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Practicing Psychology Across State Lines

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The laws concerning the practice of psychology in other states form a highly complex and balkanized world where the rules vary from state to state with little consistency. Some states, such as Pennsylvania, have temporary practice provisions, but other states do not have such provisions, or have onerous conditions attached to such provisions. Fortunately, the Association of State and Provincial Psychology Boards (ASPPB)¹ has developed a mechanism, called PSYPACT, which is designed to alleviate these problems. PSYPACT allows psychologists who are licensed in their own state (their "Home State") to practice telepsychology (or face-to-face psychotherapy) in other states that have also adopted the PSYPACT. Psychologists only need to keep their license active in their current state and fulfill the continuing education requirements of their state (Currently a few states do not require continuing education requirements, so the PSYPACT allows the option of requiring continuing education for PSYPACT holders).

PSYPACT will go into effect when seven states agree to participate. Currently AZ, NV, UT, CO, NE, and MO have approved this, and IL has approved it effectively in 2020. Once seven states have adopted PSYPACT, the participating states will form a PSYPACT Commission, which will oversee the program including setting up rules and procedures and creating a database for eligible psychologists. Every state must pay to support the work of the commission, which is estimated to be between three and six thousand dollars per state.

As we go to print we have learned that State Senator Judy Ward (R-Blair County) will introduce PsyPACT legislation into the Pennsylvania Senate this year.

Licenses in the PSYPACT states would have to apply to the Commission to receive an E-Passport, which would allow them to practice telepsychology in the other participating states, or an Interjurisdictional Practice Certificate, which would allow them to practice face-to-face in the other participating states. The E-Passport would require the holder to have a certain number of hours of continuing education dedicated to telehealth.

In order for Pennsylvania psychologists to participate in this program, the Pennsylvania legislature must pass a law specifically authorizing the State Board of Psychology to participate in this program. Because it is an interstate compact, the Pennsylvania State Board of Psychology cannot enroll in this plan without action by the state legislature. PPA will be seeking a sponsor in 2019 to introduce legislation to allow the Pennsylvania State Board of Psychology to participate in this compact. 📄

¹ ASPPB is the organization of state, provincial, and territorial licensing boards that, among other activities, develops and administers the EPPP, and makes recommendations to state, provincial, or territorial licensing boards concerning regulations and policies to adopt.

Legislative Building Blocks: Update 2019

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In the fall of 2018, psychologists saw two important areas in which the legal practice of psychology expanded: through their role in assisted outpatient treatment, and in parenting coordination. These areas will be discussed in more detail below. When psychologists were first licensed in Pennsylvania, there was no statutory recognition for licensed psychologists in any other Pennsylvania statute. Since then, gradually and consistently, PPA has worked to create a legal environment that would increase public access to psychological services. During every legislative session (a legislative session extends for two years from January of odd years to November 30 of an even year; the last legislative session went from January 2017 to November 30, 2018), PPA tries to secure the passage of at least one bill that would extend the statutory recognition of licensed psychologists. We call this the building block strategy whereby a large structure is being constructed one brick at a time.

All these changes, when put together, greatly increase public access to quality psychological services. It also separates psychologists from other non-medical health care professionals. For example, PPA's efforts

have led to change that allows psychologists to evaluate those physicians suspected of having serious mental impairments that prevent them from practicing medicine competently. A naïve psychologist might say that "this law means nothing to me because I do not evaluate impaired physicians." This reasoning suffers from major flaws. First, anything that expands the legal status of psychology makes a psychologist a more attractive employee and provides income streams if psychologists in independent practice wish to branch out into other areas of practice. Also, being a psychologist entails a commitment to work for the public good. Even if individual psychologists fail to benefit directly or immediately from a statutory change, they should ask themselves whether the change helps improve public access to quality psychological services. Finally, every time that psychology is recognized in one statute, it sets a precedent for recognizing psychology in other areas of practice.

Many of these changes are not high profile. For example, a law was passed that allowed the Pennsylvania Department of Transportation to accept the reports of psychologists concerning impaired licensed

drivers. This has probably not resulted in many referrals for psychologists. Nonetheless, statutes such as this are important because it does result in some referrals for psychologists, and they set a precedent that makes it easier to get psychologists recognized in other statutes.

In this last session of the state legislature, psychologists were recognized, along with psychiatrists, as evaluators for persons who qualify for assisted outpatient services. Individuals can only qualify for assisted outpatient treatment if they have been evaluated by a psychiatrist or a licensed clinical psychologist. In addition, a recent rule from the Pennsylvania Supreme Court specified that mental health professionals including psychologists could be appointed by the court as parenting coordinators (see article in October *PA Psychologist*). Parenting coordinators are appointed by courts to assist in the development of parenting plans with high conflict families. Such psychologists must have specialized training. Previously the draft rules would hold that only attorneys could qualify to be appointed as parenting coordinators. 

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Ethical Decision Making: A Case Example

Ferlin Charles, MSW, LCSW¹

In order to work through an ethical dilemma with a client, it is advised that a therapist go through the eight steps to ethical decision making as devised by Corey, Corey, Corey and Callahan (2015). This paper is an abridged version that considers these steps. A detailed version is available upon request.

Ethical Dilemma Vignette

You have been working with Brian, a 25-year-old, Latino, bisexual male for 6 months. He sought therapy for symptoms of depression and anxiety after testing positive for HIV. Over the course of your work together, you have seen signs of borderline personality disorder, including a history of intense and unstable relationships. His most recent relationship, with a man named Clint, was no exception. After sharing his HIV results with Clint, Clint ended the relationship. Brian, full of rage, began to stalk Clint and even threatened to infect him with HIV. Clint eventually got a restraining order against Brian, which (with your support) Brian has been obeying. Recently, Brian has entered a new relationship with a woman named Carrie who he is “head over heels in love with.” He reports that because of this relationship, his anxiety and depression have improved significantly. At the same time, a very close friend of yours (also named Carrie) has begun a relationship with a man named Brian. Your friend is very happy in her new relationship. It never occurred to you that your client’s new girlfriend could be your friend Carrie, until Brian mentions her last name during your most recent session. Following the session, you call your friend, Carrie, and casually ask what her new boyfriend’s last name is. Carrie’s answer confirms that her new boyfriend is your client. Carrie also adds that she thinks she is falling in love and cannot wait for you to meet him.

1) Identify the problem or dilemma.

- Brian can be full of rage and needs the therapist’s support to comply with the protective order.
- Brian is seriously involved with my close friend, Carrie.
- It is unknown, but highly unlikely, that Carrie is aware of Brian’s HIV status, current restraining order and sexual orientation.

2) Identify the potential issues involved

With the principle of autonomy, Brian would be able to continue in his relationship the way that he is proceeding with no changes. The principle of nonmaleficence reminds the therapist to “do no harm” (Principle A) and breaking confidentiality can cause harm. The principle of justice refers to treating all your clients equally (Principle D) and not treating him differently. Fidelity states to remain faithful to the promises that were made to Brian regarding obtaining informed consent and confidentiality (Principle B). Veracity would imply that I must be honest in working with Brian about knowing Carrie (Principle C).

3) Review the relevant ethics codes

The APA code of ethics advised that the limits of confidentiality be discussed, and that confidentiality be maintained with the client (Standards 4.01/4.02). Similar to the moral principle of nonmaleficence, the psychologist should avoid harming their clients and minimize harm where foreseeable (Standard 3.04/Principle A).

The code of ethics states, “A multiple relationship occurs when a

psychologist is in a professional role with a person and....at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship” (Standard 3.05). As soon as I became aware that Carrie was a close friend of mine, my professional relationship with Brian changed to a “multiple” one.

4) Know the applicable laws and regulations

If I disclose to Carrie, then I would be violating his right to privacy and breaching confidentiality (Knapp, Baturin, & Tepper, 2015, P.19, p.24) as he did not give me permission to disclose. More specifically with HIV, PA law states that I am not allowed to disclose Brian’s HIV status without his consent (p.24) and not to an “outside individual” (p.37) with whom he has had contact. Psychologists should encourage the client to make his/her own disclosures and not assume that making a disclosure is the only option.

5) Obtain consultation

The APA’s code of ethics advises that, “Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.” (Principle B)

6) Consider possible and probable courses of action, and 7) enumerate the consequences of various decisions

One possible course of action would be to do nothing (Option 1A). If I said nothing, then I may be violating the moral principle of veracity to be truthful. Another option would be to tell Brian that I know Carrie and if he wanted to continue with treatment, then we could do so (Option 1B). With this option, a positive would be that I am upholding the moral principle of veracity. A negative to this option would be that I am maintaining multiple relationships. Another option would be to discontinue treatment without an explanation to Brian as to the reasons why (Option 2). I could tell Brian that I would have to terminate treatment because I know his girlfriend personally (Option 3). Additionally, after terminating and telling Brian about Carrie, I could choose to tell Carrie about Brian (Option 4). One of the last options is that I could continue treatment with Brian and still disclose to Carrie, especially unbeknownst to him (Option 5). Consider the consequences for all these possible options.

8) Choose what appears to be the best course of action

I would inform Brian that Carrie is a close friend of mine, terminate therapy, make a referral for services elsewhere if Brian chose to do so and continue to document (Option 3). Brian has the right to have a therapist who would be neutral and objective in providing services to him.

9) Reflect on what happened and the actions taken

I would review what went well and what needed improvement. Ideally, consult with an ethics committee or another professional about the chosen course of action. 📌

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¹ Ferlin Charles is a doctoral student in psychology at the West Chester University of Pennsylvania and is the recipient of the 2018 Patricia M. Bricklin Award, given to the psychology student in Pennsylvania who has submitted the best work product on professional ethics. She can be contacted at FC781265@wcupa. This article is a condensed version of her submission for the Bricklin Award.

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- Interest in supervision and clinical teaching preferred.
- Experience with a large medical health system with primary care and specialty services preferred but not but not required.

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For more information visit geisinger.org/careers or contact: Bradley Wilson, PhD c/o Karen Rubbe, Talent Management Consultant, at klrubbe@geisinger.edu. 📧

School Shooters: Who Are They and How Can They Be Identified?

Peter Langman, PhD



Friday, March 8, 2019

8:30 AM - 4:00 PM

Milton Hershey School - Purcell Friendship Hall

Registration Cost: \$149.00 (Includes morning coffee, a copy of *School Shooters: Understanding High School, College, and Adult Perpetrators*, and lunch)

6 Continuing Education Credits

Dr. Peter Langman is a psychologist whose research on school shooters has received international recognition. His book, *Why Kids Kill: Inside the Minds of School Shooters*, was named an Outstanding Academic Title and was translated into German, Dutch, and Finnish. His work has been cited in congressional testimony on Capitol Hill and he has been interviewed by the New York Times, The Today Show, 20/20, Nightline, Fox, CNN, the BBC, and over 350 other news outlets in the USA, Canada, South America, Europe, Asia, Australia, and the Middle East. After the Sandy Hook attack, the CEO of the American Psychological Association presented Dr. Langman's recommendations on school safety to President Obama. His latest book is *School Shooters: Understanding High School, College, and Adult Perpetrators*.

School Shooters: Who Are They and How Can They Be Identified?

Ever since the attack at Columbine High School in 1999, school safety has been a national concern. The ongoing occurrence of school shootings is a critical issue for professionals in mental health because they are often in positions to assist with maintaining safety. Knowing the warning signs of impending violence is essential for psychologists in public schools, college counseling centers, private practice, and other settings, so that they can identify potential perpetrators before there is a mass attack. Similarly, administrators and policy-makers need to be educated in best practices regarding threat assessment and the prevention of school shootings.

Registration is available online at papsy.org

Agenda

- 8:00 AM - Registration and Coffee
- 8:25 AM - Welcome and Introduction
- 8:30 AM - Misconceptions and Stereotypes
 - Three Psychological Types of Shooters
- 10:00 AM - BREAK
- 10:15 AM - Body-Related Issues and Damaged Masculinity
 - Social Failures and Their Impact
- 11:45 AM - Lunch
- 12:45 PM - Threat Assessment, Lessons Learned from Arapahoe High School
 - Leakage, Threats, Attack-Related Behavior
- 2:15 PM - BREAK
- 2:30 PM - Common Themes in School Shooters' Writings
 - Group Activity: Review Writing Samples
- 4:00 PM - Closing

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.

Social Workers, Marriage and Family Therapists, and Professional Counselors in Pennsylvania can receive continuing education from continuing education providers approved by the American Psychological Association. Since the Pennsylvania Psychological Association is approved by the American Psychological Association to sponsor continuing education, licensed social workers, licensed clinical social workers, licensed marriage and family therapists, and licensed professional counselors will be able to fulfill their continuing education requirements by attending PPA continuing education programs.

Financial Disclosure: No conflicts of interest have been identified for the speaker.

Prescriptive Privileges for Psychologists: A Review of Prescriptive Authority Laws

Samuel Knapp, Ed.D., ABPP¹
Director of Professional Affairs

Currently legislation has been passed to permit appropriately-trained psychologists to prescribe psychotropic medications in Guam,² New Mexico (enacted in 2002), followed by Louisiana (2004), Illinois (2014), Iowa (2016), and Idaho (2017). In Iowa and Idaho, the mechanisms needed for approving appropriately trained psychologists to prescribe medications have not yet been established pursuant to these recently passed laws. Regulations for Illinois have just recently gone into effect. Prescription privileges bills were passed by legislatures in Hawaii, and Oregon but were vetoed by their governors. It is anticipated that several states will have prescriptive authority bills introduced into their legislatures in 2019.

Prescriptive authority laws have been passed primarily to address the shortage of qualified professionals to prescribe psychotropic medications. It is not surprising that the first laws have been passed primarily in rural states that have severe shortages of health care professionals. "Pennsylvania needs specialized prescribing psychologists to help make sure the declining numbers of psychiatrists aren't replaced with lesser trained physician extenders," explained Dr. Anthony Ragusea of Evangelical Community Hospital, Lewisburg, "As the provision of healthcare becomes increasingly integrated and holistic, highly skilled psychologists who are trained in the complementary skills of behavioral health and psychopharmacology will be of great value to hospitals."

Currently only about 160 psychologists (primarily in Louisiana and New Mexico) are authorized to prescribe psychotropic medications which is about one-tenth of one percent of all psychologists. Nonetheless, a reasonable estimate is that 15,000 patients are currently receiving psychotropic medications from prescribing psychologists. Nonetheless, about 150 psychologists are in training to prescribe psychotropic medications in Illinois (DeAngelis, 2017). After Idaho and Iowa finalize their regulations and more psychologists in Illinois take advantage of their new regulations, the number of prescribing psychologists could triple in a few years. This article reviews these psychologist prescriptive authority laws and what they entail.

All states restrict prescriptive authority to psychologists who hold a doctoral degree, and all (except Illinois) require the prescribing psychologist to have an additional masters' degree from an approved program in psychopharmacology. Illinois allows an option to have the psychopharmacology education occur within the doctoral program. Illinois is also unique in that it requires an extensive amount of undergraduate prerequisite courses for prescribing psychologists, as well as several hospital rotations just like medical students. Currently five universities: Farleigh Dickinson, Alliant International University,

New Mexico State University, the University of Hawai'i at Hilo, and the Chicago School of Professional Psychology offer approved masters programs in psychopharmacology. A recently appointed APA task force is currently revising the curriculum. Psychopharmacology programs must include a supervised clinical experience as part of their program and then a supervised fellowship after the masters is completed. In some states it is necessary for trainees to receive a provisional or conditional license for them to prescribe under supervision during the supervised portion of their trainings.

Currently only about 160 psychologists (primarily in Louisiana and New Mexico) are authorized to prescribe psychotropic medications which is about one-tenth of one percent of all psychologists.

All states with prescriptive authority require psychologists to pass a nationally standardized examination. APA developed the Psychopharmacology Examination for Psychologists (PEP) but it is now administered by the Association of State and Provincial Psychology Boards (ASPPB), the same organization that administers the Examination for the Professional Practice of Psychology (EPPP). The PEP mirrors many of the knowledge domains assessed when psychiatrists seek board certification and is intended to be rigorous as well as focused on the practical skills required of clinicians.

Different states have slightly different regulatory arrangements, but Louisiana is particularly distinct. In Louisiana, prescribing psychologists are regulated by the Louisiana State Board of Medicine. In all other states, prescribing psychologists are regulated by their state boards of psychology, although there is medical involvement in the regulation of prescribing psychologists in each of these states. For example, Idaho's prescriptive authority law for psychologists requires the creation of an advisory board that includes physicians and a pharmacist. In Idaho and other states, these advisory panels have great authority. For example, according to Idaho's law, "The Board [of psychology] may not promulgate rules governing prescriptive authority, governing collaboration or supervision of prescribing psychologists, establishing a formulary . . . unless the rules first have been approved by a majority vote in the advisory panel." In Iowa, rules concerning prescriptive authority for psychologists are "governed by joint rules adopted by the board of psychology and the board of medicine." In Louisiana psychologists who prescribe are called "medical psychologists," but in other states they are called "prescribing psychologists." All states require prescribing psychologists to get continuing education related to psychopharmacology as a condition of licensure renewal.

All states restrict prescriptive authority to medications used to

1 The author thanks Drs. John Gavazzi and Tony Ragusea for their review of this article.
2 Guam's Allied Health Professionals Law, which allows psychologists and physician's assistants with a DEA registration number and collaborative agreements with physicians to prescribe, is so atypical that it is not referenced further.



Governor Wolf signing into law SB 554 (Act 130 of 2018) Safe Harbor Law to protect child victims of human trafficking

treat psychiatric disorders and may include the ability to discontinue medications. Prescribing psychologists are also able to order and review laboratory tests related to the prescriptions. States typically restrict the prescription of narcotics. Some states restrict the populations whom psychologists can treat with medications. Illinois, for example, prohibits prescribing psychologists from writing prescription to patients who are under 17 or older than 65, are pregnant, or have one of several serious medical conditions.

Other states require special training when prescribing for specific groups. Iowa does not permit prescribing psychologists to prescribe for “children, elderly persons, or persons with comorbid physical conditions” unless they had “at least one year prescribing psychotropic medications to such populations as certified by a supervising licensed physician.” Similarly, Idaho requires prescribing psychologists in pediatrics or

geriatrics to have at least one year of supervised experience working with these patients. All psychologist prescriptive authority laws require some degree of collaboration with other health care professionals, such as primary care physicians, to ensure a safe and coherent treatment plan.

The experiences of prescribing psychologists in these states is being watched carefully as they form the framework for prescriptive authority laws in other states. “One of the added benefits of PPA membership includes being involved in the legislative process, which will be extremely important when our organization decides to move forward with prescription privileges for psychologists,” explained Dr. John Gavazzi, past President and private practitioner in Lemoyne. 📌

Reference

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What's New in Psychotropics?

Anthony S. Ragusea, PsyD, MSCP, ABPP

There's a saying among physicians when a new drug is released, "use it while it's still safe!" The point is that the research used to approve drugs is limited and often biased toward viewing drugs as more helpful and less risky than they usually turn out to be after years of clinical use and follow up studies. Wise clinicians wait to prescribe until new drugs have been "broken in" and more is known about their long-term or uncommon risks.

The pipeline for developing new, novel approaches to treating mental health problems has largely dried up over the last decade, so when you hear about a new drug you should always be skeptical and assume that it is not likely to be much different than other drugs in its class, even if the marketing team says otherwise. That said, there may be modest risk/benefit profiles and modestly novel approaches that make new drugs worth learning about. Psychologists won't be prescribing them, but your patients may be taking them and may have questions, and knowledgeable psychologists may teach their physician colleagues about new research they don't know about. In the interests of brevity, I'm going to summarize some findings without a lot of elaboration and cite references where possible if you want to read a little more.

- Vilazodone (Viibryd) is described as a SPARI drug (serotonin partial agonist/reuptake inhibitor) which has been FDA approved as an antidepressant since 2011. Its presumed mechanism of action is somewhat unique, although buspirone is a partial serotonin agonist. Nevertheless, studies since 2011 have not found it to be clearly more beneficial or less risky (especially in terms of sexual dysfunction) than any other antidepressant (Balt, 2016). Because it is typically more expensive for patients, older drugs are probably best to try first but vilazodone may be worth a shot if those don't work.
- Levomilnacipran (Fetzima) is an SNRI approved in 2013 but is more selective as a norepinephrine inhibitor than, say, Effexor. Research since then has been limited but so far has not shown it to be a more effective antidepressant than others.
- Vortioxetine (Brintellix) was approved in 2013 and is a relatively "dirty" antidepressant that has a variety of effects on different serotonin receptors (also called a serotonin-multimodal or S-MM drug) which makes it stand out from typical SSRIs. Unfortunately, data since then has not shown it to be any more effective or less risky than other SSRI. Marketing suggesting that it may enhance cognitive functioning is likely exaggerated at best. Again, traditional drugs may be best to try first because of cost issues.
- Ketamine is an NMDA antagonist that is always the "next big thing" in treatment for refractory depression, but never goes anywhere. Despite renewed study of ketamine, the problems remain the same: treatment is very expensive and hard to get because it must be administered by IV and with emergency resources on hand in case of hypertensive crisis, its psychogenic effects may be part and parcel of what makes it effective for depression yet can be very frightening for some people, and its benefits, if any, are short-lived. A 2015 Cochrane review found the body of research to be weak and generally not supportive of ketamine as a treatment for depression. The search is on for a pill-formulation that is

longer-lasting and better tolerated, but this may never come to be.

- There have been a few new antipsychotics over the last ten years, including cariprazine (Vraylar) and brexpiprazole (Rexulti), which are considered modified versions of aripiprazole (Abilify). All three are partial dopamine agonists and are sometimes called "third generation antipsychotics." Research is limited, and although there may be some minor differences in their affinity for different receptors they are considered to be roughly equal in their effectiveness and side effect profile. Because of cost issues, aripiprazole is usually tried first, but the others are available options if aripiprazole is not tolerated well. Lurasidone (Latuda) is the other relatively new antipsychotic, first approved in 2010, and has come to be a first line antipsychotic or an augment for depression treatment for many psychiatrists, mainly because it seems less likely to cause metabolic dysfunction (e.g., weight gain, lipid changes).
- Tardive dyskinesia can occur in first and second-generation antipsychotics, probably with equal frequency, and with few good options for alleviating it. But in 2017 two drugs were approved to treat TD, valbenazine (Ingrezza) and deutetrabenazine (Austedo). Both are VMAT2 inhibitors, both can cause QT-prolongation and are likely to be very expensive. They work a little differently and are dosed differently but are likely to be similarly effective and are recommended as a first line treatment now (Stahl, 2018). Because they are so new, their benefits and risks in clinical practice have not been studied much beyond the FDA approval studies.
- A new study in the *New England Journal of Medicine* (Girard, 2018) looked at the benefits of haloperidol (Haldol) and ziprasidone (Zyprexa) in treating delirium in ICU patients. This is a commonly used strategy in hospitals by physicians, which is why I'm mentioning it even though these are old drugs. The double blind, controlled study of 1183 patients presented a convincing case that neither drug has any effect on improving delirium, at least with ICU patients. This study adds to other research showing generally poor treatment response to other antipsychotics, though some research has supported the benefits of olanzapine and quetiapine. Overall, though, we should be skeptical about the usefulness of antipsychotics. **✚**

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Mediation Training Workshop

Title: Mediation Training for Parent Coordinators

Presenter: Selina Shultz, Esq.

Dates: Thursday, January 31 – Friday, February 1, 2019

Location: The Dixon University Center

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This two-day mediation workshop is designed to fulfill the mediation training requirement for those who would like to become parenting coordinators in Pennsylvania. This workshop will focus on the mediation skills that parenting coordinators need while conducting parenting coordination with high risk families. Topics will include an overview of mediation theory, phases of mediation, consideration of the objectives of these types of cases, convening mediation, review of communication techniques and review of negotiation techniques. Participants will be participating in role plays.

Lunch will be provided during both days. Coffee and light snacks will also be available.

Registration is required! Please visit papsy.org to register for this event!

Questions? Contact Rachael Baturin at rachael@papsy.org or 717-510-6340

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Pursuant to Continuing Legal Education Rules, this program has been approved by the PA CLE Board for 10 hour(s) of substantive credit for all attendees who participate in the complete program.

Financial Disclosure: No conflicts of interest have been identified for any speakers.



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MS | Postdoctoral

Since 1969, the California School of Professional Psychology at Alliant International University has fostered learning that moves students forward in their professions and in their lives. We can help you transform your experience into expertise, and your expertise into leadership—so you can make an impact on communities, the people within them, and the world beyond.



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The California School of Professional Psychology's Clinical Psychology programs are accredited by the Commission on Accreditation of the American Psychological Association (APA). Not all programs are available online or to residents in all states. Programs vary by location and modality; see the Academic Catalog for detail. Alliant is a private university accredited by the WASC Senior College and University Commission (WSCUC). We are an equal opportunity employer and educator. For more information about our graduation rates, the median debt of students who completed the program, and other important information visit alliant.edu/consumer.

2019 PPA Continuing Education

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

Calendar

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

January 31 – February 1, 2019

Mediation Training for Parenting Coordinators Workshop
The Dixon University Center
Harrisburg, PA

March 2, 2019

ECP Day
PPA Office
Harrisburg, PA

March 8, 2019

School Shooters: Who Are They and How They Can Be Identified?
Milton Hershey School
Hershey, PA

April 4-5, 2019

PPA Spring Continuing Education Conference
Holiday Inn Grantville
Grantville, PA

April 6, 2019

PPA's Day of Self-Reflection
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

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

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

Essential Competencies When Working with 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

Record Keeping for Psychologists in Pennsylvania—1 CE

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

*Introduction to Ethical Decision Making**—3 CEs

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

*The New Confidentiality 2018**—3 CEs

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

For a full listing of our home studies, download our catalog here, or visit our online store.



Action through Advocacy

Learn how you can help the PennPsyPAC today!



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

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