

ALSO INSIDE:

- When a patient accuses you of wrongdoing
- Taking a stand against gun violence
- A closer look at the Hoffman Report
- Looking in the mirror to reduce interpersonal violence

The Pennsylvania
Psychologist

Vol. 76, No. 3

MARCH 2016 • QUARTERLY

*Overcoming
Interpersonal Violence
Throughout the Life Span*



PPA**2016**



June 15–18, 2016

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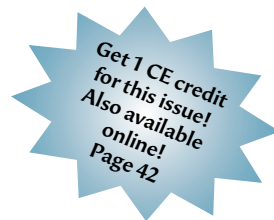
The Pennsylvania Psychologist

Editor: Tracie Pasold, PhD

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Overcoming Interpersonal Violence Throughout the Life Span: Aggression and Interpersonal Violence

Beatrice R. Salter, PhD



Dr. Beatrice R. Salter

I've been wondering how we psychologists can establish an ongoing dialogue with our children, family, friends, and peers about interpersonal violence. One part of our role as change agents is to advocate for social justice issues. The importance

of initiating and continuing a dialogue is to decrease the perpetuation of violence against others that results from stereotypes and lack of exposure and understanding about others' cultures, religions, and social customs.

There is an inherent connection between aggression and interpersonal violence. DeWall and Anderson (2011) describe the general aggression model (GAM), which posits that there are four dimensions to aggressive behaviors. These are the "degree of hostile or agitated affect present, automaticity, degree to which the primary (i.e., ultimate) goal is to harm the victim versus benefit the perpetrator, and degree to which consequences are considered" (DeWall & Anderson, 2011, p. 18). This model of aggression hinges on how a person observes and distinguishes multiple aspects of his or her environment. It includes the person or people involved in the interaction, anticipation of a multitude of outcomes, assumptions about how the person or people are likely to respond, and the potential aggressor's ideas about his or her capacity to manage the situation. This model also takes into account that, over time, people respond to like events in similar ways and that cognitions become automatic through repeated experiences.

Social context also plays a role in the GAM, determining who we pay attention to, who we perceive as a threat, and the cues and recall associated with likely causes of behavior and

consequences of reaction choices. These factors impact how individuals and groups are perceived and responded to throughout society, which highlights the problems with stereotyping and perpetuating false beliefs about individuals and groups who are racially, ethnically, and culturally different from one's self.

In *Are We Born Racist?*, Fiske examined automatic responses to people who are physically different from one another. "Neuroscience has shown that people can identify another person's apparent race, gender, and age in a matter of milliseconds. In this blink of an eye, a complex network of stereotypes, emotional prejudices, and behavioral impulses activates" (Fiske, 2010, p. 8). It is incumbent on us to educate ourselves, our family, friends, and peers about the prevalence of stereotypes and how these often unconscious interpretations influence our perceptions of threat and harm, potentially escalating violence when there is no real threat.

When we listen to the news, it is evident that these forces are in play and negatively impacting our capacity to positively interact across cultures in our daily lives. Without awareness, we allow prejudice to guide our interactions and responses in a manner that justifies violence toward those who are perceived as different. This is simply *not* acceptable in a multicultural society. Let's work to make these destructive unconscious processes conscious, allowing each of us to be more aware of our judgments and actions and the impact these choices have on others. ▮

References

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- Fiske, S. T. (2010). Are we born racist? In J. Marsh, R. Mendoza-Denton, & J. A. Smith (Eds.), *Are we born racist? New insights from neuroscience and positive psychology*. Boston, MA: Beacon Press.

With an Eye on the Future

Krista Paternostro Bower, MPA, CAE



Krista Paternostro Bower

With the coming of spring, there is always so much to talk about as it pertains to life outside of PPA. But, because this spring is overflowing with an abundance of CE events

and other exciting happenings within PPA, I will focus my column on all of the good and necessary news that pertains to opportunities for our members.

I begin by mentioning the great work of our Board **Task Force on Interpersonal Violence**, capably led by PPA past president **Dr. Bruce Mapes**. Dr. Mapes and his task force are working to create synergy and outcomes based on this year's presidential platform offered by PPA president **Dr. Beatrice Salter**: *Overcoming Interpersonal Violence Throughout the Life Span*.

A special part of this initiative involves the launching of a new public-facing website at www.psychologycanhelp.com. Our task force, along with input from our Public Education Committee, has been working to build this site into a go-to resource for the general public about the importance of psychology and psychological services in everyday life. We invite you to visit this page, and we look forward to hearing your feedback.

As you may have seen, we are also in the process of updating our Speakers Bureau list to include topics relative to interpersonal violence. The Pennsylvania Psychological Association keeps a Speakers Bureau list of psychologists who are willing to speak to the media, community groups, and other organizations and associations on an occasional basis. If you would like more information, or to be added to our list, please contact Justin Fleming at justin@papsy.org.

We invite you to read this edition's special section focused on the important topic of interpersonal violence. I am also happy to report that we received positive interest in this topic based on the workshop proposals for PPA2016, our upcoming annual convention. You will find more information about PPA2016 in the other special section of this publication.

Many exciting collaborations and partnerships are underway related to this initiative, and we will do our best to keep you updated as opportunities emerge. For now, we salute all of the members of this task force for their important work and for the time they've invested in this initiative.

PPA Task Force on Interpersonal Violence:

Dr. Bruce Mapes, *Chair*
Dr. Beatrice Salter, *PPA President*
Dr. Bea Chakraborty
Dr. Molly Haas Cowan
Dr. Gail Karafin
Dr. David Palmiter
Dr. David Rogers
Dr. Dianne Salter, Esq.
Dr. Daniel Schwarz
Dr. Rick Small
Dr. Jeff Sternlieb

Notable PPA Events

■ Advocacy Day

April 4, 2016
Pennsylvania State Capitol
Harrisburg, PA

■ Spring Conference

April 8, 2016
DoubleTree by Hilton Hotel
Monroeville, PA

■ PPA2016

"Overcoming Interpersonal Violence Throughout the Life Span"
June 15-18, 2016
Hilton Harrisburg
Harrisburg, PA

New This Year!

As we continue to expand our portfolio of valuable CE offerings for our members, please note the following events planned for this spring that may be of interest to you:

■ PPA on the Road

May 13, 2016
John Heinz Institute of Rehabilitation
Wilkes-Barre, PA

Interact with your peers during this full day CE training event offering a total of 6 CE hours!

■ ECP Day

May 21, 2016
Lancaster Marriott at Penn Square
Lancaster, PA

Are you an early career psychologist? Plan to attend our first-ever ECP Day to be held on Saturday, May 21, in Lancaster. This day-long event will be jam-packed with topics of interest to our early career psychologists.

■ PPA Webinar Series

Our webinar series continues into 2016 with these two great offerings this spring:

▶ Common Billing Pitfalls for Psychologists and How to Respond to Payer Overpayment Requests

Thursday, March 10, 2016
12:00-1:30 p.m.

Renee H. Martin, JD, RN, MSN
Rhoads & Sinon

▶ PQRS

Wednesday, April 13, 2016
12:00-1:30 p.m.

Diane M. Pedulla, JD
Director, Regulatory Affairs, APA

Continued on page 4

WITH AN EYE ON THE FUTURE

Continued from page 3

On **April 10, 2016**, the Pennsylvania Psychological Political Action Committee (PennPsyPAC) will host a fundraising event at the **James A. Michener Art Museum** in Doylestown, PA. The event begins with a luncheon from 12:30 p.m. to 1:30 p.m., followed by a tour beginning at 1:30 p.m. The price is \$65 for nonmembers and \$45 for members of the museum and includes admission, docent fees, room rental, and lunch. Parking is easily available at no cost in a lot just outside the museum. Special thanks to **Dr. Judy Blau**, former PPA president and current chair of the PennPsyPAC Board, who is chairing this event.

I also want to mention a couple of other unique and exciting happenings within our PPA committees. In March, the PPA board will consider a proposal from the PPA Membership Committee to create an Emerging Leaders Program. This exciting initiative has been in development over the past 12 months under the leadership of current membership chair, **Dr. Robert Tanenbaum**, and past chair **Dr. Mary Wiley**.

The PPA Membership Committee has been very active and has also hosted a series of regional networking events all over the Commonwealth. We appreciate their engagement in PPA and their enthusiasm in bringing psychologists together for networking and camaraderie in a social setting! 🍷

What's New?



Meet Erin Brady, PPA's New Member Services Coordinator

In November 2015, Erin joined PPA as our member services coordinator. In this new role, Erin will be involved in many aspects of PPA membership, including database management, Act 48, membership communications, and membership sales and renewals, just to name a few.

Erin comes to PPA after leaving an internship with the County Commissioners Association of Pennsylvania, serving as a marketing intern for the association's nursing home affiliate, PACAH. She worked closely with PACAH's executive director and meeting and marketing manager to create promotional material for the association while helping to plan and execute PACAH's 2015 spring and fall conferences.

Erin is a graduate of Central Penn College with a bachelor's degree in marketing. 🍷

Direct Dial Phone Numbers

Did you know that you may now reach any member of the PPA team directly without using PPA's main number? Even though our main line is still operational, this is our way of staying directly connected to you, our members. We encourage you to use the phone numbers below for faster, more convenient service:

Krista Paternostro Bower, MPA, CAE
Executive Director
717-510-6355

Rachael Baturin, MPH, JD
Director of Legal & Regulatory Affairs
717-510-6340

Erin Brady
Member Services Coordinator
717-510-6352

Iva Brimmer
Director of Administration
717-510-6353

Justin Fleming
Director of Legislative Affairs
717-510-6349

Samuel Knapp, EdD, ABPP
Director of Professional Affairs
717-510-6350

Peggie Price
Administrative Assistant
717-510-6348

Judy Smith, CMP-HC
Professional Development Specialist
717-510-6343

And, as always, thank you for all that you do for our organization! Here's to a spring filled with significance, value, and impact at PPA! 🍷

PPA Spring Continuing Education & Ethics Conference

April 8, 2016 • Monroeville

Questions may be directed to:

Judy Smith, CMP-HC
717-510-6343
judy@papsy.org

Interacting With Licensing Board Investigators

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



Dr. Allan M. Tepper



Dr. Samuel Knapp



Rachael L. Baturin

Most psychologists go through their professional careers with no allegations of wrongdoing. It is the impression of the authors that there is a low positive correlation between ethical conduct and the likelihood of being the subject of a licensing board complaint. That is, psychologists who act in a competent and ethical fashion are less likely to be the subjects of licensing board complaints. Nonetheless, sometimes patients make allegations against psychologists who have acted ethically and competently. For this reason, it is important to understand the licensing board complaint process.

The Pennsylvania Department of State, a cabinet level agency in the Commonwealth of Pennsylvania, is responsible for the regulation of professional licenses. The Department of State contains two bureaus related to licenses. The Bureau of Professional and Occupational Affairs (BPOA) houses 29 licensing boards, including the Pennsylvania State Board of Psychology (Board). The Bureau of Enforcement and Investigation (BEI), which is divided into four Pennsylvania regions (Pittsburgh, Harrisburg, Scranton, and King of Prussia), employs a number of investigators who, on behalf of the BPOA, conduct investigations related to a licensing board complaint.

Finally, the Pennsylvania Office of General Counsel represents 36 executive and independent agencies across the Commonwealth of Pennsylvania, including the Department of State. A number of attorneys within the Office of General Counsel prosecute licensing board complaints on the behalf of the Department of State and the BPOA.

Contrary to the belief of many psychologists, the Board does not conduct the initial stages of a licensing board complaint. In fact, in their capacity as a collective judge, the Board is unaware if and when an initial complaint is filed against a psychologist. Rather, following a preliminary review by one of the prosecuting attorneys, the complaint is assigned to a regional BEI investigator. The BEI investigator is charged with gathering relevant records and documents, interviewing potential Commonwealth witnesses, and inquiring whether the licensee is willing to respond to the complaint.

If the prosecuting attorney believes that a violation may have occurred, the prosecuting attorney can file an Order to Show Cause, which constitutes a formal licensing board complaint.

Following the completion of the investigation, a prosecuting attorney reviews the investigation file. That prosecuting attorney has the authority to close the case without filing any formal charges. If the file is closed, there is no public record of the investigation, and the Board is never made aware of the investigation.

If the prosecuting attorney believes that a violation may have occurred, the prosecuting attorney can file an Order to Show Cause, which constitutes a formal licensing board complaint. At that point,

the Administrative Rules of Procedure come into effect, and the Board becomes involved in their role as the collective judge.

It is important to note that during the initial investigation phase of the complaint process, the Pennsylvania Administrative Rules of Procedure do not apply. The significance of this fact is that, during the initial investigation phase of the complaint process, the BEI investigator is not required to give the licensee a copy of the complaint. In addition, contrary to the representations of some investigators, the licensee is not required to submit to an oral interview or provide a written response.


In basically all initial investigation situations, however, it is tactically advisable to learn as much about the complaint as possible to determine the nature of the allegations and then decide whether and what type of an initial written response is warranted. In this regard, how does the licensee find out about the complaint allegations?

The initial contact by the BEI investigator varies region by region and investigator by investigator. The investigator may send a letter stating that he or she wishes to meet with the licensee. Some investigators are utilizing email correspondence to request a meeting with the licensee. The investigator may place a telephone call to the licensee. And, in a growing number of cases, the investigator may show up unannounced at the office of the licensee.

Once the licensee is made aware that an investigation has been instituted, what is the next step? Part of the answer to this

Continued on page 6

PPA Advocacy Day—April 4, 2016

PPA's Advocacy Day will take place on Monday, April 4, this year. It will again be in the Pennsylvania State Capitol, Room 418, the Minority Caucus Room. The schedule consists of registration at 9:00 a.m., an issue orientation session from 9:30 a.m. to 11:00 a.m., and meetings with legislators to follow. PPA will once again hold a press conference at 1:00 p.m. in the East Wing Rotunda. This year, our focus is on helping individuals overcome interpersonal violence throughout the life span. PPA will be addressing legislative proposals for the provision of telehealth services and educating legislators about the psychological practice modernization bill. The state and federal constitutions guarantee the right of citizens to petition the government for a redress of grievances. This is your chance to influence the process of informing psychology practice in Pennsylvania, so all PPA members are encouraged to attend! Continuing education credits (1.5) are available for the issues orientation. We hope to see you in Harrisburg on Monday, April 4! 



To register for this great event, please visit

www.papsy.org

INTERACTING WITH LICENSING BOARD INVESTIGATORS

Continued from page 5

question is to remember that the licensee has been placed into an adversarial proceeding. That is, there are two sides to the investigation: the Commonwealth and the licensee. This is not a joint effort. This is not a team meeting. This is not a professional consultation. Rather, this is part of an investigation being conducted on behalf of the BPOA to determine whether the licensee potentially has committed a licensing board violation.


There is no confidentiality between the investigator and the licensee. That is, the investigator can be called as a Commonwealth witness against the licensee in a future formal board hearing to testify about the oral interview conducted with the licensee. In addition, most investigators will request that the licensee submit a written response. The manner by which a written response is formulated to address a licensing board complaint is not that mysterious, but it is different from the writing of a clinical report or a case summary.

Given the fact that the licensee has been thrust into an adversarial proceeding, a decision must be made as to whether the licensee is going to represent himself or herself or retain private counsel. The decision to retain private counsel is not unexpected. Once again, this is not a team meeting. It is an adversarial proceeding.

An adversarial proceeding does not negate the possibility of civility and cooperation. In fact, given the informal nature of the investigation process, such cooperation often is indicated. Nonetheless, as in all adversarial situations, it often is difficult to remain objective when being accused of wrongdoing, especially when the allegations can have a serious effect upon one's livelihood.

In essence, whether licensees are going to represent themselves and interact alone with the BEI investigator is a decision that must be made when the licensee first is made aware of the existence of the licensing board investigation. Many investigations ultimately are deemed to be unfounded. All investigations, however, are conducted rigorously to ensure the safety of the public. For

this reason, caution must be exercised when interacting with the licensing board investigator.

Factors involved in determining whether to retain an attorney for the preliminary investigation include the seriousness of the allegations, as well as financial considerations, including whether the psychologist has professional liability insurance that reimburses the psychologist for the attorney's fees and costs associated with a licensing board complaint. In addition, there is a peace-of-mind factor that also may determine whether the psychologist retains an attorney, even at the preliminary stage of the investigation. Often upon being advised of the filing of a licensing board complaint, psychologists may believe that they have engaged in no wrongdoing. And, often, that is the case. Nonetheless, the accusation of wrongdoing, coupled with an investigation that is being conducted by a state agency, can be extremely anxiety provoking. In such situations, retaining the services of an attorney can help reduce unnecessary stress and worry, as well as allow for a more measured and objective response to the complaint allegations. 

Making the House Our Home

Justin Fleming, Director of Government Affairs



Justin Fleming

Since October, Senate Bill 772, sponsored by Senator John Gordner (R-Columbia), has been in the House Professional Licensure Committee

awaiting consideration. As you know, SB 772 makes needed changes to the Professional Psychologists Practice Act. Part of the delay in committee is because legislative leaders have halted the movement of most legislation to focus on passing a state budget (more on that later). However, PPA remains engaged in conversations with Governor Tom Wolf's administration on one specific provision of our bill.

The Pennsylvania Department of Corrections (DOC) and Department of Human Services (DHS) have raised questions about our desire to amend the exemption from licensure obligations for some practicing professionals for the Commonwealth out of the Professional Psychologists Practice Act. In our view, the state exemption is no longer necessary because psychologists who are

employed by the state must be licensed and, as such, follow the rules and regulations set forth. However, there are two positions within the departments in which master's level employees provide some psychological services.

In our view, the state exemption is no longer necessary because psychologists who are employed by the state must be licensed and, as such, follow the rules and regulations set forth.

Firstly, our goal is to ensure that people in those positions—psychological services specialists and psychological services associates—are not operating outside of their scope of practice by independently administering, scoring, and interpreting psychological examinations. Secondly, we are working with the DOC and the DHS to seek a change in title for those positions, since the act prohibits the use of the title “psychologist” or any variation thereof by

nonlicensed individuals. We hope to find language that is amenable to both parties soon.

Shortly before the calendar turned to 2016, Governor Wolf enacted a line-item-vetoed \$23 billion budget that only funds public schools and human services. Prior to the Christmas holiday break, it appeared as though a final vote on a budget that was agreed to by the governor and legislative leaders would take place, but the House abruptly adjourned, leaving the Senate to pass a version of the budget that Governor Wolf had said would not receive his support.

Key elements of the state budget, such as a final spend number and the fiscal code (to raise revenues), remain in limbo while the governor and legislative leaders continue to negotiate. The main sticking point remains specifying the increases in revenues (taxes) needed to reduce Pennsylvania's structural deficit. We will all need to stay tuned to see if an agreement is within reach.

I remain honored to do important advocacy and policy work on behalf of psychologists. If you have questions or concerns, feel free to contact me at 717-232-3817, justin@papsy.org, or find me on Twitter @PAPsychGA! 🇺🇸



Pennsylvania Psychological
Political Action Committee (PAC)

Action through advocacy

Learn how you can help the PennPsyPAC today.

The Bill Box

**Selected Bills in the Pennsylvania
General Assembly of Interest to
Psychologists
As of February 23, 2016**

| 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 HB 1178 | Amends the Insurance Company Law providing for retroactive denial of reimbursement of payments to health-care providers by insurers. - Sen. Dave Argall (R-Schuylkill) -Rep. Stephen Barrar (R-Delaware) | For | In Banking and Insurance Committee | In House Insurance Committee |
| SB 772 | Updates the psychologists licensing law, eliminates certain exemptions, and modernizes the experience requirements. - Sen. John Gordner (R-Columbia) | For | Passes Senate 10/13/15 (49-0) | Referred to Professional Licensure Committee 10/19/15 |
| 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 Committed from House Appropriations Committee 9/29/15 |
| 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

PPA2016



June 15–18, 2016

Hilton Harrisburg
Harrisburg, PA

*Overcoming
Interpersonal Violence
Throughout the Life Span*



WELCOME TO PPA

Welcome to PPA2016!

Judy Smith, CMP-HC, Professional Development Specialist



#PPA2016 Social Media Savvy

When using social media (Twitter, Facebook, Instagram, LinkedIn) to talk about the convention, tag us by adding **#PPA2016** to all of your posts and pictures. By using this tool, we can easily search all social media entries and pictures from the 2016 convention.



Judy Smith, CMP-HC

We hope that you are enjoying this special issue of the *Pennsylvania Psychologist*, which is focused on Dr. Beatrice Salter's theme of *Overcoming Interpersonal Violence Throughout the Life Span*. This far-reaching theme provides not only interesting articles but the basis for a stimulating and educational convention! Over the next several pages, you'll see how we've been able to weave this theme throughout the convention, including in the Keynote Address and at the Psychology in Pennsylvania Luncheon.

PPA2016 promises the same full content you have come to expect from PPA's annual convention, as well as some returning activities that were introduced at PPA2015.

Registration opens **Friday, April 1**, and will be available online at www.papsy.org. Please contact Peggie or Erin in the PPA office with any registration questions or to have a paper form faxed or mailed to you.

We hope you will join us for PPA2016, June 15–18, 2016, at the Harrisburg Hilton!

Why Should You Attend PPA2016?

- Receive up to 28.5 hours of CE credit
- Access over \$500 worth of CE credits for half the cost
- Interact with noteworthy speakers who are leaders in their fields
- Network with friends and colleagues
- Influence PPA—talk to officers and staff and have your voice heard
- Choose from 56 CE workshops (three for students and early career psychologists)
- Earn Act 48 credits

Up to
28.5 CE Credit
Hours

What to Look For

Allyson Hall Galloway, PsyD, Convention Committee Chair
Molly Haas Cowan, PsyD



Dr. Allyson Hall Galloway



Dr. Molly Haas Cowan

It's time to start getting excited about this year's PPA annual convention: #PPA2016! In case you aren't aware, our PPA president, Dr. Beatrice Salter, has gifted us with a theme that is both timely and far reaching—*Overcoming Interpersonal Violence*

Throughout the Life Span. This thoughtful topic will be explored from a number of angles, including addressing the lasting impact of interpersonal violence on the attainment of developmental stages, positive interpersonal relationships, and healthy coping skills. Workshops will address child abuse, domestic violence, intimate partner abuse, school violence (including bullying and school shootings), workplace violence, elder abuse, abuse of the disabled, and sexual abuse across the life span.

Plenty of social activities will also be on the schedule, including the return of the Give Back Luncheon, Psychology in Pennsylvania Luncheon, the PPA Annual Banquet & Awards Dinner, plus an exclusive VIP event. If you missed it last year, the VIP rate includes convention registration and all of the ticketed events for a discounted rate. This is a great deal for anyone who is planning to attend PPA2016.

Friday will continue to focus on students and early career psychologists and will include the Research Poster Session, Speed Mentoring, and the Networking Reception.

The convention committee is hard at work planning all the details, both big and small, and we are looking forward to seeing you in Harrisburg!

Convention Committee

A special thank-you to the PPA Convention Committee members who spent many hours reviewing and selecting proposals for PPA2016!

Dea Silbertrust, PhD, JD
Chair, Program and Education Board
Allyson L. Galloway, PsyD
Chair, Convention Committee
Molly Haas Cowan, PsyD
Cochair, Convention Committee

Beatrice Chakraborty, PsyD
Sunshine Collins, PsyD
Michael W. Gillum, MA
Simone Gorko, MS
Tad T. Gorske, PhD
Erin M. Johnson, PsyD
Gail R. Karafin, EdD
Charles LaJeunesse, PhD
Ann Litzelman, MA
Lisa M. May, PhD
Marie C. McGrath, PhD
Cathy C. Petchel, MA
Joseph P. Renninger, MS
David A. Rogers, PhD
Nancy L. Rogers, MS
Beatrice R. Salter, PhD
Christine M. Samuelsen, PsyD
Adam C. Sedlock, MS

PPA2016



Overcoming Interpersonal Violence
Throughout the Life Span

KEYNOTE SPEAKER

PPA is honored to welcome our PPA2016 Keynote Speaker

Diane L. Rosenfeld, JD, LLM

Lecturer on Law
Director, Gender Violence Program
Harvard Law School



Photo credit: Lynn Savarese

Diane L. Rosenfeld is a lecturer on law and the founding director of the Gender Violence Program at Harvard Law School, where she teaches courses on Title IX, gender violence, law and social justice, and theories of sexual coercion. Additionally, she works with her students to develop innovative prevention strategies through the Gender Violence Legal Policy Workshop. Her primary areas of focus are preventing and responding to campus sexual assault, preventing intimate partner homicide, and eliminating the commercial sexual exploitation of women and girls.

A leading national expert on Title IX, Ms. Rosenfeld has advised the Department of Education's Office for Civil Rights and the White House Task Force on Protecting Students from Sexual Assault. She has worked with students across the country on Title IX issues, as well as advised schools on the development and implementation of best practices for eradicating sexual assault. Ms. Rosenfeld is featured in two recent documentaries on campus sexual assault: *The Hunting Ground* and *It Happened Here*.

In the area of preventing intimate partner homicide, Ms. Rosenfeld has worked to change the paradigm on addressing such violence. She has promoted the use of GPS monitoring

for high-risk offenders in conjunction with the Domestic Violence High Risk Team Model that is being used as a national model for effective response. She has worked with several state legislatures and advocacy groups to promote a vision that promotes victim safety and offender accountability.

Prior to her appointment at Harvard in 2004, Ms. Rosenfeld served as the senior counsel to the Office on Violence Against Women of the U.S. Department of Justice. She also served as an executive assistant attorney general in Illinois, where she developed legal policy on women's advocacy, environmental protection, and the ethics of government attorneys.

A frequent public speaker, Ms. Rosenfeld has appeared in national and local media, including NPR's *All Things Considered*, ABC's *Nightline*, *The Diane Rehm Show*, and *Katie*. She has been featured in the *New York Times* and the *Boston Globe*. Her works have been published on the *Harvard Law Review Forum* and by Harvard University Press and Yale University Press, among others.

The recipient of awards for her bold leadership on gender equality, she most recently received the Ms. JD Woman of Inspiration Award in February 2016.



Susan B. Sorenson, PhD

Professor of Social Policy and of Health & Societies
Senior Fellow in Public Health
Director, PhD Program, University of Pennsylvania
Director, The Evelyn Jacobs Ortner Center on Family Violence

PPA invites all attendees to register for the Psychology in Pennsylvania Luncheon to be held on Friday, June 17, at 12:15 p.m. This special, ticketed luncheon features **Susan B. Sorenson, PhD**, as the invited speaker. Dr. Sorenson is professor of Social Policy and of Health & Societies, a senior fellow in Public Health, director of the PhD Program at the University of Pennsylvania, and director of the Evelyn Jacobs Ortner Center on Family Violence.

Professor Sorenson has a unique interdisciplinary background in epidemiology, sociology, and psychology. She moved to the University of Pennsylvania in 2006 after more than 20 years at the UCLA School of Public Health. Since 1986, she has taught a graduate course in family and sexual violence—the first violence prevention course in a school of public health in the nation. She currently teaches three courses that she developed: Foundations of Public Health, Guns & Health, and Non-stranger Violence.

With more than 100 publications to her credit, Professor Sorenson has published widely on the topics of epidemiology and prevention of violence, including the areas of homicide, suicide, sexual assault, child abuse, battering, and firearms. A primary

focus of her work is the social context in which violence occurs, specifically, the norms that shape whether and how violence is tolerated.

Professor Sorenson was a member of the National Academy of Science's Panel on Research on Violence Against Women, a consultant to President Clinton's National Advisory Council on Violence Against Women, a consultant to UNICEF's May 2000 report *Domestic Violence Against Women and Girls*, a member of the advisory panel for the 2001 U.S. Surgeon General's report on youth violence, and the author of a 2008 WHO report on health indicators of violence against children in low- and middle-income countries. Most recently, she was a member of the 2013 Institute of Medicine committee Priorities for a Public Health Research Agenda to Reduce the Threat of Firearm-Related Violence.

Register for this special luncheon today!



CONVENTION SCHEDULE AT-A-GLANCE

| | |
|---------------------------|---|
| Wednesday, June 15 | |
| 8:00 a.m. – 5:15 p.m. | Registration |
| 8:00 a.m. – 9:00 a.m. | Continental Breakfast |
| 9:00 a.m. – 10:00 a.m. | Welcome and Overview of PPA2016 |
| 10:00 a.m. – 10:30 a.m. | Break |
| 10:30 a.m. – noon | Keynote Address |
| noon – 1:30 p.m. | VIP Luncheon with Keynote Speaker Diane L. Rosenfeld ★ VIP |
| 1:30 p.m. – 3:30 p.m. | Executive Committee Meeting |
| 1:30 p.m. – 4:30 p.m. | Workshops |
| 4:30 p.m. – 5:00 p.m. | Refreshment Break |
| 4:30 p.m. – 6:30 p.m. | General Assembly Meeting |
| 5:00 p.m. – 8:00 p.m. | Workshops |
| Thursday, June 16 | |
| 7:30 a.m. – 5:15 p.m. | Registration |
| 7:00 a.m. – 8:00 a.m. | Yoga at the Hilton ★ \$ |
| 7:30 a.m. – 8:30 a.m. | Continental Breakfast in Exhibit Hall |
| 8:30 a.m. – 11:30 a.m. | Workshops |
| 11:30 a.m. – 11:45 a.m. | Break |
| 11:45 a.m. – 12:45 p.m. | Psychologically Healthy Workplace Awards |
| 12:45 p.m. – 1:45 p.m. | Give Back Luncheon featuring PennPsyPAC and the PPA Foundation |
| 1:45 p.m. – 2:00 p.m. | Break |
| 2:00 p.m. – 5:00 p.m. | Workshops |
| 2:00 p.m. – 5:00 p.m. | PennPsyPAC Board of Directors Meeting |
| 5:00 p.m. | Exhibit Hall Closed |
| 5:00 – 6:30 p.m. | Exhibitor Wine & Cheese Reception |
| 6:30 – 8:00 p.m. | PPA Annual Banquet & Awards Dinner \$ |
| Friday, June 17 | |
| 7:00 a.m. – 5:15 p.m. | Registration |
| 7:30 a.m. – 9:00 a.m. | Continental Breakfast in Exhibit Hall |
| 8:00 a.m. – 9:00 a.m. | Leadership Orientation Session (invitation only) |
| 9:00 a.m. – 10:30 a.m. | Town Hall Plenary Session (including student awards) |
| 10:30 a.m. – 11:00 a.m. | Break |
| 11:00 a.m. – 2:00 p.m. | Research Poster Session |
| 11:00 a.m. – noon | Conversations with Poster Presenters |
| noon – 4:45 p.m. | Early Career Psychologists and Students Learning Lounge |
| 12:15 p.m. – 1:45 p.m. | Psychology in Pennsylvania Luncheon \$ |
| 2:00 p.m. – 5:00 p.m. | Workshops |
| 2:00 p.m. – 5:00 p.m. | Foundation Board of Directors Meeting |
| 5:00 p.m. – 6:00 p.m. | Student/ECP Speed Mentoring |
| 5:00 p.m. – 7:00 p.m. | Early Career Psychologists and Students Networking Reception \$ |
| Saturday, June 18 | |
| 8:00 a.m. – 1:30 p.m. | Registration |
| 8:00 a.m. – 9:00 a.m. | Continental Breakfast |
| 9:00 a.m. – noon | Board of Directors Meeting |
| 9:00 a.m. – 4:00 p.m. | Workshops |

Wednesday, June 15

9:00 a.m. – 10:00 a.m.

Welcome & Overview of PPA2016

New to PPA? New to the PPA convention? Interested in learning how to maximize your time during the convention? This fun, informative 1-hour session will take place on the first morning of the convention. As an added bonus, earn 1 CE credit for attending!

10:30 a.m. – noon

Keynote Address

PPA welcomes all attendees to the Keynote Address! Join Keynote Speaker Diane Rosenfeld as we delve into Dr. Beatrice Salter's theme of *Overcoming Interpersonal Violence Throughout the Life Span*. Learn more about our Keynote Speaker on [page 12](#).

noon – 1:30 p.m.

VIP Luncheon

This special luncheon, available only to those who register at the VIP rate, features an interactive lunch with our Keynote Speaker, Ms. Rosenfeld. This more intimate event will allow for in-depth questions and answers as well as a hot meal!



Thursday, June 16

7:00 a.m. – 8:00 a.m.

Yoga at the Hilton

Start your day off right! Bring your mat and wake up with morning yoga. All experience levels are welcome. The charge is \$5 per person.

12:45 p.m. – 1:45 p.m.

Give Back Luncheon

Register for this complimentary luncheon to learn more about the Pennsylvania Psychological Foundation (PPF) and the Pennsylvania Psychological Political Action Committee (PennPsyPAC). These organizations work to further the field of psychology in Pennsylvania—so why not spend an hour to find out what they are doing for you while eating a free lunch? We'll make it entertaining, educational, and definitely worth your while! Optional donations to either or both organizations will be accepted throughout the luncheon.

Donations to PPF are 100% tax deductible, as allowed by law.

5:00 p.m. – 6:30 p.m.

Exhibitor Wine & Cheese Reception

Join your peers and our exhibitors in the Exhibit Hall for this event on Thursday evening. What makes this different than usual? No tickets are needed this year! Sample food, wine, and other beverages served by our exhibitors at their booths and then stay for our next event.

6:30 p.m. – 8:00 p.m.

PPA Annual Banquet & Awards Dinner

PPA will again be hosting a dinner event at the convention! Join us as we celebrate the recipients of this year's Distinguished Contributions to the Science and Profession of Psychology Award and the Distinguished Service Award. This year we will also present PPA Committee Awards. We will also use this opportunity to "pass the gavel" from PPA's outgoing president, Beatrice Salter, PhD, to incoming president David Rogers, PhD. The VIP registration rate includes a ticket for the Annual Banquet & Awards Dinner.

Continuing Education Credits

Psychologists

PPA is approved by the American Psychological Association (APA) to sponsor continuing education credits for psychologists. PPA maintains responsibility for all our continuing education programs and their content. The continuing education credits for each workshop are designated in the workshop descriptions. You must attend the entire program in order to receive the credit(s), complete the Participant Satisfaction/Evaluation form, and return it to your presenter or monitor at the conclusion of the program.

Partial credits will not be given. A participant may arrive no more than 10 minutes late nor leave more than 10 minutes early to receive credit for a program. There will be no exceptions.

Certificates of Attendance will be available at www.papsy.org after the convention.



Act 48 Credits

PPA is an approved provider for Act 48 Continuing Professional Education Requirements as mandated by the Pennsylvania Department of Education. **Certified school psychologists who need Act 48 credits need to include their Professional Personnel ID (PPID) number on the registration form. Non-PPA members must pay an additional \$10 for this service.**

Direct questions about Act 48 credits to Erin Brady, Member Services Coordinator, erin@papsy.org.

Social Workers, Marriage and Family Therapists, and Professional Counselors

Social workers, marriage and family therapists, and professional counselors can receive continuing education from continuing education providers approved by APA. Because PPA is approved by APA to sponsor continuing education, licensed social workers, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors will be able to fulfill their continuing education requirement by attending PPA continuing education programs.

For further information, please visit the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (www.dos.state.pa.us/social).

WORKSHOPS

Wednesday, June 15

Complete workshop descriptions will be available by April 1 at www.papsy.org

Program Categories

Introductory: Participants need no prior knowledge of the specific topic or content to participate fully and effectively in the workshop. The information or skills being taught might be unfamiliar to participants.

Intermediate: Participants should have some basic knowledge of the specific content but need not have in-depth knowledge or skills. The workshop will provide information at a level beyond the basic knowledge of the topic.

Advanced: To participate fully, those enrolled must possess a substantial working knowledge or skill level in the specific content area. Generally, the knowledge or skill involved is currently used by the participant in his or her job. At this level, advanced techniques or knowledge are offered to refine and expand current expertise.

Workshop Handouts

PPA2016 is paper light! In an effort to be environmentally responsible, PPA is trying to reduce the amount of paper we use at our annual conventions. All of the workshop handouts will be available at www.papsy.org. We encourage you to download handouts to view on your electronic device during the workshop.

Comfort & Etiquette Considerations

Please turn off your cell phone or set it to vibrate. If you need to answer your phone, please leave the meeting room to avoid disturbing the training. Bring a jacket or sweater since it is often difficult to control the temperature in the meeting rooms.

8:00 a.m. – 9:00 a.m.

1 CE Credit, Introductory

W01 Welcome and Overview of PPA2016

Beatrice Salter, PhD, PPA President; Krista Paternostro Bower, CAE, PPA Executive Director

10:30 a.m. – noon

1.5 CE Credits, Introductory

W02 Keynote Address

Diane L. Rosenfeld, JD, LLM

1:30 p.m. – 2:30 p.m.

1 CE Credit, Introductory

W03 Revenge Addiction: Beyond Gun Control to Motive Control

James Kimmel, Jr., JD

1 CE Credit, Introductory

W04 Clients Who Stalk Psychologists: Will You Be Next?

Melissa Ring, MA

1:30 p.m. – 4:30 p.m.

3 CE Credits, Intermediate

W05 Ethical and Legal Review for Experienced Practitioners: Boundaries, Competence, Licensing Law, and Informed Consent

Samuel Knapp, EdD, ABPP

3 CE Credits, Introductory

W06 Multiculturalism Down to the Bones: A Flesh and Blood Experience

Elizabeth S. Revell, PhD, MEd; Kiangana Dialungana, BA

3 CE Credits, Intermediate

W07 Dementia: It's Not Just Aging and It's Not All Alzheimer's

Robert F. Sawicki, PhD

3 CE Credits, Intermediate

W08 Mindfulness Approaches and Eating Disorders: What's Science Got to Do With It?

Karyn L. Scher, PhD

Wednesday Workshops continued on page 18

WORKSHOPS

Wednesday, June 15 continued

Complete workshop descriptions will be available by April 1 at www.papsy.org

2:45 p.m. – 4:45 p.m.

2 CE Credits, Intermediate

W09 Paranoia 201: Understanding the Nature of Excessive Suspiciousness

David J. LaPorte, PhD

2 CE Credits, Introductory

W10 Understanding the Impact of Microaggressions on Development Across the Life Span

Rachel Saks, PsyD; Bindu Methikalam, PhD;
Nicole Monteiro, PhD

2 CE Credits, Intermediate

W11 Trauma: The Roles of Spirituality and Meaning-Making in Treatment

Jeanne M. Slattery, PhD

2 CE Credits, Introductory

W12 Cognitive-Behavioral Therapy for the Treatment of Depression

Francine R. Broder, PsyD

5:30 p.m. – 7:30 p.m.

2 CE Credits, Intermediate

W13 Special Considerations When Assessing Elder Abuse and Neglect

Gili A. Goldfrad, MA; Lisa M. May, PhD

5:30 p.m. – 8:30 p.m.

3 CE Credits, Intermediate

W14 Mindfulness in the Workplace: Benefits to Organizations and Our Clients

Jeanne DiVincenzo, PsyD; David A. Weiman, PsyD

3 CE Credits, Intermediate

W15 A Client-Centered Approach to Working With LGBTQI Individuals

Francien Chenoweth Dorlaie, PsyD; Amanda Cyr, BA

3 CE Credits, Introductory

W16 Transgender and Gender Nonconforming Adults: Guidelines, Ethics, and Affirmative Practices for Transcending Stigma and Discrimination

Audrey Ervin, PhD; Lynsey Reiss, BA

3 CE Credits, Intermediate

W17 A "Boots on the Ground" Integrated Model for Working With Adult Survivors of Childhood Trauma

Susan C. McGroarty, PhD

3 CE Credits, Introductory

W18 Interpersonal Violence in Context: The Role of Gender Stereotypes

Gail Cabral, IHM, PhD

3 CE Credits, Intermediate

W19 Ethical and Legal Review for Experienced Practitioners: Confidentiality, Subpoenas, Life-Endangering Patients, and Mandated Reporting

Samuel Knapp, EdD, ABPP



WORKSHOPS

Thursday, June 16

Complete workshop descriptions will be available by April 1 at www.papsy.org

8:30 a.m. – 11:30 a.m.

3 CE Credits, Intermediate

W20 Portraits of Professional CAREgivers, Their Passion, Their Pain: Film Screening and Workshop on Trauma

Vic Compher, MA, MSS; Tim Barksdale, PsyD; Sandra Bloom, MD; Rodney Whittenberg; Kee O'Toole, MS; Peter Yeomans, PhD

3 CE Credits, Intermediate

W21 NeuroResource Facilitation for Prison Inmates With Brain Injury: Improving Successful Community Re-entry

Drew A. Nagele, PsyD, CBIST; Joseph DiCondina, MS, LPC

3 CE Credits, Intermediate

W22 What's New (and Not So New) From the State Board of Psychology

Richard F. Small, PhD

3 CE Credits, Intermediate

W23 Making It Easier to Swallow: How to Treat Extreme Picky Eating With CBT

Katherine Dahlsgaard, PhD, ABPP

3 CE Credits, Advanced

W24 Advanced Ethical Decision Making: A Scientifically Informed Approach

Samuel Knapp, EdD, ABPP; Molly Haas Cowan, PsyD; Randy Fingerhut, PhD

11:45 a.m. – 12:45 p.m.

1 CE Credit, Introductory

W25 Award Presentation and Ceremony for the Psychologically Healthy Workplace Winners

Jeanne DiVincenzo, PsyD

2:00 p.m. – 5:00 p.m.

3 CE Credits, Advanced

W26 Ethical Considerations Involving Complicated Boundary Issues

Samuel Knapp, EdD, ABPP; Rachael Baturin, MPH, JD

3 CE Credits, Intermediate

W27 Hot Topics in Interpersonal Violence: Positive Ethics in Therapeutic Practice, Consultation, and Interventions

Linda K. Knauss, PhD, ABPP; Jeanne M. Slattery, PhD



3 CE Credits, Intermediate

W28 Conflict, Court, Custody, and Creating Hope Within a Family

Shannon Nicoloff, PsyD

3 CE Credits, Intermediate

W29 Relational Empathy, Ethics, and Diversity Competence

Cheryll Rothery, PsyD; Susan C. McGroarty, PhD

3 CE Credits, Introductory

W30 Helping Families Overcome Interpersonal Trauma With Filial Therapy

Risë VanFleet, PhD

3 CE Credits, Intermediate

W31 Youth Suicide Assessment and Safety Planning

Matthew Wintersteen, PhD

3 CE Credits, Introductory

W32 Bullying in the Workplace

Rex Gatto, PhD

WORKSHOPS

FRIDAY, JUNE 17

Friday, June 17

Complete workshop descriptions will be available by April 1 at www.papsy.org

9:00 a.m.–10:30 a.m.

1.5 CE Credits, Introductory

W33 Town Hall Plenary Session (including Student Awards)

11:00 a.m.–noon

1 CE Credit, Introductory

W34 Conversations With Poster Presenters

12:15 p.m.–1:45 p.m.

1 CE Credit, Introductory

W35 Psychology in Pennsylvania Luncheon

Susan B. Sorenson



Students/Early Career Psychologists

noon–2:00 p.m.

2 CE Credits, Introductory

S01 Preparing for the EPPP and PPLE

Samuel Knapp, EdD, ABPP; Molly Haas Cowan, PsyD

2:00 p.m.–3:30 p.m.

1.5 CE Credits, Introductory

S02 Making the Transition From Student to ECP: Roundtable Discussion

Marie McGrath, PhD; Kylie McColligan-Oleski, MA;
Mary O'Leary Wiley, PhD, ABPP; Sunshine Collins, PsyD;
Kameelah Mu'Min, MEd; Tamare Piersaint, PsyD

3:30 p.m.–5:00 p.m.

1.5 CE Credits, Introductory

S03 Ethics and the Student Clinician (Roundtable Discussion)

John Gavazzi, PsyD, ABPP; Mary O'Leary Wiley, PhD, ABPP;
Kylie McColligan-Oleski, MA; Amanda Sellers; Keri
Conduluci; Jessica Dougan

2:00 p.m.–3:00 p.m.

1 CE Credit, Introductory

W36 Working With the LGBT-Rejecting Families of Recently Out Kids and Teens

Christopher Bailey, MA; Kate Deatrach, PsyD, BCB

2:00 p.m.–4:00 p.m.

2 CE Credits, Introductory

W37 PPA Web-Based Patient Health Questionnaire— Outcomes, PQRS, Integration

Dan Warner, PhD

2:00 p.m.–5:00 p.m.

3 CE Credits, Intermediate

W38 Pitfalls in IQ Assessment in Clinical and Forensic Contexts

I. Bruce Frumkin, PhD, ABPP

3 CE Credits, Intermediate

W39 The Essentials of Record Keeping

Samuel Knapp, EdD, ABPP; Rachael Baturin, MPH, JD

3 CE Credits, Introductory

W40 When Humans Can't Be Trusted: Trauma-Focused Animal Assisted Therapy

Risë VanFleet, PhD

3 CE Credits, Introductory

W41 Interdisciplinary Collaboration in Assessing Capacity in the Elderly

Anna Zacharcenko, PsyD

3 CE Credits, Intermediate

W42 Bullying in Children and Adolescents

Laura Crothers, DEd

3 CE Credits, Introductory

W43 The Minds and Lives of School Shooters

Peter Langman, PhD

3:15 p.m.–5:15 p.m.

2 CE Credits, Intermediate

W44 Private Practice Inside a Pediatric Clinic Utilizing the Medical Home Model of Care

Shannon Nicoloff, PsyD

2 CE Credits, Introductory

W45 Same-Sex Interpersonal Violence and Its Clinical Implications

Carolyn Lewis, PsyD; Patricia Gratson, MS

WORKSHOPS

Saturday, June 18

Complete workshop descriptions will be available by April 1 at www.papsy.org

9:00 a.m.–10:00 a.m.

1 CE Credit, Intermediate

W46 Creativity and Academic Stress: Focusing on What Can Be Done

Christine Gorigoitia Wittenberg, PsyD

9:00 a.m.–noon

3 CE Credits, Intermediate

W47 White Guilt, Black Trauma: Understanding the Psychological Impact of Racial Violence Secondary to Microaggression

Francien Chenoweth Dorliae, PsyD; Janet Etzi, PsyD

3 CE Credits, Intermediate

W48 Personality Syndromes and Disorders: Diagnosis and Treatment

Robert Gordon, PhD

3 CE Credits, Intermediate

W49 Supervisor Development, Competencies, and Application of Effective Skills

Kristin Mehr, PhD; Rachel Daltry, PsyD

3 CE Credits, Intermediate

W50 Documentation for Integrated Care

Dan Warner, PhD; Samuel Knapp, EdD, ABPP; Carolyn Lewis, PsyD; Julie Radico, PsyD; Denise Vanacore-Chase, PhD, CRNP, ANP-BC, PMHNP-BC

1:00 p.m.–3:00 p.m.

2 CE Credits, Introductory

W51 Adolescents With BPD Traits: Diagnosis, Conceptualization, and Treatment

Kathleen B. McGrath, PhD

2 CE Credits, Introductory

W52 Online Reputation Management: Ethical Considerations and Strategies

Pauline Wallin, PhD



1:00 p.m.–4:00 p.m.

3 CE Credits, Introductory

W53 Building Systems to Reduce Violence: SCT Functional Subgrouping

Claudia A. Byram, PhD

3 CE Credits, Intermediate

W54 My Better Self: Self-Awareness, Self-Reflection, Self-Regulation, and Ethical Practice

Samuel Knapp, EdD, ABPP; Jeff Sternlieb, PhD

3 CE Credits, Intermediate

W55 White-Collar Criminals: Clinical, Ethical, and Legal Issues

Jed Yalof, PsyD; Linda K. Knauss, PhD; Linda Dale Hoffa, JD

3 CE Credits, Introductory

W56 Understanding the Psychology of Sex Trafficking and Interpersonal Violence

Francien Chenoweth Dorliae, PsyD; Katorah Burbage, MS; Randeep Gill, MA; Lauren Purcell, BA; Leigh Burnett, MA; Jessica Reinhard, BA

REGISTRATION RATES

Registration Rates

| Member Category | By May 27 | | After May 27 | |
|-----------------------------|-----------|----------|--------------|----------|
| | Full | Daily | Full | Daily |
| PPA Member | \$380.00 | \$170.00 | \$430.00 | \$200.00 |
| Nonmember | \$575.00 | \$285.00 | \$670.00 | \$335.00 |
| Affiliate Member | \$215.00 | \$107.00 | \$250.00 | \$125.00 |
| First-Year Post-Doc Member | \$75.00 | \$50.00 | \$85.00 | \$55.00 |
| Full-Time Student Member | \$75.00 | \$50.00 | \$85.00 | \$55.00 |
| Full-Time Student Nonmember | \$150.00 | \$65.00 | \$175.00 | \$80.00 |
| Retired Member | \$215.00 | \$107.00 | \$250.00 | \$125.00 |
| VIP (Members Only) | \$475.00 | N/A | \$525.00 | N/A |
| Guests and Spouses | \$85.00 | \$43.00 | \$95.00 | \$65.00 |

*Registration fees cover attendance at most activities. See page 14 for exceptions. The VIP rate is all inclusive.

PPA Member—To qualify for membership rates, PPA membership dues must be current for the 2015–2016 association year. New members may qualify for PPA member rates by submitting their completed membership application and first year’s dues (\$99) to the PPA office with their convention registration form. If you would like more information regarding membership, please contact Iva Brimmer, business manager, at 717-232-3817 or iva@papsy.org.

Affiliate Member—Affiliate members are persons with a legitimate professional, educational, or scientific interest in the field of psychology who are not eligible for a higher level of membership (high school teachers of psychology, for example).

Student Member—Student members must be either PPA student members or in full-time study. Documentation, if not a PPA student member, is required at time of registration (i.e., student university ID card).

Retired Member—Retired member rates apply to PPA members 65 years of age or older who are retired and no longer in practice. Documentation is required at time of registration (i.e., copy of driver’s license).

Guests and Spouses—Guests and spouses of convention registrants must accompany someone registered for the convention to qualify for this rate. This special rate applies only to those guests or spouses who are not in a mental health profession (i.e., social work, psychiatric nursing) but wish to participate in the program. One cannot be the guest of a presenter unless that presenter is registered for the convention. Please indicate the name of the registered guest on the registration form.

Please use promotional code *GUEST* when processing your registration.

What Is the VIP Rate?

Last year we introduced the VIP registration rate for members only and received an incredibly positive response. Just in case you missed it last year, *the VIP Rate is perfect for convention goers who are interested in attending not just the educational sessions but the meals and social functions as well!* This rate includes your registration at the convention and everything that entails (all workshops and PPA events, including the Keynote Address and Town Hall Meeting), as well as all of the ticketed events at a special, **discounted**, rate! This year’s rate includes a special opportunity to network with our keynote speaker, Diane L. Rosenfeld.

The VIP Rate includes:

- PPA2016 registration—all four days
- All ticketed events, including:
 - Give Back Luncheon
 - Exhibitor Wine & Cheese Reception
 - PPA Annual Banquet & Awards Dinner
 - Psychology in Pennsylvania Luncheon
 - Student/ECP Reception
 - Special VIP Luncheon with Keynote Speaker

All this for less than what you would pay for these options individually! Select “VIP” during the registration process to take advantage of this great rate!

REGISTRATION INFORMATION

Registration begins April 1 at

www.papsy.org

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Gun Violence Prevention and Gun Safety Initiatives: What Can Psychologists Do?

Daniel Schwarz, PhD, Licensed Psychologist, www.drardanpsychologist.com



Dr. Daniel Schwarz

On the morning of December 8, 2012, my telephone rang. It was my father, who lives in Israel, calling to tell me of the tragic news that his wife's 56-year-old son, Boaz, had shot himself in his home in Houston, Texas. My father and his wife, Leah, were incredulous that Boaz would choose to end his life in this way. Leah was inconsolable, and my father was in shock and completely grief stricken.

Suicide deaths from guns is all too common in our country, numbering more than 20,000 in 2013 (CDC). Suicide accounts for more than 60% of firearm deaths, according to the Centers for Disease Control and Prevention. The psychological aftermath of deaths from gun violence leaves loved ones struggling with feelings of guilt and many unanswered questions. The December 14, 2012, tragedy of the Sandy Hook Elementary School shooting in Newtown, Connecticut, and other mass shootings, which have occurred with all too much regularity, have plunged the country into a collective feeling of confusion, loss, and grief.

Gun violence has taken center stage in my mind ever since my personal loss and the ongoing reality of thousands of deaths per year to suicide and gun-related violence. The loss of life from gun-related incidents (suicide and homicide) in the United States is staggering to consider, amounting to more than 30,000 lives per year. My stepbrother's death, combined with the tragic headlines and my clients' descriptions of grief over the loss of loved ones from gun violence, has brought me to an emotional tipping point. I needed to do something to cope with my personal and collective loss and bring others together to talk about what we can do to make a difference regarding gun violence and gun safety.

So, what can we do as psychologists and citizens to address this ongoing

societal epidemic? As effective communicators who have witnessed the psychological aftermath of gun violence, I think we are well positioned to take the lead on this critical issue. Educating ourselves would be a good place to start. Cook and Goss (2014) authored a book that is broadly informative on the issue of guns. Other excellent resources exist (Leshner, Altevogt, Lee, McCoy, & Kelley, 2013; Runyan, Brown & Brook-Rusell, 2015). I have started to take the following steps to try to do my part, and I encourage all psychologists in our state to consider what we can do as a profession.

- 1 *Join a citizens' advocacy group.* I joined the Ambler Coalition for Peace, a group of citizens whose mission it is to discuss steps to take within our local community to address the issue of gun violence prevention and gun safety. We meet monthly to discuss steps to take in our local community. In January, we hosted a "Hot Chocolate with a Cop" event at a neighborhood cafe, where citizens asked questions of police on a variety of gun-related topics, including the availability of free gun locks. A firearm safekeeping program, for example, allows residents to store a gun at the police station in the event that a family member may be psychologically unstable. Our peace coalition is planning to host an open forum for police, local and state legislators, and NRA members to come together to have a panel discussion on commonsense gun safety measures. Most important, we are developing effective lobbying strategies and plan to meet with legislators to talk about reasonable gun safety measures.

- 2 *Encourage gun shop and range owners to become trained in suicide awareness.* Gun shop owners are on the frontlines of the war against gun violence, since they choose whether to sell a gun to a customer. While background checks are required at gun shops and gun shows in our state (unlike private gun sales, for which no background checks are required), the need to provide suicide awareness training is clear, especially

information about red flags to look for when someone wants to purchase a gun. Research in New Hampshire shows that gun shops that post suicide awareness material and train their staff in suicide awareness see a significant decrease in suicide resulting from gun

I needed to do something to cope with my personal and collective loss and bring others together to talk about what we can do to make a difference regarding gun violence and gun safety.

sales (Vriniotis, Barbr, Frank, & Demicco, 2014). Contacting gun shop owners and asking if they are willing to post suicide awareness information in their shop as well as provide staff training could help to save lives. For more information on this initiative that was successful in New Hampshire and the training for gun shop owners, see the reference below on the New Hampshire Gun Shop Project.

- 3 *Educate physicians—including primary care and emergency department doctors as well as specialists—on assessing patients for suicide risk.* As psychologists, we have a critical role to play in educating those in the medical field about the importance of suicide screening and referring clients for mental health treatment when needed. The Columbia-Suicide Severity Rating Scale (C-SSRS) is one of many options; it comes with a brief, free training on how to administer the test and how to ask the questions that are a structured part of the assessment.

- 4 *Educate ourselves regarding state and national gun safety legislation.* In Pennsylvania, House Bills 1010 (Universal Background Checks), 1020 (Reporting

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Psychologists and Our Personal Experiences With Violence

Samuel Knapp, EdD, ABPP, Director of Professional Affairs



Dr. Samuel Knapp

Any time I am asked to speak or write on the stressors of being a psychologist, I always preface my comments by pointing out that the large majority of psychologists like their jobs and do

not regret their career choice. It is important to keep that in mind when we talk or write about the stressors or traumas of our work. Nonetheless, it is possible for bad things to happen during our work. Consider this incident:

On September 4, 1976, outside of Heilwood in Indiana County, Pennsylvania, a patient pointed a gun at me (SJK) and pulled the trigger. I had entered the patient's trailer with a crisis intervention worker at the request of the patient, who had reported strong aggressive feelings toward his wife. Our conversation had seemed to be going well, up to that point.

My incident was more dramatic than most, but I have known psychologists who have been threatened, sexually harassed, or even assaulted. Some psychologists have been physically injured and others have suffered psychologically from these events. I have known psychologists and psychology students who had posttraumatic disorders or symptoms as a result of these threats or assaults.

Preparing to deal with violent patients is embedded in our professional lives. We are all aware of the duty to warn or protect identifiable victims of imminent harm from our patients. We all have to be aware of child abuse (and take a 2-hour course in child abuse laws and reporting as a condition of licensing renewal). We know to screen for domestic abuse when treating couples and to inquire about the use of corporal punishment when treating children. Some of us may even specialize in correctional or forensic work where the

assessment and prediction of violence become part of our daily work.

In addition to dealing with the violence in the lives of our patients, we also need to recognize that we can become the targets of the anger of the patients, including victims of patient violence. One survey found that 83% of therapists expressed fear, at least once, that a patient might attack them physically (Pope & Tabachnick, 1993) and 40% had actually been attacked by a patient (Guy, Brown, & Polestra, 1990). Most of these assaults occurred in inpatient settings; assaults in outpatient practice are relatively rare. In addition, between 6% and 11% of mental health professionals reported being stalked at some time in their careers (Carr, Goranson, & Drummond, 2014).

In the incident described at the beginning of this article, the weapon clicked but did not fire. I flinched, but we continued talking and the patient eventually agreed to a voluntary psychiatric hospitalization. The patient claimed that he knew the chamber was empty all along, although I am not sure I believe him.

In hindsight, going to the patient's home was a mistake. But, at the time, I had not foreseen the interview as especially dangerous (at least to me; I thought his wife was in danger). We had a decent enough treatment relationship (three sessions); he had not disclosed any previous acts of violence and had denied drinking the day of the visit. He had been seen by our outpatient psychiatrist for depression and no extraordinary warning flags were detected. However, subsequent behavior led us to perceive him as much more disturbed and dangerous than we had previously thought.

What can psychologists do to prevent violence against themselves? First, psychologists should address inappropriate behaviors, including threats, veiled threats, or sexual harassment, early in therapy. Ideally the psychologists will express disapproval of the behavior in a manner that tries to preserve the treatment relationship.

In addition to dealing with the violence in the lives of our patients, we also need to recognize that we can become the targets of the anger of the patients, including victims of patient violence.

I urge psychologists to see patients only in secure settings (this was my second mistake; my first mistake was agreeing to the visit without having done a sufficiently comprehensive initial assessment, which would have likely detected a more troubled history). Many woman psychologists in solo practice will not see a man whom they do not know for the first interview at night or anytime they are alone. After they meet the individual, they can determine their comfort level in treating the individual alone or in the evenings. Psychologists simply cannot do good work if they fear for their personal safety (Jussad & Murphy, 2015).

Even in one's office, it is prudent to always have a safety plan. Most psychologists place their desks close to the door, have emergency phone numbers handy, or have a signal to alert office staff if there is a danger and the police need to be notified.

The APA Ethics Code specifically allows psychologists to terminate treatment against patients who threaten them (Standard 10.10b). Fortunately, most situations can be handled clinically. For example, a psychiatrist I was working with asked me to sit in during a session with a young man who had become extremely angry at him during the last session. The psychiatrist raised the issue of his behavior in the last meeting and the young man started to cry. He apologized for his behavior and asked the psychiatrist not to terminate him.

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GUN VIOLENCE PREVENTION

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Lost or Stolen Firearms), and 1030 (Firearm Restraining Order) are being proposed. Training is available for community organizations to learn how to approach legislators. Contact me for more information.

It is my sincere hope that my efforts, combined with those of other members of PPA . . . , will result in a significant decrease in gun-related violence and improved gun safety.

5 Join the Pennsylvania Psychological Association Task Force on Interpersonal Violence. This group is working on numerous initiatives and collaborations to educate people about interpersonal violence through the lifespan, such as child abuse, campus rape, domestic violence, and elder abuse. The task force is developing an updated speakers bureau. Members can volunteer to speak to legislators, police, college students, or other groups about interpersonal violence, including gun violence.

It is my sincere hope that my efforts, combined with those of other members of PPA and other

organizations in our state and throughout the country, will result in a significant decrease in gun-related violence and improved gun safety. I can think of no better way to acknowledge the memory of my stepbrother Boaz and the many other victims of suicide and gun violence. 📌

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- To learn about suicide training for gun shop and range owners: www.youtube.com/watch?v=97Fu2qmShZg and www.youtube.com/watch?t=1&v=MAKp0HSorBw
- For training on the C-SSRS: http://cssrs.columbia.edu/training_cssrs.html

PSYCHOLOGISTS AND OUR PERSONAL EXPERIENCES WITH VIOLENCE

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But not all situations work out that well. The secretary of a group practice received a phone call from a patient who threatened to hurt someone in the office if “you people don’t get your act together.” The exact nature of his complaint was unclear and the treating therapist had no insight into what precipitated the call. Looking at the totality of the circumstances, including the patient’s mental status, sporadic abuse of alcohol and other drugs, and history of past violence, the director notified the man that he was not to come to the office again and, if he did, he would be arrested. Psychologists do not often need to take such a hard line, but sometimes it is appropriate to do so. 📌

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Reflections on the Hoffman Report

John A. “Jay” Mills, PhD, ABPP, Professor of Psychology, Indiana University; jamills@iup.edu



Dr. John A. “Jay” Mills

The Hoffman Report described how members, volunteer leaders, and employees of the American Psychological Association (APA) were involved in the justification, design, implementation, and cover-up of the torture of prisoners in the Guantanamo Bay detention facility following the terrorist attacks of September 11, 2001. The Hoffman Report is the colloquial name applied to the *Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, and Torture*, the report of the 2015 investigation into APA’s activities. APA authorized the Hoffman Report in response to allegations that APA staff members and volunteers facilitated, allowed, or failed to prevent the use of torture. The final 542-page version of the report reached a number of difficult conclusions and recommendations. While flaws are evident in the methods of the investigators, their conclusions have enormous gravity. How we as psychologists respond to these allegations is an issue of considerable consequence.

Within a year of the 9/11 attacks, concern arose about the treatment of Guantanamo Bay detainees. Psychologists James Mitchell and Bruce Jessen converted many techniques that had been used during U.S. pilot training for survival as a prisoner of war into interrogation methods for persons detained by the United States. Mitchell and Jessen garnered credibility and profit within the military and intelligence culture while claiming the efficacy and legality of enhanced interrogation methods. In addition to being morally repugnant and legally questionable, a substantial corpus of empirical evidence that was well known at the time failed to support any of Mitchell and Jessen’s claims.

Even before the Hoffman Report was issued, it was clear that the relationships

among the APA and national security organizations had a dark side. In 2004, Department of Defense (DoD) employees asked APA staff to set standards for detainee interrogations, and an APA Presidential Task Force was created (PENS: Psychological Ethics and National Security). The PENS process has been highly criticized for the nature of the panel composition, the process that they employed, and the manner in which APA adopted their recommendations.

The Hoffman Report found no evidence of DoD or CIA influence in the revision of the 2002 APA Ethics Code. However, the Hoffman Report did identify APA officials who colluded with government officials in the development of other APA policies.

New York Times journalist James Risen revealed details of the CIA and DoD collaboration with APA on the use of torture in his 2014 book *Pay Any Price: Greed, Power, and Endless War*. Risen later stated that “the American Psychological Association secretly collaborated with the administration of President George W. Bush to bolster a legal and ethical justification for the torture of prisoners swept up in the post-Sept. 11 war on terror” (Risen, 2015, para. 1).

In response, APA asked David Hoffman and associates to investigate the process under which APA modified its ethics code in 2002 and its ethical guidelines in 2005 concerning interrogations of detainees. The Hoffman panel was asked to consider whether APA officials colluded with the DoD, CIA, or other government officials to support torture. In their investigation, the Hoffman group obtained dedicated email and phone

contacts, reviewed over 50,000 documents, and interviewed 148 people.

If one finds the conclusions to be credible or even partially credible, it is truly a dark day for the psychology profession. The Hoffman panel found no evidence to support some allegations but did find evidence to support others. The Hoffman Report found no evidence of DoD or CIA influence in the revision of the 2002 APA Ethics Code. However, the Hoffman Report did identify APA officials who colluded with government officials in the development of other APA policies. The report did not conclude that APA directly supported torture, though the report described APA as remaining “deliberately ignorant” about the interrogation situation.

The Hoffman Report commented extensively on the PENS Task Force. In summary, the PENS Report said that psychologists could serve as consultants to national security interrogations in a manner consistent with the ethics code. The task force finalized their report on June 26, 2005, and the APA Board of Directors adopted it as official APA ethics policy less than *one week* later. The key finding in Hoffman was that APA officials worked with important DoD officials to allow guidelines from APA that were no stricter than those already in existence at the DoD.

Among other problems, Hoffman noted that the composition of the PENS Task Force included a disproportionate number of DoD employees, did not involve open discussion or evaluation by APA members before its adoption, and that the APA Board of Directors adopted it (not by the APA Council of Representatives in an open process). Furthermore, the civilian members of the task force voted for the PENS Report only on the condition that it was an *interim* report (which it was not) and that APA would issue a casebook to clarify ambiguous points (which it did not do until 2011).

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REFLECTIONS ON THE HOFFMAN REPORT

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In addition, APA's response to criticisms of the PENS Report was not consistent with good democratic decision making that would have included dissent in an honest and respectful discussion of the issues and transparency in all of the discussions between APA officials and the DoD.

The Hoffman Report also identified individuals who were the most culpable, including then-president of APA, then-APA president-elect, and then practice directorate chief. The task force specifically criticized APA ethics director Stephen Behnke for allegedly (among other things) manipulating the APA Council of Representatives, obstructing the influence of non-DoD members of the PENS group, and improperly using APA ethics procedures to protect CIA and DoD psychologists who had complaints filed against them before the APA Ethics Committee.

The Hoffman group did a fine job of prosecutorial investigation. The sheer volume of materials that was used for the Hoffman Report lends an air of instant validity. However, the Hoffman Report has some clear shortcomings. First, while the Hoffman team was commissioned to investigate problems with ethics, the contract between APA leadership and the Hoffman group has been kept a secret despite disclosure requests. In addition, the investigation that led to the Hoffman Report did not take suitable care with data. Kilburg (2015) surveyed those interviewed and discovered that they had not

been advised about the adversarial quality of the proceedings and the nature of their individual risk, they had not been advised to seek legal or any other sort of representation, and they were not afforded an opportunity to review the records of the interviews. Furthermore, the Hoffman team made little commentary on the complex array of organizational factors within APA that could have contributed to the problems.

What the profession *does* with the Hoffman Report depends in part on what and how each of us invests. Anecdotal reports suggest that many colleagues are considering withdrawing from APA. Reasonable people can disagree on how much organizational misbehavior a person can tolerate before continuing membership becomes unconscionable. At the same time, is there merit to becoming more deeply involved as an agent of positive change?

Considerable evidence shows that persons in trusted positions behaved in disturbing ways, and it is easy and right to be outraged at what has happened. The situation is sufficiently fluid that there will even be developments between the writing of this essay and its publication. However, a simple "who dunnit" approach will not lead to much-needed reform. We need to get beyond a "bad apples" approach (i.e., a few bad people are responsible) and look at what factors in the institutional culture of APA allowed such actions to occur. Persistent dualistic thinking will result in unproductive stances toward national security and the role of psychology in such difficult activities. It is a time for perspective taking and (individual and group) self-examination.

We should be cautious about taking impulsive action from a specific perspective while being careful to not "drag our feet." We must move forward with vigor, openness, and critical thinking to build trust and affirmation in the field.

APA must invest the energy necessary to fully examine the issues raised by the Hoffman Report with processes that are consistent with best practices of organizational reform. Individuals and APA must exercise patience and invest input into the cumbersome democratic processes that will be the only path toward constructive reform. Psychology must be a force for positive political change and can no longer consider itself an apolitical profession. ▮

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Reducing Interpersonal Violence—Taking Our Own Inventory

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



Dr. Jeffrey L. Sternlieb

All he said was “There’s Jeff,” with a lilt in his voice and in a tone marked by a combination of surprise and recognition. I can hear it as clearly today as when I first heard him utter that

piercing two-word declaration 14 years ago. Piercing because there was something about it that rang true—a part of me was angry and, under a unique set of circumstances, I could be very aggressive, demeaning, and attacking. He was a psychiatrist who worked in a Manhattan private practice, and we were both participants in a weeklong residential Tavistock group experience. Tavistock groups have very little structure (other than schedule and location) and are designed for participants to experience group dynamics. Up to that point, I had been keeping a low profile, trying to understand what this experience was all about and *what I could learn from it*. By the third day, I was ready to invest my energy in a project with a small group. One too many interruptions later, I really lost my cool. You could say it was the first time anyone at the conference saw parts of me that I was less proud to demonstrate. The Manhattan psychiatrist had witnessed my outburst—my interpersonal violence—and had information about me that I wished he hadn’t. It was clear in his tone.

“*What I could learn from it*” continues to this day. I am so much more aware of my frustrations and anger and the role they play in my relationships. The degree to which my anger and associated emotional outburst was disturbing to me has fueled self-explorations that have helped me manage these feelings in a number of helpful ways. However, I also learned that, simply put, we all have the potential to be interpersonally violent, given certain circumstances. We have all seen literature that demonstrates the impact that stress, overstimulation, or even

stimulus deprivation has on logical problem solving or emotional self-regulation. Even when we are functioning at or near our best, we are not always aware of the ways in which our emotional buttons get pushed.

As a group of professionals, we tend to express our aggressions in more subtle or less socially disruptive ways, such as through sarcasm, or humor that can be hurtful. Even the competitive nature with which we sometimes interact may have an aggressive element. Think about the environment in some CE sessions or in some committee meetings and ask yourself how emotionally safe you feel to express your true opinions. Do you feel that your contribution will be respected—even the unpopular views? Is there sometimes an environment of one-upmanship? If someone is one up, someone else is one down!

The Manhattan psychiatrist had witnessed my outburst—my interpersonal violence—and had information about me that I wished he hadn’t. It was clear in his tone.

I believe that, in some ways, PPA members and the organization are somewhat more multiculturally aware than we were 10 years ago. However, we still do not easily enter into conversations about white male privilege (and its impact), collusion, or microaggressions without great awkwardness and some defensiveness. In 2005, I wrote an article for the *Pennsylvania Psychologist* titled “White Privilege: How Would I Know?” Rereading it is still a good reminder for me. All of these examples could begin conversations in which we might examine ways to talk about our own interpersonal aggressions.

While our initial impulse may be to highlight our skills and efforts at helping others reduce their violent impulses, I’m a fan of not having double standards. “Don’t ask others to do something I have not done myself” has been a rule of thumb I try to respect. So, how do I, not being particularly aware of causing interpersonal violence, begin?

I suggest three possible routes to beginning this journey, any one of which can help us develop direction: attend a Tavistock-type experiential group relations conference, explore the Johari window (Luft & Ingham, 1955), or read *The Speed of Trust* by Stephen Covey (2008). There are several sponsors of Tavistock-like group relations training experiences, including the Family Institute of Northwestern University (Chicago) and the Center for the Study of Groups and Social Systems in Boston. Their websites have detailed descriptions of their programs.

The Johari window is a simple and useful tool for teaching and understanding self-awareness and personal development. Imagine a two-by-two grid contrasting on one axis the things we do and do not know about ourselves with (on the other axis) the things others know and do not know about us. The result is four quadrants including one that contains our blind spots (things others know about us that we do not know) and one that contains things neither we nor others know about us—an unknown quadrant.

I don’t think it is too much of a stretch to acknowledge that we may not be aware of the impact we have on others. And, we, of all people, should be able to acknowledge the presence of unknowns in our unconscious. The goal in using the Johari window is to seek feedback to reduce the size of the quadrants that contain the unknown to self. Sometimes this is accomplished by sharing thoughts or feelings we have kept private. One blind

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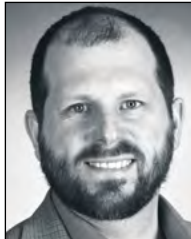
Assessing Violence Risk

Mark R. McGowan, PhD, and Irvin P. R. Guyett, PhD

Psychologists are increasingly being called upon to assist in safeguarding the public from the horrendous acts of violence that are occurring in our communities. One of the more frequent requests from the public is to identify people at risk for violence before they act. These types of requests come in many forms. For example, as psychologists, we have a legal duty to warn or protect potential victims of violence that was set forth in the Pennsylvania Supreme Court decision *Emerich v. Philadelphia Center for Human Development* (1998). Therefore, within our professional relationships, we are faced with the responsibility to determine whether a patient poses a serious threat of violence to another as a standard of care. However, is it reasonable to expect that psychologists are capable of predicting future violence? In order to answer this question, it will be important to make a few distinctions concerning science and practice in the field of violence risk assessment.

Monahan's (1981) seminal work exploring the predictive accuracy of violence risk assessments suggested that "psychiatrists and psychologists are accurate in no more than 1 out of 3 predictions of violent behavior over a several-year period among institutionalized populations that had both committed violence in the past and who were diagnosed as mentally ill" (p. 77). Moreover, this line of research has also suggested that practitioners are far more likely to commit a false positive error, e.g., suggesting that an individual would be violent when no violent behavior actually occurs.

Given such poor diagnostic accuracy, violence risk assessment is replete with ethical dilemmas for practitioners. Consequently, many practitioners may feel uncomfortable performing these assessments and may even avoid them as a result. However, as previously noted, the requirement to recognize and



Dr. Mark R. McGowan



Dr. Irvin P. R. Guyett

act upon specific and immediate threats to third parties is an unavoidable facet of clinical practice. Fortunately, developments in both the science and practice of violence risk assessment have progressed over the past 35 years. Currently, best practices in the field have evolved from a focus on prediction to a management-oriented approach that is based upon an understanding of empirically based factors that are associated with violent behavior in different contexts. With this conceptual shift, current meta-analytic reviews have yielded more optimistic results, e.g., Schwalbe (2009). The goal of this article will be to briefly introduce some of the more well-established instruments based upon contemporary methodologies for assessing different forms of violence.

Given such poor diagnostic accuracy, violence risk assessment is replete with ethical dilemmas for practitioners.

Current advancements in the field have highlighted the importance of using empirically validated methodologies for assessing violence risk. These methodologies are often broadly grouped into either actuarial or structured clinical judgment approaches. While both

approaches rely on empirically derived risk factors to make decisions, actuarial instruments use an equation or algorithm to weigh and combine factors to arrive at a determination that is less dependent upon clinical judgment. The merits of using an actuarial versus a structured clinical judgment approach continue to be debated in the literature. However, both of these approaches have been demonstrated to be superior to unstructured clinical assessments of violence risk.

Prior to reviewing instruments and tools, a brief discussion of predictive factors and base rates is warranted. Predictive factors are frequently grouped into categories that include risk factors, protective factors, and warning behaviors. Risk and protective factors are variables that have been empirically demonstrated to be associated with higher or lower probabilities for violence, respectively. These factors are derived by examining group data.

Warning behaviors refer to more acute risk factors that are inclined to change more rapidly over time and indicate an immediate risk of violence. In other words, risk and protective factors may be related to either individual variables (drug or alcohol use or ecological influences such as poverty). Given the low base rate for violence in any population, predicting with a high degree of accuracy which individual will be violent based upon knowledge of these factors is impossible (Meloy, Hoffmann, Guldemann, & James, 2012). However, warning behaviors provide additional information concerning the individual's risk for violence in the near term, i.e., preparation or planning for a violent act. Used within a management-oriented approach, individuals can be differentiated according to their risk for violence based upon a comprehensive assessment of the salient risk and protective factors. Once identified, treatment efforts and monitoring of warning behaviors become more feasible.

Table 1. Risk assessment instruments for use with adult populations

| | Instrument | Type of violence | Description |
|-------------------------------------|--|-------------------|--|
| Actuarial Method | Violence Risk Appraisal Guide (VRAG) | General violence | Assess dangerousness in high-risk male criminal offenders and males with mental disorders who have violent histories |
| | Classification of Violence Risk (COVR) | General violence | Interactive software program to estimate violence risk after discharge into the community |
| | Static-99 | Sexual offenses | Predict sexual and nonsexual reoffending |
| | Danger Assessment Scale (DAS) | Domestic violence | Assess risk of violence escalation or the potential for homicidal violence among domestic violence offenders |
| Structured Clinical Judgment Method | Historical Clinical Risk Management-20 (HCR-20, version 3) | General violence | Set of professional guidelines for the assessment and management of violence risk in adults |
| | Sexual Violence Risk-20 (SVR-20) | Sexual offenses | Used to predict the risk of future sexual violence of a particular sexual offender and to guide potential risk management strategies |
| | Spousal Assault Risk Assessment (SARA) | Domestic violence | Assessment screens for risk factors in individuals suspected of or being treated for spousal or family-related assault |

As Table 1 illustrates, a number of assessment instruments are available to guide the assessment process when working with different patient populations. One of the primary benefits of using one of these instruments in practice is the assurance that you are considering and weighing the relevant factors when making clinical decisions concerning an individual's risk for violence. As noted previously, prior research has suggested that using an unstructured approach contributes to poor predicative accuracy and may contribute to less desirable clinical outcomes. Determining which instruments to use will likely be based on a variety of issues. For example, practitioners need to consider their patient population, the predicative accuracy of the tool, the usefulness of the information for treatment planning and monitoring, and the costs in both time and money associated with using a particular instrument.

It is relevant to note that these instruments may not be well suited to many clinical practices that do not work with large numbers of clients who have problems related to violence. In this situation,

One of the primary benefits of using one of these instruments in practice is the assurance that you are considering and weighing the relevant factors when making clinical decisions concerning an individual's risk for violence.

the use of a systematic strategy to assess violence risk is still recommended. Borum and Reddy (2001) have suggested using an inquiry guide during the assessment and decision-making process. The acronym ACTION is used to guide the practitioner's assessment of **A**ttitudes that support or facilitate violence, **C**apacity, **T**hresholds crossed, **I**ntent, **O**thers' reactions, and **N**oncompliance with risk-reduction interventions. The focus of this

fact-based assessment is on identifying ideas, behaviors, and situational influences that might indicate intent, planning, or preparation for a violent act.

While less comprehensive by comparison to formal violence risk assessment instruments, the utilization of a structured assessment increases the likelihood that the practitioner will be attending to warning behaviors that may compel him or her to take the necessary steps to protect a readily identifiable victim before violence occurs. ▮

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REDUCING INTERPERSONAL VIOLENCE

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spot for me is wondering how differently women might read and think about this article, considering gender differences around the issue of violence.

Interpersonal violence tends not to foster trust. Covey (2008) suggests that trust in relationships is measurable, and it can be built, destroyed, and even restored. He asks us to think about a person at work with whom we have a high trust relationship and to consider what it is like to work with that person—the communication, the speed of getting things done, the quality of the work. This is a trust dividend. Working with people in a low trust environment yields a trust tax—it takes longer, communication is poorer, and the quality of the work is lower when compared to a high trust relationship. Covey then identifies 13 characteristics of trusting relationships:

Character Behaviors

Talk Straight
Demonstrate Respect
Create Transparency
Right Wrongs
Show Loyalty

Competence Behaviors

Deliver Results
Get Better
Confront Reality
Clarify Expectations
Practice Accountability

Character and Competence Behaviors

Listen First
Keep Commitments
Extend Trust

The value in this list is not to measure anyone else. Rather, it is to explore the degree to which each of us can set our own standards privately as part of our efforts to foster trust and stifle interpersonal violence. What a bonus it would be if we could eliminate the trust tax and collect on our trust dividends. ▮



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Cyberbullying: Electronic Interpersonal Aggression

Gail R. Karafin, EdD, Licensed Psychologist, Certified School Psychologist,
PPA Interpersonal Violence Task Force



Dr. Gail R. Karafin

With the advent of the electronic age, we find we have a new form of interpersonal aggression—*cyberbullying*. The National Association of School

Psychologists defines cyberbullying as a new form of bullying that makes use of the diverse range of technology now available to harass or intimidate others. It includes email, text, chat rooms, mobile phones, mobile phone cameras, listservs, blogs, websites, and programs such as YouTube and Facebook. The list gets longer and longer as our culture advances and refines these methods of communication. Belsey (2012) defined cyberbullying as “the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group that is intended to harm another” (para. 1). Williard (2007) identified nine different forms of cyberbullying.

Erbacher (2011) conducted surveys summarizing statistics on cyberbullying:

- Ninety-three percent of teens between the ages of 12 and 17 spent time online.
- Seventy-five percent of teens owned a cell phone.
- Sixty percent of teens reported they text.
- Seventy-three percent of teens used social networking sites.
- An estimated 20–35% of children and teens reported experiencing cyberbullying.
- Fifty-six percent of teens reported hiding their online activities from their parents.
- Cyberbullying victims were 1.9 times more likely and offenders were 1.5 times more likely to have attempted suicide than those who were neither victims nor offenders.

- Only 50% of bully victims reported it: 8.9% told their parents and 35.7% told a friend.
- Of the teens bullied, 21% reported bullying through one mode, and 11% reported bullying through two modes, for example, in person and online. (Ybarra, 2011)

It is possible that cyberbullying causes greater harm than traditional bullying. Online communications are somewhat anonymous and can be extremely vicious.

Impact of Cyberbullying

Face-to-face bullying can result in long-term psychological harm to the targets. This harm includes low self-esteem, depression, anger, school failure and avoidance, and, in some cases, school violence or suicide. It is possible that cyberbullying causes greater harm than traditional bullying. Online communications are somewhat anonymous and can be extremely vicious. Online, people will write what they would never say in person. There is no escape for the targets: Bullying is ongoing, 24/7. It is always out there. Material can be distributed worldwide and is irretrievable. Anonymous cyberbullies can solicit involvement of unknown “friends.” Teens may be reluctant to tell adults what is happening online or on cell phones because they fear restrictions or greater retribution; it is counterintuitive to their need for independence from adults; and/or, most important, they can be emotionally traumatized with an intense sense of shame (Willard, 2007). Some effects of cyberbullying include school refusal, poor grades, lower self-esteem, health

problems and complaints, higher use of alcohol and drugs, truancy, higher rates of depression and anxiety, higher rates of suicidal thoughts and attempts, and intense feelings of shame. Young people harassed and bullied online are more likely to be bullied off-line and to endorse higher degrees of depression, suicidal ideation, alcohol use, social problems, and poor caregiver relations (Ybarra, 2011).

Cyberbullying is easy to commit. The Internet makes it easier for teens to do or say things that they would never do in the real world (Willard, 2007). Common rationales include:

- Cyberbullies are perceived as invisible, especially if they create anonymous accounts. Feeling invisible removes concerns about detection, disapproval, and punishment.
- Lack of tangible feedback removes empathy for others and leads to the misperception that no harm has resulted.
- *Everybody does it.* The perception that it is a common practice reduces the conflicts with one’s conscience. “It is just a game.”
- *Look at me—I’m a star.* Personal attacks on others are generally done for the purpose of attracting attention, looking cool, or validating self with others.
- *It’s not me. It’s my online persona.* This rationale allows teens to deny responsibility for actions taken by one of their online identities.
- *What happens online stays online.* This thinking supports the idea that one should not tattle about what has happened online to the outside world and one should not disclose online activity to adults.
- *On the Internet, I have the free-speech right to write or post anything*

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CYBERBULLYING

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I want, regardless of the harm it might cause to another. This belief supports harmful speech and cruel behavior as a free-speech right.

Strategies for School Mental Health Professionals to Combat Cyberbullying

Policies to prevent and reduce cyberbullying need to be implemented at all levels of social and organizational policymaking. This includes parents, educational institutions, mental health professionals, social network sites, civil and criminal legal systems, as well as the students themselves. This article will focus on the contributions mental health professionals can make, both in and outside of school systems. Always use data-based decision making.

Primarily, mental health professionals need to see themselves as agents of change. We need to create atmospheres that promote caring social relationships and foster positive supports to reduce the likelihood of micro- or macro-aggressions. Some efforts might include:

- Collect data, conduct surveys about bullying and cyberbullying incidents, and investigate themes
- Review and revise policies related to digital risks
- Spearhead antibullying committees
- Design institutional antibullying/cyberbullying policies that are consistent with regulations (Federal Communications Commission, 2012)
- Prepare a Code of Conduct with collaboration from stakeholders in the community
- Develop protocols for cell phones and imaging devices
- Involve the parent community in prevention and intervention efforts
- Educate parents and teachers about the problems and strategies for remediation
- Spearhead volunteer study groups and antibullying committees

On an individual level:

- Identify and evaluate students for treatment; bullies and victims are

Differences Between Cyberbullying and Traditional Bullying*

| Traditional Bullying | Cyberbullying |
|---|---|
| Face to face | Remote |
| Known bully | Can be anonymous or pretender (including pretending to be the person) |
| Must be observed directly for others to spread accurate information | Can be known by anyone to whom the information is forwarded |
| Not anonymous | Can be anonymous, which can encourage much more vicious attacks |
| Can report perpetrators | Harder to determine who to report |
| Primarily at school or neighborhood | Can be anywhere |
| Physical (boys) or verbal (girls) as a rule | Can involve sexual or other forms of harassment |
| Spreads slowly, if at all | Can spread instantly |
| Known by only a few people | Can be known by thousands of people |
| Few rumors | Many rumors manufactured or perpetrated |
| When it is over, it is over | Pictures and comments never go away; it is 24/7/365 |
| Once home, victim feels safe | No safety anywhere |
| Difficult to prove who did what to whom | Evidence of cyberbullying can be saved and reported to authorities** |

*Adapted from Swearer (2012)

**One benefit of cyberbullying over traditional bullying

- more likely to experience emotional disorders
 - Consider the variables in a child's life, such as family, school, neighborhood, community, agencies, and peer groups as potential influences and resources
 - Document incidents of bullying and cyberbullying
 - Hold classroom meetings with students and establish basic classroom rules against bullying
 - Have serious talks with bullies and victims, and, when appropriate, the parents and teachers of those involved
 - Have parents and teachers become involved with at-risk students
- Therapeutically, one should focus on building resilience in victims:
- Teach children that they have a right to not be harmed, harassed, or humiliated
 - Focus on relieving feelings of shame and on ways to react to the insult

- Consider the aggressors' misguided need for domination; very often these children have been bullied themselves
- Very often the perpetrators believe they were "just joking," but they need to be sensitive to the "joke" from the target's perceptions
- Teach children coping skills, anger management skills, and social/sensitivity skills to reduce acts of bullying and cyberbullying
- Teach students and parents to be cyber savvy

In summary, bullying has a long and documented history throughout the ages. With the advent of the electronic age, the impact of cyberbullying reaches larger audiences for indefinite periods of time and intensifies the harm to its victims. Mental health professionals need to be proactive in their communities to promote mentally healthy atmospheres and to instruct others regarding cyber etiquette. ▮

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The Importance of Adopting an Ecological Framework for Addressing School Violence

Mark R. McGowan, PhD



Dr. Mark R. McGowan

The term “school violence” is a complex construct that encompasses a wide variety of behaviors ranging from overt acts such as physical altercations and bullying to covert acts such

as weapons possession. Efforts to address these behaviors in schools have been inconsistent and, at times, counterproductive (Dodge, 2008). The widespread adoption of zero-tolerance policies to shape disciplinary practices in public schools provides a poignant example of these misguided responses. The origin of zero-tolerance policies and associated disciplinary practices are frequently associated with the Gun-Free School Act of 1994 (Pub. L. No. § 4141) that required each state receiving federal funds for education to enact laws requiring local educational agencies to expel students who brought a weapon to school for no less than one year. Collectively, these state laws are often referred to as the zero-tolerance laws.

The widespread adoption of zero-tolerance policies to shape disciplinary practices in public schools provides a poignant example of these misguided responses.

Based on U.S. Department of Education data collected through a one-time national survey of public primary and secondary school principals, approximately 75% of schools reported having zero-tolerance policies that addressed a range of offenses, including the

possession of weapons, drugs, alcohol, and tobacco on school grounds. These data also indicate that incidences of physical fighting at school were also subjected to zero-tolerance policies (U.S. Department of Education, 1997).

While empirical evidence has not supported the efficacy of zero-tolerance policies for reducing violence or improving school safety, they have been associated with promoting punitive and exclusionary discipline practices by schools that have been empirically linked to a variety of negative outcomes for youth. These negative outcomes range from higher dropout rates to increased prevalence rates for contact with the juvenile justice system (American Psychological Association, 2008). Inconsistencies in the application of zero-tolerance policies have also raised significant concerns. More specifically, the application of these policies has been questioned due to the numerous examples of extreme disciplinary responses and racial disparity in rates of school suspensions and expulsions (Skiba, 2014).

As research and theories concerning youth violence have continued to evolve, the importance of adopting an ecological perspective that extends beyond narrowly focusing on an individual to include familial, community, and societal factors has become clear. This notion is exemplified when consulting the literature concerning the link between school climate and incidents of aggression and violence in schools. While ecological factors are pivotal to well-informed decision making when considering individual cases, these factors may also provide meaningful opportunities for informing and developing interventions to prevent different forms of school violence. There is a need for an integrated framework for organizing available information concerning risk and protective factors that contribute to different forms of school violence.

Further, this model should also provide guidance for organizing intervention efforts as well.

The World Health Organization introduced an ecological framework based upon recommendations outlined in the first *World Report on Violence and Health* (2002), which outlines the problem of violence on a global scale. While the framework provides a useful construct for organizing current information concerning risk and protective factors related to specific forms of violence, it also provides psychologists with a means of considering the interaction of factors both within and between levels (Butchart, Phinney, Check, & Villaveces et al., 2004; see Figure 1).



Figure 1. Ecological model adapted from Butchart, Phinney, Check, and Villaveces, (2004).

At the individual level, personal history and biological factors influence how individuals behave and their likelihood of becoming a victim or a perpetrator of violence. Among these factors are history of experiencing childhood abuse and past violent or nonviolent offending. Personal relationships such as those with family, friends, and peers may also influence the risks of becoming a victim or perpetrator of violence. For example, a poor relationship with a parent and having violent friends may influence whether a young person engages in or becomes a victim of violence.

At the next level, community contexts in which social relationships occur

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ADOPTING AN ECOLOGICAL FRAMEWORK FOR ADDRESSING SCHOOL VIOLENCE

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(e.g., schools and neighborhoods) also influence the likelihood of violence. Risk factors here may include high rates of poverty, crime, and drug trades.

Societal factors influence whether violence is encouraged or inhibited. These include social and educational policies that maintain socioeconomic inequalities among people, the availability of weapons, and cultural norms that endorse violence as an acceptable method to resolve conflicts (Skiba, 2014).

Finally, time encompasses the developmental nature of violence potential in youth populations. These include distal and proximal factors that influence the individual over time. For example, literature focusing on the developmental trajectories (Loeber & Burke, 2011) and typologies (Langman, 2013) of individuals who engage in violent behavior have been useful for understanding pathways toward violence. More proximal factors include warning behaviors that may signal that an individual's likelihood for violence is increasing.

More important, however, psychologists may be better prepared to advocate for meaningful changes in our educational and community settings as an alternative to practices that exclude or disenfranchise children.

Taken together, these understandings provide psychologists with the adequate foundation for utilizing contemporary practice and sound clinical judgment to select evidence-based interventions that are specifically aligned with an individual's needs. More important, however, psychologists may be better prepared to advocate for meaningful changes in our educational and community settings as an alternative to practices that exclude or disenfranchise children. ▮

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We offer a wild, wonderful, whopping welcome to the following new members who joined the association between November 6, 2015, and February 10, 2016!

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Monroeville, PA

Rafat Omar, MA
Ambler, PA

Allison Palmer, MS
East Norriton, PA

Steven Perlack, BS
Scranton, PA

Alexandra Psihogios, MA
Philadelphia, PA

Jessica Salter, MA
Plymouth Meeting, PA

Krystal Schultz, MA
Valencia, PA

Yonatan Sobin, MA
Philadelphia, PA

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Feasterville, PA

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Kristy Walter, MA
Greensburg, PA

Deborah Williams, MA
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Abigail Wilson, BA
McVeytown, PA


Haley Zimmerman, BS
Dallas, PA



Dr. Sidney Portnoy passed away September 27, 2015. Dr. Portnoy was director of Penn Valley Counseling Associates in Montgomery County, Pennsylvania. He specialized in child and adolescent psychology and in relationship counseling. He treated clients of all ages, from children to geriatrics.

* * *

Dr. Barry Ginsberg passed away October 26, 2015. Dr. Ginsberg established an independent practice in Doylestown, Pennsylvania, in 1976. He was a graduate of Pennsylvania State University and was a diplomate of the American Board of Professionals. Dr. Ginsberg specialized in emotion-focused relationship enhancement therapy, parenting skills training and coaching, and filial family play therapy. He authored several books, including *50 Wonderful Ways to be a Single Parent* (2003) and *Relationship Enhancement Family Therapy* (1997). Dr. Ginsberg was the recipient of the Central Bucks Chamber of Commerce 2015 Lifetime Achievement Humanitarian Award.

Dr. John Shanken-Kaye passed away December 21, 2015. Dr. Shanken-Kaye, a graduate of Temple University, was a forensic and counseling psychologist and education consultant. He was the director of ACES in Doylestown, Pennsylvania, for over 20 years and served families, children, adolescents, parents, and teachers. A specialist in forensics, Dr. Shanken-Kaye was a recognized expert in child custody, personality assessment, competency to stand trial, risk assessment, parental competence, and insanity defense. In addition, Dr. Shanken-Kaye was a contracted therapist for the Bucks County Juvenile Court and the Bucks County Office of Children and Youth. He was appointed by the Governor of Pennsylvania to two consecutive, 4-year terms on the Pennsylvania Sex Offender Assessment Board. He was a well-known speaker for educators and justice professionals. He coauthored two books: *The Self-Control Classroom: Understanding and Managing the Disruptive Behavior of All Students Including Students with ADHD* (1996), and *From Disrupter to Achiever: Creating Successful Learning Environments for the Self-Control Classroom* (2003). 

Classifieds

KING OF PRUSSIA AREA – PT therapist wanting to fill some empty hours, to join established company serving EAPs and MCs. (We may also be interested in renting space in that area 1 day per week.) Send resume to KIM at 215-545-7870 or call 215-545-7895, ext. 2. www.psychology-services.com

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Send your résumé to Pmalcolm@PrimeCareMedical.com or fax it to 717-364-1237. If you are interested in finding out more information you can call and ask to speak to one of our recruiters at 717-545-5787.

CE Questions for This Issue

The articles selected for 1 CE credit in this issue of the *Pennsylvania Psychologist* are sponsored by the Pennsylvania Psychological Association. PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. Each question has only one right answer. Be sure to fill in your name and address, sign your form, and return the answer sheet to the PPA office with your CE registration fee (made payable to PPA) of \$20 for members (\$35 for nonmembers) and mail to:

Continuing Education Programs
Pennsylvania Psychological Association
5925 Stevenson Avenue, Suite H
Harrisburg, PA 17112

To purchase and complete the test online, visit our online store at www.papsy.org. Passing the test requires a score of at least 70%. If you fail, you may complete the test again at no additional cost. We do not allow more than two attempts at the test.

Allow three to six weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before March 31, 2018.

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.

Tepper, Knapp, Baturin

1. The authors claim that:
 - a. Most psychologists who get investigated have done something wrong.
 - b. Even psychologists who have acted ethically and competently can have a complaint filed against them.
 - c. When psychologists have complaints filed against them, they are almost always disciplined by the State Board of Psychology.
 - d. Conversations between the psychologist and investigator are protected by the psychologist's privileged communication law.
2. When there is a complaint before the licensing board, the State Board of Psychology:
 - a. Acts more like a collective judge
 - b. Is deeply involved in the initial investigation
 - c. Is obligated to follow constitutional protections, such as the protection against self-incrimination
 - d. All of the above

Schwarz

3. What role can psychologists in Pennsylvania play in fostering gun safety and gun violence prevention strategies?
 - a. Join local and faith-based organizations
 - b. Get trained in approaching legislators on gun-violence-related topics and suicide awareness
 - c. Contact primary care doctors, gun shop owners, police, and legislators in our communities to offer suicide awareness training
 - d. All of the above
4. According to data from the Centers for Disease Control and Prevention, what percentage of gun deaths are the result of suicide, and how many suicides took place in the United States in 2013?
 - a. Over 60% and 20,000
 - b. 40% and 10,000
 - c. 25% and 5,000
 - d. 80% and 90,000

Knapp

5. According to the author:
 - a. 83% of psychologists have been threatened by a patient
 - b. 40% of psychologists have been actually assaulted by a patient
 - c. 6%–11% of psychologists have been stalked by a patient
 - d. All of the above
6. When patients act inappropriately in therapy, the author recommends that psychologists should usually:
 - a. Adopt a “no tolerance” policy and terminate them immediately
 - b. Address the behavior early in therapy
 - c. Unless it is especially egregious, ignore the behavior until you know the patient better
 - d. None of the above

Sternlieb

7. Steven Covey suggests that trust in relationships is:
 - a. All or none
 - b. A soft skill that is difficult to measure or change
 - c. A key ingredient in the quality and quantity of work done in groups
 - d. Just like money because there are taxes and dividends
8. We all have the potential to be violent, and it manifests itself in:
 - a. Hurtful humor
 - b. Overly competitive interactions and reactions
 - c. Difficulties we have in discussing sensitive subjects
 - d. All the above

McGowan

9. Empirical evidence has supported the use of unstructured assessments for accurately predicting violence.
True
False

10. Using evidence-based factors has been demonstrated to improve the predictive accuracy of violence risk assessments.
True
False

Karafin

11. Victims of cyberbullying often do not tell parents or authority figures because:
a. They fear they will be blamed.
b. They fear that parents will restrict or remove their electronic devices.
c. They feel shame.
d. They fear retribution.
e. All of the above

12. The one benefit of cyberbullying over traditional bullying is:
a. One can turn off the device and not be bothered.
b. Cyberbullying events can be saved as evidence and reported to authorities.
c. The perpetrator is far away and cannot hurt the victim.

McGowan

13. Empirical evidence has supported the efficacy of zero-tolerance policies for reducing violence or improving school safety.
True
False
14. An ecological perspective extends beyond narrowly focusing on an individual to include familial, community, and societal factors.
True
False

Continuing Education Answer Sheet

The Pennsylvania Psychologist, March 2016

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. | T | F | | | |
| 3. | a | b | c | d | 10. | T | F | | | |
| 4. | a | b | c | d | 11. | a | b | c | d | e |
| 5. | a | b | c | d | 12. | a | b | c | | |
| 6. | a | b | c | d | 13. | T | F | | | |
| 7. | a | b | c | d | 14. | T | F | | | |

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 _____

Please print clearly.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone () _____

I verify that I personally completed the above CE test.

Signature _____ Date _____

A check or money order for \$20 for PPA members (\$35 for nonmembers) must accompany this form. Mail to:
Continuing Education Programs, PPA, 5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112

Now available online, too! Purchase the quiz by visiting our online store at www.papsy.org. The store can be accessed from our home page. Please remember to log in to your account in order to receive the PPA member rate!

PPA2016



Overcoming Interpersonal Violence
Throughout the Life Span

#WhyIGo

Tell us why you are planning on coming to PPA2016! We want to know why *you* go to the convention. Friends, networking, CE credits, Sam Knapp? What is your reason?

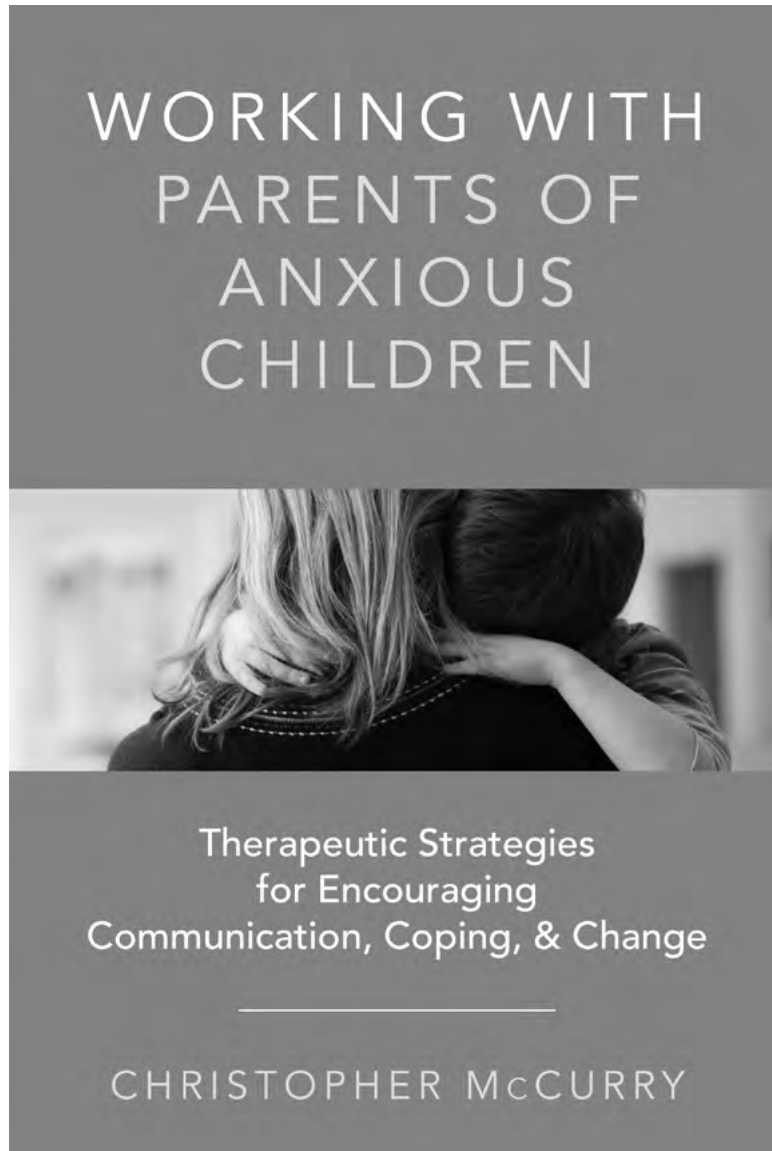
Tell us by emailing judy@papsy.org or posting on Facebook at PA Psychological Association or on Twitter at @PaPsyAssn. Use #WhyIGo as the handle. You can also email us a video to upload to PPAonYT. We'd love to hear from you!

Upcoming Events From PPA

PPA is excited to be offering a wide variety of programs as we move into 2016. Check out what's coming up below and get more information online at www.papsy.org.

| DATE | TIME | EVENT |
|---|---------------------|---|
| Thursday, March 10, 2016 | noon-1:30 p.m. | Live Webinar: Common Billing Pitfalls for Psychologists and How to Respond to Payer Overpayment Requests Renee H. Martin, JD, RN, MSN |
| Monday, April 4, 2016 | 9:30 a.m.-1:00 p.m. | PPA Advocacy Day Pennsylvania State Capitol Harrisburg |
| Friday, April 8, 2016 | 9:00 a.m.-4:30 p.m. | 2016 Spring Continuing Education and Ethics Conference DoubleTree by Hilton Hotel 101 Mall Blvd. Monroeville |
| Wednesday, April 13, 2016 | noon-1:30 p.m. | Live Webinar: 2016 PQRS Updates Diane M. Pedulla, JD |
| Friday, May 13, 2016 | 9:00 a.m.-4:30 p.m. | PPA on the Road: Scranton/Wilkes-Barre John Heinz Institute of Rehabilitation 150 Mundy St. Wilkes-Barre |
| Saturday, May 21, 2016 | 9:00 a.m.-4:00 p.m. | Early Career Psychologist Day Lancaster Marriott at Penn Square Lancaster |
| Wednesday-Saturday, June 15-18, 2016 | | PPA2016-PPA's Annual Convention Hilton Harrisburg Harrisburg |
| July/August | | Webinar |
| Friday, November 4, 2016 | 9:00 a.m.-4:30 p.m. | 2016 Fall Continuing Education and Ethics Conference TBD |

New From W. W. Norton & Co.



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“This book is an incredibly valuable resource for every clinician working with anxious children and their parents. Drawing from the cognitive-behavioral, functional analytic, acceptance, and mindfulness literatures, this book provides clear guidance and an abundance of clinical “pearls” for teaching parents how to create a healthy and resilient home environment.”

John Piacentini, PhD, ABPP Director, Child OCD, Anxiety, and Tic Disorders Program, UCLA Semel Institute for Neuroscience and Human Behavior

The Pennsylvania
Psychologist

March 2016 • QUARTERLY

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2016 CE Calendar

The following programs are being offered either through cosponsorship or solely by PPA.

March 3, 2016

Webinar: Common Billing Pitfalls for Psychologists and How to Respond to Payer Overpayment Requests
noon-1:30 p.m.

April 4, 2016

PPA Advocacy Day
Pennsylvania State Capitol
Harrisburg, PA

April 8, 2016

Spring Continuing Education and Ethics Conference
DoubleTree by Hilton Hotel
Monroeville, PA

May 13, 2016

PPA on the Road: Scranton/Wilkes-Barre
John Heinz Institute of Rehabilitation
150 Mundy St.
Wilkes-Barre, PA

May 21, 2016

PPA ECP Day
Lancaster Marriott at Penn Square
Lancaster, PA

June 15-18, 2016

PPA2016 - PPA Annual Convention
Hilton Harrisburg
Harrisburg, PA

Podcasts

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

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

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

If you have additional questions, please contact judy@papsy.org.



also available at www.papsy.org — HOME STUDY CE COURSES

Excess Weight and Weight Loss

3 CE Credits

*Ethical Practice Is Multicultural Practice**

3 CE Credits

*Introduction to Ethical Decision Making**

3 CE Credits

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

5 CE Credits

*Competence, Advertising, Informed Consent, and Other Professional Issues**

3 CE Credits

*Ethics and Professional Growth**

3 CE Credits

*Foundations of Ethical Practice**

6 CE Credits

*Ethics and Boundaries**

3 CE Credits

Readings in Multiculturalism

4 CE Credits

*Pennsylvania's Psychology Licensing Law, Regulations, and Ethics**

6 CE Credits

*This program qualifies for 3 contact hours for the ethics requirement as mandated by the Pennsylvania State Board of Psychology.

NEW Home Study CE Courses, developed by Dr. Samuel Knapp and Rachael Baturin, coming soon.

For all Home Study CE Courses above contact: Judy Smith, 717-232-3817, judy@papsy.org.