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- Should I Offer In-Home Therapy?
- Bringing Animals to Campus for Class Instruction: Things to Consider from the IACUC

The Pennsylvania Psychologist

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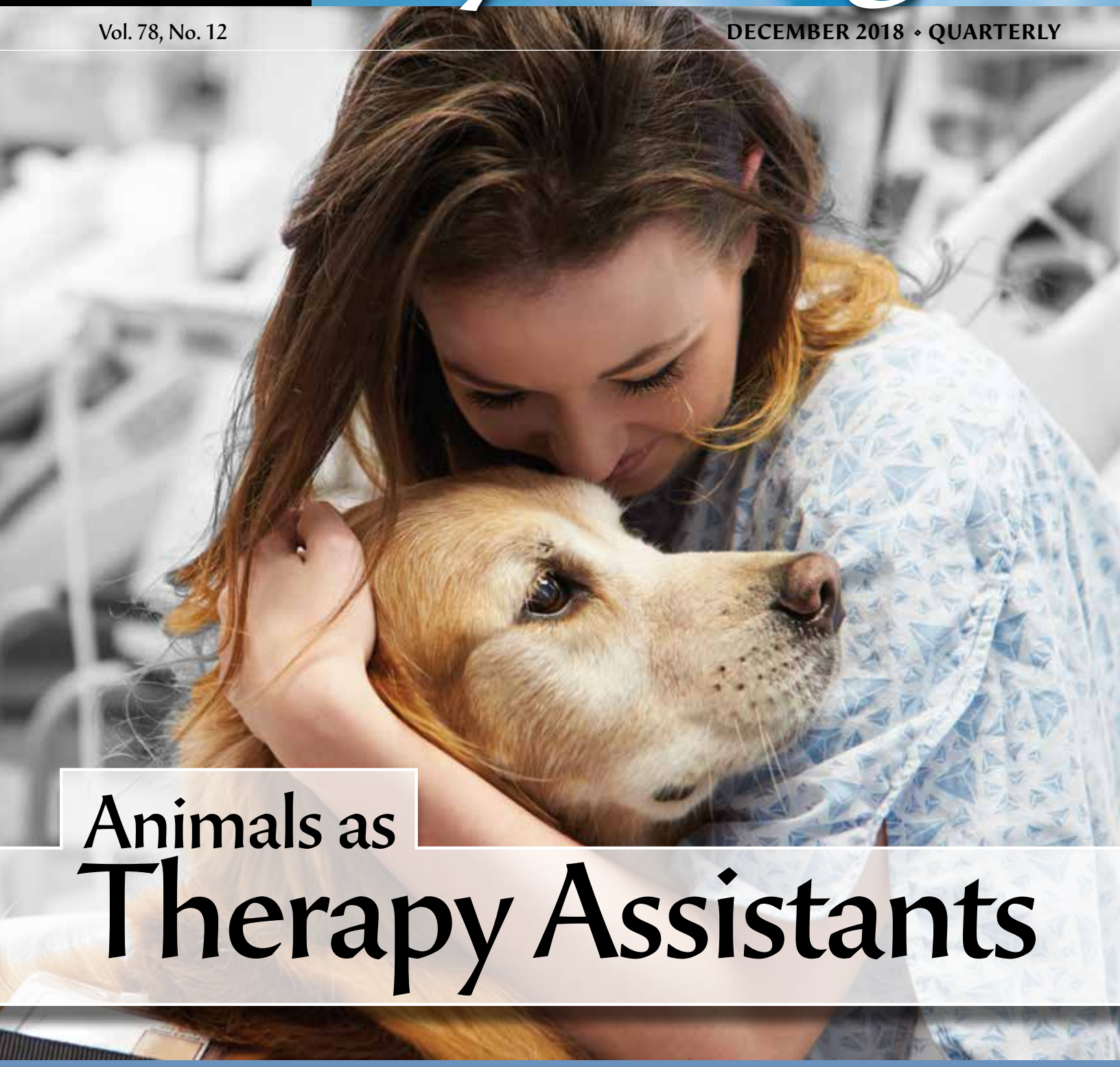
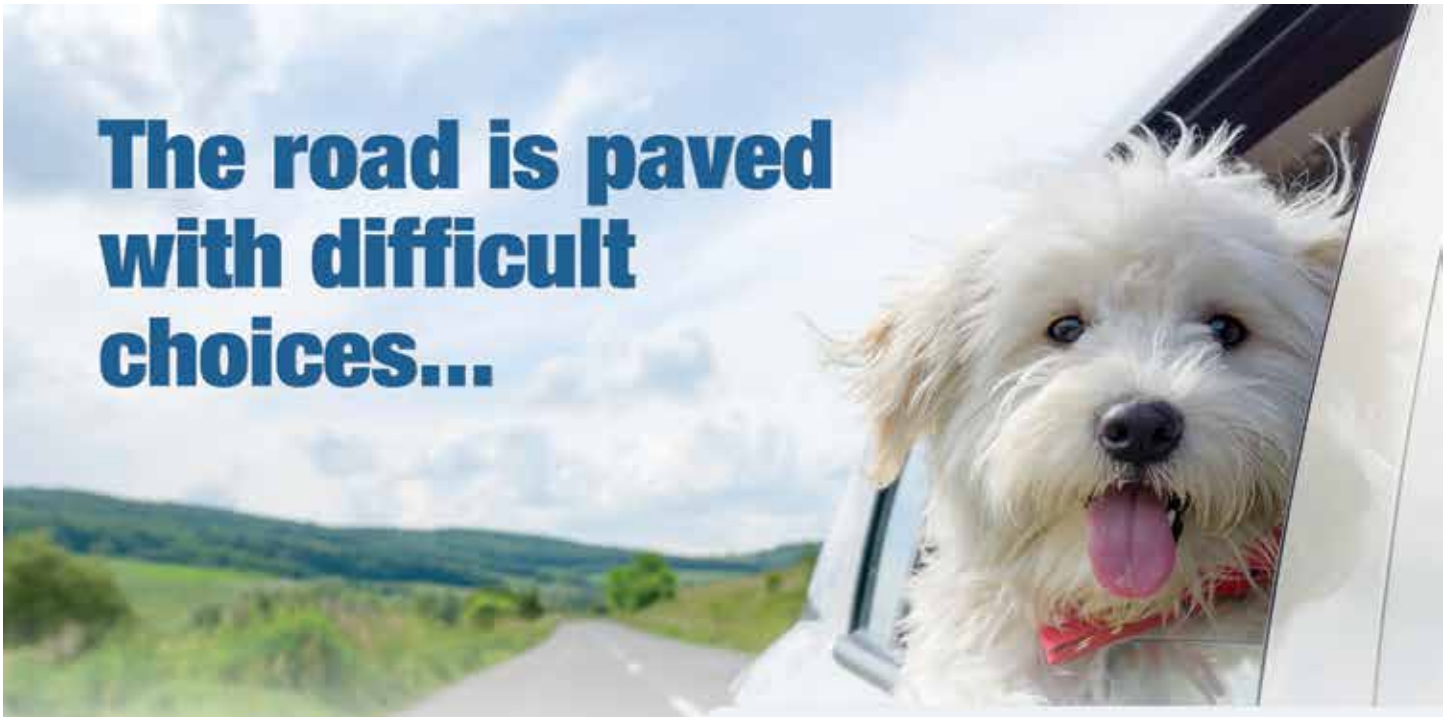


Animals as Therapy Assistants



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Editor: Shannon Len Deets, PhD

December 2018 • QUARTERLY

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REGULAR FEATURES

SPECIAL SECTION—SOCIAL ISSUES CONFRONTING PSYCHOLOGY

SCHOOL PSYCHOLOGY SECTION

ETHICS IN ACTION

ALSO INSIDE

What I See

Nicole P. Quinlan, PhD


Nicole P. Quinlan, Ph.D.

My vision for these quarterly updates was that I would reflect on the ideals that make us 'Wonder People' – compassion, wisdom, justice, courage – and highlight the things PPA, as an organization and as individual members, have done that exemplify those values in each quarter. Since my September report, I have been working with our Colleague Assistance Committee to identify ways that PPA can support members who have experienced a client suicide or suicide attempt. These are some of the most, if not *the* most, difficult and challenging events we face as practitioners, and are the times when we are most in need of **compassion** and support ourselves. These are also times it can be most difficult to retrieve and organize our standing knowledge about 'next steps' or coping strategies. One of our goals is to make this information immediately and easily accessible to members, as well as connect members with others who are willing and able to be a supportive colleague.

One of our Emerging Leaders, Brittany Dancy Caro, is leading a work group of PPA volunteers to develop a decision tree/protocol for when PPA members or outside groups ask us to weigh in on social justice issues. Having a clear and efficient response to these 'asks' is just as important as the response we give.

On September 24th, we held a successful Advocacy Day led by our new team members, the McNees-Winter Group, where we advocated for safe harbor and real justice for child victims of sex trafficking (this bill was successfully passed!) as well as reimbursement for telemedicine services so even the most rural, immobile clients have equal access to care. Unfortunately, the telemedicine bill did not pass, but we continue to fight the good fight. Rachael Baturin, Drs. Marie McGrath, Linda Knauss, Camille St. James, and Cheryl Rothery also testified before the State Board of Psychology, urging them to put into practice the changes regarding supervised hours that were made in our licensing law revision. We thank them for taking the time and having the courage to speak up for our students and trainees.

We had an excellent Doctoral Summit and Fall Conference, as well as thought provoking webinars, where the **wisdom** of PPA members and staff was shared, and professional connections made. PPA CEs are now approved for LCSWs and LPCs in Pennsylvania which allows us to share our collective wisdom more broadly. Lastly, we are well into the planning for our exciting Annual Convention in Pittsburgh in June 2019! I am so proud of everything PPA and our members are doing in all areas, and I could go on at length about any of these highlights.

However, as I began to write this quarter's update, events unfolded in our great commonwealth that challenged our collective sense of justice, and called upon the depths of our compassion. The senseless act of hatred and violence committed at the Tree of Life Congregation in Pittsburgh rocked our state, and our members, to its core. As the events unfolded over that day and the days following, what we saw and heard was an extreme expression of prejudice and intolerance that has no place in our world. What I want to share here, however, is what else I saw and heard immediately following. I heard voice after voice on our PPA listserv express sorrow, sympathy, and support. I heard vehement condemnations of such intolerance and hate, and even stronger statements of inclusiveness, support, and love. I also saw the most compassionate group I've had the honor to be a part of, finding ways to professionally support all who were touched by this tragedy. I heard a multitude of voices resounding with the principles and values we hold dear (justice and respect for others) and I saw our compassion overflowing.

Although I have been primarily drawing on Wonder Woman quotes for much of this year, a well-known quote from our beloved Mr. Fred Rogers came to mind: "When I was a boy and I would see scary things in the news, my mother would say to me, "Look for the helpers. You will always find people who are helping."

In that time of hate and violence, I saw the helpers. You are a Wonder, you make me proud to be a psychologist super hero, and I thank each and every one of you for all that you do.

In the Wake of Tragedy

Andrea Nelken, PsyD

[A note from Ann Marie Frakes, Executive Director of PPA: In the wake of the Tree of Life tragedy, I have ceded my column to Pittsburgh psychologist, Dr. Andrea Nelken, one of the PPA members involved in our local response.]

During the mid-morning hours of October 27, 2018, bullets shattered the lives of 11 worshippers at Tree of Life synagogue in Pittsburgh when a reclusive anti-Semite opened fire with an assault rifle. But for the vagaries of that service and the bravery of first responders, the death toll would have been much higher. Many of us learned of this attack when fellow psychologist, Dr. Sam Schachner, president of Tree of Life, posted a brief, urgent message on our list.

PPA acted quickly. Dr. Nicole Quinlan, our President, issued an immediate post condemning the hate crime, supporting diversity, and outlining a coordinated response to the tragedy. Within minutes, members began expressing their support, offering to help in any way possible. Some local psychologists sat with families grimly waiting to be informed about loved ones. Executive Director Ann Marie Frakes partnered with GPPA and Jewish Family and Community Services to identify immediate community needs and compile a list of practitioners who specialized in disaster response and traumatic incidents. As this column is being written, the last victims are being buried, and our members from all over the state are still responding with donations of funds and services.

PPA has good reason to act: Not only are our own members directly affected, and not only did Jewish scientists found and further our work, but we as an organization are increasing our formal commitment to diversity. Hate and division darken the world and we, as a professional community dedicated to change, are also challenged to change our organization in response. While our initial response has been heartening, we have an unparalleled immediate opportunity to address this tragedy in three critical aspects – recovery, comprehension, and prevention – unflinchingly and with adherence to our five aspirational principles.

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The first aspect, recovery, requires both specialized training and particular cultural awareness. Violent crime harms survivors differently from natural disasters and accidental traumas that lack intention. Violent hate crimes complicate trauma and bereavement further. Because hate crimes on a broad scale have goose-stepped their way through centuries of Jewish history, the community has developed an unfortunate expertise in burying its dead, supporting its victims' families, drawing together, and instituting further means of self-protection. While the gunman may be contained, anti-Semitism is not.

As a product of history, most in the Jewish culture believe that the outpouring of support now offered will dry up as quickly as the next big story breaks, and community protection will cease. Grief, fierce determination, fears for future safety, and cynicism are as prevalent as broken glass in the wake of this attack. While the rest of the world expresses shock at this slaughter, the Jewish community is unsurprised. Anti-Semitic threats to synagogues and temples, Jewish organizations, and prominent Jewish individuals are never gone, only surging. It is all too local: Gab.com, the social medium that fueled this assailant's hatred, is based in Philadelphia.

Comprehension, informed by research and science, commands our understanding of the rising sea of hate-based violence from its origins, burbling forth from isolation, paranoia, self-aggrandizement, and dehumanization into springs of rage and violent hatred, borne by sulfuric tributaries such as the extremist, red-pill Internet into the delta of a massacre. Polish psychologists have established that exposure to hate speech increases prejudice. Princeton and Harvard psychologists are at the forefront of the neuroscience underpinning hate crimes.

Prevention arises when organizations, communities, and nations are willing to commit resources to intervention, informed by the findings of our science. In the meantime, the Jewish community is left to grapple with opening its doors to all peoples, as Isaiah instructs, while protecting its own members through increased militarization. This conflict only underscores the divisions present in today's culture.

The first aspect, recovery, requires both specialized training and particular cultural awareness.

We as individual psychologists are hardly immune to cultural divisions, as has been seen in the distant and recent history of our listserv. The bridge starts here. Just because we do not see eye to eye does not mean we cannot work shoulder to shoulder: We have a super-ordinate goal, and our profession belongs at its core, striving to heal our communities and help end hate crimes. We have a lot of work to do -- together.

Self-Care in a Time of Tragedy

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

On October 27, 2018, eleven worshippers were killed in the Tree of Life Synagogue in Squirrel Hill. How can we write a legal column in such times of tragedy? It seems like court cases, statutes, regulations, and standards of the Ethics Code suddenly are not that important.

As much as we try to avoid it, we are aware that legal columns can sometimes come across as 'finger wagging' – "you have to do this to avoid getting in trouble with the licensing board!" This is the last message that psychologists need to hear at this time. But let's change perspectives. Let's look at the ethics code as a guard rail intended to help psychologists avoid mistakes and harming both themselves and their patients.

Consider Standard 2.06 (Personal Problems) of the APA Ethics Code (APA, 2017) which tells psychologists to avoid treating patients when they know or should know that their personal problems will keep them from providing adequate service. No doubt this standard is intended to keep patients from receiving less-than-adequate-service, but it also alerts psychologists to the need to take care of themselves. Ethics does not need to be seen as a "zero-sum game" where the interests of the psychologists and patients are in conflict. Instead, it could be seen as a "non-zero-sum game," in which the interests of both parties are aligned (Wright, 2001).

Many psychologists are now treating or will be treating those impacted by the Squirrel Hill murders. Pittsburgh is a small city. Many psychologists in Pittsburgh knew the victims personally and many more psychologists are one or two degrees of separation away from those who knew the victims. Other psychologists across the state will be treating patients who have symptoms of past traumas reactivated or triggered by the recent events. How can these psychologists maintain their psychological fitness while dealing with their traumatized patients?

Treating many traumatized patients at one time can lead to distress among the professionals themselves (Makadia, Sabin-Farrell, & Turpin, 2017) which could include vicarious or secondary PTSD, where PTSD symptoms are developed following exposure to patients with PTSD. Psychologists working with trauma or abuse survivors need to manage their strong emotions and, unless they monitor their emotional health carefully, may avoid the traumatic material or intrusive thoughts about the injuries in a manner similar to their patients with PTSD. Empathy is necessary to work effectively with these patients; but the very process of expressing empathy increases the risk of psychological harm to the psychotherapist.


Dr. Samuel Knapp


Rachael L. Baturin

Any psychologist may be vulnerable to secondary trauma given the right circumstances. However, psychologists who treat multiple traumatized patients or who have limited social support (Rzeszutch, Partyka, & Golab, 2015) are more vulnerable to develop secondary PTSD. Other factors such as poor boundaries or a personal history of trauma can also be factors. The boundaries issues may be especially relevant here because of the connections that psychologists might have had to the victims or friends or families of the victims.

Psychologists who are serving those suffering from the Squirrel Hill tragedy should remember that:

- Their work is important and valued by all of us.
- They are not alone.
- They are cherished members of the broad community of Pennsylvania psychologists.

In response to the tragedies at Squirrel Hill, PPA has assembled a list of psychologists across the state who are willing to assist psychologists who are experiencing stress or trauma themselves secondary to working with traumatized patients. If you or one of your patients needs assistance processing this tragedy, you can contact annmarie@papsy.org to receive the list of psychologists able to provide treatment.

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The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists
As of August 3, 2018

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action	Governor's Action
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
SB 383	Amends the Public School Code, in duties and powers of boards of school directors, providing for protection and defense of pupils. - Sen. Don White (R-Indiana)	Against	Passed 28–22 on 6/28/2017	In Education Committee	N/A
SB 554	Safe Harbor bill for child victims of human trafficking. - Sen. Stewart Greenleaf (R-Montgomery)	For	Passed 50–0 on 4/25/2017	Passed 187-0 on 10/17/18	N/A
SB 599	Provides for Assisted Outpatient Treatment programs in the Mental Health Procedures Act. - Sen. Stewart Greenleaf (R-Montgomery)	Against	In Health and Human Services Committee	N/A	Approved 10/24/18 Act No. 130
SB 780	Act providing for telepsychology and for insurance coverage. - Sen. Elder Vogel, Jr. (R-Beaver)	For	Passed 49-0 on 6/13/18	Removed from Table 9/25/18	N/A
HB 414	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	In Human Services Committee	N/A
HB 440	Requires insurers to make their behavioral health benefit no more restrictive than their physical health benefit. - Rep. Thomas Murt (R-Montgomery)	For	N/A	In Insurance Committee	N/A
HB 525	Safe Harbor bill for child victims of human trafficking. - Rep. Mark Rozzi (D-Berks)	For	N/A	In Judiciary Committee	N/A
HB 762	Amends Public School Code, in preliminary provisions, providing for study of secondary school start times. - Rep. Tim Briggs (D-Montgomery)	For	N/A	In Education Committee	N/A
HB 1648	Act providing for telepsychology and for insurance coverage. - Rep. Marguerite Quinn (R-Bucks)	For	N/A	In Insurance Committee	N/A
HB1233	Act amending the Mental Health Procedures Act, providing for assisted outpatient treatment. - Rep. Marguerite Quinn (R-Bucks)	For	Passed 49-0 on 10/17/18	Passed 187-0 on 6/21/17	Approved 10/24/18 Act No. 106
HB 1912	Amends Public School Code, in preliminary provisions providing for study of secondary school start times. -Rep. Alex Charlton (R-Delaware)	For	N/A	In Education Committee	N/A

HCO denotes House Cosponsor Memo

Continued on page 7

Summary of Pennsylvania's 2017-2018 Legislative Session

Rachael Baturin, MPH, JD, Director of Governmental, Legal & Regulatory Affairs
Samuel Knapp, Ed.D., ABPP, Director of Professional Affairs

In this last legislative session, the Pennsylvania General Assembly passed several important pieces of legislation relevant to the practice of psychology including acts dealing with suicide prevention; amendment to the licensing law for social workers, marriage and family therapists and professional counselors; clarification of confidentiality rights for minors receiving treatment for the misuse of alcohol or other drugs; secondary school start time in this Commonwealth and protections for victims of domestic violence; and special protections for children who have been sexually exploited.

Assisted Outpatient Treatment
In Act 106 of 2018, the Mental Health Procedures Act was amended to allow courts to order individuals with serious mental illnesses into outpatient treatment under certain conditions. A mental health professional may develop an individualized treatment plan that must be approved "by a psychiatrist or a licensed clinical psychologist". [1]

Those who qualify for assisted outpatient treatment must be unlikely to survive safely in the community without supervision and have a history of failing to adhere to treatment voluntarily. Also because of the failure to adhere to treatment the individual has either created a threat to harm themselves or others or had a psychiatric hospitalization or had been confined in the mental health unit of a correctional facility. The petition for the assisted outpatient treatment must include the results of the examination by a psychiatrist or licensed clinical psychologist. The law does not substantially change the standards for involuntary psychiatric hospitalizations. It was introduced by Rep. Thomas Murt (R-Montgomery).

Certified Suicide Prevention Institutions
The Suicide Prevention in Institutions of Higher Education Act (Act 130 of 2018) would permit colleges and universities to apply for designation as a "certified Suicide Prevention Institution of Higher Education" by the Pennsylvania Department of Education. In order to qualify, the institution must disseminate information on suicide hotlines and crisis services, treatment options available to students, and offer preventive and postvention services. It was introduced by Rep. Michael Schlossberg (D- Lehigh).

Amendments to Social Work, Marriage and Family Therapist, and Professional Counselors Licensing Law
The licensing law for social workers, marriage and family therapists, and professional counselors, which are all regulated by the same omnibus licensing board, was amended to allow licensed workers, marriage and family therapists, and professional counselors to diagnose mental illnesses within their current scope of practice (Act 76 of 2018). In a sense, the legislation only formally recognizes a practice that commercial insurance companies had already been permitted. However, it will make a difference in BHRS services in that this amendment, in combination with proposed changes to the IBHS regulations, would permit social workers, marriage and family therapists, and professional counselors to diagnose children under that system.

In addition, the amendments would forbid the independent practice of social work, marriage and family therapy, or professional counseling by individuals who do not have one of those respective licenses. Such individuals may still work for an agency, health care facility, or another practice without being licensed. It was introduced by Sen. Thomas Killion (R-Chester).

1. According to the Professional Psychologist Practice Act, there is no such designation as a "licensed clinical psychologist." Nonetheless, the regulations to the Mental Health Procedures Act, which were written more than 40 years ago, used the term "licensed clinical psychologist." to refer to licensed psychologists with doctoral degrees and this law simply continues the use of that term.

HCO denotes House Cosponsor Memo

Clarification of Confidentiality for Minors Receiving Treatment for the Misuse of Alcohol and Other Drugs
In Act 47 of 2018, amendments clarified the confidentiality procedures for children who are receiving treatment for the abuse of alcohol and other drugs. The law continues to recognize that minors of any age can seek treatment for alcohol and other drug disorders, and parents may consent to such treatment on behalf of their children. However, it clarifies that children may consent to release information to their parents. In addition, if the parents consented to treatment of behalf of their children, that child may refuse to disclose information to their parents except "facts relevant to reducing a threat to the minor or other individual." This bill was introduced by Rep. Marcia Hahn (R- Northampton).

Domestic Abuse and Gun Ownership
Pennsylvania's criminal code currently allows courts to restrict the gun ownership of persons who have been convicted for domestic abuse. A recent law (Act 130 of 2018) now makes it a misdemeanor of the second degree to fail to relinquish arms if so required to do so by such an order. It also provides details on the procedures to follow when relinquishing such fire arms. The bill was introduced by Rep. Marguerite Quinn (R-Bucks).

Study on Secondary School Start Times
The Pennsylvania Senate passed a resolution directing the Joint State Government Commission to establish an advisory committee to conduct a study on secondary school start time in this Commonwealth. This study must be completed in 12 months. The resolution was introduced by Sen. Andrew Dinniman (D-Chester).

Victims of Sexual Trafficking
Finally, the legislature passed a law that would provide special protections for children prosecuted as violating laws dealing with prostitution or related offenses if it has been determined that the child was a victim of sexual exploitation, such as sexual trafficking. According to this law, such children may be immune from prosecution under certain circumstances and would be eligible for health care, education, training, or other services needed to rehabilitate them. This was introduced by Sen. Stewart Greenleaf (R-Bucks).

Although there were many important pieces of legislation relevant to the practice of psychology that passed, the Pennsylvania General Assembly failed to pass legislation that would ensure the availability and payment for telehealth services by commercial companies in Pennsylvania. This bill had been supported by PPA and other health provider groups. This bill will be reintroduced again next session and PPA will once again do its best to advocate for passage of this bill.

THE BILL BOX
Continued from page 5

The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists
As of August 3, 2018

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action	Governor's Action
HCO 2227	Amends Crimes and Offenses Code and Judiciar Code to allow for extreme risk protective orders. - Rep. Todd Stevens	For	N/A	In Rules Committee	N/A
SR417	Resolution directing the Joint State Government Commission to establish an advisory committee to conduct a study on secondary school start time in this Commonwealth. – Sen. Dinniman (D-Chester)	For	Adopted 10/17/18 Transmitted as directed 10/23/18		
SR445	Resolution recognizing October 10,2018, as "World Mental Health Day" in Pennsylvania. – Sen. Bartolotta (R-Beaver, Greene, Washington)				

Letter from the Editor

Welcome to the special section of the December 2018 issue of the *Pennsylvania Psychologist Quarterly!*

December often brings cooler weather and a feeling of goodwill that encourages us to stay indoors and curl up with our loved ones (human and fur babies). I hope that you can enjoy this issue sitting next to a warm fire and basking in some much needed love, friendship, and general merry making!

This issue's theme centers on those unique companions in our lives – animals. Animal-assisted therapy is becoming popular across the fields of psychology, education, and social work, as well as others. Our first two articles provide guidance on understanding some ethical and logistical aspects of including animals in service, therapy, or emotional support roles. Zuckerman's article will hopefully provide our readers with some new insight into how animals think about their bonding and interaction with us.

Finally, we end this special section looking at bullying. Bullying is both a relevant psychological topic and related to the concept of companionship. Those who are bullied often feel isolated, alone, and without support or companionship. Unfortunately, animals and humans are both victims of cruelty, but we are seeing positive research demonstrating the healing impact of animals, and we owe much to our companions with fur (or feathers). Recovery from bullying and other traumas can be greatly enhanced through our interaction with animals. Please remember to be kind to yourself, kind to each other, and kind to all species who share our earth.

It is important to remember that while adopting from a shelter is a great way to give a deserving animal a forever home, adoptions in December often end poorly. Swept up in the excitement of the holidays, many individuals feel a living, breathing, furry friend will make the perfect gift, without thoroughly assessing what is the best arrangement for the animal and the family. When we view animals (or people) as commodities, we often lose sight of the wishes and best interest of the animal. When inviting an animal into your home, they should become a full-fledged member of the family. Please make sure that you are adopting for the **benefit of the animal.** If you are asked to conduct an assessment for an emotional support animal during the month of December, be cautious and make sure the client understands all aspects of pet companionship and responsibility.

Psychology can make a difference in the lives of people and animals and this is the greatest strength of our profession!

Warm Wishes!
Shannon Len Deets, Ph.D., LPC

It is important to remember that while adopting from a shelter is a great way to give a deserving animal a forever home, adoptions in December often end poorly. Swept up in the excitement of the holidays, many individuals feel a living, breathing, furry friend will make the perfect gift, without thoroughly assessing what is the best arrangement for the animal and the family. It is important to remember that while adopting from a shelter is a great way to give a deserving animal a forever home, adoptions in December often end poorly. Swept up in the excitement of the holidays, many individuals feel a living, breathing, furry friend will make the perfect gift, without thoroughly assessing what is the best arrangement for the animal and the family.

Animals as Therapy Assistants: Competencies, Welfare, and Effective Practice

by Risë VanFleet, Ph.D., RPT-S, CDBC, rise@risevanfleet.com

The past several years have seen a rapid increase in the number of news reports and social media blogs on Animal-Assisted Therapy (AAT), or animals involved in psychotherapy, allied health sessions, and in education. These programs differ from Animal-Assisted Activities (AAA) in that they are conducted by professionals in the course of their work, and they focus on clients' therapeutic goals rather than social support and visits. An unfortunate consequence of the increased acceptance and enthusiasm for animals in psychological practice is that many practitioners are unaware of the scope of practice issues and risks associated with it. It is common to hear of therapists involving their family companion animals in their work without the benefit of any training for themselves, and sometimes, very little for their animals. This approach greatly increases the risks to clients, to the animals, to the therapist, and to the field (VanFleet & Faa-Thompson, 2017). This article looks at the competencies needed to involve animals effectively and ethically in psychotherapy, and how animal welfare and well-being must be in the forefront of every session.

The benefits of animals for psychological practice have been established by clinical practice and research (Chandler, 2017; Fine, 2015; VanFleet & Faa-Thompson, 2017), although more research is certainly needed. They can assist with rapport-building, provide emotional safety, help clients learn about healthy relationships, offer soothing or calming effects, and promote analogies and metaphors that can enhance therapeutic effects. Many available research studies, as well as program descriptions, highlight these benefits for the humans. Very few, however, discuss the impact of this work on the animals or the complex knowledge and skill needed to conduct these sessions properly (VanFleet & Faa-Thompson, 2017). The *Human-Animal Interaction Bulletin* (Section 13 of Division 17 of the APA) was established in 2013 as an online, open-access, peer-reviewed resource to disseminate research on all aspects of the human-animal bond and the involvement of nonhuman animals in therapy (www.apa-hai.org/human-animal-interaction/).

The American Counseling Association (ACA) has established competencies for therapists involving animals in their work (Stewart, Chang, Parker, & Grubbs, 2016), and the American Psychological Association (APA) has the Human Animal Interaction Competencies Committee tasked with doing the same. The author offers a well-regarded full certification program in Animal-Assisted Play Therapy™ (AAPT) based on demonstrated competencies (www.iiaapt.org), and the Animal-Assisted Interventions International has established standards of practice for all types of AAT including mental health (www.aai-int.org).

In short, therapist competencies cited in these sources highlight:

- Mastery of psychotherapy skills.

Photography credit: Carl Photography

VanFleet and her therapy dogs

Knowledge gained through formal training and supervision in AAT.

- Detailed knowledge of animals including ethology, animal behavior, animal body language, the individual animal involved, and existing ethics about the treatment of animals.
- Demonstrable skills in selecting, training, handling, and advocating for the animals.
- Specialized skills in conducting sessions that include live animals, such as split attention that focuses equally on the animal and the client, and the incorporation of the animal in ways that include animal choice while furthering the attainment of client goals.
- Skill in capitalizing on the unexpected situations and relational moments that occur.
- Skill in anticipating obstacles that arise in session that can be stressful for the human client or the animal assistant, and in taking quick and appropriate action to ensure safety and comfort for both (Chandler, 2017; Stewart et al., 2016; VanFleet & Faa-Thompson, 2017).

Within each of these general competence areas are complex skills that are developed for most professionals through high-

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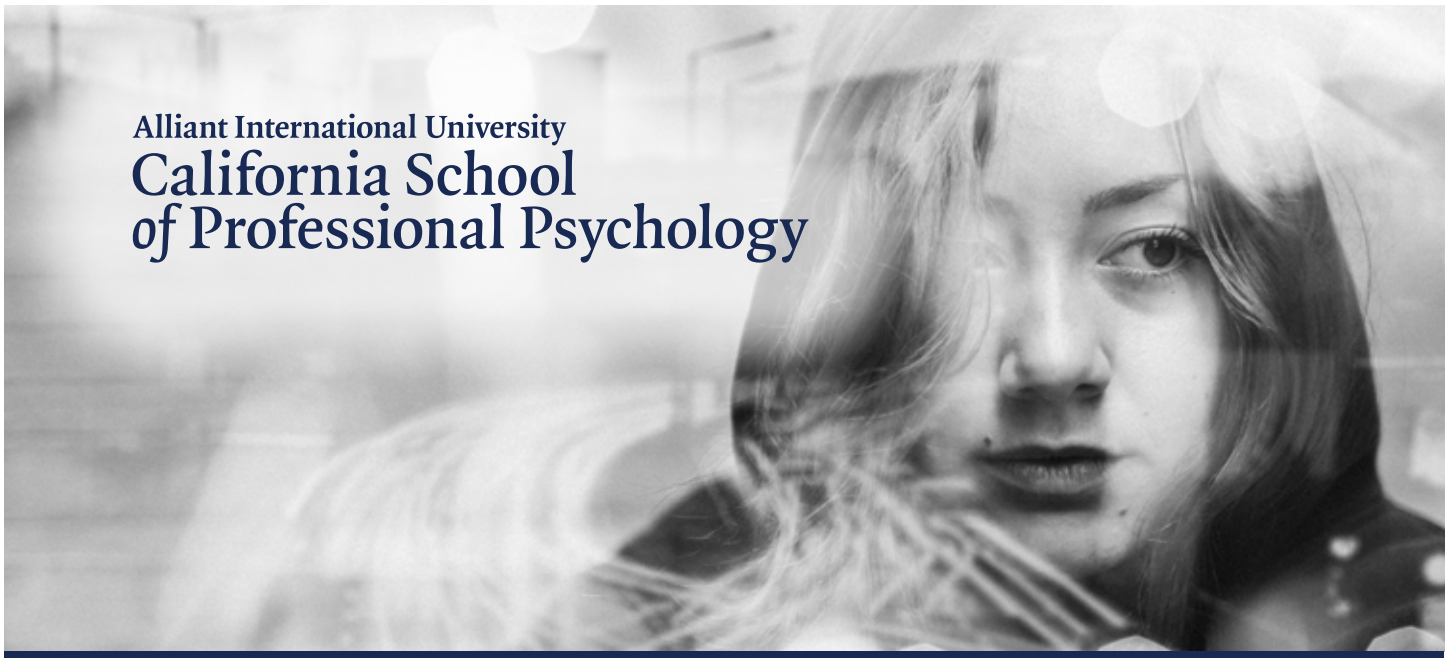

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Service, Therapy, or Emotional Support: Choosing the Best Option for Your Furry Companion

Kylie McColligan-Oleski, Psy.D., mccolligank3@gmail.com

Kylie McColligan-Oleski, Psy.D.

For many, pets represent far more than just furry companions; instead, are considered family members, with some even referring to them as their 'furkids.' Given how much we value our pets, we often want to share their value with others or have them fulfill a therapeutic role. However, there are many options for training your pet to fulfill a helping role and choosing the best option for you and your pet can be overwhelming. Ultimately, the right option for you depends on the specific function you expect your animal to serve.

Do you desire your pet to assist you with a disability and support you in participating in everyday life?
If the answer to this question is 'yes,' then your best option would be making your pet a service animal. According to the Americans with Disabilities Act (ADA), a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability. For example, the dog must be trained to engage in a specific action to assist the person with a disability, such as detecting hypoglycemic episodes in individuals with diabetes or seizure activity in an individual with epilepsy. Individuals with disabilities have the right to train the dog themselves and do not have to use a professional service dog training program. By law, service animals are covered by the ADA; however, emotional support and therapy dogs fall under the jurisdictions of state and local governments. It is also important to note that the ADA makes a distinction between psychiatric service animals and emotional support animals, discussed next.

Do you desire for your pet to primarily provide comfort?
If so, your best option would be to qualify your pet as an emotional support animal. In order to qualify as an emotional support animal, one must be prescribed an emotional support animal by a licensed mental health professional via a written letter documenting diagnosis(es) and how the animal can help with the condition(s). In most cases, airlines and landlords will accommodate emotional support animals, as both the Air Carriers Access Act (ACAA) and the Fair Housing Act (FHA) call for modification of (no pets) policies for emotional support animals. A variety of conditions may qualify for an emotional support animal including anxiety, panic, depression, and PTSD, to name a few.

It is important to note the distinction between an emotional support animal and a psychiatric service dog. For example, if the dog is trained to detect and take action to prevent a panic attack, it would qualify as a service animal. However, if the dog's mere presence provides comfort, then it would be considered an emotional support animal.

Do you want your pet to bring comfort and affection to people in facilities, schools, or disaster areas?
If so, you will need to have your pet trained as a therapy animal. Most often therapy animals are dogs, but can include other species, such as cats. Therapy animals are privately owned and often visit facilities on a regular basis. Although therapy animals are not protected under federal law, they must be registered through a therapy dog organization, such as Therapy Dogs International (TDI) or the American Kennel Club (AKC). Once registered with an official therapy dog organization, both the animal and its handler are covered under the organization's liability insurance, which is included in the annual registration fee. Therapy animals can be classified into three different types: therapeutic visitation, animal-assisted therapy, and facility therapy.

Personal Experience with Therapy Dog Training.
When my now-husband and I adopted our first pet together, a pit bull named Haze, we were motivated to do everything we could to help him defy the stereotypes often associated with bully breeds. To that end, we decided to have him trained as a therapy dog.

The first thing we considered in making this decision was Haze's temperament; very calm and affectionate, he had the ideal temperament to be a therapy dog. Next, we considered the skills he already possessed when we adopted him – he was already able to sit, stay, give paw, and lay down. Although we chose to build on his existing skills and complete additional group training classes prior to enrolling in the Therapy Dog training course, it is not a necessary requirement to do so.

Once we felt he was ready, we contacted the local chapter of TDI (www.tdi-dog.org) to enroll in a training course. Training took place across several classes and was a group format. Training included exercises such as getting your pup comfortable around wheelchairs and walkers and placing your dog in sit-stay position while you left the room. At the end of the training course your dog was evaluated with a skills assessment. If your dog passed the test, results were sent along to TDI and you were provided with the necessary paperwork to officially register your dog as a certified therapy dog! Don't worry, if you failed the test, you were given the opportunity to test again. We always enjoyed taking Haze to various facilities and relished in the positive feedback we received about how well trained he was. We are so happy and proud of our decision to train him as a therapy dog, and we highly encourage you to consider training your dog as a therapy dog, too!

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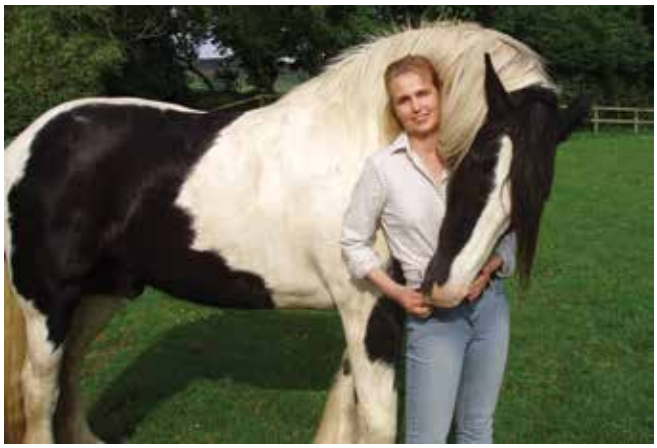
ANIMALS AS THERAPY ASSISTANTS: COMPETENCIES, WELFARE, AND EFFECTIVE PRACTICE

Continued from page 9



UK colleague Tracie Faa-Thompson and her horse, Sailor

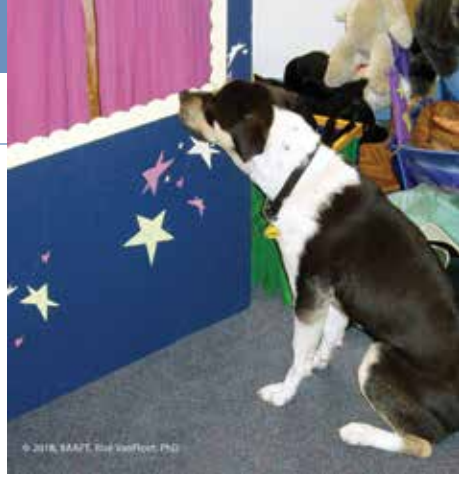
Photography credit: Carl Photography

JosiePatches, a play therapy dog

quality, in-depth, multidisciplinary training specific to this work.

For example, a psychologist fictitiously named Jill was trained in AAPT. She worked with a 15-year-old female with a history of complex trauma. The girl, "Brandi," had refused to talk much about her many years of abuse and living in foster care. She was also reluctant to discuss the distrust in most of her relationships. Jill introduced her approved AAPT dog, Sparky, into the last half of each of their sessions. After Brandi learned how to interact humanely and safely with Sparky, they engaged in a variety of activities designed to help Brandi feel safer and to open up a bit more. Jill facilitated their interactions and provided metaphors for them, as well as positive reinforcement for Brandi's kind behaviors. Jill made comments such as, "Sparky really seems to like you. He feels safe and happy when you are so careful with the way you are playing with him. ...Sparky's a little unsure about that tunnel. Can you think of a way to help Sparky feel safer with it? ...What a great idea – you made it shorter for him to go through at first! Wow! He's going through it easily now – you really helped him overcome his scared feelings!"

The various activities delighted Brandi, who increasingly opened up, commenting on Sparky's behaviors, how Sparky liked her, and how she liked him. Jill facilitated the healthy relationship features. One day, Brandi got very excited and blocked Sparky in the corner. Jill saw Sparky's ears lower and his mouth close, both signs of stress. She noticed that Sparky had no exit route, so she commented, "Brandi, I just noticed that Sparky has no exit route and is showing some signs of stress. Can you find a way to help him with all that?" Brandi moved back to provide more space, gave Sparky a treat, and spontaneously apologized to him. Quietly she said, "I know it's no fun to be trapped!" The therapist reflected, "Being trapped is scary, and you found a way to help Sparky." Jill continued to help Brandi in her relationship with Sparky, and Brandi opened up about the scary things she had experienced, simultaneously developing mastery over them.



Kirrie, a therapy dog, waiting for a puppet show to begin

This example illustrates some of the competencies required of psychologists who wish to involve animals in their work, and it also shows the importance of assuring animal safety and enjoyment in that setting. When psychologists attend to animal welfare issues, it is therapeutic for the client, too. It is critical that the involvement of therapy animals remain positive and animal-friendly so that clients can see the therapist-animal relationship as a metaphor and model for the therapist-client relationship. There is much to learn, but it all is fascinating.

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SERVICE, THERAPY, OR EMOTIONAL SUPPORT: CHOOSING THE BEST OPTION FOR YOUR FURRY COMPANION

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Dognition

Edward Zuckerman, PhD, edzucker@mac.com


Edward Zuckerman, PhD

Watch the most ordinary of dog and owner interactions: the dog brings the ball or Frisbee to the owner who throws it. Maybe the dog loses track of it so the human points and the dog finds and returns it for another round. You are a psychologist. What is going on here? A complex interaction of communications and cognitions.

You note that the adult dog is playful (almost unique among adult mammals). The dog makes repeated eye contact (most animals don't or consider it a challenge leading to subservience or aggression). Dogs look at our faces and eyes to know when they can communicate with us. They can tell a smiling from a neutral face (but only when the stimulus face was of the same sex as their owners). They can tell when a person can hear their barks, can see what they are doing, and even where the person can and can't see. Research shows that if an opaque barrier is inserted the dog will put the ball between the barrier and the human, not at a previously visible location. The dog knows the front of the human from the back and drops it where the human can see the ball (Theory of Mind?).

When the dog loses the ball, it looks to the human for guidance. Dogs recognize human pointing gestures and even follow the hand, not the arm. Dogs look where humans look and even where other dogs look. And, like humans, they do this from early age without training. Dogs have evolved to be more cognitively similar to us than we are to our closest relatives, chimpanzees and bonobos.

Cognition

Humans learn words by association and then learn categories like 'all foot coverings' from "sock" and we think this so complex that no other animal could do the same. A dog, Chaser, learned a thousand "toys" names not by association but by exclusion. When she was asked to fetch and given a new word/name she figured out that the new word must refer to a new toy whose name she did not know. She could even learn new names by overhearing their names without any food rewards offered. Moreover she learned categories like "toy" and "non-toy" and subcategories like "frisbee" or "ball." She could bring a toy after being shown a different-sized model of it and even a photograph of it. Although she was not a special dog before this training, it took years so don't expect your pooch to perform like Chaser.

Some Cognitive Limitations

- They are not too good with self-awareness. When encountering a mirror they bark at the stranger or look behind it. In contrast, apes will quickly use it to look at parts of their bodies they cannot see and use them to learn more about their body parts.
- Dogs can't count but they can evaluate the relative sizes of different packs.
- Dogs are poor at trial and error learning, such as learning to open a latch (compared to chimps and humans) but learn it almost immediately if they see us do it.
- When navigating, dogs can figure out shortcuts, like using a diagonal to get to a food treat or keep up with us on a walk, but they are much inferior to wolves in overcoming barriers and making detours. They will persist at an approach to a food treat learned before a barrier was placed and won't easily learn to go around fences to get a visible treat. However they learn quickly to go around a fence to get a treat if they see another dog or a human do it. But they cannot learn a sequence of steps from such modeling and after learning they generally cannot change set. While they can use landmarks, they usually don't, preferring to use what they have learned from a human's behavior in solving spatial problems. Almost all dogs do not find their way home except accidentally.
- They don't feel guilt. Their behaviors when accused is a response to the tone of voice we use. They cannot learn from punishment after the fact of peeing on the carpet. Punishment only raises the levels of their stress hormones.

Training your dog

Based on the above, here are some ideas. Remember that all dogs are inherently skilled at learning from our signals and actions, even when you don't want them to. Call their names and make eye contact before you shift your gaze to some desired action (i.e. the location of the ball to be retrieved). When you point, extend your arm and your hand. Use a higher pitched voice and talk to them while demonstrating the behavior or solution you want them to learn. Repeat the command exactly and without extraneous words. Remember they learn very fast by observation and very poorly from trial and error.

Dogs want to please us, they have bet their survival on us, and they, uniquely, prefer human company to that of their own species.

Most of the information in this article comes from the most readable, research-based, overview, Brian Hare and Vanessa Wood's *The Genius of Dogs: How Dogs are Smarter Than You Think* (NY: Plume, 2013)

For those who want to lean more of dognition there are several excellent books available.

- The Dog's Mind: Understanding Your Dog's Behavior by Bruce Fogle is a bit dated but covers dog's brains and then how to deal with common behavioral problems based on the anatomy and brain function.
- *What It's Like to Be a Dog: And Other Adventures in Animal Neuroscience* by Gregory Berns reports on how dogs brains function (yes, he trained his dog to lie still in an MRI scanner) when performing tests and tasks.
- *Inside of a Dog: What Dogs See, Smell, and Know* by Andrea Horowitz uses both keen observations and research to vividly experience what it is like to be a dog in the world.
- Stanley Coren has written a dozen books on dogs including *How Dogs Think: What the World Looks Like to Them and Why They Act the Way They Do*. He focusses on how their world is sound and scent not dominated by vision as is ours and present lots of information on this and the accompanying thought processes.

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Animal Assisted Intervention in Prisons

Cynthia Wright, D.Ed.

***Back row*- Volunteer Sue Anderson, SRU students Cassandra Spirnock and Maura Vulakovich, Volunteer Ardis Walsh. *Front Row*- Dr. Cynthia Wright with Ginger, Dr. Yvonne Eaton-Stull with Murphy, Danny (collie)**

The world is beginning to recognize what dog lovers have known for year – dogs are far more than just companions. Researchers are just beginning to scratch the surface of the positive impact dogs have on our lives. Their mere presence has a myriad of positive impacts, and animal assisted therapy is a powerful new treatment modality. Introducing animal assisted interventions to the prison setting has the potential to produce significant positive change into these settings. The Pennsylvania Department of Corrections (DOC) supports research into innovative treatment strategies in their effort to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change.

Therapy dog Ginger

PPA Member Dr. Cynthia Wright, Regional Licensed Psychologist Manager, and Dr. Yvonne Eaton-Stull, Slippery Rock University Assistant Professor, along with student researchers recently completed two animal-assisted (AA) group interventions research studies with offenders at two correctional facilities. The goal of the research studies is to provide evidence to demonstrate the effectiveness of AA intervention, lend credibility and support for this type of innovative rehabilitation strategy, and practice interventions to enhance treatment options and improve mental health.

Therapy dog Danny

The DOC is the largest single provider of mental health services in Pennsylvania. Managing emotions in the corrections environment is key to successful adaptation and learning effective coping skills for long term mental health and rehabilitation. Female offenders engage in high rates of self-injury, and many offenders experience significant stress. Managing these issues is a challenge for security staff, and rehabilitating these offenders is a primary role of forensic practitioners today.

The male pilot intervention focused on decreasing stress and increasing positive coping strategies with therapy dogs. Measures of anxiety, coping, and feelings about the therapy dogs were assessed. Significant decreases in anxiety and increases in two positive behavioral coping strategies were discovered. Positive feelings towards the therapy dogs were expressed by participants. The female prison intervention was an experimental design comparing dialectical behavior skills training with and without AA.

The purpose of this intervention was to assist participants in better managing their emotions and coping effectively with self-destructive thoughts. Self-harm and coping strategies were assessed. The AA group experienced significant decreases in instances of self-injury and had significant decreases in four maladaptive coping strategies. The non-AA group did not demonstrate significant changes in self-injury and had only one significant decrease in coping.

These studies confirm what we know intuitively and offer valuable evidence of the benefits of AA Intervention in enhancing mental health outcomes in prisons. Not only were there significant positive impacts in the data, the presence of the dogs seemed to have a positive effect on the staff and the overall atmosphere. Incarceration is a very stressful, overwhelming situation, and working within the prison system carries its own unique stressors.

Additional research is planned. We hope to see more therapeutic interventions involving therapy dogs in correctional settings.

***From left to right*, SRU student Alisha Zambroski, Dr. Yvonne Eaton-Stull with Chevy, SRU student Christina DeAngelis, Dr. Cynthia Wright with Ginger.**

Students', Parents', and Teachers' Views Regarding Bullying of LGBTQ Students in Pennsylvania

Laura M. Crothers D.Ed., Jered B. Kolbert Ph.D., Matthew J. Bundick Ph.D.,
Cassandra Berbary Ph.D., Suzannah Chatlos Psy.D., Latitia Lattanzio, Ed.S., Amy E. Tiberi M.S.Ed., Jacob Wadsworth M.S.Ed., &
Daniel S. Wells Ph.D., Duquesne University
John Lipinski Ph.D., Indiana University of Pennsylvania

Questions should be directed to Dr. Laura M. Crothers, crothersL@duq.edu

Introduction

Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) children are at an increased risk for bullying victimization due to non-typical gender-related behaviors or expression (Clarke & Kiselica, 1997). LGBTQ students are already vulnerable to social isolation (Walls, Kane, & Wisneski, 2010), higher levels of interpersonal problems (Ueno, 2005), and feeling unsafe at school (Kosciw, Greytak, Palmer, & Boesen, 2014), compared with heterosexual students. In a nationwide survey of LGBTQ students, 74.1% reported experiencing verbal harassment, 36% experienced physical harassment, and 49.0% experienced cyberbullying (Kosciw et al., 2014). Accordingly, this study is an investigation of students', parents', and teachers' perceptions of LGBTQ student bullying rates, school climate, and awareness of school anti-bullying policies.

Methods

Participants

Students participating in a community mental health agency in southwestern Pennsylvania, participating in an arts-based outreach group for LGBTQ youth in southwestern Pennsylvania, or affiliated with the Pittsburgh chapter of the Gay, Lesbian and Straight Education Network (GLSEN-Pittsburgh) were solicited to participate, yielding a total sample of 98. Students recruited through the first two groups represented a 100% response rate, while of 156 individuals who received the GLSEN-Pittsburgh email notification, 23 participated, yielding a response rate of 15%. Parents affiliated with the organization, Parents and Friends of Lesbian and Gay Students (PFLAG) – Pittsburgh were invited to participate. Twenty parents out of 30 completed the survey, representing a 66% response rate. Finally, 3,652 educators in southwestern Pennsylvania were invited to participate. Two hundred seventeen educators responded, representing a 6% response rate.

Measures

The educator and parent versions of the scale included questions regarding school support for students and schools' policies regarding bullying. The student version included a variety of school experience questions like the rate of bullying victimization and perceptions of school safety.

Procedure

Surveys were compiled via SurveyMonkey. Participants provided consent by following the hypertext links to the survey. Potential teacher participants were offered to be entered in a drawing for a Visa gift card.

Results

Descriptive Statistics

In this study, the average student's age was 16.95 years (SD = 3.66), the average parent's age was 53.88 years (SD = 12.51), and the average teacher's age was 40.6 years (SD = 8.16). Information about participants' gender, racial background, sexual orientation, and school level is reported in Table 1.

Perceptions of LGBTQ Student Bullying

LGBTQ students and their allies (Y), parents of LGBTQ youth (P), and teachers (T) in this sample reported that LGBTQ students were at least "sometimes" relationally bullied (46.8% - Y; 77% - P; 35.3% - T; respectively), verbally bullied (41.7% - Y; 61.6% - P; 29.5% - T; respectively), cyber bullied (29.1% - Y; 38.5% - P; 29.3% - T; respectively), sexually harassed (17.7% - Y; 46.2% - P; 11.8% - T; respectively), and physically bullied (12.5% - Y; 30.8% - P; 7.5% - T; respectively). Relatedly, 55.3% of students, 61.6% of parents, and 18.9% of teachers reported that LGBTQ students are bullied "more" or "much more" than non-LGBTQ students.

Perceptions of School Support

When asked about the degree of support LGBTQ students receive, 65.7% of students, 50% of parents, and 97.4% of educators indicate that LGBTQ students are least "sometimes" supported by school personnel, while 76.1% of students, 58.3% of parents, and 96.4% of educators perceived that LGBTQ are at least "sometimes" supported by their peers. Interestingly, 47.4% of LGBTQ students, 38.5% of parents of LGBTQ youth, but 0% of teachers reported LGBTQ students feeling uncomfortable reporting bullying to any school personnel.

Perceptions of Anti-Bullying Policies

More than half the student sample (55.8%), 5% of the parent sample, and 12.6% of the educator sample indicated their school either did not have explicit anti-bullying policies, or they were unaware if such policies existed. Similarly, 80% of students, 100% of parents, and 25.4% of teachers reported not having or being unaware of policies specifically addressing bullying against LGBTQ students. Roughly one third of students (33.7%), one third of parents (36.4%), and few educators (5.2%) confirmed that their school's anti-bullying policy is "never" or "rarely" enforced by school personnel. Finally, 40% of students, 63.7% of parents, and 22.7% of teachers do not feel that their school does enough to prevent bullying of LGBTQ students. Almost a fourth

(23.1%) of parents surveyed reported their child/adolescent had changed educational facilities at least once due to being bullied regarding his or her sexual orientation.

Discussion

The findings of this investigation suggest that students identifying as LGBTQ are significantly more likely to experience increased rates of bullying victimization compared to heterosexual peers. Parents of LGBTQ youth, LGBTQ students, and their allies were comparable in their perceptions of the bullying of LGBTQ students in relation to teachers, who reported less bullying of sexually-diverse children and adolescents, consistent with research suggesting that teachers may underestimate the frequency of bullying in schools (Vaillancourt et al., 2008). This sample of teachers, students, and parents reported that relational and social aggression, followed by verbal bullying, and cyber bullying were most common forms of victimization, suggesting that the general perceptions of the types of bullying occurring are similar among teachers, students, and parents.

In this sample, teachers perceive schools as being supportive of all students. Compared to students and parents, teachers reported higher levels of support for LGBTQ youth from school personnel and peers. A small portion of educators and about half the students indicated that their school did not have anti-bullying policies or they were unaware if such policies existed, even though each school district from which the students and teachers were recruited did have such policies (Dalton et al., unpublished). Parents were the most accurate regarding the existence of schools' anti-bullying policies.

Parents of LGBTQ youth, LGBTQ students, and their allies in this sample accurately identified that few districts had anti-bullying policies containing LGBTQ specific language, while a greater number of educators believed that such language existed, suggesting that educators may be unaware of the specific language in place. About a third each of LGBTQ students, their allies, and parents of LGBTQ youth, but less than a tenth of educators indicated that anti-bullying policies are not typically enforced by school personnel. However, about a quarter of teachers reported their school not doing enough to prevent bullying of LGBTQ students.

Although this study provides important information regarding perceptions of bullying from multiple perspectives, there are limitations, including generalizability due to the lack of ethnic diversity within the parent and teacher samples and issues related to self-report data, including the possibility of recall bias, reporter bias, and social desirability bias. Overall, the findings highlight the need for reducing bullying, increasing support, and implementing and increasing the specificity of anti-bullying policies, as bullying of LGBTQ students continues to be a persistent problem in schools.

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Table 1

Descriptive Statistics of the Sample

Category	N			Percentage of Sample		
Gender	Teacher(n=201)	Student (n=98)	Parent (n=20)	Teacher	Student	Parent
Male	78	33	3	38.8%	33.7%	15.8%
Female	123	50	11	61.2%	51.0%	57.9%
Transgender	0	10	4	0.0%	10.2%	21.1%
Self-Described	0	5	1	0.0%	5.1%	5.3%
Race/Ethnicity						
White	194	51	16	96.5%	52.1%	88.9%
Black	2	19	0	1.0%	19.4%	0.0%
Asian	0	2	0	0.0%	2.0%	0.0%
Hispanic	1	6	1	0.5%	6.1%	5.6%
Native American	0	0	1	0.0%	0.0%	5.6%
Biracial	2	20	0	1.0%	20.4%	0.0%
Sexual Orientation						
Straight	187	30	14	93.0%	31.6%	82.4%
Gay/Lesbian	10	31	2	5.0%	32.6%	11.8%
Bisexual	4	24	0	2.0%	25.3%	0.0%
Questioning	0	10	1	0.0%	10.5%	5.9%
School Level						
High School	133	85	10	66.5%	86.7%	58.8%
Middle School	67	8	0	33.5%	8.2%	0.0%
Elementary	0	0	1	0.0%	0.0%	5.9%
Other	0	5	6	0.0%	5.1%	35.3%

Workplace Bullying and the Replication Crisis

Julie Meranze-Levitt, Ph.D.

Amy Cuddy, a social psychologist, received criticism about her work on postures and their effects on self-confidence and performance, but not in the usual way that critiques are usually aired. This criticism had earmarks of bullying. Dominus (2017) questioned how women in academic positions, especially those in social psychology, are treated.

Workplace bullying is variously defined in the workplace, from country to country, and from researcher to researcher (Zapf & Einarsen, 2001). It generally refers to persistent and long-lasting verbal putdowns and abusive conduct, with an intent to harm, and is recognized as an excessive social stressor (Leymann, 1996; Zapf, 1999). Workplace bullying is seen as distinct from sexual harassment and aggression.

The attacks on the Cuddy article led me to think about civility, especially toward women, and what the natures of the competitive game for power and celebrityhood have become. I also began questioning whether the treatment of women psychologists has changed for the worse.

But first, an aside. Before Thanksgiving, I was in a supermarket waiting to pick up a turkey I had ordered for the holiday. As I stood waiting my turn, a man standing next to me tersely said to me that he was next in-line, implying that where I stood was out of order. I said that I wasn't sure where the line started and whether I had somehow moved ahead of others who also were waiting. He replied he didn't care what constituted being in-line or where I placed my body, just that I should know he was first and that I shouldn't attempt to get in front of him. I thought his actions were a power play.

This chance interaction began a thought-process for me, questioning how women, men, and other gender groups and minorities handle a sense of place or turf, however temporary. I wondered whether we have workable protocols for navigating difficult situations and for being heard, especially when power is not equally distributed. I began questioning how those needing to be in power, such as the man next to me in the supermarket, handle those whom they perceive as getting in their way. I wondered what progress we are making to work together in a crowded, complex society, with complicated, multi-faceted intersecting identities and roles and agendas. What it means to be a woman was part of my questioning, as was where women stand in relation to men and in relation to others who have or believe they have greater or lesser power and status than they do.

The argument raised about Cuddy's work (e.g., Cuddy, Wilmuth, & Carney, 2012) was that she assessed the validity of data in a flawed manner. Over many years, the argument goes, she massaged her data, eliminating certain results and adding other data to strengthen the statistical significance of her findings. Dominus (2017) also stressed that the ways data concerns have been raised have also changed. Instead of questioning results in meetings in which differing interpretations are offered in a polite way and in journals, with time to respond between journal issues, allegations of poor data and false outcomes are now leveled in blogs, along unpredictable timetables, or within groups that may exclude the person(s) whose work is being attacked.

Julie Meranze-Levitt, PhD

Those who question results from earlier authors see themselves as doing a service, presenting more accurate depictions of data and calling for the importance of replicating rather than simply accepting outcome data without careful oversight. Simmons, Nelson, & Simonsohn (2011) and others write in support of new approaches to statistical analyses, describing methods they believe should replace use of *p*-values. Apparently, the rules of what is acceptable in debate have changed and so may the intent, which seems to be to vilify the scientist and his or her reputation rather than neutrally exploring design and explanations of outcome of specific studies. These new ways of critiquing can have negative effects on those whose studies are questioned. Dominus (2017) points out that, according to a 2016 survey of 350 social psychologists, women in social psychology participate less often than men in such social-media discussions.

Further, and equally disturbing, there continues to be a more general putting down of women in the workplace. While the studies are still few, it appears from meta-analyses (Nielsen and Einarsen, 2012, analyzing data from Norway) and individual studies (e.g., Lewis and Orford, 2005, exploring reactions of women to bullying in the United Kingdom [UK]), that women are bullied more often by men and by other women. So far, there are few studies, and again definitions and results may vary from country to country. Farley and Sprigg (2014), in a Guardian article on academic bullying, state that bullying within academic environments is more prevalent than the national average in the UK. They report that estimates of academic bullying in the UK is between 18 and 42%, in contrast to the overall percentage of workplace bullying, which ranges from 10 to 20%. In the USA, those most bullied in the workplace remain women (Namie, 2017). According to Namie, in 2017, women are 66% of those targeted in work situations; 70% of the perpetrators are men. Hispanics and African-Americans are most likely to receive the brunt of the attacks.

My Takeaways

What are the takeaways from these observations? How should we psychologists handle bullying within our own professional communities and when we encounter bullying in other situations?

I think most important is to remain vigilant. When we see or know of bullying, we need to respond, making clear that it is not

acceptable. Lewis and Orford (2005) described 10 professional women who were targets of workplace bullying, observing the importance of social support and making changes on a systems level.

When we find ourselves getting cowed, we need to develop strategies for speaking out, recognizing that our reporting may still invite retaliation. We must empower those who may become prey on how to recognize the warning signs, the persistent criticizing, pressuring, and denigration and how to push back. In addition, help them learn what procedural systems are in place in their work situation and what needs to be created.

The American Psychological Association's (APA) website on bullying in the workplace has many excellent resources: www.apaexcellence.org/resources/special-topics/workplace-bullying. This site is one of several exploring bullying, its consequences, and how to prevent and treat it. Let's create a conversation about such bullying and begin making changes in our own systems.

If you have examples of bullying in the workplace and how you have handled these events, please contact me at julie.levitt@verizon.net.

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Service Animals in Schools

Shirley A. Woika, Ph.D., saw194@psu.edu


Shirley A. Woika, Ph.D.

Introduction

On September 15, 2010, final regulations implementing the Americans with Disabilities Act (ADA) for title II (State and local government services) and title III (public accommodations and commercial facilities) were published in the Federal Register. The purpose of these new and updated final regulations was to clarify and refine issues that arose over the previous 20 years.

The ADA requires covered entities that provide goods or services to the public to make reasonable modifications in policies, practices, or procedures to accommodate people with disabilities. Schools are covered entities under the ADA, and rules regarding the use of service animals generally fall under this general principle of accommodation. Thus, public schools with a "no pets" policy generally must modify this policy to allow service animals to accompany students with disabilities in schools.

ADA Regulations

The definitions of "assistance animal" under the Fair Housing Act and "service animal" under the Air Carrier Access Act are broad; however, the final ADA regulations provide a narrower definition for the term "service animal." It is noted that only dogs are recognized as service animals under the ADA effective March 15, 2011.

A service animal is defined as a dog that is individually trained to do work or perform tasks for a person with a disability. More specifically, the dog must be trained to take a specific action to assist the person with a disability when needed, and the work or task a dog has been trained to provide must be directly related to the person's disability. For example, tasks might include guiding people who are blind or alerting people who are deaf. A dog may be trained to alert an individual with diabetes that his blood sugar is too low or too high or to detect the onset of a seizure for people with epilepsy and keep them safe during seizures. Persons with a mental illness may use a dog to remind them to take prescribed medication. Service animals are not pets; they are working animals.

The definitions of "assistance animal" under the Fair Housing Act and "service animal" under the Air Carrier Access Act are broad; however, the final ADA regulations provide a narrower definition for the term "service animal." It is noted that only dogs are recognized as service animals under the ADA effective March 15, 2011.

It is specifically noted that dogs whose sole function is to provide comfort or emotional support do NOT qualify as service animals under the ADA. Thus, emotional support, therapy, comfort, or companion animals are NOT considered service animals under the ADA because these terms are used to describe animals that provide comfort just by being with a person. Such animals have not been trained to perform a specific job and subsequently do not qualify as service animals under the ADA. Although this sounds simple enough, some situations can be complicated. For instance, if a dog has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen its impact, it would qualify as a service animal. On the other hand, if the dog's mere presence lessens anxiety, it would not be considered a service animal under the ADA.

The ADA does not require that service animals be professionally trained or have any type of a training certificate. Such documents can be purchased online and are not recognized by the Department of Justice as proof that a dog is a service animal. People with disabilities have the right to train the dog themselves; however, dogs in training are not covered under the ADA. The dog has to already be trained before it's allowed in schools. Additionally, the ADA does not require that service animals wear any type of identification such as a vest, patch, ID tag, or harness identifying them as service animals. Individuals who have service animals must comply with local animal control and public health requirements that apply to all dogs, so service dogs may need to be licensed and vaccinated. Although voluntary registry of service animals is permitted, mandatory registration of service animals in not allowed under the ADA. Responsibility for the care and supervision of a service animal falls to the handler. This includes toileting, feeding, grooming, and veterinary care. Schools are not obligated to supervise or care for a service animal.

The ADA also requires that service animals be controlled by their handler at all times. The handler is usually the individual with a disability or a third party who accompanies the individual with a disability. It is noted that in a school setting, some assistance may need to be provided to enable a particular student to handle his or her service animal. Unless such devices interfere with their work, service animals must be harnessed, leashed, or tethered in public. A dog may be unleashed to complete a task but should otherwise be leashed. In order to be under control, the dog should not be allowed to bark repeatedly in a lecture

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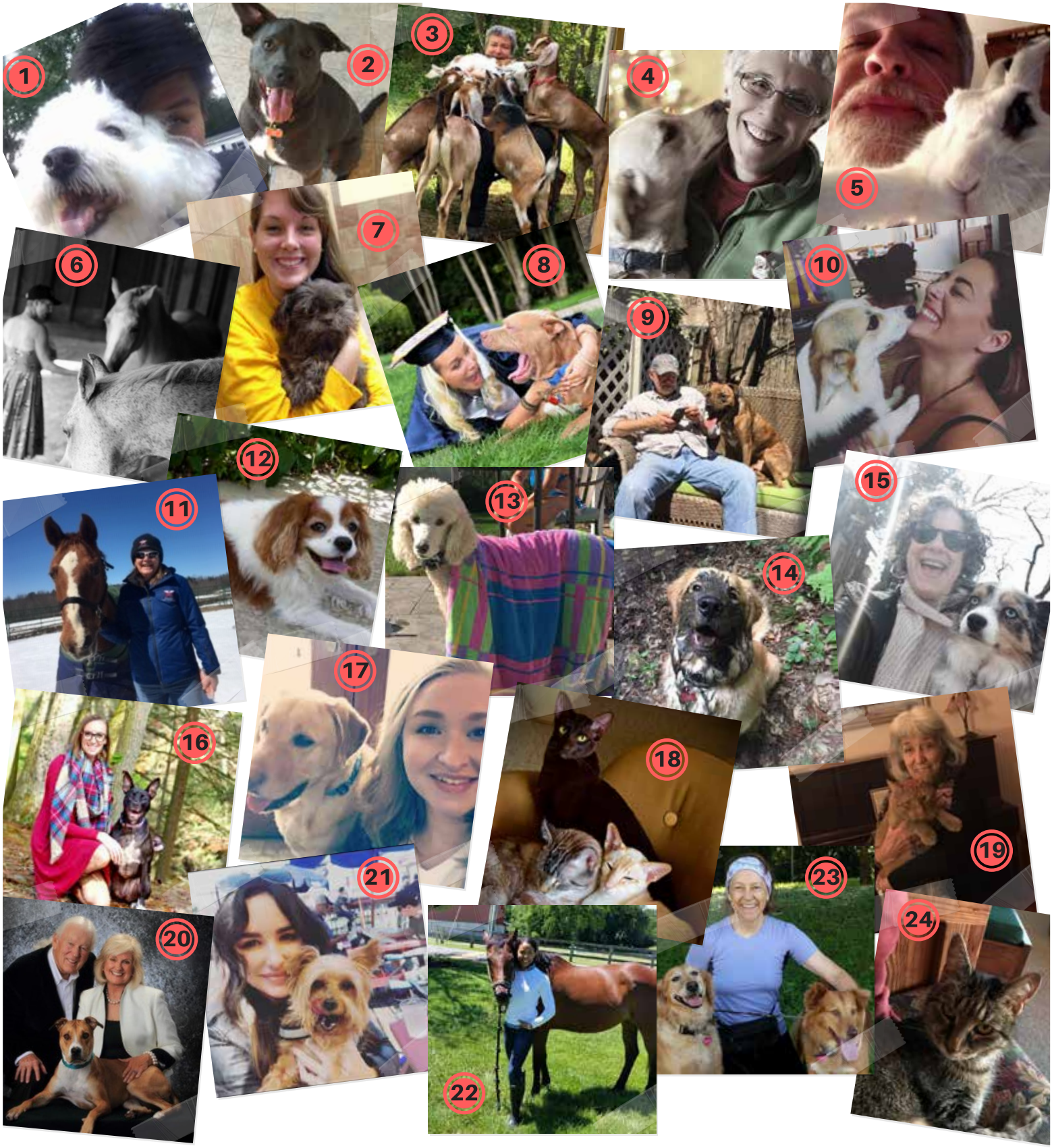

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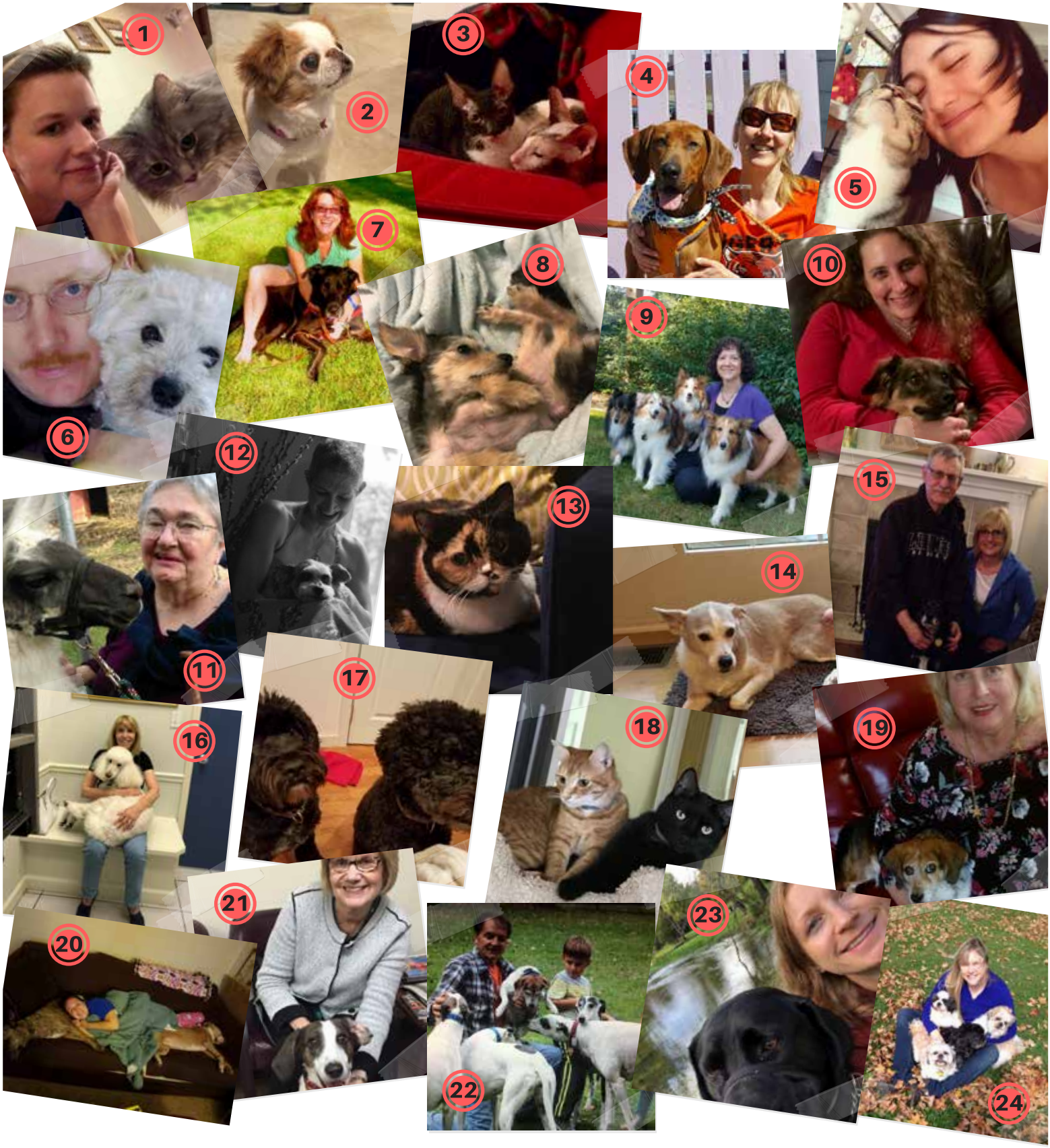

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Comorbid Attention-Deficit/Hyperactivity Disorder and Anxiety in Children and Adolescents: Cognitive and Academic Implications

Elizabeth Thurrell, M.A., and Marie C. McGrath, Ph.D., Department of Psychology and Counseling, Immaculata University

ADHD and Anxiety: A Common Comorbidity

Attention-deficit/hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder among children and adolescents, with an estimated worldwide prevalence of 5% (Tsang et al., 2015). Children with ADHD present with symptoms that include inattention, hyperactivity, impulsivity, and behavior dysregulation. Anxiety is another relatively common pediatric mental health issue, occurring in approximately 1% of children (American Psychiatric Association, 2013). Pediatric anxiety disorders involve intense worry, typically have an early age of onset, and persist over time. Childhood anxiety disorders include separation anxiety, social anxiety, phobias, selective mutism, and generalized anxiety (American Psychiatric Association, 2013). Both ADHD and anxiety may cause affected children to experience impairments in a variety of domains, including executive, affective, social, and academic difficulties.

The majority of individuals with ADHD also meet criteria for a comorbid disorder. Anxiety disorders are one of the most common comorbidities; 30% of children with ADHD also have an anxiety disorder (Gumus, Memik, & Agaoglu, 2015). Children with ADHD are 3 times more likely to have an anxiety disorder than children without ADHD, and those with both diagnoses are likely to exhibit more affective symptoms, academic deficits, school-related fears, and social difficulties than peers diagnosed with either ADHD or anxiety alone (Gumus et al., 2015). Children with both ADHD and anxiety use more mental health services than those with a single diagnosis; approximately 80% of children with both disorders receive mental health treatment at some point (Hammerness et al., 2010; Humphreys, Aguirre, & Lee, 2012). Individuals with generalized anxiety disorder and the combined subtype of ADHD tend to present with more significant impairments than those with other ADHD/anxiety comorbidities (Tsang et al., 2015). However, the combination of social anxiety disorder and inattentive ADHD is frequently overlooked due to the internalizing presentation of both disorders; because it often goes undiagnosed, this combination is most likely to go untreated (Koyuncu et al., 2015).

Both ADHD and anxiety may cause restlessness, distractibility, sleep disturbance, and excessive worry. Because of the tendency to attribute this constellation of symptoms primarily to ADHD, anxiety is typically underdiagnosed in these children. However, recognizing the combined presentation is important, as ADHD and anxiety may interact and exacerbate the deficits and difficulties that characterize each disorder. In assessing for these disorders, the use of both broad-band (i.e., able to screen for multiple disorders) and narrow-band (i.e., focused on disorder-specific symptomatology) instruments, and reports from multiple informants to assess behaviors across settings, are recommended (Gokce et al., 2015).

Cognitive Impact of ADHD and Anxiety

Research findings regarding specific patterns of cognitive/executive deficits seen in children with comorbid ADHD and anxiety diagnoses vary. While some studies suggest that these children have poorer inhibitory control than those with either diagnosis alone (e.g., Sorensen, Plessen, Nicholas, & Lundervold, 2011), others suggest that anxiety may increase inhibitory control in children with the combined subtype of ADHD, compared to children with ADHD only (e.g., Humphreys et al., 2012). Ruf, Bessette, Pearlson, and Stevens (2017) found that children and adolescents with ADHD and anxiety tend to work faster, are more engaged, and perform more consistently on cognitive tasks than those with ADHD alone, which may camouflage their symptoms.

Both ADHD and anxiety may cause restlessness, distractibility, sleep disturbance, and excessive worry. Because of the tendency to attribute this constellation of symptoms primarily to ADHD, anxiety is typically underdiagnosed in these children.

Working memory deficits are also prominent in children with comorbid ADHD and anxiety. Working memory comprises storage, manipulation, prioritization, and organization of information, and underlies most complex cognitive functions (Vance, Ferrin, Winther, & Gomez, 2013). Deficits in working memory can lead to difficulty sustaining attention, disorganization, impulsivity, and hyperactivity (Ferrin & Vance, 2014). While children with ADHD alone, anxiety alone, and comorbid diagnoses all typically score below average on working memory measures, this ability tends to be more impaired in children with both ADHD and anxiety than those

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SERVICE ANIMALS IN SCHOOL
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hall or other quiet place. At the same time, a dog that barks just once or barks because it has been provoked would not be considered to be out of control. A service animal could be removed from the premises if it is out of control and the handler does not take effective action to control it or the dog is not housebroken.

The ADA makes it clear that allergies and fear of dogs are not valid reasons to warrant denying access to students using service dogs. If another student at the school is allergic to dogs and must spend time in the same classroom, both students should be accommodated by assigning them to different rooms or locations within the school.

Interestingly, the Department's revised ADA regulations have a new, separate provision about miniature horses that have been individually trained to do work or perform tasks for people with disabilities. Miniature horses range in height from 24 inches to 34 inches at the shoulders and weigh between 70 and 100 pounds. ADA entities are required to modify their policies to permit miniature horses where reasonable. Four assessment factors are offered to assist in determining whether miniature horses can be accommodated. These include whether the miniature horse is housebroken and under the owner's control, as well as whether the facility can accommodate the horse safely.

Legal Cases

A number of legal cases have been heard through the court system. A recent case with the most far-reaching implications is the case of Fry v. Napoleon. It was heard by the U.S. Supreme Court with a decision released on February 27, 2017. Tried in Michigan, it involved a girl and her service dog. Following a trial period in which the dog was not allowed to accompany the child during lunch, in the library and computer labs, or during recess, the school informed the family that they would not be allowed to bring the dog to school the following year. The family sued the school district under the ADA and Rehabilitation Act for damages for denying access to the dog. Although the district moved to have the lawsuit dismissed because the Individuals with Disabilities Education Act (IDEA) administrative remedies had not been exhausted, the Supreme Court ruled in favor of the family noting that administrative remedies within the IDEA did not have to be exhausted when the issue is not related to denial of Free Appropriate Public Education (FAPE).

In the case of C. C. v Cyprus School District in California, a child with autism was denied the use of his service dog during school. The district argued that allowing the dog in the school would require the educational program to be substantially altered. For example, other children with autism in the classroom would have to be taught to ignore the dog. The district also expressed concerns regarding canine aggression and argued that the student made progress in the program and would not suffer any irreparable harm even if he continued in the program without a service dog. On June 14, 2011, The United States District Court for the Central District of California ruled that the school could not unreasonably interfere with the plaintiff's right to be accompanied by his service dog anywhere on campus or while participating in any school-related activity. Additionally, the district was ordered to alter its policies.

The ADA makes it clear that allergies and fear of dogs are not valid reasons to warrant denying access to students using service dogs. If another student at the school is allergic to dogs and must spend time in the same classroom, both students should be accommodated by assigning them to different rooms or locations within the school.

Be Prepared

Districts should be prepared to respond to requests for service animals in schools. At a minimum, the school board should approve a policy outlining the process for such requests. In reviewing several policies available on the websites of PA schools, nearly all of them listed requirements explicitly forbidden in the ADA such as certification of the dog's training or mandated wearing of a vest indicating that the animal is a service dog. Of course, families could *voluntarily* agree to such stipulations. If a district policy exists, it should be reviewed to ensure that it is in compliance with the ADA requirements.

The Department of Justice has limited the inquiries that a school can make regarding service dogs. First, staff can ask if the dog is a service animal and required because of a disability. Second, staff can ask what work or task the dog has been trained to perform. Inquiries about the nature of the person's disability are prohibited, and staff may not request any type of documentation for the dog or require the dog to demonstrate its tasks. If the dog is a service animal that has been trained to perform a specific task, it must be permitted to attend school with the child.

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PPA2019

PPA is coming to Pittsburgh! PPA 2019 will be held June 19 - 22 at the Sheraton Station Square. We hope you'll join us for 4 days of CE and events including:

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Dr. Kevin Leo Yabut Nadal is a Professor of Psychology at both John Jay College of Criminal Justice and Graduate Center at the City University of New York. He received his doctorate in counseling psychology from Columbia University in New York City and is one of the leading researchers in understanding the impacts of microaggressions , or subtle forms of discrimination, on the mental and physical health of people of color; lesbian, gay, bisexual, transgender, and queer (LGBTQ) people; and other marginalized groups. He has published over 100 works on multicultural issues in the fields of psychology and education. He has delivered hundreds of lectures across the United States, including the White House and the U.S. Capitol. He has won numerous awards, including the American Psychological Association 2017 Early Career Award for Distinguished Contributions to Psychology in the Public Interest.

Act 31 Child Abuse Recognition and Reporting Workshop
In 2013 and 2014 Pennsylvania enacted numerous changes to the Child Protective Services Law. The purpose of this workshop is to review the signs leading to the recognition of child abuse and the reporting requirements for suspected child abuse in Pennsylvania. This workshop describes the child welfare services in Pennsylvania, defines important terms related to the child abuse reporting law, and delineates the responsibilities of mandated reporters, ways to recognize child abuse, and other topics. Earn your Act 31 credits LIVE for your 2019 license renewal.

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Enjoy a ferry ride across the river to join your fellow PPA colleagues on Friday evening as the Pittsburgh Pirates take on the San Diego Padres. Ferry ride, baseball ticket and refreshments will be included in the event price. If interested - please email Ann Marie Frakes so PPA can plan accordingly.

And Much More!

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

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with ADHD alone (Jarrett, Wolff, Davis, Cowart, & Ollendick, 2016). These findings suggest that anxiety may both help and hinder task performance in children with ADHD.

Additionally, anxiety disorders and ADHD can both lead to sleep problems, which can exacerbate executive issues. Sleep deficits are independently linked to difficulties in sustained attention, distractibility, and anxiety (Leahy & Gradisar, 2012; Moreau, Rouleau, & Morin, 2013). Furthermore, sleep problems are associated with an increase in internalizing problems, including anxiety, in children with ADHD (Hansen, Skirbekk, Oerbeck, Wentzel-Larsen, & Kristensen, 2014).

Interventions for Comorbid ADHD and Anxiety

Comorbid ADHD and anxiety symptoms can be detected and diagnosed as early as preschool. At that stage of development, psychoeducation for caregivers on symptom management and coping skills may lessen symptom severity (Overgaard, Aase, Torgersen, & Zeiner, 2016). As with other disorders, early intervention is linked to more positive outcomes.

Treatment of comorbid ADHD and anxiety is multifaceted. A typical course of action for children with ADHD and anxiety is to treat ADHD symptoms with psychostimulants and anxiety with therapy, most commonly cognitive-behavioral therapy (CBT) (Spencer et al., 2007). Interventions that specifically address increasing working memory and attentional control can also be effective (Vance et al., 2013). Interestingly, Hadwin and Richards (2016) found that, among ages 11 to 14 with high anxiety and low attentional control, provision of either CBT or a working memory intervention led to increased inhibitory control, reduced attention to threatening stimuli, and reduced anxiety, providing further evidence for the overlap between these disorders. These interventions can be delivered in either school or outpatient settings. In addition to interventions designed to enhance working memory, accommodations to address deficits in this area, such as presenting information repeatedly and in small amounts to optimize learning and understanding, are likely to be beneficial (Vance et al., 2013).

Family therapy may assist parents and children in dealing with anxiety in healthy ways through improvement in coping and problem-solving skills; this may be particularly helpful because anxious children frequently have anxious parents (Burstein, Ginsburg, & Tein, 2010). Family CBT (FCBT), which focuses on skill application in the home, appears more effective for this population than individual CBT with little family involvement (Segenreich, 2015). For children with social skills deficits related to comorbid ADHD and anxiety, social skills instruction is likely to be useful; however, it should be targeted to the individual's specific needs, as interventions to address social anxiety-related behaviors will differ from those aimed at reducing disinhibition-related social *faux pas*.

Treatment of comorbid ADHD and anxiety is multifaceted. A typical course of action for children with ADHD and anxiety is to treat ADHD symptoms with psychostimulants and anxiety with therapy, most commonly cognitive-behavioral

Finally, research to date on pharmacological treatment of comorbid ADHD and anxiety is inconclusive. Children with comorbid conditions are often excluded from pharmaceutical trials examining medication efficacy, and other research findings suggest that combining traditional pharmacological interventions for ADHD and anxiety may be counterproductive. Stimulant medications can worsen anxiety symptoms, both directly through their mechanism of action and indirectly through their impact on sleep, while anxiolytics may further impair executive functioning (Hammerness et al., 2010). Guanfacine, which is primarily used to treat ADHD, may be helpful in low doses for emotional dysregulation and anxiety (Srivastava & Coffey, 2014). It is important when prescribing medications for a child with comorbid psychiatric diagnoses to monitor symptoms, titrate dosage(s) when necessary, provide psychoeducation to caregivers and to the child in an age-appropriate fashion, and monitor adherence. If pharmacological treatment is pursued, behavioral and cognitive strategies, such as those discussed above, should be implemented concurrently in order to facilitate the development of executive, affective, behavioral, and social skills that can be applied into and through adolescence and adulthood.

Interestingly, Hadwin and Richards (2016) found that, among ages 11 to 14 with high anxiety and low attentional control, provision of either CBT or a working memory intervention led to increased inhibitory control, reduced attention to threatening stimuli, and reduced anxiety, providing further evidence for the overlap between these disorders.

References are available at mmcgrath@immaculata.edu

Should I Offer In-home Therapy?

Jeanne M. Slattery, Ph.D. and Linda K. Knauss, Ph.D.

This discussion is part of a regular series looking at clinical dilemmas from an ethical perspective. In addition to the two of us, the respondents to this vignette included Drs. Francine Fettman, Claudia Haferkamp, Melissa Hunt, Sam Knapp, Valerie Lemmon, Chris Molnar, Jeff Pincus, Geoffrey Steinberg, and Michelle Wonders. Rather than immediately reading our responses, consider reading and carefully working through the vignette first.

Mr. Homebody has significant agoraphobia and is currently missing about two out of every three appointments with Dr. Naive due to anxiety. He has asked Dr. Naive to provide in-home therapy, although she has never done so before. She has talked to her colleagues about the logistics of in-home therapy but is wondering what ethical issues she should consider before agreeing to see him under these conditions.

Is In-home Therapy Indicated?

In-home therapy has many advantages in terms of accurately assessing the larger problem, offering services to people who might otherwise find treatment inaccessible, and bringing in family members who impact the problem. However, in-home therapy is not appropriate for all clients and problems.

We first asked whether in-home therapy was even indicated under the conditions described in this vignette. Are we offering treatment for agoraphobia within a competent standard of care? Under some circumstances, treatment in the home is not just desired, but preferable if, as Dr. Hunt observed, "the goal of treatment is to address the agoraphobia." However, if clients "merely wanted supportive psychotherapy, and wanted me to accommodate their agoraphobia by travelling to their home, I would never agree to do that." Drs. Lemmon and Steinberg concurred, noting supportive psychotherapy that accommodates avoidance has a risk of colluding with Mr. Homebody's symptoms and might well be working against his treatment for agoraphobia rather than for it.

Although Dr. Naïve may be framing this issue as either home or office treatment, Dr. Pincus advised us to think more broadly: this is not just a dichotomous choice between home-based and treatment as usual. A combination may also be considered. He wondered what makes it possible for Mr. Homebody to show up 33% of the time. What barriers to in-office treatment can they identify? Answering these questions may help the therapeutic dyad determine an appropriate treatment plan and modality of treatment.

Competency

Even if in-home therapy is appropriate for the identified problem, should this particular psychologist offer it? Most psychologists probably never received training for in-home therapy – and several of us reported that the first times that we offered in-home therapy we felt less than adequately competent. Does Dr. Naïve recognize how in-home therapy is different from treatment as usual – in boundaries, roles, informed consent, billing, confidentiality, etc. – and know how to respond well to these differences? Does Dr. Naïve have the support network that will help her offer treatment within the standard of care (Knapp & Baturin, 2018)?

Several of us observed that we are much more distractible when offering services outside our offices. Where's the clock? Can I make it back to my office in time for my next appointment? Is this toddler going to knock over my water?

Am I safe in this neighborhood of the city? Isn't that child cute? Perhaps we have the clinical skills to offer effective treatment for the initial problem, but will we be competent in this particular setting?

Informed Consent

Standard informed consents are unlikely to be appropriate for treatment offered in the home. If Mr. Homebody has signed an informed consent in the past, it will likely need to be updated at this point. At the very least, there will need to be discussions about a range of issues relevant to this new treatment modality.

How is in-home treatment different than office sessions? How will we handle billing and travel time, the latter of which may not be covered by the client's insurance? How will we handle confidentiality (e.g., with family members listening from another part of the home, children running in and out of the room, and neighbors who may see the psychologist entering it)? To what degree do we want others in the home involved in treatment? At what point will treatment revert back to the office?

Boundaries

Maintaining the therapeutic frame requires paying attention to boundaries, including recognizing when the client attempts to "host" the therapist (e.g., offering refreshments, making off-topic small talk, apologizing for the mess, giving the psychologist vegetables from the garden; Slattery, 2005). We agreed that these boundary crossings should be politely, but firmly resisted. Guthiel and Gabbard (1993) argued that they increase the probability that treatment will be derailed and are likely to increase the risk of boundary violations such as sexual or business relationships. We can reinforce boundaries by dressing professionally and carrying a briefcase (Freed & Knapp, 2005). However, some psychologists may be uncomfortable wearing professional clothing in some client homes (e.g., homes that are dirty or have bugs or pets).

At the very least, we should consider how to reduce risk associated with some kinds of in-home therapy (Knapp, Younggren, VandeCreek, Harris, & Martin, 2013). Some strategies may be proactive, including having someone else in the home during sessions and providing treatment in a bedroom only under unusual conditions. Psychologists should also pay attention to feelings and fantasies that the client and psychologist may have about their relationship. Such feelings may indicate that in-home therapy is inappropriate.

Self-care

Psychologists should also consider whether there are any circumstances that would make them uncomfortable or unsafe in the home. For example, if they have pet allergies or aversions, they should ask about animals in the home. How will in-home treatment impact the psychologist's stress levels and emotional competency (Knapp, VandeCreek, & Fingerhut, 2017)?

Even when in-home therapy is appropriate for the identified problem and a particular psychologist is competent to offer those services, is it appropriate for this psychologist to offer in-home therapy in this situation at this point in time? How will a willingness to see a client in the home affect the psychologist's caseload and her ability to see other clients?

Conclusion

While we believe that in-home therapy can be an invaluable service for clients with certain diagnoses, disabilities, or while recovering from illness or surgery, we also believe that psychologists considering offering such treatment should ask themselves many questions and, as Dr. Haferkamp suggested, spend a session considering these questions with their client. A change in settings is not just a simple substitution.

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Would you like to be involved in future discussions of vignettes? Let us know by e-mailing jslattery176@gmail.com

Bringing Animals to Campus for Class Instruction: Things to Consider from the IACUC

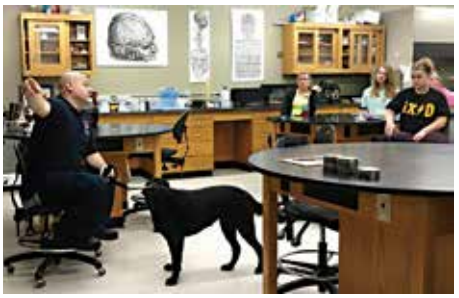
Laura R.G. Pickens, Ph.D.

Animals may arrive on college campuses for a variety of reasons. Most notably in the clinical area, there has been increasing attention over the past several years for student need for companion or emotional support animals as an accommodation request for a mental, psychiatric, or emotional disorder in connection with a campus' Disability/ Accessibility Office (Von Bergen, 2015). Alternatively, animals are often present on college campuses because they are part of active scientific research projects.

In general, the research activities of investigators are subject to oversight by the college's Institutional Animal Care and Use Committee (IACUC). The IACUC's mission is to evaluate the institution's animal program, procedures, and research facilities to ensure they are consistent with applicable federal, state and local laws and regulations (Code of Federal Regulation, 1985; National Research Council, 2011; Public Health Service, 1996). While educators, faculty, and staff on college campuses may have heard of their IACUC because they are the ones who review research protocols on campus, facilitate safety trainings, or perhaps host ethical discussions on the use of animals in research, it may be surprising to consider that the IACUC may also provide support for non-research or teaching use of animals in the classroom for instruction.

There are several reasons why animals may be used in the classroom for instruction. A guest speaker, along with their animal, could foster great discussion in the classroom, or an animal could provide in-class demonstrations of concepts to help students learn.

There are several reasons why animals may be used in the classroom for instruction. A guest speaker, along with their animal, could foster great discussion in the classroom, or an animal could provide in-class demonstrations of concepts to help students learn. For example, in our Introduction to Learning class in the Psychology department, the Penn-Ohio Newfoundland Club visited the class, bringing a few of their dogs with them, to show the students how principles of Operant Conditioning are used to train for cart-pulling or water rescue. In collaboration with our Equestrian Club, several horses visited campus to illustrate how shaping is used to train a new behavior. Finally, our local police visited campus with one of their K-9 units to talk about reinforcement and conditioning, and the struggle of living with a highly trained enforcement dog in the family home. In another class in our department, a therapy cat visit is arranged each year to help students cope with the rising stress of the end of the year.



While bringing animals in the classroom (or on your campus in general) can provide a valuable learning resource, there are some things to consider as you prepare for the animal's visit. First, check to see if your campus has an IACUC. While many think the IACUC limits itself to animal care issues for residential laboratory animals, they may also have policy in place for the use of animals in a non-research capacity on campus. Our IACUC, for example, has developed a "Non-Research or Teaching Use of Animals" Authorization form. One of the goals of this authorization is to help document the primary responsible (and therefore liable) individual for the animal's care and welfare while the animal is on campus. If your campus/

institution does not have an IACUC, you may consider asking your chief operating officer (COO) or safety manager if there is a process in place for authorizing the use of animals on campus for instruction. If there isn't already a process in place, and your college or institution frequently has undocumented animals visiting campus, it may be worth bringing forward for a larger discussion.

At the end of the day, one of the primary goals of the IACUC (or your COO) is to make sure all animals on a campus are safe and well cared for during their visit. This is true whether the animals are being used extensively over several class periods, or just stopping by campus for a few hours. Knowing who is responsible for that care is key to a safe, happy, and successful visit, enriching the learning environment for our students or institution visitors!

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CE Questions for This Issue

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

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

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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 servicess.

McColligan-Oleski

1. Emotional support, service, and therapy dogs are all protected by the Americans with Disabilities Act.
   True
   False

2. If a dog is trained to determine when an individual is experiencing a panic attack, the dog would be considered:
   a. Emotional Support Animal
   b. Therapy Dog
   c. Service Animal
   d. Psychiatric Therapy Dog

Zuckerman

3. It may be surprising to learn that almost every dog:
   a. Knows the front of a human from the back
   b. Knows where people are looking from making eye contact with them
   c. Does not recognize him/her self in a mirror
   d. All of the above

Crothers et al.

4. Among this sample of teachers, students, and parents, the three most common forms of victimization were:
   a. Physical bullying, cyber bullying, and verbal bullying
   b. Relational and social aggression, verbal bullying, and cyber bullying
   c. Relational and social aggression, physical bullying, and verbal bullying
   d. Verbal bullying, cyber bullying, and sexual harassment

Meranze Levitt

5. Workplace bullying refers to:
   a. Persistent and long-lasting verbal putdowns
   b. Abusive conduct, with an intent to harm
   c. Is recognized as an excessive social stressor
   d. Is confined only to what women experience
   e. a, b, and c only

6. Workplace bullying requires that all of us:
   a. Recognize the signs of bullying
   b. Learn about what procedural systems are in our workplace and what changes and additional systems need to be developed
   c. Develop strategies for supporting employees who are under attack
   d. When we are attacked, make this known to the administration
   e. All the above

Woika

7. Which of the following is included in the ADA's definition of a "service animal?"
   a. A cat that performs tasks such as retrieving items for a student
   b. A dog that performs tasks such as retrieving items for a student
   c. A certified therapy dog that provides comfort to a child diagnosed with PTSD
   d. None of the above

8. Which of the following could legally be requested by a school district regarding a service animal?
   a. A doctor's prescription for such an animal
   b. A certificate of training completion for the animal
   c. Verification of license and vaccinations for the animal
   d. Proof that the animal is registered as a service animal

9. School districts can deny access for a service animal to a school building for which of the following reasons?
   a. Students and/or teachers have allergies
   b. The dog barks when provoked
   c. The breed of the dog
   d. The animal is out of control
   e. Other students have a fear of dogs

Thurell & McGrath

10. Which ADHD/anxiety comorbidity is most likely to go untreated?
    a. Generalized anxiety disorder and inattentive ADHD
    b. Social anxiety disorder and inattentive ADHD
    c. Generalized anxiety disorder and combined ADHD
    d. Social anxiety disorder and combined ADHD

11. In Hadwim and Richards' (2016) study, which type(s) of intervention was effective in reducing anxiety in children and adolescents with high anxiety and low attentional control?
    a. Cognitive-behavioral therapy
    b. Working memory intervention
    c. Both
    d. Neither

Slattery & Knauss

12. If a psychologist agrees to offer in-home therapy, the informed consent process should address:
    a. Financial issues including travel time
    b. Confidentiality
    c. Expectations about boundaries in treatment
    d. All of the above

13. Slattery and Knauss recommended:
    a. Providing in-home therapy when our clients ask for it
    b. Offering in-home therapy, except with people with agoraphobi
    c. Asking yourself – and your client – to consider a series of questions before offering in-home therapy
    d. Never performing in-home therapy

Continuing Education Answer Sheet

***The Pennsylvania Psychologist*, December 2018**

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

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

Satisfaction Rating

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

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

Comments or suggestions for future issues _____

_____

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Milton Hershey School
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April 4-5, 2019
PPA Spring Continuing Education Conference
Holiday Inn Grantville
Grantville, PA

April 6, 2019
Day of Self-Reflection
Holiday Inn Grantville
Grantville, PA

June 19-22, 2019
PPA2019 – PPA's Annual Convention
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Assessment, Management, and Treatment of Suicidal Patients (Extended)—3 CE
The Essentials of Treating Suicidal Patients—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

Poverty and Psychology—1 CE
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*The New Confidentiality 2018**—3 CEs

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