

**ALSO INSIDE:**

- A review of mandated disclosures
- How state budget cuts affect psychologists
- Special section: A look at the many forms of interpersonal violence

*The Pennsylvania*  
**Psychologist**

Vol. 77, No. 3

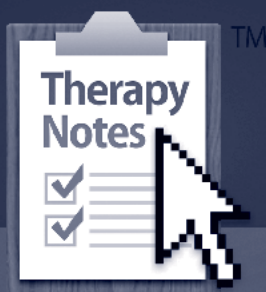
MARCH 2017 • QUARTERLY

**Striving to Overcome  
Interpersonal Violence**



**June 14–17, 2017**

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Vol. 77, No. 3

# The Pennsylvania Psychologist

Editor: Tracie Pasold, PhD

March 2017 • QUARTERLY

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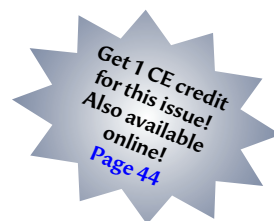
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# My Halftime Report

David A. Rogers, PhD; Hershey Psychological Services



Dr. David A. Rogers

The statistics are disturbing, and the stories are all-too familiar. Day after day, we read or hear about incidents of interpersonal violence within our community and our

state. We listen to our patients who have been touched by violence at the hands of a partner, a relative, an acquaintance, or a stranger. Their faces tell the tale that interpersonal violence is an enormously challenging issue. As therapists, we play an important role in healing the wounds and ending abuse of any kind.

Preparing to step into the role of president of PPA, I felt strongly about continuing the work that former president Dr. Bea Salter had begun during her term. In our community, combatting interpersonal violence in the forms of domestic/partner abuse, sexual assaults on college campuses, bullying, and human trafficking was too critical to ignore. An examination of the statistics confirms that imperative:

- According to a PennLive article by Megan Trimble, published on February 9, 2016, "About 85,000 victims walk into Pennsylvania domestic violence centers each year, seeking shelter, counseling and legal assistance."
- About 25% of college women, as well as 35% of LGBTQ students, are victims of sexual assault committed during their undergraduate studies.
- One hundred and sixteen cases of human trafficking were reported in just our state last year, according to numbers gathered by the National Human Trafficking Hotline.
- In 2015, the National Center for Educational Statistics found that 22% of primary and secondary school students reported being bullied.

In order to educate ourselves and to offer any help our organization is uniquely qualified to give, Krista Paternostro Bower, PPA's executive director; Justin Fleming, PPA's director of Government Affairs; and I have initiated meetings with members of social service agencies, state government, and law enforcement who specialize in issues of interpersonal violence. The information we have learned has been invaluable, and we hope that the information we have given has served these important entities.

I am writing this in January, at the midpoint of my term, and I feel it is worthwhile to provide our members with an accounting of the kinds of meetings in which we have been involved. Beginning last summer, we met with Rhonda Hendrickson, who directs the Greater Harrisburg YMCA Violence Intervention and Prevention Programs. In addition, I spoke with Dr. Cathy Petchel, who has expertise in Title IX, and we met with Tom Gross, the executive director for the Pennsylvania Chiefs of Police Association. Recently, I had the privilege of writing a column for the association's publication, highlighting our concerted efforts to combat interpersonal violence.

In the fall, we sat down with PennLive's editorial board to share our vision for PPA's role in preventing interpersonal violence in our state. On September 28, Pennsylvania's Suicide Prevention Awareness Day, I was among those invited to address a gathering at the Capitol Rotunda in order to offer hope to those in need on behalf of PPA. We have met with the Pennsylvania Sheriff's Association; Rachel Cornman, a member of Sen. Pat Toomey's staff; and Meg Snead, Gov. Tom Wolf's senior policy analyst. In the coming days, we will meet with a member of the Pennsylvania State Police Special Investigations Division who specializes in ending human trafficking, as well as with staff members of the Pennsylvania Coalition Against Rape.

*In our community, combatting interpersonal violence in the forms of domestic/partner abuse, sexual assaults on college campuses, bullying, and human trafficking was too critical to ignore.*

All of these contacts have not only strengthened our commitment to continuing the fight but have also made PPA a partner for organizations that may not have availed themselves of our resources before. In addition to the public outreach, our committees dealing with these same issues have provided meaningful direction. As we move forward through the winter and into the spring, rest assured that the groundwork that was laid by Dr. Salter and continued through my term will have a lasting impact. We have been fortunate in our outreach, consolidating our cause with that of a variety of agencies and broadening the community committed to ending interpersonal violence.

It is this kind of effort that makes me a particularly proud member of PPA. I hope that you will join me in celebrating the connections we have made, the community we have created, and the commitment we have come to expect from our members and from PPA's staff. What better forum to do that than at this year's convention at the Omni Bedford Springs Resort in Bedford from June 14 through 17! The theme says it all: *Striving to Overcome Interpersonal Violence*. I look forward to intriguing presentations, meaningful discussions, and fellowship during this year's event. I know, too, that you will join me in congratulating Dr. David Zehrung as he begins his term as president of PPA. I trust that he will find his term to be as rewarding as I have found mine to be. **DR**

# The Light of the New Year

Krista Paternostro Bower, MPA, CAE



Krista Paternostro Bower

As I write this column in January, I realize how much I love this time of year. I call January the *month of light*. You may be looking perplexed right now, as the weather

was less than cooperative (and rather cold) this winter. The reason for my musing is simple. The next time you have a chance, take a moment to truly experience a January sunrise. On those occasions when I am home to experience it in person rather than through my car window, the brilliance and sharpness of the January light makes me pause in reflection. Maybe it's the stark contrast against the gray trees, cinder-covered roads, and cars displaying their best winter grime? Maybe it's a reflection of the glistening snow? I like to believe it's the light of hope. January is full promise. It is a time to cast away all of the thoughts and concerns that have been weighing you down, issues in your life that suddenly and miraculously become "last year's problems." A clean slate. Time to get back to work after the holidays, to put a new plan in place, to right all of last year's wrongs. You get the point.

Here at PPA, we embrace January as our new beginning, too. Even though we are technically only half way through our fiscal and programmatic year, the PPA staff returns to the office energized and ready to go, bursting with new ideas and better ways of doing old things for our members. This year is no exception. There is a lot happening at PPA, and I want to cover some of the highlights for you in this column.

First and foremost, we offer our heartfelt congratulations to newly appointed **APA/APAPO President and CEO, Dr. Arthur Evans**. We are delighted to have one of our own now leading our national organization. We look forward to continuing, and building upon, our partnership. We know great things will follow under Dr. Evans's selfless leadership!

We are accepting applications for next year's **Emerging Leaders program**. Thanks to the skilled governance of our Emerging Leaders team, we are on our way to successfully graduating our inaugural class during this year's convention. This program is becoming a cornerstone of our leadership development pathway, and we are proud of the great work that has been accomplished so far.

PPA staff met recently with representatives from the National Association

of Social Workers Pennsylvania Chapter regarding future collaboration opportunities around the **Highmark/Change Healthcare** billing issue. Many social workers are receiving letters similar to those received by psychologists, and we know that working in unison further strengthens our voice on this important issue. Stay tuned for additional developments as they become available.

The work of our **Interpersonal Violence Committee** continues and will culminate once again this year during our press conference on Advocacy Day, which takes place Monday, May 8. All PPA members are invited to attend the press conference and Advocacy Day. More specific details will be forthcoming in the weeks leading up to this event.

In case you missed it, PPA offers courses for members regarding **Act 31 (Child Abuse Recognition & Reporting)** as well as **Act 74 (Suicide Prevention)** in home study and podcast format. Please visit the PPA store for more information or to purchase these products. Also, under our CE/Events tab on [papsy.org](https://papsy.org), you may access a FAQs document to help answer your questions regarding these mandatory continuing education requirements and other licensure renewal inquiries.

*Continued on page 4*

Pennsylvania Psychological Foundation  
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contribution  
today!*

## EXECUTIVE DIRECTOR'S REPORT

*Continued from page 3*

We are busy making plans for **PPA2017** at our new venue, the **Omni Bedford Springs Resort in Bedford Springs, Pennsylvania**. Registration will launch on April 1, 2017. We are excited to welcome **Barbara Amaya** as our keynote speaker for PPA2017. Barbara will share her very touching and personal story of her journey through the experience of sex trafficking.


### Upcoming Events

Please save the date for these upcoming and notable PPA events:

- **Webinar**—"Top Ten Tips for Starting a Private Practice," with Dr. Rosemarie Manfredi, March 3, 2017
- **PennPsyPAC Fundraising Event**—April 9, 2017, in Chadds Ford, PA
- **Spring Conference**—April 27 & 28, 2017, in Erie, PA
- **Leadership Academy**—May 7, 2017, in Harrisburg, PA
- **Advocacy Day**—May 8, 2017, in Harrisburg, PA
- **PPA2017—Striving to Overcome Interpersonal Violence**, June 14–17, 2017, at the Omni Bedford Springs Resort in Bedford, PA. **EXCITING, NEW VENUE!**

Details about the **Pennsylvania Psychological Political Action Committee (PennPsyPAC)** fundraising event at the **Brandywine River Museum of Art** in Chadds Ford, Pennsylvania, on Sunday, April 9, are available on the PPA Calendar of Events listing on our website. Special thanks to **Dr. Judy Blau**, former PPA president and current chair of the PennPsyPAC Board, for organizing this event.

The **Pennsylvania Psychological Foundation** is also busy on a number of fronts. Raffle sales are underway again this spring! Remember to buy your tickets for your chance to win a cruise, while financially supporting the Foundation at the same time! The **PPF Student Award** applications are due back to the office by March 15, 2017. Finally, the board will be considering applications for our **2017 Small Grant Program**, with the winner to be announced during PPA2017 in Bedford! Special thanks to Foundation Board members, **Drs. Williametta Bakasa and Audie Black**, for their exceptional work on this effort.

As you can see, there is a lot going on all across our organization. We are very appreciative of our very loyal and dedicated PPA members for all that you do for our organization! Keep looking up, and may the New Year's light shine goodness and hope upon you always! 

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## Review of Mandated Reporting Laws and Permitted Disclosures of Confidential Patient Information

*Samuel Knapp, EdD, ABPP; Director of Professional Affairs*

*Rachael L. Baturin, JD, MPH; Director of Legal & Regulatory Affairs*

*Allan M. Tepper, JD, PsyD; Legal Consultation Plan*



Dr. Allan M. Tepper



Dr. Samuel Knapp



Rachael L. Baturin

The general rule governing confidentiality is that psychologists may not release patient information unless the patient has given consent, there is an overriding court order, or the information qualifies for release under one of the required or permitted exceptions to confidentiality.

In certain situations, Pennsylvania law requires psychologists to report confidential patient or nonpatient information to outside third parties. These mandated reporting situations include suspected child abuse, particular instances of suspected elder abuse, potential harm to third parties, impaired drivers, impaired psychologists, unethical conduct by other psychologists, and medical errors.

In limited situations, psychologists have the discretion to disclose confidential information, such as certain forms of elder abuse. Pennsylvania law prohibits, however, the discretionary release of such confidential information as a patient's report of past criminal activity, a patient's history of criminal activity, or a patient's HIV status.

An overview of the disclosure situations that are governed by statute and case law are summarized in the following chart. It should be noted, however, that prior to disclosing confidential information to an outside third party, a more detailed analysis of the statute in question, coupled with the particular facts of the case, may be necessary to ensure that the information is being disclosed in a proper fashion.

### MANDATED DISCLOSURES

TYPE	SITUATIONS	OTHER COMMENTS
<b>Suspected Child Abuse</b>	<p>Statutory duty: 31 Pa. C. S. §6301 et seq.</p> <p>Child comes before you in your professional capacity or is served by your agency.</p> <p>"A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse."</p> <p>"An individual 14 years of age or older specifically states that the individual has committed child abuse."</p>	<p>Threshold for reporting is "reason to suspect."</p> <p>Nine situations including emotional, physical, sexual, and neglect.</p> <p>Child must be under 18.</p> <p>Perpetrators defined by state law.</p> <p>Penalties for failure to report; immunity for good faith reporting.</p> <p>Any sexual activity for a child 13 years or younger; sexual activity for children 14, and 15 if the partner is 4 or more years older. (See PPA's Act 31 CE home study.)</p>

Continued on page 6



**MANDATED DISCLOSURES**

TYPE	SITUATIONS	OTHER COMMENTS
<b>Duty to Protect by Warning</b>	Duty created by 720 A. 2d 1032 (PA 1998) ( <i>Emerich</i> decision).  Imminent danger of substantial physical harm to identifiable third party.	PA version of <i>Tarasoff</i> .  Does not apply to state licensed drug and alcohol facilities.
<b>Impaired Drivers</b>	Statutory duty, 75 Pa C. S. §1518; see also, 67 PA Code §83.1.  Professional relationship with patient who because of mental defect cannot drive safely.	Mandated to report to PA Dept. of Transportation.  Immunity for good faith reports.  Does not apply to state licensed drug and alcohol facilities.
<b>Elder Abuse</b>	Statutory duty 35 Pa. C. S. §10225 et seq.  Mandatory for employees of nursing, personal care, and domiciliary care homes; adult day care centers; home health care; and Dept. of Public Works-funded facilities such as community residential facilities, homes and family living homes for persons with mental retardation, intermediate care facilities, and state mental hospitals.  For other health-care providers, the reporting is discretionary.	Older adults are 60 or older.  Applies to neglect, sexual exploitation or harassment, physical abuse involving serious injury, financial exploitation, suspicious death, abandonment.  Penalties for failure to report; immunity for good faith reporting.
<b>Impaired Professionals</b>	Statutory duty: 63 P. S. §1218.  Awareness of impaired psychologist.  Does not apply to psychologists in treatment or known to be in treatment.	Professional unable to practice in a safe manner as a result of drug addiction or physical or mental illnesses.  Mandated to report; penalties for failure to report; immunity for reports.
<b>Unethical Behavior of Colleagues<sup>1</sup></b>	Based on APA Ethics Code (incorporated by reference into State Board of Psychology Ethics Code; 49 PA Code §41.61 (3) (e)).	Must report unethical behavior of colleague if (1) confidentiality rights are protected; (2) there is serious threat of harm to patient; and (3) informal efforts to resolve problem are not appropriate or effective.
<b>Serious Medical Errors</b>	Statutory duty: 40 Pa. C. S. A. Section 1303.101 et seq.  Applies to employees of hospitals.	Incidents (“could have injured patients” and serious events (“resulted in death or . . . unanticipated injury requiring additional health care services”) are defined in state law; report must be made to hospital and/or to Department of Health.  Protections under Whistleblower Act and from retaliation.

<sup>1</sup>The State Board of Psychology Ethics Code 7(i) conflicts with this portion of the APA Ethics Code. A nonbinding discussion by Board members suggests that despite this conflict, the Board would follow this portion of the APA Ethics Code. The Board is in process of revising their regulations, and thus it is hoped that this issue shall be clarified in the near future.



## DISCRETIONARY DISCLOSURES<sup>2</sup>


TYPE	SITUATIONS	OTHER COMMENTS
<b>Elder Abuse</b>	Statutory: 35 Pa. C. S. §10225 et seq.  Professional services delivered to an older adult outside facilities mentioned in mandated reporting section.	Same standards for elder abuse as under mandated reporting law.
<b>Danger of Serious Harm to Self</b>	State Board of Psychology Regulations; 49 PA Code §41.61 (b) (1).	Patient presents “clear and imminent danger to an individual or society . . .” <sup>3</sup>
<b>Child Abuse</b>	31 Pa. C. S. §6301.  Any person may report suspected child abuse, even if they are not required to do so.	Same standards for child abuse as under mandated reporting laws.  Case law provides immunity for discretionary reports for mandated reporters the same as for mandated reports.
<b>Vulnerable Adults</b>	Act 70 of 2010 permits reporting of crimes (sexual abuse, theft, assaults) against vulnerable persons.	Mandatory for a few professionals who work at residential facilities that care for vulnerable adults.

## MAY NOT DISCLOSE UNILATERALLY<sup>4</sup>

TYPE	SITUATIONS	OTHER COMMENTS
<b>Patient is HIV Positive</b>	Patient poses danger of infection to identifiable third party.	State law prohibits disclosure of HIV information without patient consent or a court order.  Physicians may, but are not required to, disclose HIV status to identifiable third party.  Anyone may petition a court to release this information.
<b>Patient Has Committed a Serious Crime in the Past</b>	Requires patient release or court order.	
<b>Patient Is Victim of Crime, Including Spouse Abuse (unless falls under vulnerable person statute)</b>	Requires patient release or a court order.	

<sup>2</sup>These discretionary disclosures must be read in light of the *Emerich* decision. It is possible, for example, that a “discretionary” report of elder abuse or child abuse may be mandated by the *Emerich* decision, although not by the statute or regulation in question.

<sup>3</sup>The regulations of the State Board of Psychology permit disclosures to “professional workers and public authorities.” In addition, a psychologist may take “reasonable measures to prevent harm” that “may include directly advising the potential victim of the threat or intent of the client” (49 Pa Code 41.61, Principle 5 (b) (1)). These very types of situations often require a more exact analysis of the facts of the case to determine whether and under what authority a disclosure of confidential information is mandated or allowed.

<sup>4</sup>These examples are situations where Pennsylvania psychologists often believe that they are mandated to disclose certain confidential information when, in fact, such disclosures are neither mandated nor allowed. 

# State Budget Threatens to Overshadow Legislative Action

*Justin Fleming, Director of Government Affairs*



Justin Fleming

We are now three months into the new legislative session, and Gov. Tom Wolf has delivered his third budget address. And while PPA continues to fight hard for our identified legislative priorities, including the provision of telepsychology services, mental health parity, a Department of Education study to start school later, and bills related to overcoming interpersonal violence, the budget battle remains the

proverbial “elephant in the room.”

Wolf and legislative leaders are working from a position of agreement as both parties have indicated that they are unwilling to consider broad-based tax increases to close a projected \$600 million budget hole unless absolutely necessary. The state is looking at expanding and taxing gaming, including online casinos and regulating daily fantasy sports to enhance commonwealth revenues. It is also being reported that Wolf may once again attempt to impose an extraction tax on Marcellus shale.

Currently, the House and Senate Appropriations Committees are holding hearings on Wolf’s \$32.3 billion proposed spending plan. Among the highlights of the proposal are a \$125 million increase in K-12 education and a \$75 million bump in early childhood education. Plans to offer early retirement to state workers and make rural communities pay a fee for state police coverage garnered a lot of attention.

However, Wolf’s plan to consolidate four state departments is receiving the most scrutiny, particularly among health-care professionals. The governor proposes merging the state Departments of Human Services, Health, Aging, and Drug & Alcohol Programs into one mega-agency. In conversations with fellow health-care lobbyists, we questioned how this would result in significant savings and efficiencies for the commonwealth.

The most recent election saw the House and Senate GOP increase their majorities in each respective chamber. If united, Senate Republicans, who hold 34 of 50 seats, can overturn any legislation Wolf vetoes, including a potential budget bill.

Among most legislative leaders in Harrisburg and statewide, the wounds from Wolf’s first record-breaking budget standoff are still fresh, and I am hearing that they have no intention of having a long budget delay. Some have even committed to having a budget on Wolf’s desk by the June 30 fiscal year-end.

While an uncertain budget may cast a pall over the first part of the new session, PPA will continue to advocate for laws and regulations that benefit psychologists, schools, hospitals, and the patients you serve.

It remains a great honor and privilege to serve the association and you as a member! If you have questions or concerns, feel free to contact me at 717-510-6349, [justin@papsy.org](mailto:justin@papsy.org), or on Twitter @PAPsychGA! 🐦

## PennPsyPAC Fundraising Event

Sunday, April 9, 12:30 p.m.

## Brandywine River Museum

Chadds Ford, PA



A lunch will be served from 12:30 p.m. to 1:30 p.m., followed by a tour of this exquisite museum.

The cost is \$65 per person, \$55 for museum members, and \$45 for graduate students. The price includes admission, docent fees, and lunch. Parking is available at no cost in a lot just outside the museum.

This is a unique and exciting way to support PennPsyPAC and to appreciate wonderful art in the process!

Questions can be directed to PennPsyPAC chair Judy Blau at [jblau59@gmail.com](mailto:jblau59@gmail.com). We hope to see you there.

You may pay by check (payable to PennPsyPAC) by mailing to:

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or

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# The Bill Box

**Selected Bills in the Pennsylvania  
General Assembly of Interest to  
Psychologists  
As of February 1, 2017**

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action	Governor's Action
SCO 64*	Provides for Assisted Outpatient Treatment programs in the Mental Health Procedures Act. – Sen. Stewart Greenleaf (R-Montgomery)	Against	N/A	N/A	N/A
SB 134	Provides for Commonwealth support for a Mental Health and Intellectual Disability Staff Member Loan Forgiveness Program and an Alcohol and Drug Addiction Counselor Loan Forgiveness Program. – Sen. Mario Scavello (R-Monroe)	For	In Education Committee	N/A	N/A
HCO 130**	Authorizes licensing boards to expunge disciplinary records for certain technical violations after 4 years. – Rep. Kate Harper (R-Montgomery)	For	N/A	N/A	N/A
HCO 511	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	N/A	N/A
HCO 601	Act providing for telepsychology and for insurance coverage. – Rep. Marguerite Quinn (R-Bucks)	For	N/A	N/A	N/A
HCO 788	Requires insurers to make their behavioral health benefit no more restrictive than their physical health benefit. – Rep. Thomas Murt (R-Montgomery)	For	N/A	N/A	N/A
HCO 810	Amends Public School Code, in preliminary provisions, providing for study of secondary school start times. – Rep. Tim Briggs (D-Montgomery)	For	N/A	N/A	N/A

Information on any bill can be obtained from [www.legis.state.pa.us/cfdocs/legis/home/session.cfm](http://www.legis.state.pa.us/cfdocs/legis/home/session.cfm)

\*SCO denotes Senate Cosponsor Memo

\*\*HCO denotes House Cosponsor Memo

Legislators who have ideas for bills before they are introduced circulate cosponsor memos. Each memo includes broad strokes about the contents of the bill and seeks to build support for the legislation.

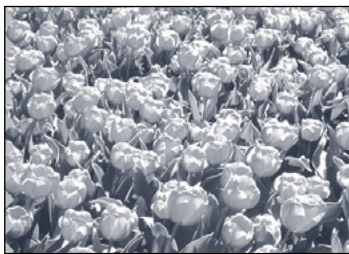
# Check Out PPA's Exciting Upcoming Events

PPA has some great events for our members on the horizon. Hopefully you can join us for one or more of these exciting CE programs!



## **Thursday, April 13, noon–1:00 p.m.: “Psychology and Advocacy Webinar”**

This webinar will cover the basics of how a bill becomes a law and identify the major policy makers in Harrisburg. We will also challenge you to become an advocate for the psychology profession.



## **Thursday, April 27–Friday, April 28: PPA Spring Continuing Education & Ethics Conference**

Join PPA for the 2017 Spring Continuing Education Conference at the beautiful Sheraton Erie Bayfront Hotel in Erie, PA. This is an invaluable opportunity to earn up to 14 hours of CE credit as we're nearing the licensure renewal cycle! Come network with colleagues and gain valuable CE credit in a pristine seaside locale.



## **Sunday, May 7: Leadership Academy**

This invitation-only event educates members about the Pennsylvania Psychological Association and offers great information about becoming a leader within PPA and the field of psychology. It will take place at the PPA office, 5925 Stevenson Avenue, Harrisburg, PA 17112. Want to make sure you get an invitation? Email Judy Smith ([judy@papsy.org](mailto:judy@papsy.org)) to let her know of your interest!



## **Monday, May 8: PPA Advocacy Day**

Come to Harrisburg, visit the Capitol Building, and help shape mental health policy! At PPA's Advocacy Day, you will receive 1.5 CE credits as we inform attendees about the legislative process and initiatives we are pursuing. This event, which provides you with an opportunity to meet with your local state representative or senator, can't be missed.



## **Wednesday, June 14–Saturday, June 17: PPA2017 Annual Convention**

Visit the gorgeous Omni Bedford Springs Resort for the PPA2017 Annual Convention, where we make it our goal to help you Live a Little and Learn a Lot! At this year's convention we will have many workshops and sessions promoting the theme of *Striving to Overcome Interpersonal Violence*. We hope you join us for PPA's biggest and brightest event!



**June 14–17, 2017**

Omni Bedford Springs Resort  
Bedford, PA



**Striving to Overcome  
Interpersonal Violence**

# WELCOME TO PPA2017

## Welcome to PPA2017!

Judy Smith, CMP-HC, Professional Development Specialist



### #PPA2017 Social Media Savvy

When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2017** to all of your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2017 convention.



Judy Smith, CMP-HC

We're not just celebrating another a year of the convention; we're also celebrating a new venue! The Omni Bedford Springs Resort will provide the perfect backdrop for PPA2017—where you can live a little and learn a lot!

We hope that you are enjoying this special issue of the *Pennsylvania Psychologist*, which is focused on Dr. David Rogers's theme of *Striving to Overcome Interpersonal Violence*. This comprehensive theme provides not only interesting articles but the basis for a stimulating and educational convention!

Over the next few pages, you'll see how we've been able to interlace this theme throughout the convention, including in the Keynote Address and Psychology in Pennsylvania Luncheon.

PPA2017 promises the same full content you have come to expect from PPA's annual conventions, with a new twist that incorporates the beauty and natural surroundings at the Omni Bedford Springs Resort.

Registration will open on Saturday, April 1, and will again be available online at [papsy.org](http://papsy.org). Please contact Erin at [erin@papsy.org](mailto:erin@papsy.org) or 717-232-3817 with any registration questions or to have a paper form faxed or mailed to you.

We hope you will join us June 14–17, 2017, for PPA2017 at the Omni Bedford Springs Resort in Bedford, Pennsylvania!

### Why Should You Attend PPA2017?

- Receive up to 31 hours of CE credit
- Access \$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 51 CE workshops (in addition to those for students and ECPs)
- Earn Act 48 credits

Up to  
31 CE Credit  
Hours

## Learn and Have Fun!

*Dea Silbertrust, JD, PhD, Program & Education Board Chair*



*Dr. Dea Silbertrust*

There are many changes for PPA2017. First and foremost is the setting. After a decade in Harrisburg, we will convene at the historic Omni Bedford Springs Resort. In this bucolic setting, just a few miles off the Pennsylvania Turnpike, there are hiking trails, a golf course, indoor and outdoor pools, tennis courts, a spa, a fire pit, several restaurants, and a Kids' Program. It is a great place for a getaway with family or friends.

It is also a great place to reconnect with colleagues and advance your professional education. In the resort's beautiful conference facilities, we will offer 4 days of high-quality workshops and other continuing education programs. This year's theme is *Striving to Overcome Interpersonal Violence*, with specific emphasis on domestic violence, bullying, community violence, human trafficking, and Title IX campus violence. There will be presentations on all of these topics but also a wide assortment of programs relating to assessment, treatment, teaching, and ethics.

There also will be a number of social events including the Exhibitor Wine & Cheese Reception, the annual Banquet & Awards Dinner, and several lunches with continuing education credits. Select those that meet your needs or get an All-Access Pass that includes all scheduled events.

Friday will continue our tradition of programming for students and early career psychologists with a Poster Session, Networking Reception, and Speed Mentoring.

There will be ample offerings to complete nearly all your continuing education requirements, including the new Act 74 mandate for 1 hour on suicide. But there will also be plenty of opportunity for catching up with friends, relaxing with family, or getting some alone time in nature. We hope all of you will mix learning and relaxation in whatever way suits you best. See you there!

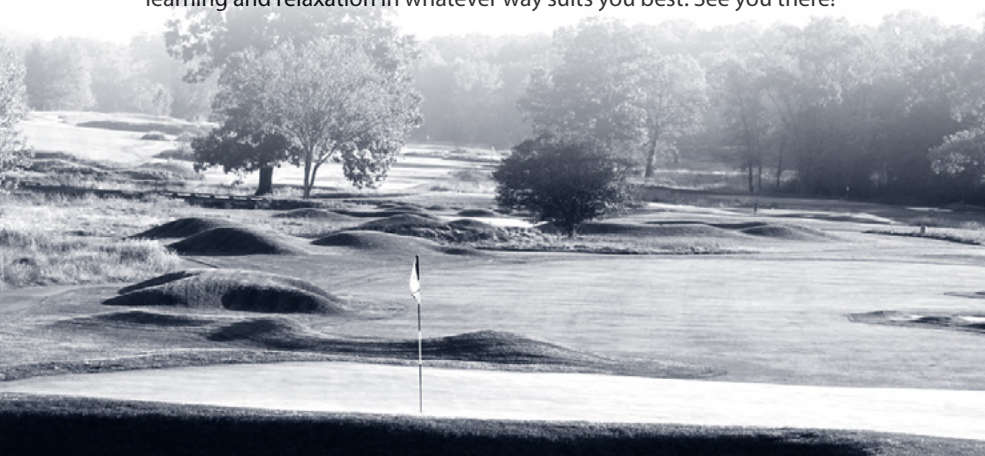


## Proposal Selection Committee

A special thank-you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2017!

Dea Silbertrust, PhD, JD  
*Chair, Program and Education Board*

Williametta S. Bakasa, PsyD  
Eileen Barron, PhD  
Jeffrey Bernstein, PhD  
Gail Cabral, PhD  
Allyson Galloway, PsyD  
Erin Johnson, PsyD  
Ann Litzelman, MA  
Lisa May, PhD  
David Rogers, PhD  
Bruce Zahn, EdD



# KEYNOTE SPEAKER

PPA is honored to welcome our PPA2017 Keynote Speaker

## Barbara Amaya



The events sex trafficking victims have experienced are so traumatic, so horrific, that many survivors never come back to the “real” world, even after escape, rescue, and attempted restoration. Instead, many lose their lives on the streets to drugs and violence. Some never leave the world of trafficking and seem to disappear.

**Barbara Amaya**, amazingly and incredibly, not only survived and healed but transformed her life. After experiencing a life-changing epiphany, Barbara now lives her life’s purpose. An award-winning author, volunteer, and human rights advocate and activist, Barbara lends her voice in multiple ways to the antitrafficking movement, as well as the areas of domestic violence, trauma recovery, addiction, and sexual abuse.

Honored with the James B. Hunter Human Rights and Advocacy Award, Barbara will share what we can do to combat human trafficking and other human rights atrocities. Her topic is The Cult of Human Trafficking: Childhood Sexual Abuse, DMST (Domestic Minor Sex Trafficking), and Domestic Violence. Please join us in welcoming Barbara Amaya to PPA2017 on **Wednesday, June 14, at 10:30 a.m.**

### About Our Keynote Workshop

Every day in the United States, young girls and boys between the ages of 12 and 14 are newly victimized by human traffickers who exploit adolescent vulnerability for profit and gain. These young victims are often preyed upon due to their youthful naiveté, longing to feel loved, and desire to belong. It is no accident that many children in our nation seek out these familial qualities that are lacking in their own homes. Increasingly, the family system in the United States is disintegrating and becoming plagued by childhood sexual abuse and domestic violence.

Human traffickers have long understood that the key to recruiting to their cult of lies and exploitation starts with targeting vulnerable children. Once children are manipulated under trafficker control, it is nearly impossible for them to receive proper help as they neither self-identify as victims nor seek to escape. To intervene in this insidious problem, it is necessary to understand the vulnerabilities that lead to trafficking victimization, the indicators of trafficking in local communities, and the methods that traffickers use to recruit and groom new victims.

The inclusion of domestic minor sex trafficking survivors as subject matter experts is critical to the success of

awareness and education campaigns that lead the fight in combatting modern-day slavery. In order to better prevent, identify, and respond to the cult of sex trafficking, it is imperative that individuals receive training from survivors to: understand the difference between childhood sexual abuse, domestic minor sex trafficking, and domestic violence; become aware of the lack of self-identification experienced by trafficking victims due to trauma bonding; acknowledge the trauma bond and its damaging effects; and learn ways to support the trafficking victims in addressing and breaking the trauma bond.

By receiving education on the similarities between domestic minor sex trafficking and cult recruitment, psychologists can adapt and utilize cult deprogramming therapeutic modalities to better serve trafficking victims impacted by the trauma bond. Before any restoration of victims can be successful, addressing a complete deprogramming of the trafficking victim must occur. To prevent, intervene in, and treat trafficked children is to mitigate violence across the life span for the most vulnerable among us.



## James Kimmel Jr., JD

Lecturer in Psychiatry  
Program for Recovery and Community Health  
Yale School of Medicine, Department of Psychiatry  
and Connecticut Mental Health Center



PPA invites all attendees to register for the Psychology in Pennsylvania Luncheon to be held on Friday, June 16, at 12:15 p.m. This special, ticketed luncheon features **James Kimmel Jr., JD**, as the invited speaker. Mr. Kimmel is a lawyer, novelist, academic researcher, and social theorist who focuses on the intersections of law, psychology, and spirituality. He is a lecturer in psychiatry at the Yale School of Medicine, where he researches violence prevention, motive control, justice addiction, peer support, and nonjustice studies. He is a leader in developing innovative methods of delivering behavioral health care, including recovery-based peer support and the new behavioral health franchise system, PeerCare LLC. He also maintains a private legal practice in health-care law at Buckley, Brion, McGuire & Morris LLP. Mr. Kimmel received his doctorate in jurisprudence from the University of Pennsylvania. He is the author of *The Trial of Fallen Angels*, a novel (Penguin Random House, 2012), published and translated across five continents,

and *Suing for Peace* (Hampton Roads, 2005). He is also the creator of [SavingCain.org](http://SavingCain.org), which has received national and international media attention as the first website aimed at saving lives by utilizing a suicide prevention approach to help potential murderers and mass shooters overcome the desire to kill.

Join us as Mr. Kimmel presents his talk: "Beyond Gun Control to Motive Control." Can psychologists do anything to prevent violence? Mr. Kimmel will be discussing the unprecedented opportunity facing mental health professionals and organizations to lead the way in meaningful violence prevention in Pennsylvania and across the nation by moving around the gun control deadlock toward an emerging public and behavioral health approach that focuses on "motive control."

*Don't forget to register for this special luncheon! This event is included in the price of the All-Access Pass.*

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As an APA-approved sponsor of continuing education, PPA is committed to the identification and resolution of potential conflicts of interest in the planning, promotion, delivery, and evaluation of continuing education. Consistent with concepts outlined in the APA Ethical Principles of Psychologists and Code of Conduct, potential conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectivity, competence, or effectiveness.

No conflicts of interest or commercial support have been identified for PPA2017.

## 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. In order to receive the credit(s), you must be present for the entire workshop, 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 [papsy.org](http://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](mailto: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 ([dos.state.pa.us/social](http://dos.state.pa.us/social)).



# SCHEDULE AT A GLANCE

<b>Wednesday</b> <b>JUNE 14</b>	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.	PPA2017: Welcome & Overview
	10:00 a.m.–10:30 a.m.	Break
	10:30 a.m.–noon	Keynote Address: The Cult of Human Trafficking
	noon–1:30 p.m.	Donor Recognition Lunch Reception (invitation only) ★
	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
	8:00 p.m.–9:00 p.m.	Evening by the Fire ★
<b>Thursday</b> <b>JUNE 15</b>	7:30 a.m.–5:15 p.m.	Registration
	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.	Lunch With the State Board of Psychology ★ \$
	1:00 p.m.–2:00 p.m.	Suicide Prevention Workshop (meets Act 74 requirement)
	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.–6:00 p.m.	Exhibitor Wine & Cheese Reception
<b>Friday</b> <b>JUNE 16</b>	6:15 p.m.–8:00 p.m.	PPA Annual Banquet & Awards Dinner (incl. Psychologically Healthy Workplace Awards) \$
	7:00 a.m.–5:15 p.m.	Registration
	7:30 a.m.–8:30 a.m.	Continental Breakfast in Exhibit Hall
	7:30 a.m.–8:15 a.m.	Leadership Breakfast (invitation only)
	8:30 a.m.–10:30 a.m.	Town Hall Plenary Session (including Student Awards)
	10:30 a.m.–11:00 a.m.	Break
	10:45 a.m.–12:15 p.m.	Theme Lecture—Situational Awareness: The Foundation of Personal Safety (non-CE)
	11:00 a.m.–2:00 p.m.	Research Poster Sessions
	11:00 a.m.–noon	Conversations With Poster Presenters
	noon–4:45 p.m.	Early Career Psychologist and Student 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.–7:00 p.m.	Early Career Psychologist and Student Networking Reception
<b>Saturday</b> <b>JUNE 17</b>	7:15 p.m.–8:45 p.m.	Movie and Q&A Session: <i>The Hunting Ground</i>
	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



New



Additional fee (included in All-Access Pass)

## HIGHLIGHTS

## WEDNESDAY, JUNE 14

9:00 a.m.–10:00 a.m.

**PPA2017: Welcome & Overview**

This 1 CE credit opening session is for all attendees and is the perfect way to start your convention attendance at this new venue! Get an overview of what to expect this year, as well as learn about some new continuing education initiatives developed by PPA's Professional Development Committee.

10:30 a.m.–noon

**Keynote Address**

PPA welcomes all attendees to this year's Keynote Address! Join keynote speaker Barbara Amaya as we delve into Dr. David Rogers's theme of *Striving to Overcome Interpersonal Violence*. Learn more about Ms. Amaya on page 14.

noon–1:30 p.m.

**Donor Recognition Lunch Reception**

This special reception is available for PPA members who donated to either the Pennsylvania Psychological Foundation (PPF) or the Pennsylvania Political Action Committee (PennPsyPAC) in 2016–2017. We want to take this opportunity to thank these members for their support of these important organizations!

8:00 p.m.–9:00 p.m.

**Evening by the Fire**

Bring your family and join your colleagues and friends around the fire pit at the Omni Bedford Springs Resort! This is the perfect opportunity to relax and unwind while enjoying s'mores and the beautiful surroundings.

## THURSDAY, JUNE 15

11:45 a.m.–12:45 p.m.

**Lunch With the State Board of Psychology**

This 1 CE workshop includes lunch and features Board members and professional staff as they present on a number of topics, including the role and mission of the Board and recent changes in the licensing law.

1:00 p.m.–2:00 p.m.

**Suicidal Patients: Assessment, Management, and Intervention—A Brief Course (Act 74)**

Act 74, signed in 2016, requires all psychologists to complete 1 CE credit on suicide prevention per biennium. This requirement will go into effect for the current biennium, meaning that psychologists must complete at least 1 hour of suicide prevention continuing education before November 30, 2017. This workshop meets the requirement for Act 74.

5:00 p.m.–6:00 p.m.

**Exhibitor Wine & Cheese Reception**

Join your peers and our exhibitors in the exhibit hall for this event on Thursday evening. No tickets are needed to sample food, wine, and other beverages served by our exhibitors at their booths. Afterward, stay for our next event.

6:15 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, the Public Service Award, and the Distinguished Service Award. Additional PPA Committee Awards, as well as the Psychologically Healthy Workplace Award, will also be presented this year. We will also use this opportunity to "pass the gavel" from PPA's outgoing president, Dr. David Rogers, to incoming president, Dr. David Zehrung.

*The All-Access Pass includes tickets for Lunch With the State Board of Psychology, the Psychology in Pennsylvania Luncheon, and the Annual Banquet & Awards Dinner.*





# HIGHLIGHTS

## FRIDAY, JUNE 16

### 8:30 a.m.–10:30 a.m. Town Hall Plenary Session

This year's Town Hall Plenary Session features student education awards and so much more! Get updates on PPA—where the organization is and the direction in which we will be moving. Interact with leadership and hear from incoming president, Dr. David Zehrung.

### 10:45 a.m.–12:15 p.m. Theme Lecture— Situational Awareness

Psychologists are also individuals with private lives. We shop, we visit friends, and we go about our daily routines like so many others. Because of the nature of our work, we might at times feel unsafe, not only in a professional setting but in our private life. This workshop will address a core component of personal safety called "situational awareness." (non-CE workshop)

### 12:15 p.m.–1:45 p.m. Psychology in PA Luncheon

This year's luncheon features James Kimmel Jr., JD, a lawyer and lecturer in psychiatry at Yale School of Medicine. Mr. Kimmel will discuss "Beyond Gun Control to Motive Control."

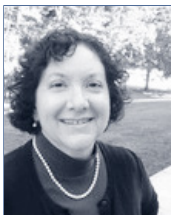
### 7:30 p.m.–9:00 p.m. Movie and Q&A Session

Join us for a viewing party of *The Hunting Ground*, a documentary film about the incidence of sexual assault on college campuses in the United States. The film, which features last year's keynote speaker, Diane Rosenfeld, JD, LL.M., will be followed by a half-hour discussion, giving you the opportunity to earn 1.5 CE credits. Popcorn and soda will also be provided!

## PPF STUDENT AWARDS Make a donation today!

When a contribution is made to the Pennsylvania Psychological Foundation's (PPF) Student Education Awards fund, 100% of the donation is passed directly to deserving students of psychology who are carefully selected by the PPF Awards Committee. Award recipients have been most grateful for these donations and these awards have helped students to complete the final phases of their doctoral training. Many have gone on to successful careers in clinical practice or teaching.

Each award is \$2,000. It would be wonderful to have awards sponsored in full. However, any donation amount is greatly appreciated and will be aggregated with other donations to create a full award.

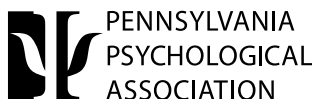


"As a recipient of a PPF Student Education Award in 2003, I was able to purchase enough copies of a personality measure to successfully complete and defend my dissertation, as well as to graduate in 2004. As a current faculty member at Messiah College, I bring students to present their research posters at the PPA annual convention each June. Thus, PPF's generosity in 2003 provided an opportunity for me to not only support my own research but also set me on a path to support current and future student research."

— Valerie Lemmon, PhD

In 2016, PPF granted six student awards, totaling \$12,000. PPF would love to help even more students this year! Can we count on your support? Your donation will make a big difference in the life of a struggling student.

To donate, visit the Foundation page on PPA's website at [papsy.org](http://papsy.org).  
Make sure to select PPF Education Award Fund in the Donation Option drop-down menu.



## WORKSHOPS

## Wednesday, June 14

Complete workshop descriptions will be available by April 1 at [papsy.org](http://papsy.org)

## 9:00 a.m.–10:00 a.m.

1 CE Credit, Introductory

**W01 PPA2017: Welcome & Overview**

David Rogers, PhD; Krista Paternostro Bower, MPA, CAE

## 10:30 a.m.–noon

1.5 CE Credits, Introductory

**W02 Keynote Address**

**The Cult of Human Trafficking: Childhood Sexual Abuse, DMST (Domestic Minor Sex Trafficking), and Domestic Violence**

Barbara Amaya

## 1:30 p.m.–4:30 p.m.

3 CE Credits, Intermediate

**W03 Relational-Cultural Therapy—“Reclaiming My True and Best Self”**

Cheryll Rothery, PsyD

3 CE Credits, Advanced

**W04 Advanced Risk Management: An Ethically Informed Approach**

Samuel J. Knapp, EdD, ABPP

3 CE Credits, Introductory

**W05 Ties That Bind: Breaking Cycles of Civilian & Veteran Domestic Violence**

Wayne Roffer, PsyD; Rachel Gerofsky, MS; Collin Mullins, MA

3 CE Credits, Intermediate

**W06 Exploring Blind Spots in Doctor-Patient Relationships: Balint Group Process**

Jeffrey L. Sternlieb, PhD

3 CE Credits, Intermediate

**W07 Double-Jeopardy: Overcoming Self-Harm in Eating Disorders & Addictions**

Karyn L. Scher, PhD

## 5:00 p.m.–6:00 p.m.

1 CE Credit, Introductory

**W08 Creatively Structuring Your Semiretirement**

Catherine S. Spayd, PhD

## 5:00 p.m.–8:00 p.m.

3 CE Credits, Introductory

**W09 Practical and Evidence-Based Short-Term Treatment in Integrative Settings**

Sean Healey, PsyD; Kyle Holsinger, PsyD; Julie Radico, PsyD; Keri Smotrich, MS

3 CE Credits, Advanced

**W10 Capacity Evaluation of Older Adults With a Special Focus on Driving**

Lisa May, PhD; Don McAleer, PsyD

3 CE Credits, Intermediate

**W11 Understanding the Effects of Culture on Attachment Styles and Domestic Violence in Diverse Populations**

Francien Chenoweth Dorlaie, PsyD; Sarah Strazzullo, MA; Amanda Anderson, MA; Kianna Fiscus, BA; Melanie Newman, BA; Bao Hanh Tran, MA; Gail Martin, EdS

3 CE Credits, Introductory

**W12 Finding Kind: A Documentary and Discussion About Girl-on-Girl Bullying**

Audrey Ervin, PhD

## 6:15 p.m.–8:15 p.m.

2 CE Credits, Introductory

**W13 Keep Your Love On: A Practical Psychoeducational & Skills Approach for Families**

Margaret Nagib, PsyD

## 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.

# WORKSHOPS

## Thursday, June 15

Complete workshop descriptions will be available by April 1 at [papsy.org](http://papsy.org)

THURSDAY, JUNE 15

### 8:30 a.m.–9:30 a.m.

1 CE Credit, Introductory

#### **W14 Clinical Assessment and Diagnosis of Mild Cognitive Impairment**

Christopher Catalfamo, MA

### 8:30 a.m.–11:30 a.m.

3 CE Credits, Intermediate

#### **W15 Secondary Trauma: Portraits of Professional CAREgivers**

Tim Barksdale, PsyD; Kee (Duangporn) S. O'Toole, MS; Jeffrey L. Sternlieb, PhD

3 CE Credits, Intermediate

#### **W16 School Violence: Assessment and Management in an MTSS Framework**

Mark R. McGowan, PhD

3 CE Credits, Introductory

#### **W17 Multidisciplinary Approaches to the Treatment of Selective Mutism**

Rosemarie Manfredi, PsyD; Sharon Lee Armstrong, PhD; Elisa Shipon-Blum, DO; Katherine Dahlsgaard, PhD; Evelyn Klein PhD, CCC-SLP

3 CE Credits, Intermediate

#### **W18 What's New in the Last 10 Years?: Update for Experienced Psychotherapists or Counselors**

Samuel J. Knapp, EdD, ABPP

### 9:45 a.m.–11:45 a.m.

2 CE Credits, Intermediate

#### **W19 Resilience After Trauma: The Roles of Meaning and Spirituality**

Jeanne M. Slattery, PhD

### 11:45 a.m.–12:45 p.m.

1 CE Credit, Introductory

#### **W20 Lunch With the State Board of Psychology**

Members of the State Board of Psychology

### 1:00 p.m.–2:00 p.m.

1 CE Credit, Introductory

#### **W21 Suicidal Patients: Assessment, Management, and Intervention—A Brief Course (Act 74)**

Samuel J. Knapp, EdD, ABPP

### 2:00 p.m.–3:00 p.m.

1 CE Credit, Introductory

#### **W22 Yale Research: Beyond Gun Control to Motive Control**

James Kimmel Jr., JD

1 CE Credit, Introductory

#### **W23 Utilization of a Town Hall to Facilitate Multicultural Dialogue**

Kameelah Mu'Min, MS, MRP, MEd; Holly Danial, MS

### 2:00 p.m.–5:00 p.m.

3 CE Credits, Introductory

#### **W24 The U.S. Health-Care System: What's Next for Psychologists?**

Vince Bellwoar, PhD; Dan Warner, PhD

3 CE Credits, Intermediate

#### **W25 LGBTQ Affirmative Therapy for Children, Adolescents, and Adults**

Julie Cunningham, PhD; Laura Campbell, PhD; Jessica R. Sevecke, PhD

3 CE Credits, Intermediate

#### **W26 A Discussion of Ethical Vignettes of Difficult Topics: Interpersonal Violence**

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

### 3:15 p.m.–5:15 p.m.

2 CE Credits, Introductory

#### **W27 Harm and Healing in Systems: Addressing Institutional Betrayal**

Carly P. Smith, PhD

2 CE Credits, Introductory

#### **W28 Current Emergency Responses to Domestic Violence: What Clinicians Need to Know**

Christina Blackburn, MS; Sara Greenfield, BA

## WORKSHOPS

## Friday, June 16

Complete workshop descriptions will be available by April 1 at [papsy.org](http://papsy.org)

**8:30 a.m.–10:30 a.m.**

2 CE Credits, Introductory

**W29 Town Hall Plenary Session (including Student Awards)**

PPA Leadership and Staff

**10:45 a.m.–12:15 p.m.**

No CE Credits

**W30 Theme Lecture**

**Situational Awareness: The Foundation of Personal Safety**  
Don McAleer, PsyD

**11:00 a.m.–noon**

1 CE Credit, Introductory

**W31 Conversations With Poster Presenters****12:15 p.m. – 1:45 p.m.**

1 CE Credit, Introductory

**W32 Psychology in PA Luncheon: Beyond Gun Control to Motive Control**

James Kimmel Jr., JD

**2:00 p.m.–5:00 p.m.**

3 CE Credits, Introductory

**W33 Retirement: So What Happens Next?**

Richard F. Small, PhD; William A. Morgan, BS;  
John Monteleone, BS

3 CE Credits, Intermediate

**W34 Supervision From a Multicultural Perspective**

Francien Chenoweth Dorlaie, PsyD; Amanda Cyr, MA

3 CE Credits, Intermediate

**W35 Psychologist Prescribing Rights—The Latest on Legislation and Training**

John Gavazzi, PsyD; Tracy E. Ransom, PsyD

3 CE Credits, Intermediate

**W36 Implementing Our Ethical Ideals Through Sufficient Humility**

Samuel J. Knapp, EdD, ABPP; Jeffrey L. Sternlieb, PhD

3 CE Credits, Introductory

**W37 The Impact of Psychological Trauma on Physical Health: A Multidisciplinary Approach**

Anna Zacharcenko, PsyD; Charmaine Chan, DO

3 CE Credits, Introductory

**W38 Online Harassment and Revenge Pornography: Helping Victims Cope**

Marie C. McGrath, PhD; Nicole Sepulveres, MA

**7:30 p.m.–9:00 p.m.**

1.5 CE Credits, Introductory

**W39 Movie and Q&A Session: *The Hunting Ground*****1:00 p.m.–3:00 p.m.****Self-Care While Networking: Using Your Resources**

Meghan Prato, PsyD, and Michelle Wonders, PsyD

**3:00 p.m.–3:15 p.m.****Break****3:15 p.m.–4:15 p.m.****Getting Into Private Practice: Practical & Ethical Considerations**

Pauline Wallin, PhD

**4:15 p.m.–5:15 p.m.****Preparing for the EPPP and PPLE**

Molly Haas Cowan, PsyD

**Student/ECP Sessions****noon–1:00 p.m.**

Guided Tour of Exhibit Hall



# WORKSHOPS

## Saturday, June 17

Complete workshop descriptions will be available by April 1 at [papsy.org](http://papsy.org)

SATURDAY, JUNE 17

### 9:00 a.m.–11:00 a.m.

2 CE Credits, Introductory

#### **W40 Sexual Assault in College Settings: Clinical Implications**

Bridgette Clarke, MA; Jessica Reinhard, MA; Emily McGaughey, MA; Hillary Hayen, MA

2 CE Credits, Intermediate

#### **W41 Guiding Effective Apologies: When “Honey, I’m Sorry” Is Not Enough**

Edward Zuckerman, PhD; Irvin P. R. Guyett, PhD

### 9:00 a.m.–noon

3 CE Credits, Introductory

#### **W42 Understanding the Psychology of Sexual Offending: Pathology and Treatment**

Janet Etzi, PsyD; Jonathan Harold, MS; Gail Martin, EdS;

3 CE Credits, Intermediate

#### **W43 Suicide Prevention Training**

Daniel Schwarz, PhD; Anna Trout, MSW, CPRP, Montgomery County Suicide Prevention Task Force

3 CE Credits, Introductory

#### **W44 Preventing Interpersonal Violence by Building Proud Brains**

Ronald S. Kaiser, PhD; Caryn Seebach, PsyD

### 11:15 a.m.–12:15 p.m.

1 CE Credit, Introductory

#### **W45 Interactive Exercise: Assessing At-Risk Students Following School Crisis**

Dana Elmquist, MEd; Matthew Frank, MEd; Mackenzie Crawford, MEd; Courtney L. McLaughlin, PhD

### 1:30 p.m.–3:30 p.m.

2 CE Credits, Introductory

#### **W46 Ethics and Applications of Recent Human Trafficking and Abuse Laws**

Sarah Lada, PsyD

2 CE Credits, Introductory

#### **W47 Bullying at School: Best Practices for Prevention and Intervention**

Marie C. McGrath, PhD; Kelsey Jackson, MA

### 1:30 p.m.–4:30 p.m.

3 CE Credits, Intermediate

#### **W48 Psychopharmacology in the 21st Century: What ALL Practicing Psychologists Need to Know**

Anne R. Farrar-Anton, PhD, MSCP; Virginia Waters, PhD, MSCP

3 CE Credits, Advanced

#### **W49 MMPI-2 Master Class**

Robert M. Gordon, PhD, ABPP

3 CE Credits, Introductory

#### **W450 Recovery-Oriented Cognitive Therapy (CT-R) for Schizophrenia: Overview and Introduction**

Aaron Brinen, PsyD

### 3:45 p.m.–4:45 p.m.

1 CE Credit, Introductory

#### **W51 Social Media Use Among Adolescents: Implications for the Mental Health Profession**

Dana Elmquist, MEd; Courtney L. McLaughlin, PhD

### 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.

### Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact PPA before June 1, 2017.

# REGISTRATION RATES

## Registration Rates

Member Category	By May 9		After May 9	
	Full	Daily	Full	Daily
PPA Member	\$400.00	\$170.00	\$450.00	\$200.00
Nonmember	\$610.00	\$285.00	\$685.00	\$335.00
Affiliate Member	\$250.00	\$110.00	\$300.00	\$125.00
First-Year Postdoctorate Member	\$150.00	\$50.00	\$200.00	\$75.00
Full-Time Student Member	\$150.00	\$50.00	\$200.00	\$75.00
Full-Time Student Nonmember	\$200.00	\$100.00	\$250.00	\$115.00
Retired Member	\$250.00	\$110.00	\$300.00	\$125.00
Guests and Spouses	\$150.00	\$50.00	\$200.00	\$65.00
All-Access Pass (Members Only)	\$515.00	N/A	\$535.00	N/A

Registration fees cover attendance at most activities. See page 17 for exceptions. The All-Access Pass is all inclusive, with the exception of the invitation-only events.

**PPA Member**—To qualify for the member rate, PPA membership dues must be current for the 2016–2017 association year. New members may qualify for the PPA member rate 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, director of administration, at 717-232-3817 or [iva@papsy.org](mailto: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 All-Access Pass?

Previously called the "VIP Registration Rate," this year's All-Access Pass at the convention *is perfect for convention attendees who are interested in attending not just the educational sessions but the social and meal 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 (see below) at a special *discounted* rate! This year's pass includes a special opportunity to network with our Keynote Speaker, Barbara Amaya.

The All-Access Pass includes:

- PPA2017 registration—all four days of the convention
- All ticketed events, including:
  - Book-signing event with our keynote speaker, Barbara Amaya
  - Lunch With the State Board of Psychology (includes 1 CE credit and meal!)
  - Exhibitor Wine & Cheese Reception
  - PPA Annual Banquet & Awards Dinner
  - Psychology in Pennsylvania Luncheon
  - Student/ECP Reception

All this at a discounted rate over what you would pay for these options individually! Select "AAP" during the registration process to take advantage of this great deal!

# REGISTRATION INFORMATION

## Preregistration

So that we may properly plan for the convention, please select which workshops you will be attending. Every effort will be made to register you in the workshops of your choice; however, due to space limitations or presenters' requests to limit the number of participants, this may not be possible. Workshops are listed on the registration form by date, time, workshop number, and abbreviated title.

**If you decide to change workshop selections at the convention, space availability cannot be guaranteed. Workshop preregistration is first come, first served. If you choose to register on-site for convention workshops, please be aware that many of the workshops may already be closed.**

## Registration

On-site registrations will be accepted at the regular convention rate and as seating is available. Workshops with insufficient registration as of June 1, 2017, may be cancelled. Convention registration fees cover attendance at all activities except those listed as meals or special events with prices. **Meal and event tickets are not refundable.**

## Cancellation Policy

All workshop registration cancellation requests must be made in writing to Iva Brimmer, director of administration ([iva@papsy.org](mailto:iva@papsy.org)). No phone cancellations will be accepted. Cancellation requests made more than 72 hours before the workshop will result in a 50% refund of the registration fee. PPA cannot postpone registrations and/or transfer fees to future events. **Meal and event tickets are not refundable.**

Cancellations made less than 72 hours before the workshop and no-shows will result in forfeiture of the entire registration fee.

PPA recognizes that serious issues, out of an attendee's control, may arise that could prevent an attendee from cancelling registration by the cancellation deadline. Please contact PPA within one week of the final date of the conference if you have any questions about your cancellation.

## Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact PPA before June 1, 2017.

**CONVENTION  
QUESTIONS?  
Please call  
717-232-3817**

**Registration begins April 1 at**

**[papsy.org](http://papsy.org)**

**No registrations can be processed without payment.  
Discounted registration deadline: May 9, 2017.**



# ACCOMMODATIONS



## Omni Bedford Springs Resort

2138 Business 220 • Bedford, PA

1-800-THE-OMNI

The **Omni Bedford Springs Resort**, 2138 Business 220, Bedford, PA 15522, will be the host hotel for PPA2017. Please make your reservations directly with the hotel.

You may call 1-800-THE-OMNI and refer to the Pennsylvania Psychological Association and PPA2017 **to obtain the discounted convention group rate.**

**To make your reservation online with the convention dates and group rate code pre-entered, visit <https://www.omnihotels.com/hotels/bedford-springs/meetings/pennsylvania-psychological-assn-annual-meeting>. This link is also available online at [papsy.org/convention](http://papsy.org/convention).**

GROUP ROOM RATES: \$189 single/double, plus tax. This rate includes valet parking. The group rate is protected until May 9. If the room block is sold out before May 9, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Make your reservation early!** We expect the room block to sell out before May 9.

To confirm your room assignment, the Omni Bedford Springs Resort will require a first night's *nonrefundable* deposit. Checks and major credit cards are accepted. Any guaranteed reservation not cancelled seven days prior to arrival will be subject to a one-night room and tax cancellation fee.

Convenient valet parking is available *at no additional fee* at the main entrance to the resort. **Check-in time begins at 4:00 p.m. Check-out time is 11:00 a.m. If you require a late check-out, please check with staff at the resort's front desk to see if your request can be honored.**

**PPA is not responsible for late check-out fees.**

The legend began more than 200 years ago at Bedford Springs, where eight mineral springs gained fame as a mecca of rejuvenation. The legacy continues at the world-class Springs Eternal Spa, which uses mineral water in all its treatments, and a magnificently restored golf course. From the luxurious guest room accommodations and delectable dining venues, to cutting-edge conference rooms, the resort has preserved all of its original historic charm with the addition of modern creature comforts.

Located in Southern Pennsylvania's scenic Cumberland Valley just 90 minutes from Pittsburgh and three hours from Philadelphia, Omni Bedford Springs Resort is 3 miles off the Pennsylvania Turnpike at Exit 146. Experience the unrivaled luxury and service of the AAA Four Diamond Omni Bedford Springs Resort, a National Historic Landmark.

### Omni Select Guest Program

You'll have the option to join the Select Guest program when registering online. This rewards program will give you free Wi-Fi in your hotel room during your stay at the resort. Signing up is free and comes with other amenities. To learn more, visit [omnihotels.com/loyalty](http://omnihotels.com/loyalty).



# ACCOMMODATIONS

ACCOMMODATIONS



**LIVE A LITTLE  
LEARN A LOT  
AT PPA2017!**

**June 14–17, 2017**  
Omni Bedford Springs Resort  
Bedford, PA



# Act 105: Protecting Victims of Human Trafficking

Shari Kim, PhD, [skim@svcmhs.org](mailto:skim@svcmhs.org)



Dr. Shari Kim

Human trafficking is a \$150 billion worldwide industry. Thanks to that industry, there are more slaves today worldwide than at any time in history; it is estimated that 3 of

every 1,000 people worldwide are victims of human trafficking (ILO, n.d.). In 2015, the National Human Trafficking Resource Center (2016) identified 5,544 cases of human trafficking in the United States.

Pennsylvania is active in all parts of human trafficking: It is a source (location for finding victims), a destination (location for putting victims to work), and a pass-through (means for transporting victims and revenue) (General Assembly, 2012). Route 30 and the Pennsylvania Turnpike are major trafficking corridors, and we find hotbeds of trafficking in towns across that corridor. Luckily, our legislature passed Act 105 in 2014.

Act 105 was passed in an effort to create legislation specific to human trafficking and to meet the needs of victims of trafficking. Because many victims fear going to the authorities (some may fear being prosecuted themselves, others may fear deportation, and so forth), this legislation created specific guidelines to address the varying aspects of trafficking that create barriers to prosecution. The legislation is unique in three main ways: (1) It provides a legal definition of trafficking; (2) it protects victims and allows them means to prosecute their traffickers; and (3) it provides specific targeted legislation to prosecute traffickers and those who patronize trafficking rings.

## Act 105 Defines Human Trafficking

Act 105 defines human trafficking as forcing another person into

*Human trafficking is a \$150 billion worldwide industry. . . . Act 105 was passed in an effort to create legislation specific to human trafficking and to meet the needs of victims of trafficking.*

involuntary servitude through fraud, threats, or coercion (although, coercion is implied if the victim is a minor). Those threats and coercive acts include cases in which a person “destroys, conceals, removes or confiscates any actual or purported passport or other immigration document of another person, or any other actual or purported government identification document of another person” (§3001, Act 105, 2014). A victim’s consenting to participate in the sex trade is not a defense against the coercion portion of the statute (Act 105, 2014; Villanova, 2015).

## Act 105 Protects Victims and Allows Legal Recourse

Those who committed certain crimes as a result of being a trafficking victim may receive special consideration for diversionary programs and may have sentences vacated. The law also states that names of trafficking victims must remain confidential. Victims may also file suit against their traffickers, and traffickers may be charged with additional crimes and required to pay restitution (Act 105, 2014; Villanova, 2015).

## Act 105 Targets Traffickers

Under this legislation, trafficking is defined specifically as a first-degree felony. Patronizing a trafficking ring is a second-degree felony. It also states that victims must be paid restitution by their traffickers. Those allowing trafficking to operate within their walls may also be prosecuted under Act 105 (Act 105, 2014; Villanova, 2015).

While Act 105 cannot stop trafficking in our state, it has opened doors to improve how we address this scourge on our state. It is important that we spread the word about Act 105 so victims know they are protected. Post information in your offices, waiting rooms, and schools! To report suspected trafficking in your area, call the National Human Trafficking Hotline at 888-373-7888. For more information on trafficking in your area, look to your local Human Trafficking Task Force or visit one of the following websites:

- [polarisproject.org](http://polarisproject.org)
- [cseinstitute.org](http://cseinstitute.org)

## References

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# Police Brutality, Privilege, Betrayal Trauma, and Justice for Healing

Eleonora Bartoli, PhD, and Sneha A. McClincey, PsyD

Public incidents of police brutality toward African Americans continue to shock the United States. The media and justice system have portrayed most of these murders as isolated occurrences, regrettable consequences of police personnel having to make split-second decisions about who poses a threat. This narrative has perpetuated a denial of the targeted nature of police brutality, which is apparent when these events are examined in light of the history of oppression faced by individuals of African descent in the United States. Moreover, the consistent lack of indictment of the officers perpetrating the abuse speaks to the societal support of the institutional structures that have enabled these long-standing injustices to continue and have far-reaching effects on the physical and mental health of our fellow citizens. One explanation of the excess use of police force toward African Americans has been implicit bias, or a mental attitude toward a person or group held at an unconscious level (Dovidio, Gaertner, Kawakami, & Hodson, 2002). In this case, the implicit bias is that African American men and youths are dangerous. In the United States, this idea dates back to slavery and has been reinforced by public discourse and the justice system over the centuries.<sup>1</sup> Despite the overwhelming available data about implicit bias and pervasive discrimination toward African Americans, much is left to be done to safeguard the lives of African American men and youths.

As mental health professionals, we are often taught to shy away from the political and consider such matters to be outside of our purview, yet issues of power and privilege are deeply relevant to our clinical work. Ignoring political forces in our work with clients only makes sense from the vantage point of privilege. In the absence of privilege, the



Dr. Eleonora Bartoli



Dr. Sneha A. McClincey

“personal” is very much “political”;<sup>2</sup> in fact, mental distress and trauma are two documented potential outcomes of marginalization (Carter, 2007; Brown, 2009; Kubiak, 2005; Root, 1992). Therefore, anyone interested in mental health cannot but enter sociopolitical conversations.

Developments in our psychological understanding of trauma have been useful in expanding the clinical conversation from an intrapsychic to a sociopolitical one. Traditionally, the hallmark of traumatic reactions has been considered *fear*—a core feature of PTSD (DePrince & Freyd, 2002). More recently, betrayal has been recognized as another core feature of trauma (originally theorized in the context of childhood abuse; Freyd, 1997). Freyd (1997) developed the concept of *betrayal trauma* (and later institutional [Smith & Freyd, 2014] and judicial betrayal [Smith, Gómez, & Freyd, 2014]) to highlight the imbalance of power implicated in traumatic interactions with individuals (e.g., caregivers) or institutions (e.g., the justice system) that are meant to have a protective function but end up perpetrating abuse or injustices instead. As Smith, Gómez, and Freyd (2014) argue, we have evolved to be dependent not just on other human beings but on social contracts (p. 454). With dependency comes vulnerability. Institutional or judicial betrayals are similar to interpersonal betrayals, especially for groups who may already be disenfranchised and have less power (i.e., marginalized groups; Smith & Freyd, 2014). This framework effectively

broadens the conversation from focusing on individual characteristics to a traumatizing environment; while “fear” places the pathology within the individual, “betrayal” places the pathology in the sociopolitical factors that allow for the abuse of power to exist and persist.

The concept of betrayal trauma illuminates how police brutality impacts not only the families and communities directly affected by those actions but more widely those who identify with the victims (e.g., Galovski et al., 2016). Institutional and/or judicial betrayals can elicit traumatic reactions in anyone who is reminded of his or her unprotected

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*As mental health professionals, we are often taught to shy away from the political and consider such matters to be outside of our purview, yet issues of power and privilege are deeply relevant to our clinical work.*

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status by implication. Thus, an entire segment of our population not only lives with a higher risk for experiencing societally sanctioned violence but also decreased protection from the very institutions designed to maintain their safety. It is at this very juncture that we as clinicians can make a difference.

## Justice for Healing

Psychologists can have a profoundly positive impact on individuals and communities impacted by institutional betrayal (such as police brutality). First, trauma thrives in silence and is intensified by social isolation and ostracism. Second, acts of omission add insult to injury, while public recognition of wrongdoing and apologies by relevant parties are healing

<sup>1</sup>For example, John Dilulio and James Fox promoted the concept of “superpredators” to describe African American children (Stevenson, 2014).

<sup>2</sup>Carol Hanisch coined the phrase “The personal is political” in 1969 to denote that what might appear as individual personal problems are in fact artifacts of political injustices.

Continued on page 30

## POLICE BRUTALITY

*Continued from page 29*

(Smith, Gómez, & Freyd, 2014). Finally, two key factors compound the negative impact of institutional betrayal (Smith & Freyd, 2014): seeing each event out of context (i.e., as an isolated incident) and maintaining a lack of awareness about the potential for injustice embedded in a given context (e.g., the idea that racism doesn't exist).

Psychologists can address these challenges by aligning their response with the three stages of trauma treatment (Herman, 1992): safety/trust building, remembrance and mourning, and reconnection. Safety can be promoted through transparency (Smith & Freyd, 2014) requiring an ongoing investigation of how we (as individuals or organizations) enact biases in our behavior and/or policies. Once such biases are identified and spoken, we can develop relationships and systems that are safer (rather than further traumatizing) for our colleagues and clients. Safety can also be demonstrated through public statements informed by research and knowledge about implicit bias, multicultural principles, and trauma. All of these interventions are powerful markers of solidarity and alliance building.

Remembrance and mourning is promoted by welcoming and fostering conversations that validate individuals and groups negatively impacted by institutional betrayal. Individuals who belong to groups who have suffered a history of oppression may further experience "betrayal . . . in the form of disbelief, minimizing, or otherwise devaluing the individual experience" (DePrince & Freyd, 2002, p. 77; Root, 1992). For those of us whose identities lie in mainstream groups, we have an especially powerful opportunity to recognize our role in contributing to, condoning, or perpetrating abuse, thus further validating the experience of our colleagues and clients. Finally, reconnection (vs. isolation) is enabled by experiencing solidarity; healing requires an openly antiracist stance that is *explicitly* and *outspokenly* promoted both within professional organizations and in our work with clients (Bryant-Davis, 2007).

The theory behind institutional betrayal (and betrayal trauma in general) is also helpful in understanding why it

*Speaking up requires an immense amount of courage and integrity to acknowledge the potential for threat and abuse in our institutional structures.*

is so difficult to speak up against police abuse. Speaking up implies "calling out" the very institutions from which we seek protection. Validating the experience of our clients implies a willingness to question the assumed "goodness" of an institution, whether it is the police force, the justice system, or our very own psychological theories/organizations/ interventions. Denial that institutions on which we depend have flaws tends to drive the conclusion made by public discourse (e.g., the officers were doing their job, the victim must have deserved it), and precludes the assessment of alternative hypotheses (e.g., implicit bias leads to incompetent actions; the established policies and procedures are inadequate or misguided; first responders themselves may suffer and act on the basis of their own traumas). Speaking up requires an immense amount of courage and integrity to acknowledge the potential for threat and abuse in our institutional structures.

Another fundamental step in being able to validate those who have experienced institutional betrayal is the understanding that individuals from marginalized and mainstream groups live in *different* worlds, with often *radically* different experiences of reality. Individuals from mainstream groups must open their hearts and minds to the experience of people in marginalized groups realizing they themselves often do not experience these directly. In the very history of our profession, the validity of traumatic experiences has been vehemently denied for decades and victims silenced by incredulity, whether they were male war veterans, female survivors of intimate partner violence, or children being subject to sexual abuse (Herman, 1992). It is imperative then that we acknowledge the cruelty and respond in a manner that is therapeutic.

As psychologists, our potential for reparation by speaking up,

acknowledging, naming, and validating, is profound. We can become the community that offers safety, opportunity for remembrance, and a space to experience reconnection. May we stand firmly in solidarity with each other realizing that "as with all interpersonal traumas, individual recovery is not sufficient; collective acknowledgment, justice, and prevention are critical" (Bryant-Davis, 2007, p. 142). ▮

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# Title IX and College Campuses

Cathy Petchel, Chair, Interpersonal Violence Committee's Subcommittee, Title IX and Sexual Assault on College Campus



Dr. Cathy Petchel

This June, at PPA's annual convention, Title IX will be just shy of its 45th birthday. On June 23, 1972, Richard Nixon signed Title IX of the Education Amendments of 1972, "the law

that finally opened the playing fields of America to girls and women, forever changing our nation" (Brennan, 2012, para. 1). However, Title IX is not just about sports. Title IX serves to prohibit sex-based discrimination in educational institutions that receive federal funding. It addresses discrimination against pregnant and parenting students and women in STEM (science, technology, engineering, and math) programs. Title IX also addresses sexual harassment, gender-based discrimination, and sexual violence, including attempted or completed rape or sexual assault, as well as sexual harassment, stalking, voyeurism, exhibitionism, verbal or physical sexuality-based threats or abuse, and intimate partner violence (U.S. Department of Education, 2016b).

The introductory paragraph of Title IX clearly states that "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance . . ." (Title IX, Section 1681).

Bolger (n.d.) calls out some of the highlights of Title IX:

- **Title IX is a federal civil right that prohibits sex discrimination in education.** Title IX applies to institutions, including state and local educational agencies that receive federal financial assistance. These agencies include approximately 7,000 postsecondary institutions, as well as charter schools, and for-profit schools. The U.S. Department of Education's Office

for Civil Rights (OCR) enforces this right.

- **Title IX applies to everyone—not just females.** Title IX extends its protection from sex-based discrimination, harassment, and violence to all individuals, whether female, male, or gender nonconforming. All students, as well as faculty and staff, fall under the umbrella of Title IX protection.
- **Each college or university must be proactive in ensuring that the campus is free of sex discrimination.** Schools are responsible for taking an immediate course of action to address any on-campus sex-based discrimination, harassment, or sexual violence on campus. These parameters include such concerns as alleviating the potential for a hostile environment and may not discourage a victim/survivor from continuing his or her education.

## Other Important Legislation

The Jeanne Clery Act of 1990 requires colleges and universities to provide timely warnings, education/prevention programs, and policies and procedures. They must also report all crimes (U.S. Department of Education, 2016a). Colleges and universities collect Clery Act statistics from local law enforcement and campus security authorities (CSAs). A CSA may include faculty and staff, those who serve in the role of resident assistant, the dean of students, coaches, and any other role designated with significant responsibility for student and campus activities. On college and university campuses, faculty and staff are considered mandated reporters:

Under the Clery Act, institutions must provide survivors of sexual assault, domestic violence, dating violence, or stalking with options (i.e., such as changes to academic, transportation, or living/working situations and assistance in notifying local law enforcement, should the student choose to do so). The Clery Act provides certain rights to both

parties (victims/survivors and perpetrators) regarding a campus disciplinary process.

The Violence Against Women Act (VAWA) was enacted in 1994. It states that: Each college or university must have an established procedure for handling complaints of sex discrimination, sexual harassment, or sexual violence. VAWA amendments prohibit institutions from including the victim's name in a timely warning crime alert.

The Violence Against Women Reauthorization Act of 2013, section 304 of VAWA, amended the Clery Act to expand sexual assault requirements and include dating violence. Additional reportable crimes include: sexual offenses, dating violence, stalking, hate crimes, drug-related violations, assault, robbery, and criminal homicide (Clery Center, 2016).

Under Title IX and the Clery Act, institutions must provide specific information, options, and resources to survivors of sexual violence and must have a prompt and equitable process for resolving complaints. This information needs to be made publically accessible through the institution's Annual Security Report (ASR), including disseminating timely warnings and emergency notifications; providing options for survivors of sexual assault, domestic violence, dating violence, and stalking; as well as a campus crime reporting process (US Department of Education, 2016a).

To date, some of the challenges with this reporting process address common noncompliance issues relating to the collection of statistics (which include a no-audit trail) to substantiate crime reports and limited to nonexistent documentation to local law enforcement for these statistics. Training programs and specific data collection protocols may assist the accuracy of the reporting and collecting process. (National Center for Education Statistics, 2016)

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# Interpersonal Violence in a Clinical Setting: The Experience and Impact of Client Stalking Behaviors

Melissa Ring, MA, [mring@m.marywood.edu](mailto:mring@m.marywood.edu)



Melissa Ring, MA

It is estimated that 20% of psychologists will become the victims of stalking by their clients at some point in their careers (Carr, Goranson, & Drummond, 2014).

Clinicians are vulnerable to being stalked simply because they are part of a profession that interacts with individuals who may be lonely, isolative, and suffer from mental health issues (Meloy & Boyd, 2003; Purcell, Pathé, & Mullen, 2001). Stalking is a crime that does not discriminate, and there is no correlation between its occurrence and a clinician's skill level or experience. When stalking occurs in a clinical setting, it can last months to years, as opposed to being brief and short lived (Pathé & Meloy, 2013). Purcell, Powell, and Mullen (2005) found that, on average, clients who stalked their mental health providers began their pursuits within 6 months of beginning services.

Although mental health professionals have the education and training to work within a clinical realm, this does not guarantee their immunity from the physical, psychological, and emotional effects they may experience when victimized by their clients. More than one third of victims will develop a mental health diagnosis that can persist even after the stalking has ended (Meloy, 2013). Clinicians who have experienced psychological distress as a result of being stalked have reported feelings of anxiety, anger, guilt, hopelessness, depression, and self-doubt, and, in some cases, disillusionment with their profession (Pathé & Mullen, 2002; Purcell et al., 2005; Mullen & Purcell, 2007; Whyte, Penny, Christopherson, Reiss, & Petch, 2011). Leavitt, Presskreischer, Maykuth, and Grisso (2006) found that after being intimidated, threatened, or harassed, 35% of mental health professionals took several hours to several months to recover from such an incident. Clinicians have also turned to maladaptive ways to cope

with these experiences with many reporting the use of alcohol, tobacco, and other substances (Whyte et al., 2011).

Stalking is invasive and challenges one's sense of safety, privacy, and protection. As a result of being victimized, it is not uncommon for clinicians to alter aspects of their professional and private lives. Professionally, many have reported changing their therapeutic approaches, restricting referrals, upgrading their office security, taking time off from work, relocating their practice, using a maiden name at work, and learning self-defense techniques (Pathé & Meloy, 2013; Purcell et al., 2005; Romans, Hays, & White, 1996). In their personal lives they have increased their home security, changed their phone numbers, or even relocated (Purcell et al., 2005).

Despite the potential for danger and real-life consequences, many cases of client stalking go underreported. One of the most common reasons stems from the reluctance to acknowledge that a client is engaging in such acts. The use of denial and minimization (i.e., "This can't happen to me," or "I'm overreacting. I can handle it") allow the clinician to continue his or her work while disregarding the client's actions (Brown, Dubin, Lion, & Garry, 1996). Sometimes an individual may not be fearful of a client's actions and instead feel sorry for him or her, which may foster a false sense of security (McEwan, Mullen, & Purcell, 2007).

There is a misperception that client misbehavior may be "par for the course," and some clinicians believe that they should be more understanding of clients who engage in criminal acts, whereas others presume that a client's mental health diagnosis impedes their ability to engage in illegal behaviors (Pathé & Meloy, 2013). Many endure intrusive client behaviors with the hope of preserving a ruptured therapeutic alliance, or because he or she mistakenly believes that a client's right to confidentiality outweighs his or her own personal safety. This leads to the belief that we should have an increased tolerance for criminal

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behaviors from clients, which is entirely untrue.

There are those who try to "handle" stalking behaviors on their own, versus seeking help from a third party for fear that this could negatively impact the therapeutic relationship, lead to a lawsuit, or elicit client retaliation or escalation of the behaviors. Kivisto, Berman, Watson, Gruber, and Paul (2015) stated that although there are instances when client stalking behaviors may be managed with clinical interventions, there will be cases when the criminal justice system needs to become involved. They caution that "persisting with clinical interventions beyond their 'sell by' date can prove detrimental in some cases" (p. 284). Interestingly, the same authors found that in some situations, the clinicians who had tried to manage client stalking behaviors through clinical interventions—such as by confronting clients, referring them to another provider, or having them hospitalized—made the situation worse. Conversely, clinicians who sought assistance through the legal system (e.g., restraining orders, having the client arrested, consulting with an attorney) appeared less likely to make the situation worse. These findings undermine the fear that some clinicians have when contemplating legal involvement versus "handling" the situation themselves.

A majority of stalking victims wrongly blame themselves for their ordeal (i.e., "I must have done something to cause

this”), and victim blaming may occur amongst one’s own colleagues as well. It is not uncommon for clinicians who report being stalked to be met with implied or overt criticism from peers, skepticism from colleagues, or dismissive attitudes from law enforcement (Pathé & Mullen, 2002; McIvor & Petch, 2006; Whyte et al., 2011; Maclean et al., 2013). Along these same lines, clinicians may be fearful that bringing attention to a doctor-patient issue may get misconstrued and become a sexual misconduct allegation or viewed as exploitation of the client due to the power imbalance that exists in a therapeutic relationship (Pathé, Mullen, & Purcell, 2002). These false beliefs entirely exclude the possibility that the client is actually the perpetrator of the victimization (Phillips & Schneider, 1993).

Some of the biggest factors in the underreporting of this crime are ones that can be prevented. Our lack of awareness, education, and training on the management of client stalking behaviors may inadvertently be contributing to our silence, and in some cases keeping us compliant in our own invasion. The Pennsylvania Psychological Association has taken great strides in bringing awareness to the topic of interpersonal violence, and I encourage you to join me in working together to find ways to keep ourselves and our colleagues safe. Please do not let your fear and misunderstanding of this crime keep you suffering in silence. ▮

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## TITLE IX AND COLLEGE CAMPUSES

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### Efforts in Pennsylvania to Address Interpersonal Violence

The Pennsylvania Psychological Association established an Interpersonal Violence Committee in an effort to promote taking action against issues of interpersonal violence in Pennsylvania. The Interpersonal Violence Committee’s subcommittee—*Title IX and Sexual Assault on College Campus*—has devised a Phase One task, which targets the compilation of data as it relates to institution reporting of the Clery Act. One of the subcommittee members has been extrapolating information from a large database of federally funded secondary institutions, colleges, and universities within Pennsylvania, looking for accessibility of their annual security reports and the types of data reported. As part of Phase Two, the subcommittee will be looking for institution sites that depict strong training and proactive educational programs relating to awareness and prevention.

We, as psychologists, play a critical role in serving clients dealing with sexual violence and assault. By gathering data, we understand the need through numbers. By collecting best practices for preventive care, we understand strengths and gaps in training and educative programming. By working therapeutically for the welfare of each client, we understand that violence impacts all of us. As we understand, so may we take action. ▮

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# Reflections on Bullying

Terry O'Hara, PhD



Dr. Terry O'Hara

There is evidence of bullying occurring in ancient times, if we believe our myths and literature to be reflective of actual experience. In Homer's *The Odyssey*, Telemachos appears as a piti-

ful figure—as a boy, prior to receiving Athena's support, he is repeatedly humiliated and shamed by the coarse suitors of Penelope, who slaughter his family's livestock, grow drunk on wine, and curse him with impetuous threats. He is left powerless, isolated, and distressed. Let's imagine three modern scenarios: (1) An unemployed woman rages at her recently laid-off husband in a moment of frustrated fury, as she has entreated him to empty the overflowing trash bins for the past 3 days, yet he has spent the days in a self-pitying stupor; (2) a popular third-grade child, June, is able to direct four other children to not play with Julie, an extremely shy and self-conscious girl, or even interact with her, whenever the children are present on the schoolyard; and (3) a first-grade boy, Iver, strikes his older brother, a fourth grader, after the older brother steals a piece of Iver's Halloween candy.

I will attempt, in this reflection on bullying, to define bullying and briefly discuss the effects of bullying and risk factors for one who bullies. Further, I will briefly touch upon why one may bully another and ways to address bullying.

## What Is Bullying?

In the extensive research on bullying, bullying typically must contain the following components: (a) A power differential exists between the bully and the one who is bullied; (b) the bullying encounter occurs repeatedly and over a period of time as opposed to isolated incidents; and (c) the bullying act is intentional. If we consider these factors, the second of the three scenarios noted above exemplifies bullying, but the other scenarios

lack the power differential and repeated actions inherent in bullying. The early figure of Telemachos also incorporates these elements of bullying. When these three factors are not present, we are seeing something other than bullying—perhaps a violent act, an episode of aggression, reactive aggression, or mobbing behavior, to name some alternatives. It is beyond the scope of this reflection to differentiate bullying from related terms.

## Factors of Bullying and Being Bullied

The CDC (2016) has compiled very useful information regarding the factors associated with one who bullies and the effects of being bullied. Regarding one who bullies, he or she is at greater risk of experiencing family conflict, substance use disorder, learning disorders, exposure to violence, lack of a connection or belongingness to school, and emotional distress. Children who bully others, according to an ongoing research project at the Johns Hopkins Center for Prevention of Youth Violence in Baltimore (n.d.), are more likely to engage in delinquent activity, including carrying a firearm, exhibiting truancy, and belonging to a gang. Copeland, Wolke, Angold, & Costello (2013) found that children who bully are 4–5 times at increased risk of antisocial personality disorder, have more relational and employment difficulties, are at risk of substance use disorder, and are more likely to be involved with the police. There are also several negative outcomes associated for one who is bullied, according to the CDC (2016), including depression, anxiety, aggression, substance use issues, poor school performance, and interpersonal issues.

Olweus (1994) characterizes the typical victim as follows: "The typical victims are more anxious and insecure than other students in general. Further, they are often cautious, sensitive, and quiet. When attacked by other students, they commonly react by crying (at least in the lower grades) and withdrawal. Also, victims suffer from low self-esteem, they

*There are also several negative outcomes associated for one who is bullied, according to the CDC (2016), including depression, anxiety, aggression, substance use issues, poor school performance, and interpersonal issues.*

have a negative view of themselves and their situation; they often look upon themselves as failures and feel stupid, ashamed, and unattractive" (p. 1178).

According to a study by Kim and Leventhal (2008), victims of bullying are 2–9 times more likely to consider suicide than nonvictims of bullying. In a study in the United Kingdom, half of suicides among young persons were associated to bullying (Dickinson, 2010). Copeland et al. (2013) found that being bullied places one at 5 times greater risk for depression and 3–5 times greater risk for psychological problems.

## Why Bully?

We have research, noted above, that references risk factors associated with persons who bully. Still, this leads us to a question that has not been sufficiently researched: Why does the presentation of vulnerability in another influence some children to respond with malice (bullying) instead of empathy?

In my clinical experience of working with children and families for approximately 20 years, I have arrived at the following hypotheses: There is an assumption that victims of bullying are passive and unobtrusive, and to the one who bullies, there is an allure to this passivity. Psychological projects of humiliation and domination, for the bully, are much easier to attain within this dynamic of passivity—it is much safer for the one



who bullies when the object of bullying does not strike back. There is clearly a reciprocity between the aggressor and victim, which is something that Freud articulated (2010). I've often found an interplay between the bully's previously experienced powerlessness or vulnerability (via exposure to violence, abuse, or a significant learning disorder, for example) and his or her psychological projects of dominance and power, and the focal point of this interplay is the passive other. In a sense, the bully possesses limitations to his or her psychological freedom precisely because the other's passivity is so visible and obtrusive, as the bully is given back himself/herself on different levels of vulnerability—there is subsequently something of a compulsion to dominate this passive other. In the transformation that occurs in the bullying encounter, the weakness of the other that is preyed upon and exploited gives to the bully, who is often responding to a threatening world, his or her comparative strength.

### What Can Be Done?

A variety of bullying prevention programs exist, and these programs attempt to assess the level of bullying that is occurring; educate parents, teachers, and students about bullying behaviors; and monitor subsequent bullying activity.

Bystander training is very helpful in addressing bullying, as this can shift power differentials and provide a unified response to bullying acts.

In my experience, it is foundationally important to examine the *intentionality* of the bullying behavior, to view the bullying act as communication about the projects that are psychologically necessary and relevant for the one who bullies. As children who bully are often victims themselves in other arenas, it is counter-indicated to blame, shame, and criminalize the bullying behavior, although it is simultaneously important to set limits with regard to this behavior. Bullying behaviors are possibilities of all of us, whether we are researchers, clinicians, or parents, given the right combination of experiences, and it is important, in my opinion, to emphasize an approach of understanding and empathy in the face of the bullying encounter. I advocate for bullies and victims to participate in comprehensive evaluations to articulate treatment needs and for family members, teachers, and school counselors to be involved in these interventions. Victims of bullying can often benefit from treatment by skilled clinicians.

For bullies, it is essential to determine what they are getting from bullying and examine ways to discover this power,

control, or esteem in another manner. For victims, it is essential to increase assertiveness, communication, and esteem. Increasing one's sense of belonging to a school or group is also essential, for bullies and children who are bullied. ■

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# School Violence: Learning From Our Past and Shaping Our Future

Mark R. McGowan, PhD



Dr. Mark R. McGowan

I would like to take a moment to reflect on our recent history to underscore the importance of adopting a broader perspective when attempting to

conceptualize and address the problem of violence in our nation's schools. In the late 1980s and early 1990s, significant increases in the rates of youth homicide were observed in the epidemiological data. More specifically, the homicide rate for juveniles increased from approximately 10 per 100,000 in 1985 to a peak of approximately 30 per 100,000 in 1993 (Puzzanchera, Chamberlin, & Kang, 2012). Efforts to respond to a perceived epidemic in youth violence in our communities led to national responses from researchers, legislators, and public agencies. At that time, youth violence was being framed by many as a problem that was intrinsic to particular children. These frames drove public perception, policy making, and scientific inquiry concerning the etiology and the prevention of youth violence (Dodge, 2008).

For example, in the mid-1990s, John Dilulio, then a political science professor at Princeton University, put forth a theory that the United States was facing a pending crisis in the form of "juvenile superpredators." Dilulio and his colleagues depicted these youths as "radically impulsive, brutally remorseless youngsters, including ever more pre-teenage boys, who murder, assault, rape, rob, burglarize, deal deadly drugs, join gun-toting gangs and create serious communal disorders. They do not fear the stigma of arrest, the pains of imprisonment, or the pangs of conscience" (Bennett,

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*While empirical evidence has not supported the efficacy of zero-tolerance policies for reducing violence or improving school safety, the policies have been associated with promoting punitive and exclusionary discipline practices in schools.*

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Dilulio, & Walters, 1996, p. 27). These concerns were magnified by predictions suggesting that by the year 2010, there would be a rapid increase in the number of juvenile superpredators on the streets.

This perceived "crisis" was used to lobby for changes in policies and laws that emphasize retribution and punishment rather than prevention (Dodge, 2008). For example, on May 29, 1996, the Violent Youth Predator Act of 1996 was introduced in the House of Representatives. This act required officials to prosecute juvenile chronic violent offenders as adults and to increase mandatory prison time for juveniles who use firearms when committing violent drug-trafficking offenses. Shortly thereafter, 40 state legislatures enacted tougher juvenile laws. The legislative initiatives held a common theme in that they largely ignored preventive and treatment programs (Miller, 1998). Federal policy efforts also included changes to legislation guiding educational agencies that came in the form of the Gun-Free Schools Act of 1994 (GFSA).

The GFSA was enacted as part of the reauthorization of the Elementary

and Secondary Education Act and 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 1 year. The state laws enacted in accordance with the GFSA are often referred to as the "zero-tolerance" laws. 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). The use of zero-tolerance policies to shape disciplinary practices in public schools provides a poignant example of the reactionary responses that have been used to address this problem historically.

While empirical evidence has not supported the efficacy of zero-tolerance policies for reducing violence or improving school safety, the policies have been associated with promoting punitive and exclusionary discipline practices in schools. Unfortunately, these disciplinary practices have been empirically linked to a variety of negative outcomes for youths (Skiba, 2014). These negative outcomes range from higher dropout rates to increased prevalence rates for contact with the juvenile justice system (APA, 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



*As psychologists, we are well positioned to advocate for solutions that address violence and aggression in a manner that does not risk perpetuating or repeating mistakes from the past.*

disciplinary responses and racial disparity in rates of school suspensions and expulsions (Wallace, Goodkind, Wallace, & Bachman, 2008). For more than two decades, policies enacted with the intent of making schools safer have emphasized exclusionary practices that have been criticized for increasing the risk of school failure and fostering developmental trajectories that lead to interfaces with the justice system. This intersection between the educational and juvenile justice systems has been termed *the school-to-prison pipeline* (Wald & Losen, 2003). While empirical research has yet to establish a direct link between school disciplinary practices and juvenile justice outcomes, the relationship between student behavior and school climate on academic outcomes has been well established (see Thapa, Cohen, Guffey, Higgins-D'Alessandro, 2013).

As psychologists, we are well positioned to advocate for solutions that address violence and aggression in a manner that does not risk perpetuating or repeating mistakes from the past. Changing how we think and talk about these issues represents an important initial step. As Dodge (2008) noted, "Recasting chronic violence as a failure in education rather than a moral depravity worthy of the death sentence could open opportunities for carefully planned and sustained intervention in early life" (p. 587). Guided by empirical evidence and our knowledge of our past, we must remain vigilant in our efforts to encourage data-driven discussions of policies and practices that serve all of our children's educational needs. ▮

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# Bullying and Cyberbullying: Perspectives for Educators

Gail R. Karafin, EdD, Interpersonal Violence Subcommittee on Bullying/Cyberbullying School Psychology Board



Dr. Gail R. Karafin

The U.S. Department of Education Office for Civil Rights (OCR) supports federal civil rights laws and regulations regarding students' rights to be protected from harassment by

school employees, other students, and third parties. In a "Dear Colleague" letter (Ali, 2010), the OCR focused on peer harassment and the legal standards that applied in administrative enforcement. They stated that "Bullying fosters a climate of fear and disrespect that can seriously impair the physical and psychological health of its victims and create conditions that negatively affect learning, thereby undermining the ability of students to achieve their full potential" (p. 1, para. 1). They promoted a movement for schools to adopt an antibullying policy, in addition to vigilance of their responsibilities under the federal antidiscrimination laws.

This policy implies that all schools receiving federal funds should have written procedures for reporting complaints, policies for resolving complaints, and public statements prohibiting harassment. A school entity is required to address incidents of harassment of which they are aware or should be aware. Signs of harassment must trigger the school to conduct an investigation to determine what occurred and to take appropriate action. The inquiry needs to be "prompt, thorough and impartial" (Ali, 2010, p. 2, para. 4). If it is determined that harassment has occurred, the school is responsible for eliminating any hostility and its effects and to prevent the harassment from recurring. This is policy is to be followed even if the student did not issue

a complaint or ask the school to intervene. Ali (2010) further details steps to end the harassment; which may include

- separating the accused harasser and the target;
- providing counseling for the target and/or harasser;
- taking disciplinary action against the harasser;
- minimizing the burden on the target's educational program (e.g., not requiring the target to change his/her class schedule);
- providing training for the perpetrators as well as the larger school community so that all students, families, and school staff recognize harassment and know how to respond;
- stopping further harassment and preventing any retaliation against the target, the person who made the complaint, and/or the witnesses who provided information (students and their families need to know how to report any subsequent problems and conduct follow-up inquiries; and
- taking steps to eliminate the hostile environment created by the harassment.

### Pennsylvania Regulations Regarding School Bullying

The Commonwealth of Pennsylvania addressed issues of harassment and cyber harassment in Pennsylvania Consolidated Statute 18, Section 2709, Harassment; and the Pennsylvania Consolidated Statute 24, Section 13-1303, 1-A, Policy Relating to Bullying. These statutes state that a person commits the crime of harassment when, with intent to harass, he/she annoys or alarms another. Cyberbullying is covered under

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*Bullying fosters a climate of fear and disrespect that can seriously impair the physical and psychological health of its victims.*

---

Pennsylvania antibullying laws and policies.

Pennsylvania Statute 24 further defines bullying as an "intentional electronic, written, verbal, or physical act or a series of acts:

- (1) directed at another student or students;
- (2) which occurs in a school setting;
- (3) that is severe, persistent or pervasive; and
- (4) that has the effect of doing any of the following:
  - (i) substantially interfering with a student's education;
  - (ii) creating a threatening environment; or
  - (iii) substantially disrupting the orderly operation of the school and "school setting shall mean in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school" (1303.1-A added July 9, 2008, P.L. 846, No. 61).

Pennsylvania Consolidated Statute 18, Section 2709, defines cyber harassment of a child as follows:

- (1) A person commits the crime of cyber harassment of a child if, with intent to harass, annoy or alarm, the person engages in a continuing course of conduct of making any of the following by electronic means





directly to a child or by publication through an electronic social media service:

- (i) seriously disparaging statement or opinion about the child's physical characteristics, sexuality, sexual activity or mental or physical health or condition; or
- (ii) threats to inflict harm (a.1).

The statute further indicates that if a juvenile perpetrator is charged with a violation of harassment or cyber harassment, the judicial authority shall give first consideration for that juvenile to participate in a diversionary or educational program, which includes legal and nonlegal consequences of cyber harassment and harassment. If the juvenile charged successfully completes the educational program, the juvenile's records of the charge are to be expunged.

Section 13-1303.1-A, Statute 24 (2008) indicated that by January 1, 2009, each school entity shall adopt or amend a policy relating to bullying and incorporate a student code of conduct, a policy for disciplinary consequences for bullying, and a school staff person to receive reports of incidents of alleged bullying. The school is to make this policy available on its website and in every classroom. In addition, the school is expected to post its policy at a prominent location within each school building where such notices are usually posted. This notice should include the policy and procedures for reporting bullying incidents. The policies are to be reviewed with students 90 days after their adoption and at least once each school year thereafter.

It is expected that each school entity shall review its policy every 3 years and annually provide the state with a copy of its policy relating to bullying, including information concerning the development and implementation of any bullying prevention, intervention, and education programs. In addition, a school entity may define bullying to encompass acts that occur outside the school on the school grounds, in school vehicles, at a designated bus stop, or at any activity sponsored, supervised or sanctioned by the school. It is less clear about the school's jurisdiction over events that occur in nonschool

## *Educators and mental health professionals are acutely aware that bullying and cyberbullying have deleterious effects on the victims, witnesses, and perpetrators of the harassment.*

locations and activities, and it seems to be up to the school entity to define that for itself.

### **School Districts' Responsibilities**

Essentially, school entities in Pennsylvania are responsible for developing formal antibullying policies consistent with state and federal law. It is recommended that each local education agency (LEA) prepare a written policy to include the following:

- A *purpose* statement that introduces the range of detrimental effects of bullying, including impact on student learning, school safety, school atmosphere, and student participation. This statement also needs to make clear that any form of bullying is unacceptable and will be taken seriously.
- A *definition* of bullying and cyberbullying with a *list of prohibited behaviors* that constitute infractions. Prohibited conduct includes retaliation toward the victim or witnesses, as well as perpetuating harassment by participating in or spreading the information that may have originated from another source or person.
- The *scope* of the school's responsibilities should be listed to clarify that the school authority extends past the school grounds and the school day, and includes school-sponsored activities, school transportation, conduct at bus stops, and events immediately before and after school hours).
- A *procedure for maintaining written records* of all incidents and their resolution. The records should include descriptions of the graduated range

of consequences and sanctions for violating the code of conduct. These consequences must comply with the federal Individuals with Disabilities Education Act (IDEA) for perpetrators or victims who have a disability.

- A *procedure for helping* for the victim, perpetrator, and/or others with referrals for counseling and mental health services as appropriate.
- A plan by which the policies regarding bullying/cyber-bullying are *communicated and disseminated* to others.
- A *program for prevention and training* for all teachers, aides, support staff, and bus drivers.
- Each school entity must submit a *report to the state* at routine intervals the number of bullying incidents and the resulting action taken.
- Finally, the school policy is to include a *statement of rights* for other legal recourse. This includes a statement that the policy does not preclude the victims from seeking other legal remedies.

Educators and mental health professionals are acutely aware that bullying and cyberbullying have deleterious effects on the victims, witnesses, and perpetrators of the harassment. The OCR and the Pennsylvania Department of Education promote the establishment of policies and regulations for addressing and preventing infractions of human rights. Schools are mandated to create and promote safe and respectful school climates for all children. All students must have equal access to education and this includes a safe environment in which to learn. **N**

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## Title IX: Legal Requirements and Ethical Obligations

Jeanne M. Slattery and Linda K. Knauss

This vignette is part of a regular series looking at clinical dilemmas from an ethical standpoint. In this case, members of the Ethics Committee and the Title IX subcommittee considered the following vignette:

*Ms. Shaw is an intern working in her university's Counseling Center. In the course of a session, her client Monique disclosed that she had been raped by an acquaintance at a fraternity party over the weekend. She was very distressed but also adamant that she did not want to report the rape to the police. Ms. Shaw's university requires her to report all instances of sexual assault to campus police in order to comply with Title IX. She believes she can make reports anonymously—and Monique is okay with an anonymous report. Ms. Shaw's supervisor, however, is concerned about a possible violation of Monique's confidentiality, as he believes that reports cannot be made anonymously. He is also concerned about doing anything that would make the university look bad and damage the university's ability to recruit students. As the accused rapist is the star quarterback, he is doubly concerned. What do you think?*

In addition to the two of us, the respondents to this vignette are Gina Brelsford, PhD; Randy Fingerhut, PhD; Suzanne Kline, Sam Knapp, EdD, and Dea Silbertrust, PhD, JD. Each respondent approached the vignette from a different perspective, but all of us considered Title IX.

What is Title IX? Title IX is a federal civil rights law prohibiting discrimination on the basis of sex in any education program or activity receiving federal funding (U.S. Department of Education, 2015). In the past, Title IX was largely considered in terms of equal opportunities to play sports competitively at a university. More recently, victims of sexual assault



Dr. Jeanne Slattery



Linda K. Knauss

and sexual harassment have successfully sued colleges and universities in federal and state courts for indifference to known situations of harassment or sexual assault. It is often discussed in combination with the Jeanne Clery Act, which requires colleges and universities receiving federal funding to report crimes occurring on campus (Clery Center for Security on Campus, 2016).

We quickly concluded, as Dr. Knapp observed, "Title IX is very clear that conversations with psychologists in their professional role as therapists do not trigger a mandate to report." Dr. Knauss took this a step further, noting that there is no obligation to report information occurring in the course of therapy, and the decision to disclose or not then becomes the client's. Dr. Knapp further opined:

The client has a decision to make about whether to put public safety over her own privacy. To many patients that decision is a "no-brainer," but for others it is a struggle. But if the patient is struggling with this issue, then—unless there is some imminent danger involved—it needs to be processed slowly and carefully with respect for the patient's decision making.

Or, as Dr. Brelsford noted, it's not our job in treatment to investigate a report but support the student in making the best choices for her own wellness and growth. She may change her mind in the coming months or even years and make a report with a name of the offender. However, if

we press the issue we will likely lose her and lose any opportunity to work with her on dealing with this assault in counseling.

Dr. Silbertrust wondered whether psychologists making anonymous reports would be violating the client's confidentiality. Dr. Knauss observed it would if the perpetrator were able to identify the victim, which aggregating the data would prevent. Dr. Fingerhut suggested that informed consent was key: Students—whether clients or students in class—would need to know their rights and protections if they made a disclosure. They should also know how that information would be used. A report could be used to warn other students or to collect data on violence on campus. They also need to know if it would be anonymous and shared in the aggregate or if their names would be shared.

We're generally comfortable with how to handle issues of informed consent in the course of therapy, but with students in our classes, such informed consent might involve including a statement in a syllabus and reminding students of these issues over the course of the class, particularly when assignments might reasonably bring up this sort of disclosure. Just as in therapy, informed consent in the classroom is a process that occurs across time rather than on a single occasion. Regardless, as Dr. Knapp reminded us, "Don't make promises you can't keep."

We then considered what happens for those of us in the classroom who encounter a perceived mandate to report. Dr. Knauss noted that these aren't only concerns for psychology faculty but for all faculty across the university. Still, the issues are more complicated for those of us who are both licensed and professors—as Suzanne Kline said, students may be "aware of your clinical license and may be coming to you in your therapist role"—although that role is informal and not acknowledged by the university in this situation. Dr. Fingerhut said, "It is

interesting to think about the unique challenges of psychology professors in terms of multiple roles," although Dr. Slattery noted that there is no easy way to shed one role in favor of another. On the other hand, Dr. Fingerhut said, "Our status as psychology professors may allow students who want to report sexual violence a safe avenue for doing so."

Dr. Fingerhut and Suzanne Kline observed that if the quarterback may be committing multiple rapes, the therapist would be torn between protecting the client's confidentiality and protecting the safety of the public at large—although the therapist's obligation remains to maintain confidentiality. Because of this conflict, and some real or perceived pressure to protect the quarterback, Dr. Slattery suggested it may be helpful to consult with colleagues about the case and ways of approaching it. Dr. Silbertrust concluded this mandate to report differs across settings and roles: Psychologists who are working as therapists in the community or in a college counseling center must protect confidentiality unless a threat is made to a specific individual, while psychologists who are acting in

nontherapeutic roles in a college setting have a duty to the community as a whole.

In addition to considering issues of confidentiality, informed consent, settings, and roles, the group also emphasized the aspirational principles of beneficence and autonomy in allowing the student not to name the rapist at this point in time. Concerns of nonmaleficence would be raised by the potential for harm to the client and community. Finally, justice is a central principle influencing these decisions, as Title IX and our response to it should create a safer and more equitable environment for all students and university employees, regardless of gender.

How can we best respond to this difficult situation? Title IX does not apply to psychologists working in private practice or university counseling centers, who are exempt from reporting sexual assaults, although they may choose to with the client's consent. It is an issue for university faculty, who need to be especially clear about their roles and legal obligations in ways that they might not have needed to be in the past.

As with other ethical issues, this seems to be a situation where we can merely meet the letter of the law—a professor reporting the crime or a therapist maintaining confidentiality—or by practicing empowered collaboration by informing students of the limits on their privacy and the consequences of their disclosures and helping them make choices about what, how, and when to make such disclosures (Knapp & VandeCreek, 2012). ¶

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**Would you like to be involved in future discussions of vignettes?**

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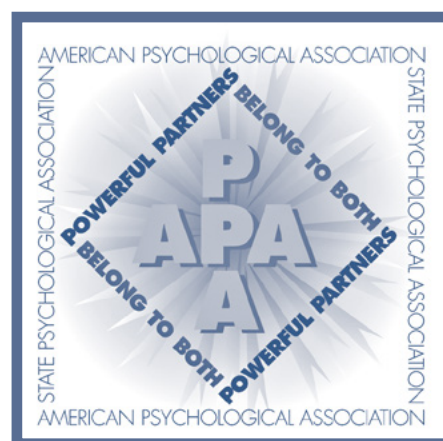
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**Learning objectives:** The articles in this issue will enable readers to (a) assess and explain current issues in professional psychology and (b) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

### Kim

1. Act 105 defines many trafficking offenses as first-degree felonies.  
True  
False
2. Act 105 provides which of the following:
  - a. A legal definition of trafficking
  - b. Protection for victims
  - c. A means for victims to prosecute their traffickers
  - d. Legislation to prosecute traffickers and those who patronize trafficking rings
  - e. a, c & d
  - f. all of the above

### Bartoli & McClincey

3. One explanation that has been put forth regarding the excess use of police force toward African Americans is:
  - a. Implicit bias that African American individuals are dangerous
  - b. Failed policies
  - c. Lack of African American representation on the police force
  - d. Police officers not knowing how much force is excess force
4. The concept of betrayal trauma was developed in an effort to highlight the imbalance of power implicated in traumatic interactions with individuals or institutions that are meant to have a protective function but end up perpetrating abuse or injustices instead.  
True  
False

### Petchel

5. According to Title IX, sexual violence includes:
  - a. Attempted or completed rape or sexual assault
  - b. Sexual harassment
  - c. Stalking
  - d. Voyeurism
  - e. a, b & c
  - f. Exhibitionism
  - g. All of the above
6. Which of the following is a consumer protection law that requires all colleges and universities that receive federal funding to share information about crime on campus and their efforts to improve campus safety, as well as inform the public regarding crime in or around campus?
  - a. Jeanne Clery Act
  - b. Title IX
  - c. Violence Against Women Act
  - d. Right to Crime Statistics Act

### Ring

7. Stalkers tend to target mental health professionals who are less skilled and have limited experience.  
True  
False

### O'Hara

8. Based on the formal definition of bullying, which of the following can be considered bullying?
  - a. Lucy throws objects that could cause injury at her husband in a fit of rage because he has not responded to her requests.
  - b. John, a popular young man who is the star quarterback of the school football team, has directed numerous other boys to collaborate in tripping, bumping into, or otherwise attempting to publically humiliate Charlie, a shy, nervous, and studious young man, whenever they have an opportunity during the school day.
  - c. A kindergartner bites another kindergartner in reaction to a dispute over a toy.
  - d. None of the above

- McGowan**

- Karafin

- Slattery & Knauss**

- ## Continuing Education Answer Sheet

*The Pennsylvania Psychologist, March 2017*

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

- [illegible]

### 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
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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 [papsy.org](https://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!

# The Pennsylvania Psychologist

March 2017 • QUARTERLY

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Harrisburg, PA  
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## The Pennsylvania Psychologist

5925 Stevenson Avenue, Suite H  
Harrisburg, PA 17112

## 2017 PPA Continuing Education

PPA is continuing its long-standing tradition of offering high-quality CE programs to psychologists. In 2017, we are looking to expand these options—we hope you'll join us for one or more of these programs!

### Calendar

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

#### 2017 Spring Continuing Education & Ethics Conference

April 27–28, 2017

Sheraton Erie Bayfront Hotel, Erie, PA

#### Leadership Academy

May 7, 2017

Harrisburg, PA

#### Advocacy Day

May 8, 2017

Harrisburg, PA

#### PPA2017 Annual Convention

June 14–17, 2017

Omni Bedford Springs Resort, Bedford, PA

#### 2017 Fall Continuing Education & Ethics Conference

October 26–27, 2017

Eden Resort & Conference Center, Lancaster, PA

#### Webinars and Home Studies

Available year-round!

#### Podcasts

Podcasts for CE credit by Dr. John Gavazzi are available on [papsy.org](http://papsy.org).

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit [papsy.org](http://papsy.org).

Registration materials and further conference information are available at [papsy.org](http://papsy.org).



### Home Study CE Courses

#### Act 74 CE Programs

*Assessment, Management, and Treatment of Suicidal Patients*—1 CE

*Older Adults at Risk to Die From Suicide: Assessment Management and Treatment*—1 CE

*Assessment, Management, and Treatment of Suicidal Patients (Extended)*—3 CEs

*Assessment, Management, and Treatment of Suicidal Patients (Podcast)*—1 CE

*Patients at Risk to Die From Suicide: Assessment, Management, and Intervention (Webinar)*—1 CE

#### Act 31 CE Programs

*Pennsylvania Child Abuse Recognition and Reporting*—3 CE Version

*Pennsylvania Child Abuse Recognition and Reporting*—2 CE Version

#### General

*Record Keeping for Psychologists in Pennsylvania*—1 CE

*Introduction to Telepsychology, Part 1, 2, and 3 (Webinar)*—1 CE each

*Introduction to Ethical Decision Making\**—3 CEs

*Competence, Advertising, Informed Consent, and other Professional Issues*—3 CEs

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

For all Home Study CE courses above, contact: Judy Smith, 717-232-3817, [judy@papsy.org](mailto:judy@papsy.org).