ALSO INSIDE:

- Social Issues Confronting Psychology
- Family Separation and Children
- My Client Wants to Text Me!

The Pennsylvania Psychologist

Vol. 78, No. 9

SEPTEMBER 2018 • QUARTERLY

Social Issues Confronting Psychology

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American Psychological Association

Vol. 78, No. 9

The Pennsylvania Psychologist

Editor: Shannon Len Deets, PhD

September 2018 • QUARTERLY

Pennsylvania Psychological Association
5925 Stevenson Avenue, Suite H
Harrisburg, PA 17112
717-232-3817
papsy.org

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: Kristen Bergmaier
Graphic Design: Graphtech, Harrisburg

REGULAR FEATURES

SPECIAL SECTION—SOCIAL ISSUES CONFRONTING PSYCHOLOGY

SCHOOL PSYCHOLOGY SECTION

ETHICS IN ACTION

ALSO INSIDE

We Are a Wonder!

Nicole P. Quinlan, Ph.D.


Nicole P. Quinlan, Ph.D.

This has been an eventful summer – beautiful and exciting! Although it feels like just yesterday, since the convention three months ago, PPA has been busy as Ann Marie Frakes continues to get settled in and bring energy as our new Executive Director (I hope many of you were able to meet her in Valley Forge!), and I start my term as your president. If you attended the Town Hall, you heard my Presidential Platform, and may have been entertained to see photos of me as my alter ego (If you missed it, it is up on PPA's YouTube channel). Despite enthusiastic encouragement from fellow members and staff to incorporate my moonlighting gig into my presidential year, I was hesitant. Although it is the prerogative of the president to choose a theme and course, we have a duty to guide PPA thoughtfully, and in the direction most needed at that time.

As President-Elect, I had the privilege to support Dr. Zehrung's ASPIRE campaign, growing our membership and renewing our sense of community. In a time of so many challenges, it has never been more important for psychologists to have a solid alliance and identity. We gathered much valuable information from all of you, our members, about what PPA is, how PPA supports you, and how PPA can help you even more. After all, You are PPA! We are PPA! This work continues – and is crucial – and so, for the coming year, I have asked Dr. Zehrung to continue to lead ASPIRE in these efforts.

But as I reflected on how we can grow and thrive as an association, I envisioned us doing even more. When I looked toward the coming year, I saw us aspiring to be our "best" collective selves to each other and to the world. Around that time, a fellow PPA member shared research with me that found children who were prompted to think about and dress up like Bob the Builder or Dora the Explorer (for example), concentrated better and persevered more on a task than those who did not. They behaved like their 'best selves' when prompted to identify with a positive character (White et al., 2017). If I am to task us to be our best selves, as an organization, and as individuals—to be compassionate, wise, just, and courageous—when the world is full of disruptions, threats, and obstacles, reminding all of us just what heroes we truly are seems like an appropriate way to do it. Because this year, I would like us to focus on the traits we share, as psychologists, to enhance our association and the world around us.

Compassion consists of mindfulness, the desire to help, and engaging in altruistic action. As psychologists, our collective compassion runs deep and we embody this daily in our work. If anything, I simply task us to turn that compassion inward and identify ways to support ourselves and each other. In April we had a day of self-reflection focusing on self-care, and I envision PPA offering more workshops to encourage this self-compassion. We have started discussions about how to bridge divides between members and encourage open, thoughtful conversations about the ways we differ on potentially charged topics. I also believe more can be done to support members as they navigate the difficult things we face all too often, including client suicide, threats of violence, and our own personal struggles. Stay tuned for more on that!

The concept of **wisdom** has long been integral to our mission, as PPA "promotes the science and practice of psychology..." As we enter our next 85 years as an association, we will undoubtedly continue to face new challenges, and be tasked to explore new opportunities for our practice and new avenues for continuing education and growth. Rest assured that even as we venture into uncharted territories this coming year and beyond, PPA will continue to use science and sound evidence-based principles to guide us and all our decisions. This includes decisions in the realm of justice.

As you may know, PPA has long advocated on issues of health care reform, Medicaid rules, and mental health parity because aspiring to the principle of **justice** means speaking up when we see a breach. But we, as psychologists, are uniquely positioned to do more, and as the world in which we live and work becomes more challenging, our role becomes more important. We have the wisdom, compassion, and unique skills to speak with competence and evidence to issues of concern. In fact, PPA increasingly hears from members related to these issues, asking, "what can we do?" A recent example was the request for action related to the border policy of separating children from caregivers; PPA publicly joined the American Psychological Association in speaking against this policy based on science. While PPA's primary responsibility is to help members thrive professionally, we are also here to help you aspire to be your best professional selves. To do that, we need to be ready to answer that call and support your efforts related to social issues when it is appropriate to our mission and evidence-based.

One of my primary goals this year is to develop a clear system to respond when members reach out related to issues they feel psychologists have a responsibility to address. Using science and what the evidence says, as well as what our ethical imperatives say, and how or even whether it matches PPAs mission and

Continued on page 11

The Joy of Giving

"Fundraising is the gentle art of teaching the joy of giving." – Hank Rosso

Ann Marie Frakes, MPA

Ann Marie Frakes

Philanthropy is an integral part of the human experience. People find satisfaction in doing something concrete and tangible to help others. As some of you know, I spent approximately 18 years of my professional life working for the American Heart Association. Over those several years, I was responsible for raising approximately $21.5 million with the leadership and commitment of many volunteers. I am now happy and excited to share my fundraising knowledge and skills with PPA.

Donations from our members are a valuable resource for PPA, PPF, and the PAC. A grateful member will give because they appreciate the work we do to maximize their practice of psychology. In this column, I would like to focus specifically on philanthropic support for the Pennsylvania Psychological Foundation (PPF).

PPF is a 501C3 organization which means that all charitable contributions made to PPF are fully tax deductible to the extent of the law. Our foundation should have the typical comprehensive development program that includes three general types of giving: annual, major, and planned. Within these broad areas of giving, a variety of specific fund-raising methods are implemented in concert. A well-organized annual giving program will help us to identify a solid core of donors. These donors may eventually choose to continue to invest in our mission making a major and/or planned gift. Our goal will be to achieve a balance between these three elements to meet the future needs of PPF.

Annual Gifts

Annual giving relies not on large gifts but on a solid base of smaller yearly gifts that produce a dependable income. An annual giving program has three objectives:

- To acquire new donors
- To renew previous donors
- To facilitate increased donor interest

Annual giving also provides opportunities for recruiting and training volunteers, increasing exposure, developing new contacts, and improving relationships with our members. Annual giving means more than simply seeking one gift from our donors. Our goal will be to receive multiple gifts throughout the year, using a variety of solicitation methods, strategically staged at intervals throughout the year. These may include: on-line giving, direct mail, special events, donor societies, and tribute/memorial giving. Most gifts acquired utilizing these methods are typically unrestricted by the donor. Unrestricted gifts will allow us to support more general activities that are crucial to advancing our mission.

Since PPF already receives hundreds of individual donations, methods of gift recognition must be in place. We will be implementing some of the more traditional methods of acknowledgement and recognition including:

- An on-line annual report of philanthropy that recognizes our donors
- Hand-written thank you notes and personalized letters
- Stewardship and cultivation receptions

Major Gifts

The opportunity to make an enduring gift is very appealing to some donors. Major gifts can provide a base to finance large programs, capital expenditures, and endowment funds. Major giving may be promoted through a variety of techniques, including individual major gift solicitations, foundation grants, and corporate grants and gifts. Sometimes these types of donations are restricted gifts. Restricted gifts will enable us to support specific programs.

Planned Gifts

Planned gifts are often made by those who are most committed to the institution or organization. These gifts are usually made by means of a financial or estate plan, and often involve the use of gift instruments such as bequests, income trusts, life insurance policies, and gift annuities. Any type of asset (cash, securities, personal property, or real estate) may be used for a planned or major gift.

For PPF fundraising to be successful, it needs to be a united effort across the organization. It should include all members of PPA, starting with the Board of Directors and the General Assembly. A development program demands thoughtful planning and scheduling, the ability to recruit and motivate volunteers, and pay careful attention to detail. We will spend a significant portion of time educating PPA members about the purpose and work of the foundation and what the foundation could support if it had more resources.

Everyone across PPA should be involved in our development activities; however, our volunteer leaders and staff provide a critical resource for our fund-raising initiatives.

1. Improve and increase communication with our members.
2. Obtain more information about our members. Talk with our PPA members about their philanthropic attitudes, beliefs, and activities. Gauge their readiness for participation.

Continued on page 11

How Competent Do You Have to Be?

Samuel Knapp, EdD, ABPP; Director of Professional Affairs

Rachael L. Baturin, MPH, JD; Director of Government, Legal, and Regulatory Affairs[1]

Consider this situation:
Mary Smith was asked to see a 17-year-old with a serious eating disorder. She works primarily with adults but had several courses on child psychology in her doctoral program and about 30% of her practicum and internship experience involved working with adolescents. She has had some limited exposure to eating disorders. After her niece developed anorexia she did some readings in the area and took a 6-hour continuing education workshop several years ago. But she never had any specific training in eating disorders nor did she see any patients with eating disorders during her training program or supervised experience. Should she take the case?

How does a psychologists determine if their training makes them competent to take a case? The American Psychological Association Ethics Code states that "psychologists provide services, teach, or conduct research with populations in areas only with the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (Standard 2.01a). Also, psychologists may expand the scope of their competence through "relevant education, training, supervised experience, consultation, or study" (Standard 2.01c). An exception to the general requirement for competence can be made in emergencies, but even then, the services should be "discontinued as soon as the emergency has ended or appropriate service are available" (Standard 2.02). A second exception can be made in under-served area. Psychologists may treat patients with problems in closely related areas of practice if they are practicing in an area "where appropriate mental health services are not available" and "they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study" (Standard 2.01d).

Within Pennsylvania, community mental health centers were viewed as the agency of last resort. If a patient had no other options, the staff at the community mental health center was expected to see that patient, regardless of whether the staff had explicit training in the problems of the patient. However, in independent solo or group practices, psychologists can choose which patients to accept. What standards should these psychologists use to determine if they are competent to see patients who have problems that appear to be outside of their area of competence?


Dr. Samuel Knapp


Rachael L. Baturin

Often the decisions appear easy. It would appear obvious that psychologists can treat a problem if they have had appropriate training or supervised experience. For example, someone trained to treat depression should be able to treat a depressed patient. Even then, issues can sometimes become murky. Psychologists need to consider the age, language preference, or culture of the prospective patient. Ideally psychologists should strive for cultural competence or cultural humility (striving to become culturally competent, while recognizing that it is never completely achieved). Cultural competence makes a difference in outcome as evidenced by findings that White psychologists vary in their outcomes with minority patients: some have very good outcomes and others do not (Hayes et al, 2016). A white psychologist who has good outcomes with other white patients might not necessarily have good outcomes with cultural minorities. Even then, cultural competence is not a dichotomous factor. Being competent with patients from one cultural group does not mean that the psychologist will be competent with patients from all cultural groups.

Also, psychologists may sometimes refer patients out because of personal circumstances. For example, some psychologists who work with trauma patients will limit the number of trauma patients that they will see at any given time because the work creates the risk of emotional exhaustion. Similarly, other psychologists will limit the number of patients diagnosed with a borderline personality disorder that they see at any given time because of these patients often require extraordinary effort.

If psychologists do not have the training appropriate to meet the needs of their patients, and if appropriate resources are not available, should the psychologist accept this patient? The relevant overarching ethical principle is nonmaleficence, or the question of whether the patient will be harmed by the treatment, even if the harm is "only" in the form of being dissuaded from getting treatment from someone more qualified. One way to minimize the risk of harm is specified in the APA Ethics Code, which would require psychologists to take steps to improve

skill level through education, reading, consultation, or training. Another way to minimize the risk of harm is to periodically monitor outcomes to determine if the patient is benefitting from treatment. This would alert the practitioner as to whether treatment is progressing as desired. An option may be to seek a hybrid intervention. For example, perhaps the patient travels a long distance once a month to see a specialist who has a collaborative relationship with Dr. Smith whom the patient sees in intervening weeks.

If psychologists takes a patient outside of their expertise, they need to ask themselves if they are willing to undertake the reading and education necessary to develop the necessary competence. Individual reading and continuing education programs are an important part of the respecializing, but are seldom sufficient in and of themselves. The process requires feedback from someone who is proficient in the field of study to determine if the psychologist has acquired sufficient knowledge and technical skill to move into the new area of practice.

For example, a psychologist might not have had specialized training or experience in working with older adults. Should those psychologists always decline to treat older adults? Consider that a 66-year-old patient still working full-time may have more in common with middle aged adults than with other older adults. Or what if the psychologist had seen the patient two years earlier, before he became an older adult. Has the patient really changed that much so that the psychologist will no longer be effective? Similar issues with an arbitrary age limit may occur with adolescents. An immature 20-year-old may have more in common with teenagers than young adults of the same age. In such situations psychologists need to look at the totality of circumstances to determine if they are likely to be competent to deliver good treatment to this patient.

Psychologists who routinely monitor progress will have a mechanism to determine when to seek consultation or to refer a case. The monitoring can be done through standardized treatment outcome measures or at least by asking the patients periodically if their goals are being met. Special concern should be expressed if the patients have not responded adequately by the fourth session because non-responders show a higher risk of treatment failure (Lambert & Shimokawa, 2011). It is true that sometimes patients benefit from treatment because it keeps them stable and keeps them from deteriorating. However, in such cases with long-term patients, psychologists may wish to seek consultation to ensure that they are doing the best they can for their patients.

In the example given at the start of the article, what should Mary Smith do? Eating disorders may sometimes result in death. Given her lack of training in this area of practice, Mary Smith should not take the case if other local providers have expertise in treating anorexia. But what if Mary Smith lives in a rural community that has access to few mental health services? Then Mary Smith needs to ask if she would be willing to undertake the reading, consultation, or training necessary to provide adequate service to this patient. This is a complex area of treatment and Dr. Smith needs to recognize that the time investment needed to get up to minimal standards of competence could be extensive.

Often diagnoses are not clear until treatment has already started. What if Mary Smith had agreed to treat a 17-year-old for depression. Given that the patient is almost 18 and that Dr. Smith has considerable training in treating depression and had some supervised experience working with adolescents, it would appear appropriate for her to treat this adolescent. However, what if Dr. Smith does not learn for several weeks into treatment that her patient was engaging in binge eating and purging? Perhaps Dr. Smith had a good relationship with her patient and her patient is reluctant to see another professional. This would add weight in favor of Dr. Smith continuing to treat the patient. But liking a psychotherapist is only a few of the many factors to consider and is not, in and of itself, sufficient reason to continue treatment.

Dr. Mary Smith would be most likely to reach the best decision if she seeks consultation from a professional knowledgeable about eating disorders, has a candid conversation with her patient about the advantages and disadvantages of different treatment options, and closely monitors her patient's progress.

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The Bill Box

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

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action	Governor's Action
SB 134	Provides for Commonwealth support for a Mental Health and Intellectual Disability Staff Member Loan Forgiveness Program and an Alcohol and Drug Addiction Counselor Loan Forgiveness Program. - Sen. Mario Scavello (R-Monroe)	For	In Education Committee	N/A	N/A
SB 383	Amends the Public School Code, in duties and powers of boards of school directors, providing for protection and defense of pupils. - Sen. Don White (R-Indiana)	Against	Passed 28–22 on 6/28/2017	In Education Committee	N/A
SB 554	Safe Harbor bill for child victims of human trafficking. - Sen. Stewart Greenleaf (R-Montgomery)	For	Passed 50–0 on 4/25/2017	Removed from Table	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	Passed 49-0 on 6/13/18	In Professional Licensure	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 2227	Amends Crimes and Offenses Code and Judiciar Code to allow for extreme risk protective orders. - Rep. Todd Stevens	For	N/A	In Rules Committee	N/A

HCO denotes House Cosponsor Memo

Welcome New Members!

We offer a wild, wonderful, whopping welcome to the following new members who joined the association between May 17, 2018, and August 27, 2018!

NEW MEMBERS

William Belt, PhD
Bala Cynwyd, PA
Frederick Benner, PhD
Lewistown, PA
Eleanor Benner, PsyD
Philadelphia, PA
Louis Bevilacqua, PsyD
Downingtown, PA
Bruno Broll-Barone, PhD
Philadelphia, PA
Joseph Cautilli, PhD, MSCP
Philadelphia, PA
Donna Conwell, PsyD
Yardley, PA
Lisa Coulter, PhD
Schnecksville, PA
Jane Curran, PhD
Wilmington, DE
Janice Decker, PhD
Greensburg, PA
Everett Dickerson, PhD
Wilmington, DE
Maria Drvoshanov, PsyD
Philadelphia, PA
Kara Fawley, PsyD
Phoenixville, PA
Edward Freed, PhD
Downingtown, PA
Freda Ginsberg, PhD
Newtown, PA
Sarah Haas, PhD
Manheim, PA
Jeffrey Hayes, PhD
State College, PA
Patrice Heller, PhD
Ambler, PA
Delmina Henry, PhD
Cheltenham, PA
Carol Hershey, PsyD
Wayne, PA
Concesa Ibanez-Rafuse, PhD
Nazareth, PA
Brenda Ingram-Wallace, PhD
Sinking Spring, PA
Leah Kara, PsyD
Quakertown, PA
Kristine Koontz, PhD
Harrisburg, PA
Stuart Kurlansik, PhD
Merion Station, PA
Alexandra Mattern-Roggelin, PsyD
Harrisburg, PA
Kyla McBurney-Rebol,PhD
Idaho Falls,ID
Cole McCracken, PsyD
Clarksburg, PA
Ryan Mest, PhD
Pittsburgh, PA
Kara Newman, PhD
Langhorne, PA
Ferzeen Patel, PsyD
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Brea, CA
Christopher Reese, PsyD
Mechanicsburg, PA
Rachelle Rene, PhD
San Diego, CA
Beth Rhoads, PsyD
Malvern, PA
Joseph Salerno, PsyD
Westfield, NJ
Kristin Shelesky, PhD
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Leta Speyer, PhD
Coal Township, PA
David Tilli, PhD
Levittown, PA
Danielle Trucksess, PhD
Bryn Mawr, PA
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Berkeley, CA
Joseph Weldon, MS
Huntingdon Valley, PA
James Whitaker, PsyD
Pottsville, PA
Jodi Wilkins, MA
Chester, PA
Lisa Young, PhD
Pittsburgh, PA
Brooke Zumas, PsyD
Bethlehem, PA

STUDENT TO MEMBER

Christopher Kaczka, MA
Morton, PA
Jennifer Kengeter, PsyD
Bellmawr, NJ
Courtney McCuen-Wurst, Psy.D.
Philadelphia, PA
Billie Jean Miller, PsyD
York, PA
Kendrick Mugnier, MS
Havertown, PA
John Ramirez, PhD
Harrisburg, PA
Jason Tanenbaum, PsyD
Newtown, PA

NEW STUDENT MEMBERS

Michelle Blose, MS
Tarentum, PA
Hannah Bodnar, BA
Catawissa, PA
Juliana Bowland, BS
Wilmington, DE
Nora Brier, MS
Philadelphia, PA
Yeung Chan, MA
Cherry Hill, NJ
Emma Church, BS
Elkins Park, PA
Tricia Collins, MS
Pittsburgh, PA
Jennifer Anne Connett, MS
Midland, PA
Brittany Fahey, BS
Pooler, GA
Martha Fahlgren, MA
Philadelphia, PA
Noel Febus, BA
Sabana Hoyos, PR
Amanda Ferriola, PsyM
West Milford, NJ
Ashley Flor, MA
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Alicia Foster, MA
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Clarion, PA
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Sassmansville, PA
Gabriella Terry, BA
North Wales, PA
Bethany Watson, MA
Philadelphia, PA
Corinne Werner, MA
Cherry Hill, NJ
Jenna Wittmann, BA
Philadelphia, PA
Hilary Wright, MA
Philadelphia, PA
Shiqi Zhao, MSW
Philadelphia, PA
Karen Wolff, MS
West Chester, PA
Kebei Zhao, MA
Philadelphia, PA

PPA2018 CONVENTION WRAP-UP

ASPIRE

PPA2018 85 YEARS OF REACHING NEW HEIGHTS

1. PPA President Dr. David Zehrung kicking off PPA2018 at the Welcome & Overview session.

2. Winners of the PPA "ASPIRE" Poster Award

June of 2018 marked yet another PPA Convention! This year brought us to the Philadelphia area, to the DoubleTree King of Prussia in Valley Forge. As in years past, the Convention featured multiple opportunities for networking, education, meetings and the presentation of PPA awards.

This year's theme, "Aspire", focused on the many pressures that psychologists face as they are entering, maintaining, or exiting their practice, whether this is in academia, private practice, within a hospital or forensic setting, school, or elsewhere. While succeeding professionally is important, it is equally essential that psychologists focus on achieving their personal goals and aspirations. This theme was highlighted throughout the year, including our "Day of Self-Reflection" in April, and multiple workshops during the Convention.

The Keynote presentation was given by professor of political science and department chair of Politics, Philosophy and Legal Studies at Elizabethtown College, April Kelley-Woessner, PhD. Her presentation "The Silencing Generation: Explaining the Decline in Political Tolerance among America's Youth" was extremely well-received by those in attendance, with it referred to as, "one of the best keynote addresses I've seen", and with many attendees asking for more! Did you miss the Keynote at the Convention? See page 14 for Dr. Kelley-Woessner's article, and you can still access her presentation on the PPA2019 page at www.papsy.org.

PPA staff and leadership are always striving to keep the convention relevant, while also bringing back popular programs and events, and this year was no different! We were honored to recognize donors to both PennPsyPAC and the Pennsylvania Psychological Foundation at a luncheon on Wednesday afternoon. The support of our donors is important to

PPA2018 CONVENTION WRAP-UP

the furthering of these organizations and our charitable giving and advocacy efforts. Thank you to everyone who donated in 2017-2018! We hope that those who were able to attend the reception enjoyed this new event! Another program that we brought back for 2018 was the PPA Dance! To celebrate our 85th Anniversary as an organization, we partied like it was 1985, with big hair, fluorescent colors and great music!

Thursday evening of the Convention also marked our Annual PPA Banquet & Awards Dinner. We are proud to offer this event to honor the accomplishments of PPA members and community members. This year's banquet was especially heartfelt - congratulations to all of our award winners!

Friday we celebrated the passing of the gavel from Dr. David Zehrung to Dr. Nicole Quinlan as she introduced her theme for 2019: We are a Wonder. Keep an eye out for more information about Dr. Quinlan's theme as we head into next year! We also recognized long-time PPA staff member, Iva Brimmer, as she transitions into retirement. Thank you, Iva, for your time, hard work and dedication to PPA!

Thank you to all the presenters, exhibitors, photographers, and committee members who were responsible for making this event such a success! A lot of work and planning happens behind the scenes, and members of PPA's Professional Development Committee and Proposal Selection Committee deserve acknowledgement for their hard work and involvement in this process. Special thanks also go to outgoing Program and Education Board Chair, Dr. Dea Silbertrust!

Lastly, we want to thank everyone who attended PPA2018. Your energetic participation made this year's convention a rousing success. We look forward to bringing this energy and excitement as we move into 2019. We look forward to seeing you in Pittsburgh on June 19-22, 2019 for next year's Convention – PPA2019. We are a Wonder!

3. Winner of PPA's Distinguished Contributions to the Science and Profession of Psychology Award, Dr. Joseph Kovaleski.

4. PPA's Public Service Award winner, Dr. Roger Brooke.

5. Dr. Allison Otto, recipient of the Early Career Psychologist Award.

6. Dr. Jeffrey B. Hayes, recipient of the second of PPA's Distinguished Contributions to the Science and Profession of Psychology Award for 2018, with PPA's Director of Professional Affairs, Dr. Sam Knapp.

PPA2018 CONVENTION WRAP-UP

1. *Dr. Vincent Bellwoar, recipient of PPA's Award for Distinguished Service, with presenter, Dr. Don McAleer.*
2. *PPA members enjoying themselves during one of the many workshops offered at PPA2018.*
3. *The second cohort of PPA's Emerging Leaders: (Back) Max Shmidheiser, PsyD, ABPP-CN, MBE; Krystal Schultz, MA; Whitney Walsh, MS (Front) Shari Kim, PhD; Katie Jones, PhD.*
4. *Outgoing President Dr. David Zehrung passing the Presidential Gavel over to incoming President Dr. Nicole Quinlan.*
5. *PPA2018 attendees participating in a group exercise during the Welcome & Overview session.*

WE ARE A WONDER

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values, our workgroup will create a protocol to vet specific requests and provide prompt feedback and resources on if, and how, to make a difference. While not every response will be equivalent, PPA will consider and respond to every request. I believe we all have a responsibility to speak on issues where our voice is needed, and by speaking with compassion and evidence, we can make a difference.

I have already been so amazed by the ways in which PPA's members make a difference every day. In addition to your 'day jobs,' many of you also have moonlighting gigs where you bring the strengths and virtues that make you amazing psychologists out into the world beyond your offices. This takes **courage**, and I want to recognize and highlight members who make these efforts as the year unfolds. So please, share with me throughout this year the ways you change the world and fight the good fight. You are a Wonder! We are a Wonder!

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THE JOY OF GIVING

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3. Increase education. Our members are accustomed to being successful. Education about philanthropy will remove barriers, eliminate the unknown, and reduce discomfort and the fear of failure. This information will build confidence and success.
4. Focus on the opportunity. Action follows passion. Many of our members have great ideas for projects that we currently do not have the resources to support. We can mobilize their passion and help them to gain vital fundraising skills to support these interests.
5. Leadership. As in any successful endeavor leadership is the key. Peer leadership is essential.
6. Role modeling. Encourage, recognize, and showcase the behaviors of PPA members who make gifts and facilitate gifts from other grateful members.
7. Treat all our members as potential donors. Everyone is a prospect, until we know otherwise.
8. Work every day to continue to build deeper personal relationships with our members.

Finally, PPA members can help the foundation raise funds in several ways:

- Volunteer to assist with development activities
- Educate colleagues about the foundation and the great benefits we receive by fundraising
- Refer possible donors for follow up and cultivation

We know that not all members will be comfortable in a direct fundraising role. There are other ways that they can participate and support our efforts:

- Lend their names to member follow-up efforts by signing appeal letters or by allowing use of their name in correspondence or phone calls
- Write personal thank you notes to members who have made donations
- Host functions for major donors at their homes

Please join Dr. Williametta Bakasa, the PPF President, all the members of the PPF Board of Directors, and me to assist with our PPF fundraising efforts for 2018-2019. We are excited to once again offer our annual Raffle with our prize to be announced this fall. In addition, we are also exploring the opportunity for an on-line auction that will have prizes which will appeal to members across the commonwealth. Thank you to all who have supported the foundation in the past and we look forward to many more members supporting the foundation in the future. If you would like to discuss how you can help, please reach out to Dr. Bakasa at drbakasa@ipicswellness.com or me, at annmarie@papsy.org. We look forward to hearing from you.

Privilege as a Social Issue

Jeffrey L. Sternlieb, Ph.D., jsternlieb@metaworks.bz

Trying to discuss privilege as a social issue is like walking into a mine field. If you walk into it without a 'map,' you may cause an explosion which you have not anticipated and for which you are not prepared. Yet, it seems to me that the field of psychology and individual psychologists have both tools and a responsibility to weigh in on this topic. In the 2018 world of political extremes and conflict and instantaneous social media disruption, any discussion of privilege risks being more destructive than productive unless two conditions are met. The first condition is a group responsibility for a set of ground rules for that discussion, and the second is an individual's personal responsibility to examine one's own awareness of privilege.

Ground Rules

Many 'discussions' today turn into debates with winners and losers. These 'debates' include competitive claims of even greater disadvantage; reluctance to accept privilege that should be self-evident but is not even seen; and less listening and even less understanding. What may have begun as a well-intentioned effort at developing a better understanding may result in an opposite impact – a wider distance, additional personal wounding, and a decreased interest in the original goal. Part of the difficulties is that the discussion about privilege is often framed in a binary, yes-no, right-wrong, either-or context. This is a simplistic reduction of a complex issue. In addition, by nature of the content, the discussions often become personal. This is a sure formula to stir up defensiveness, the effect of which is to increase the distance between or among individuals.

Because of the potential volatility of this subject, a first challenge to be negotiated is an agreement about the conditions that help to transform a discussion into a dialogue rather than a debate. This task is often best accomplished by a facilitator whose primary role is to structure and monitor the nature of the interactions in ways that respect the guidelines. The guidelines can be suggested by a facilitator, or they can be the content of a first meeting and generated by the participants. One way to start might be to identify the goals of the meeting (mutual understanding, for example) and then explore what guidelines would support those goals. Examples of these guidelines could include mutual respect, speaking for oneself, being open to others' views and experiences, and confidentiality. One approach to this goal is Transformational Intergroup Dialogue[1] which emphasizes structure, support and sustained interaction. For facilitators to be effective, they need to be authorized and prepared to intervene when guidelines are not followed. The goal is to create and maintain an emotionally safe container for these discussions to occur.

What may have begun as a well-intentioned effort at developing a better understanding may result in an opposite impact – a wider distance, additional personal wounding, and a decreased interest in the original goal.

Personal Work

White Privilege is the ultimate redundant expression! Simply put, to be white, especially in the United States, is to be privileged! And no matter how aware I may be about my privilege, I will never be fully aware because I will never know all the situations where a person of color encounters barriers or pre-judgments or other disadvantages and I do not. This is also true about being physically intact and whole, being heterosexual, and being male among other privileged classes – and for the purposes of this paper, we can substitute any of these classes for color. Privilege is about the experiences we do not encounter. Privilege is also about advantage that is not earned. Whites can never have direct personal experience of racial discrimination; while we might directly observe situations where we have privilege and other do not, our awareness of its impact can never be first hand It's not that whites don't know disadvantage; it's that whites cannot know the cumulative impact of continuous, and at times institutional disadvantage due to racial discrimination throughout a lifetime.

For facilitators to be effective, they need to be authorized and prepared to intervene when guidelines are not followed. The goal is to create and maintain an emotionally safe container for these discussions to occur.

I have written in these pages about white privilege several times previously (Sternlieb, 2005; 2006a; 2012a; 2012b). In some ways these articles document parts of my own journey, from discovery to increased awareness to becoming an ally. One paper in particular listed a number of suggestions for personal exploration (Sternlieb, 2009). An additional approach to personal exploration that I have more recently discovered and used for myself is described by the cultural anthropologist, Angeles Arrien (1993). She uses our heart in a metaphorical way suggesting that there are four "chambers" by which we can understand ourselves. The four chambers represent the full heart, the open heart, the clear heart, and the strong heart.

This challenge is to consider my own awareness of and exploration about privilege (and how can I expect anyone else to do this work if I'm not doing it myself?),

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PRIVILEGE AS A SOCIAL ISSUE

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in the context of these chambers of my heart. The full heart is about authenticity and commitment and is a source of generosity. How full hearted am I in this journey or have I been half hearted? The open heart reflects my capacity to trust in myself. How open am I to what emerges from my explorations, or do I become aware of circumstances that contribute to a closed or closing heart? The clear heart is a reflection of my values and principles in contrast to the doubting heart's confusion. Am I clear about where I stand or do I waver in the face of uncertainty and ambivalence? What work do I need to do to become less confused and more clear? Finally, the strong heart is the seat of courage. Do I have the courage of my convictions, or do I avoid making difficult choices? In what ways might I look inside to identify my strengths and the work I still need to do.

There are certainly many additional ways that psychology and psychologists can use our knowledge and our skills to further goals of equality and justice for all. We are regularly faced with opportunities to apply what we know and who we are. It is up to each one of us to decide what that will look like.

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PPA Member Spotlight

Pauline Wallin, PhD

Congratulations to long-time PPA member Dr. Pauline Wallin on being awarded APA's Division 46 Distinguished Lifetime Contributions to Media Psychology & Technology Award. Dr. Wallin was presented this 2018 award at the APA conference in August. This award is given for a sustained body of work in developing, refining and/or implementing applications, procedures and methods that have had a major impact on the public and the profession of media psychology and technology. Dr. Wallin is a past President of the Pennsylvania Psychological Foundation. She has a private practice in Camp Hill, PA with over 30 years of experience working with individuals, couples, families, businesses and courts.

The Silencing Generation: Explaining the decline in political tolerance among America's youth

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The word "tolerance" is frequently used in the popular press to convey people's acceptance of groups who were once on the fringe of society. According to this definition, young people are more tolerant than older people because they have more positive feelings towards historically disenfranchised groups, including racial minorities and homosexuals. However, this is not what social scientists mean when they use the term "political tolerance."

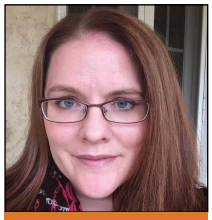
Political tolerance is not a measure of who one likes, but rather a measure of how one treats members of the groups that one most dislikes. Being politically tolerant means that one recognizes that people have democratic rights and are free to participate in the political process, even if one finds their views to be objectionable. It is often measured by asking people if they would allow members of their least-liked groups to speak in their community, teach college classes, or have their books on loan at the public library.

Political scientists started measuring political tolerance in the 1950s, with Samuel Stouffer's study of Americans' intolerance towards communists. Stouffer concluded that Americans were generally intolerant, with the majority being willing to deprive alleged communists of basic democratic freedoms (Stouffer, 1955). Since that time, the groups at which intolerance is most frequently directed have changed from communists and homosexuals to racists and radical Muslims.

Although the targets of intolerance have changed over time, researchers have widely agreed on two points. First, social scientists conclude that political intolerance is a problem for democratic vitality, in that it creates a "culture of conformity" that deprives those outside the mainstream of political voice (Gibson 1992, 2008). Intolerant societies tend to oppress expression broadly and across the political spectrum. Second, in study after study, researchers found that young people were more politically tolerant than their parents. This finding led Stouffer and others to conclude that America would become more and more tolerant over time due to generational replacement.

New evidence from the General Social Survey shows that this is no longer true. For the first time since we started measuring political tolerance in 1955, young people are less politically tolerant than their parents. This growth in intolerance has attracted national media attention, especially when college students shout down campus speakers with whom they disagree.

In my address at the 2018 PPA Annual Meeting, I identified three reasons why young people are becoming less politically tolerant: decreased exposure to viewpoint diversity, a decline in civic knowledge, and a heighted response to anxiety and threat.


April Kelly-Woessner, PhD

First, studies in social psychology conclude that exposure to disagreement and political diversity makes people more open-minded and politically tolerant. Yet, we also know that people's communication networks are becoming narrower and less open to disagreement. On social media, people find it easy to surround themselves with political allies. Studies of Twitter and Facebook users, for example, consistently show that conservatives and liberals are living in two separate virtual worlds, often unaware of the arguments and perspectives of those on the other side. Additionally, higher education provides less exposure to political diversity than it once did, as both college professors and students have become more uniformly liberal over time (Abrams, 2016). While it is still true that education has a positive effect on political tolerance, with college-educated subjects being more tolerant than their less educated peers, education may have less of an impact than it once did due to this reduced exposure to viewpoint diversity.

Second, political tolerance may be declining due to weak civic skills among young people. A 2016 study by the American Council of Trustees and Alumni (ACTA) found that recent college graduates have low levels of information about basic government processes, placing their understanding of civics well below that of previous generations. Only a handful of states now require students to show basic proficiency in civics to graduate from high school, reflecting a shift in priority to STEM fields. Similarly, the ACTA report concludes that only 18% of colleges and universities require students to complete a single course in American history or American government.

Without historical context, young people fail to appreciate the importance of free speech and other civil liberties for securing democratic freedoms and protecting the rights of marginalized groups. In addition, civic knowledge promotes civic confidence. People who think they understand politics and the political process are more willing to engage in political dialog with people with whom they fundamentally disagree. Those who are low in knowledge and confidence are not comfortable defending their viewpoints and prefer to silence disagreement rather than confront it. In fact, one of the best predictors of political intolerance in the General Social Survey data is agreement with the statement, "I think most people are better informed about politics and government than I am."

For the most part, political intolerance is the negative side effect of a lack of experience with ideas that differ from one's own. Most people intuitively avoid disagreement and conflict.

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Systemic Cisgenderism: The Ongoing Oppression of Transgender and Gender Non-Conforming People

Audrey Ervin, Ph.D., audreyervinphd@gmail.com

Transgender and gender non-conforming people (TGNC) experience misunderstanding, bias and discrimination that can negatively impact psychological well-being. In addition to possessing the requisite knowledge, skills, and self-awareness to competently work with TGNC clients, psychologists must also understand cisgenderism, a pervasive system of oppression that privileges the gender binary, renders TGNC people invisible, and embraces the misinformed notion that gender identity is determined by sex assigned at birth (APA, 2015).

Terminology

Gender identity is a person's deeply-felt, inherent sense of being masculine, feminine or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person's sex assigned at birth (APA, 2015). Gender identity is a distinctly different (but sometimes related) construct from sexual orientation and sex assigned at birth. Whereas gender identity is internal and may not necessarily be visible to others, gender expression includes clothing, physical appearance, and/or behaviors (APA, 2015). A person's gender expression may or may not conform to a person's gender identity (APA, 2015). For instance, someone may experience gender dysphoria that is unseen by outside observers. Transgender is an umbrella term used to describe the full range of people whose gender identity does not conform to their sex assigned at birth. Diverse identities under this umbrella include androgynous, genderqueer, transsexual, cross dressing, third gender, agender, male-to-female (MTF), female-to-male (FTM), two spirit, gender variant, and non-binary. A cisgender person is someone whose sex assigned at birth aligns with their gender identity (APA, 2015).

Discrimination and Lack of Access

Many TGNC people don't seek therapy due to discrimination, bias, misunderstanding, and/or microaggressions. TGNC people experience daily challenges including access to health care, school and workplace discrimination, bullying, violence, and rejection by families and peers at rates that surpass their peers (APA, 2015). Nearly half of all young transgender people have contemplated suicide or made a suicide attempt (Grossman & D'Augelli, 2007) and the need for competent trans-affirmative care is critical.

Cisgenderism, Myths and Misinformation

There are many myths about TGNC people. A plethora of misinformation emanates from cisgenderism, a pervasive system of oppression that privileges the gender binary (male and female) and renders TGNC people deviant, pathological or invisible (APA, 2015). This process is similar to historical heterosexism and heteronormativity in that "homosexuality" was traditionally problematized, pathologized, and labeled a mental disorder in the DSM. After a series of incremental changes, homosexuality was eventually removed from the DSM in the 1980's due to lack of scientific evidence and increasing societal awareness that sexual identity is not pathological.

Audrey Ervin, PhD

Similarly, amidst ongoing debate, gender identity disorder was changed to gender dysphoria in the current edition of the DSM 5. In both cisgenderism and heterosexism, the dominant groups (cisgender and heterosexual people) have the social power to impose normality or abnormality on a marginalized group. It is imperative for psychologists to understand how cisgenderism impacts client conceptualization, diagnosis, assessment, and treatment. Psychologists must draw upon science and best practices, not stigma, stereotypes, and misinformation.

Best Practices for Trans-Affirmative Care

Transaffirmative psychologists are cognizant of transphobia and trans-negativity, understand cisgender privilege, are aware of institutional and societal barriers to success, and understand intersecting identities. For instance, being TGNC is only one part of identity.

The American Psychological Association (2015) provides guidelines for practice with TGNC people that include understanding that gender is a non-binary concept; gender identity and sexual orientation are distinct constructs; gender identity intersects with cultural identities; provider attitude and knowledge of TGNC people will impact quality of care; stigma, discrimination, and violence effect TGNC well-being; institutional barriers are systemic; there are different developmental needs of children and adolescents and not all youth will persist in a TGNC identity into adulthood; minority stress impacts psychological well-being; TGNC people are likely to experience better outcomes when they receive social support and trans-affirmative care; and there is significant need for psychologists to promote social change.

Discrimination in the Current Sociopolitical Environment

While awareness of TGNC people is on the rise, there has also been harsh backlash. President Trump recently issued a ban on

all TGNC people in the military stating they will be disqualified from military service (Cooper & Gibbons-Neff, 2018). Furthermore, a current Ohio house bill known as the Parent's Rights Bill, reads, *"If a government agent or entity has knowledge that a child under its care or supervision has exhibited symptoms of gender dysphoria or otherwise demonstrates a desire to be treated in a manner opposite of the child's biological sex, the government agent or entity with knowledge of that circumstance shall immediately notify, in writing, each of the child's parents and the child's guardian or custodian"* (Calfas, 2018). This bill would require psychologists, school counselors and medical professionals to "out" TGNC adolescents under penalty of felony (O'Hara, 2018).

These political initiatives, which go against best practices from all major psychological and medical professional associations, exemplify systemic cisgenderism, promote transphobia, foster intolerance, and openly create further hostile environments for TGNC people. It is clear that the overt oppression and marginalization of TGNC people continues; therefore, it is imperative for psychologists to stand up, name injustices, and actively fight against individual and systemic discrimination. Psychologists have a grave responsibility to name cisgenderism, promote social equality and advocate against oppressive policies for all TGNC people.

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This is even more true in the age of social media, where people learn to assess their worth based on the number of "likes" or retweets they earn and dissenters can merely be "unfriended" or not followed. Yet, the less exposure one has to disagreement, the more threatening it feels when one encounters it.

Finally, research on "iGen" shows that young people have notably high levels of anxiety and fear (Twenge, 2017). Political intolerance is strongly related to perception of threat (Gibson 2006; Sullivan, Marcus, Feldman and Piereson 1981; Davis and Silver 2004). Young people's lack of experience with disagreement in their communication networks contributes to the perception that disagreement is threatening. Conflict avoidance thus becomes self-perpetuating.

Therefore, the cure for growing political intolerance is exposure therapy. People need to be encouraged to engage with those who make them uncomfortable and to communicate with people outside of their naturally homogenous political and social networks. Unfortunately, dialog on social media does not provide the positive environment required for exposure therapy to work and may, in fact, enhance perceptions of threat; the veil of anonymity provided by social media causes people to behave aggressively and outside the boundaries of common social norms. Accordingly, our efforts to diversify people's communication networks and expand their experiences will have to be more deliberate and intentional, through controlled educational and therapeutic interventions.

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A Secure Base is a Human Right

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Natalie Homa, PhD

As a result of the Trump administration's zero-tolerance policy enforcement (DOJ, 2018), families have been separated, both at the southern border and during immigration raids across the United States. This separation violates children's rights to a secure base which offers safe, secure, and trustworthy care. Decades of research has shown that children, universally, develop an attachment to caregivers early in life (Bretherton, 1992; Cassidy & Shaver, 2016). This attachment relationship influences the child's internal working model (IWM), which organizes one's expectations, goals, and behaviors regarding interpersonal interactions. One example is the secure base script, which activates when a child expresses distress. In a healthy, secure attachment, the child will then seek out and accept help from the attachment figure, or secure base, and the attachment figure is able to comfort the child and aid in self-regulation (Waters & Waters, 2006). An example of this script can be seen played out during a routine drop off at day care, after a child scrapes a knee, or suffers a break up or loss. Therefore, one can imagine this script easily triggered during one's long journey to seek asylum, when being confronted by strangers with guns speaking a foreign language, and most strikingly, when stripped from that secure base.

Without this secure base of comfort, the child will experience trauma. In fact, the origin of attachment theory arose out of observations of children separated from parents (i.e., orphaned, hospitalized, or institutionalized) (Bretherton, 1992). More recently, research has examined outcomes of children with an incarcerated parent(s) (Schlafer & Poehlmann, 2010); separated from a parent(s) due to military service (Creech, Hadley, &, Borsari, 2014); as well as separated while fleeing as a refugee (De Haene, Grietens, & Verschueren, 2010) or during the immigration process (Suárez-Orozco, Bang, & Kim, 2011). These traumas we know can cause long-term consequences for children and caregivers. The research suggests a variety of parent-child relationship concerns, among other mental health and behavioral concerns.

In some children it is likely to see changes at reunions (e.g., ignoring, detached behavior) or separations (e.g., extreme separation anxiety, clinging). This is especially likely in younger children (0-5 years of age). Developmentally speaking, children five years and younger are at the highest risk for long-term consequences. They are at a critical age when their internal working model is still developing and is more fragile; therefore, it will take time to trust that secure base again. In addition, they may suffer higher stress during separation compared to older children because they require more emotional and physical care and because of lack of cognitive development. Their language development (both native and English) will make it difficult to communicate. In addition, an older child may be able to better understand the separation and aid in their reunification more so than a younger child. One very clear pattern from this research is that the health and well-being of the caregiver is critical to the child's ability to cope.

However, these caregivers are also negatively impacted by the trauma of separation. Tragically, there have already been incidents of suicide (Hutlzer, 2018; Saslow, 2018). In addition to coping with this trauma of separation, the parents' long-term stress is also of concern. Depending on the situation, these parents may have been deported back to their home country only to face the stressors that led to their immigration to the United States. This might include extreme poverty, domestic violence, gang violence, or separation from family members who are US citizens. Parents freed within the United States will also experience high amounts of stress while acclimating to a new country and fearing another separation or deportation. This extreme stress will negatively affect these parents' long-term physical and mental health. In addition, the high stress levels are likely to negatively impact their parenting which could further complicate coping and adaptation for the child(ren) and the parent-child relationship(s).

These results, along with other supporting evidence are why some have considered separation of families a violation of international law (Starr & Brilmayer, 2003). The American Psychological Association also made clear statements calling for the end of this policy and the quick reunification of children and families (Daniel, 2018). Children can be remarkably resilient; however, policies need to be put in place to aid these children, and any child, suffering trauma. Therefore, we should call for not only the quick reunification of families but also the provision of proper physical and mental health care for parent and child(ren).

Finally, we must also view this trauma as a national trauma. This policy was put in place at the highest level of government but its effects trickle down throughout local government, media influences, neighborhoods, school classrooms, and families. The economic concerns, the news headlines, the neighbors suddenly absent, and the fear of where the next raid might occur or if current immigration status will remain, are great stressors to many in this country. I urge you to support your neighbor, your local non-profit agencies that work for immigrants' rights, and shift policy dialogue from right versus wrong to policy focused on human rights for all.

"If a community values its children it must cherish their parents." (Bowlby, 1951, p. 84)

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LETTER TO EDITOR RE: BILINGUAL EVALUATIONS

As a Multilingual Psychologist Consultant, and Linguist primarily of English and Spanish, but occasionally Portuguese, French, Italian and Haitian Creole, I have been requested to evaluate many students where the evaluator did not speak Spanish. Sometimes, psychologists use native speaker interpreters to administer some tests in Spanish. It's not ideal, but meets the requirement for all bilingual students to be evaluated fully in their native language. It is also possible to use subtests from the Woodcock Munoz achievement test, presenting the items using a CD. The subtests evaluate phonemic awareness and receptive comprehension in Spanish. Other relevant subtests can be presented using the CD, but the evaluator must understand the responses in Spanish to score them. A psychologist with some background in Spanish such as courses in high school and college, but not near native use of the language, could read the responses given by the child by recording them and using the test manual to determine the accuracy of the responses. In cases that may involve appeals and/or litigation, it is essential for school districts to obtain the services of a Bilingual Psychologist, or if such a provider cannot be located, testing through an interpreter who speaks the native language of the child.

Sincerely,

David Herman
Multilingual Psychologist Consultant
Email: dh0414@aol.com
dhh.04148@gmail.com

Family Separation and Children

Barbara C. Gelman, Ph.D.

We have seen sad pictures in the last two weeks of children being separated from their families in relation to the immigration crisis in the United States. Children undergo family separation in a number of ways. Parents have been detained and sometimes arrested upon entry to the United States and children are held in facilities for 72 hours before being referred to child protective services while their parents await adjudication. The pictures of children in cage-like spaces struck a chord in many. On June 26th, a federal judge ruled all children, an estimated 2000, must be reunited with their parents within 30 days.

Some children are making the journey without a parent or guardian. In 2014 there was a 117% increase in the number of unaccompanied children ages 12 and younger caught at the US-Mexico border (Fact Tank, 2014). Border patrol officers have reported seeing children younger than five with notes pinned to their clothing containing contact details of relatives in the US. Girls as young as 12 have been sent on their journey with Plan B birth control because it is known they are at risk of being raped (CBS, 2018), or falling prey to sex and child traffickers.

The debate about the morality of the situation is intense on both sides of the political aisle. As psychologists, we are taught separation from family members can cause lasting emotional problems. Today, psychologists are seeing more immigrant families in our schools. In 2014, children from immigrant households accounted for 23% of public school students (Center for Immigration Studies, 2017). Psychologists regularly work with children separated from parents due to divorce, emotional instability, drug use, and physical abuse. Thirty-five percent of children under the age of 18 live with one parent (Kids Count Data Center, 2014). In 2014 it was reported 17% of all Philadelphia students and 20% of Philadelphia high school students had been involved with the Department of Human services as part of the child welfare or juvenile justice systems (WHYY, 2014). Some of these children are placed in foster care and endure multiple placements and emotional cut-offs.

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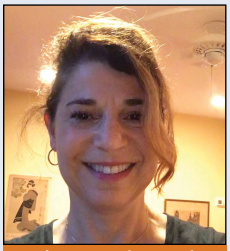
An interesting trend seems to have occurred as divorce and single parenthood has become more commonplace. Children are described as resilient and having "grit" in the face of obstacles, such as changing visitation schedules, parent disagreements about schoolwork, exercise and mealtimes, holidays with different parents, and occasional hostility and aggression between parents witnessed by children. When questioned, many parents say their children have adapted to parental separation and no longer ask about absent parents. Yet in my practice, children often include absent parents in drawings.



Barbara C.Gelman, PhD

Have we lost sight of the original theories about attachment and separation and can these theories help us today? Perhaps now, with images of what is going on at our border fresh in our minds, is the time to review what is known as "attachment theory."

From a biological standpoint, the bond between humans and their children ensures survival. Unlike fish and reptiles who lay hundreds of eggs and then abandon them, mammals and birds invest in quality over quantity; they have fewer offspring but see to it that most of their progeny survives to maturity (Gleitman, 1981). From this biological construct came the theory of maternal attachment. Bolby maintained babies have an innate signal system; they cry to alert their mothers (1969). Separation in infants over seven months causes distress, even for short periods. They will protest when their mothers leave, appear frightened, and show anxiety about future separations. They may become clingy and act out or scream when a mother leaves a room. Children placed in residential settings for weeks may continue to show distress, apathy, and hostility after a period of crying.

Harlow's research found that rhesus monkeys, reared without their mothers, preferred the contact comfort, especially when frightened, of terry-cloth "mothers" over wire "mothers" which dispensed milk (Harlow, 1958). Harlow's later work examined monkeys reared in complete isolation for up to a year. Not surprisingly, these animals displayed dramatic disturbances when brought together with normally reared peers. They did

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School-Wide Positive Behavior Interventions and Supports (SWPBIS) in Pennsylvania Schools

Helena Tuleya-Payne, D.Ed.

Periodically, society focuses on the need for increased mental health services in the schools with the current spotlight prompted in large part to the mass shootings in Parkland, Florida and Santa Fe, Texas. Those who cite this need call for increases in the number of school counselors, social workers, and school psychologists in order to deter students from ultimately committing violent acts. One might argue that supporting the development of appropriate social and emotional behaviors should be a goal for all students, not only those at risk for committing violent acts. This article will describe a statewide initiative in Pennsylvania that is addressing the development of social and emotional behavioral skills in our children and youth.

In 2002, Pennsylvania adopted a preventative, positive approach to promote school discipline and appropriate student behavior and learning and formed the Pennsylvania Positive Behavior Support Network (PAPBS). These preventive approaches fall under the category of Positive Behavior Interventions and Supports (PBIS) and can be divided into programs that occur school-wide (SWPBIS) and those that are program-wide and occur in early childhood centers and preschools (PWPBIS).

Pennsylvania adopted a framework based on the SWPBIS work of Rob Horner, George Sugai and others from the University of Oregon. This evidence-based approach is supported federally by the Office of Special Education Programs (OSEP) with a corresponding website. SWPBIS is described as "a systems change process for an entire school or district" that focusses on "teaching behavioral expectations in the same manner as any core curriculum subject."

Following this model, the Pennsylvania program focuses on providing support on several key elements in training and support of schools. These include identifying three to five behavioral expectations that focus on what students should do rather than not do, e.g., "be responsible," "be respectful," and "be safe." When these expectations are endorsed by at least 80% of the staff, they are applied to both in-class and out-of-class school settings. For example, a specific expectation for the bus might be "keep feet and hands where they belong" and for the classroom "keep your workplace clean and organized."

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Specific expectations are developed for each setting and for each overall expectation. For example, for the overall behavioral expectation of "be safe," in the setting of "playground," the specific expectation might be "use equipment as intended." Schools develop a matrix that is a guide for all stakeholders in the school-students, teachers, administration, staff, volunteers, etc., and communicates expectations for behaviors regardless where a stakeholder may be in the school.

Helena Tuleya-Payne,D.Ed.

Another important feature of this approach is teaching stakeholders about the expectations. Many schools devote the first few days of the academic year to actively teach expectations and then re-teach periodically through the school year. For example, a school bus may be used to practice lining up and demonstrating other behavioral expectations in this setting.

Leading these efforts in each school is an implementation team that typically includes an administrator, regular educators and special educators. School counselors, school psychologists, and learning specialists may also be members. The team develops the expectations that are presented to the rest of the school staff for input. Once the three to five expectations are finalized, this team assists classroom teachers in filling out the matrices for what behaviors in the classroom would fit each expectation.

The team also helps develop the consequences for minor and major infractions e.g., which behaviors are handled in the classroom and which require a trip to the office. This results in a "behavior flow" document that communicates consequences. The team

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FAMILY SEPARTAION AND CHILDREN

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not engage in chase/play behavior, could not fight when faced with aggression, and withdrew, rocked or bit themselves under stress. Social inadequacy persisted into adulthood; monkeys raised in isolation had difficulty mating, and females who were artificially impregnated became distant or abusive mothers.

Given the statistics it is safe to assume school psychologists regularly come into contact with children experiencing separation/attachment issues. How do problems with attachment manifest themselves in our schools and how can psychologists help children?

Lack of self-regulation and acting out may be related to anxiety caused by separation from parents. Anecdotal evidence suggests disruptive kindergarten boys are trying to get sent home to "monitor" under-functioning mothers. Older, seriously disruptive students are often found to be living in disorganized households and have high absences and multiple home addresses. Some children are anxious and unhappy about being away from parents for long stretches of the day, which can range from 8:00 am to 6:00 pm in the evening. We cannot know for certain how children process adult events such as divorce and how they deal with lingering sadness caused by separation from non-custodial parents. Is it possible, using Harlow's research, emotionally withdrawn and isolated children are "marked" for bullying? Are anxious children medicated incorrectly, often, for ADHD?

Regardless of when a separation has occurred, it is important to help children feel more secure. Providing students with tools to enhance organization and academic achievement can help mitigate anxiety caused by family problems. Coaching children in pro-social behavior can fill the gaps in skills not taught by parents. Observing children in the playground yields information about confidence and social skills. It may be worthwhile to note that some of Harlow's isolated monkeys were helped by "therapist" monkeys, younger peers who persisted in trying to socialize with them. Similarly, under-functioning and vulnerable children often feel safer with younger or less abled children, social successes that can be built upon.

Above all, psychologists have a duty to put the needs of children ahead of school agendas, the prevailing political zeitgeist, and even wishes of parents. We need to inform parents about observations of their children in regard to school performance; gently, when information may be difficult to hear. This can include showing a drawing of an absent parent, or sharing students' comments about uncomfortable visits or overnight schedules that may impede completing homework. It is helpful to remind parents that each child is unique and, almost always, responds positively to quality time spent with parents.

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PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Fall Continuing Education Opportunities

November 15-16, 2018

Desmond Hotel - Malvern, PA

PPA AND THE TRUST RISK MANAGEMENT SEMINAR
THURSDAY, NOVEMBER 15, 2018

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Sequence VII: Legal and Ethical Risks and Risk Management in Professional Psychological Practice

Daniel O. Taube, JD, PhD
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The **Fall 2018 Continuing Education Conference** is sponsored by the Pennsylvania Psychological Association and will provide up to **9 CE credits**. The Pennsylvania Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. More information is available online.

Daniel O. Taube, JD, PhD is a speaker for The Trust and receives payment for his presentations.

PPA pays an honorarium to Conference speakers. There are no identified conflicts of interest for speakers for the PPA Fall Conference.

REGISTRATION RATES

For PPA Fall Conference - Act 31 and Friday, November 16

COST (Per workshop)	Until October 13	After October 13
Act 31: PPA Members	$60.00	$80.00
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Fall Conference: PPA Members	$80.00	$95.00
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Student Members	$20.00	$35.00
Non-member Students	$45.00	$60.00
Lunch	$50.00	$50.00

CONFERENCE SCHEDULE

Objectives and course descriptions are available online

THURSDAY, NOVEMBER 15

6:00 - 8:00 p.m.

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Rachael Baturin, MPH, JD
2 Act 31 CE Credits - Introductory
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FRIDAY, NOVEMBER 16

9:00 a.m. - 12:00 p.m.

W01 - Ethical and Legal Issues When Working with Children
Samuel Knapp, EdD, ABPP
3 Ethics CE Credits - Intermediate

W02 - Effective Skills & Competencies for Clinical Supervision
Kristin Mehr, PhD; Rachel Daltry, PsyD
3 E Credits - Intermediate

W03 -2018 Family Updates for Pennsylvania Psychologists
Jan Grossman, PhD, Esq.
3 CE Credits - Introductory

12:30 - 1:30 p.m. - Lunch

W04 - Ten Ways to Improve the Treatment of Suicidal Patients
Samuel Knapp, EdD, ABPP; Brett Schur, PhD
1 CE Credit - Intermediate

1:45 - 4:45 p.m.

W05 - Making Ethics Come Alive through Self-Reflection
Jeffrey Sternlieb, PhD; Samuel Knapp, EdD, ABPP
3 Ethics CE Credits - Intermediate

W06 - Things About Family Law Every Psychologist Should Know
Steven Cohen, PhD; Marolyn Morford, PhD; Kathryn L. Vennie, DBH, MS; Ashley Milspaw, PsyD
3 CE Credits - Introductory

W07 - Psychological First Aid (1:45 - 5:45 pm)
Shari Kim, PhD
4 CE Credits - Introductory

Register online now at papsy.org! For more information, contact PPA at ppa@papsy.org or (717) 232-3817.

SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS (SWPBIS) IN PENNSYLVANIA SCHOOLS

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also looks at the number and type of office referrals to see the impact of the behavioral expectations on discipline issues (Pennsylvania Department of Education, 2015).

The program described above is known as universal prevention as it is applied to all students in the school. SWPBIS also provides a framework for intervention at the secondary level, which includes 10 to 15 percent of the student population that are at risk for social and behavioral problems and at the tertiary level for approximately 5% of students whose social and behavioral problems are chronic and severe. The leveled approach is also referred to Tier 1 (universal), Tier 2 (secondary) and Tier 3 (tertiary).

The PAPBS network has procedures to recognize schools who have met fidelity in their SWPBIS implementation at one or more levels. The network began recognizing schools in 2011; 12 schools were identified as reaching criterion at the Tier 1, universal level. In May 2017, 280 schools and programs were recognized.

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Anecdotally, however, it appears that school psychologists are not typically members of implementation teams with the explanation given that they are too busy with assessment responsibilities.

Over 1800 educators from across the state attended the May 2018 annual Pennsylvania Positive Behavior Support Implementers' Forum in Hershey, PA, its largest attendance to date. It was announced that over 300 schools/programs were formally recognized as meeting fidelity at the Tier 1, Tier 2 and Tier 3 level (See Department of Education, 2018 for a list of schools). SWPBIS continues to grow in Pennsylvania.

As a trainer of school psychologists, I was interested in seeing how active school psychologists were on the school teams. The audience was overwhelmingly teachers and school administrators, based on calls from the presenters to the audience to identify roles in the schools. Interestingly, a keynote address and several of the presentations were given by school psychologists. Anecdotally, however, it appears that school psychologists are not typically members of implementation teams with the explanation given that they are too busy with assessment responsibilities. This is a missed opportunity for schools as school psychologists come into the field steeped in the knowledge base needed for SWPBS intervention on improving social and emotional competence in students.

Further support for inclusion of school psychologists is the move towards Interconnect Systems Framework in which school mental health and PBIS is blended to provide a more robust approach for improving social, behavioral and behavioral outcomes for students. www.midwestpbis.org/interconnected-systems-framework

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My Client Wants to Text Me!

Jeanne M. Slattery, Ph.D., Linda K. Knauss, Ph.D., and Deb Kossmann, Psy.D.

This discussion 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. Claudia Haferkamp, Melissa Hunt, Julie Jacobs, Sam Knapp, Valerie Lemmon, Chris Molnar, Jeff Pincus, Max Shmidheiser, Michelle Wonders, and Ed Zuckerman. Consider reading and carefully working through this vignette before reading our responses.

Dr. Tech has several patients who have requested that she communicate by text when changing appointments, asking a billing question, or reminding them about their appointments. Dr. Tech would prefer not to do this as she worries about HIPAA and about the confidentiality of their communication; nonetheless, she has found herself allowing her clients to communicate this way more and more as it really is easier for her to get back to them. When she calls and leaves voice messages, her clients tend not to get back to her, but they do respond if she sends a text. If they don't care about the confidentiality of texting, she figures, why should she? Now one of these clients (and not the first) is sending longer texts about marital problems and how to handle panic attacks and wanting to discuss these issues via texts. Dr. Tech is struggling with identifying the right way to handle this. Where does she draw the line?

Clinical Issues

The world is changing. Do people still answer their phone or use voicemail? While people still use their phone, this is no longer the preferred mode of contact for most people (cf. Baron, 2018). Teens and millennials frequently prefer to make contacts via text, but this is also true for people of all ages. Many people don't appear to have the same concerns about privacy that we have for them, so we wondered whether we have gotten out of sync with our clients and culture with regard to our concerns about privacy and confidentiality. We asked, when do our rules get in the way of doing good work?

Dr. Pincus focused on the clinical issues raised by this case. He wants "most of the interactions" with his clients occurring during the therapy hour and believes that this fosters helpful boundaries and good self-care. Dr. Pincus described a former client who appeared to have good reasons to email self-generated homework before a therapy session (so that both he and Dr. Pincus were on the same page before their session); nonetheless, that homework kept growing and began to feel intrusive and the client's requests inappropriate. At first, the client's behavior provided good clinical information about the nature of the problems he might be having in his relationships; however, this behavior was problematic for the client and for Dr. Pincus's relationship with this client. Setting limits on these out-of-session communications was therapeutic and helped this client learn to structure his relationships more effectively.

Sometimes, the easiest way to meet is via videoconferencing such as following a client's difficult surgery. This type of "meeting" can be incredibly productive, both because it is a compassionate gesture when a client is in a difficult place and because it makes clinical data available of which the psychotherapist had been previously unaware.

Dr. Knauss indicated that sometimes email, texting, and videoconferencing can become a kind of assistive technology for people with disabilities and other physical limitations. As Dr. Kossmann noted, such technologies can provide a kind of immediacy in the midst of a crisis, but it can also interfere with psychotherapists' self-care – if both psychotherapists and clients believe that psychotherapists should be available 24/7. When and how can we set appropriate and healthy limits for ourselves (Molnar, 2011)? If we are immediately reactive to all our clients' needs, will we be modeling good self-care and helping them learn how to tolerate and cope with distress (cf. Dr. Pincus's client)? Dr. Haferkamp considers this dilemma in terms of the ethical acculturation model, wondering whether Dr. Tech is considering both our ethics code and her personal values, each of

which can and should support the other (Handelsman, Gottlieb, & Knapp, 2005).

Technology

Texting is rapid and can provide an immediate response, but we also wondered about those inevitable misinterpretations that occur while texting or using other technologies, where we miss the humor or the nature of the medium trivializes our clients' concerns (cf. Chapin, 2016). Voicemail and email can be set to generate away messages when we are out of town, but texting can't (yet) generate an auto-response. However, it is often sufficient to tell current clients about expected time away.

Dr. Shmidheiser observed that technology is changing so quickly that laws have not caught up with cultural trends and ethical considerations. Unfortunately, many of us do not have the technical expertise or interest to recognize these problems and identify useful solutions. Although the responsibility is always on the clinician, clinicians need only to meet a reasonable person standard of care (the consensus of practitioners in the field).

Some apps are highly secure, dual-encrypted in both directions, free, and do not mine data or metadata, so seem to meet our clients' needs to text or videoconference. While some of these apps do not do internal audits or offer Business Associate Agreements (BAA) and, thus, are not legally or technically HIPAA-compliant, some, like the Signal app, appear to qualify as a conduit under the HIPAA Business Associate Rule. Person Centered Tech (2016) offers especially user-friendly reviews of technology and recommended Signal "not just because it's secure, but also because it's easy to use and is likely to be a very effective 'gateway' for therapists and clients to start taking secure communications more seriously" (para. 3). This seems to be the best of all possible worlds. In the future, there may be other apps that are equally convenient and easy to use.

What Can We Do?

A typical recommendation given at an ethics workshop is to tell clients, "Don't use text or email in emergencies." However, Dr. Knauss questioned whether this was a realistic or reasonable recommendation because many current psychotherapists are much more likely to see an email or text before answering the phone or receiving a voice mail. Phone calls for emergencies may be a current standard of care, but is this in keeping with the cultural norm? If this is the standard of care, it must be stressed to both psychotherapists and clients. Is there another technology that better meets the needs of all parties?

All psychologists will not draw the same conclusions: some will prefer phone, email or texts. We should consider what we prefer – and how those preferences respond to the clinical, ethical, and legal issues raised by technology, including the risk of confidentiality breaches and what we are doing to reduce such leaks. We should discuss with our clients how we'd prefer to communicate out of session and document this in our informed consents. If a psychotherapist prefers to be contacted by text or email in the case of an emergency, notification sounds need to be enabled – just as someone who prefers to receive a phone call in the case of an emergency needs to be able to hear the phone at all times. When we vary from how we typically use technology, we should consider why we're doing so and document this in our notes. What is most important is whatever communication method psychotherapists choose, they must use that technology responsibly.

These issues can be individualized for clients, perhaps using a model such as that offered by Surveillance Self-Defense (n.d.): (1) What do I want to protect? (2) Who do I want to protect it from? (3) How bad are the consequences if I fail? (4) How likely is it that I will need to protect it? and (5) How much trouble am I willing to go through to try to prevent potential consequences? If we are working with high-risk clients – litigious clients, people with frequent crises, high-conflict custody cases, politicians, and celebrities – we might draw different conclusions than if our practice has much less risky clients (Knapp, Younggren, VandeCreek, Harris, & Martin, 2013).

As we consider these issues, we should recognize our clients' needs and preferences, but also consider our own. It does not meet our clients' long-term goals if we are always immediately responsive – and if attempting to be this responsive undermines our own self-care and our ability to offer empathic and effective treatment. If all has been going well in therapy, our clients will use previous interactions to understand our current behavior – and be patient with our occasional "failings."

We need to balance clinical goals, our clients' needs, and our best ethical decision-making at the time; to be client-centered, but aware of the risks we incur when treatment boundaries are blurred; and to be flexible to individual clients' needs and have a strong rationale for our decisions. We should spell out these decisions in advance when possible and consider whether we have the competence – or technical support – to protect our clients' data and communications (Lustgarten, 2016). Finally, we should consider whether our actions maintain boundaries that support our self-care.

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

Deep Self-Care in the Personal and Professional Life of Psychologists

Janet Etzi, Psy.D., jetzi@immaculata.edu
Anna Stadtmueller, MA

There is much written and said about the topic of self-care lately within our profession. That's a good thing. However, like so many other topics and terms, overuse can lead to a kind of desensitization in relation to what it means or has to tell us.

I find myself reflecting on my work as both a clinician and an academic in relation to my personal life, and I have observed that as I am able to integrate the personal with the professional, self-care takes care of itself, no pun intended. For example, I am writing this essay in the den of my house with windows opening onto a patio where goldfinches are at the birdfeeder. Their chirping is soothing and the sight of them gives me pleasure. Being mindful has added profoundly to the ability to integrate the personal with the professional, to the point where a seamlessness shows that each realm has an impact on the other. Observing the impact of one on the other in mindful ways allows me to evaluate when things are going well and when I need to make adjustments in habits, attitudes or presumptions. Recognizing areas of stuckness in psychotherapy with particular types of clients, for example, can result in discovery of countertransference experiences, which in turn can lead to deeper self-reflection and as a consequence both personal and professional growth and development. Managing difficult emotions that arise in conjunction with various situations in personal life reflects both my ability to use some psychotherapy skills on myself, i.e., self-reflection, journaling, and indicates those conflicts or interactions which represent psychological blind spots in myself. Perhaps they are an indication that I need peer supervision or a few or several tune-up psychotherapy sessions of my own.

Skovholt & Rønnestad (1995) identify three important pieces of reflection: experiences, peer support, and a reflective stance. Students may find that they devote some time and energy to processing alone, with others, and in their own therapy (Skovholt & Rønnestad, 1995).

Significant life events, like losing a spouse, inevitably lead to important emotional change or at least they lead to the need for adjusting to the loss. Helping my husband through the dying process and becoming a widow have taught me profound life lessons and these lessons showed up in my work with clients, most notably in the form of increased compassion and an ability to help others recognize the priorities in their lives. After the death of my husband and after the 2016 election, though for different reasons and in different ways, I found myself asking myself, "how are you going to live now?" No easy or simple answer has presented itself. But I can recognize that patiently and mindfully dwelling on these questions and attending to the complex emotions connected to them, have contributed to personal awareness and growth, and to openness to new opportunities, interests and professional pursuits. I have come a long way from my graduate school days when I was preoccupied with keeping my work as a clinician very separate from my personal life. There are important reasons for keeping these boundaries in place but increasing complexity of personal development demands thoughtful integration of the two realms. For a perspective on graduate training and the personal, the next section offers insights based on a doctoral student's current research in this area.

Skovholt and Rønnestad (1995) describe areas that contribute to the formation of the professional self, which may also be applicable to the fusing of the personal and professional self. Students may find that they are more introspective as the shift from pre-training to completion of practicum hours occurs (Skovholt & Rønnestad, 1995). Introspection or reflection may consist of both reflection on professional behavior and personal behavior and on personal and professional relationships as well (Skovholt & Rønnestad, 1995). Graduate students learn from reflection on behavior and relationships, and thus these reflections shape how students act, conceptualize, and perceive (Skovholt & Rønnestad, 1995).

Skovholt & Rønnestad (1995) identify three important pieces of reflection: experiences, peer support, and a reflective stance. Students may find that they devote some time and energy to processing alone, with others, and in their own therapy (Skovholt & Rønnestad, 1995). Students may tend to reflect upon their experiences, support system, and reflective stance (Skovholt & Rønnestad, 1995). As this reflection takes place, students may find that there is a growing congruence or mesh between professional self and personal self (Skovholt & Rønnestad, 1995).

As I reflected on my clinical and personal experiences and relationships individually, in practicum seminar classes, and in my own therapy work, my daily concerns (upcoming assignments, every day annoyances and irritations, complaints about weather) did not really seem to matter. Over the course of practicum, I

noticed that my outlook and perception of the goings-on in my life had completely shifted. I began deliberately practicing self-compassion as well as taking a nonjudgmental stance of self and others, which improved my daily mood as well as motivated me to look at some things in my life that I had been resistant to change. With this shift, I continued to discover more of who I was and who I wanted to be, both professionally and personally. I could see that the clinical training experience had had an effect on me, on my perception of my life, and on my personal and professional identity development.

El-Ghoroury, Galper, Sawaqdeh, and Bufka (2012), who study coping, stress, and barriers to wellness of psychology graduate students provide recommendations for graduate psychology programs. Graduate Psychology programs may consider developing a peer mentor group for discussing challenges that interfere with graduate school responsibilities (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). Graduate programs may also consider encouraging faculty to model healthy coping and wellness strategies inside and outside the classroom (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). Furthermore, faculty members may model self-disclosure of difficulties and examples of how clinical work has affected their personal lives (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012).

References

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology, 6,* 122-124.

Skovholt, T. M., & Rønnestad, M. H. (1995). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester, UK: John Wiley & Sons.

Classifieds

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Please send a cover letter and resume to the attention of Dr. Vince Bellwoar and Dr. Richard Conforto at rconforto@springpsych.com.

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.

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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 September 30, 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.

Sternlieb

1. According to Arriens what are the four chambers of the heart?
   a. Full heart, open heart, clear heart, strong heart
   b. Full heart, empty heart, self-heart, other-heart
   c. Full heart, open heart, self-heart, strong heart

2. With enough self-reflection and multicultural training individuals can work to become fully immune to the trappings of privilege.
   True
   False

Kelly-Woessner

3. Which of the following does the author NOT identify as a cause of growing political intolerance?
   a. Declines in civic knowledge
   b. Decreased exposure to political diversity
   c. New brand of conservatism under Trump's leadership
   d. Heightened anxiety and perceptions of threat

4. Social scientists define political tolerance as:
   a. Acceptance of people on the fringe of society
   b. Charity towards racial minorities, homosexuals, and other oppressed groups
   c. The willingness to extend basic democratic rights to those one most dislikes
   d. The belief that both political parties have something valuable to offer

Ervin

5. Cisgenderism is:
   a. No longer salient
   b. A pervasive system of oppression that privileges the gender binary
   c. Related to sexual orientation
   d. All of the above

6. The APA guidelines for working with transgender and gender nonconforming (TGNC) people state that:
   a. Gender is a non-binary concept
   b. Gender identity and sexual orientation are distinct constructs
   c. Stigma, discrimination, and violence impact TGNC well-being
   d. All of the above

Homa

7. Separation from parent(s) at any age during childhood may cause long-term mental health consequences.
   True
   False

8. The desire to be comforted and close to one's parent, especially during times of stress, is explained by what psychology theory?
   a. Activation theory
   b. Attachment theory
   c. Cupboard theory
   d. James-Lange theory

Gelman

9. About a quarter of public school students in the US are from immigrant households.
   True
   False

Tuleya-Payne

10. What is true about School Wide Positive Behavior Interventions and Supports (SWPBS)?
    a. Prioritizes identification of challenging behaviors
    b. Focuses on the 5% of students with the most severe, chronic problems
    c. Does not involve consequences for negative behaviors
    d. Provides for the determination of three to five expectations of behavior

11. Choose the statement that best describes the role of school psychologists on PAPBS implementation terms.
    a. School psychologists are required members on the teams
    b. School psychologists lack the skills to promote mental health knowledge to be effective membersd
    c. School psychologists may not participate on implementation teams because of assessment duties
    d. None of the above

Etzi & Stadtmueller

12. As a psychologist develops professionally, the increasing demand for adjusting to change requires less integration with the personal in order to maintain appropriate boundaries in clinical work.
    True
    False

Slattery, Knauss & Kossmann

13. Which of the following should we consider as we are developing a risk management plan for electronic communications?
    a. The probability of a breach of confidentiality
    b. The probable severity of a breach of confidentiality
    c. The client- or context-related risk of the electronic communications
    d. All of the above

14. Slattery, Knauss, and Kossmann recommend:
    a. Never texting, emailing, or videoconferencing with clients
    b. Setting healthy but flexible boundaries appropriate for the individual client
    c. Using texting, emailing, and videoconferencing with our clients when our clients prefer it
    d. All of the above

Continuing Education Answer Sheet

***The Pennsylvania Psychologist*, September 2018**

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

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

Satisfaction Rating

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

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

Comments or suggestions for future issues _____

_____

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Vol. 78, No. 9

The Pennsylvania Psychologist

September 2018 • QUARTERLY

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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.

September 7, 14, 21, 2018
PPA Webinar Series: Human Trafficking – Identification and Treatment for Survivors of Modern Day Slavery
12:00 – 1:30 pm
Virtual Webinar

September 24, 2018
PPA's 2018 Advocacy Day
Pennsylvania State Capitol Building
Harrisburg, PA

October 18-19, 2018
Erie Ethics, Suicide Prevention, and Advocacy Program
Sheraton Erie Bayfront Hotel
Erie, PA

November 15, 2018
The Trust Risk Management CE Program
Sequence VII: Legal and Ethical Risks and Risk Management in Professional Psychological Practice
The Desmond Hotel
Malvern, PA

November 16, 2018
PPA Fall Continuing Education Conference
The Desmond Hotel
Malvern, PA

March 8, 2019
Preventing School Shootings
Milton Hershey School
Hershey, PA

For CE programs sponsored by the Pennsylvania Psychological Association, visit papsy.org.

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

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

June 19-22, 2019
PPA2019 – PPA's Annual Convention
Sheraton Station Square
Pittsburgh, PA

Home Study CE Courses

Act 74 CE Programs

Essential Competencies When Working With 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 CE
The Essentials of Treating Suicidal Patients—1 CE
Patients at Risk to Die from Suicide: Assessment, Management, and Intervention (Webinar)—1 CE

Act 31 CE Programs

Pennsylvania Child Abuse Recognition and Reporting—3 CE Version
Pennsylvania Child Abuse Recognition and Reporting—2 CE Version

General

Poverty and Psychology—1 CE
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.