

Dr. Beatrice R. Salter

One of the many privileges of serving as president of the Pennsylvania Psychological Association (PPA) is having the honor of choosing a platform that advances a cause that is near and dear to one's heart and the profession of psychology.

It is my plan that over the coming year, in addition to the ongoing work of the organization, PPA will establish strategies to help our communities move from cultures of violence to cultures of peacefulness and nonviolence. I envision identifying 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 developing 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 responses.

Violence has become an all-too-prevalent occurrence in our society. It is marketed in the media through television shows, movies, music, and video games that promote themes so violent that movies and games have ratings designating age appropriateness. We have to ask ourselves, *Is there really such a thing as age-appropriate violence?*

Interpersonal violence includes, but is not limited to, child abuse, domestic violence, intimate partner abuse, school violence including bullying, workplace violence, elder abuse, abuse of the disabled, and sexual abuse across the life span.

Interpersonal violence is responsible for a myriad of societal ills that negatively impact psychological development, mental health, and physical health. Violence and trauma are not single events. Instead, violent events have enduring consequences that shape how an individual is able to achieve developmental milestones, navigate life's challenges, and attain the social and emotional skills that promote the development of a positive self-image and establish healthy relationships with family, peers, and community.

In 2014, the American Psychological Association (APA) participated in a United Nations–sponsored conference entitled Global Violence: Psychological Perspectives, Prevention, Intervention and Future Trends. This platform highlighted for the first time the significant contributions that psychologists can make in addressing the global problem of violence (Juneau & Rubin, 2014).

APA partnered with the American Bar Association in 2013 to present a conference called Confronting Family and Community Violence: The Intersection of Law and Psychology. This conference examined how violence affects children and families daily and throughout their lives (APA, 2013).

The World Health Organization (WHO) has also identified violence as a central issue impeding physical health, mental health, and economic viability. The Global Status Report on Violence Prevention 2014, describes the current state of interpersonal and intergroup violence, "highlighting data from 133 countries covering 6.1 billion people" (WHO, 2014, p. 6). Violence is truly epidemic in its frequency and tragic consequences.

Interpersonal violence has roots in the perception that someone is different from one's self, allowing for interpretations of inferiority and dehumanization. PPA has promoted a multitude of initiatives on diversity, dating back to the presidencies of Drs. Richard Small, Dianne Salter, and David Palmiter. Their efforts led to the establishment of the Committee on

> *We, as psychologists, can become change agents by working with other professionals and agencies to identify causes that fuel violence and developing concrete tools that address and remedy these issues.*

Multiculturalism as a standing committee under the Public Interest Board. This committee and numerous other individuals have presented workshops on many aspects of diversity and the values of multiculturalism. Dr. Palmiter introduced the concept of "positive multiculturalism," promoting openness to differences without judgment or generalizations.

Over the past year, Dr. Bruce Mapes has highlighted the theme of "Innovative Models for the Future." Identifying creative ways to establish interdisciplinary cooperation and collaboration continues to drive this initiative in new and exciting ways.

It is my hope that we can continue these initiatives, expanding our efforts to the arena of interpersonal violence. As psychologists, we can participate in the development of programs that address education about and prevention of interpersonal violence, as well as design treatment programs to help victims and perpetrators recover.

I am proposing a task force to examine how PPA can meet the challenges of reducing interpersonal violence and educating the public about its causes and consequences for all individuals.

Onward

Krista Paternostro Bower, CAE

Krista Paternostro Bower

Each quarter as I sit down to write this column, I think about all that has happened within PPA and psychology over the past few months and what is ahead for us just around the corner. This quarter seems to be rich in both directions!

Allow me to start in the past. On June 20, we wrapped up our annual convention, **PPA2015**, with great support and work from our PPA Convention Committee, led by **Dr. Beatrice Chakraborty**, and our staff team, led by **Judy Smith, CMP-HC**! Congratulations to everyone who had a hand in the outcome of another successful convention. In my opinion, some of the best moments of the convention occur as members network, connect, and expand relationships with their colleagues and peers. This year's convention offered plenty of opportunities for this with the addition of our new Welcome Session, Awards Dinner, Give Back Luncheon, and Exhibitor's Wine and Cheese Reception.

I also enjoyed listening to real-time feedback from our members during the town hall event. As a direct result of those conversations, our Legislative and Government Affairs Committee has already established a subcommittee to further explore the pros and cons of prescriptive authority for Pennsylvania psychologists. We anticipate additional opportunities to gather feedback from our members on this issue in the coming months.

Our convention gathering also marks our change of leadership. It is my pleasure to offer a warm welcome to **Dr. Beatrice R. Salter** as PPA's new president! Our staff looks forward to Dr. Salter's leadership, and we look forward to working in partnership to carry forward her vision for PPA this year. I also offer our congratulations and deep appreciation to PPA's past president, **Dr. Bruce Mapes**, for completing a successful year at the helm of our organization.

We know and recognize that the profession of psychology has endured much pain and hurt with the release of the Hoffman Report in July. Please know that your leadership team continues to monitor the latest developments and will do our best to keep you informed as the process evolves. We encourage you to read more about PPA's response to the report by visiting the Latest News portion of our website.

As we look ahead, I want to offer a reminder that PPA will have a new home in September! Beginning September 7, responses from staff will be delayed as we prepare for our move to our new location at **5925 Stevenson Avenue**. We are excited by the opportunity that this move presents for our organization, and we look forward to continuing to offer the same high level of service that you have come to expect from our team. Our office will be fully operational on **Monday, September 14**. Please see below for more information on PPA's new address and new phone numbers that can now be used to contact individual staff members directly.

We look forward to another great year at PPA, and we salute our members for your steadfast support and ongoing commitment to your profession and to PPA! Onward . . . ⬐

PPA's New Office

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New PPA direct dial staff numbers will be in service beginning Monday, September 14, 2015. To reach an individual member of the team, please use the following direct-dial numbers:

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Child Pornography and the Law

Bruce E. Mapes, PhD

Dr. Bruce E. Mapes

Adult pornography in the United States is considered a form of personal expression, which is "protected speech" under the First Amendment unless it is "obscene" (*Miller v. California*, 1973). As established by the U.S. Supreme Court (*New York v. Ferber*, 1982), even if it is not obscene, child pornography (CP) is not protected speech due to the government's "compelling interest in safeguarding the physical and psychological well-being of minors." Both the federal and state legislatures have passed laws relative to child pornography.

Pennsylvania and federal law prohibit the production, dissemination, viewing, and possession of images or videos of a sexual act involving a child under the age of 18, regardless of whether the child is real or simulated (e.g., computer generated, anime) and regardless of whether the child is actually involved in a sexual act or is posing in a sexually explicit manner. A juvenile aged 15 or older who produces, disseminates, views, or possesses CP of underage peers is subject to the same laws

CP is very often obtained and shared through the Internet. While CP images may sometimes be included with downloaded adult pornography, it is rare. CP is typically obtained through peer-to-peer (P2P) file sharing programs, such as eMule, that allow users to download files from a host computer.

Common search words associated with CP include such terms as "pthc" (preteen hardcore) and "Lolita." Images and videos typically have very specific names such as "3yo pedomom," "Boys in Action Little Pedo Boylove", and "dad does 1 yo." An individual may have one image/video or may have several thousand and will usually masturbate to the images.

Seto (2010) has pointed out that seeking, viewing, saving, or sharing CP can be a reliable measure of the sexual thoughts, fantasies, or urges necessary to diagnose pedophilia or pedophilic disorder.

CP offenders are typically reported to law enforcement by third parties. For example, a psychologist is a mandatory reporter and must report when a patient is a victim or the patient is producing or disseminating CP. Others are usually identified by third parties who access the individual's computer, for example an employer or coworker, a friend or family member, or a computer repair technician. Perhaps the largest number of CP offenders in Pennsylvania are identified through the Internet Crimes Against Children (ICAC) Task Force, which conducts online Internet investigations.

The CP offender may be arrested by local, state, or federal law enforcement officials, and offenders may be charged with such crimes as corrupting the morals of a minor, sexual abuse of children, and criminal use of a communication facility.

Often times there are multiple charges. For example, the offender may be charged with sexual abuse of children for photographing, videotaping, or disseminating CP; sexual abuse of children for viewing or possessing CP; and criminal use of a communication facility for using the computer to access, view, or disseminate CP. Thus, possessing a single image might produce at least three different charges and, if the individual has 1,000 images for instance, he or she might face 1,000 counts for each charge. If the offender enters a plea of guilty to the charges, or is found guilty by bench or jury trial, he or she may receive a prison sentence or probation.

Regardless of whether the individual is incarcerated or given probation, the adult CP offender will have to comply with the federal Sex Offender Registration and Notification Act (SORNA) requirements under the federal Adam Walsh Child Protection and Safety Act of 2006.

> *Pennsylvania and federal law prohibit the production, dissemination, viewing, and possession of images or videos of a sexual act involving a child under the age of 18.*

Depending upon the nature and severity of the sex offense, the offender will be placed on one of the three tiers of SORNA.

- Tier l offenders are required to report in person once a year and will remain on the National Sex Offender Registry for 15 years.
- Tier II offenders must report in person every 6 months and will remain on the registry for 25 years.
- Tier lll offenders must report in person every 3 months to verify their information and will remain on the registry for life.

An offender who "knowingly" fails to register or update his or her information with law enforcement faces up to 10 years in prison. If an unregistered offender commits a crime of violence, he or she will receive a 5-year mandatory prison sentence in addition to any other sentence imposed.

A CP offender processed through the federal court system is not subject to Pennsylvania's Sexually Violent Predator (SVP) statute (Megan's Law), but an offender processed through the Commonwealth court is. If the CP offender has no prior contact offenses and has made no attempt to communicate with or meet an underage child victim, it is very unlikely he or she will be found to be an SVP. An offender

Child Pornography Provisions Under the Child Protective Services Law

Samuel Knapp, EdD, ABPP; Director of Professional Affairs
Rachael Baturin, MPH, JD; Director of Legal & Regulatory Affairs
Allan M. Tepper, JD, PsyD; Legal Consultation Plan

| Dr. Samuel Knapp | Rachael L. Baturin | Dr. Allan M. Tepper |

Under provisions of the Child Protective Services Law that went into effect on December 31, 2014, mandated reporters must report when they learn of child abuse even if they do not have direct contact with the allegedly abused child. The victimized individual must currently be under the age of 18. The child abuse reporting law defines childhood sexual abuse as, among other things, persuading, inducing, or coercing a child to show his or her nude body or nude intimate parts for purposes of sexual gratification or looking at the child engaging or simulating engagement in sexual activities for the purpose of sexual gratification (see 31 Pa. C. S. A. §6303, definitions). In addition, the child protective services law specifically enumerates several criminal statutes that generate a report of suspected child abuse, including those dealing with pornography (18 Pa. C. S. A. §6312 (d)).

The section of the criminal code dealing with childhood pornography states that creating or distributing child pornography or permitting a child to be used for child pornography is an offense that mandates reporting. According to 18 Pa. C. S. A. §6312 (b) (1-2):

(1) Any person who causes or knowingly permits a child under the age of 18 years to engage in a prohibited sexual act or in the simulation of such act commits an offense if such person knows, has reason to know or intends that such act may be photographed, videotaped, depicted on computer or filmed.

(2) Any person who knowingly photographs, videotapes, depicts on computer or films a child under the age of 18 years engaging in a prohibited sexual act or in the simulation of such an act commits an offense.

In addition it is an offense to view child pornography intentionally. Section 18 Pa. C. S. A. §6312 (d) states that:

Any person who intentionally views or knowingly possesses or controls any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of 18 years engaging in a prohibited sexual act or in the simulation of such act commits an offense.

This section needs to be read in conjunction with 31 Pa. C. S. A. §6303, which also states that it is child sexual abuse to induce, persuade, or coerce a child to engage in sexually explicit conduct including "looking at the sexual or other intimate parts of a child or another individual for the purposes of arousing or gratifying sexual desire in an individual," "or actual or simulated sexual activity or nudity for purposes of sexual stimulation or gratification of any individual."

It is reportable sexual abuse for any individual to view children engaging or simulating engagement in sexual activity. Sexually explicit poses could be interpreted as simulated sexual activity. It is also reportable sexual abuse for any individual to coerce, persuade, or induce a child into exposing his or her sexual or intimate parts for purposes of sexual stimulation or gratification.

Pennsylvania Psychological Association

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CHILD PORNOGRAPHY AND THE LAW

processed through the Commonwealth Court who is found to be an SVP will, regardless of the tier, be subject to lifetime reporting and registration and lifetime counseling with a treatment provider approved by the Sexual Offender Assessment Board.

The Pennsylvania legislature has determined that protection of the public, particularly children, is of "paramount importance," and, therefore, sex offenders have a "reduced expectation of privacy." Accordingly, a registered sex offender may be subject to community notification and may appear on state and national websites for convicted sex offenders.

Offenders found to be SVPs are subject to community notification. The local chief law enforcement officer will notify neighbors of the SVPs presence in the community: people who live or work within 250 feet of the SVP or the 25 immediate residences and places of employment in proximity to the SVP's residence (whichever is greater); the local Child, Youth, and Family director, the superintendent of each school district in proximity to the offender's residence, the director of all daycare and preschool programs, and the president of each institution of higher learning within 1,000 feet of the SVP's residence.

A review of existing laws reveals three primary assumptions made by legislators. First, CP always harms children (physically and psychologically) when it is made, shared, or owned. Second, the government has a "compelling" interest in the physical and psychological well-being of minors. Third, the safety of the community overrides the offender's privacy, and an informed community can better protect its children. ⓦ

Suggested Reading

Adam Walsh Child Protection and Safety Act (also called the Sex Offender Registration and Notification Act [SORNA]). 42 U.S.C. §16911 et seq.

Miller v. California: 413 U.S. 15 (1973).

New York v. Ferber: 458 U.S. 747 (1982).

Pennsylvania Adam Walsh Act: 42 Pa C.S. §9799.10 et seq.

Pennsylvania Child Pornography Statutes: 18 Pa C.S.A. §6312 and §6320.

Seto, M. C. (2010). Child pornography use and internet solicitation in the diagnosis of pedophilia. *Archives of Sexual Behavior, 39*, 591–593. doi: 10.1007/s10508-010-9603-6

LEGAL COLUMN

An adult who views a picture of a child who is naked (but neither engaging in real or simulated sexual acts nor posing in a sexually suggestive manner) would not be engaging in childhood sexual abuse, unless that adult had persuaded, coerced, or induced the child to engage in that nudity or exposure of their intimate parts. However, an adult who views a child engaging in actual or simulated sexual activity (including sexually suggestive poses) would be engaged in child abuse, even if that adult had no personal relationship with the child.

Reports of abuse need to be made if the individual is a child, defined as a person under the age of 18. It is true that it is usually impossible to determine the date on which the pornographic material was made, so it is not always possible to determine whether the victimized child is still under the age of 18. However, the rule is to report suspected abuse and, in the absence of actual knowledge of the child's age, it is reasonable to suspect that the individual portrayed in the pornographic depiction is still a child.

The law notes that the viewing needs to be intentional. It is not unheard of for adults looking for pornography to accidentally encounter a child pornography website. Accidental encounters are not reportable. Most accidental encounters are clear cut. However, sometimes psychologists may need to use their judgment in determining whether repeated viewings are accidental or intentional.

Because the expanded mandate to report went into effect at the end of last year, psychologists do not need to report discloses made to them before December 31, 2014. Nonetheless, starting in January 2015, psychologists must report patients who state that they have knowingly watched child pornography. This creates a substantial clinical issue because many psychologists report that they have treated patients who, at one time, viewed child pornography. The ability to help these patients depends on the willingness of the patients to discuss this behavior. Nonetheless, knowing that this will result in a mandated report has led most patients to refuse to talk about their habits or urges. Psychologists need to be clear in their informed consent procedures that watching child pornography could trigger a mandated duty to report. ⓦ

PRESIDENTIAL PERSPECTIVE

We have the opportunity to develop interdisciplinary solutions to interpersonal violence throughout the life span, promoting better physical and mental health and successful living for everyone. I believe we can make a difference. I look forward to working with each of you on this important issue. Please feel free to contact me or any member of the task force with your thoughts and ideas. ⓦ

Task Force Members

Dianne S. Salter, PhD, JD, Chair
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Gail Karafin, EdD
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Report From APA's Town Hall

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We have been disappointed and discouraged since reading the Hoffman report and learning about the American Psychological Association's (APA) actions over the last decade. In the report, Hoffman et al. (2015) described a culture at the top where cozying up to the Department of Defense appeared more important than general human welfare. Rather than keeping our ethical values and guidelines at the center of our decision-making process, APA staff appeared to first consider what would best grow our profession—apparently shortsightedly. As Wilhelm (2015) reported, this is "arguably the darkest period in the [American Psychological Association's] 123-year history" (para. 2).

We walked into APA's Town Hall discussing the Hoffman report with both these fears and frustrations, but also hoping—perhaps foolishly—that the organization could be turned around. We believe that Nadine Kaslow and Susan McDaniel, respectively the past and incoming APA presidents, both of whom facilitated the Town Hall's discussion, hit a home run. They were open, thoughtful, and genuine, and listened well to speakers under very difficult situations. We would not have wanted to be in their shoes, nor can we imagine completing their task as effectively. Their actions must have required considerable moral courage and may be the initial steps for healing our organization.

We saw Norm Anderson, APA's outgoing CEO, and Barry Anton, APA's outgoing president, in symposia earlier in that same day. Their behavior highlights the strengths of Drs. Kaslow's and McDaniel's responses. Drs. Anderson and Anton, for example, never talked about the Hoffman report in their presentations. As a discussant in a symposium on mindfulness, it may have made sense for Dr. Anderson to focus his attention elsewhere; instead, however, he spent his time talking about how mindfulness has made APA a great place to work. By ignoring the elephant in the room, by failing to note that creating a great place

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It may be tempting for all of us to avoid the difficult conversations raised by the Hoffman report. We urge you not to avoid such discussions.

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to work is not the same as creating an *ethical* environment, he undermined his message—which made him appear to have his head in the sand. Dr. Anton was not under the same constraints, yet he also avoided talking about the Hoffman report. In doing so, he seemed to be dodging the issues raised by the report. It might have been more helpful if Dr. Anton had begun his talk by saying that he was concerned about the issues raised by the Hoffman report and encouraging us to go to the Town Hall in the next hour but also noting that his particular session would be focusing on the Affordable Care Act and integrative practice, also important issues to all practicing psychologists.

It may be tempting for all of us to avoid the difficult conversations raised by

the Hoffman report. We urge you not to avoid such discussions. We too will need courage in the coming months if APA is going to heal successfully and grow. Drs. Kaslow and McDaniel took a spectacular first step in this healing process. We will, of course, need to see their words translated into ongoing action. Nonetheless, Kaslow and McDaniel's process of listening; the recent resignations, retirements, and recusals; Council's vote against further involvement in torture; APA's new definitions of torture, which are now aligned with international definitions; and an offer of a town hall on race at next year's APA are all good first steps. Regardless, this will need to be an ongoing process.

What has been clearest to us as we have read the revelations unfolding over the last several months is that the problems described in the Hoffman report are not the actions of one bad apple. Over and over again people have talked about a culture that privileged the military's desire for a favorable ruling on torture over that of general human welfare. We have been thinking about Milgram's (1974) and Zimbardo's (Haney, Banks, & Zimbardo, 1973) research and how difficult it is to challenge group norms and expectations. In the difficult period following 9/11, there were strong pulls to focus on the ends rather than the means to those ends. These and other motivators made it difficult for APA to critically evaluate ethical decisions on torture.

We need to recognize both the pros and cons of any set of actions, perhaps especially when there are strong emotions on one side. APA's graduate students, early career psychologists, and ethnic minority psychologists took significant leadership roles in helping APA reevaluate our actions over the last decade, perhaps at considerable perceived risk.

PPA Reports Progress on Legislative Goals

Justin Fleming, Director of Government Affairs

Justin Fleming

In May, PPA held its annual Advocacy Day. More than 60 professional psychologists and students came to Harrisburg to advocate for two pieces of legislation: Senate Bill 772 and House Bill 133.

SB 772 seeks to modernize the Professional Psychologists Practice Act, which has not been amended in nearly thirty years. Senator John Gordner (R-Columbia), the prime sponsor of SB 772, joined us during the continuing education portion of Advocacy Day and spoke about his commitment to the legislation and the importance of our advocacy in getting the bill passed.

Attendees also informed their state representatives about HB 133, sponsored by Representative Tom Murt (R-Montgomery), which establishes a bill of rights for individuals with intellectual disabilities and their families.

I am happy to report that both bills are on the move in the Senate and House Chambers, respectively. SB 772 was considered and unanimously approved by the Senate Consumer Protection and Professional Licensure Committee on June 9. While no one has indicated opposition to the bill, we are currently working through a title protection issue involving unlicensed state employees. We are confident that we will reach an agreement with the state on this minor concern.

HB 133 was also considered in the House Human Services Committee on June 9 and was amended via the "gut and replace" method. This means that all of the language in the original bill draft was stricken and new language was added. However, the amendment was done in consultation with interest groups who represent individuals with intellectual disabilities, and the original intent of the bill remains intact.

Among the other items we're working on from a legislative and regulatory perspective are:

- Amending SB 21 (Senator Stewart Greenleaf, R-Montgomery), which is a comprehensive bill reforming assisted outpatient treatment in Pennsylvania;
- Passing of SB 554 (Senator Dave Argall, R-Schuylkill), which would limit the period that insurance companies have to retroactively review payment claims;
- Advocating for HB 706 (Representative Mark Cohen, D-Philadelphia), which mandates insurance companies to reimburse practitioners for telehealth services; and
- Meeting with Commonwealth leaders to ensure that the state is complying with federal requirements relating to disability determinations.

The hot topic within state government right now is the deadlock between Governor Tom Wolf and legislative leaders surrounding the state budget. As of this writing, Wolf has vetoed the state budget, along with pension reform and state liquor privatization bills. While reports indicate that the Commonwealth has enough funding to sustain itself and pay vendors through the summer, hope remains that the two sides can reach an accord.

I remain honored to represent psychologists and am always available to serve you. If you would like to assist, or have questions or concerns, don't hesitate to contact me at 717-232-3817 or justin@papsy.org or find me on Twitter @PAPsychGA!

REPORT FROM APA TOWN HALL

We can identify those factors that make it difficult to critically evaluate a proposal, develop a process that counters such barriers, and recognize that all of us will find it difficult to break set, even those of us who consider ourselves ethical, critical thinkers, as we expect APA's leadership and staff did. We hope that all of us learn from these mistakes and act to prevent similar errors in the future.

Finally, although APA's leadership and staff made considerable mistakes, we should remember that they—and our military psychologists—have also served psychology and the larger community well in other settings. We should neither forget our mistakes nor our successes.

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The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists
As of August 3, 2015

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 21	Provides for Assisted Outpatient Treatment programs in the Mental Health Procedures Act. – Sen. Stewart Greenleaf (R-Montgomery)	Against	In Public Health and Welfare Committee	N/A
SB 63 HB 92	Authorizes licensing boards to expunge disciplinary records for certain technical violations after 4 years. – Sen. Stewart Greenleaf (R-Montgomery) – Rep. Kate Harper (R-Montgomery)	For	(HB 92) In Consumer Protection and Professional Licensure Committee	Passed House 4/21/15 (194–0)
SB 554	Amends the Insurance Company Law providing for retroactive denial of reimbursement of payments to health-care providers by insurers. –Sen. Dave Argall (R-Schuylkill)	For	In Banking and Insurance Committee	N/A
SB 772 HB TBA	Updates the psychologists licensing law, eliminates certain exemptions, and modernizes the experience requirements. – Sen. John Gordner (R-Columbia)	For	Passed Consumer Protection and Professional Licensure Committee 6/9/15 Referred to Senate Appropriations 6/17/15	Awaiting Introduction
HB 64	Requires licensed psychologists to take 1 hour of continuing education in the assessment, treatment, and management of suicide risks. – Rep. William Adolph (R-Delaware)	Against	Referred to Consumer Protection and Professional Licensure Committee	Passed House 6/10/15 (188–0)
HB 132	Provides Commonwealth support for a Mental Health and Intellectual Disability Staff Member Loan Forgiveness Program and an Alcohol and Drug Addiction Counselor Loan Forgiveness Program. – Rep. Thomas Murt (R-Montgomery)	For	N/A	In Human Services Committee
HB 133	Act establishing a bill of rights for individuals with intellectual and developmental disabilities; and conferring powers and duties on the Department of Human Services. – Rep. Thomas Murt (R-Montgomery)	For	N/A	Reported as amended from Human Services Committee and re-referred to House Rules 6/9/15
HB 214	Increases oversight and accountability in Home and Community Based Services. – Rep. Mauree Gingrich (R-Lebanon)	For	N/A	In Aging and Older Adult Services Committee
HB 706	Provides for insurance companies to reimburse practitioners for telehealth services. –Rep. Mark Cohen (D-Philadelphia)	For	N/A	In House Insurance Committee

Information on any bill can be obtained from www.legis.state.pa.us/cfdocs/legis/home/session.cfm

Highlights

PPA2015

Innovative Models for the Future

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❶ *Dr. Beatrice R. Salter addresses PPA2015 attendees as the new Board president.*

❷ *Dr. Bruce Mapes (Immediate Past President) presents an award to Dr. Samuel Knapp (Director of Professional Affairs).*

❸ *Justin Fleming (Director of Government Affairs) and Krista Paternostro Bower (PPA Executive Director) are all smiles at PPA2015.*

❹ *PPA2015 attendees amp up for another informative workshop.*

PPA2015 Highlights

This June, 275 psychologists converged on the Harrisburg Hilton for four full days of workshops, meetings, awards, and networking events. As always, PPA's annual convention provided an excellent opportunity to obtain CEs (up to 28.5 over the four days) and catch up with colleagues from across the Commonwealth. The theme, "Innovative Models for the Future," was highlighted by the Keynote Panel (Drs. John Gavazzi, Sam Knapp, Linda Knauss, and Don McAleer, with Dr. Timothy Barksdale moderating), luncheon presenter Dr. Paul Kettlewell, and numerous workshop presenters.

Several new programs debuted this year, including a Welcome and Orientation session to kick off the convention and an evening Awards Banquet. There was also a reception where exhibitors offered wine tastings, and attendees participated in a lively *Jeopardy!*-style game at the Give-Back Luncheon, which supported PPF and the PAC. Finally, some attendees took advantage of the new VIP registration, which covered four-day attendance and all special events plus a special breakfast.

If you've ever hosted a dinner party, you know how much planning and preparation is required to make sure all runs smoothly. Many people spent many hours planning and preparing for the convention. Thanks to all the presenters and exhibitors, who offered their time and expertise; to the convention committee, especially the chair, Bea Chakraborty, for their energy and planning; and to staff member Judy Smith, who jumped in to oversee all aspects of the convention, no matter how big or small.

Finally, thanks to all of you who attended. Many of you responded to the survey e-mailed after the convention and offered useful feedback. We welcome any additional thoughts and suggestions as we plan for the 2016 convention, which will be held again at the Harrisburg Hilton, June 15–18. ⮐

❶ *Dr. Timothy Barksdale moderates the Keynote Panel featuring esteemed PPA members.*

❷ *Dr. David Rogers warms up the crowd during the PPA Give-Back Luncheon.*

❸ *Members of the School Psychology Board having a great time during PPA2015.*
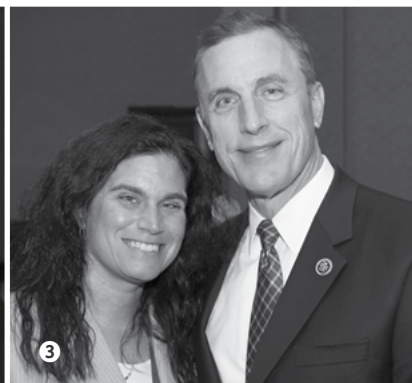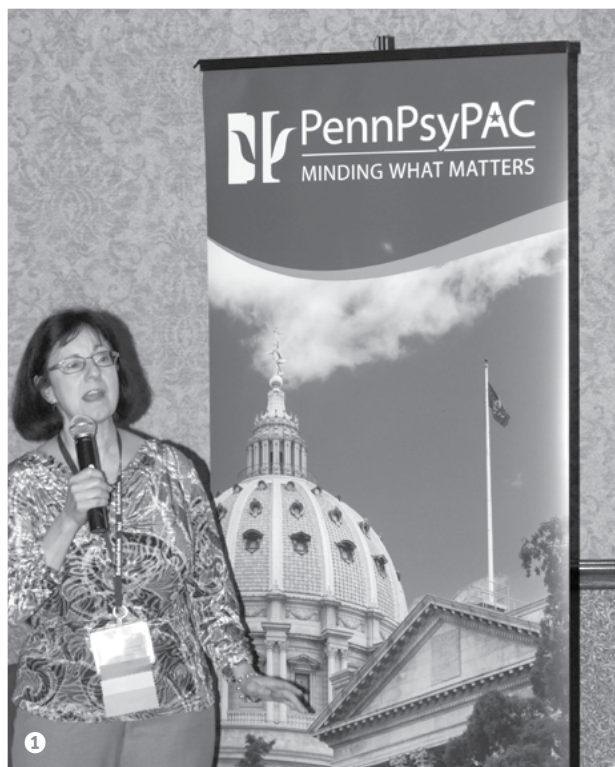
**PPA2015
HIGHLIGHTS**
Continued

❶ *Dr. Dea Silbertrust briefs attendees about
PennPsyPAC.*

❷ *Drs. Molly Cowan and Marie McGrath share a laugh
at PPA2015.*

❸ *Congressman Tim Murphy and Rachael Baturin
(PPA Director of Legal & Regulatory Affairs) pose for
a snapshot.*

❹ ❺ ❻ *PPA members engage in conversation and
check out the Exhibit Hall at PPA2015.*

PPA2015 Highlights

❶ *PPA congratulates the winning team from our first-ever Jeopardy! game.*

❷ ❸ ❹ ❺ *A good time was had by all at PPA2015!*

Technology, Teaching, and Learning
Social Media, Professional Libraries, and Podcasting

John D. Gavazzi, PsyD, ABPP

Dr. John D. Gavazzi

Advances in technology have provided a digitized means to create, disseminate, and store all types of information, from do-it-yourself guides to the latest conspiracy theories to political propaganda to pornography. The Internet provides a digital space to create and find literally anything of interest. The goal of this article is to understand a few ways to use social media and the Internet to engage in self-education and teaching. Since my passion lies at the intersection of psychology, philosophy, health care, ethics, and morality (PHEM), these areas will serve as illustrations of self-education and teaching with technology.

Using Twitter for Education and Learning

My favorite social media space for self-education and building my professional library is Twitter. Twitter is a unique social media platform that permits a user to communicate in 140 characters or less. While that seems overly constraining, most Twitter users are familiar with using hyperlinks to point followers to articles or other digitized information. Additionally, Twitter encourages hashtags (#) so that the Twitter-verse is easily searchable. If you are looking for articles or information on PTSD, then #PTSD can be searched to find relevant posts on this topic from all of Twitter.

While psychologists can join Twitter and search it intermittently, Twitter is best used as a means to connect professionally to others with whom they have shared interests. There are no rules regarding who to follow. Furthermore, there is no obligation to engage in any type of discussion while on Twitter. Psychologists seeking professional education can choose to follow only those Twitter accounts that disseminate psychological information that interests them. I follow about 130 Twitter accounts, most of which post information related to PHEM.

Building Your Professional Library

Many research psychologists, scholars, academics, and other professionals post original content on Twitter before it is available in books and journals. Drs. Molly Crockett, Brian Earp, Gregg Caruso, and Fiery Cushman, all working in a PHEM-related area, publish links to their original articles. These authors post their research online, typically through their own personal website or a third-party site such as www.academia.edu or www.researchgate.net. They then share these articles, which are typically free, easily downloaded, or quickly bookmarked for future use.

Groups or institutions, such as University of Pennsylvania's Medical Ethics Department or the Center for Ethics at Harvard, run Twitter accounts as well. These Twitter accounts are often more diverse, supporting multiple topics of interest. Additionally, group or institutional Twitter accounts typically do not use hashtags as frequently, which prevents those posts from being easily searchable. Similar to individual accounts, the group accounts will also link to articles that are typically free, easily downloaded, or can be bookmarked for future use.

If a paywall restricts access to the article, an interested psychologist can e-mail one of the authors for a personal, electronic copy. The author's e-mail address is associated with the article's abstract. If the author sends you an article published in a journal not open to the public, you can download that article into a folder on your computer for future use but cannot share it publicly. Authors typically will send articles for personal use for free.

Through Twitter links or direct author contact, a psychologist can easily build a professional library with cutting-edge psychological information that interests them. I follow about 130 Twitter accounts, most of which post information related to PHEM.

information for no cost. I have several hundred articles on my computer that I have used for my own education on PHEM issues. Self-education or developing an area of expertise can be considered a supererogatory ethical goal. Going one step further, I have also created an online digital library for like-minded professionals on the Ethics and Psychology site, found at www.ethicalpsychology.com/p/articles-and-papers-related-to-ethics-52.html. The digital library has more than one hundred articles on PHEM issues, including decision making, public policy, and ethics concerns related to clinical psychology. Ethics educators and students can visit this portion of the site for their own education. All of the information on this site is free to access.

Amassing all of this information can be helpful for psychologists and psychology students in general and ethics educators more specifically. Simultaneously, my personal value is to give back to the profession that has provided so much for me.

Educational Podcasting

A couple of years ago, I started to listen to podcasts on issues related to PHEM topics. A podcast is typically a digital audio file that is grouped as part of a series of episodes with a consistent theme or topic. Some podcasts use both audio and visual content. In essence, a podcast is on-demand digital radio or television dealing with specific topics of interest. Podcasts can be downloaded, usually for free, from sites such as iTunes. In a similar vein, iTunes University has college-level podcasts and courses that can be accessed without cost.

Podcasting is meant to be a low-cost way to communicate with others who have similar interests. Podcasting has also been described as "narrowcasting," in that the audience for the digitized content is usually not very wide. With my interest in PHEM topics, I started podcasting as an adjunct to the Ethics and Psychology

Adding Sugar to Academic Medicine

David J. Palmiter, Jr., PhD, ABPP
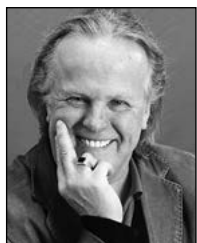
Dr. David J. Palmiter, Jr.

As an educator, tapping into your creativity to inform an approach to teaching that extends beyond lecture can be an effective way to promote learning in the classroom. In this article, I review my three favorite techniques for adding sugar to the medicinal readings and testing that we academics prescribe our students.

#1: Offer a weekly game show contest on the readings. Motivating students to do the readings is a common struggle in academia. Rather than getting into weekly quizzing or putting students on the spot, or washing my hands of keeping students honest, I've developed a fun activity. I put students into four groups and have a game show contest.

When students arrive for the first lecture class each week, I ask them to pick a number (one through four) from an envelope to determine which group they are in. Each team then takes a sheet of paper, numbers it from 1 to 10, and writes their names and team number at the top. I then project 10 multiple-choice questions, one at a time; these are all from the week's reading.

Each team is granted three "lifelines," each of which they may use once. The lifelines include:

1. I eliminate two wrong choices from the answer options.
2. I inform a team whether a chosen answer is right or wrong.
3. Team members can look in the readings for 45 seconds (this lifeline creates an incentive to bring the readings to class).

After completing the 10 items, the teams turn in their answer sheets, and we go through them as a class. If someone speaks up and answers incorrectly, I offer a cheerful "thank you for playing." I'll also intermittently note that those who raise their hand and answer incorrectly are

doing better those who do not raise their hand (for most of my classes, 25% of the grade is based on class engagement).

Every member of the winning team gets a "bonus point." Bonus points are added to the next test grade, postscaling; students can earn up to 5 bonus points per test. In the case of a tie score, I will offer two tiebreaking questions to the teams with the top score; I usually make those pretty challenging. No lifelines are allowed for tiebreakers. If teams are still tied after the tiebreakers, everyone on both teams gets a bonus point.

> *[T]apping into your creativity to inform an approach to teaching that extends beyond lecture can be an effective way to promote learning in the classroom.*

In the second half of the semester, I change the game up a little. First, I add a "bonus round." This is fashioned after Final Jeopardy!, a round in *Jeopardy!* I name the topic and then teams decide how much they wish to wager; they may wager from 0 to 10 points. However, they are only allowed to apply points they have earned. Only after every team has placed its wager is the question revealed; it is in open question format with no choices offered. Second, incorrect answers are scored as a -1, while items left blank are scored a 0. Everything else is the same.

Throughout the semester, I'll announce the names of the students who are leading the way in terms of being on a winning team the most often. I also tell them that the number of times a person has been on a winning team is another way I ascertain class engagement. (I've also sometimes given out a trophy to the person who has been on

the most winning teams at the end of the semester.)

Students have a blast with this and often report it's one of their favorite things about my classes. Besides the bonus points, I speculate that students are motivated to read so that they are not on semipublic display for being deadweights.

#2. Use open book/open notes crossword puzzle contests as pretest reviews. I create a crossword puzzle (usually about 12 items) that I give the class the meeting before an exam. They are allowed to use any resources from class in completing it but can only go online to look at class handouts (i.e., I put all of my slides, prior to each class, in a class folder on www.dropbox.com).

If someone turns in a puzzle with an error, I'll inform her or him that there is an error, without identifying which item is wrong; this person must then wait at least 2 minutes before turning in the puzzle again. If time is running out without the contest being over, I'll go around the class and fill in one item of each student's choosing.

The first two people to turn in a correct puzzle get 2 bonus points each. However, I ask everyone to turn in their crossword puzzles. I don't grade them but use them as another way to gauge class engagement.

#3. Allow students to bring filled in index cards for tests. We all know that in the "real world" what matters is knowing what you know and what you don't and knowing how to quickly and effectively find what you don't know when you need to know it; it's this latter skill set that I try to engender more than learning how to cram lots of data into short-term memory.

In service of this agenda, I allow students to bring in either two or three (depending on the amount of content the test is covering) standard-size index cards

Looking Back and Looking Forward: Reflections on Teaching

Gail Cabral, IHM, PhD

Dr. Gail Cabral

When people learn I've been teaching psychology at Marywood University for four decades, I usually receive one of two reactions. Sometimes I'm asked how the students have changed. The questioner seems to expect a series of complaints about student attitudes or student preparation. The second reaction relates to how I could do the same thing in the same place for so long. As I look back in order to respond to these questions, my answers may be surprising. In any case, I hope they provide some insight into the field of university teaching.

Are the students really different? Actually, it seems to me that the students have not changed very much over these 40 years at Marywood. We have, on both the undergraduate and graduate levels, wonderful young people, and that has been the case right along. I speculate that there are self-selection biases as young people choose their college or university. In any case, we have the friendly, polite, motivated students we have always had. What has changed is the culture from which they come and in which we all live. One difference that is clear is the lessening of stigma associated with emotional illness. It is not unusual for a student to identify his or her psychological diagnosis. Of course, some stigmatization remains, but the decrease is good news for our culture.

The assumption that being a university professor for four decades must entail years without much variation could not be further from the truth. My specialty area within the field of psychology is developmental psychology, and I have taught that introductory course many times. However, university teaching allows a certain amount of discretion in what is taught and even more in how a subject is taught. Besides teaching, college faculty is expected to have a scholarly life, to research and publish, and often to provide service to their discipline, their institution, and their community. There are many areas in which one may focus his or her attention.

When I reflect on my years of teaching, I notice an informal delineation into several periods of five to eight years. For example, after finishing my doctorate, I developed several new courses. One of them, the Psychology of Friendship and Peer Relations, which I continue to offer at regular intervals, was related to my doctoral dissertation.

Another period of influence during my teaching career revolves around the time Marywood ran a large research institute on military families. My own life was impacted by the study of adolescents in those military families for several years.

Helping the university to develop new programs is often an option as part of efforts to progress forward as an institution. The development of an interdisciplinary doctorate program in human development and, later, the development of the doctorate program in clinical psychology define other "periods" of my academic life.

There Have Been Changes

When I began to study psychology, most young people in the United States did not attend college. Today the majority of young people have some postsecondary training. Forty years ago, psychology was a relatively small field; today psychology is a very broad field with many subspecialties. On college campuses across the nation, psychology is the most popular major, one that allows for the development of analytic, writing, mathematical, scientific, and interpersonal skills. Some psychology majors go on to careers in our field, but many find themselves well prepared for other fields, such as communications, law enforcement, or education.

One of the cultural changes I've noticed is a lessened respect for intellectual accomplishment and an increased emphasis on job-related skills. Higher education is viewed as the place where one develops vocational skills, rather than as the time to explore, evaluate, and develop a personal philosophy of life. Learning for its own sake is less valued. Students are eager to do well, which they define as getting good grades. They are eager to cross hurdles to a professional life. They are less patient with acquiring knowledge itself or with the analysis of material available to them.

> *One difference that is clear is the lessening of stigma associated with emotional illness.*

Nevertheless, students respond well when assignments provide hands-on experience, coupled with opportunity for reflection. Other articles in the Special Section of this issue of the *Pennsylvania Psychologist*, such as Dr. David Palmiter's article, provide many examples of student-centered teaching activities. I will describe one activity I use. I will also reflect on my own learning from online teaching. These topics bring me to the "looking forward" section promised in the title.

In my undergraduate developmental psychology courses, I require students to complete 10 to 12 hours of service learning in a setting involving children, adolescents, or older adults. What I like most about this assignment is that it helps to form the bridge between the high school student who waits for someone else to organize an activity, and the professional who chooses and initiates efforts to help those of different ages or circumstances. Students grow in confidence in their ability to meet and help others. Naturally they develop their ability to make connections between course material and the service experience. Sometimes they also reflect on the

social class or age biases with which they began their service learning.

Frequently, I bring infants and children to my developmental psychology class. Perhaps more noteworthy is the fact that I invite older adults to the classroom as speakers also. I believe typical-aged students benefit from the experience of listening to, or interviewing, articulate, psychologically healthy seniors. I hope as understanding of the life span increases, so will respect for people of every age and class.

Looking Forward

During the last two springs, I have taught my Developmental Psychology course online to African Catholic sisters. Online education is growing fast. I have learned some techniques of online teaching, including Google chats, forum postings, grading assignments online, and Skype. How should I continue to use technology? Is this part of "looking forward?" The answer is "yes," but I'd like to explain how what I have learned from teaching online is forming and reforming my classroom courses.

Because English is not the first language of these African students, I have carefully examined my syllabus looking for esoteric professional language and tried to rewrite more simply. Then I thought, *Maybe this would be more clear to my other students this way also*. In other words, I need to work first at being clear and then gradually develop psychology-rich language in all my students.

Specific objectives are provided for each unit of the course immediately, where the weekly assignments and readings are posted. I had the opportunity when I visited Kenya to speak to two of the sisters. When I mentioned that students could use these objectives to guide their studying, the sisters said that hadn't occurred to them. Very probably, my in-class students also don't think about how to use these kinds of organizers without more cues from me.

When preparing PowerPoints for my online students, I have provided more elaboration. However, perhaps my in-class students might also benefit from more detailed PowerPoint slides. In short, teaching online has provided me with the opportunity to reflect on my teaching methods more generally and has increased the degree to which I use Moodle, our course system management tool, with my face-to-face students.

So, I do "look forward" to improving my communication with my students and learning from them. Although my examples have come from my work with undergraduate students, this is important at every level, graduate as well as undergraduate. There are many educational practices to explore in order to improve my teaching.

Reflections on the Culture of the University Classroom

University teaching is "good work" in so many ways. For the most part, it provides intellectual stimulation, interpersonal interaction, and, best of all, the "aha" moments of understanding. In addition, it provides enough flexibility to continue to be energizing over a long career.

As cultures change (and technological innovation is part of these changes), higher education moves in multiple ways to educate and lead and encourage students. The work can easily use all the creativity one has, and the payoffs are tremendous: a life of service and interaction, in which curiosity is stimulated and satisfied, and stimulated and satisfied, again and again. ⭷

TECHNOLOGY, TEACHING, AND LEARNING

site. The original goal was to provide ethics content to students and psychologists. The idea morphed into providing American Psychological Association-approved continuing education credits. All podcasts are free. However, if you want CE credit, you will need to buy the credit. All of the podcasts can be found on the Ethics and Psychology site at www.ethicalpsychology. com/p/ethics-and-psychology-podcasts.html.

Given the theme that ethics is more than a code, the one-hour podcasts deal with a variety of topics related to PHEM, such as ethical decision making, the moral self, and ethics as marketing. Psychologists and students can queue up a podcast during a late cancellation or on a snow day to make effective use of time. There is an international audience for the podcast. As of publication, the Ethics and Psychology podcast series has over 10,000 downloads.

The Internet and technology has made remaining a lifelong learner inexpensive and time efficient. Imagine earning CE credits while lying in a hammock in your backyard or riding a stationary bike in the gym. ⭷

ADDING SUGAR TO ACADEMIC MEDICINE

with anything written on them that they like. Not only does this make creating clever cheating notes unnecessary (e.g., on the inside of water bottles) but it also makes students think about how to prioritize information and, though they may not realize it, create a deeper encoding of the material.

I do other things to make classes and learning fun, hopefully without compromising rigor. I perform magic tricks, use www.polleverywhere.com, ask students to write down anonymous questions and comments at the end of class, precede class discussions with small group discussions, have students do service projects for each course, offer one-on-one oral exams (called inspiration conversations for that course), and do lots of interactive exercises and case reviews.

What do you do that works? Would you consider writing an article like this one for us all to read? Moreover, wouldn't it be cool if we started using the PPA listserv to share our best teaching ideas? Let's try to get some sweet synergy going, shall we? ⭷

One Psychologist's Role in Medical Education

Jeffrey L. Sternlieb, PhD; jsternlieb@comcast.net

Dr. Jeffrey L. Sternlieb

One of the many, yet (I believe) under-recognized, professional opportunities for psychologists exists in medical education. Behavioral scientists in general and psychologists in particular provide a unique contribution to medical education at all levels—medical school, residency, and continuing education to physicians in practice. I have been teaching at Lehigh Valley Health Network's Family Medicine Residency in Allentown since 2002 and previously at similar residency programs in Kingston (Wyoming Valley F.P. residency) and Erie (Hamot Hospital F.M. residency). Unknown to me before these opportunities occurred was the nature and number of psychologists' skills and knowledge that complement and supplement the needed skills and knowledge of physicians. These synergies will become even more significant as health care continues its changing and evolving structure in the United States.

When I am asked to describe what I do, my standard answer is that I teach doctors about their relationships with patients. The universal response is, "Oh, you mean bedside manner. They need that!" This response is reminiscent of Maya Angelou's quote, "I may not remember what you did for me, but I will always remember how you made me feel."

Physicians are well trained in anatomy and physiology, infectious diseases, and chronic illnesses. They are much less well versed in the impact of emotion, its impact on health, and its role in relationships. These are gaps easily filled by psychologists. One obvious model that is gaining interest in medical training is Goleman's (1995) emotional intelligence.

In addition, disturbing research findings can be reframed and then become opportunities for teaching, learning, and unimagined contributions. Two such examples include Beckman and Frankel's (1984) observation that physicians interrupt patients in an average of 18 seconds (!) as they begin to explain their concerns and Hafferty's (1998) naming of the aspects of medical training that contribute to a deleterious learning environment.

> *When I am asked to describe what I do, my standard answer is that I teach doctors about their relationships with patients.*

While a psychologist may be limited in adding to physicians' diagnostic or treatment skills, we definitely can help physicians to understand these challenges and develop teaching approaches to address the problems. Each year, I experience an underappreciated understanding of the skills, value, and power of deep listening. The pressure of limited time, high stakes, and the "do no harm" mantra lead some physicians to equate listening with "doing nothing"; therefore, doctors have difficulty hearing a patient's full story.

Reframing listening as an active process helps physicians realize they are not "doing nothing" and that patient responses help them realize active listening can be a high-value skill. Hafferty's naming of the hidden curriculum helped to recognize the existence and negative effect of a harassing and intimidating learning environment. Psychologists can play a significant role in creating and supporting an emotionally healthy learning environment.

While psychologists can make meaningful contributions in a number of other significant areas—especially physician

self-awareness and self-management—one important variable is the extent to which a training program values the behavioral science contribution to patient care. Many programs emphasize the biopsychosocial model first described by Engel (1977). However, not all programs walk their talk.

I am fortunate to be part of a program that is rooted in an equal emphasis on the three pillars of evidence-informed care, relationship-centered care, and self-awareness and self-management. This third focus on self-awareness and self-management provides teaching opportunities in the form of group reflective activities and retreats. I also participate in an adult education informed evaluation process that is more like an intimate and emotionally safe discussion. It begins with a self-evaluation and a discussion of the resident's view of his or her own progress supported by several months of evaluative feedback documents from medical preceptors. The result is not only significant professional development but identifiable personal development as well.

One totally practical aspect of medical education is the need for specific patient care direction combined with an overall interest in guidelines. While patient care drives the resident's needs, in primary care the resident can easily be focused on the long-term nature of relationships with patients. A reality not always recognized is that much of the technical medicine that residents learn may become outdated by new research, but everything they learn about relationships will be relevant their entire career. This observation may not be as valued in some of the specialist areas.

Finally, one of the significant bonuses is an introduction to an international community of behavioral scientists (including the current American Psychological Association president) who share similar goals and interests and who are generous and supportive of the behavioral scientist's role. In many

Understanding and Working With Eastern Orthodox Clients

Eric H. Affsprung, PhD

Dr. Eric H. Affsprung

Psychologists strive to be cross-culturally adept in their work and, in addition to such things as race and ethnicity, to be cross-culturally skilled also means working to understand different faith communities. For example, many clients identify themselves as Christian but the faith lives of Christians are often vastly different. This brief article seeks to help Pennsylvania psychologists better understand and work more effectively with Eastern Orthodox Christians, an important faith community in Pennsylvania.

It is probably safe to say that most psychologists working in the United States have a very limited understanding of what it means to be Eastern Orthodox (Young, 2000). This is partly due to the fact that the Orthodox community is relatively small in the United States. However, an understanding of this community is important because in many ways Orthodoxy is very different from Roman Catholicism or Protestantism—faith groups with which most psychologists are probably more familiar.

In addition, and despite their relatively small numbers in the country as a whole, a large number of Pennsylvanians are either devout Orthodox—both "cradle Orthodox" and converts—or are at least nominally Orthodox, having grown up in an Orthodox household while perhaps no longer practicing their faith. This is because about one hundred years ago large numbers of Orthodox Christian immigrants settled in Pennsylvania, especially in the coal region. Churches topped with onion domes are a fairly common sight in the state.

When some people hear about "eastern" Christianity, they may think of the Greek or the Russian Orthodox Church. Although there have always been strong national and ethnic ties between Orthodox churches in America

and the founders' countries of origin, for the most part, any Orthodox Christian can attend the Liturgy in any Orthodox church, be it Greek, Russian, Antiochian, or Serbian (to name a few). In the United States, one also finds the Orthodox Church in America—an American-grown church of whose members approximately half are converts. Although one can still hear languages such as Greek and Russian spoken in Orthodox churches, much, and often all, of the Liturgy will be in English.

Some Orthodox Christians (and no doubt persons from other faith traditions as well) regard the field of psychology and the idea of psychotherapy with some ambivalence. However, many Orthodox in the United States—both laity and clergy—are quite receptive to the idea of seeking help from mental health care providers. Indeed, many Orthodox clergy would readily refer parishioners to mental health professionals if they were confident that the providers would support the Orthodox worldview.

Although the spiritual psychology of the Orthodox faith is in some ways profoundly different from the outlook of secular psychology (Chrysostomos, 1987), aspects of the Orthodox worldview lend themselves to an openness to psychological treatment. For example, the Orthodox often refer to the church as a "hospital" and to "healing" as the goal of the Christian life. Theologian Father John Romanides (2008) has said that the Orthodox faith is a therapeutic course of treatment for the healing of the human personality. There are Orthodox psychologists practicing in various parts of the country, and there is even a professional organization (the Orthodox Christian Association of Medicine, Psychology, and Religion) devoted to promoting cooperation between the Orthodox Church and the healing professions. Muse (2011) has authored a well-reviewed text on pastoral counseling from an Orthodox perspective, and there are Orthodox clergy who have demonstrated a real interest in utilizing the science of psychology on

behalf of the Orthodox community (e.g., Morelli, 2006).

There are some specific aspects to the Orthodox faith of which psychologists should be aware. The Orthodox believe that theirs is the original Christian church, whose origins can be traced directly back two thousand years to the Apostles. Thus, in addition to Scripture, the Holy Tradition of the Church is very important.

> *[M]any Orthodox in the United States—both laity and clergy—are quite receptive to the idea of seeking help from mental health care providers.*

Orthodox Christians will often have a very close relationship with the parish priest. In fact, at times it might be helpful to consult with the client's priest if that seems warranted and the client is willing. The Orthodox place great value in prayer, including prayer to the saints, and will often recite the ancient "Jesus Prayer" (Lord Jesus Christ, Son of God, have mercy on me a sinner). The Orthodox also venerate icons (i.e., images of holy persons painted or "written" on wood) and holy relics. Also of great importance is prayer to and veneration of the Virgin Mary, whom the Orthodox refer to as the Theotokos (in Greek, "God-bearer").

Orthodox Christians are expected to participate in the sacrament of confession on a regular basis, where they also receive guidance from the priest, their "spiritual father." They are also expected to regularly partake of the Eucharist (i.e., "communion"), which is considered to be the very heart of Orthodox liturgical worship.

EASTERN ORTHODOX CLIENTS
Continued from page 19

Fasting (abstaining from certain foods and reducing the amount of food eaten) is also very important to Orthodox Christians, and an examination of the Orthodox calendar reveals that more than half of the days of the year are devoted to some degree of fasting. Fasting is one of various forms of ascetic practice by which the Orthodox strive to overcome the "passions" (e.g., pride, anger, envy) that are a product of humanity's fallen nature. Orthodoxy also has monastic communities for both men and women as well as a number of well-established and accredited seminaries in the United States for the education of priests and academics.

Finally, the theology of the Eastern church differs in some important ways from that of Roman Catholics and Protestants and can be described as being deeply mystical (Lossky, 1997). As a result, the Orthodox find it easier than many Western Christians to integrate their faith with modern science (Young, 2000).

Orthodox clients in Pennsylvania will present with the same difficulties experienced by other clients. However, they may also struggle with concerns that are specific to their community. These may include aging and dwindling congregations in coal towns (although Orthodoxy is growing in the western and southern United States), children who are leaving the faith, and tensions between older "ethnic" Orthodox and younger converts.

Some teachings of the Orthodox Church are at odds with the dominant, secular worldview, and this may leave Orthodox Christians feeling alienated from popular culture. In fact, many Orthodox feel that modern Western culture is a very real threat to their way of life and the moral fabric of their community.

The Orthodox faith, though not always well understood by non-Orthodox, has played an important part in the history of Pennsylvania and continues to be of central importance in the lives of many in the state. Readers who are interested in learning more are urged to consult Ware's *The Orthodox Church* (1993).

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ONE PSYCHOLOGIST'S ROLE . . .
Continued from page 18

settings, we share a position within an academic setting while having responsibilities for teaching and providing services of the most practical nature. In many cases, our own professional development is an important component of our work. This unique setting has afforded me the support to publish articles about the work I am doing as well as the opportunity to present this work at national and international professional conferences.

In many ways, this position seems like a natural culmination of a series of different applications of my psychology training, and yet it could not have been any less planned.

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Teaching in Graduate School: Passionate About Active Learning!

Amanda L. Sellers, MS

Amanda L. Sellers, MS

As a fifth-year doctoral candidate, I began teaching my first year in the clinical psychology program at Chestnut Hill College. Since then, I have taught 14 different courses at the master's, adult undergraduate, and traditional undergraduate levels, including Research Methods, Child Psychopathology, and Life Span Development, to name a few.

Perhaps the most transformative course I have taught was Adult Personal and Cognitive Development. I was invited to teach this 300-level psychology course at Muhlenberg College in Allentown, Pennsylvania, while I was employed there part-time as a learning specialist. This course was specially designed to teach the school's teaching assistants how to teach their peers. This was where I was formally exposed to Active Learning for the first time.

Active Learning asserts that, in order for students to learn, they must do more than listen to lecture. Rather, they need to be fully engaged with the material via discussion, problem solving, and numerous other creative multisensory modalities in order to maximize learning. These techniques immediately resonated with me, as I have always learned best via instructors who integrated different creative techniques (e.g., YouTube videos, role plays) into lecture. A student myself, I was particularly sensitive to the needs of my students and began flexing my creative muscle in the classroom more than ever in order to better engage these learners.

Fostering classroom discussions is a basic tenet of active learning and the cornerstone of my teaching style. I keep formal lecture to the bare minimum and, instead, focus the bulk of class time on collaborative discussion. In teaching master's level counseling students, this may be accomplished through assigning thought-provoking articles that directly pertain to the developing clinician—such as self-awareness, burnout, and self-care—and discussing our reactions to the readings as a group.

Bringing in real-life deidentified case examples has also been a great way to promote productive classroom discussions. I am currently teaching a course in child psychopathology in which each lecture pertains to a specific *DSM-5* childhood disorder. So, every week, I incorporate a deidentified client with whom I have worked and who pertains to the diagnostic issue at hand. This helps bring to life the abstract diagnoses that students may not have been exposed to in their clinical training thus far.

The students read the case and discuss it first in pairs and then as a large group. Students put their heads together and formulate aloud a biopsychosocial case conceptualization and determine how they might assess and treat the client. I instruct the students to pay careful attention to their own knee-jerk reactions to the case and to consider how these reactions might play out in transference-countertransference dynamics if they were treating the client. This type of discussion helps increase student self-awareness and, as they share their reactions with each other, it normalizes the countertransference experience as well.

Students also seem to respond positively to the incorporation of psychology as portrayed in pop culture. Again, I use pop culture references to make abstract topics more concrete. In Adult Psychopathology, I use music videos and lyrics to illustrate different disorders. For borderline personality, I printed off the lyrics to Taylor Swift's "Blank Space" and we watched the music video as a group. The same was done for bipolar disorder, using Billy Joel's "I Go to Extremes" to illustrate the diagnostic issue. Students then discuss their reactions and how the artist's work represents that specific pathology.

Characters from television shows have also been incorporated. For example, as we reviewed *DSM-5* personality disorders, each disorder was brought to life via a video clip, pictures, and quotes from a character on NBC's *The Office* (e.g., Michael Scott for narcissistic personality disorder and Dwight Schrute for paranoid personality disorder). Incorporating humor via overexaggerated characters from this sitcom was a great way to lighten up the serious topic of psychopathology and increase student learning.

Finally, I am not above resorting to behavioral contingencies in order to get my students to learn! Teaching the Research Methods course to master's level counseling students has been particularly challenging, as they tend to be anxious about and uninterested in the topic. In order to make the course more interactive and fun, I incorporate group work, presentations, and prizes during each class.

Every week, I lecture on a different topic—correlational versus experimental research design, sampling methods, surveys, and so forth. The class then breaks into small groups and brainstorms a related assignment (e.g., design your own correlational study). Groups present their work to the class in order to hone their professional presentation skills. Then, the class anonymously votes on the best project via secret ballot. Each member of the winning group gets to select a prize from the Research Methods Prize Box, an obnoxiously huge box covered in brightly colored gift wrap and bows and filled with silly toys and trinkets from the Dollar Store (e.g., mini slinkies, novelty erasers). The students *love* it! It's another way to incorporate humor and lightheartedness into a topic that can be anxiety-provoking for students.

Active learning strategies are empirically supported and are a best practice for teaching. I have found particular success with my students by incorporating plenty of discussion, group work, pop culture, and prizes in the teaching of psychology. Not only do my students benefit but it also makes the task of teaching even more enjoyable for me. It's another chance for me to get creative in my work and share my passion for psychology with others! ⚘

A New Approach to Mental Health Outreach on College Campuses

Melissa A. Nard, PsyD; *melissa.nard@sru.edu*

Dr. Melissa A. Nard

University counseling centers are continually seeking ways to provide additional services to students while managing busy schedules and limited resources. Although the majority of college counseling centers have a high demand for services, students often lack an understanding of mental health and the resources available to meet their needs. Even when they are aware of resources, they may be reluctant to seek care because of the stigma that continues to surround mental health disorders. Active Minds is one way to address these concerns.

Active Minds is the only national student-run organization that is working on "changing the conversation about mental health" (the tagline of Active Minds) on college campuses. The mission of Active Minds is to raise awareness of mental health issues and work to reduce the stigma that is often associated with mental illness.

Active Minds was started in 2001 by Alison Malmon, then a student at Pennsylvania University, following the death of her brother by suicide. It became a national organization in 2003. There are currently more than 300 chapters on college campuses in the United States.

Active Minds is not peer counseling, and it is not limited to students in the fields of psychology and social work. It is an open group, meant to attract students of different backgrounds. Although students are free to be creative in how they fulfill the mission of Active Minds, the goals remain the same:

- To educate students about mental health: the prevalence of mental health disorders; the risks, signs, and symptoms; and available resources for seeking help
- To expose students to individuals living with mental health disorders, particularly their peers and young adults, in an effort to reduce stigma
- To act as a liaison among students, faculty, administration, and the mental health community.

Slippery Rock University (SRU) formed our Active Minds chapter in 2009. The groundwork on campus was laid by personally contacting professors who would likely be supportive and by sending flyers to all faculty and staff on campus. Benefits to both the school and individual students were presented. As mentioned earlier, the Active Minds group can serve to increase the number and type of outreach programs coming out of the Counseling Center. They are also able to provide preventive care in the form of early education so a student is aware when he or she might be experiencing symptoms that would indicate that

> *The mission of Active Minds is to raise awareness of mental health issues and work to reduce the stigma that is often associated with mental illness.*

counseling could be helpful. Students are often more willing to seek counseling when the information comes from a peer than when a counselor provides similar information.

Student members of Active Minds also benefit in a number of ways. They have the opportunity to develop their communication skills by becoming the voice of mental health advocacy on the campus and providing outreach to the university community. They also grow in their understanding of mental health issues and respect for those who may be struggling with a mental health disorder.

The process of becoming a recognized chapter is not difficult. The national organization provides the framework, constitution, and by-laws. They also have chapter managers to assist with programming or any other needs.

As with any other student organization on a college campus, one of the greatest challenges is leadership

transition and maintaining the group as students graduate and move on. It is important to plan ahead for new leadership and allow incoming leaders to shadow outgoing leaders to make for a more seamless transition.

The national Active Minds organization has several nationally sponsored events, including National Day Without Stigma and National Stress Out Day. They also have a speakers bureau, comprised of young adults who have dealt with a mental health disorder on a personal level (their own or through a close relationship with someone). The presentations provide positive examples of how to address these concerns and focus on encouraging students to seek help if they are experiencing difficulties.

The chapter at SRU has taken part in all of these events and participants find them enjoyable and informative. Chapters are also free to be creative and develop their own programming. One of our most successful programs is "Cash Cart," similar to the television show *Cash Cab*. We rent golf carts and, in return for

a ride anywhere on campus, students must answer mental health trivia questions. Active Minds also participates, in collaboration with the Counseling Center, in national awareness days for depression and eating disorders and by assisting with screenings.

The role of the advisor is essential to the success of the chapter. The advisor is generally the only "constant" and is tasked with teaching new members about the history of the chapter and its activities. The advisor also serves as liaison between the chapter and university administration. It is important to remember that Active Minds is a student-run organization.

The Active Minds chapter at SRU has been active for 5 years. As we continue to grow, we assess whether we are fulfilling our goals. Each year, participants complete evaluations of of several activities. Results indicate that we are increasing the awareness of mental health on our campus.

At a recent suicide prevention presentation, 144 evaluations were

completed. Over 90% of participants reported that they learned new information or increased their understanding of the topic. Over 75% learned about the Counseling Center, 113 of the 144 reported that they would talk to a counselor, and 131 would refer a friend. When asked what they learned as a result of attending the program, comments included, "I learned never to be afraid to get help," "Mental illness is more common than many think," and "Seeking help shows strength."

Although Active Minds is a relatively new organization, it continues to grow and assist college counselors in finding ways to serve students. It allows counseling centers to have more direct involvement with students in terms of providing mental health education and provides encouragement to students to seek treatment if they are in need. The development of an Active Minds chapter on our campus has been beneficial to the entire campus community. ⚕

Managing Loss, Appreciating Gains

Barbara C. Gelman, PhD

Dr. Barbara C. Gelman

Approximately 43.1 million individuals in the United States are over the age of 65, and this number will increase with the aging of the "baby-boom" generation, the first of whom turned 65 in 2011 (Ortman, Valkoff, & Hogan, 2014). It is estimated that this number will be 83.7 million in 2050, when survivors of that generation reach age 85 (Ortman, Valkoff, & Hogan, 2014). With the extending of the average life span today, some individuals may live close to another third of their lives after age 65, allowing more time for hobbies and travel, as well as anticipating and experiencing loss. Understanding the aging process and issues related to loss and resilience is crucial for psychologists today, as well as for those who will provide treatment to older clients and patients in the future.

First, physical decline accompanies advancing age. Health challenges associated with aging include obesity, arthritis, cardiovascular disease, vision and hearing loss, changes in teeth, memory decline, and increased risk of cancer. Nearly three quarters of people over age 60 are overweight (Skarnulis, 2006), and 40% of people over 60 experience metabolic syndrome (Skarnulis, 2006), which includes large waist size, high triglycerides, low "good" HDL cholesterol, high fasting blood sugar levels, and hypertension.

Arthritis is very common and can be treated with exercise, stretching, and nonsteroidal medication. Osteoporosis is not a normal part of aging and can lead to falls resulting in broken bones, which can impede functioning and result in hardship for older people and caregivers. The incidence of macular degeneration, diabetic retinopathy, and glaucoma is expected to rise as the population ages.

Brittle teeth and gum disease are common and require regular treatment. Historically, older individuals were not able to replace lost teeth; however,

more seniors do not need to live without teeth due to the availability of implants. Hearing loss is clearly associated with age; 43% of people with hearing loss are 65 years or older (Skarnulis, 2006), though, as with many age-related physical problems, genetics plays a role.

Most physical problems can be managed by maintaining healthful weight; engaging in regular exercise, including strength-building to build muscle; moderating alcohol intake; and eating a variety of whole foods. It is essential to treat risk factors such as hypertension, high cholesterol, and high blood sugar to lower the risk of heart disease, the number one cause of death in the United States. Additionally, older adults should take advantage of available vaccines that offer protection from conditions such as the flu and pneumonia.

Health habits that protect physical health can also protect memory by decreasing the risk of vascular dementia caused by atherosclerosis. Memory decline with age receives a lot of attention, particularly dementia due to Alzheimer's disease. Movies such as *Still Alice* and *Away From Her* serve to educate the public on this issue. Although Alzheimer's is not a normal part of growing older, increasing age is the greatest risk factor for the disease. After age 65, the risk of Alzheimer's doubles every 5 years. After age 85, the risk reaches nearly 50% (Alzheimer's Association, n.d.). Parkinson's and Huntington's disease can also cause dementia as well as delirium, vitamin B-12 deficiency, and toxic drug reactions (Helpguide.org, n.d.).

In addition to physical decline, older individuals experience the loss of loved ones, most commonly spouses, siblings, and, sometimes, children. Psychological well-being relates to managing loss, and it is suspected that depression in older adults is underdiagnosed.

A recent movie, *I'll See You in My Dreams*, highlights some of the emotional issues related to aging. In the normal life cycle, children leave home and couples age and eventually die; sometimes, after years of illness and decline.

In the movie, we meet the character Carol, played by Blythe Danner, a widow of 20 years going about her daily routine. She arises the same time each day, attends to her dog, reads the newspaper, and plays golf and cards with women friends at a nearby retirement commu-

A recent movie, I'll See You in My Dreams, *highlights some of the emotional issues related to aging.*

nity. The character insists on remaining in her home despite urging from friends to move to the retirement community. She is a healthy woman and does not suffer common maladies of old age, such as diabetes, arthritis, or heart disease. She also has male suitors, which, for older females, can be a limited experience given the lower ratio of older men to older women: approximately 0.9 at age 65 falling to 0.4 by age 90 (Howden & Meyer, 2011).

Carol's issues are not compounded by illness or infirmity. They center on the untimely death of her husband 20 years earlier and the recent death of a beloved dog. She takes a risk on a new relationship with the handsome Sam Elliott and, alas, suffers another loss. After this, we glimpse her bitterness about "having had to grow old alone" and see that she views her life as a series of losses. She temporarily neglects the presence of her daughter, who reminds her, "I am still here," which is both painful and poignant. It speaks to the fact that people live and die alone, existentially. We come into this world with ourselves and exit the same way.

How *do* we manage loss and learn to appreciate gains associated with aging? Understanding the aging process and learning to adapt to physical changes can

Looking Forward (and Backward) to College Teaching

Helena Tuleya-Payne, DEd, Department of Psychology, Millersville University

Dr. Helena Tuleya-Payne

After 2 years as interim dean and more than a decade as chair of the Department of Psychology at Millersville University, I am leaving administrative duties behind and returning to full-time teaching in the fall. I look forward to returning to a role where I help shape future mental health professionals, specifically those enrolled in our School Psychology and School Counseling programs.

How do I best prepare my students to meet the demands of today's and future educational landscapes? What are the highly effective teaching practices that support student learning?

What to Teach

As I prepare, I reflect on the imprint of my graduate education in the School Psychology program at Penn State University more than three decades ago. It was not so much the knowledge or specific skills as it was the approach to learning employed by professors such as Drs. Joseph French and James Ysseldyke that has served me well throughout my professional career. Big ideas such as the importance of contextual factors when regarding any educational problem and the benefits of inclusion (referred to as mainstreaming back then) still resonate with me today.

Although the term was not formally applied to my training in the 1970s, the approach of my instructors very much approximated what has come to be described as evidence-based practice (EBP). Collins, Leffingwell, and Belar (2007) advocated for the implicit instruction of a model that integrates research evidence, clinical expertise through appropriate supervision, and patient values. The authors guard against viewing EBP as a collection of research-based interventions. Rather, the emphasis is on considering how to "integrate clinical judgment and patient values and preferences with the available scientific evidence to justify a treatment plan" (p. 664).

> *Regardless of the intervention chosen, the practitioner will need to assess the effectiveness of the intervention; this is all part of developing clinical judgment.*

An example I have used with my students is of a teacher who is having management problems in the classroom. Looking at research-based interventions that may apply might lead the practitioner to recommend a token economy. However, without considering contextual factors (such as classroom routines, instructional match) or the teacher's skill level or acceptance of this contingency-based approach, the intervention may have limited effectiveness. Taking into consideration patient (teacher) values and information gleaned from observation, the practitioner may instead recommend teaching of classroom routines. Regardless of the intervention chosen, the practitioner will need to assess the effectiveness of the intervention; this is all part of developing clinical judgment.

How to Teach

Unlike certified teachers who instruct K–12, many university faculty members have never had a course in pedagogy. The expectation is that deep knowledge of the discipline along with replicating the methods used by graduate school professors will be sufficient to inform instruction. If only it were that easy.

It wasn't too long after coming to Millersville 23 years ago that I was attending all the pedagogy classes and workshops I could. Early on, I reached an epiphany on teaching: talk less, assess more, and engage all students in learning. Attention spans generally do not exceed 20 minutes and for some it is far less. I have made it a habit to have an activity in which all students participate every twenty minutes or so.

An activity might be a pair-share, where I present a problem, have the students solve it independently, then turn to a neighbor and compare results. If the students disagree on the solution, I encourage them to convince the other of why their solution is correct. We then convene as a group, and I assess the students' solutions. I am considering using a clicker system in the fall for my undergraduate classes that will allow an immediate collection and display of student answers. The downside is cost to the student. The upside is an immediate visual display of student responses that informs both them *and* me. A quick aside—all students learn better with visual information regardless of how they self-identify as learners.

Another related technique is posing a multiple-choice question similar to what might be on an exam and asking each student to display his or her response. I used a low-tech method in my graduate classes. Students take a manila folder and write A, B, C, and D on each of the sides and display their answer. Both the multiple choice and the pair-share methods are examples of quick assessments I perform to measure student understanding. If students are not getting it, I reteach the concept.

As a preparer of professional educators who will work with K–12 teachers, I feel a responsibility to teach and demonstrate what effective teaching looks like. I assign Christenson and Ysseldyke's Functional Assessment of Academic Behavior (2002), an assessment tool for student, classroom, and home variables critical to learning. It also serves as a reminder of the variables I need to attend to in my classroom, including: instructional match (do students have the

help. Completing crossword and Sudoku puzzles and doing mental math can help keep the mind sharp. Developing hobbies and new skills such as computer, photography, and gardening or attending art classes and book clubs can keep people socially engaged. Finding ways to continue with favorite activities—using lighter weights in the gym and easier Yoga poses, for example—will boost confidence. Walking more slowly and deliberately to avoid falls, using reaching devices at home, and installing handrails in bathrooms and showers can improve safety.

There is really no reason older people should curtail travelling if this brings pleasure. Many travel programs cater to older adults by tailoring the amount of walking and accommodating the use of walkers, wheelchairs, and oxygen tanks. When lengthy airline trips become too tiring, bus and day trips closer to home may suffice.

Studies indicate that social isolation is associated with increased mortality in older adults, so it is wise to balance time alone with social interaction. Having a support network is particularly important after illness, hospitalization, or physical setback. It helps if individuals can develop the ability to look forward and not assume the worst after setbacks. If this is difficult and negativity and depression become predominant, a psychologist or geriatric psychiatrist should be consulted.

Learning to carry on after the death of loved ones, and when many of your peers are gone, is a challenge. It must be sad to look around and note there are few people left who can recall with you your childhood. Older adults may talk about memories of their parents to keep the past alive and honor their parents. Some older people enjoy interacting with younger people to counter these feelings, as seen in *I'll See You in My Dreams*, when Carol befriends the younger man. Other people find comfort and solace in religion and begin, for the first time in years, to regularly attend a church, synagogue, or mosque. Volunteering is a way to make friends, do something larger than oneself, and make a difference in people's lives.

To realize one has lived well is a wonderful feeling at any age. To life! ◗◣

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prerequisite skills?), instructional expectations (make course outcomes clear), informed feedback (provide immediate, specific feedback to student responses), relevant practice (keep the students engaged in successful activities), and progress evaluation (provide formative and constructive feedback on students' projects and papers).

It is important to know what to do when you don't know the answers.

As psychologists, we have learned principles that improve student learning. Dunn, Saville, Baker, and Marek (2013) encourage psychology teachers and students to use empirically validated strategies to enhance learning. One featured technique, "test-enhanced learning," involves frequent testing, a strategy that appears to not only enhance long-term knowledge acquisition but generalization of learning as well. For those concerned about loss of class time, preclass computer-graded quizzes with immediate feedback for students are one option.

A word about use of electronic devices for note taking: Mueller and Oppenheimer (2014) found that students' conceptual understanding was weaker when taking notes on their laptop than when using longhand. Students using laptops tended to record notes verbatim, engaging in shallower processing.

In conclusion, I believe it will be important to make explicit to my students my goals for instruction. I will remind them that being a clinician is more than knowledge of a collection of techniques. It is important to know what to do when you don't know the answers. At the micro level, I plan to devote my first class sessions to teaching empirical strategies that enhance student learning. We are fortunate to be steeped in a discipline that offers so much to teaching. ◗◣

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Welcome New Members!

We offer a wild, wonderful, whopping welcome to the following new members who joined the association between May 5 and July 19, 2015!

NEW MEMBERS

Julie Amato, PhD
Easton, PA

Elsa M. Arce, PhD
Pittsburgh, PA

Dara Babinski, PhD
Hershey, PA

Stuart Badner, PsyD
Greentown, PA

P. Lynn Caesar, PhD
Ardmore, PA

Laura Keys Campbell, PhD
Danville, PA

David Canose, PsyD
Monroeville, PA

Allison Chabot, PhD
Philadelphia, PA

Augusto Jose Delerme, PhD
Harrisburg, PA

Madeline C. DiPasquale, PhD
Haddon Township, NJ

Adrienne Michele Dixon, PhD
Erie, PA

Lucia Dwyer, PhD
Wayne, PA

Brian Eig, PsyD
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Lynn Harper, PhD
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Alicia Puskar, PsyD
Perryopolis, Alabama

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Barb Schaefer, PhD
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Rachel Baden Sherrill, PhD
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Janet B. Snyder, PhD
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Carlisle, PA

Crystal D. Witmer, PsyD
York, PA

Thomas A. Zimmerman, MA
Williamsport, PA

Kristie Zoller, PsyD
Gibsonia, PA

NEW STUDENT MEMBERS

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Bridgette Clarke, MS
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Krista Coons, MS
Drexel Hill, PA

Arthur Dalton, MA
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Jessica Gabriella Dashevsky, BA
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Samantha Deana, BA
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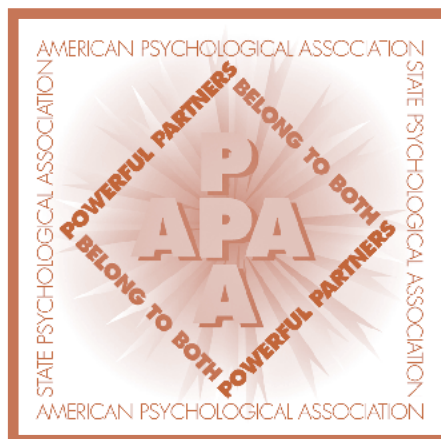Toms River, NJ

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Tech Column

Can I Get a Doctorate in Clinical Psychology Online?

Edward Zuckerman, PhD; *edzucker@mac.com*

Dr. Edward Zuckerman

The answer is yes and no. Whether this is good news or bad news depends on your attitude about professional training in clinical psychology.

First, there are no APA-approved online programs and so admission to an APA-approved internship and many jobs is very limited. Online doctorates are not seen as acceptable for most faculty positions, especially at research universities (Adams & Defleur, 2005); however, community colleges are more open to hiring individuals with degrees achieved online (Guendoo, 2008).

This prejudice may change with recognition of the value of education enhanced by electronic communications. For example, many colleges now allow students to take courses at other schools. Courses offered online allow students the opportunity to select from the best courses around the country or take courses from global experts. College programs would have the opportunity to offer education on specialized topics they cannot presently support because too few interested students are available in one place or at one time. Educational collaborations currently prevented by geography, cost, or logistical considerations would become possible.

The limited research available suggests that student learning through online education is comparable to in-person classroom learning. Additionally, students should be able to learn more efficiently with presentations designed from scratch for virtual learning, such as simulations.

Second, what does an "online doctorate" mean? Many graduate programs utilize electronic resources and the Internet. Videos from YouTube illustrate behaviors; slide shows from experts are easily assigned; most textbooks are available for mobile reading; tests can easily be taken online; and syllabi, notes, and handouts are commonly accessible online. However, this is not illustrative of an online doctorate or distance learning education.

There are dozens of doctoral programs in a variety of areas of psychology that self-describe as offering distance learning or distance education. A cursory search revealed about 20 to 30 programs in the area of clinical psychology. Many are parallel to the school's familiar residential training and appear to simply make the lectures available online. They use live webinars that resemble typical didactic lectures and asynchronous access to recorded or chat-type seminars and supervision. Some are entirely online with no requirement for on-campus residence. Even those, however, often require supervised field placements local to the student.

> *The limited research available suggests that student learning through online education is comparable to in-person classroom learning.*

I looked further into two prominent online education doctoral programs— at Walden University and Capella University—that appear to be the leaders of online education. They have many commonalities. They use a hybrid model of online courses combined with periods of residence and face-to-face interactions between students and faculty. The programs may include virtual field experiences, capstones, residencies, practica, and internships. They are designed as part-time programs for those already working in the field and who have the goal of becoming licensed. Both require a master's degree from an accredited program to enter their doctoral program.

Despite this, the average length of time to complete the program is typically 6 years at Walden and 7 at Capella. Costs are similar across the two institutions. Walden estimates a cost of about $72,000 if completed in 72 months (56% of graduates took longer to complete the program) with graduates reporting a median of $115,000 in federal loans. Based on 2013 data, Capella indicates a cost of about $90,000 if completed in 84 months (which includes an internship) with graduates reporting a median of 7.5 years to complete the program.

Accreditation is a major issue. While no online education program is APA-accredited, both Walden and Capella are members of the regional North Central Association. Walden's counseling programs are accredited by the Council for Accreditation of Counseling & Related Educational Programs. APA set up a task force as far back as 2000 and their report identified the essential issues of best practices and quality assurance with regard to accreditation and licensure (Murphy, Levant, Hall, & Glueckauf, 2007). This was 15 years ago, and I don't see evidence that APA has moved forward with these issues.

Third, online programs can be more efficient and therefore attractive to students. They are more convenient (part-time, weekend courses) and location-independent, can be self-paced and adaptable to work-life balance concerns, and cost the same as or less than on-campus programs.

Fourth, online programs, with their different structures and approaches to professional education, raise the larger question of what a doctorate in clinical psychology should involve. More specifically, what competencies should such a program develop in students?

A few years ago, O'Donohue and Borland (2012) offered a well-reasoned challenge to business-as-usual doctoral programs. They offered a model of the core competencies and suggested that the failure to address these and how they

can best be taught has led to our current hodgepodge of course-work and extended training times and costs.

Online programs can be time efficient, cost effective, and outcome focused. If better organized, they may come to dominate the marketplace. There are dozens of fully accredited online master of social work programs and some accommodations may be made, especially by clinically focused programs (see www.cswe.org/Accreditation/Information/DistanceEducation.aspx).

As indicated above, distance education requires rethinking objectives and methods. There is no incentive for current programs to engage in radical, expensive, and difficult work without a clear path to licensure, and licensing boards are not known for adventurousness. However, I am hopeful because I can see several opportunities for entry.

Lastly, while a few programs incorporate some elements of the Internet (Mckay et al., 2013), they do not make use of more sophisticated technology (see, for example, Huamaní, 2014). Our students are a generation or two ahead of our teachers particularly with regard to comfort level with the digital world. They almost expect virtual environments—simulated cases—for assessment and intervention. They know how to play games and the use of gaming technology can be applied to clinical concerns.

We are rapidly entering common, if not universal, eHealth with monitoring devices and smart homes. Online education will start with the teaching of special and neglected topics, such as sleep disturbances, which are almost universal across pathologies (Peachey & Zelman, 2012), or topics in gerontology because of the need for such trainings. ◆

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

Cabral

1. Online teaching:
   a. May help instructors provide more specific teaching strategies
   b. May ruin the teacher's enthusiasm for on-site teaching
   c. May provide opportunity to reflect on pedagogy
   d. "a" and "c"

2. As a field, academic psychology:
   a. Has grown over the years
   b. Entails a greater breadth and scope than ever
   c. Provides instructors with discretion about where to put their efforts
   d. All of the above

Sternlieb

3. A psychologist's role in medical education can include teaching:
   a. Listening skills
   b. Self-awareness and self-management
   c. Safe learning environments
   d. All of the above

4. The most significant model of medical education that supports a psychologist's role is:
   a. Emotional intelligence
   b. Biopsychosocial model
   c. Hidden curriculum
   d. None of the above

Affsprung

5. Orthodox Christians:
   a. Fast for 2 weeks prior to Christmas
   b. Have always been strongly opposed to the practice of fasting
   c. Engage in some kind of fasting for more than half the year

6. For the Orthodox, the Eucharist is:
   a. Generally less important than it is for Roman Catholics
   b. The heart of worship
   c. Received only occasionally

Nard

7. Which of the following is true of the Active Minds organization?
   a. It is a peer counseling student group.
   b. It is limited to students majoring in psychology.
   c. It exposes students to individuals living with mental health disorders in an effort to reduce stigma.
   d. It is always based within university counseling centers.

8. Which of the following is considered an Active Minds nationally sponsored event?
   a. Cash Cart
   b. National Day Without Stigma
   c. Don't Get Scrambled Up in Stress
   d. Cookies and Compliments

Gelman

9. What is the ratio of men to women at around age 90?
   a. 0.5 to 1
   b. 0.9 to 1
   c. 0.4 to 1
   d. 0.2 to 1

10. More than half of the U.S. population at age 65 can expect to have Alzheimer's disease.
    True
    False

11. "Test-enhanced learning" is a technique that involves:
    a. Analysis of test data to determine errors
    b. One cumulative exam over formative evaluations
    c. Frequent testing
    d. Pretest instruction

12. Techniques to increase student engagement include:
    a. Pair-share
    b. Class-wide multiple choice question
    c. Clickers
    d. All of the above

13. APA has approved several fully online distance education doctoral programs in clinical psychology.
    a. True
    b. False

14. Which is *not* true of fully online distance education doctoral programs in clinical psychology?
    a. They are more convenient for the student in terms of time and location.
    b. They offer a clear and known path to licensure in all states.
    c. They fully incorporate the latest technology such as patient simulations for assessment and therapy.
    d. Their costs are about the same as residential programs.

Continuing Education Answer Sheet

The Pennsylvania Psychologist, September 2015

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

1.	a	b	c	d		**8.**	a	b	c	d
2.	a	b	c	d		**9.**	a	b	c	d
3.	a	b	c	d		**10.**	T	F		
4.	a	b	c	d		**11.**	a	b	c	d
5.	a	b	c			**12.**	a	b	c	d
6.	a	b	c			**13.**	T	F		
7.	a	b	c	d		**14.**	a	b	c	d

Satisfaction Rating

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

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

Comments or suggestions for future issues _____

_____

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