

**ALSO INSIDE:**

- Celebrating 85 years
- PPA2018!
- Student, parent, and teacher views regarding bullying of LGBTQ students in Pennsylvania

*The Pennsylvania*  
**Psychologist**

Vol. 78, No. 3

MARCH 2018 • QUARTERLY

**The PPA: Celebrating Our History  
and Aspiring Toward a Future of  
Growth and Community**





ORTIZ PICTURE VOCABULARY  
ACQUISITION TEST™







From Author  
**Samuel O. Ortiz,**  
**Ph.D.**

# ***Fair – Accurate – Digital***



A new fully **digital** test that provides  
a **fair** and **accurate** assessment of  
receptive vocabulary ability for both  
English speakers and English learners

-  *Easy, visually engaging, and standardized administration*
-  *Can be used with any child or youth no matter what their first language is*
-  *User-friendly reports included to make assessment interpretation fast and clear*
-  *Unique dual norms for both English speakers and English learners*

**MHS®**  
ASSESSMENTS

[MHS.com/OrtizPVAT](https://MHS.com/OrtizPVAT)



## Pennsylvania Psychological Association

5925 Stevenson Avenue, Suite H

Harrisburg, PA 17112

717-232-3817

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

### PPA OFFICERS

**President:** David L. Zehrung, PhD

**President-Elect:** Nicole P. Quinlan, PhD

**Past President:** David A. Rogers, PhD

**Treasurer:** Bradley C. Norford, PhD

**Secretary:** Jeanne Slattery, PhD

### APA REPRESENTATIVES

Linda K. Knauss, PhD

### BOARD CHAIRS

**Communications:** Tracie Pasold, PhD

**Internal Affairs:** Marie C. McGrath, PhD

**Professional Psychology:** Vincent J. Bellwoar, PhD

**Program & Education:** Dea Silbertrust, PhD, JD

**Public Interest:** Tim Barksdale, PsyD

**School Psychology:** Susan Edgar Smith, PhD

**PPAGS Chair:** Jessica M. Dougan, MA

### STAFF

**Interim Executive Director:** Iva Brimmer

**Interim Executive Director External Affairs:**

Rachael L. Baturin, MPH, JD

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

**Director of Government Affairs:** Justin C. Fleming

**Prof. Development Specialist:** Judy D. Huntley, CMP

**Member Services Coordinator:** Erin Brady

### PENNSYLVANIA PSYCHOLOGICAL FOUNDATION

#### BOARD OF DIRECTORS

**President:** Williametta S. Bakasa, PhD

**Secretary-Treasurer:** Nicole P. Quinlan, PhD

Timothy Barksdale, PsyD

Joseph Black, PhD

David A. Rogers, PhD

Dianne S. Salter, PhD, Esq.

Jeanne M. Slattery, PhD

Tamare P. Piersaint, PsyD

David Zehrung, PhD

Iva Brimmer, Ex Officio

*The Pennsylvania Psychologist* is the official bulletin of the Pennsylvania Psychological Association and the Pennsylvania Psychological Foundation. PPA dues include member subscriptions. Articles in the *Pennsylvania Psychologist* represent the opinions of the individual writers and do not necessarily represent the opinion or consensus of opinion of the governance or members or staff of PPA or PPF.

*The Pennsylvania Psychologist* Quarterly is published in March, June, September, and December. The copy deadline is the eighth of the second month preceding publication. Copy should be sent to the PPA Executive Office at Pennsylvania Psychological Association, 5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112.

**Copy Editor:** Karen Chernyaev

**Graphic Design:** Graphtech, Harrisburg

Vol. 78, No. 3

# The Pennsylvania Psychologist

Editor: Shannon Len Deets, PhD

March 2018 • QUARTERLY

## REGULAR FEATURES

- 2** | Presidential Perspective
- 3** | Legal Column
- 6** | The Bill Box
- 7** | Happenings on the Hill
- 40** | CE Questions for This Issue

## CONVENTION SECTION—PPA2018

- 9** | Welcome to PPA2018
- 10** | What to Look For
- 11** | Keynote Speaker
- 12** | Psychology in Pennsylvania Luncheon Speaker
- 13** | Continuing Education Credits
- 14** | Convention Schedule At a Glance
- 15** | Highlights
- 16** | Workshops
- 20** | Registration Rates
- 21** | Registration Information
- 22** | Accommodations

## SPECIAL SECTION—THE PPA: CELEBRATING OUR HISTORY AND ASPIRING TOWARD A FUTURE OF GROWTH AND COMMUNITY

- 24** | PPA: Celebrating our history and Aspiring toward a future of growth and community
- 25** | The Man in the Rubber Mask: Pennsylvania Leaders on National Stages
- 26** | Degrees of Separation
- 27** | Medicare PQRS: What Providers Need to Know

## SCHOOL PSYCHOLOGY SECTION

- 28** | Assessments for Transition Planning
- 29** | School Psychologists: Mental Health and Violence in the Schools

## ACADEMICIAN'S CORNER

- 31** | Student, Parent, and Teacher Views Regarding Bullying of LGBTQ Students in Pennsylvania

## ETHICS IN ACTION

- 34** | Consenting for Treatment When Parents Have Shared Legal Custody

## ALSO INSIDE

- 36** | PPA Member Spotlight
- 37** | Classifieds
- 38** | Welcome New Members

# Celebrating 85 Years

David L. Zehrung, PhD



Dr. David L. Zehrung

Here at the PPA, we continue to celebrate our 85th year! While we face notable challenges, the state of psychology is strong. We have stayed strong because of PPA's pioneering and ongoing work.

Florentine Hackbusch and Dr. Mary Vanuxem set about forming the PPA in the 1930s "so that the title of psychologist would mean certain qualifications of training and experience." In 1930, testing for intellectual disability was often conducted by poorly trained personnel: "At one of the clinics a nurse gave the tests. In a public school system, the director of special education, a psychiatrist, taught his secretary. In one of our State Schools a former bookkeeper with only a high school education gave the tests (and is still giving them) and at a clinic which worked in cooperation with one of our State Hospitals, the psychiatrists had "read Terman's book" and gave the tests (and still gives them)" (Knapp, Levin, & French, 1993, p. 17).

This goal of making "psychologist" mean something led the PPA to draft the first licensing bill for Pennsylvania psychologists in 1937. Prior to a licensing law finally passing in 1972, the PPA had established its own certification program to provide a credential for the private practice of psychology. From 1961 to 1974, the PPA Board of Examiners held written and oral examinations and granted certificates of approval for independent practice to more than 700 members.

### The River of History

Part of community is celebrating individual personal and professional achievements. While I've focused primarily upon

Hackbusch and Dr. Vanuxem in my talks and writings this year, I'd like to mention PPA's 1942 president, Dr. Marion Monroe. She directed the reading clinic at the Pittsburgh public schools and later at the University of Southern California. She may be best known, however, as coauthor of the Dick, Jane, and Sally book series used by myself and most other emerging readers for decades.

I can still remember the pictures and the phrase "Run, Spot, run." I had no idea as a kindergartener voicing those words and flipping those pages before transitioning to finger painting that, well into the 21st century, I would write about Dr. Monroe as a distant member of her professional family.

I mention Dr. Monroe, in part, because the river of history continues to flow. I am certain that decades from now, someone will write of the courage, humanness, warmth, intellect, influence, and achievement of current readers of this article. May we each aspire to be that person for future generations.

### Aspiring Toward Community & Growth

One of the reasons I've emphasized community in my presidential platform has been the gut-wrenching divisions in our wider society. We see the harmful effects upon our clients, students, family, friends, and even ourselves. Author and social psychologist Jonathan Haidt refers to [centrifugal and centripetal forces](#). Many cultural centrifugal forces pull us away from each other. One centripetal force that can span divides and help connect us in a healthy way is to value viewpoint diversity. Viewpoint diversity is a goal of the [Heterodox Academy](#). We plan to bring a Pennsylvania professor and member of the Heterodox Academy to the convention to talk about the problem of intolerance and the solutions. I'm looking forward to her talk!

---

*Here at the PPA, we continue to celebrate our 85th year! While we face notable challenges, the state of psychology is strong. We have stayed strong because of PPA's pioneering and ongoing work.*

---

The Aspire task force continues to work on select initiatives that facilitate community and growth—my presidential platform. We sent a survey to our membership and are following up with telephone focus groups to learn what you value most in a psychology association. If you'd like to participate, let me know!

I'd like to thank those additional members who have donated to our ASPIRE85 celebration! We've listed donors here: [papsy.org/page/ASPIRE85Club](https://papsy.org/page/ASPIRE85Club). If you don't see your name there yet, click here to make your donation today: [papsy.org/?page=85Years](https://papsy.org/?page=85Years).

One type of growth is in the number of our members. Toward that end, we are progressing in our membership drive. This takes work, so to honor that effort, we set it up so that the more members you recruit, the more chances you have to win free continuing education! Thank you for helping us toward our goal of 250 new members by our 2018 annual convention, which will be held in King of Prussia.

Thank you, again, for your membership! We are glad that you see value in the professional community that is the PPA.

I hope you enjoy this convention issue and the theme of Aspire: 85 Years of Reaching New Heights!

You really are the PPA! 🇺🇸

### Reference

Knapp, S., Levin, Z., & French, J. (1993). *A history of the Pennsylvania Psychological Association*. Harrisburg, PA: The Pennsylvania Psychological Association.

# Patient or Parent Access to Children's Treatment Records

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

*Rachael L. Baturin, MPH, JD; Interim Executive Director, External Affairs*

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



Dr. Samuel Knapp



Rachael L. Baturin



Dr. Allan M. Tepper

In previous articles, we have discussed the authority of parents or children to release treatment records to third parties.

Readers may recall that the standards for record release vary according to whether a court has issued an order of custody or whether the minor is 14 or older and has or has not consented to treatment. What standards, however, should apply when the parents of the minor patient want to have personal access to the treatment records? This involves a complex interpretation of several interacting and sometimes seemingly contradictory federal and state laws.

Often, when the parents of minor patients or the minor patients themselves request to see psychological records, the psychologist can address the clinical concerns in therapy so that the need to see records is no longer necessary. Some patients, however, may insist on seeing or possessing a copy of their records. These situations may involve sensitive issues, such as parents involved in a custody dispute who worry about what the child has said about them or parents who fear that their children may have said things that would trigger the report of suspected child abuse.

---

*HIPAA does not prohibit psychologists from giving a copy of their psychotherapy notes to patients. Rather, under HIPAA, such access is not required.*

---

In those situations, psychologists need to understand the legal issues surrounding the request for records. The laws pertaining to parent access to the records of their minor children are complex and, at times, involve interpreting sometimes contradictory federal and state laws, such as the federal HIPAA Privacy Rule; the 2005 amendments to the Pennsylvania Minors Consent to Medical, Dental, and Health Services Law; and the Pennsylvania Mental Health Procedures Act.

First, we need to comment on the relationship of the HIPAA Privacy Rule to state law. Second, we need to explore the definition of treatment records. Third, we need to interpret the relevant laws as they apply to parent or patient access to records.

## How to Read State Laws in Light of the HIPAA Privacy Rule

State laws and the HIPAA Privacy Rule often disagree on what they require. The preemption rule holds that the law that is more protective of the patient's privacy, from the standpoint of the patient, is the law that prevails. In addition, HIPAA requires that psychotherapists give patients access to their "protected health care information," but not their psychotherapy notes.

HIPAA does not prohibit psychologists from giving a copy of their psychotherapy notes to patients. Rather, under HIPAA, such access is not required. Under certain circumstances, however, Pennsylvania law allows patients or parents access to their psychotherapy notes. In addition, only HIPAA-covered entities are governed by HIPAA. Practitioners who are not HIPAA-covered entities are governed by state law.

## What Constitutes Treatment Records?

Under HIPAA, mental records are divided into two broad categories: protected health information and psychotherapy notes. Under HIPAA, all patients have a right to protected health information. This information includes medication prescribing and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date (45 C.F.R. §164.5021). Protected health information does not include psychotherapy notes. Under HIPAA, psychotherapy notes are defined as "notes recorded (in any medium) by a health care

*Continued on page 4*

## LEGAL COLUMN

*Continued from page 3*

provider who is a mental health provider documenting or analyzing the contents of conservation during a private counseling session or a group, joint or family counseling session, and that are separated from the rest of the individual's medical record" (45 C. F. R. §164.501).

### Interpretation of State Laws and Parent or Minor Patient Access to Records

Under HIPAA, all patients have a right to access their protected health-care information, and parents acting on behalf of their children have the right to the same information. Providers can deny access to protected health-care information only in extremely limited situations when disclosure of such information presents an immediate threat of harm to the patient or a third party.

Access to psychotherapy notes, however, must be viewed within the context of state law, and requires an analysis as to whether HIPAA or state law is more protective of the patient's privacy. In Pennsylvania, the state rules regarding access to records by adult patients vary depending on the facility or type of practice in which the treatment is rendered.

For example, inpatient mental health facilities and publicly funded community mental health centers are governed by the Mental Health Procedures Act (MHPA). Irrespective of HIPAA, patients treated pursuant to the MHPA have a right to access their mental health records including psychotherapy notes. Under certain circumstances, however, this right can be limited.

Psychologists in independent practice are governed by the rules and regulations of the Pennsylvania State Board of Psychology. To date, the board has not specifically addressed the issue of patient access to records. Absent such guidance, HIPAA-covered psychologists in independent practice may interpret this silence as allowing them, but not requiring them, to give patients access to their psychotherapy notes. Non-HIPAA-

covered psychologists in independent practice also can interpret this lack of legal notice as allowing them, but not requiring them, to give patients access to their psychotherapy notes.

Age of majority in Pennsylvania is ordinarily 18. However, pursuant to the Pennsylvania Minors Consent to Medical, Dental, and Health Services Law, the rules regarding minor's access to their psychotherapy notes vary according to the age of the child and who gives consent for treatment.

### Minors Under the Age of 14

The general rule is that parents have a right to access the protected health information of their children except in rare situations where doing so would create a risk of serious harm to the patient or a third party. The Pennsylvania minors consent statute is silent regarding the issue of a parent's right to psychotherapy notes for children under the age of 14. In such cases, it would be necessary for psychologists to consider the request pursuant to the HIPPA Privacy Rule, if applicable, the Mental Health Procedures Act, and any state psychology board pronouncements.

Parent requests for the psychotherapy notes of a child under the age of 14 are also governed by the Pennsylvania Child Custody Statute. Pursuant to this statute, if a parent has been granted sole or shared legal custody of his or her child, that parent has a right to the child's medical records.<sup>1</sup> The question then arises as to whether nonmedical psychotherapy notes are subsumed under the category of medical records. It should be noted that custody judges often rule that nonmedical psychological records do fall under this category of medical records. Absent a ruling by a custody court to the contrary, the best interpretation is to assume that parents who have a court order of custody have access to the psychological records including psychotherapy notes of their children, subject to the limitations described below. Ironically, there is no legal right for parents to have access

<sup>1</sup> A party granted sole or shared legal custody . . . shall be provided access to . . . the medical, dental, religious and school records of the child" (23 P. C. S. A. §5336 (a)).

*The Pennsylvania minors consent statute is silent regarding the issue of a parent's right to psychotherapy notes for children under the age of 14. In such cases, it would be necessary for psychologists to consider the request pursuant to the HIPPA Privacy Rule, if applicable, the Mental Health Procedures Act, and any state psychology board pronouncements.*

to psychotherapy notes absent a court order of custody, unless the child is being treated in a facility that explicitly allows access to psychotherapy notes, such as facilities governed by the Mental Health Procedures Act.

This right can be limited. That is, the parent can be denied access to the child's treatment information that is protected by the Mental Health Procedures Act<sup>2</sup> and other state laws that, in this case, restrict parental access to records for children who consent to treatment and are over the age of 14. In addition, the custody judge has the discretion to limit a parent's access to the child's medical records.<sup>3</sup> In such situations, the judge must state on the record the reason for the denial.

### Minors 14 Years and Older Who Consent to Their Own Treatment

The parents of children 14 and older who consent to their own treatment do not have a right to a copy of the records of their children unless their child signs a written release of information authorizing the release of the records. Minors who are 14 years and older and who consent to their own treatment may have access to

<sup>2</sup> "Information independently protected from disclosure by the child's right to confidentiality under the act of July 9, 1976 (P.L.817, No.143), known as the Mental Health Procedures Act, or any other statute" (23 P. C. S. A. §5336 (b)).

<sup>3</sup> "The court may determine not to release information set forth in subsection (a), in which case it shall state the reason for its denial on the record" (23 P.C. S. A. §5336 (c)).



their own protected health information, unless doing so would endanger the life of the patient or someone else.

The Pennsylvania minors consent statute does not make specific reference to the 14-years-and-older minors' right to access their own records or their own psychotherapy notes. Nonetheless, the Act does state the following:

(e) Consent to release of mental health records for all purposes and in all circumstances other than those provided for in this section shall be subject to the provisions of the "Mental Health Procedures Act" and other applicable Federal and State statutes and regulations.

The Mental Health Procedures Act does give control of records to children who are 14 or older if they understand "the nature of the documents to be released and the purpose of releasing them" (55 PA Code §5100.33 (a)). Consequently, laws concerning access to records for children 14 and older who consent to treatment are governed by the standards found in the Mental Health Procedures Act.

Pursuant to the Mental Health Procedures Act, patients have a right to inspect their records unless the director of the treatment team determines "that disclosure of specific information concerning treatment will constitute substantial detriment to the patient's treatment" or "when disclosure of specific information will reveal the identity of persons or breach the trust or confidentiality of persons who have

provided information upon an agreement to maintain their confidentiality" (55 Pa. Code §5100.33 (c)). When patients have been denied access to portions of their records, the record must contain the basis for the denial of access. Since the director of the treatment team in an independent practice is the treating psychologist, that psychologist will make the decision concerning the release of the records to the minor patient aged 14 or older.

The Mental Health Procedures Act does not define what constitutes "substantial detriment to the patient's treatment," nor does it define "access." At a minimum, access implies showing and allowing the minor to read a copy of his or her psychotherapy notes. In this regard, unless access is denied, psychologists should consider deferring to the patient's decision making and thus provide a copy of the records unless there is a clinical justification for limiting access to a mere viewing of the records.


### **Minors 14 Years and Older Who Do Not Consent to Their Own Treatment**

Minors 14 and older who are being treated pursuant to the consent of their parents, as well as the parents of the minors aged 14 years and older, have a right to access specified treatment information. Under such circumstances, minors 14 years and older can access their protected health information and psychotherapy notes on the same basis as minors who are 14 years and older who consent to their own treatment.

Pursuant to the Pennsylvania minors consent statute, the parents of minors who are 14 years and older who consent to the treatment of the minor have a right to receive limited information about the treatment of their child.

The parent or legal guardian who is providing consent to mental health treatment of a minor 14 years of age or older . . . shall have the right to information necessary for providing consent to the minor's mental health treatment, including symptoms and conditions to be treated, medications and other treatments to be provided, risks and benefits and expected results.

This information includes the type of information that a parent would need to make an ongoing informed decision about the benefits of continuing treatment for their child.

The mental health treatment of minors and the release of minors' treatment records are dependent on complimentary, and, at times, contradictory federal and state rules. In such situations, it is necessary at each stage of treatment for the psychologist to be aware of the age of the minor, the status of the minor's legal custody, and the facility or location in which treatment is being rendered. In addition, when indicated, psychologists are encouraged to obtain outside counsel in unclear situations; formulate a well-reasoned response; and document clearly the course of action instituted in the case. 



**Pennsylvania Psychological  
Political Action Committee (PAC)**

***Action through advocacy***  
*Learn how you can help the PennPsyPAC today.*

# The Bill Box

**Selected Bills in the Pennsylvania  
General Assembly of Interest to  
Psychologists  
As of February 20, 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	In Judiciary Committee	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	N/A
SB 780	Act providing for telepsychology and for insurance coverage. - Sen. Elder Vogel, Jr. (R-Beaver)	For	In Banking and Insurance Committee	N/A	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
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 130	Authorizes licensing boards to expunge disciplinary records for certain technical violations after four years. - Rep. Kate Harper (R-Montgomery)	For	N/A	N/A	N/A





# Pennsylvania's Political Landscape Could Look Much Different in 2018

*Justin Fleming, Director of Government Affairs, Pennsylvania Psychological Association*



Justin Fleming

Election season is now in full swing with a little more than 60 days left until voters go to the polls for the Primary Election on May 15.

Pennsylvanians

will make decisions on our next governor, one U.S. senator, each U.S. representative, every member of the Pennsylvania House of Representatives, and half of the Pennsylvania Senate (even-numbered districts). The midterm election will certainly bring about change in Pennsylvania, particularly in our congressional delegation.

Five long-tenured members of the U.S. House of Representatives have retired this year, including Rep. Lou Barletta (11<sup>th</sup> District), who is one of several Republican candidates running for a seat in the U.S. Senate against incumbent Bob Casey Jr. Also wrapping up their careers in Congress and moving on to other challenges are Rep. Bob Brady (1<sup>st</sup> District), Rep. Charlie Dent (15<sup>th</sup> District), Rep. Tim Murphy (18<sup>th</sup> District), and Rep. Bill Shuster (9<sup>th</sup> District). PPA member Adam Sedlock is a potential candidate for the 9<sup>th</sup> District seat.

Even before the primary, a special election will be held on March 13 to fill Rep. Murphy's remaining term in the 18<sup>th</sup> District near Pittsburgh, and

national pundits believe the result will be a bellwether for the performance of Democratic or Republican candidates nationwide.

Further muddying the electoral waters is a challenge to Pennsylvania's map of electoral districts that was accepted in 2012. Several groups and individuals filled a suit alleging that the current construction of Pennsylvania's legislative districts constitutes a partisan "gerrymander" by Republicans. The Pennsylvania Supreme Court heard oral arguments in January and has ruled that Pennsylvania's current congressional map is an unfair gerrymander. The court charged the Pennsylvania General Assembly and Gov. Tom Wolf to come up with a fairer map taking into account compact, contiguous districts. The court then released its own map on February 19, which will certainly be challenged. The potential for redrawing district lines has meant uncertainty for candidates for elected office and voters alike.

In the race for governor, incumbent Democrat Tom Wolf is fending off challenges from four primary candidates, including attorney Laura Ellsworth, businessman Paul Mango, Speaker of the House Mike Turzai, and Pennsylvania senator Scott Wagner. Ellsworth, Mango, and Turzai all hail from Western Pennsylvania, while Wagner represents York County in the State Senate. Governor

Wolf will likely campaign on his record of increasing school funding, pension reform, and ushering in partial liquor privatization. Wolf's critics will likely point to his failures to enact a state budget on time, support for a natural gas extraction tax, and pro-choice stance as reasons why voters should replace the incumbent.

Elections offer the opportunity for new people to serve and new ideas to take hold, but no matter who wins in May and November, PPA's work will continue. We have pushed our main Advocacy Day event in the State Capitol to September but will supplement with Regional Advocacy Days across the state. The first regional event took place in February in the Philadelphia area. The event offers CEs in advocacy, and the opportunity to meet face-to-face with legislators who represent your area. The next Regional Advocacy Day is scheduled for Thursday, April 19, in the Pittsburgh area, and PPA is hosting one in Erie on Friday, May 18. Holding Regional Advocacy Days is part of PPA's ongoing effort to engage our membership where you live and where you practice.

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

**June 13–16, 2018**

DoubleTree Philadelphia-Valley Forge  
King of Prussia, PA





## Welcome to PPA2018!

**P**psychologists face many pressures as they enter, maintain, or exit their practice, whether in academia, private practice, within a hospital or forensic setting, school, or elsewhere. PPA seeks to help our members to not only succeed in these endeavors but excel.

To this end, the theme for PPA2018, ASPIRE: 85 Years of Reaching New Heights, considers some of the issues psychologists face: repayment of student loans, innovative practice models, reimbursement, self-care, colleague assistance, social and community building, practice research networks, mentorship, work-life balance, and much more. Psychologists are resilient, which is seen in how they adapt to the ever-changing demands of the health-care marketplace. While succeeding professionally is important, it is equally essential that psychologists focus on achieving their personal goals and aspirations. With tools provided by PPA and colleagues, we will learn and grow from one another personally and professionally to reach the levels to which we ASPIRE.

We hope you are enjoying this special issue of the *Pennsylvania Psychologist* and that you will join us June 13–16 at the DoubleTree by Hilton Hotel Philadelphia–Valley Forge in King of Prussia, Pennsylvania!

### Why Should You Attend PPA2018?

- Receive up to 28 CE credits
- Access more than \$500 worth of CE credits for half the cost
- Interact with noteworthy speakers who are leaders in their fields
- Network with friends and colleagues
- Influence PPA—talk to officers and staff and have your voice heard
- Choose from 40 CE workshops (in addition to those for students and ECPs)
- Earn Act 48 credits



### #PPA2018: Social Media Savvy

When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2018** to all of your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2018 convention.





## Philadelphia: Learn and Connect!

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



### Proposal Selection Committee

A Special thank-you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2018!

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

Williametta S. Bakasa, PsyD  
Eileen Barron, PhD  
Eric Bernstein, PhD  
Allyson Galloway, PsyD  
William Hasek, PhD  
Erin Johnson, PsyD  
Lisa May, PhD  
David Rogers, PhD  
Bruce Zahn, EdD

PPA's annual convention returns to the Philadelphia area for the first time in a dozen years. Join us June 13–16 at the DoubleTree by Hilton Hotel Philadelphia–Valley Forge, located just off the Pennsylvania Turnpike and only 30 minutes from the Philadelphia airport. A short drive or shuttle takes you to the famous King of Prussia Mall, Valley Forge casino, or historic Valley Forge Park.

Most important, the convention is the perfect place to connect with colleagues and further your professional development. There will be 4 days of high-quality workshops on a wide variety of topics, including assessment, treatment, teaching, and ethics. Come hear a 2-hour presentation by the State Board of Psychology and then get your Act 74 credit(s) on suicide assessment, treatment, and prevention. You can obtain nearly all the credits you need for license renewal in 2019 by attending all four days!

The theme of the convention—ASPIRE: 85 Years of Reaching New Heights—reflects psychologists' desire to grow personally as well as professionally. So take advantage of the year's best opportunity to socialize and network with psychologists across the state. In addition to grabbing coffee or hanging out by the pool, meet up with friends at the Exhibitor Wine & Cheese Reception, the annual Awards Dinner, or one of several lunches with CE presentations. PPA2018 brings back the Friday night dance: "Party Like It's 1985" to coincide with PPA's 85<sup>th</sup> anniversary. Select the special events that meet your needs or get an All-Access Pass that includes them all.

On Friday, we continue the tradition of special programming for students and early career professionals with a Poster Session, Networking Reception, and Speed Mentoring. Invite your younger colleagues and graduate students to join us for this unique experience.

Wherever you live, we hope you will join us for 1, 2, or all 4 days. See you there!



PPA is honored to welcome our PPA2018 keynote speaker

## April Kelly-Woessner, PhD



**April Kelly-Woessner, PhD**, is professor of political science and department chair of Politics, Philosophy and Legal Studies at Elizabethtown College. She received her doctorate in political science from Ohio State University, with a specialization in political psychology. She is currently president of the Faculty Assembly at Elizabethtown College, where she also directs the Master in Public Policy Program, and was recently selected by her peers as the inaugural recipient of the Ranck Prize in Research Excellence. She serves on the Executive Committee of Heterodox Academy, an organization of academics dedicated to fostering viewpoint diversity in higher education.

Please join us in welcoming Dr. Kelly-Woessner to PPA2018 on **Wednesday, June 13, at 10:30 a.m.**

### The Silencing Generation: Explaining the Decline in Political Tolerance Among America's Youth

Since Samuel Stouffer's (1955) study of America's intolerance toward communists, social scientists have optimistically concluded that younger people are consistently more tolerant than their parents and that the country will become more tolerant over time due to generational replacement. Political psychologist April Kelly-Woessner, PhD, presents evidence from the General Social Survey that the relationship between age and tolerance has recently reversed. For the first time since social scientists began to study political tolerance, young people are now less tolerant than their parents. The consequences of this growing intolerance are evident on campus and in society, as people shout down and even assault those with whom they disagree.

Relying on evidence from the GSS and two original studies, Dr. Kelly-Woessner makes the case that this increase in youth intolerance is the result of (1) reduced exposure to intellectual diversity and (2) declines in civic literacy and low confidence in one's civic skills. First, she claims, people are exposed to less political diversity than they were

in the past. Relying on a well-established body of social science literature as well as her own original research, Dr. Kelly-Woessner explains that students who encounter a greater variety of opinions at their universities or within their majors are more tolerant than students in homogeneous educational environments. Second, she provides evidence that civic literacy has declined. For example, a report by the American Council of Trustees and Alumni shows that college graduates now lack even basic knowledge about American government and only 18% of colleges and universities require students to take an American history or American government course. This lack of civic awareness leads to low confidence in one's civic competency, which translates into political intolerance. People who lack the confidence to defend their values will elect to censor those who challenge them rather than engage with them. The talk concludes with a discussion on the consequences of these trends and some suggestions for how we might begin to address the problem of intolerance, both within higher education and in other contexts.

## Samuel Knapp, EdD, ABPP

Director of Professional Affairs



**Dr. Samuel Knapp** is director of Professional Affairs at the PPA and has served in this capacity for more than 27 years. During his tenure, he has made outstanding contributions to psychology in Pennsylvania as well as nationally, especially in ethics, mental health and well-being, and health-care policy. He has actively advocated at the state and national levels for legislation that promotes the interests of psychology, psychologists, and the people we serve. Dr. Knapp has aggressively advocated to expand training opportunities for graduate students, to promote career opportunities for early career psychologists, and to preserve jobs for psychologists. Throughout his career, he has worked to increase the diversity of PPA membership and to promote the interests of diverse populations. Dr. Knapp has served as a consultant to state and federal agencies and task forces, as well as to the American Psychological Association and to the APA Insurance Trust on such issues as public policy, positive ethics, and including psychologists as health-care providers in new legislation at the state and federal levels.

We could say much more about Dr. Knapp and his contributions, but all he wanted this section to say was, “Samuel Knapp has been the director of Professional Affairs since 1987 and is a frequent presenter on suicide prevention.”

Don't forget to register for this special luncheon on **Friday, June 15**, at **12:15 p.m.**! This event is included in the price of the All-Access Pass.

## The Essentials of Assessing Suicidal Patients: A Brief Course

This year's Psychology in Pennsylvania Luncheon introduces psychologists to practical and evidence-informed steps to screen for and assess suicidal patients. Emphasis will be placed on using the assessment to inform the management and treatment of suicide. This year's presenter,

Samuel J. Knapp, EdD, ABPP, will view suicide through the perspective of the interpersonal theory of suicide. This workshop meets the requirement for Suicide Prevention/Act 74 credit needed each licensure renewal period. Attend this session and check this requirement off your renewal “to-do” list!





## Continuing Education Credits

### Psychologists

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

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

Certificates of Attendance will be available at [papsy.org](http://papsy.org) after the convention.

### Act 48 Credits

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

Direct questions about Act 48 credits to Erin Brady, member services coordinator, [erin@papsy.org](mailto:erin@papsy.org).

### Social Workers, Marriage and Family Therapists, and Professional Counselors

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

For further information, please visit the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors [website](http://www.sbswmtpc.org).

As an APA-approved sponsor of continuing education, PPA is committed to the identification and resolution of potential conflicts of interest in the planning, promotion, delivery, and evaluation of continuing education. Consistent with concepts outlined in the APA Ethical Principles of Psychologists and Code of Conduct, potential conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectivity, competence, or effectiveness. No conflicts of interest or commercial support have been identified for PPA2018.

# SCHEDULE AT A GLANCE

<b>Wednesday</b> <b>June 13</b>	8:00A–5:15P	Registration
	8:00A–9:00A	Continental Breakfast
	9:00A–10:00A	Welcome and Overview of PPA2018
	10:00A–10:30A	Break
	10:30A–noon	Keynote Address
	noon–1:30P	ASPIRE85/Give-Back Luncheon Reception
	1:30P–3:30P	Executive Committee Meeting
	1:30P–4:45P	Workshops (5 concurrent)
	4:30P–5:00P	Refreshment Break
	4:30P–6:30P	General Assembly Meeting
	5:00P–8:00P	Workshops
	6:30P–8:30P	Self-Care Shopping Trip to King of Prussia Mall! General Assembly Dinner
<b>Thursday</b> <b>June 14</b>	7:30A–5:15P	Registration
	7:30A–8:30A	Continental Breakfast in Exhibit Hall
	8:30A–11:45A	Workshops
	11:45A–2:00P	Lunch With the State Board of Psychology
	2:30P–5:30P	Workshops
	2:00P–5:15P	PennPsyPAC Board of Directors Meeting
	5:15P–6:15P	Exhibitor Wine & Cheese Reception
	6:30P–8:00P	PPA Annual Banquet & Awards Dinner
<b>Friday</b> <b>June 15</b>	7:00A–5:15P	Registration
	7:30A–9:00A	Continental Breakfast in Exhibit Hall
	8:00A–9:00A	Leadership Orientation Session
	9:00A–10:30A	Town Hall Plenary Session (including student awards)
	10:30A–11:00A	Break
	11:00A–noon	Research Poster Session Presentations
	noon–4:45P	Early Career Psychologists and Students Learning Lounge
	12:15P–1:45P	Psychology in Pennsylvania Luncheon
	2:00P–5:15P	Workshops
	2:00P–5:00P	Foundation Board of Directors Meeting
	5:00P–6:00P	Student/ECP Reception
	6:30P–9:00P	1985 Dance Party!
<b>Saturday</b> <b>June 16</b>	8:00A–1:30P	Registration
	8:00A–9:00A	Continental Breakfast
	9:00A–noon	Board of Directors Meeting
	9:00A–4:30P	Workshops

## WEDNESDAY, JUNE 13

### Welcome & Overview of PPA2018

**9:00 a.m.–10:00 a.m.**

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

### Keynote Address

**10:30 a.m.–noon**

PPA welcomes all attendees to this year's Keynote Address! Join keynote speaker April Kelly-Woessner, PhD, as we delve into Dr. David Zehrung's theme ASPIRE: 85 Years of Reaching New Heights. Learn more about Dr. Kelly-Woessner on [page 11](#).

### ASPIRE85 Luncheon

**noon– 1:30 p.m.**

This special luncheon is available for PPA members who have donated to either the Pennsylvania Psychological Foundation (PPF) or the Pennsylvania Political Action Committee (PennPsyPAC) and/or have taken part in this year's ASPIRE85 program. We want to take this opportunity to thank these members for their support of these important organizations!

## THURSDAY, JUNE 14

### Lunch With the State Board of Psychology

**11:45 a.m.–2:00 p.m.**

This 2-CE workshop includes lunch and features Board members and professional staff as they present on a number of topics, including the role and mission of the Board and recent changes in the licensing law.

### Exhibitor Wine & Cheese Reception

**5:15 p.m.–6:15 p.m.**

Join your peers and our exhibitors in the exhibit hall for this event on Thursday evening. Sample food, wine, and other beverages served with our exhibitors at their booths. Afterward, stay for our next event—the Annual Banquet & Awards Dinner.

### PPA Annual Banquet & Awards Dinner

**6:30 p.m.–8:00 p.m.**

PPA will again host a dinner event at the convention! Join us as we celebrate the recipients of this year's Distinguished Contributions and Distinguished Service to the Science and Profession of Psychology Awards and the Distinguished Service Award. Additional PPA Committee Awards will also be presented this year. We will also "pass the gavel" from PPA's outgoing president, Dr. David Zehrung, to incoming president Dr. Nicole Quinlan.

(The All-Access Pass includes a ticket for the Annual Banquet & Awards Dinner.)



## FRIDAY, JUNE 15

### Town Hall Plenary Session

**8:30 a.m.–10:30 a.m.**

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

### Psychology in Pennsylvania Luncheon

**12:15 p.m.–1:45 p.m.**

This year's luncheon features PPA's director of Professional Affairs, Samuel J. Knapp, EdD, ABPP. Dr. Knapp will discuss "The Essentials of Assessing Suicidal Patients." This workshop meets the requirement for Act 74 credit.

### Party Like It's 1985

**6:30 p.m.–9:00 p.m.**

Join us as we bring back a popular staple to PPA's Convention—the Friday evening dance! In celebration of PPA's 85 years of service, we are bringing back the '80s. "Let's Dance" the night away or just "Walk Like an Egyptian"! After attending sessions or working "9 to 5" some people "Can't Fight this Feeling" and have the urge to "Dance With Somebody." Here's your chance! It's a "Celebration"!



## Wednesday, June 13

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

### 9:00 a.m.–10:00 a.m.

1 CE Credit, Introductory

#### **W01 Welcome and Overview of PPA2018**

PPA Staff

### 10:30 a.m.–noon

1.5 CE Credits, Introductory

#### **W02 Keynote Address**

See page 11 for more information

April Kelly-Woessner, PhD

### 1:30 p.m.–2:30 p.m.

1 CE Credit, Introductory

#### **W03 Self-Care for Psychologists: Mindfulness-Based Techniques**

Diane Menago, PsyD; Sanjay Deendyal, MA;  
Melissa Genn, MA; Ray Fearon, MA

### 1:30 p.m.–4:30 p.m.

3 CE Credits, Introductory

#### **W04 Indirect Bullying in Children and Adolescents: Etiology, Effects, and Remedies**

Laura Crothers, DEd, NCS

3 CE Credits, Intermediate

#### **W05 Advanced Boundaries for Psychotherapists**

Samuel Knapp, EdD, ABPP

3 CE Credits, Intermediate

#### **W06 Moving Beyond Silos: The Infusion of CBT in a Multidisciplinary Setting**

Nicholas Affrunti, PhD; Nikki Carden, PsyD; Mark Cassano, PsyD; Torrey A. Creed, PhD

3 CE Credits, Introductory

#### **W07 Strange Bedfellows: Politics Invades Psychology**

Karyn L. Scher, PhD

### 2:45 p.m.–4:45 p.m.

2 CE Credits, Intermediate

#### **W08 Evaluating Adolescent Youth With Co-occurring Disorders for Behavioral Health Rehabilitative Services**

RaeAnn Taylor, PhD; Ann Litzelman, MA;  
Erica E. Nocho, MS; Tim Rader, BA

### 5:00 p.m.–8:00 p.m.

3 CE Credits, Intermediate

#### **W09 Psychologist Contribution to Talent Management Within Business Settings**

Ross DeSimone, MA

3 CE Credits, Intermediate

#### **W10 Evaluating Police and Public Safety Officials for Employment**

Richard F. Small, PhD; Catherine Spayd, PhD

3 CE Credits, Introductory

#### **W11 The Empathy Gap: A Documentary and Discussion About Masculine Socialization in the United States**

Audrey Ervin, PhD; Brendan Barca, BA

3 CE Credits, Intermediate

#### **W12 Assessment, Identification, and Management of Mild Cognitive Impairment (MCI) and Dementias in Your Clinical Practice**

Mark A. Hogue, PsyD; Donald McAleer, PsyD, ABPP

3 CE Credits, Introductory

#### **W13 Multicultural Perspectives on Eating Disorders and Body Image**

Hue-Sun Ahn, PhD

### Program Categories

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

**Intermediate:** Participants should have some basic knowledge of the specific content but need not have in-depth

knowledge or skills. The workshop will provide information at a level beyond the basic knowledge of the topic.

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

## Thursday, June 14

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

### 8:30 a.m.–9:30 a.m.

1 CE Credit, *Introductory*

**W14 Treating Selective Mutism as a Social Communication Anxiety Disorder: Home, School, and the Real World**

Elisa Shipon-Blum, DO

### 8:30 a.m.–11:30 a.m.

3 CE Credits, *Advanced*

**W15 Advanced Ethical Decision Making: A Scientifically Informed Approach**

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

### 8:30 a.m.–11:30 a.m.

3 CE Credits, *Introductory*

**W16 Developing Cultural Competency: Working With Refugee Populations**

Lisa M. May, PhD

3 CE Credits, *Introductory*

**W17 Psychologists' Role in Treating Chronic Illness & Somatization**

Kylie McColligan-Oleski, PsyD; Ashley Gilbert, PsyD

3 CE Credits, *Introductory*

**W18 Self-Care: Understanding Clients' Perceptions and Practices**

Marie C. McGrath, PhD; Kianna Fiscus, BA; Sarah Maver, BS; Cassandra Parrish, MA; Sarah Strazzullo, MA; Bao Hanh Tran, MA

### 9:45 a.m.–11:45 a.m.

2 CE Credits, *Intermediate*

**W19 Contemporary Applications of Family Systems Theory**

Joseph A. Micucci, PhD; Scott Browning, PhD; Jeffrey M. Alpart, MA, MS, CCC-SLP

### 11:45 a.m.–2:00 p.m.

2 CE Credits, *Intermediate*

**W20 Lunch With the State Board of Psychology**  
Vito DonGiovanni, PsyD; Todd Narvol, JD; Members of the State Board of Psychology

### 2:00 p.m.–3:00 p.m.

1 CE Credit, *Introductory*

**W21 Controlling Revenge and (Maybe) Saving Lives: An Evidence-based Method**

James Kimmel Jr., JD

1 CE Credit, *Introductory*

**W22 Community Action, Awareness, and Support for Suicide Prevention in Pennsylvania**

Daniel Schwarz, PhD; Peter Langman, PhD; Govan A. Martin III; Anna Trout, MSW, CPRP

### 2:00 p.m.–5:00 p.m.

3 CE Credits, *Intermediate*

**W23 A Discussion of Difficult Ethical Issues: Suicidality and Dangerousness**

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

3 CE Credits, *Intermediate*

**W24 The Changing Health-Care Landscape: Promises and Perils Psychologists Face**

Vincent Bellwoar, PhD; Dan Warner, PhD

3 CE Credits, *Intermediate*

**W25 How Well Do You Know Your Ethics?**

Samuel Knapp, EdD, ABPP

### 3:15 p.m.–5:15 p.m.

2 CE Credits, *Intermediate*

**W26 Intoxicating Cycles of Shame: The Missing Link in the Treatment of Co-occurring Eating and Substance Abuse Disorders**

Margaret Nagib, PsyD

2 CE Credits, *Introductory*

**W27 Panel Discussion on Loss of Clients to Suicide: Clinical, Legal, Ethical, and Personal Considerations**

Aviva Gaskill, PhD; Brett Schur, PhD; Rachel Daltry, PsyD; Jane Greenburg, PhD; Govan A. Martin III

## Friday, June 15

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

### 8:30 a.m.–10:30 a.m.

1.5 CE Credits, Introductory

#### W28 Town Hall Plenary Session

PPA Staff

### 12:15 p.m.–1:45 p.m.

1 CE Credit, Introductory

#### W29 Psychology in Pennsylvania Luncheon: The Essentials of Assessing Suicidal Patients

Samuel Knapp, EdD, ABPP

### 2:00 p.m.–4:00 p.m.

2 CE Credits, Introductory

#### W30 Bariatric Psychological Presurgical Evaluations and Treatment Directions

Dina Goldstein Silverman, PhD

### 2:00 p.m.–5:00 p.m.

3 CE Credits, Introductory

#### W31 Integrated Care: The Myths and Realities of a Sophisticated Co-located Model

Vincent Bellwoar, PhD; Michele Reich, PsyD

3 CE Credits, Intermediate

#### W32 Authentic Ethics and Self-Reflection

Samuel Knapp, EdD, ABPP; Jeff Sternlieb, PhD

3 CE Credits, Intermediate

#### W33 The Adoption Family Mosaic: Multisystemic Assessment and Intervention

Cheryll Rothery, PsyD, ABPP; Molly Marcus, PsyD; Duangporn O'Toole (Kee), MS

3 CE Credits, Intermediate

#### W34 Interventions in Primary Health-Care Setting: Four Treatment Approaches to Obesity

Julie Radico, PsyD; Sean Healey, PsyD; Kyle Holsinger, PsyD

## Student/ECP Sessions

### 12:45 p.m.–2:45 p.m.

#### PPA's Emerging Leaders: Transforming Passion Into Innovative Initiatives for the Future

Monika Parikh, PhD; Mary O'Leary Wiley, PhD; Whitney Walsh, MS; Kathryn M. Jones, PhD; Shari Kim, PhD; Krystal Schultz, MA; Maximillian Shmidheiser, PsyD, ABPP-CN, MBE

### 3:00 p.m.–4:00 p.m.

#### Ethical Blind Spots of Students & ECPs: What They Are and How to Avoid Them

Whitney Walsh, MS

### 4:15 p.m.–5:15 p.m.

#### EPPP Preparation

Kylie McColligan-Oleski, PsyD





## Saturday, June 16

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

### 9:00 a.m.–noon

3 CE Credits, Introductory

#### **W35 Military Sexual Trauma and Hazing: Impact and Treatment Considerations**

David E. Martinson, PhD; Leigh Burnett, MA; Jonathan Harold, MS

3 CE Credits, Intermediate

#### **W36 Supervisor Development, Competencies, & Application of Effective Skills**

Rachel Daltry, PsyD; Kristin Mehr, PhD

3 CE Credits, Intermediate

#### **W37 Tele-Assessment & Psychology: Ethical, Clinical, & Advocacy Considerations**

Maximillian H. Shmidheiser, PsyD, ABPP-CN, MBE

3 CE Credits, Introductory

#### **W38 Psychopharmacology: Future Practice Model or Practice Enhancement Now?**

Anthony Ragusea, PsyD, MSCP

3 CE Credits, Introductory

#### **W39 Transforming Resistance Effectively and Efficiently in Difficult-to-Reach Clients: A Video Demonstration**

Steve Shapiro, PhD

### 9:00 a.m.–1:00 p.m.

4 CE Credits, Introductory

#### **W40 Psychological First Aid**

Shari Kim, PhD

### 1:30 p.m.–3:30 p.m.

2 CE Credits, Introductory

#### **W41 Gender Differences in ASD Symptom Expression: Implications for Clinicians**

Marie C. McGrath, PhD; Dominique Scholl, MA

2 CE Credits, Introductory

#### **W42 Suicide Assessment and Prevention in College-Aged Clients**

Rachel Daltry, PsyD

2 CE Credits, Intermediate

#### **W43 Retaining Meaning and Purpose Despite—or Because of—Trauma Exposure**

Jeanne M. Slattery, PhD

### 1:30 p.m.–4:30 p.m.

3 CE Credits, Intermediate

#### **W44 The Management and Treatment of Suicidal Patients**

Samuel Knapp, EdD, ABPP

3 CE Credits, Intermediate

#### **W45 Systematically Evaluating the Comprehensiveness of an ADHD Treatment Plan**

Richard Tramontina Cook Jr., MD, MPH

## Workshop Handouts

PPA2018 is paper light! All workshop handouts will be available at [papsy.org](http://papsy.org). We encourage you to download handouts to view on your electronic device during the workshop.

## Comfort & Etiquette Considerations

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

## Special Needs

The PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact the PPA before June 1, 2018.

# REGISTRATION RATES

## Registration Rates

Member Category	2018 Fees			
	By May 23		After May 23	
	Full	Daily	Full	Daily
PPA Member	\$400	\$170	\$450	\$200
Nonmember	\$610	\$285	\$685	\$335
Affiliate Member	\$250	\$110	\$300	\$125
First-Year Postdoc Member	\$150	\$50	\$200	\$75
Full-Time Student Member	\$150	\$50	\$200	\$75
Full-Time Student Nonmember	\$200	\$100	\$250	\$115
Retired Member	\$250	\$110	\$300	\$125
All-Access Pass (Members Only)	\$515		\$535	
Guests and Spouses	\$150	\$50	\$200	\$65

Registration fees cover attendance at most activities. See below for exceptions. The All-Access Pass is all inclusive.

**PPA Member**—To qualify for the member rate, PPA membership dues must be current for the 2017–2018 association year. New members may qualify for the PPA member rate. If you would like more information regarding membership, please contact Iva Brimmer, director of administration, at 717-232-3817 or [iva@papsy.org](mailto:iva@papsy.org).

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

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

**Retired Member**—Retired member rates apply to PPA members 65 years of age or older who are retired and no longer in practice.

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

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

### Ticketed Event Fees:

Lunch With the State Board of Psychology—\$40 (includes lunch and 2 CE credits)

PPA Annual Banquet & Awards Dinner—\$60

Psychology in Pennsylvania Luncheon—\$45 (includes lunch and 1 CE credit, meets Act 74 requirement)

Student/ECP Reception—\$15 (free for ECPs and students)

## What Is the All-Access Pass?

*PPA's All-Access Pass at the convention is perfect for convention attendees who are interested in attending not just the educational sessions but the social and meal functions as well. This rate includes your registration at the convention and everything that entails (all workshops and PPA events, including the Keynote Address and Town Hall meeting) as well as all of the ticketed events (see below) at a special discounted rate!*

The All-Access Pass includes:

- PPA2018 registration for all 4 days of the convention
- All ticketed events, including:
  - ASPIRE85 Reception
  - Lunch With the State Board of Psychology (includes 2 CE credits and your meal!)
  - Exhibitor Wine & Cheese Reception
  - PPA Annual Banquet & Awards Dinner
  - Psychology in Pennsylvania Luncheon
  - Student/ECP Reception

All this at a discounted rate over what you would pay for these options individually—a savings of close to \$200! Select “AAP” during the registration process to take advantage of this great deal!

## Preregistration

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

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

## Registration

On-site registrations will be accepted at the regular convention rate and as seating is available. Workshops with insufficient registration as of June 1, 2018, may be cancelled. Convention registration fees cover attendance at all activities except those listed as meals or special events with prices. **Meal and event tickets are not refundable.**

## Cancellation Policy

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

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

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

## Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact the PPA before June 1, 2018.

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



**Registration begins April 1, 2018, at**

**papsy.org**

**No registrations can be processed without payment.  
Discounted registration deadline: May 23, 2018.**



## DoubleTree by Hilton Hotel Philadelphia-Valley Forge

301 W. DeKalb Pike, King of Prussia, PA 19406

1-800-TRY-VFPA

The **DoubleTree by Hilton Hotel Philadelphia-Valley Forge**, 301 W. DeKalb Pike, King of Prussia, PA 19406, will be the host hotel for PPA2018. Please make your reservations directly with the hotel.

**You may call 1-800-TRY-VFPA** and refer to the Pennsylvania Psychological Association and PPA2018 **to obtain the discounted convention group rate, or visit [papsy.org/PPA2018](http://papsy.org/PPA2018).**

**GROUP ROOM RATES:** \$139 single/double, plus tax. The group rate is protected until May 23. If the room block is sold out before May 23, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Make your reservation early!** We expect the room block to sell out before May 23.

Check-in time begins at 3:00 p.m. Checkout time is noon. If you require a late checkout, please speak with staff at the hotel's front desk to see if your request can be honored.

**NOTE: THE PPA IS NOT RESPONSIBLE FOR LATE CHECKOUT FEES.**

The DoubleTree by Hilton Hotel Philadelphia-Valley Forge is set in the welcoming town of King of Prussia, where one of America's biggest shopping malls—the King of Prussia Mall—is located. It is the largest shopping mall on the East Coast of



the United States and allows you to indulge in a day of retail therapy at 400 unique shops and boutiques. Or, take a stroll and learn new things at Valley Forge Historical Park. Challenge your friends or colleagues to a game at local tennis or golf clubs, both of which are located near the hotel. King of Prussia is also home to dozens of bars and restaurants, and the sights and attractions of Philadelphia are a short drive away.

Enjoy a freshly baked DoubleTree chocolate chip cookie on arrival!

There are many great amenities to make your stay successful—swim laps in the hotel's outdoor pool, relax on the patio, and stay active in the fully equipped fitness center with cardio machines and weights.

# ACCOMMODATIONS

ACCOMMODATIONS



## ASPIRE: 85 YEARS OF REACHING NEW HEIGHTS

June 13–16, 2018  
DoubleTree by Hilton Hotel  
Philadelphia-Valley Forge





# PPA: Celebrating our history and Aspiring toward a future of growth and community

Molly Cowan, PsyD; [mollycowanpsy@gmail.com](mailto:mollycowanpsy@gmail.com)

At the annual convention last June, Dr. Dave Zehrung introduced many of us to Florentine Hackbusch, one of PPA's founders. I am sad to say I had never heard of her before then. Dr. Zehrung was having trouble finding a picture of her, so as an amateur genealogist, I began searching records and quickly found her basic demographic information—and some photographs—in census records. Little did I know that my efforts to help him find a picture of her would lead me to such a fascinating figure who I now consider a professional role model.

Florentine Hackbusch was born in Leavenworth, Kansas, in 1887, the eldest of three children. Her parents were Henry Hackbusch and Anna Mathonet Hackbusch. Henry was born in Germany in 1832 and immigrated to the United States in 1851. He was an army captain and surveyor for the US Corps of Civil Engineers. He and Anna, a native New Yorker, married in 1886. Florentine's siblings, Dorothea and Fredrick arrived in 1889 and 1891, respectively. The family traveled throughout the Midwest while Florentine was a child.

Luckily for me, the records offered so much more than simply her demographic information; they also gave me a sense of her personality, beginning with her quote in the 1909 University of Kansas yearbook on the topic of husbands: "I don't want a handsome husband. I don't want people making comparisons all the time." She completed her bachelor's degree at the university, earning Phi Beta Kappa honors. She then moved to West Virginia to work as a school teacher before heading to New York, where she took a job as a field worker for the former New York State Commission on Mental Defectives. She also earned her master's degree at New York University.

By 1922, Florentine had made her way to Harrisburg and was working as a psychologist and field representative for the Bureau of Mental Health. She would remain with the bureau, advancing to the

role of chief clinical psychologist, until her death in 1952. Over the course of her career, she was a charter member of the American Public Welfare Association, vice president of the American Association on Mental Deficiency, and secretary of the Society for Projective Techniques (formerly the Rorschach Institute). She was responsible for creating an integrated training program for psychology interns at Pennsylvania's welfare institutes (Burchard, Klopfer, & Bengs, 1952). In 1933, along with Drs. Mary Vanuxem and Lightner Witmer, she also founded the Pennsylvania Association of Clinical Psychologists, which would later become the Pennsylvania Psychological Association (Street, 1994).

Florentine wrote extensively and was considered a "national authority on mental deficiency" (Burchard, Klopfer, & Bengs, p. 392). In a 1949 review of the various state commitment procedures, Florentine noted that requirements for the diagnosis of mental deficiency were rarely based on "objective measurements and an examination by professionally qualified persons . . . in general the diagnosis . . . [is] based largely on questioning by a physician, and sillier, less relevant questions have seldom been used" (p. 258). As you can see, she was not one to hold back her thoughts and opinions.

In her personal life, Florentine sailed to Europe several times for extended vacations. At one point, she lived in a home just around the corner from the original PPA building. She later moved to the Harrisburger Hotel, which, for those of you familiar with the Harrisburg skyline, is the current Fulton Bank building on Third Street. The Harrisburger was also the host of an annual projective techniques seminar organized by Florentine. Reading her personal correspondence with Dr. Saul Rosenzweig of the Western State Psychiatric Institute and Clinic provides even more insight into her personality. The two clearly respected one another professionally and had a close personal friendship as well, to the point that she

was "Aunt Florentine" to his daughter Julie (F. Hackbusch, personal communication, 1944).

Florentine died in Pittsburgh, where she was hospitalized near the start of a vacation to see friends and family in the Midwest. She fought a 4.5-year battle with breast cancer that she apparently kept mostly to herself (Burchard, Klopfer, & Bengs). In his obituary, Dr. Hilding Bangs noted, "Her profession was essentially her life, and she belonged to the public service of the State as a whole. She was . . . intensely devoted to her role and loyal to the cause of all mental deficits and of the visually handicapped and of the cerebral palsied" (p. 392). As evidence of belonging to the "State as a whole," she was cremated in Pittsburgh, her memorial service was held in Reading, Pennsylvania, and her ashes taken to Leavenworth.

In her obituaries, she is repeatedly heralded for her indefatigable work ethic, her commitment to the causes that mattered to her, and her "warmth and genuineness of feeling" behind her "heartly and sometimes brusque exterior" (Burchard, Klopfer, & Bengs, p. 391–392). Dr. Burchard noted, "She was always on hand prepared to fight a vigorous battle for upholding standards, for providing more and better psychological services, and for preserving and advancing the status of the psychologist" (p. 390). I have not finished researching Florentine Hackbusch, but I already know she is a woman I wish I could have known, and one each of us in PPA owe a debt of gratitude to 85 years later. 📖

## Reference

- Burchard, E. M. L., Klopfer, B., & Bengs, H. A. (1952). Florentine Hackbusch obituary. *Journal of Projective Techniques*, 16(3), 390–392.
- Hackbusch, F. (1949). Commitment procedures. *American Journal of Mental Deficiency*, 54, 257–259.
- Street, W. R. (1994). *A chronology of noteworthy events in American psychology*. Washington, DC: American Psychological Association.

Note: Uncited information in the article was culled from multiple sources on [www.ancestry.com](http://www.ancestry.com) and is available upon request.



# The Man in the Rubber Mask: Pennsylvania Leaders on National Stages

Joshua Consider, Thiel College; [J.T.Consider@gmail.com](mailto:J.T.Consider@gmail.com)

**D**R. John Ercel Fryer was born in Kentucky. He was a promising student, a colorful personality, and a gay man. He is one of many responsible for removing homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*; his now famous speech, delivered at the 1972 American Psychiatric Association convention, represented a major factor in driving the association to remove homosexuality from the *DSM* in 1973.

David Scasta's (2003) interview provides much insight into Fryer's life and accomplishments. He was a first-year medical student at Vanderbilt University by age nineteen. He began his psychiatric residency at the Menninger Foundation in Topeka, Kansas, but left due to an atmosphere of homophobia at the advice of psychoanalyst Dorothea Dana. He ultimately chose to settle in Philadelphia, where he would live until his death. In his own words: "I didn't want to be in Washington, it was too southern for me; Boston was too cold; New York was too fast; but Philadelphia fit (Scasta, 2003)."

According to Fryer, in Scasta's (2003) interview, in July 1964 he entered the University of Pennsylvania as a third-year resident. Fryer's tenure at Penn was short; he began a relationship with the son of a family in the King of Prussia area that was to be the end of his career at Penn. He came out to the family's oldest son, who was frightened and told his parents. From there, the message spread to the department chairman at Penn, and Fryer was forced to resign. He finished his residency at Norristown State Hospital and began working at Temple University Medical School.

The 1972 convention of the American Psychiatric Association was a turning point in the history of homosexuality and the history of American psychology. Fryer appeared on a panel discussion titled "Psychiatry: Friend or Foe to Homosexuals; A Dialogue" (Robinson, 1972). He opened his landmark speech with words that give pause even today: "I am a homosexual. I am a psychiatrist."

Fryer delivered his speech in a rubber mask and with a voice disguising microphone. He spoke in the person of Dr. Henry Anonymous; speaking out as himself would place his career at risk. He was working as untenured clinical faculty at Temple University (Scasta, 2003) and had already lost opportunities and a residency due to his homosexuality.


The purpose of Fryer's mask was two-fold: In addition to protecting his identity, it also enabled members of the assembled body to fully imagine the impact of the APA's continued declaration of homosexuality as a disorder. In his speech, Fryer declared his intention to speak as a "we," the mask of anonymity representing any one of a number of gay APA members, whom Fryer named the "Gay-P-A" (Scasta, 2003).

Fryer went on to describe the binds that being gay and a psychiatrist placed the Gay-P-A in. He described the need for

psychiatrists to be more mentally healthy than straight and talked of the risk of losing consideration for a professorship, losing a source of referrals, or being forced to take a leave of absence. He concluded that "we are taking an even greater risk, however, in not living fully our humanity. . . . This is the greatest loss, our honest humanity" (Fryer, 1972). Barbara Gittings, who was also present on the panel in 1972, said: "It opened up things a great deal, because it made many psychiatrists realize gays were not some abstract idea, but were in fact in their profession—there was one right in front of them" (Pray, 2003).

Fryer's activism did not end with his contributions at the 1972 panel. He publicly came out as Dr. Anonymous in 1985 at an awards banquet for the Association of Gay and Lesbian Psychiatrists. Fryer called on the AGLP to speak out against oppression once again, to "align ourselves with those people whom society oppresses in other ways" and to "stand up proud and tall with our brothers and sisters with AIDS . . . until the last person has died (of the disease)" (Fryer, 1985).

In addition to his work in destigmatizing homosexuality, Fryer was also involved in the study of death and bereavement. He helped to found *Ars Moriendi*, a group that would later become the International Workgroup on Death, Dying, and Bereavement. Fryer chaired the Workgroup until 1979 (Scasta, 2003). He was the recipient of several awards, including a distinguished service award by the AGLP (Pray, 2003).

Fryer died of aspiration pneumonia at Albert Einstein Medical Center in February 2003 at the age of 65 (Pray, 2003). He was posthumously honored in *217 Boxes of Dr. Henry Anonymous*, a theatrical play by Ain Gordon, and with a historical marker, dedicated in 2017, located on 13<sup>th</sup> and Locust streets across the road from the Historical Society of Pennsylvania in Philadelphia (Bergen, 2017). 

## References

- Bergen, J. M. V. (2017, October 1). Honoring a gay psychiatrist credited with getting homosexuality declassified as an illness. *Philadelphia Inquirer*. Retrieved from <http://www.philly.com/philly/news/honoring-a-gay-philadelphia-psychiatrist-credited-with-declassifying-homosexuality-as-illness-20171001.html>
- Fryer, J. E. (1972) Dr. Henry Anonymous [John Fryer] speech to the American Psychiatric Association original draft, 1972. [Manuscript]. John E. Fryer Papers (7766). Historical Society of Pennsylvania Digital Library. Retrieved from <https://digitallibrary.hsp.org/index.php/Detail/objects/7766>
- Fryer, J. (1985). The unveiling of Dr. H. Anonymous. *Association of Gay and Lesbian Psychiatrists Newsletter*, 11(2), 1–4. Retrieved from <http://www.aglp.org/AGLPArchive/AGLPVol11-2August1985.pdf>
- Robinson, K. A. (1972). Kent E. Robinson memo on upcoming panel discussion [Psychiatry: Friend or Foe to Homosexuals; a Dialogue] at the APA Annual Meeting, 1972. [Typescript]. John E. Fryer Papers (14055). Historical Society of Pennsylvania Digital Library. Retrieved from <https://digitallibrary.hsp.org/index.php/Detail/objects/14055>
- Scasta, D. L. (2003). John E. Fryer, MD, and the Dr. H Anonymous episode. In Drescher, J., & Merlino, J. P. (Eds.). (2007). *American Psychiatry and Homosexuality: An Oral History*. New York, New York: Harrington Park Press.

## Degrees of Separation

Dea Silbertrust, PhD, JD; and Ed Zuckerman, PhD; [edzucker@mac.com](mailto:edzucker@mac.com)

**B**ased on a suggestion from Frank Farley (an active PPA member and ex-APA president) back in November, we posted a question to our forum: Did you get your degree from someone who got their degree or trained with someone who got their degree from Freud? How far away from some famous psychologist are you? Who were the teachers, scholars, and innovators who shaped who you are now? And we offered to share the responses. Remember that only one fifth of our members are on the list served and only a few percent of those on the list shared their histories so don't overinterpret these results.

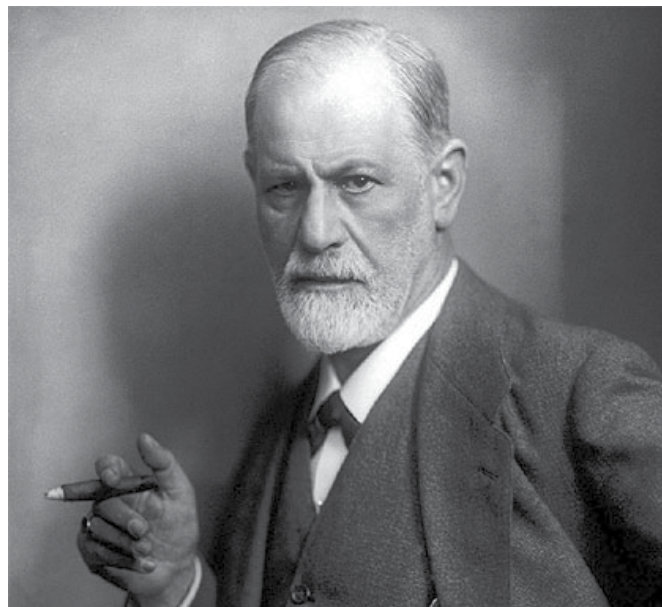
We were both pleased and surprised at the results. The two dozen psychologists who shared their histories come from everywhere. Among the links that stood out is how many trained in Philadelphia. Many were mentored by Minuchin's group (Haley, Montalvo, etc.) but also the Mental Research Institute in California with and Sluzki, Satir, etc.). Apparently, dozens of us studied Rorschach with Zygmunt Piotrowski at Temple. And, of course, the Beck group and Wolpe.

Some responders recalled many famous names from their time at schools deservedly famous for their influences on the field, such as Singer, Janis, Sarason, and Rodin at Yale or the Minnesota School with Meehl, Butcher, Garnezy, Berscheid, and Gottesman, for example. Our ages varied and so others of us learned from Spence, Kerkes, Hall, Munsterberg, Cattell, Wundt, and James, although there were a few intermediaries.

Several respondents clearly identified our newly renewed employee, Sam Knapp, as the source of much-valued education. By the way, he listed extended training with Ellis as a major influence, as did several more psychologists.

Pauline Wallin spoke for all of us when she wrote, "However, in reflecting back on my career, the people who had the most influential and profound effect on me were not the famous ones but those who guided and nudged me along the way and whose words I heard or read at the precise time that I needed them."

Reading this complexly woven history led us to review our



Max Halberstadt (c. 1921). "Sigmund Freud, half-length portrait, facing left, holding cigar in right hand." Courtesy of Library of Congress.

*Did you get your degree from someone who got their degree or trained with someone who got their degree from Freud?*

educational paths and development. I found several mentors, models, and icons I had forgotten. We encourage you to do the same. You might even ask your mentors of whom are they protégés?

All of this again demonstrates David Zehrung's truth: You are the PPA. We are the PPA, and as documented above, we are psychology. 🍷

Pennsylvania Psychological Foundation

*Enhancing the Future of Psychology*

*Make your  
contribution  
today!*

# Medicare PQRS: What Providers Need to Know

Brett E. Schur, PhD

Many Pennsylvania psychologists received letters from Novitas regarding Medicare PQRS penalties that will be applied to Medicare payments for services beginning January 1, 2018. There has been some confusion among Pennsylvania providers about the Medicare PQRS program and its replacement program, called MIPS.

The PQRS program operated in calendar years 2009–2016. Initially, the program offered rewards in the form of payment bonuses to providers who participated in a number of “quality measures.” Those quality measures became more complicated over time and beginning in 2013, the bonuses for successful participation were replaced with penalties for nonparticipation. The program ended for services delivered in 2017. However, there is a 2-year delay in application of the penalties, so providers who did not participate or did not successfully meet the criteria in 2016 will be penalized in 2018. The letters many psychologists received last week are based on program participation back in 2016.

There is an appeals process for providers who participated in the PQRS program and did not meet criteria. Check the letter carefully for information about the appeals process. The window for appealing is very narrow. Miss it and you’re out of luck. However, you might also decide that an appeal is more work than it is worthwhile.

Beginning in 2017, Medicare is replacing the widely unpopular PQRS system with a new system called MIPS, which will be much more complicated and require participation in a commercial registry. MIPS will offer both rewards for successful participation and penalties for failure to meet criteria. For calendar years 2017 and 2018, participation for psychologists is voluntary. Psychologists will receive neither rewards nor penalties regardless of whether they choose to participate. Psychologists are currently slated to become eligible for rewards and penalties beginning in 2019.

*The PQRS program operated in calendar years 2009–2016. Initially, the program offered rewards in the form of payment bonuses to providers who participated in a number of “quality measures.” Those quality measures became more complicated over time and beginning in 2013, the bonuses for successful participation were replaced with penalties for nonparticipation.*

For eligible, small providers (mostly physicians in 2017 and 2018), there is currently an exemption from penalties, which is defined as less than \$30,000 in Medicare payments or less than 100 Medicare patients total during the course of the year.

Rewards and penalties for 2017 will be applied in 2019. Rewards and penalties for 2018 will be applied in 2020. There will be no penalties for psychologists in 2019 or 2020 because they were not eligible to participate in 2017 or 2018. The \$30,000/100 patient criteria for exemption may be adjusted in future years.

Medicare has said that it will tie future annual increases in Medicare payment rates to participation in the MIPS program. While psychologists may meet the criteria for exemption, they may lose the opportunity for increases in reimbursement if they choose not to participate.

*Medicare has said that it will tie future annual increases in Medicare payment rates to participation in the MIPS program.*

Personally, I participated in PQRS for 4 years, trying diligently to meet their standards but not subscribing to a registry to assist me. I succeeded in avoiding penalties in only one of the four years, before the requirements became more difficult. I will again be facing the penalty in 2018. 🙄



## Employer Benefits:

- Targeted Advertising Exposure
- Easy Online Management
- Resume Search Included with Job Posting

## Job Seeker Benefits:

- Searchable Portfolios
- Save Jobs — Apply when ready
- Job Agents



**National Healthcare  
Career Network**

*The right connections make all the difference.*

[HTTP://CAREERS.PAPSY.ORG](http://careers.papsy.org)





## Assessments for Transition Planning

Jenna M. Hennessey, PhD



Jenna M. Hennessey

Currently, nearly 105,000 students with disabilities are of transition age (i.e., between the ages of 14 and 21) in Pennsylvania (Pennsylvania Department

of Labor & Industry, 2017). Based on employment rates of individuals with disabilities reported by the U.S. Department of Labor (2017), merely 20% of these students in Pennsylvania will successfully attain gainful employment. National- and state-level programs are attempting to mediate this issue; nevertheless, it is essential for psychologists to consider their role in better preparing adolescents with disabilities for the workforce.

It is well documented in the literature that effective school-to-work transition involves data-driven planning (Levinson & Palmer, 2005). Thus, an obvious approach to combating low employment rates among students with disabilities is to improve transition planning and programming through the use of more comprehensive assessment batteries. Prior to reviewing assessment considerations, a brief discussion on federal regulations regarding transition planning is warranted.

The Individuals with Disabilities Education Act (2004) requires that transition planning be initiated by school

*OCD is the most common neuropsychiatric manifestation of PANS; however, 1 in 5 children with PANS have a primary presentation of an avoidant/restrictive food intake disorder rather than OCD (PPN, 2016).*

Table 1. Adolescent-focused transition assessment instrument

Instruments	Description of Instruments	Constructs Assessed
ARC's Self-Determination Scale, Adolescent Version	Self-report measure of self-determination skills (i.e., autonomy, self-regulation, psychological empowerment, and self-realization)	Self-Determination
BRIGANCE® Transition Skills Inventory	Designed to assess and support the development of transition skills related to independent living, employment, and postsecondary education	Academic Achievement, Adaptive Functioning, Vocational Interests/Preference, and Vocational Skills
Picture Interest Career Survey, Second Edition	Language-free selfreport inventory used to assess vocational preference	Vocational Interests/Preference
Self-Determination Assessment Internet	Assesses self-determination traits in the areas of cognition, behavior, and affect	Self-Determination
TEACCH Transition Assessment Profile, Second Edition	Designed to assess vocational skills for transition through the use of direct observation	Adaptive Functioning and Vocational Skills
Transition Planning Inventory, Second Edition	Assesses individual's strengths, weaknesses, and preferences associated with independent living, employment, and postsecondary education	Adaptive Functioning, Self-Determination, Vocational Interests, Vocational Skills

districts no later than the age of 14. In addition, assessment data is required to determine a student's occupational strengths, weaknesses, and preferences to guide the development of transition goals in a student's individualized education program. It is pertinent to note that vocational assessments used during transition planning vary greatly among school districts, which can result in an inaccurate view of a student's needs.

Moreover, in the school environment, psychologists are not always tasked with selecting and administering transition-related instruments outside of cognitive, academic, or adaptive functioning

measures, despite being an expert in assessment. Hence, when assessing individuals who are of transition age, it is highly encouraged that psychologists incorporate transition instruments into their assessment batteries to provide a detailed viewpoint of an adolescent's occupational strengths, limitations, and preferences. Many published transition instruments include the measurement of constructs related to the above mandated areas, such as vocational interests as well as strengths and weaknesses associated with vocational abilities and self-determination skills.

*Continued on page 30*



## School Psychologists: Mental Health and Violence in the Schools

Gail R. Karafin, EdD

David Zehrung, PhD, PPA's esteemed president 2017–2018, has inspired us with his multifaceted theme to increase the presence of psychology to the general public and build a sense of community. What a challenging charge for the school psychologist. As we engage in the “administer tests-write reports-schedule meetings” cycle and the unforgiving deadlines, can we pause long enough to look around us at the broader pictures that face children, families, and education?

The National Center for Educational Statistics (2015) states that 75.8 million students are enrolled in American schools. Employees number 4.6 million teachers and 5.3 million professional, administrative and support staff. We, as school psychologists, are part of the 5.3 million “professional, administrative and support staff.” Over a 30-year period, from 1985 to 2015, student enrollment increased 31% for kindergarten through 8th grade and 21 percent from 9<sup>th</sup> to 12<sup>th</sup> grades. The center projects new records for enrollment between 2015 and 2025.

According to the Child Mind Institute (2016), 17.1 million people under the age of 24, or 1 out of 5 young people in the United States, meet criteria for a diagnosable mental health disorder. Fifty percent of those with disorders begin experiencing symptoms before the age of 14. These disorders commonly include but are not limited to anxiety disorders, depression, posttraumatic stress disorder, disorders of self-regulation, and/or attention-deficit/hyperactivity disorder. Such disorders can have a profound effect on the life of a child.

These children are twice as likely to drop out of school before graduation. The dropout rate nationally for the general population is 7%, whereas the dropout rate for students diagnosed with Emotional Disturbance is 38%, or

more than 5 times greater. Furthermore, 63% of students who drop out of school before graduation are more likely to be imprisoned during their lifetime. Dropout students live an average of 9.2 fewer years than high school graduates. It is hypothesized that the effects of the presence of a mental health disorder may be even more profound in youths because it impacts during critical periods of development.

The National Center for Education Statistics (2017) conducted a survey on school violence and discipline during 2015–2016 and reported:

- The rate of violent incidents was highest in middle schools. Violent acts included rape, sexual assault, physical attack with or without a weapon, the threat of physical attack, and robbery.
- The highest percentage of school bullying (daily to weekly incidents) occurred in middle schools.
- Cyberbullying occurred at a rate of 27% for schools having a student body of 1,000 or more compared to 8% for schools having less than 300 students.
- Nine percent of schools reported at least one student threat with a weapon.
- About 25 percent of schools reported at least one incident of distribution, possession, or use of illegal drugs, alcohol, or prescription drugs.
- The disciplinary actions taken by schools for use or possession of a weapon included detention, out-of-school suspension, transfer to a specialized school, or expulsion with no continuing services for the remainder of the school year.
- City and suburban schools reported more formal programs to prevent and reduce violence that included social-emotional training for the

students than did small town or rural schools.

- The presence of a school resource officer was directly related to the size of the student body in a school but inversely related to the officer carrying a firearm.
- Factors most cited to limit schools' efforts to reduce or prevent crimes in school included: lack of adequate alternative programs, inadequate funds, and policies or regulations controlling discipline for special education students.

One proposed solution to issues with violence in the schools is addressed in Senate Bill 383, a bill that allows teachers and other school staff to carry concealed guns to school if they have such a license. Those in favor of the bill promote the belief that school safety will increase if the good guys have the means to protect the children in the event a student or intruder intends harm. Opposition to this bill comes from those who believe that more guns in schools may actually decrease student and staff safety because there is an increased potential for accidents and harm with the increased number of guns. Our allied school psychology organization, Association of School Psychologists of Pennsylvania (ASPP), provided a clever alternative to guns to all its conference attendees this past October. They gave out really nice loud whistles.

Now I come full circle to Dr. Zehrung's inspirational message. Statistics indicate that schools are expected to increase in student population between now and 2025. Student mental health disorders are linked to many risks including higher dropout rates, increased substance abuse, higher imprisonment, and reduced lifespan to mention a few. There is violence and crime in the schools, particularly at

*Continued on page 30*



## ASSESSMENTS FOR TRANSITION PLANNING

*Continued from page 28*

As previously discussed, federal legislation mandates that a student's vocational preferences be assessed when developing a transition plan. Vocational interest assessments typically are comprised of self-reporting inventories or surveys that gather information on students' career preferences and skills. Psychologists and school personnel can use this information to assist students in generating realistic transition goals that match their abilities with their vocational interests. At times, a student's career interests may not align with his or her abilities; therefore, career counseling may be needed to assist the student in exploring more suitable occupations (Wheman, 2013).

Once students' occupational interests are identified, further evaluation of the skill sets associated with their desired and attainable vocational goal is necessary. Levinson & Palmer (2005) discussed that assessments that best measure vocational skills examine a "student's ability to perform specific job tasks and responsibilities in actual and/or contrived work environments" (p. 12). Consequently, instruments that measure this construct are often measured through direct observations or checklists. Once specific job-related skill deficits are recognized, individualized transition objectives can be generated and likely mediated by explicit academic, adaptive functioning, or vocational education and training (Kohler & Field, 2003).

Another pertinent skill to assess during transition planning is self-determination abilities. Like vocational interest assessments, self-determination instruments typically are administered through self-report inventories and surveys. Self-determination assessments evaluate the following characteristics an individual may possess: one's ability to independently self-advocate, problem solve, set goals, self-regulate, evaluate one's performance, and so forth. (Cheney, 2012). Without adequate proficiency

*One proposed solution to issues with violence in the schools is addressed in Senate Bill 383, a bill that allows teachers and other school staff to carry concealed guns to school if they have such a license.*

in this area or properly implemented accommodations to intercede limitations associated with this skill, students will likely present with many challenges in the workforce.

As table 1 illustrates, a number of assessment instruments are available to guide transition planning in previously mentioned domains (i.e., academic achievement, vocational interests, vocational skills, self-determination, adaptive functioning, and more.). These instruments can be used in the initial planning of transition goals as well as aid as a progress monitoring tool to assess the effectiveness of the transition services being offered. Ultimately, when transition assessments are specifically selected

## SCHOOL PSYCHOLOGISTS: MENTAL HEALTH AND VIOLENCE IN THE SCHOOLS

*Continued from page 29*

the middle school level. Psychology has the ability to identify those with needs and institute programs such as early identification of at-risk students, parent and teacher education, schoolwide behavior programs, and in-class supports. Evidence-based programs that have efficacy, include but are not limited to, daily check-in and check-out with a mentor, restorative practices programs, cognitive-behavioral interventions, and positive behavior supports. For students who have needs that exceed the classroom, collaboration with outside agencies can be a valuable support.

Psychology and school psychologists have a unique opportunity to improve the

to provide an inclusive perspective of a student's interests, abilities and needs, appropriate transition plans are generated that are more likely to yield positive employment outcomes. ▮

## References

- Cheney, D. (2012). Transition tips for educators working with students with emotional and behavioral disabilities. *Intervention in School and Clinic*, 48(1), 22–29.
- Individuals With Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- Kohler, P. D., & Field, S. (2003). Transition-focused education: Foundation for the future. *The Journal of Special Education*, 37(3), 174–183.
- Levinson, E. M., & Palmer, E. J. (2005). Preparing students with disabilities for school-to-work transition and postschool life. *Principal Leadership*, 5, 11–15.
- Pennsylvania Department of Labor & Industry (2017). Work Experience for High School Students with Disabilities Act. Retrieved from <http://www.dli.pa.gov/Individuals/Disability-Services/Documents/Act-26-Data-and-Narrative-SFY16-17.pdf>
- Shapiro, E. S., & Guard, K. B. (2014). Best practices in setting progress monitoring goals for academic skill improvement. In P. L. Harrison & A. Thomas (Eds.), *Best Practices in School Psychology* (pp. 51–66). Bethesda, MD: National Association of School Psychologists.
- U.S. Department of Labor (2017). Disability Employment Statistics. Retrieved from <https://www.dol.gov/odep/>
- Wehman, P. (2013). Transition from school to work: Where are we and where do we need to go? *Career Development and Transition for Exceptional Individuals*, 36(1) 58–66.

quality of life for our young for this and the next generation. Our efforts during the "testing-writing-conferencing" cycles are certainly important, but we need to view the larger picture if we are to increase the visibility and awareness of psychology as integral to society and our community. The children need our help, and we are in a unique position to work with the students, their families, and teachers and to provide the means for identification, prevention, and remediation. ▮

## References

- Child Mind Institute. (2016). 2016 children's mental health report. Retrieved from <https://childmind.org/report/2016-childrens-mental-health-report/>
- National Center for Educational Statistics. (2015). Digest for educational statistics: 2015. Retrieved from <https://nces.ed.gov/programs/digest/d15/>
- National Center for Educational Statistics. (2017). Crime, violence, discipline, and safety in US public schools: Findings from the school survey on crime and safety: 2015–2016. Retrieved from <https://nces.ed.gov/pubs2017/2017122.pdf>



# Student, Parent, and Teacher Views Regarding Bullying of LGBTQ Students in Pennsylvania

Laura M. Crothers, DEd; Jered B. Kolbert, PhD; Matthew J. Bundick, PhD; Cassandra Berbary, PhD; Suzannah Chatlos, PsyD; Latitia Lattanzio, EdS; Amy E. Tiberi, MEd; Rachel Simonds, MEd; Jacob Wadsworth, MEd; Daniel S. Wells, PhD, Duquesne University  
John Lipinski, PhD, Indiana University of Pennsylvania

Questions should be directed to Dr. Laura M. Crothers, [crothersL@duq.edu](mailto:crothersL@duq.edu)

Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) children are at an increased risk for bullying victimization due to nontypical 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, in an arts-based outreach group for LGBTQ youths 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.

*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.*

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 school policies regarding bullying. The student version included a variety of school experience questions such as 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 age was 16.95 years ( $SD = 3.66$ ), the average parent age was 53.88 years ( $SD = 12.51$ ), and the

average teacher 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 indicated that LGBTQ students are at least "sometimes" supported by school personnel, whereas 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 youths, but 0% of teachers reported reporting bullying to any school personnel.

Continued on page 33

# Psychologists Professional Liability Insurance

**Don't Stress, Pay Less! Join your Colleagues Today!**

## We offer the following Discounts and more...

- ☒ 5% Risk Management
- ☒ 5% Continuing Education
- ☒ 35% Part-time
- ☒ 35% New Graduate
- ☒ 10% First Time Applicant
- ☒ 10% Practice Setting (Excluding AK, HI and KS)
- ☒ 20% For members of:
  - American Board of Professional Psychology
  - California School of Professional Psychology
  - National Alliance of Professional Psychology Providers
  - Psychologists for Social Responsibility
  - Texas Psychological Association
  - American Academy of Pediatric Neuropsychology Services
  - National Register of Health Service Psychologists
- ☒ Coverage includes teletherapy and forensic psychological services at no additional cost



**Our extensive experience and industry knowledge, is the ultimate blueprint for building a solid wall of protection around you, so you can concentrate on doing what you do best- helping people help themselves.**

*When it comes to caring about people, we have a lot in common.*



For over 40 years we have earned a reputation for outstanding customer service



American Professional Agency

Apply Online • [AmericanProfessional.com](http://AmericanProfessional.com) • (800) 421-6694

**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 one fourth (23.1%) of parents surveyed reported their child or 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 cyberbullying were the 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 perceived schools as being supportive of all students. Compared to students and parents, teachers reported higher levels of support

Table 1  
Descriptive Statistics of the Sample

Category	N			Percentage of Sample		
	Teacher (n=201)	Student (n=98)	Parent (n=20)	Teacher	Student	Parent
<b>Gender</b>						
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%
<b>Race/Ethnicity</b>						
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%
<b>Sexual Orientation</b>						
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%
<b>School Level</b>						
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%

for LGBTQ youths 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 whether 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 school anti-bullying policies.

Parents of LGBTQ youths, 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

Continued on page 35





# Consenting for Treatment When Parents Have Shared Legal Custody

Jeanne M. Slattery, PhD; Linda K. Knauss, PhD; and Samuel Knapp, EdD, ABPP

**T**his vignette is part of a regular series looking at clinical dilemmas from an ethical perspective. In addition to the three of us, the respondents to this vignette included Drs. Gina Brelsford, Francine Fettman, Claudia Haferkamp, Bruce Mapes, Don McAleer, and Jeff Pincus. This vignette was suggested by Kylie McColligan-Oleski and other members of the Early Career Psychologist Committee.

*Mr. Single called to arrange therapy for his 12-year-old son, who he believes is depressed. Dr. Sympathetic's office staff scheduled an appointment without checking on the child's custody status. During Mr. Single's first appointment, Dr. Sympathetic discovered that Mr. Single had not talked with his ex-wife about requesting treatment (they have shared legal and medical custody). As they tend to disagree on everything, he was averse to doing so. Dr. Sympathetic understood his concerns but was worried about the ethical, clinical and legal issues raised by seeing this child without the consent of both legal guardians.*

As Dr. Brelsford observed, because the child in this vignette is under the age of 14, the psychologist must get consent from both parties if there is shared legal custody—except in an emergency

(*Grossman v. State Board of Psychology*, 2003; see *Consent to Treat a Minor Decision Tree*, 2014). Dr. Mapes would offer the other parent an opportunity to meet with him because he believes it is important for both parents to participate in the treatment. Dr. Pincus believes so strongly in the importance of having both parents involved in treatment that, for anything that is not imminently life endangering, he'd call the mother. He thought it unreasonable to assume the mother wouldn't participate in a constructive way. As Dr. Knapp observed, in hostile family situations parents may be unable to separate their own needs from those of their children; their lack of objectivity may make it difficult for them to appreciate the good motives of the other parent. We can take steps to mitigate the potential harm of this perspective by involving Ms. Single at the start of treatment and refusing to assume that she will necessarily be adversarial or harmful to the child.

Dr. Knauss agreed that we shouldn't assume a lack of cooperation and questioned our hurry "to do something right away. Sometimes we have to intervene right away—but sometimes we don't." Our hurry to act might reflect our anxiety or a lack of confidence in our work. Dr. Pincus observed that Mr.

Single was "putting all sorts of therapeutic barriers out there." Challenging these barriers and family rules—and our own countertransference and desire to "save" the child in this particular way—can help the child and family.

## Ethical and Legal Considerations

What about the ethical and legal issues raised by this case? With a child under the age of 14, or teens between 14 and 18 who are not willing to give consent, both parents (legal guardians) must determine whether they want treatment at all (Autonomy) and consent to treatment. Offering them this choice creates the kind of respectful therapeutic relationship that well serves the child, family, community, and our profession (Fidelity). Fostering effective coparenting, when possible, supports the child and family and reduces harm to all parties (Beneficence and Nonmaleficence). From a family systems perspective, collaborating well with both parents reduces triangles; from the behavioral, systems, and medical perspectives, obtaining informed consent from both parents gives us more complete and reliable assessments of the case (Competence). Dr. Sympathetic would further demonstrate competence by

training his staff to respond to requests for treatment by carefully asking about custody agreements.

## Variations on a Theme

Dr. McAleer wondered about the legality of doing concussion assessments on discharge from the hospital if only one parent was available to consent. Would it be okay to allow one parent to consent even if there is a court order for shared legal custody? The group concluded “no,” based on the decision made by the State Board (*Grossman v. State Board of Psychology*, 2003).

Dr. Pincus questioned what we should do when one parent was missing and we were unable to get in contact with that parent. Dr. Fettman observed that we should make reasonable attempts to contact that parent and document our attempts. Dr. Knapp noted that when we make a good faith effort to contact the missing parent, we are on safer ground if we were to treat the child with the consent of only one parent.

Dr. Pincus asked how psychologists should respond when one parent is in prison. Would it be okay to ask the imprisoned parent for permission to treat but say that if we don't hear from you by this date, we will assume consent? Dr. Knapp responded, “I would want an affirmative consent to treat, which might be just a verbal consent by phone. Consent should be an affirmative act and not just the absence of a refusal.”

What if the parents never married and did not have a custody agreement? As noted above, either parent may legally consent absent a court order of shared legal custody. Although either could consent, for both clinical as well as ethical/legal reasons, we would still want both parents to consent and be involved in treatment if possible.

When children and youth services have custody, even when caseworkers believe that they can consent for the treatment of children in their custody, often parents retain the authority to consent to treatment—and thus need to provide consent. In such situations, prudent psychologists would want to see the court order or get some other verification that children and youth

services has the legal authority to consent to treatment on behalf of the child. Even when children and youth services has the authority under a court order to consent to treatment, involving the parents in treatment is often clinically indicated.

What if the parents are separated and one parent has anger problems and a Protection From Abuse order (PFA)? Dr. Knapp argued that we should still obtain consent, if possible, or explore other options (e.g., referring the family to the social worker down the street, whose licensing board has drawn different conclusions about these issues, or obtaining an amended court order that would allow treatment without the consent of the other parent—at least for mental health purposes).

When psychologists make difficult decisions concerning consent or other issues, it helps to have a clearly articulated rationale. Dr. McAleer suggested that CYA could stand for “Can You Articulate?” Dr. Knauss added “And Did You Document?” Many of us participating in this call are college professors. Our students engage in thoughtful discussions of ethical dilemmas but often end up by wanting to know “the right answer.” Some problems do have clear rules to guide them. Even then, how the problem is addressed could require balancing competing ethical principles.

Even when clear guidelines direct our decisions, effective responses often lie in the strength of their implementation. For example, in this case, Dr. Sympathetic could have talked with the mother in a manner that was demeaning to the father or he could have done so in a way that recognized the good intentions of both parents. The best decisions are guided by the overarching ethical principles. 📌

## References

- Consent to Treat a Minor Decision Tree. (2014). Pennsylvania Psychological Association. Retrieved from [http://papsy.site-ym.com/global\\_engine/download.asp?fileid=E7302F7B-2413-4343-A412-FE3D4557212E&ext=pdf](http://papsy.site-ym.com/global_engine/download.asp?fileid=E7302F7B-2413-4343-A412-FE3D4557212E&ext=pdf)
- Grossman v. State Board of Psychology*, 825 A.2d 748 (Pa. Commw. Ct. 2003).

**Would you like to be involved in future discussions of vignettes?**  
**Let us know by emailing**  
[jslattery176@gmail.com](mailto:jslattery176@gmail.com)

## ACADEMICIAN'S CORNER

*Continued from page 33*

unaware of the specific language in place. About a third each of LGBTQ students, their allies, and parents of LGBTQ youths, 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 does not do 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. 📌

## References

- Clarke, E. A., & Kiselica, S. (1997). A systemic counseling approach to the problem of bullying. *Elementary School Guidance and Counseling*, 31, 310–325. Retrieved from <http://www.jstor.org/stable/42869211>
- Dalton, S., Kolbert, J. B., Crothers, L. M., Bundick, M. J., Wells, D. S., Albright, C. M., . . . Griffin, A. (unpublished). *Bullying experiences of lesbian, gay, bisexual, transgender, and questioning students in a southwestern Pennsylvania county*.
- Gay, Lesbian, and Straight Education Network. (2005). From teasing to torment: School climate in America—A survey of students and teachers. NY: GLSEN.
- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. NY: GLSEN.
- Ueno, K. (2005). Sexual orientation and psychological distress in adolescence: Examining interpersonal stressors and social support processes. *Social Psychology Quarterly*, 68, 258–277. [dx.doi.org/10.1177/019027250506800305](https://doi.org/10.1177/019027250506800305)
- Vaillancourt, T., McDougall, P., Hymel, S., Krygman, A., Miller, J., Stiver, K., & Davis, C. (2008). Bullying: Are researchers and children/youth talking about the same thing? *International Journal of Behavioral Development*, 32, 486–495. <http://journals.sagepub.com/doi/pdf/10.1177/0165025408095553>
- Walls, N. E., Kane, S. B., & Wisneski, H. (2010). Gay—straight alliances and school experiences of sexual minority youth. *Youth & Society*, 41, 307–332. [dx.doi.org/10.1177/0044118X09334957](https://doi.org/10.1177/0044118X09334957)

## PPA Member Spotlight

### Nancy Elman, PhD



Congratulations to Dr. Nancy S. Elman, who received the 2017 APA Distinguished Career Contributions to Education and Training in Psychology Award! For 20 of her 40 years at Pitt, Dr. Elman was coordinator of training in the Doctoral Program in Counseling Psychology and maintained a private practice providing individual, couple, and family therapy. Dr. Elman's passion and commitment to investigating professional competence problems has resulted in many scholarly publications and presentations on professional competence, competence problems, and psychology training, all topics of great practical significance for educators and trainers. Her leadership through scholarly works on professional competence and the service she has provided through major leadership positions to education and training psychology organizations make Dr. Elman an ideal recipient of this year's APA Award for Distinguished Career Contributions to Education and Training in Psychology.<sup>1</sup>

### Mary O'Leary Wiley, PhD



Dr. Mary O'Leary Wiley was recognized in 2017 with the APA Award for Distinguished Contributions to Independent Practice! She has published and presented in the areas of history, trends, and social context of adoption (adoptees, birth families, adoptive families, transcultural and multicultural adoptive families, LGBT families), professional practice, childhood trauma and treatment, mentoring, career development, and ethics. Dr. Wiley served as one of the founders of Division 17's Section on Independent Practice of SCP and has served as its Chair several times, including recently revitalizing the Section to broaden its focus and name to the Section on Professional Practice. Additionally, Dr. Wiley has served as Membership Chair for the PPA and initiated our Emerging Leaders Program for students and early career psychologists. Many of Dr. Wiley's contributions have been behind the scenes in encouraging the inclusion of the practitioner voice to all discussions related to the field of psychology.<sup>2</sup>

On behalf of our membership, PPA extends some hearty congratulations to Dr. Elman and Dr. O'Leary Wiley for their roles as leaders in psychology!

<sup>1</sup> <http://www.div17.org/scp-connect/counseling-psychologists-accomplishments/nancy-s-elman-ph-d-wins-2017-apa-distinguished-career-contributions-education-training-psychology-award/>

<sup>2</sup> <http://www.div17.org/scp-connect/counseling-psychologists-accomplishments/mary-oleary-wiley-ph-d-wins-2017-apa-award-distinguished-professional-contributions-independent-practice/>

Save the  
Date for  
PPA's  
Spring CE  
Conference!

April 20, 2018  
Sheraton Station Square  
Pittsburgh, PA

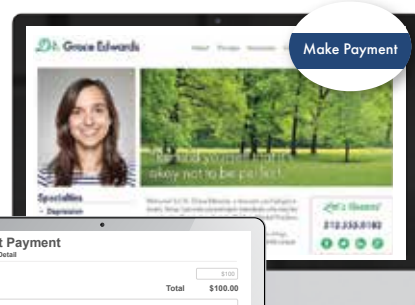
Register before March 30 to  
receive the early bird rate.

Additional information can be  
found here: <https://papsy.site-ym.com/page/SpringFall>



GET THE MOST OUT OF EVERY SESSION  
BY SIMPLIFYING PAYMENTS

- Simple online payments
- No swipe required
- No equipment needed



The easiest way to get paid.

Affinipay's cost saving solution is designed to work with psychologists, group practices, or multiple independent psychologists sharing a space. Allow clients to pay in your office, online, or on the go.

[affinipay.com/papsy](http://affinipay.com/papsy) | 866-921-3316

Approved Member Benefit of



VISA DISCOVER AMERICAN EXPRESS

Affinipay is a registered ISO of Citizens Bank, N.A.



**Therapy Office to Sublet – Main Line.** Share a sunny 1st floor modern two-office suite. Amenities include fully furnished waiting room and office, high speed Wi fi, microwave, refrigerator, coffee/tea station, well-lit parking lot. In bldg. w/ other psychologists, psychiatrists, offices. Walking distance to Ardmore business district – banks, pharmacy, cleaners, lunch spots. Immediate availability. [carole@mstherapist.com](mailto:carole@mstherapist.com) 610-649-9964

**Office space available in prime location of Center City Philadelphia:** The available office is part of a gracious suite with other therapists and psychiatrists. Break room includes a kitchen, use of computer, copier and fax. Easily accessible by train or bus. Reasonable

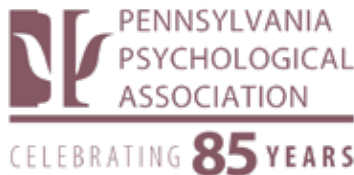
rent for part time or full time use. Email Estelle at [eprice8225@gmail.com](mailto:eprice8225@gmail.com), or call my cellphone, 617-320-1865.

**Rosemont College seeks two full time faculty members for our Master of Arts in Counseling program,** one of whom will be charged with leading the effort to successfully apply for CACREP accreditation. Both faculty members will be expected to teach for the program, with release time given for various administrative duties. Qualifications include but are not limited to an earned doctoral degree in counselor education (or a related doctoral degree), preferably from a CACREP-accredited program. To apply visit: [https://jobs.rosemont.edu/applicants/jsp/shared/Welcome\\_css.jsp](https://jobs.rosemont.edu/applicants/jsp/shared/Welcome_css.jsp)

### Join PPA's Listserv!

The listserv provides an online forum for immediate consultation with hundreds of your peers. Sign up for FREE by contacting:

[iva@papsy.org](mailto:iva@papsy.org)



Help us celebrate our first 85 years as we lay the groundwork for the next 85 years and beyond. We invite you to consider making a financial gift in the amount of \$85 to celebrate these 85 years of the PPA!

Your gift will allow the PPA to continue our work to develop innovative professional development programs, enhance the status of psychology in the public sphere, advocate for increased mental health care delivered by qualified professionals, and much more.

As a member of ASPIRE85, your name will be featured on our ASPIRE85 webpage and in an issue of the *Pennsylvania Psychologist*. You will receive an invitation to our Donor's Reception in June at PPA2018 in Valley Forge.

Donations can be made through the PPA's online store at [papsy.org](http://papsy.org).

## Pennsylvania Psychological Foundation

### *Enhancing the Future of Psychology*

*Make your  
contribution  
today!*

# Welcome New Members!

We offer a wild, wonderful, whopping welcome to the following new members who joined the association between November 8, 2017 and February 13, 2018!

## NEW MEMBERS

**Jill Alexander-Gottesman, PsyD**  
Erie, PA

**Gary Ames, MA**  
Bala Cynwyd, PA

**Melanie Bass, PhD**  
Easton, PA

**Judith Berman, MA**  
Philadelphia, PA

**Valerie Braunstein, PsyD**  
Philadelphia, PA

**Amana Carvalho, PsyD**  
Pittsburgh, PA

**Angela Clarke, PhD**  
Landenberg, PA

**Jennifer Dawson, PhD**  
West Chester, PA

**Robert Ferguson, PhD**  
Pittsburgh, PA

**James T. Flannick, PsyD**  
Beaver, PA

**Lauren Flowers, PsyD**  
Canton, OH

**Mary J. Foley, PsyD**  
Chester Springs, PA

**Susan Fritz, MS**  
Elizabethtown, PA

**Kenneth Frumkin, PhD, MD**  
Spring House, PA

**Martin Gilbert, PsyD**  
Dresher, PA

**Stacey Ginesin, PhD**  
Bryn Mawr, PA

**Beverly Gordon, PsyD**  
East Norriton, PA

**Sarah E. Hardy Dell, PhD**  
Old Lyme, CT

**Jenna Hennessey, PhD**  
Export, PA

**Ashley S. Higgins, PsyD**  
Immaculata, PA

**Jennifer Hixson, PsyD**  
Lebanon, TN

**Valerie Ignatenko, PhD**  
McKeesport, PA

**Carol Javna, PhD**  
Wexford, PA

**Matthew M. Jezzi, PhD**  
Bala Cynwyd, PA

**Christina Kemp, PsyD**  
Yeadon, PA

**Connor Kerns, PhD**  
Philadelphia, PA

**Jessie Kessler, PsyD**  
Fleetwood, PA

**Jamie King, PhD**  
Greensburg, PA

**Michele D. Levine, PhD**  
Pittsburgh, PA

**Robert J. Liskowicz, PsyD**  
Laflin, PA

**Michael Marshal, PhD**  
Pittsburgh, PA

**Steven Mehl, PhD**  
Bloomsburg, PA

**David R. Miller, PhD**  
Carlisle, PA

**Sean Moundas, PsyD**  
Pittsburgh, PA

**Aaron T. Myers, PsyD**  
Plymouth Meeting, PA



**Matthew J. Page, PhD**  
Pittsburgh, PA

**Lisa Paliotta, MSW**  
Ozone Park, NY

**Celeste Parker, PhD**  
Pleasant Gap, PA

**Heather M. Rakestraw, PhD**  
Montoursville, PA

**Jonathan A. Roberds, PsyD**  
Chalfont, PA

**Randy L. Sandler, PhD**  
Eagleview, PA

**Andrea B. Schachner, PsyD**  
Pittsburgh, PA

**Gabriella Serruya, PsyD**  
Bala Cynwyd, PA

**Anna V. Sheedy, PsyD**  
Philadelphia, PA

**Fernanda Sofio, PhD**  
Princeton, NJ

**Tamara Southerling, PhD**  
Jenkintown, PA

**Catherine Stahler, PsyD**  
Glenshaw, PA

**Gerry Stefanatos, PhD**  
Elkins Park, PA

**Irina Stern, PhD**  
Philadelphia, PA

**Jennifer L. Tzoumas, PhD**  
Birdsboro, PA

**Nancy Walker, PhD**  
Munhall, PA

**Lienna Wilson, PsyD**  
Warminster, PA

**Mary Wolf, PsyD**  
Erie, PA

**Laura Zajac, PhD**  
Pittsburgh, PA

**Elizabeth Zhe, PsyD**  
Bethlehem, PA

### **NEW STUDENT MEMBERS**

**Kyle E. Badman, MA**  
Pennsburg, PA

**Matthew Bloom, MS**  
Upper Darby, PA

**Priscilla R. Clinkscapes, MS**  
Philadelphia, PA

**Jennifer Coleman, MS**  
Tannersville, PA

**Sanjay A. Deendyal, MA**  
Yardley, PA

**DeAnna L. DeHaas, MS**  
Norristown, PA

**Rudner H. DeVera, MS**  
Philadelphia, PA

**Brian J. Ferraccio, MA**  
Apollo, PA

**Marissa Ferrito, MA**  
Philadelphia, PA

**Chelsea B. Holbert, MA**  
Anderson, IN

**Jessica J. Iacono, MA**  
West Chester, PA

**Mallory Inselberg, BA**  
Malvern, PA

**Kat Kovacs, BA**  
Philadelphia, PA

**Briana Koza, MA**  
King of Prussia, PA

**Sarah Kuhn, MEd**  
York, PA

**Katherine Lawliss, BS**  
Prospect Park, PA

**Carlie Leaman, BS**  
Scranton, PA

**Samantha Ljubich, MA**  
Philadelphia, PA

**UnChi McCoy, MBA**  
North Wales, PA

**Heather McMasters, MS**  
Philadelphia, PA

**Danielle Meixner, BS**  
Bethel Park, PA

**Izabela Milaniak, MA**  
Philadelphia, PA

**Amy Mitchell, BA**  
Lancaster, PA

**Ashley Moore, MS**  
Elkins Park, PA

**Lauren Natter, MA**  
Huntingdon Valley, PA

**Rachel Nicholson, MS**  
Silver Spring, MD

**Vuthy Ou, BS**  
Philadelphia, PA

**Cassandra Parrish, MA**  
Wallingford, PA

**Adriana Pennacchi, MA**  
Haverford, PA

**Briseyda Romero, BA**  
East Pittsburgh, PA

**Jocelyn Ruiz, BA**  
Allentown, PA

**Nakelee Saah, MA**  
Philadelphia, PA

**Austin Saiz, MS**  
Philadelphia, PA

**Ceara Scanlon, BS**  
Milford, DE

**Dominique Scholl, MA**  
West Chester, PA

**Laura Siciliano, MA**  
Royersford, PA

**Simon Stauber, BS**  
Brooklyn, NY

**Wendy StMyers, MA**  
Pittsburgh, PA

**Sarah Strazzullo, MS**  
Hoboken, NJ

**Taylor Umbrell, BA**  
Delran, NJ

**Angelica Valentin, BA**  
Warrington, PA

**Michelle Vaysman, MS**  
Boca Raton, FL

**Kassandra Villone, BA**  
Philadelphia, PA

**Alison C. Williams, BS**  
Lafayette Hill, PA



## CE Questions for This Issue

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

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

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

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

Allow three to six weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before March 31, 2020.

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

### Cowan

- Which of the following organizations was Florentine Hackbusch not affiliated with?
  - American Public Welfare Association
  - Society for Projective Techniques
  - Pennsylvania Association of Clinical Psychologists
  - Pennsylvania Commission on Visual Impairments
- Florentine Hackbusch served as chief clinical psychologist for the Pennsylvania Bureau of Mental Health.  
True  
False

### Hennessey

- The employment rate among individuals with disabilities is approximately 40%.  
True  
False

- Self-determination assessments evaluate many traits of an individual including one's ability to self-advocate and self-regulate.

True

False

### Karafin

- According to the National Center for Educational Statistics, the highest rates of violent incidents occur:
  - In elementary school
  - In middle school
  - In high school
- Senate Bill 383 proposes that:
  - Schools will be required to have a full-time resource officer who carries a firearm.
  - Firearms will be prohibited in public schools, including for resource officers.
  - Staff members who have a clearance to carry a concealed weapon are permitted to bring firearms to school.

### Crothers et al.

- In Pennsylvania, all school districts are required to have an anti-bullying policy that includes groups of students who are particularly vulnerable to being bullied, such as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students.  
True  
False
- Among this sample of teachers, students, and parents, the three most common forms of victimization were:
  - Physical bullying, cyberbullying, and verbal bullying
  - Relational and social aggression, verbal bullying, and cyberbullying
  - Relational and social aggression, physical bullying, and verbal bullying
  - Verbal bullying, cyberbullying, and sexual harassment

### Slattery, Knauss, & Knapp

- When parents have a court order of shared legal custody and the child is under age 14:
  - Either parent can consent for treatment
  - Both parents must consent for treatment
  - The court must consent for treatment
  - Children must consent for treatment
- When a parent is missing or in prison, psychologists should:
  - Make a good faith effort to contact that parent
  - Not worry about having the consent of that parent
  - Assume consent if they don't hear from that parent
  - Not treat the child

**Schur**

11. Beginning in 2017, Medicare's PQRS program is being replaced with which of the following:
- A national MNOP program
  - A newer, more stringent MIPS program
  - No current replacement is slated
  - None of the above

12. For calendar years 2017 and 2018, psychologists will receive neither rewards nor penalties regardless of whether they choose to participate in the Medicare program.
- True  
False

## Continuing Education Answer Sheet

### *The Pennsylvania Psychologist, March 2018*

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

1.    a       b       c       d
2.    T       F
3.    T       F
4.    T       F
5.    a       b       c
6.    a       b       c
7.    T       F

8.    a       b       c       d
9.    a       b       c       d
10.   a       b       c       d
11.   a       b       c       d
12.   T       F

### Satisfaction Rating

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

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

Comments or suggestions for future issues \_\_\_\_\_

Please print clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (       ) \_\_\_\_\_

I verify that I personally completed the above CE test.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

# The Pennsylvania Psychologist

March 2018 • QUARTERLY

NONPROFIT ORG  
U.S. POSTAGE  
PAID  
HARRISBURG, PA  
PERMIT NO. 728

5925 Stevenson Avenue, Suite H  
Harrisburg, PA 17112-1788

## 2018 PPA Continuing Education

PPA is continuing its long-standing tradition of offering high-quality CE programs to psychologists. In 2018, we are expanding the options. We hope you'll join us for one or more of these programs!

### Calendar

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

#### April 13, 2018

PPA Lunch & Learn  
PPA Office/Virtual Webinar  
Harrisburg, PA

#### April 19, 2018

PPA's Day of Self-Reflection  
Sheraton Station Square  
Pittsburgh, PA

#### April 19, 2018

Regional Advocacy Day & Reception  
Sheraton Station Square  
Pittsburgh, PA

#### April 20, 2018

PPA Spring Continuing Education Conference  
Sheraton Station Square  
Pittsburgh, PA

#### May 11, 2018

PPA Lunch & Learn  
PPA Office/Virtual Webinar  
Harrisburg, PA

#### June 13–16, 2018

PPA2018—PPA's Annual Convention  
Doubletree Valley Forge  
King of Prussia, PA



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

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

### Home Study CE Courses

#### Act 74 CE Programs

Assessment, Management, and Treatment of Suicidal Patients—1 CE  
Older Adults at Risk to Die From Suicide: Assessment Management and Treatment—1 CE

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

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

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

#### Act 31 CE Programs

Pennsylvania Child Abuse Recognition and Reporting—3 CE Version

Pennsylvania Child Abuse Recognition and Reporting—2 CE Version

#### General

Record Keeping for Psychologists in Pennsylvania—1 CE

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

Introduction to Ethical Decision Making\*—3 CEs

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

The New Confidentiality 2018\*—3 CEs

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

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