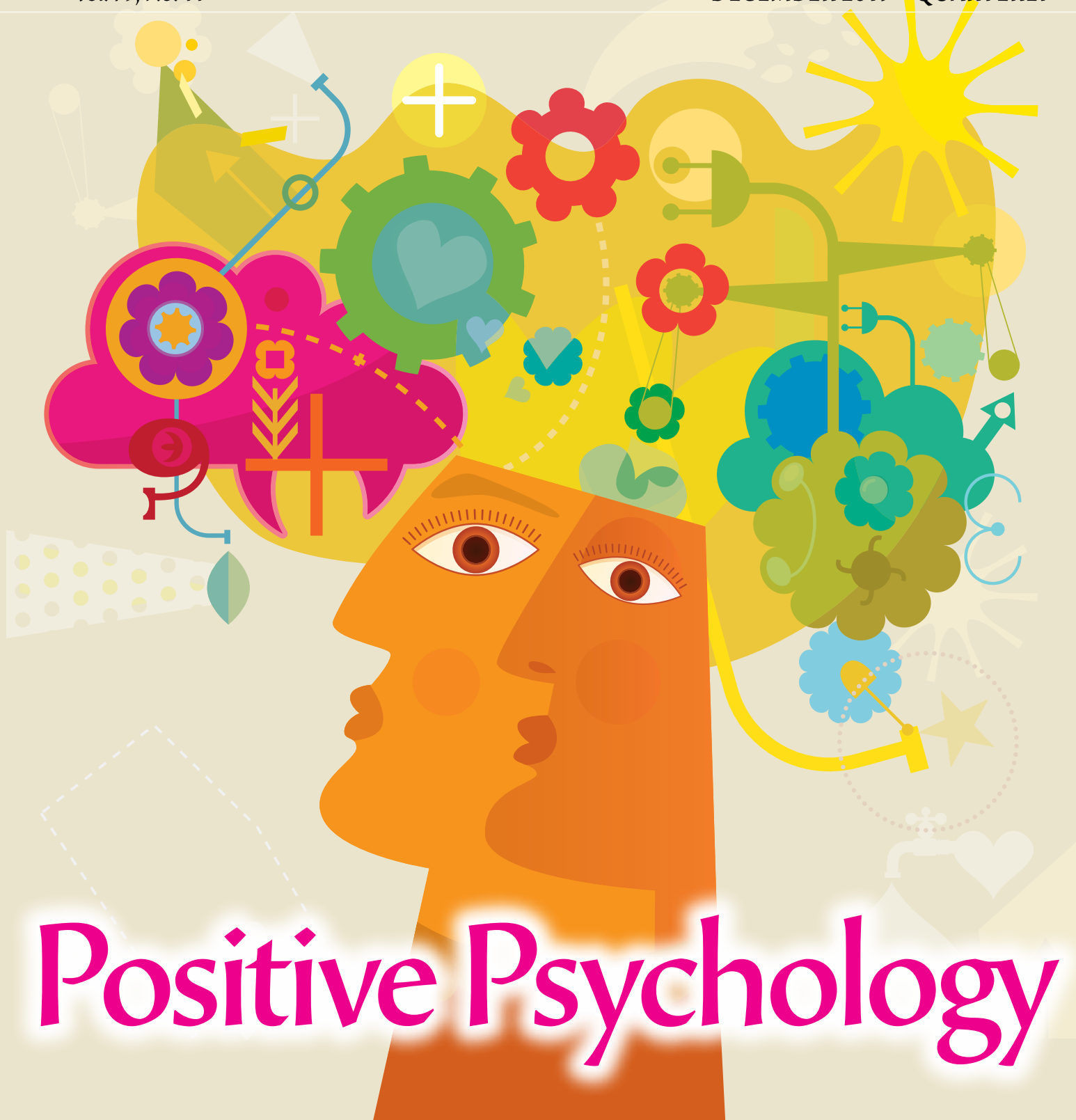


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The Pennsylvania Psychologist

DECEMBER 2019 ♦ QUARTERLY



Positive Psychology



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² Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.



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It's Good to Be with Good People


Marie C. McGrath, Ph.D.

Happy holidays, PPA colleagues! It's been a busy few months for our organization. Preparations for the 2020 Annual Convention, which will be held at the Lancaster Marriott at Penn Square from June 17–20, are well underway. The theme for the 2020 Convention will be "Lead by Example," and we've been busy lining up an array of speakers and planning a series of continuing education, social, and service-related events that will provide attendees with opportunities to further develop their leadership-related skills in order to lead more effectively in their workplaces and communities; advocate for evidence-based and ethical practices; mentor other psychologists and professionals; and lead PPA into the future. Leadership takes many forms, and many of you lead by example every day by demonstrating these skills and characteristics in your own work. We'd like to invite you to consider leading in another way: sharing your expertise with colleagues by presenting a workshop at the convention. Workshop presentation proposals are due by December 9, and the Call for Proposals form can be found on our website (www.papsy.org) under the Professional Development menu at the top of the homepage. The March issue of this publication will be filled with convention details; in the meantime, whether you're planning to present or attend, you'll want to save these dates for what promises to be a great event in a vibrant location.

In this season of reflection and thanks, I thank all of you for your participation in PPA, and for being part of the group of "good people" who make this such a special organization.

In recent weeks, I've had the opportunity to visit several of Pennsylvania's doctoral psychology programs to meet with our psychologists-in-training and to discuss the opportunities that PPA participation holds for them, ranging from involvement in advocacy efforts that directly impact their training and practice; participation in mentorship activities and leadership training through our Emerging Leaders program; publication and presentation of their scholarly work through PPA channels; networking with internship sites and supervisors; and the opportunity to apply for the Student Education Awards granted by the Pennsylvania Psychological Foundation. As a faculty member myself, and

as someone whose first exposure to PPA came through participation in Advocacy (then Lobby) Day as a second-year graduate student, I'm always excited to learn about students' experiences and to hear from them regarding how organizations such as PPA can support their professional development. In order to assist in these efforts and to expand PPA's outreach to new student members, our PPAGS Board members have prepared a series of videos in which they describe their journeys to leadership in PPAGS, as well as the organization's many activities. My thanks go to board members Whitney Quinlan, Kaseem Parsley, Tyshawn Thompson, Adam Zahn, Victoria Kelly, and Carrie French for their efforts in developing these resources; we couldn't ask for better ambassadors for our organization. I'll be continuing to visit as many programs as I can throughout my presidential year, and am looking forward to continuing to meet students throughout our state.

Finally, as many of you know, our friend and colleague Dr. Dianne Salter passed away in October. On November 16, a group of PPA members and staff joined her family and friends at her memorial service in Philadelphia. Tom DeWall, PPA's former longtime executive director, spoke on PPA's behalf to honor and thank Dianne for her many contributions to PPA over decades of service. Other colleagues spoke of Dianne's professional contributions to APA, the Delaware Valley Association of Black Psychologists, the Philadelphia Society of Clinical Psychologists, and numerous other professional organizations, both within and beyond the field of psychology. Most importantly, they all spoke glowingly of who Dianne was as a person – brilliant, warm, funny, and deeply committed to the people and the causes she held dear. The Rev. Wayne Griffith, Dr. Salter's cousin and the officiant for her service, noted in his remarks that it was a joy to be in Dianne's presence because "it's good to be with good people... and Dianne was good people." This statement lingered with me long after the service had ended. Despite the myriad of professional benefits that PPA offers, it's always been the people of PPA – both our members and our staff – who have made my involvement so personally, as well as professionally, rewarding. In this season of reflection and thanks, I thank all of you for your participation in PPA, and for being part of the group of "good people" who make this such a special organization. 



Marie C. McGrath, Ph.D.

Legal and Practical Implications of Telehealth Services

Brett Schur, Ph.D., Chair PPA Board of Professional Affairs

Samuel Knapp, Ed.D., ABPP Director of Professional Affairs

Rachael Baturin, MPH JD, Director of Governmental and Legal Affairs

Consider this situation:
A psychologist has a patient who is moving to another state and wants to receive telehealth services from the psychologist until they have a chance to identify a local psychologist to continue treatment. May the psychologist deliver telehealth services to this patient for a few weeks until the patient establishes another treatment relationship?

The general rule of thumb is that the professional services occur in the state where the patient is physically located at the time of service. Unless the psychologist is licensed in the state where the patient is located or the service falls within to an exception to that state's laws, then it appears that the psychologist should not offer telehealth services to that patient. However, we have not found any cases in which a licensing board in any state brought action against a psychologist for providing telepsychology services without a license. In part this is because psychotherapy – even psychotherapy by telephone or other distant means of communication – is a low risk area of practice. Psychologists need to make decisions about treating patients out of state based on their calculation of the benefits and risk involved, as well as clinical considerations.

On the other hand, a Pennsylvania licensed psychologist may physically be out-of-state and still take phone calls or deliver services to patients who are physically located in Pennsylvania.

We draw a distinction between telepsychology as an ongoing practice and occasional or incidental contact with established office patients who are temporarily located outside Pennsylvania. In this article, we focus on the occasional or incidental contact. We leave the ongoing practice of telepsychology for a separate article.

Telepsychology as an established practice refers to treatment of a patient solely or primarily through electronic contact. Occasional or incidental contact might include a situation in which a patient is treated in the psychologist's office in Pennsylvania, but lives in a neighboring state and calls the psychologist from home. It also includes instances in which an established office patient is on vacation. However, some instances might constitute a gray area between these.



Dr. Brett Schur



Dr. Samuel Knapp



Rachael L. Baturin

For example, if a psychologist has weekly phone or video sessions with a college student living in another state during the summer, is that occasional contact, or has treatment been converted from a service delivered in office to an ongoing telepsychology relationship? To further complicate decision-making, we note that in the age of cell phones and mobile area codes, we have no real way of knowing where a patient call originates. The patient could be anywhere.

There are both clinical and legal differences between incidental and ongoing telehealth treatment. While patient contact by telephone or internet connection with audio and video link may seem clinically similar, there are some differences which can have legal implications. Among these are issues of internet security.

The American Psychological Association (APA) has conducted a 50-state telehealth services review (see www.apaservices.org/practice/advocacy/state/telehealth-slides.pdf). Although it was completed in 2013 and some laws may have changed, it provides a starting point for understanding the variety of laws that other states may have. As noted in this review some states have temporary practice provisions. For example, in Pennsylvania, anyone licensed as a psychologist can practice in the state for 14 days without having to notify anyone (see 49 Pa Code §41.52 (b)), but there is a patchwork of laws that make little sense.

Pennsylvania's State Board of Psychology requires no specific training to conduct telehealth services. But it requires psychologists to follow the practice guidelines of the APA, including the practice guidelines in telepsychology. Here is

Continued on page 4

LEGAL AND PRACTICAL IMPLICATIONS OF TELEHEALTH SERVICES

Continued from page 3

the link to those guidelines (www.apa.org/practice/guidelines/telepsychology). Other state boards of psychology may have specific requirements for those who deliver telehealth services beyond what are in APA's practice guidelines.

Let's look at the ways these situations may play out in practice. One of the authors, Dr. Schur, had phone sessions with a patient temporarily located in Florida, because the Florida licensing law allowed a psychologist who is licensed in another jurisdiction that has similar laws to practice up to five days per month, not to exceed 15 days per calendar year without any clearance by the Florida board. He was able to have phone calls with patients temporarily located in New York and New Jersey by presenting evidence of Pennsylvania licensure to their boards and obtaining a written waiver, although New Jersey requires special training before conducting telehealth services with videos. Texas requires a state-specific training that would make temporary practice prohibitive both in terms of time and cost.

One of the principal concerns in remote practice is the psychologist's ability to handle a patient crisis. A psychologist is expected to be aware of the availability of emergency and crisis services in the local area, and to be able to access those services if the patient needs. This may be difficult or impossible when the patient is in another state. Dr. Schur encountered an instance in which a patient who lived in a neighboring state made a credible threat of suicide in the course of a phone call. The psychologist called the crisis center in the patient's home area and was advised that the (Delaware) law would not allow involuntary hospitalization based

on an interstate phone call. He was advised to see if the patient would repeat the threat in the office, where local hospitalization would be possible. That is in fact what happened, but the intervening three days until the patient's next appointment were tense.

Psychologists need to distinguish between what is legal and what is clinically indicated. If a patient who is physically located out-of-state is in crisis, we recommend that the psychologist respond to the crisis regardless where the patient is located. As noted above, there are no reported cases of psychologists being prosecuted for practicing telehealth in another state without a license. While psychotherapy – even telepsychotherapy – is a low risk enterprise, failing to take patients' calls when they are in crisis is a high-risk decision. Even if – and this is unlikely – a licensing board did learn that the psychologist took a patient's call while the patient was in crisis and psychologist was not licensed or allowed to practice in the state where the patient was located, prosecutors have discretion – they do not have to bring a complaint. We believe that few licensing boards would want to hear a case against a psychologist whose “misconduct” involved taking a phone call from someone in crisis. Any of us would have trouble living with ourselves if we refused to take a crisis call from a patient.

One practical issue concerns payment for services. Some health insurance companies pay for telehealth services; but many do not. Usually insurance companies that do pay for telehealth require a real-time audio and video link to qualify for payment. It is rare that an insurance company

will pay for telephone sessions.

Psychologists need to clarify payment arrangements ahead of time with their patients. (Psychologists also have a duty to report place of service accurately on an insurance claim. A claim should indicate if the service is provided in person, by telehealth, or by telephone.)

So, the psychologist in the opening vignette, treating a patient who wants short-term telepsychology services until a local provider can be identified – has the information about the patient necessary to determine if this short-term treatment would be safe. Similarly, psychologists who treat college students who are moving to a distant location know their patients well enough to judge whether telehealth services would likely be sufficient to meet the needs of their patients.

All these issues highlight the importance of passing PSYPACT legislation that would create an interstate compact to allow psychologists to practice telepsychology across state lines. PSYPACT has recently passed in a seventh state, meaning that the process to activate can begin. A PPA-backed PSYPACT bill is currently being considered by the Pennsylvania Senate, which would bring Pennsylvania into the compact and allow telepsychology services to other compact states. We are hopeful of its passage. **NR**

Let's Make 2020 Bigger and Better!

Ann Marie Frakes, MPA



EACH ONE REACH ONE

On behalf of the PPA Membership Committee and Chairperson, Dr. Sean Moundas, I am happy to announce our new PPA member recruitment campaign, EACH ONE REACH ONE!

Continued communal collaboration has been essential for PPA to live out our mission of benefiting mental health professionals and indirectly the public by promoting evidence-based treatment,

ethical multiculturally competent professional practice, innovative continuing education (CE), as well as fostering a community of psychologists to connect and learn. Sustained membership is needed for this community to thrive into the next decade and beyond. With this aim, PPA has developed the Each One Reach One initiative. All our current members (i.e. student, private practitioner, retired, etc.) are encouraged to recruit one additional member. When a new, dues paying member (i.e. \$99.00 first year dues) joins PPA, both parties will receive a \$20

CE credit as a thank you. There is no limit to the number of new members you can recruit!

Some non-members may ask you, "why join?" The benefits are numerous, and here are some of the highlights:

- MEMBERS ONLY web content and materials
- Access to members only PPA Listserv to connect with colleagues and obtain resources
- MEMBERS ONLY legal and ethical consultation with Dr. Sam Knapp & Rachael Baturin, MPH, JD
- Timely information about license renewal and hands-on support
- 50%-off member discount on nearly 60 home study courses
- 40%-off member discount on all live PPA CE seminars
- 401k retirement plans available for independent psychologists and small group practices and more!

My challenge to you, recruit one of your colleagues to join PPA. Remember, if this person has no history of previous PPA membership, they are eligible for our special introductory rate of \$99 for their first year of membership. When you recruit a new member, send a message to erin@papsy.org and let her know who you recruited, so we can send you and your recruit the special CE discount code for being part of the campaign.

As you might know, there are approximately 6,000 licensed psychologists in Pennsylvania. Today, there are about 2,728 members of PPA. For PPA to continue to grow and thrive, we will always need to recruit new members.

Please join us in helping to expand our community of psychologists! If you have any questions, please contact Sean Moundas, Membership Committee Chairperson, at sean.moundas@gmail.com, Erin Brady, Manager of Membership Communications, at erin@papsy.org or me at annmarie@papsy.org. Thank you in advance for your help! TEAMWORK MAKES THE DREAM WORK! 🙌



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Letter to the Editor

TO THE PENNSYLVANIA PSYCHOLOGIST:



I congratulate PPA for publishing thoughtful articles on the interface of psychology and religion in the September issue of the *Pennsylvania Psychologist*.

However, I believe it's important to be reminded that, when interfacing with religious or spiritual issues, we find both the "good/light" and the "bad/dark." So I was surprised that none of the articles mentioned, let alone dealt with, one of the "dark" sides of religion: destructive religious cults.

Religious cults have not "gone away," as many often think. They continue to create psychological, familial, physical, and financial havoc in many followers and families. Those of us who have been actively treating former cultists for decades continue to deal with adults newly "recruited" into these groups, but we are seeing more and more ex-followers who were born and raised in cults. These Second Generation Adults (SGAs) and Multi-Generation Adults are raised in groups that can severely damage normal psychological development in children. Cults demand blind allegiance, limit exposure to information (often while repeatedly conveying misinformation), limit members' social connections, punish independent thinking and behavior, all too often engage in and enable sexual and physical abuse, and then engage in "gaslighting" when members — especially children — witness that abuse. With little or no awareness of how destructive some "religions" can be, psychologists can miss the opportunity to help clients interpret and process these experiences. We may not know the right questions to ask, we may not know enough

about a specific group's psychosocial dynamics, or how to handle the former member's shame and guilt. Many SGA/MGAs suffer from severe attachment disorders that disrupt relationships, and sexual shame and dysfunction are quite common. After leaving their groups, SGAs/MGAs are often shunned by family members who remain inside, which raises issues too numerous to recount here. Based on hundreds of anecdotal reports from clinicians over the years, former members can sound so out of touch with conventional reality

that they are sometimes misdiagnosed with psychotic disorders or, because of their black/white thinking, as having borderline personality traits/disorder. In fact, most suffer from chronic and complicated PTSD that typically includes strong dissociative tendencies. Clinicians who employ trauma-focused methods like hypnosis or EMDR can make matters worse, as many cults engage in consciousness-altering practices as part of their thought reform program. Attempting to explain the "good" aspects of religion, or encouraging former members to explore "mainstream" religions, can also make matters worse.

There are excellent resources for psychologists who will inevitably wind up treating former members of cults. The International Cultic Studies Association (ICSA), of which I am President, is probably your best bet. ICSA has published two books with clinicians in mind, and the ICSA website contains thousands of articles on a broad range of groups and cult-related topics. I encourage all psychologists to become at least nominally familiar with the "dark side" of religions. 📖

Yours truly,

Steve K. D. Eichel, Ph.D., ABPP

President, International Cultic Studies Association

This holiday season, please support the future of psychology

"Alone we can do so
little, together we
can do so much"
- Helen Keller



As a member of PPA and a Pennsylvania Psychologist, we are asking you to please make a charitable contribution to the Pennsylvania Psychological Foundation

Here are some ways you can support PPF:

- Donate any amount to the general fund of the Foundation to provide unrestricted support.
- Buy a copy of FOOD FOR THOUGHT, PPA's Multicultural Cookbook, for \$20 to support the PPF Student Multicultural Award.
- Donate to the new student award fund in honor and memory of our cherished PPA member and leader, Dianne S. Salter, PhD, JD. The specific award criteria will be decided soon by Dianne's family. Help us to give this award in June 2020.
- Buy raffle tickets for the 2020 GREAT GET-AWAY RAFFLE! Grand prize is a cruise for two to Mexico or the Caribbean. Tickets are \$20 each.

Thank you in advance for your generosity!

Here is how your donation can make a difference:

"The opportunity to receive the scholarship award at a time when my dream of continuing school was almost shattered by poor health and accumulating expenses was rewarding, encouraging, inspiring, and liberating. Essentially, the generosity of the sponsors and coordinators of the Pennsylvania Psychological Foundation was a life-giving experience that exposed me to the larger community – and strides – of Psychologists in Pennsylvania, elevated my spirit, and restored my hope for better service to people. For me, the award was a timely blessing which changed impossibilities into possibilities."

- Nina Collins, Psy.D. Student at Immaculata University, Winner of the 2019 Frank and Maryann Dattilio Scholarship awarded by PPF

Visit the Pennsylvania Psychological Foundation page, found under the Support Us tab on the PPA website (papsy.org), to make your contribution today!

Three Ways to Use Positive Psychology Research to Strengthen Your Clinical Practice

Robert Zeitlin, Psy.D.
ROBERT@SUPER.BUILD

I am a positive psychologist. Like many of you dear readers, I was trained in Clinical Psychology. I graduated from the Institute for Graduate Clinical Psychology at Widener University, a Psy.D. program that was born at Hahnemann Hospital in Philadelphia.

At Widener, I also completed concentrations in Clinical-Organizational Psychology and School Psychology. No concentration was offered in Positive Psychology as this field of research was very new then. Even then, I was searching for tools to help my clients enhance their potential. I was a positive psychologist even before I knew there was such a thing.

Although I didn't complete the new Master of Applied Positive Psychology program at Penn (www.sas.upenn.edu/lps/mapp/lp-c), I studied the research, read "the bible" by Christopher Peterson and Martin Seligman (2004) and books by Seligman (2002) and Barbara Fredrickson (2009, 2013).

I completed "independent studies" in Positive Psychology by creating coursework (www.superpower.doki.io/harness-your-superpowers), writing a book for parents (Zeitlin, 2015), blogging and writing articles, and creating and delivering a TEDx talk (www.ted.com/talks/robert_zeitlin_embrace_your_superpower), all intended to spread the word about this important research. In my practice, I have integrated character strength assessment into my comprehensive psychoeducational evaluations.

Through this ongoing self-study, I create methods and tools that people can use to apply this research to improve their lives.

I believe the research in Positive Psychology is groundbreaking. My training as a clinician gave me terms like "strength-based interventions" that now feel like window-dressing. When we are asked to describe our clients' strengths, we often refer to a few vague attributes or behaviors that we deem worthy of praise. We can take a deeper dive into enduring character traits. The research offers us firm ground on which to stand.

What is Positive Psychology?

Often mistaken for a method to banish negative thoughts or to "put on a happy face," Positive Psychology is the science of happiness and flourishing. The classification of the 24 virtues most commonly seen across history resulted from an exhaustive search (Peterson & Seligman, 2004) through the most significant philosophical and religious texts gleaned from a wide range of cultures. Then these virtues were studied in the lab by emotion and affect researchers.

In her lab at the University of North Carolina-Chapel Hill, Dr. Barbara Fredrickson discovered a powerful way to increase one's happiness: change the ratio of positive-to-negative emotions in

Even if you are not a positive psychologist, your clients can benefit from you getting more comfortable with noticing and calling out character when you see it. I predict that psychologists who can integrate character strengths and the positivity ratio into their existing work with clients will see increases in resilience and relapse prevention.

your daily life. According to her "positivity ratio" (2009), reaching the magic number, a ratio of three positive to one negative emotions, creates an "upward spiral" that will broaden your momentary thought-action repertoires, which in turn serves to build a wide range of enduring resources, including physical, intellectual, social, and psychological resources. In other words, reaching the 3:1 tipping point can help you concentrate better, broaden your focus, improve interpersonal skills, and even make you healthier.

The cool part about Fredrickson's positivity ratio is that you don't need to suppress your negative emotions. If you want to be happier, exercising your character strengths on a daily basis is a great way to change your ratio.

Here are three ways that you can start to use the research with your clients:

1. Take the VIA Character Strengths Survey yourself (www.viacharacter.org/survey) to become acquainted with the 24 virtues that form the basis of this field of research. The self-assessment is free and results in a simple ranking of your top, middle, and bottom strengths. For extra credit, form a daily practice to exercise your top signature strengths.
2. Focus on the challenge of forming small habits. Knowing how to break bad habits isn't enough. Helping your clients form positive habits by using their character strengths (I reframe them as "superpowers") will complement your efforts to ameliorate their symptoms. My clients are eager to learn proactive steps that they can employ to pull them

Continued on page 13



Continued communal collaboration has been essential for PPA to live out our mission of benefiting mental health professionals and indirectly the public by: promoting evidence-based treatment, ethical multiculturally competent professional practice, innovative continuing education (CE), as well as fostering a community of psychological professionals to connect and learn.

EACH ONE REACH ONE

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Some non-members may ask you, "why join?" The benefits are numerous, and here are some of the highlights:

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- Consultation with Dr. Sam Knapp and Rachael Baturin, MPH, JD regarding ethical and legal matters
- Timely information about license renewal
- 50%-off member discount on nearly 60 home study courses
- 40%-off member discount on all live CE seminars
- 401k retirement plans available for independent psychologists and small group practices
- And more! To see all the member benefits, visit the PPA website at: papsy.org/page/MembBenefits

Join us in expanding our community of psychologists!

If you have any questions, please contact Sean Moundas, Membership Committee Chairperson, at sean.moundas@gmail.com or Erin Brady, Manager of Membership Communications, at erin@papsy.org.

How can I receive my \$20 thank you credit?

- Recruit a non-member to join PPA
- Refer them to papsy.org/page/JoinPPA to fill out the membership application
- Email Erin Brady at erin@papsy.org - be sure to include your name and the name of the new member
- Once it has been confirmed that they have joined and paid their first year dues, both members will receive a coupon code to be used for PPA continuing education

Traumatized Patients; Traumatized Psychologists: How Positive Psychology Can Help With Current Events

Karyn L. Scher, Ph.D.
KARYNLS@COMCAST.NET

During the last three years, Americans have experienced unprecedented and abrupt firings of government staff, incomparable use of social media by the president to publicize his opinions which often include harsh denunciations of opponents, an escalation in reported hate crimes and gun violence, polarization of political opinion within homes, families, and communities, and criticism/estrangement from many of our long-time global allies. The sense of urgency about events in our government seems to alarm us anew nearly every single week.

The American Psychological Association (APA) 2017 survey of Stress in America revealed that 57% of Americans surveyed reported that the current political climate was a source of stress to them. However, the DSM-5 narrowed the definition of trauma. In the context of the Post-Traumatic Stress Disorder (PTSD) diagnosis, trauma (actual or threatened death or serious injury or sexual violence) now must be directly experienced or witnessed or must have occurred to a close associate or family member. It specifically rules out media exposure.

Despite the restricted definition for diagnostic purposes, with more than half of Americans reporting increased stress, it is likely that many psychologists are experiencing this increased stress in their own lives, just as we are hearing about our patients' increased stress in their lives! How can we help ourselves and our patients cope with this heightened level of anxiety and concern? How can we pursue a "good life" of fulfillment and well-being when so many feel surrounded by vulnerability and insecurity on more than just an individual level? As a matter of fact, we as psychologists are uniquely equipped to offer coping strategies, and to utilize them ourselves.

Martin Seligman, former President of APA, was the founder of Positive Psychology (1991). It is important to remember that Seligman first promoted and researched "learned optimism," as a counterbalance to the "learned helplessness" model of depression

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CLINICAL EXAMPLES

HELEN, a 38 year old mother of two children under the age of eight, fully recovered from an adolescent period of anorexia but still perfectionistic, returned to therapy following the 2016 election, after frequent reassurances to her children that the "bad man who yelled on TV" would not be elected president. Having concerns that she left her children vulnerable to fear, and indeed fearful herself, therapy focused on the positive approaches she and her children could pursue together. This led to daily family gratitude time (*P for positive emotions*), participating in marches and demonstrations with her children and on her own (*E for engagement*), and beginning an environmental club at her church (*A for Accomplishment*).

PAMELA, a 53 year old former vice president of a large, global corporation, against which she won a lawsuit for gender discrimination, which made her proud of the checks and balances of our country due to the findings of the Equal Employment Opportunity Commission, also returned to therapy after the election. She was so anxious about the government seeming to retreat from progress in the treatment of women and felt less secure with the three branches of government in general. Her sleep was disturbed, and she had flashbacks to the era of her lengthy and uncertain lawsuit. In addition to cognitive behavioral approaches to sleep, negative predictions, etc., therapy assisted her in developing a mindfulness practice with positive affirmations for managing her anxiety (*P for positive emotions*), attending the Women's March (*E for engagement*), and volunteering to do canvassing for subsequent elections for women candidates (*M for meaning*).

DAN, a 50 year old divorced man and, like his father, a lifelong Republican, felt ostracized in his community because of his political affiliation, and returned to therapy after the election as his 12 year old daughter struggled with the conflicting opinions between her schoolmates and her father. He identified a local non-profit organization for veterans and their children where he and his daughter volunteer, donate, and listen to stories (*E for engagement; R for relationships*). Now 15 years old, his daughter likes to respectfully debate political issues, and they often take different sides to illustrate how reasonable people can disagree (*M for meaning*).

PENNSYLVANIA PSYCHOLOGICAL FOUNDATION STUDENT MULTICULTURALISM AWARD

The Pennsylvania Psychological Foundation in collaboration with the Pennsylvania Psychological Association's Committee on Multiculturalism established a Student Multiculturalism Award in 2010.

The award will be given to a psychology student who is attending school in Pennsylvania and who has produced distinguished psychology related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. The submission may be a formal paper, or other product, such as a notable community service project, work history, or other activity that demonstrates considerable sophistication in advancing the field's understanding of, or ability to positively impact, issues related to diverse populations.

The submission should include:

- Description or actual work sample that meets the identified criteria for the award (all documents, including dissertation presentations, must not exceed a 20-page synopsis)
- A current resume or CV of the nominee
- A letter of nomination from student or primary sponsor outlining the qualifications of the individual for the award

The award will be presented at the Annual Banquet and Award Ceremony on Thursday, June 18, 2020, during the Pennsylvania Psychological Association's Annual Convention. The Convention will be held in Lancaster, PA at the Lancaster Marriott at Penn Square from June 17 - 20, 2020.



The deadline for submissions for the 2020 award is March 15, 2020.

Submissions should sent to:

Ann Marie Frakes at annmarie@papsy.org
5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112



I Am a Hypocrite

Robert Zeitlin, Psy.D.
ROBERT@SUPER.BUILD

“Stop playing small.”

“Dare to step into ‘the arena’” (Brown, 2012).

“Try something that scares you.”

“Speak up.”

We make these suggestions to our clients every day. Why aren't they working?

Every moment presents psychologists with a choice. Even asking the question, “why aren't our interventions working?” presents a crossroads.

We can answer in a way that is comfortable for us, breaking down dynamics and analyzing the function of behaviors. Or we can look inward and ask what we can do to inspire the change we seek.

Down the comfortable road is a “blame game” that ultimately leads us to conclude that the client is gripped by fear, afraid of change.

Rather than searching for the source of inaction within our clients, we can choose to look inward. Taking the introspective road has revealed that I am also afraid to take action. If I don't address my fear, while expecting my clients to face theirs, I am a hypocrite.

For instance, until I learned about Positive Psychology, I thought I was a weird, unconventional type of psychologist. I had always been more interested in growing the potential in my clients, not just ameliorating symptoms or solving problems.

Now that I have learned how to actually “practice” Positive Psychology, I suspect that I'm not as much of an outlier as I believed. Many of us are seeking tools and techniques to help our clients.

Like many of my clients, I have allowed my “imposter syndrome” to keep me playing small. After successfully writing a

book, launching a podcast, and delivering a TEDx talk, you would have thought that I had grown confident. Although I was proud that I used my voice and embraced my uniqueness, I allowed my inner critic, whom I call my “Lizard Brain” (Godin, 2012), to convince me that I was an oddity. I remained scared to speak up.

Not anymore. I can't afford to stay quiet. I began to see the parallels between the fear holding me back and how hard it was for my clients to take credit for their accomplishments. Often successful by external standards, many of my clients were convinced that they were one step away from losing it all. I could no longer avoid the truth that was staring me in the face every day. By concealing the ways that I am stepping into the arena (Brown, 2012), by keeping my progress to myself, I was failing to serve my clients.

I know that the premise of talking about myself challenges well-researched and unstated norms of our profession. We choose not to self-disclose. We exercise humility. We act selflessly, literally self-less. Even writing this reflection feels risky to me.

We are all hypocrites. By “coloring within the lines,” sticking to the protocols and methods that our training covered, we deprive our clients of opportunities to learn. We could be modeling resilience and reflecting on the challenges we have confronted.

If these ideas are not for you, feel free to stop reading. These ideas about confronting your own resistance may not resonate with you. I am seeking a way to improve outcomes for my patients in a way that works best for me.

I am a positive psychologist. I am forging new ways to apply research that is only a couple of decades old. Years before I read my first book in Positive Psychology by Martin Seligman (2002), my graduate professor Marshall Swift paved the way for my transformation. Through his practice as a clinical-organizational consultant, he taught me the power of applied psychology.

Marshall would arrange presentations for business leaders

who didn't have the time to read and process the latest management book. He would read the book, digest it, and put his spin on it as a seasoned clinician. In this simple act, he would reach a group of male adults, a population that we tend not to reach. He would also be able to share his humanist, psychological viewpoint. Getting out of his office to expose business leaders to a real-life psychologist also served to demystify our profession.

I took two important lessons from Marshall's example. First, we have shelves and shelves of research that we can use to help people in their lives. Our challenge is to present these pearls of wisdom in a way that makes sense to the listener.

Secondly, he showed me how I can increase my impact. We each only have 24 hours in a day. In addition to seeing patients in our offices, we can use blogs,

podcasts, and group presentations to reach more people.

Each of these new areas presented a learning curve for me. It's easy to see the benefit of reaching people who may never seek our services but there are hills of learning to climb and valleys of self-doubt that we need to cross first.

For instance, I decided that I wanted to reach people through writing. Becoming a writer took daily practice. It helped when my writing coach Margo Aaron warned me to be prepared to write a lot of crappy first drafts (Aaron, 2019).

Podcasting on audio and video required me to get comfortable in front of a camera. Learning all the new technology of recording and posting podcasts overwhelmed me at times but I gained confidence in overcoming those challenges. And now I can better relate to the obstacles that my clients face every day.

For those of you willing to venture down these paths, I wish you well. I am here for you.

I have one request. Don't keep your learning private. People can gain from witnessing your journey to podcasting or blogging or public speaking as well as benefiting from the final product.

I am a hypocrite, but I am working on it. What can you do to step into the arena and lead by example? 📖

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TRAUMATIZED PATIENTS; TRAUMATIZED PSYCHOLOGISTS: HOW POSITIVE PSYCHOLOGY CAN HELP WITH CURRENT EVENTS

Continued from page 8

(1975). In addition, it is noteworthy that Positive Psychology was not restricted to individuals and improving individual self-esteem. Improving families, communities, and institutions with Positive Psychology interventions is key. The elements of Positive Psychology that can lead to relevant interventions include the acronym PERMA:

- P**ositive emotions: gratitude, peace through mindfulness/body work;
- E**ngagement: proactive involvement in social justice causes;
- R**elationships: within/between social networks, listening to other views w/ kindness;
- M**eaning: seeing the big picture of our country's values dovetailing with our own;
- A**ccomplishment: pursuit of well-being of communities.

While it is true that these concepts were developed in the late 1990's during a period in psychology and within the nation at large that was quite individually

oriented and self-focused, they can effectively be applied now to individuals who are striving to improve not only themselves, but their socio-cultural and political environment as well.

Although our times are tumultuous, we also have many thought leaders intuitively applying principles of Positive Psychology to our current circumstances. For example, Hillary Clinton herself has co-written a book on Gutsy Women with her daughter Chelsea (2019) focusing on positive and brave contributions of Republican and Democratic women, young and old, Caucasian and women of color, etc. to the betterment of society. Dan Rather, former CBS news correspondent, reminds journalists and consumers of news, "We need to be engaged, with a steely determination; we must breathe deep, methodically and fairly uncover right from wrong."

Finally, we psychologists must take our own "medicine," breathing mindfully, listening to varied voices, engaging

in causes that serve our values and humanity, believing in the meaning of our work, and helping our clients accomplish their life goals. 📖

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Ideas, Realities and Happiness: Look Before Leaping

Robert D. Isett, PhD

EMAIL: THINKRIGHTFEELRIGHT1@GMAIL.COM

We readily come by the idea that being in touch with reality is a pretty important thing. The word on the street as well as in the psychology office is that we had better be in touch with reality. The message all around us seems to be: keep your head anchored to reality or risk becoming unhinged!

And there we have it, a concise, easy-to-remember strategy for living life while not losing our marbles. Realists seem to lead the charge on this idea with existentialists not far behind. Avid realists insist that we see the world for what it is, unvarnished. So all I need to do is see things the way they truly are. OK, but what way is that? Should I just try to see things the way others do, a few others, a lot of others? How do I do that? How do I know if they are really in touch with reality? How many need to agree? Yikes!

Suppose they think that Y2K will be the end of things for everyone?

We seem to do a little better with reality when we focus on physical events such as the amount of local rainfall, the magnitude of earth tremors, the average number of hair follicles on the human thumb or how many pledged delegates Senator somebody has. Once we move past the empirical—past counts and amounts—reality can get slippery, skewed by our perceptual and cognitive frames of reference.

Realities involve meanings, and meanings come from the thoughts and beliefs that we have learned to attach to circumstance. Realities differ. My reality may be: life is what you make of it. For someone else, it's all about being at the right place at the right time.

I don't share many of the realities of ISIS fighters, but, I suppose they would

say the same about me. Marriage is between a man and a woman, true and not so much anymore. Many realities are anchored in points of view, in our perspectives. They come and some go away; some help and some hinder. They form our mindsets about the world—our working theories about things, and about happiness.

In an attempt to get on the right side of truth and reality, realists seem to tell us to strip away idealism, romanticism, and positivity from the pages of life's book. Look at the world the way it really is. Perhaps they find comfort in the belief that they are getting closer to the truths about reality when they strip it down like this. Unfortunately, realists often get stuck in their realism, believing that it is realistic to think and feel a certain way when such and such happens. They may contend that it is only natural to get upset

when your team loses, or say, “let’s be realistic here, life is no picnic. Life is hard and I can prove it.” What is inescapably true (certifiably realistic) about such viewpoints is that those who hold them create a self-fulfilling reality: for them, life probably is hard.

We need to be mindful, cautious and flexible about our views on reality, assuming there even is one we might know. We own our viewpoints on reality, but they also own us. They let us see and experience things one way but can keep us from seeing them in other ways. They help us to see, and they keep us from seeing. Our views and cognitions about what is real can make us optimistic or pessimistic, happy or miserable.

Too often our sense of reality and happiness is shaped more by the vagaries of circumstance than by us. Did we form our reality, or did others have a heavy hand? What would our reality be if we were born and raised in a different time or raised in a different place? Our reality rests upon what we learn, but also upon what we don’t learn.

It is important to realize that we can author and reauthor how we want to look

at our world. We can shape and reshape our realities. By taking an active hand in assessing the merits of various points of view and notions about reality, we can choose those that strengthen prosperity and well-being for ourselves and others. We can guide rather than be dragged along by truths and realities delivered on the winds of circumstance. By being an active and mindful author and editor of our thoughts on reality, we bolster, rather than limit, opportunities for a happier and healthier life.

Stuck with the happiness we have? Along the way some social scientists have presented findings suggesting that while our happiness fluctuates with life events, it tends to return to baseline, to our set point. Tough luck for people with really low happiness set points I suppose. What about those who are somewhat happy, but not really happy? Could they be out of luck too? How can we claim that our mental health interventions are effective if we can’t do much about happiness?

Not so fast. Say I am a short basketball player, about five feet nine inches tall, averaging eight points a game. I score more points when I play against short

or less skilled players, fewer against really good teams or teams with really tall players. Overall though, I average eight points a game. So, if I continue playing basketball without growing any taller, should I buy into this idea that my average is my set point? Is eight points a game, like my happiness, about all I get? Suppose I enroll in a quality sports education program, learn better ball handling, work on my jump shot and hone my skills at the foul line. I’ll bet I could knock this set point idea for a loop.

Like many ideas, set point thinking fosters one perspective about happiness. We know that people can achieve substantial and lasting improvements in their happiness (Hanson, 2013; Isett, 2019). Arguably a more productive interpretation of a happiness set point is that happiness gets stuck until we learn how to make it grow and last. 📖

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THREE WAYS TO USE POSITIVE PSYCHOLOGY RESEARCH TO STRENGTHEN YOUR CLINICAL PRACTICE

Continued from page 6

forward. They often experience a reinforcing loop that makes positive habit-forming easier.

3. Deepen your assessment of positive emotions and character strengths. For instance, include questions about joy, flow, awe, savoring, and mindfulness/slowing down in your initial interview. You may be surprised where these lines of inquiry take you.

Even if you are not a positive psychologist, your clients can benefit from you getting more comfortable with noticing and calling out character when you see it. I predict that psychologists who can integrate character strengths and the positivity ratio into their existing work with clients will see increases in resilience and relapse prevention.

If you need help with any of these steps or you want to learn more, email me at the address above. 📧

Suggested Websites

- <https://www.sas.upenn.edu/lps/mapp/lp-c>
<https://superpower.doki.io/harness-your-superpowers>
https://www.ted.com/talks/robert_zeitlin_embrace_your_superpower
<https://viacharacter.org/survey>

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The Bill Box

**Selected Bills in the Pennsylvania
General Assembly of Interest
to Psychologists
As of December 3, 2019**

Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House
SB 67	PSYPACT Legislation.	Sen. Judy Ward	Support	Passed in Senate	Referred to House Professional Licensure Committee
SB 90	Adding a provision for Extreme Risk Protective Orders.	Sen. Thomas Killion	Support	Referred to Senate Judiciary Committee	N/A
SB 621	Training for those who carry guns in schools.	Sen. Mike Reagan	Support	Enacted into Law Act 67 Passed Senate	Passed House
SB 706	Loan Forgiveness Program for Graduates Entering the Mental Health Intellectual Disability and Drug/Alcohol Treatment Professions.	Sen. Scavelllo	Support	Referred to Senate Education Committee	
SR 857	Act relating to telemedicine; authorizing the regulation of telemedicine by professional licensing boards; and providing for insurance coverage of telemedicine.	Sen. Vogel	Support	Passed Senate, moving to the House	
HB 672	An act enabling certain minors to consent to medical, dental and health services, declaring consent unnecessary under certain circumstances," further providing for mental health treatment and for release of medical records.	Rep. Jason Ortity	Support	Referred to Senate Health and Human Services Committee	Passed out of House with vote 195-0
HB 1075	Extreme Risk Protective Orders- Providing Due Process for Gun Owners and Reducing Firearms Deaths by Temporarily Disarming People in Crisis.	Rep. Todd Stephens	Support	N/A	Referred to House Judiciary Committee
HB 1293	Bans Conversion Therapy for children under 18.	Rep. Brian Sims	Support	N/A	Referred to House Health Committee
HB 1397	Presumption of Joint Custody.	Rep. Susan Helm	Oppose	N/A	Referred to House Judiciary Committee
HB 1415	Trauma Informed Education Initiative.	Rep. Ryan MacKenzie	Support	N/A	Referred to House Education Committee
HB 1500	Amends school code to include licensed school social worker.	Rep. Dan Miller	Oppose	N/A	Referred to House Education Committee
HB 1525	Providing for more access to mental health professionals in schools.	Rep. Tarah Toohil	Support	N/A	Referred to House Education Committee
HR 193	Shortage in Mental Health Workforce.	Rep. Jeanne McNeill	Support		Adopted June 4, 2019 196-0
HR 345	Assess ACES in Schools.	Rep. Mike Sturla	Support	N/A	Referred to House Education Committee

PENNSYLVANIA PSYCHOLOGICAL FOUNDATION



APPLY FOR A STUDENT AWARD TODAY!

\$2,000 AWARDS AVAILABLE

APPLICATIONS ARE DUE NO LATER THAN MARCH 15, 2020

The Pennsylvania Psychological Foundation (PPF) has established monetary awards (\$2,000) to be given to graduate students in psychology. The purpose of these awards is to help defray some of the many expenses incurred during graduate study that may not be covered by other stipends and scholarships.

APPLICANTS WILL BE JUDGED ACCORDING TO THE FOLLOWING CRITERIA

- Financial need
- Academic performance
- Potential for service to the field
- Community service and involvement

Students should prepare a statement (two-pages, typewritten) that addresses these criteria and should note circumstances that may have presented a challenge to pursuing their graduate education. In determining the final list of award recipients, the Awards Committee will make efforts to assure that the group reflects ethnic and cultural diversity. Eligibility Requirements:

Applicants must be

- A full-time student in a graduate program leading to a doctoral degree in Psychology
- Enrolled at a Pennsylvania institution or be a resident of Pennsylvania

STUDENTS MUST SUBMIT THE FOLLOWING

- Personal Information cover sheet (Found at papsy.org/page/StudentAwards)
- Documentation of full-time enrollment in graduate doctoral program
- A typewritten statement (two-page limit) specifically addressing these four (4) areas: a) financial need, b) academic performance, c) potential for service to the field, and d) community service and involvement
- A curriculum vitae or resume
- A letter of support from their major advisor or program chair outlining applicant's potential for accomplishment and documenting their need

Please mail applications to:
Pennsylvania Psychological Foundation
5925 Stevenson Avenue, Suite H
Harrisburg, PA 17112

Applications must be postmarked by March 15, 2020

Pennsylvania Psychological
Foundation
LEAVING A LEGACY



Happiness: What Does Research Tell Us?

Richard E. Hall, Ph.D., Chairperson of the Pennsylvania Psychological Association: School Psychology Board

In this article I have set for myself the task of writing about the concept of “happiness” from the perspective of two active researchers. An interesting topic for psychologists, right? Since much of our work involves helping our clients and students to change their behaviors and thinking in ways that lead to a happier and more fulfilling life. In our roles as counselors, therapists or educators, we are most effective in our efforts to help others if we as professionals have achieved some measure of happiness in our own lives.

As I read more deeply on this topic, I realized that one optimistic concept kept turning up in my readings. This is the idea that our emotions, reactions to events, and many mental illnesses are caused by or at least exacerbated by the way we look at the world. A couple of quotes from some ancient philosophers may be in order here.

“The whole universe is change and life itself is but what you deem it.”

— Marcus Aurelius

Also

“Nothing is miserable unless you think it so; and on the other hand, nothing brings happiness unless you are content with it.”

— Boethius

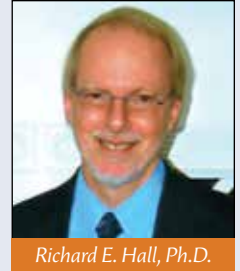
I think these quotes illustrate how our perspective on the world and life affects the extent to which we can find some measure of happiness in our lives. But first we should explore some common myths we may have about happiness. For example, people often believe that happiness increases when they get what they want, a vacation home, an academic position, an increase in salary, etc. These things certainly make us happy but, as I think we have all experienced, this happiness lasts for only a brief period of time. Jonathan Haidt in his book *The Happiness Hypothesis* summarizes the research on this topic in this way: these experiences really do not bring us lasting happiness and contentment. Even the area of income level has a somewhat curvilinear relationship with happiness. Obviously, our happiness and sense of wellbeing improves as we gain in income level. However, the research indicates that the degree of happiness a person has appears to level off after a person earns about \$70,000 in annual income. Counter intuitively a person making \$700,000 per year is actually not significantly happier than a person making \$70,000 per year.

Another myth is that you can never succeed in really controlling the world so the way to achieve true happiness is by only focusing on changing yourself. In other words, don't try to change the world but instead focus on your own personal

development. This idea warrants appreciation, and it is certainly true that changing yourself is usually an easier response to frustration than is trying to change the world. However, research suggests that this version of happiness is only partially correct. There actually are things worth trying to achieve in our lives. For example, forming closer relationships with others and finding a loving life partner. Perhaps the wisdom from Buddha and the Stoic philosophers should be revised? Yes, it's important for our wellbeing and happiness to develop ourselves, but it is also important to engage with the world. We need both self-development and social connectedness to get the balance right for sustained happiness.

But what can we do to improve in our level of happiness and wellbeing? Particularly salient for how to obtain and cultivate happiness is the book *The How of Happiness: A New Approach to Getting the Life You Want* by Sonja Lyubomirsky (2008). Based on her extensive research on the topic of happiness, Dr. Lyubomirsky describes happiness as significantly related to our state of mind and not primarily contingent on our external circumstances. Her research does indicate that genetics plays a sizable role in a person's potential for happiness. The reality is that some people are just more genetically predisposed to happiness than others.

But to what extent do genetic factors play in a person's happiness? Dr. Lyubomirsky's research places it at roughly 50% genetic, 10% life circumstances such as income level, physical health, physical attributes, family and community support, etc. and 40% other variables well within our control such as mental outlook, etc. So, genes have much to do with our happiness. Some people are born with what Dr. Lyubomirsky describes as high happiness “set points.” These genetic set points appear to be similar to diet set points. For example, some people don't exercise and can eat a high calorie diet and not gain weight, while others gain weight even with a stringent diet and ample exercise. Similarly, people with high happiness set points seem to more easily feel satisfied with their lives than others and are more content and happier with their circumstances and the world around them. Obviously, you can't change your genes. If you are one of those people born with a lower happiness set point, you may tend to feel unhappiness and discontent more easily than happiness and contentment. However, there is hope even for people with a fairly low set point for happiness. The research indicates that individuals have significant control over the remaining 40% of the variable associated with happiness such as having a positive outlook on life, mindfulness, establishing life



Richard E. Hall, Ph.D.

Continued on page 16



The Psychology of Happiness

Barbara C. Gelman, Ph.D.

What is happiness? Do a quick look at the internet and find the following titles:

- Seven Secrets to Being Happy
- Does Having Children Make People Happier
- The Depressing Reason Why Having Kids Does Not Make You Happier

It seems happiness depends on circumstance. For example, during wartime happiness might be defined as absence of rationing, starvation or occupation. In today's world, you will hear parents remark about their children, "I just want them to be happy." Yet it is interesting to note, that before the 17th century, children were represented as mini adults (Aries, 1962) and happiness was not necessarily a feature of childhood. Throughout history, many children were lucky to survive illness and avoid servitude.

Where did the notion of happiness come from? Greek philosophers believed wisdom is the mark of a well-ordered life; that philo-sophy, love of knowledge, could lead to a kind of perfection for human beings known as "the good life" (Rosen, 2000). The search for knowledge sets humans apart from animals. However, does it lead to happiness?

In Plato's Republic, Gorgias challenged Socrates with the following: "How can a man be happy who is a servant of anything? He who would truly live ought to allow his desires to wax to their uttermost and when they have grown to their greatest, he should have courage and intelligence to minister to them and satisfy all his longings. Learn the arts of business and require the reputation of wisdom" (Jowett, 1888). The speaker implies understanding one's needs and desires and having the courage to fulfill these, while developing a good reputation, can lead to wisdom.

Religion looks at happiness differently than the Greeks. Judaism teaches that knowledge along with self-discipline and loving-kindness are hallmarks of a good life. In Ethics of Our Fathers, Perkei Avot,

we are told the world stands on three things; study of Torah, service of God, and acts of kindness. The Chasidic master Rabbi Nachman of Breslov exhorted, "Know! A person walks in life on a very narrow bridge. The most important thing is not to be afraid" (Mykoff, 2014). This implies, in addition to knowing and doing, one should strive to be unafraid in order to find joy and experience happiness.

What about happiness throughout the life span? Erickson's Stages of Psychological Development suggest happiness may depend on whether individuals successfully navigate different life crises (Erickson, 1963). In the first stage, infants attach to adults and experience trust or suspicion. Toddlerhood is marked by walking short distances away from caring adults leading to the experience of autonomy or over control. Preschoolers, according to Erickson, begin to initiate activities and develop sense of purpose though they might feel doubt or shame. The school years are marked by feelings of industry as children acquire reading, math, analytical and social skills, and possible feelings of inferiority when this is not done successfully. Adolescence can be a period of identity confusion. Young adulthood is a time people may define happiness by finding intimacy with long-term partners, or face isolation. Middle-age can be a time of productivity; working and acquiring experiences are marks of success, or a time of stagnation. And finally, in old age people may experience happiness with the recognition they've lived with integrity. Or, they may feel sadness or regret.

Using maturation as measures of happiness, establishing trust with caring adults, autonomy, learning skills, and identity are crucial during childhood. In later years, happiness may have more to do with achievement and contribution to the greater society and future generations.


Do school psychologists have a role to play in increasing happiness? How do we promote it?

Guided by knowledge of child

development, psychologists help teachers and parents understand how and when children can be expected to gain skills. By providing this guidance, we may prevent anxiety, Erickson described inferiority, in students and their parents when skills develop differently from siblings and peers. The theory here is that with an absence of anxiety children are more likely to experience happiness.

School psychologists work with children experiencing cut-offs from family members, lack of trust and loss. How do we promote happiness for children who regularly experience disappointment, anger and emotional immaturity? Skills building, helping the acquisition of critical reading, reasoning and organization skills, is essential for self-esteem. The theory here is that when children experience school success with regularity the effects of loss may be mitigated, and they are more likely to experience happiness.

It is never too early to help children learn the value of helping others. All children have gifts. Young children can be encouraged to help teachers, parents, and grandparents with simple chores and tasks. Children with limited academic gifts are often eager to help younger children walk to school or learn basic reading. Middle and higher school students can be taught the value of volunteering in their communities which can improve quality of life for others and lead to developing areas of interest for themselves. The goals are to convince our students they have roles to play in society and to establish life-long attitudes about serving others.

This may lead to their happiness and to ours. 

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HAPPINESS: WHAT DOES RESEARCH TELL US?

Continued from page 14

goals, building a positive social network and establishing habits that contribute to a happy life.

Although genetics plays a large role, the percentage of variables associated with happiness that are under our control is also quite sizeable. In Dr. Lyubomirsky's view anyone, except perhaps for those who are clinically depressed, can be happier if they choose to work at it. Importantly most happy people share what Dr. Lyubomirsky calls "happiness habits." To be happy, we need to establish new habits for ourselves. Establishing such habits requires hard work and dedicated effort. Dr. Lyubomirsky suggests that we can create these habits by doing various "happiness exercises" on a daily basis. Some exercises work better than others depending on peoples' personalities, lifestyles and attributes. Achieving happiness involves actively doing simple things regularly and making them habits. If you're willing to make the effort to include at least some of these actions into your life you can improve in your level of happiness.

Dr. Lyubomirsky suggests that we select a few and try them and if they don't work, try others. Choose activities that best suit you and your lifestyle.

The 12 activities are:

1. **Be grateful** – Use a "gratitude journal" and write about things that make you feel grateful.
2. **Stay optimistic** – Write down how you see your life going if things go right. This visualization exercise will help you become more optimistic.
3. **Don't overthink** – When worried or stressed try to change your focus to something more pleasurable, like exercise or a favorite movie.
4. **Be kind** – Try engaging in more volunteer activities.

5. **Become social** – Psychologists agree that humans have a strong need for social involvement. Join a club or take up a hobby that includes others.
6. **Learn to cope** – When stressed, develop a strategy for coping. Seek advice from others. If the stress is emotional, not situational, do something that makes you feel good.
7. **Forgive others** – Dr. Lyubomirsky suggests writing a forgiveness letter to an individual who has wronged you. You don't have to send the letter. Getting the hurtful emotions out is what counts.
8. **Seize the moment** – As psychologist William James wrote, "My experience is what I agree to attend to." Pay attention to your life. Make each moment in your life meaningful.
9. **Be joyful** – Use your imagination to enrich your life. Recall wonderful experiences from the past. Research indicates that nearly one in three individuals gains valuable perspective on current challenges after engaging in "positive reminiscence."
10. **Become goal-oriented** – Commit to goals in your life. Research indicates that "intrinsic goals" that can truly make you happy are the best. These differ from individual to individual.
11. **Become spiritual** – Religious people and people who cultivate spirituality are happier than nonspiritual people. Religion and spirituality can give meaning to your life.
12. **Stay physically and mentally fit** – Exercise is one of the best ways to feel good about yourself.

Dr. Lyubomirsky's book emphasizes what she calls "The Five Happiness Hows." These concepts help us gain a better understanding of happiness and through this understanding we can better maintain the habits that result in sustained happiness and contentment over time.

1. **Stay positive** – Your life can be positive or negative. Choose positivity. Research shows that positive feelings will supersede negative feelings, so be positive.
2. **Pay attention to timing and variety of experience** – The 12 positive actions described above can improve your life. Try to do them daily but particularly during challenging times in your life.
3. **Build your support system** – You will be better able to achieve your happiness when you have the support of close friends, family or colleagues. Research shows that people achieve their long-term objectives more often if they have support from other people in their lives.
4. **Commit to your goals** – To be happy we need to regularly practice the behaviors described in the 12 Activities. Consider developing a happiness plan that includes daily practice of the 12 happiness activities. Happiness is about getting the most from your life. Make the effort. Commit to a happy life.
5. **Habits** – Make your happiness activities a daily habit. Habits require regular repetition and practice. Eventually, like any other habit, they will become automatic. When they do, you will be much happier.

As Dr. Lyubomirsky states, "Everyone's goal should be to turn positive thinking and behavior strategies into habits." The message from these two excellent books is that in many ways we are in control of



how happy we are. Once you understand the primary factors that determine happiness, you can use them in your life. This requires work and commitment, but we can achieve a high level of happiness in our lives and that's a good thing!

When we achieve a high degree of happiness in our lives, we can use this knowledge in our professional roles as school psychologists, to help our clients improve in their ability to achieve a happier life. In fact, this exciting and important work is already taking place in our field as more and more school psychologists use positive psychology to inform their practice. School psychologists are effectively using the knowledge needed to achieve happiness and life satisfaction to help students meet the social and academic challenges they must overcome in their lives. The

development of these skills can also act as protective factors for students against the many stresses encountered through the various developmental stages.

The positive psychological activities described earlier have been implemented successfully in schools to promote individual student wellbeing and positive social interactions among students in the general population (Meyers & Meyers, 2003). School psychologists have found that implementing positive psychology exercises such as those suggested in Dr. Lyubomirsky's book are not only effective in improving student behavior, their reported happiness level and their frequency of positive social interactions but they are cost-effective and relatively easy to implement in schools and classrooms (McCabe, K., Bray, M., Kehle, T., Theodore, L., & Gelbar, W., 2011).

I believe School Psychologist can be confident that the integration of these positive psychology interventions into our practice can act as protective factors for students in general and will have both immediate and long-term beneficial effects on the lives of our referred students. 📖

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Ethics in Action: Should I Report This?

Jeanne M. Slattery, Ph.D., Linda K. Knauss, Ph.D., and Sam Knapp, Ed.D.

This discussion is part of a regular series examining clinical dilemmas from an ethical perspective. In addition to the three of us, the respondents to this vignette included Drs. Lavanya Devdas, Jeff Pincus, Brett Schurr, and Max Schmidheiser. Rather than immediately reading our responses, consider reviewing and carefully working through the vignette first.

Leticia¹ has difficulty handling her anger when her son, Pablo (8), engages in behaviors she sees as a *falta de respeto*.² A child exhibiting *respeto* listens to his mother, does not talk back or interrupt, and accepts consequences delivered. This is a core socialization goal for many Latinx families. In their work with Dr. Rodríguez, Pablo is often disrespectful, interrupts his mother frequently, and refuses to accept her consequences. He often threatens to call Child Protective Services (CPS) if she punishes him, as was discussed in school.

Leticia has practiced time out in session with Dr. Rodríguez and explained it to Pablo. Similarly, she has practiced privilege loss as a back-up to time out if Pablo does not comply. She felt confident and ready for responding effectively to Pablo.

While Pablo was playing on Leticia's phone, her phone started ringing. Pablo refused to return it, so she gave him a time out. He threw the phone at her and said, "Why must you be such a bitch?" Leticia reflexively slapped him with an open hand, leaving a red mark and a small cut from her ring. She called Dr. Rodríguez in a panic to report what happened.

Dr. Rodríguez is concerned that she may need to make a report to CPS, but is especially worried because Leticia is undocumented, although Pablo was born in the US.

Identify the Problem and Options

We often start by identifying the problem and options for responding to this dilemma. If this were determined to be an instance of physical abuse, we would be legally mandated to report this abuse to CPS. We would then need to consider how to respond in a situation where a report might result in having Leticia deported and separated from Pablo.

Is This Abuse?

In this scenario, it is unclear whether this is actually a case of physical abuse. All of us agreed that Leticia's actions were less than ideal and, except for the apparently-accidental "small cut," fall within generally-accepted societal norms.

Someone's parenting can be culturally normative and also meet definitions of abuse, however. Pennsylvania law identifies a number of things as abuse, but for our purposes, physical abuse includes "creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act" (23 Pa. C. S. A. §6303 (b.1)). Pablo did incur an injury, but the statute defines bodily injury more specifically as "impairment of physical condition or substantial pain" (23 Pa. C. S. A. §6303 (a)). Under such ambiguous circumstances, psychologists would typically interview Pablo to determine whether he had experienced impairment or substantial pain to determine whether this situation rose to the level of reportability. Because Pablo often threatens to call CPS if Leticia punishes him, Dr. Rodríguez would need to have strong evidence that this case did not fit the definition of abuse, if she does not report it, and if Pablo were to make a report or if he asked his teacher to make a report.

Informed Consent

Some of you may have breathed a sigh of relief for Dr. Rodríguez, yet our team did not believe our job ended here. Dr. Pincus wondered how Dr. Rodríguez had discussed mandated reporting

of child abuse during the informed consent process, especially how a mandated report might affect her status as undocumented. If Dr. Rodríguez has not yet discussed this, it might be prudent to do so now, in case of a future event that might need to be reported.

However, before discussing the possibility that Leticia would be deported, it would be responsible to identify the relationship between US Immigration and Customs Enforcement (ICE) and CPS. In California, where Dr. Knapp lives, the state government does not proactively cooperate with ICE. There, a report of suspected child abuse would stay within the state and not involve ICE. Of course, other state governments or counties may view their responsibilities differently. It may be prudent to know what the local policies are before discussing this issue with Leticia – to avoid either scaring her unnecessarily or reassuring her inappropriately.

Competence

Remaining competent in this situation might also include recognizing the greater clinical questions raised by this situation. Does Leticia's slap suggest that problems in the family are escalating and require a higher or different level of care than the family is currently receiving? If so, what other interventions need to be put into place before this family decompensates further? Perhaps Leticia needs a stronger support system to handle the stressors of parenting in a country where she may have few natural supports. Perhaps Dr. Rodríguez needs to consider cultural issues to a greater degree. To what degree has Pablo become parentified in a country where he is more bicultural and fluent with English than his mother is? Perhaps these are not cultural differences in *respeto*, as most parents, regardless of cultural background, expect to be listened to, and want their children to accept consequences without talking back. In sum, this crisis is an opportunity for competent psychologists to step

back and reconsider their assessment of the situation and the interventions used.

To Report or Not to Report?

The thorniest question, though, comes if we were to determine that Leticia had inflicted bodily injury using Pennsylvania's definition (e.g., impairment or substantial pain). Even so, we might consider whether this was an escalation in behavior or something atypical and unlikely to be repeated. Regardless, if it meets the definition of abuse, we are mandated to make a report in this situation.

However, Dr. Pincus recalled a statement that Don Bersoff made at a workshop: "We have a large and treasured history of breaking the law for the greater good – but then we need to accept the consequences of such a decision." People such as Nelson Mandela, Aung San Suu Kyi, and Mohandas Gandhi have drawn similar conclusions.

The Ethics Code of the American Psychological Association (APA) outlined a strategy for resolving this conflict between ethical and legal obligations, "When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm" (p. 3), and in Standard 1.02:

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights. (p. 4)

Such a conflict between the law and ethical principles arises in this situation. It would be an easier decision if Pablo was in significant danger or if Leticia's status within this country were clear and safe. It would be more difficult to determine whether to decide to report – when legally mandated – if one were to believe that Pablo was safe and that Leticia would be deported if a report were made (which would make Pablo less safe).

As Dr. Knapp argued, in principle-based decision making, psychologists generally follow an ethical principle unless it conflicts with another ethical principle. In this case, the obligation to follow the law might, in some circumstances, conflict with an obligation to promote the well-being of the child. When two or more principles collide, psychologists may choose one principle supersede the other. Even then, psychologists should attempt to minimize harm to the offended principle.

For example, Dr. Rodríguez might allow the obligation to follow the law to supersede her obligation to protect the well-being of the child. If so, she could attempt to minimize harm to Pablo's well-being by advocating for services for the family or seek a commitment that CPS would not report Leticia to ICE. Conversely, psychologists who allow an ethical principle (e.g., beneficence and nonmaleficence) to supersede following the law would still attempt to minimize harm to the intent and spirit of the law (i.e., protecting Pablo), even if they choose not to follow the law and do not make a report.

Conclusions

The issue of disobeying a law is a very personal issue; we are not advocating in either direction in a situation such as the one described here. However, the decision-making process we've outlined here may offer some parameters to consider when making such a decision.

As this is a potentially-risky decision, one consideration is to recognize this risk and consult and document the outcome of our consultations throughout the process (Knapp, Younggren, VandeCreek, Harris, & Martin, 2013). In this particular case, we appreciated the range of perspectives and considerations raised during our consultation about this case, which assisted our decision-making process. 📌

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

Zeitlin

1. A positive psychologist provides methods for patients to banish negative thoughts.
True
False
2. An “upward spiral” can result from the daily practice of character strengths.
True
False

Scher

3. Which statement is TRUE about Positive Psychology?
 - a. It applies primarily to individuals
 - b. It is only concerned with happiness and not with values
 - c. It can be applied to communities and institutions
 - d. It cannot be applied to the stress in America since 2016

Zeitlin

4. According to the author, applied psychology is the act of presenting research in a way that makes sense to the listener.
True
False

Isett

5. According to this article, happiness is best explained by:
 - a. Heredity
 - b. External events
 - c. Learning
 - d. Set point theory
6. Being a realist:
 - a. Probably makes happiness a little more difficult
 - b. Is easier when we are happy
 - c. Probably makes happiness a little easier
 - d. None of the above

Hall

7. Which statement is NOT one of the 5 “Happiness Hows” described by Sonja Lyubomirsky?
 - a. Be stoic and accept your condition in life
 - b. Stay positive
 - c. Build your support system
 - d. Commit to your goals
8. Which statement provides good reasons for school psychologists to use positive psychology techniques in their practice?
 - a. Students who master these techniques improve their reading and math skills
 - b. Teachers and parents are familiar with the terminology and techniques of positive psychology
 - c. The techniques are easily implemented, and students report an increase in feelings of well-being and positive social interactions
 - d. The techniques have been taught extensively in school psychologists’ university training

Gelman

9. In Erikson's Stages of Development, a feature of toddlerhood is:
- Searching for parents
 - Developing autonomy
 - Learning to trust
 - Acquiring pre reading skills
10. School psychologists can support the happiness in children through helping:
- Parents and teachers understand skill development in children
 - Schools be a protective factor when children face personal challenges
 - Develop prosocial skills in school-aged children
 - All of the above

Slattery, Knauss & Knapp

11. In principle-based decision-making, psychologists
- Always follow all principles
 - Never follow their principles
 - Generally follow all principles except when two or more principles appear to collide
 - Are often frustrated when there is no clear answer
12. If this slap met the legal requirements for abuse but it was atypical for Leticia, Dr. Rodriguez would
- Be required to report the abuse
 - Not be required to report the abuse because it was unusual
 - Be required to report the abuse only if it is part of a clear escalation
 - Be required to make an anonymous report asking for a consult



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The Pennsylvania Psychologist, December 2019

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- | | | |
|------------|------------|-------------|
| 1. T F | 5. a b c d | 9. a b c d |
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| 3. a b c d | 7. a b c d | 11. a b c d |
| 4. T F | 8. a b c d | 12. a b c d |

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Overall, I found this issue of the Pennsylvania Psychologist:

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