

**ALSO INSIDE:**

- ♦ 401k Retirement Plan for PPA Members
- ♦ PPA2019!
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*The Pennsylvania*  
**Psychologist**

Vol. 79, No. 3

MARCH 2019 ♦ QUARTERLY



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# The Pennsylvania Psychologist

Editor: Shannon Len Deets, PhD

March 2019 • QUARTERLY

## REGULAR FEATURES

- 3 | Presidential Perspective
- 4 | Executive Director's Report
- 5 | Legal Column
- 40 | CE Questions for This Issue

## ANNUAL CONVENTION

- 8 | We Are a Wonder

## SPECIAL SECTION—PSYCHOLOGY: A SCIENCE OF COMMONALITIES

- 29 | Psychology of Pets: Animal Assisted Therapy or Animals in Therapeutic Situations
- 30 | Values, Culture, Family: Journey towards Psychology
- 31 | Path to School Psychology
- 31 | Why Psychology?
- 32 | A Fundamental Reframing of Combat PTSD

## SCHOOL PSYCHOLOGY SECTION

- 33 | Promoting Psychology: Advocacy for the Science, A Personal Journey

## ACADEMICIAN'S CORNER

- 36 | So, why do you want to be a psychologist?: Answers from application essays and alumni reflections

## ETHICS IN ACTION

- 38 | We're Being Scammed!

## ALSO INSIDE

- 2 | Letter from the Editor
- 35 | Classifieds

## Letter from the Editor

Shannon Deets, PhD

Hello Spring! Is there anything more exciting than the first awakenings of spring? Well, maybe summer and the Annual Convention of PPA! I always find myself at the convention, connecting with missed PPA friends and being fascinated to hear all about where life has taken them since we were last together.

In the special section of this edition of the *Pennsylvania Psychologist*, we celebrate this spirit of connection through our theme, "Psychology: A Science of Commonalities." This section will commence with a beautiful article written by Julie Allender, EdD that addresses the healing power of commonalities between humans and animals such as aging, loss, and a need for affection and companionship. Next, you'll find several personal reflections from PPA members regarding their own journey to psychology. I know that as I read these reflections, I was struck with awe twice: once in regard to our commonalities and once in regard to our individual experiences. I hope you find them just as fascinating as I did! Then, our special section finishes with a reframing of combat PTSD by Roger Brooke, Ph.D. Dr. Brooke's article is a compassionate look at how our human commonalities could provide a better understanding of the experiences of war and trauma. (To hear more from Dr. Brooke, please attend the Psychology in Pennsylvania Luncheon on Friday, June 21 at 11:30 a.m.).

I look forward to seeing everyone at the convention in June! Until then, please allow me to share my story of the moment I became a psychologist.

As a counseling psychologist my professional identity has sometimes been complicated. How are you a counselor? How are you a psychologist? How are you a counseling psychologist? For me, it was quite natural to embody the wellness paradigm evoked by counselors as the paradigm is consistent with my personality and world-view. From my earliest memories, I have been drawn to working in service to provide healing to others. For me, counseling was a home where I could put my utopian ideals into the practical acts of counseling others.

Still, after earning my master's degree in counseling, I yearned for more knowledge and began investigating doctoral training. Many factors contributed to my decision to earn a terminal degree (Ph.D., EdD, Psy.D.), but in what field? In a most romantically unromantic manner, my decision was based on location. I didn't want to relocate my home (and husband) and therefore I applied to the program closest to home: Gannon University Ph.D. in **Counseling** Psychology. As I worked through the Ph.D. I considered myself on track to become a Counseling psychologist. I developed more skill and knowledge, felt secure in my educational choices, and was generally happy. Yet, I hadn't really felt like a psychologist.

Then came the dissertation; a rite of passage held in equal parts reverence and dread. First, I thought I would tackle a question in my dissertation about therapeutic rapport.

Then I changed my mind to exploring the provision of rural services. One of my peers, Eileen Barron, stated to me "why don't you do something that you truly enjoy, you have to do this for 1-2 years." I decided to take a risk; combine my love of dance, my fascination with the science and philosophy of consciousness, and my deep convictions to make a difference in the world. Ultimately, I decided to study how dance alters consciousness, with a hope of learning to utilize this knowledge in my therapeutic work in the future. Extremely nervously, I presented my topic to my advisor, Robert Nelsen, sure that he would tell me the topic was just too strange and reject the idea. However, he looked at me and said "this is exactly what we as psychologists should be studying."

It was in that moment that I realized my identity as a **Psychologist!** My analytical scientific mind could be engaged utilizing the knowledge within the science of psychology to shed light onto new therapies and ways to create wellness. Psychology is the scientific study of the mind and behavior and I now had the methodological expertise in that science to study my utopian and humanistic ideas. I truly was a Counseling Psychologist. 🎉

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# Decisions, Decisions

Nicole P. Quinlan, PhD

♪ It's the most wonderful time of the year! ♪

When bright-eyed, eager faces gaze excitedly over lists of treasures, deciding which of the many offerings they will choose. They then wait with barely-contained anticipation for the big day when they go to meet colleagues and friends for learning, sharing, and socializing.

It's convention registration time! My favorite season!

Added to the usual excitement I feel every year when this issue of the *Pennsylvania Psychologist* arrives in my mailbox, I am even more enthusiastic about this year. We are 'back' in the fabulous city of Pittsburgh (though, in full disclosure, this will be my first PPA convention in that city) and we have a line-up of interesting, thought provoking, and stimulating workshops and speakers eager to share their knowledge and **wisdom** with you. I am especially excited that Dr. Kevin Nadal has agreed to be our Keynote speaker. He was the recipient of APA's 2017 Early Career Award for Distinguished Contributions to Psychology in the Public Interest for his work on issues of social **justice** and the role of psychology and psychologists in activism. Dr. Roger Brooke, PPA's 2018 Public Service Award Winner, will also be joining us for the Psychology in PA luncheon focused on **courage** and **compassion** and his work with Soldier's Heart. Between those talks, and the dozens of workshops offered by my esteemed colleagues from across the state, this is promising to be a convention to remember!

In addition to working feverishly on the June convention, PPA has been buzzing with our day-to-day work supporting the needs of psychologists and our state. Our Colleague Assistance Committee continues to work on ways to support members facing personal and professional

challenges, like client suicide and other traumatic events. Jeff Sternlieb will be leading self-care workshops specifically for first responders in Pittsburgh, as well as ones for all of us at the Spring Conference and June Convention. PPA has also collaborated with Wellspan/Philhaven and the Milton Hershey School to offer a March workshop on school shooters, and with the Pennsylvania Bar Institute to offer trainings for parenting coordination. Also, Emerging Leader Brittany Dancy Caro continues to work closely with me on a protocol to help PPA most efficiently and appropriately respond to issues of social justice (stay tuned for an unveiling at the convention!). It's been a busy start to the new year!

The start of a new year also offers us a chance to reflect on where we are, how we got there, and where we are going, much like the focus of this issue of the *Pennsylvania Psychologist*. We each have our own journey and story, some of which you will read in these pages. I wish I could say my story followed the pattern of a mythical hero's journey (that would make the tie in to my presidential theme SO much easier), but there is no blockbuster tale here, unfortunately. Mine was more about some relatively minor challenges, a little learning about myself, and many serendipitous encounters with interesting things and compassionate people. I didn't realize it at the time, but one of those people prodded me into taking what was the first concrete step in my path toward becoming a psychologist.

Tom Beckish was a neighbor, life-long friends' father, and an undergraduate dean/advisor/psychologist at the local university. I was a frightened, angry, oppositional 17-year-old who was terrified of leaving home, making mistakes, and not knowing 'the right answer.' While I threatened to throw

away my college acceptances and pursue a less-than-ideal career path (greying my parents' hair and testing their last nerves in the process), Mr. Beckish summoned the patience, compassion, and mettle (did I mention how angry I was about growing up?) to spend a summer evening with me picking out freshmen year college courses. He had known me about as long as my own parents and I think he saw the traits that could make me a good psychologist one day – curiosity, a tendency to question things (sometimes incessantly), stubbornness, and empathy. He also knew that in that moment, decisions about 'the future' scared me and what I really needed was to just pick out four classes. He finally convinced me that Psych 101 should be one of those four because it would be "easy" for me and not interfere with the only thing I would admit to caring about (fencing), and so I signed up.

While everything that came after that decision laid the solid path to where I am now (excitedly picking CE workshops each spring!), I may never have seen the head of that hazy trail without his quiet, kind guidance at that fork in the road of my life. All of us have had that at some point. And all of us have been, or will be, that for another at some point.

**"Because no matter how small an act of kindness or generosity or simple positivity you put out into the world, it will make a difference." –Wonder Woman**

So in this new year, keep making a difference! ♪



Nicole P. Quinlan, Ph.D.

# 401(k) Retirement Plan for PPA Members

Ann Marie Frakes, MPA

**R**etirement is something that is easy to put-off and worry about later, especially when you are young. After all, everything will sort itself out in the end, right? But what if it doesn't? That is the problem with life, often it doesn't work out the way we planned.

Chances are, you do not want to work until the last day of your life. You may have envisioned your dream retirement, sipping cocktails on the beach or on the porch of a cozy mountain retreat or traveling the world. It takes careful financial planning to realize these dreams.

***I am pleased to announce that PPA has added a new and important member benefit. Our members will now have access to affordable and easy to manage 401(k) and Solo 401(k) retirement solutions.***

### PPA 401(k) Retirement

**Solution** allows the business/practice owning psychologist to create a traditional 401(k) plan for him/herself and his/her employees. **PPA Solo 401(k) Retirement Solution** allows the business/practice owning psychologist with no employees to create a traditional 401(k) plan covering the psychologist and his or her spouse.

A 401(k) can be one of your best tools for creating a secure retirement. It provides you with two important advantages. First, all contributions and typical earnings to your 401(k) are tax-deferred. You only pay taxes on contributions and special earnings when the money is withdrawn.

### Why is PPA offering this benefit?

Many of our PPA members are small business owners and managing a retirement plan can consume time otherwise spent seeing clients and building their practice.

To provide these benefits, PPA has aligned with a turnkey solution offered by leading record-keepers, 3(38) Fiduciary Investment Managers, 3(16) Fiduciary Liability Protection and experienced

advisors to provide a unique 401(k) solution. **Our plan partners are: TRANSAMERICA, TAG Resources, and EHD Advisory Services.**

PPA can leverage the total assets of all plans in the program to provide:

- Reduced administrative burden
- Potential cost savings through economies of scale
- Outsourced liability to help mitigate fiduciary risk
- A robust investment menu
- Educational tools and resources to help you and your employees attain your retirement goals
- Access to a team of experts to manage and monitor the compliance of your plan.

We have considered the five things every business owner wants in a retirement plan:

**1. Easy to Administer:** This retirement solution brings together a team of professionals on your behalf, so you can focus on being a psychologist and managing your business, not your retirement plan. You may be able to eliminate up to 99% of the administrative tasks of the plan.

**2. Cost Competitive:** PPA has negotiated membership pricing based upon the potential aggregated balances. .

When comparing the potential costs of managing a retirement plan on your own, participating employers may realize lower investment costs through aggregated assets, and reduced costs for document preparation, compliance testing, Form 5500 filing, and quarterly participant statements. We have also negotiated a significant cost savings for members subject to an annual audit. These members will receive a comprehensive, individual audit with limited company involvement, and time commitment.

**3. Minimized Fiduciary Liability:**

Employers want a 401(k) plan that relieves them from the burden of being

the named fiduciary. By utilizing industry-leading 3(16) fiduciary liability protection, your risk of loss of personal wealth resulting from fiduciary liability action is greatly reduced.

### 4. Well-known Plan Providers:

Partnering with industry leading record-keepers and 3(38) Fiduciary Investment Managers will provide a robust 401(k) Retirement Program. In addition, an advisor will be available to help with enrollment, provide investment guidance and education for the plan participants, provide plan reviews on a regular basis, and suggest potential plan-design enhancements.

**5. Compliant:** Staying compliant is about having knowledge of the rules that govern the day-to-day operations of the 401(k) plan. This includes having the time to keep up with all the changing regulations, being prepared to meet with the DOL or Internal Revenue Service (IRS), and knowing what they need before they ask. Hiring a 3(16) keeps your plan consistently compliant.

If you have put-off saving for your retirement, wait no longer! PPA wants to help you prepare for your financial security and enjoy the retirement you have always imagined.

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Ann Marie Frakes

## When to Report Serious Mental Injury (Emotional Abuse)

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

*Rachael L. Baturin, MPH, JD; Director of Government, Legal, and Regulatory Affairs*

According to the Child Protective Services Law, child abuse is defined as “intentionally, knowingly, or recklessly” doing any of the following:

1. Causing bodily injury to a child through any recent act or failure to act.
2. Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent acts.
3. Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
4. Causing sexual abuse or exploitation of a child through any act or failure to act.
5. Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
6. Creating a reasonable likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
7. Causing serious physical neglect of a child.
8. Engaging in any of the following recent acts:
  - Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
  - Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
  - Forcefully shaking a child under one year of age.
  - Forcefully slapping or otherwise striking a child under one year of age.
  - Interfering with the breathing of a child.
  - Causing a child to be present at a location (where meth is being produced illegally).
  - Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known (was a sex offender).
9. Causing the death of the child through any act or failure to act. (23 Pa. C. S. A. §6303 (b.1)).

This article reviews the standards for reporting serious mental injury (commonly known as emotional abuse) in Pennsylvania and common signs that suggest that serious mental injury may have occurred. According to the Pennsylvania Department of Human Service, 1.5% of all substantiated cases of child abuse were due to serious mental injury (Department of Human Services, 2017). This number has increased substantially since the Child Protective Services was modified. In the year before the law

changed there were only 25 cases involving serious mental injury (Department of Human Services, 2014).

Specifically, in the Child Protective Services Law, serious mental injury is defined as a “psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that:

1. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in a reasonable fear that the child’s life or safety is threatened; or
2. Seriously interferes with a child’s ability to accomplish age-appropriate developmental and social tasks” (23 Pa. C. S. A. §6303 (a)).”

It is not possible to simply observe the behavior of a child and determine that serious mental injury has occurred. A review by Maguire et al. (2015) found that children who had been subject to neglect or serious mental injury had more impulsivity, poor academic performance, low self-esteem, and an increased rate of depression. Another source identified mental or emotional delays, antisocial behaviors, neurotic traits, habit disorders such as thumb sucking, aggressive or demanding disorders, and so on, as behaviors that could indicate serious mental injury (Child Welfare Information Gateway, 2013). However, these extremely broad and comprehensive lists provide little guidance for experienced mental health professionals. These symptoms could have many causes and the mere presence of symptoms does not, in and of itself, raise a suspicion of serious mental injury sufficient to trigger a report. Instead, the symptoms must be chronic, serious, and linked to the behavior of the parents or caregivers.

Consider this scenario: A child arrived at the emergency room of a hospital after a serious suicide attempt. He reports continual verbal abuse from his parents who also ignored his threats that he may attempt suicide. The parents withhold affection and often disparage the child.

The facts of this situation suggest that the child is suffering from serious mental injury. The condition is serious, appears to be chronic, and appears to be caused or exacerbated by the behavior of the parents. It is not the obligation of the psychologist to prove that the behavior of the parents is substantially contributing to the serious



Dr. Samuel Knapp



Rachael L. Baturin

*Continued on page 6*



## WHEN TO REPORT SERIOUS MENTAL INJURY (EMOTIONAL ABUSE)

*Continued from page 5*

and chronic emotional harm. Children and Youth will investigate the case; the responsibility of the mandated reporter is only to report suspicions of abuse, although the final decision will be made as a result of an evaluation by a physician or licensed psychologist that helps determine the contributing factors.

It is also possible that the failure of the parents to seek medical help for their child after his suicidal threat could be considered neglect (failure to obtain needed medical care). In any event, a report of suspected abuse should be made. Some situations, such as the one above, may involve the possibility that more than one type of abuse is occurring in a family.

Consider this other case that came before a psychologist: After two sessions the mother abruptly removed the child from therapy, stating that “we are going to handle this on our own.” The mother is psychologically unsophisticated and the psychologist believes that the child will be getting no services for her disorder. In addition, the critical attitude of the mother might have precipitated and maintained the disorder.

This vignette is more complicated. Although the language in the reporting law for serious mental injury is broad, it has always been interpreted very narrowly. In making a decision as to whether to report, the psychologist needs to look at the totality of circumstances including and a prediction as to whether the child will become “chronically and severely anxious” and the extent to which her age-appropriate developmental tasks will not be met.

Problematic parenting behaviors could include terrorizing the child (acting in a manner that gives the child a realistic feeling of threat to his or her safety or well-being), spurning the child (verbal or non-verbal behaviors that reject or degrade the child), exploiting or corrupting the child (such as encouraging the child to engage in dangerous or illegal activities), or refusing to provide the child with services needed for his or her mental health (Marshall, 2012). However, the report needs to be made based on the response of the child to the parent, not on the behavior of the parent alone.

For example, exposure to violence toward another parent does not, in and of itself, create serious mental injury as defined by the Child Protective Services Law. Nonetheless, it is a risk factor for serious mental injury as some children may develop post-traumatic stress disorder or symptoms of post-traumatic stress disorder after witnessing violence toward one of their caregivers (Margolin & Vickerman, 2007).

In another example, a psychologist may encounter a family where the parents sometimes smoked marijuana in front of their young children (ages 1 and 3); grew marijuana in their basement; and sold small amounts of it to their friends. The risk of serious mental injury is increased if one or both of the parents is abusing alcohol or other drugs (Hibbard, Barlow, MacMillan and the Committee on Child Abuse and Neglect, 2012). However, parental misuse of alcohol or other drugs does not, in and of itself, constitute serious mental injury.

Mandated reporters need to consider numerous factors and how they interact with each other when evaluating serious

mental injury. These factors include the intensity, frequency, and severity of the problematic parenting behaviors as well as the degree to which they permeate the relationship with the child and are, or are not, offset by positive parenting behaviors. Often serious mental injury occurs in combination with other forms of abuse. It is not uncommon for a child who experienced serious bodily injury, serious neglect, or sexual abuse to concurrently show signs of serious emotional distress which may, in some cases, rise to the level of serious mental injury. **NR**

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# PsyPACT Legislation (Senate Bill 67) Introduced in Pennsylvania

**T**his session Senator Judy Ward introduced Senate Bill 67. Senator Ward's legislation would permit Pennsylvania to adopt the Psychology Interjurisdictional Compact (PSYPACT) to increase public access to psychological services by allowing for tele-psychological practice across state lines as well as temporary in-person services.

Presently, there is an ongoing effort to establish a legal and ethical way for licensed psychologists to practice across state boundaries. Each state has its own licensing laws and rules which vary considerably, making it extremely difficult for a person to obtain a license to practice in several states. As such, the possibility of providing psychological services via telecommunication technologies (telepsychology) across jurisdictional boundaries is unattainable. Also, each state has varying time frames as it relates to permitting a psychologist to temporarily provide services (in-person, face-to-face) in their state.

To help address these issues, the Association of State and Provincial Psychology Boards (ASPPB), the alliance of psychology licensing boards in the U.S. and Canada, developed the PSYPACT, which would allow qualified licensed psychologists to practice using telecommunications technology and to practice temporarily (in-person, face-to-face) across state lines. The Psychology

Interjurisdictional Compact Commission would be established to administer and enforce the Compact. The PSYPACT is designed to achieve the following purposes:

- Increase public (patient/client) access to professional psychological services;
- Enhance the state's ability to protect client/patient health and safety;
- Promote cooperation between Compact states in the area of licensure and regulation; and
- Exchange of information between Compact states such as verification of licensure and disciplinary history.


The Compact contains provisions concerning home state licensure, Compact privilege to practice telepsychology, conditions of telepsychology practice in a receiving state, adverse actions, additional authorities invested in a Compact State's psychology regulatory authority, a coordinated licensure information system, establishment of the Commission, rulemaking, oversight, dispute resolution and enforcement, and the date of implementation of the Compact.

For PSYPACT to take effect, 7 states must adopt the model language. Once the Compact is operational, licensed psychologists will be able to apply for and use ASPPB certificates to practice telepsychology and conduct

temporary in-person, face-to-face practice in Compact states. Seven states (Arizona, Nevada, Utah, Colorado, Nebraska, Missouri and Illinois) have already adopted PSYPACT between 2016 and 2018. The Compact will become operational in 2020 when the Illinois law takes effect, unless another state enacts PSYPACT sooner.

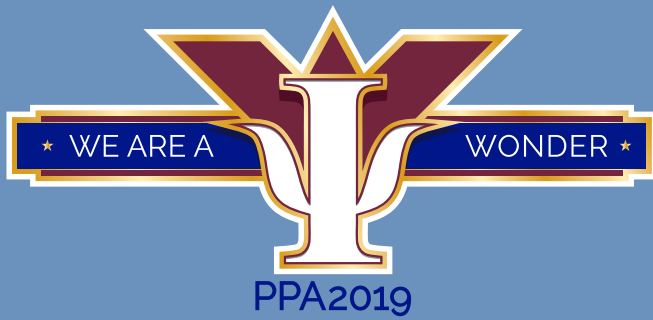
This Compact will benefit both psychologists and clients/patients. It will allow licensed psychologists to practice telepsychology and/or temporary in-person, face-to-face practice across state lines without needing to be licensed in other Compact states. In addition, it will provide much-needed mental health care services to populations in geographically isolated areas, especially individuals living in rural parts of the country.

This bill will be going to the Senate Consumer Protection & Professional Licensure Committee. PPA is currently reaching out to all members of this committee to educate them about this bill and how it will help psychologists and their patients.

If you have any questions about this legislation or would like more information on how you can help PPA advocate for this important piece of legislation, please feel free to contact Rachael Baturin at [rachael@papsy.org](mailto:rachael@papsy.org). 



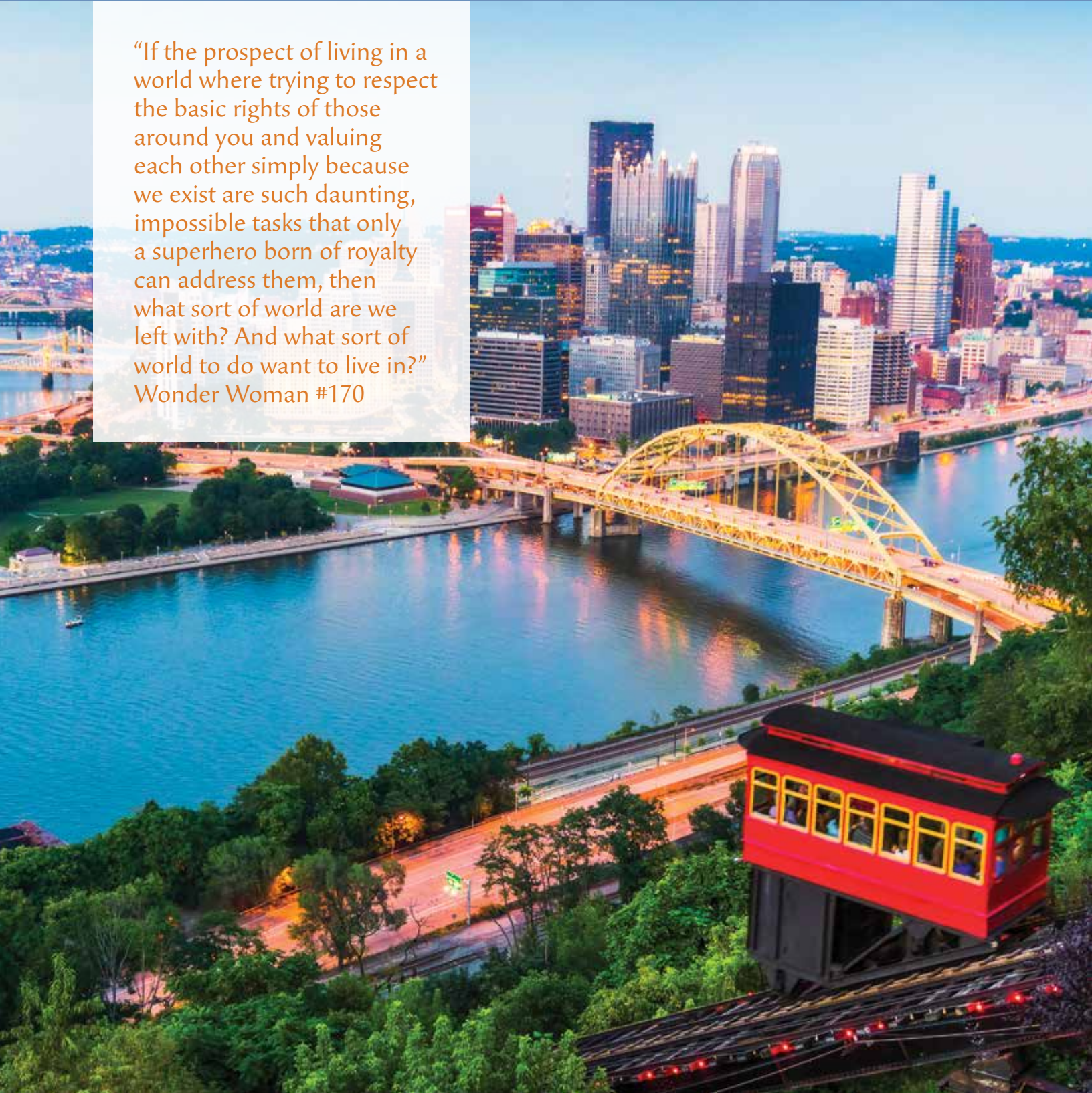




**June 19–22, 2019**

Sheraton Station Square  
Pittsburgh, PA

“If the prospect of living in a world where trying to respect the basic rights of those around you and valuing each other simply because we exist are such daunting, impossible tasks that only a superhero born of royalty can address them, then what sort of world are we left with? And what sort of world to do want to live in?”  
Wonder Woman #170



## Welcome to PPA2019!

**T**he definition of a hero is “a person who, in the opinion of others, has special achievements, abilities, or personal qualities and is regarded as a role model or ideal.” The theme for 2019 celebrates psychologists as heroes – to each other, and to those we serve. “Heroes” use their wisdom (including scientific knowledge and grounding), courage, justice, and compassion to help others. What better example of this is there than psychologists? As a community, we share characteristics of steadiness and strength that have served well as we have grown personally and professionally, both individually and as the organization that is the Pennsylvania Psychological Association. Within the field of psychology, regardless of differing views, there is still mutual respect, support, openness, and a commitment to justice and equity.

The goal of this year’s theme is to continue to share these skills and views with those within, and outside, of our organization. How can we be involved in the world outside of PPA to champion these views and ideals? What ways can we continue to support our members and our clients? Exploring these themes will allow us to grow as a community of heroes together, as we strive to exemplify compassion, wisdom, justice, and courage both internally and externally. We hope you enjoy this special issue of the *Pennsylvania Psychologist*, and that you will join us June 19-22 at the Pittsburgh Sheraton Hotel at Station Square in Pittsburgh, PA!

### Why Should You Attend PPA2019?

- Receive up to 31.5 CE credits, including ethics, Act 31 and Act 74. Everything you need for the 2019 Licensure Renewal, all in one place!
- Access over \$500 worth of CE credits for half the cost
- Interact with noteworthy speakers who are leaders in their fields
- Network with friends and colleagues
- Influence PPA—talk to officers and staff and have your voice heard
- Choose from over 40 CE workshops (in addition to those for students and ECPs)
- Earn Act 48 credits



### #PPA2019: Social Media Savvy

When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2019** to all of your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2019 convention.





## The Perfect Place to Further Your Professional Development

*Molly Cowan, PsyD, Program & Education Board Chair*



### Proposal Selection Committee

A Special thank-you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2019!

Molly Cowan, PsyD  
*Chair, Program and Education Board*

Williametta S. Bakasa, PsyD  
Eileen Barron, PhD  
Eric Bernstein, PhD  
Allyson Galloway, PsyD  
William Hasek, PhD  
Erin Johnson, PsyD  
Lisa May, PhD  
David Rogers, PhD  
Dea Silbertrust, PhD, JD

PPA's annual convention returns to the Pittsburgh area for 2019. Join us June 19-22 at the Sheraton Pittsburgh Hotel at Station Square, easily accessible from the Pennsylvania Turnpike and only 12 miles from the Pittsburgh airport. A short drive takes you to Point State Park, Mount Washington, the Duquesne Incline, and numerous museums and restaurants. You can also book a ride on the Gateway Clipper and sail the three rivers.

Most importantly, the convention is the perfect place to connect with colleagues and further your professional development. There will be four days of high-quality workshops on a wide variety of topics including assessment, treatment, teaching, multiculturalism, and ethics. Come hear a two-hour presentation by the State Board of Psychology; get your Act 31 credits on child abuse prevention and Act 74 credits on suicide assessment, treatment and prevention. Additional workshops times have been added, so you can now obtain ALL the credits you need for license renewal in 2019 by attending all four days!

The theme of this year's convention – We Are A Wonder – celebrates psychologists as heroes and reflects the drive to embody compassion, wisdom, justice, and courage personally and professionally. So take advantage of the year's best opportunity to socialize and network with psychologists across the state. In addition to grabbing coffee, hanging out by the pool, or working out in the fitness center, plan to meet up with friends at the Exhibitor Wine & Cheese Reception, the annual Awards Dinner, the Gratitude Luncheon, or one of several lunches with CE presentations. In addition, the convention features a Pirates baseball game and fireworks show. Select the special events that meet your needs or get an All Access Pass that includes most additional activities.

On Friday we continue the tradition of special programming for students and ECPs with a Poster Session, Networking Reception, and student-focused programming. Invite your younger colleagues and graduate students to join us for this unique experience.

Wherever you live, we hope all of you will join us for one, two or all four days. We can't wait to see you there!



PPA is honored to welcome our PPA2019 keynote speaker

## Dr. Kevin Nadal



**Dr. Kevin Nadal** is a Professor of Psychology at John Jay College and The Graduate Center at the City University of New York. He is the past President of the Asian American Psychological Association, a cofounder of the LGBTQ Scholars of Color Network, the former Executive Director of the Center for LGBTQ Studies, and a Filipino American National Historical Society trustee. He has written nine books and 100+ publications, including *Filipino American Psychology and Microaggressions and Traumatic Stress*. He has written for the *New York Times*, *Huffington Post*, and *Buzzfeed*, and he been featured on NBC, CBS, ABC, PBS, and more. He received the American Psychological Association's Distinguished Contributions Award to Psychology in the Public Interest in 2017, and he was named one of NBC's #Pride30 in 2018.

### “Let’s get in formation”: On Becoming a Psychologist-Activist in the 21st Century

*Kevin Nadal, Ph.D.*

**T**hroughout the history of the United States, there have been many social movements that have resulted in an array of historic societal outcomes – ranging from the end of racial segregation to women’s voting rights to the legalization of same-sex marriages. Despite the positive outcomes derived from political activism, many psychologists have struggled with how to advocate for social justice, while maintaining their professional responsibilities and ethical boundaries. The current presentation will review the historical ways that psychologists have participated in political movements – from the use of psychological research in landmark U.S. Supreme Court cases to psychologist-led pushes for policy changes in psychology, medicine, and other mental health related fields.

Next, a critical review will be provided of some of the major controversies or dilemmas regarding psychology, social justice, and political participation – including: (a) ethical concerns and professional boundaries; (b) the utility of political neutrality in psychology; (c) psychologists’ balance

and self-care; (d) psychologists’ lack of advocacy training; and (e) beliefs of the role of social justice advocacy in psychology.

Finally, the presentation will conclude by discussing the concept of “psychologist-activist” – highlighting the many ways that psychologists across various subfields and institutions can combat oppression on individual, interpersonal, group, and institutional levels.

#### Objectives:

- Participants will be able to identify historical examples of how psychologists have advocated for social justice.
- Participants will be able to describe ethical dilemmas involving social justice and psychology.
- Participants will be able to highlight ways that psychologists can advocate for social justice in their professional work.

Please join us in welcoming Dr. Kevin Nadal to PPA2019 on Wednesday, June 19, at 10:45 a.m.

## Psychopharmacology Breakfast: Prescribing Authority for Qualified Psychologists: Education, Outreach and Advocacy



A national movement to address the dire shortage of appropriately trained mental health care

providers with the ability to prescribe psychotropic medication is underway. This presentation will address: (1) current and future training models for Master of Science in Clinical Psychopharmacology programs, (2) the legislative efforts to pass prescriptive authority bills on local, state and national levels and (3) identifying underserved populations

in rural and urban areas.

Dr. Judi Steinman is the President of APA's American Society for the Advancement of Pharmacotherapy (Division 55) for 2019-2020. She served as the Program Coordinator of the Master of Science in Clinical Psychopharmacology at — of Hawaii — Hilo's Daniel K. Inouye College of Pharmacy for seven years and continues to serve as a consultant to the program. She is the current Director for the CSPP-Alliant International University MSCP Program.

Dr. Steinman is a board member of the Big Island Substance Abuse Council and is chair of the Hawaii Psychological Association's RxP

Sub-Committee and a member of the Political Action Committee board. She is actively engaged in efforts to bring prescriptive authority for qualified psychologists to Hawaii.

Dr. Steinman lives on the island of Hawaii where she is actively engaged in advocacy for mental health care access, improving education in local schools and supporting the connection between local cultural practices and science.

Register for the Psychopharmacology Breakfast on Friday morning, June 21 from 7:00 am - 9:00 am for breakfast and 2 CE credits!

\*This workshop is NOT included in the All-Access Pass\*

## Psychology in Pennsylvania Luncheon: The Soldier's Heart as a Moral and Spiritual Calling

This year's Psychology in Pennsylvania Luncheon introduces psychologists to an archetypal reframing of PTSD as a human universal draws from warrior societies, providing the suffering veteran with both transpersonal dignity and developmental direction. Clinical vignettes from typical cases (including nightmares) will serve to reframe combat veterans' issues accordingly.

Roger Brooke was born, raised, and educated in South Africa. His professionally formative years were spent in the upheavals there in the 1980s. Since 1994 he has been Professor of Psychology

at Duquesne University. From 1994-2007, he was Director of Training in Clinical Psychology and was centrally involved in the development of the doctoral program and its accreditation with the American Psychological Association. Since 2008 he has been Director of the Military Psychological Services. He is a Board Certified Clinical Psychologist and has been an examiner for the American Board of Professional Psychology. He was on the Board of Directors of the American Academy of Clinical Psychology from 2005-2012 and is on the Board of Directors of Soldier's Heart. He teaches

graduate and undergraduate courses, supervises doctoral students, has a private practice, and is a consultant Clinical Psychologist at LifeCare Hospital, Pittsburgh.

Don't forget to register for this special luncheon on Friday, June 21 at 11:30 am! This event is included in the price of the All-Access Pass.

Dr. Brooke is the recipient of the PPA's Public Service Award for 2018.





# SCHEDULE AT A GLANCE

Tuesday <b>June 18</b>	3:30-5:30P	Executive Committee Meeting
	6:30-8:30P	General Assembly Dinner Meeting
Wednesday <b>June 19</b>	8:00A-5:15P	Registration
	8:00A	Continental Breakfast
	8:15-10:15A	ACT 31 Workshop
	10:15-10:30A	Break
	10:30-10:45A	Welcome & Overview (non-CE)
	10:45A-12:15P	Keynote Address: Let's Get in Formation: On Becoming a Psychologist-Activist in the 21st Century by Dr. Kevin Nadal
	12:15-1:30P	Gratitude Luncheon (non-CE)
	1:30-3:30P	Foundation Board of Directors Meeting
	1:30-4:30P	Workshops
	4:30-5:00P	Refreshment Break
	5:00-8:00P	Workshops
Thursday <b>June 20</b>	7:30A-5:15P	Registration
	7:30-8:30A	Continental Breakfast in Exhibit Hall
	8:30-11:30A	Workshops
	11:30-11:45A	Break
	11:45A-1:45P	Lunch with the State Board of Psychology
	2:00-5:00P	Workshops
	2:00-4:00P	PennPsyPAC Board of Directors Meeting
	5:00-6:30P	Exhibitor Wine & Cheese Reception
Friday <b>June 21</b>	6:45A-5:15P	Registration
	6:45-9:00A	Continental Breakfast in Exhibit Hall
	7:00-9:00A	Psychopharmacology Breakfast: Prescribing Authority for Qualified Psychologists: Education, Outreach and Advocacy – Dr. Judi Steinman (2 CE Credits)
	7:00-9:00A	Workshops
	9:00-10:30A	Town Hall Plenary Session (including committee awards)
	10:30-11:00A	Break
	10:30A-noon	Conversations with Poster Presenters (non-CE)
	11:30A -1:30P	Psychology in Pennsylvania Luncheon: The Soldiers' Heart as a Moral and Spiritual Calling – Dr. Roger Brooke
	noon-4:45P	Early Career Psychologists and Students Learning Lounge
	2:00-5:00P	Workshops
	2:00-5:00P	PPA Board of Directors Meeting
	5:00-6:30P	Student/ECP Speed Mentoring/Networking Reception
	7:00-10:00P	Pittsburgh Pirates Game with fireworks
Saturday <b>June 22</b>	8:00A-1:30P	Registration
	8:00-9:00A	Continental Breakfast
	9:00A-4:00P	Workshops

## WEDNESDAY, JUNE 19

**Act 31 Workshop: Child Abuse Recognition and Reporting 2019****8:15 – 10:15 a.m.**

Join us on Wednesday morning, June 19, as we kick off the Convention with the Act 31 workshop. Attend this session to complete one of the requirements for license renewal in 2019!

**Welcome & Overview of PPA2019 (non-CE)****10:30 – 10:45 a.m.**

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

**Keynote Address****10:45 a.m. – 12:15 p.m.**

PPA welcomes all attendees to this year's Keynote Address! Join keynote speaker Kevin Nadal, PhD as we delve into Dr. Nicole Quinlan's theme of *We are a Wonder*. Learn more about Dr. Nadal on page 11.

**Gratitude Luncheon****12:15 – 1:30 p.m.**

This special luncheon is available for PPA member who have donated to either the Pennsylvania Psychological Foundation (PPF), the Pennsylvania Political Action Committee (PennPsyPAC) or are sustaining members of the organization. We want to take this opportunity to thank these members for their support of these important organizations!

## THURSDAY, JUNE 20

**Lunch with the State Board of Psychology****11:45 a.m. – 1:45 p.m.**

This 1.5-CE workshop includes lunch and features Board members and professional staff as they present on a number of topics, including the role and mission of the Board and recent changes in the licensing law.

**Exhibitor Wine & Cheese Reception****5:00 – 6:30 p.m.**

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

**PPA Annual Banquet & Awards Dinner****6:30 – 8:00 p.m.**

PPA will again be hosting a dinner event at the convention! Join us as we celebrate the recipients of this year's Distinguished Contributions and Distinguished Service to the Science and Profession of Psychology Awards and the Public Service Award. New this year, we will be honoring the winners of the Student Foundation Awards through the Pennsylvania Psychological Foundation. We will also use this opportunity to "pass the gavel" from PPA's outgoing president, Dr. Nicole Quinlan, to incoming president Dr. Marie McGrath. (The All-Access Pass includes a ticket for the Annual Banquet & Awards Dinner.)

**Update Your Professional Headshot!**

PPA is offering attendees the option to update their professional headshot! Do so for a donation of at least \$10 to either PennPsyPAC or the Pennsylvania Psychological Foundation. Times available on Thursday and Friday, on a first-come, first-served basis.

## FRIDAY, JUNE 21

**NEW Workshop Times****7:00 – 9:00 a.m.**

In response to requests for more CE credit on Friday, we've added an early morning session! These sessions will surely energize you and set the tone for another great day at the Convention!

**Town Hall Plenary Session****9:15 – 10:30 a.m. (1 CE)**

This year's Town Hall Session features PPA Committee awards and so much more! Get updates on PPA—where the organization and interact with leadership and hear from incoming president, Dr. Marie McGrath.

**Psychology in Pennsylvania Luncheon****11:30 a.m. – 1:30 p.m.**

This year's luncheon features Dr. Roger Brooke, Director of the Military Psychological Services at Duquesne University. Dr. Brooke will discuss "**The Soldier's Heart as a Moral and Spiritual Calling**." (The All-Access Pass includes a ticket for the Psychology in Pennsylvania Luncheon.)

**Pittsburgh Pirates Game with Fireworks****7:00 – 10:00 p.m.**

PPA is headed out to the ball game! Tickets are available on a first-come, first-served basis to head across the river (via ferry!) to enjoy the Pittsburgh Pirates as they take on the San Diego Padres. The cost of the ticket includes special seating in The Cove, unlimited popcorn, peanuts and soda for the entire game, as well as \$10 for concessions of your choice. Select this option during registration to join us at the ball game!

**Psychopharmacology Breakfast****7:00 – 9:00 a.m.****Prescribing Authority for Qualified Psychologists: Education, Outreach and Advocacy**

Join a leader in the field of Psychopharmacology for breakfast and CE credits as PPA brings back this popular event. Separate registration is required!

## Continuing Education Credits

### Psychologists

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

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

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

### Act 48 Credits

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

Direct questions about Act 48 credits to Erin Brady, Manager of Membership, [erin@papsy.org](mailto:erin@papsy.org).

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

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

For further information, please visit the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors ([dos.state.pa.us/social](http://dos.state.pa.us/social)).

As an APA-approved sponsor of continuing education, PPA is committed to the identification and resolution of potential conflicts of interest in the planning, promotion, delivery, and evaluation of continuing education. Consistent with concepts outlined in the APA Ethical Principles of Psychologists and Code of Conduct, potential conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectively, competence, or effectiveness. No conflicts of interest or commercial support have been identified for PPA2019.





## Wednesday, June 19

Complete workshop descriptions are available at [papsy.org](http://papsy.org)

### 8:15 –10:15 a.m.

2 CE Credits, *Introductory*

#### **W01 Pennsylvania Child Abuse Recognition – Act 31 Workshop**

Rachael Baturin, MPH, JD

### 10:30 a.m.–12:15 p.m.

1.5 CE Credits, *Introductory*

#### **W02 Welcome & Overview and Keynote Address: Let's Get in Formation: on Becoming a Psychologist-Activist in the 21st Century**

See page 11 for more information

Dr. Kevin Nadal, PhD

### 1:30 –4:30 p.m.

3 CE Credits, *Intermediate*

#### **W03 Twelve Ways to Improve the Treatment of Suicidal Patients**

Brett Schur, PhD; Samuel Knapp, EdD, ABPP

3 CE Credits, *Intermediate*

#### **W04 Evaluating for Dementia with the Intellectually Disabled Population**

Lisa May, PhD

3 CE Credits, *Intermediate*

#### **W05 The Anatomy of an Organizational Consultation**

Jeanne DiVincenzo, PsyD; Jeff Sternlieb, PhD

3 CE Credits, *Introductory*

#### **W06 Telepsych and PSYPACT**

Alex. M. Siegel, JD, PhD

3 CE Credits, *Intermediate*

#### **W07 Co-Morbid Mental Health Issues in Neurologic Disorders- Psychogenic Non-Epileptic Seizures, Chronic Traumatic Encephalopathy, and Dementia**

Donald P. Masey, PsyD

3 CE Credits, *Introductory*

#### **W08 A Lawyer Contacted Me-Now What? Practical and Ethical Skills**

Rachael Baturin, MPH, JD; Ashley Milspaw, PsyD; Steven Cohen, PhD

### 5:00 –6:00 p.m.

1 CE Credit, *Introductory*

#### **W09 10 Clinical Considerations When Working with Veterans**

Sr. Elizabeth Aciri, PsyD; Leigh Burnett, MA

### 5:00 –8:00 p.m.

3 CE Credits, *Intermediate*

#### **W10 Understanding the APA Ethics Code-Intermediate**

Molly Cowan, PsyD; Samuel Knapp, EdD, ABPP; Linda Knauss, PhD

3 CE Credits, *Introductory*

#### **W11 Removing the Cape: Self-Care & Vicarious Traumatization**

Samantha Nagy, MS; Wayne Roffer, PsyD

3 CE Credits, *Introductory*

#### **W12 Understanding the Parenting Coordination Process**

Rachael Baturin, MPH, JD; Steven Cohen, PhD

3 CE Credits, *Intermediate*

#### **W13 When Clients Threaten Therapists: Ethics and Practical Aspects**

Richard F. Small, PhD, ABPP; Aviva Gaskill, PhD; Karianne Bilsky, PhD; Robin Hornstein, PhD; Donald McAleer, PsyD

### 6:30 –8:00 p.m.

1.5 CE Credits, *Introductory*

#### **W14 Labracadabra! Magical Power of Animal-Assisted Intervention**

Cynthia Wright, DEd; Yvonne M. Eaton-Stull, DSW, LCSW

### Program Categories

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

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

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

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

## Thursday, June 20

Complete workshop descriptions are available at [papsy.org](http://papsy.org)

### 8:30 –11:30 a.m.

3 CE Credits, *Introductory*

#### **W15 A Yoga Practice Based on Mindfulness**

Aviva Gaskill, PhD

3 CE Credits, *Advanced*

#### **W16 Understanding the APA Ethics Code – Advanced**

Molly Cowan, PsyD; Samuel Knapp, Ed, ABPP;  
Linda Knauss, PhD

3 CE Credits, *Intermediate*

#### **W17 Recognizing and Avoiding Adverse Drug Events**

Anthony Ragusea, PsyD, MSCP, ABPP

3 CE Credits, *Intermediate*

#### **W18 Helpers Hurt, Too: Therapy, Teaching, & Supervision in the Current Era**

Jade Logan, PhD, ABPP; Cheryll Rothery, PsyD

3 CE Credits, *Introductory*

#### **W19 Be a Hero to Families Considering Divorce**

Loretta A. Gephart, MA; Susan DiGirolamo, JD

3 CE Credits, *Intermediate*

#### **W20 Integrated Care Across Pennsylvania**

Shannon Nicoloff, PsyD; Julie Radico, PsyD, ABPP;  
Kyle Holsinger, PsyD; Kathryn L. Vennie, DBH

3 CE Credits, *Intermediate*

#### **W21 Hidden in Plain Sight: Human Trafficking Victimization and Response: Part 1**

Shari Kim, PhD

### 11:45 a.m.–1:45 p.m.

1.5 CE Credit, *Intermediate*

#### **W22 Lunch with the Licensing Board**

Vito DonGiovanni, PsyD and State Board Staff

### 2:00 –4:00 p.m.

2 CE Credits, *Introductory*

#### **W23 Integrated Behavioral Health Care Heroes**

Susan McGroarty, PhD, ABPP; Sydney Cole, MS;  
Nona Sharp, BA

### 2:00 –5:00 p.m.

3 CE Credits, *Intermediate*

#### **W24 Making Ethics Come Alive through Self-Reflection**

Jeffrey Sternlieb, PhD; Samuel Knapp, EdD, ABPP

3 CE Credits, *Introductory*

#### **W25 What Psychologists Need to Know about Co-Occurring Substance Use and Mental Health Disorders**

Margaret King, PsyD

3 CE Credits, *Introductory*

#### **W26 Get the Latest, Most Scientific, & Awesome Placebo Information Here!**

Edward Zuckerman, PhD; Brett Schur, PhD;  
Richard Blackford, PhD; Jeanne Slattery, PhD

3 CE Credits, *Intermediate*

#### **W27 Hidden in Plain Sight: Human Trafficking Victimization and Response: Part 2**

Shari Kim, PhD

### 2:00 –6:00 p.m.

4 CE Credits, *Intermediate*

#### **W28 Managing Problematic Reactions to Difficult Clients**

Jeffrey A. Hayes, PhD



## Friday, June 21

Complete workshop descriptions available at [papsy.org](http://papsy.org)

### 7:00 –9:00 a.m.

*Non-CE, Introductory*

#### **W29 PPA Emerging Leaders: Leading into the Future (non-CE)**

Mary O'Leary Wiley, PhD; Margaret King, PsyD;  
Lauren Finnegan, PsyD; Kaleigh Bantam, PhD;  
Brittany Dancy Caro, PhD

*2 CE Credits, Introductory*

#### **W30 Psychopharmacology Breakfast – Prescribing Authority for Qualified Psychologists: Education, Outreach and Advocacy**

Dr. Judi Steinman

### 7:30 –9:00 a.m.

*1.5 CE Credit, Introductory*

#### **W31 Exposure Therapy for OCD: An introduction with case examples**

Nicholas R. Flower, PsyD

*1.5 CE Credits, Introductory*

#### **W32 The Importance of Enhancing Client Self-Efficacy to Improve Health Related Behaviors**

Andriana Hamm, MS

### 8:00 –9:00 a.m.

*1 CE Credit, Intermediate*

#### **W33 The Essentials of Managing Suicidal Patients**

Brett Schur, PhD; Samuel Knapp, EdD, ABPP

*1 CE Credit, Introductory*

#### **W34 Reactive Aggression in Victims of Bullying**

Amelia Herbst, MS; Corrie Jackson, PhD

### 9:15 –10:30 a.m.

*1 CE Credit, Introductory*

#### **W35 PPA Town Hall and Committee Awards**

### 10:35 a.m.–noon

*Non-CE, Introductory*

#### **Conversations with Poster Presenters**

### 11:30 a.m.–1:30 p.m.

*2 CE Credits, Introductory*

#### **W36 Psychology in Pennsylvania Luncheon: The Soldiers' Heart as a Moral and Spiritual Calling**

Roger Brooke, PhD

### 2:00 –4:00 p.m.

*2 CE Credits, Intermediate*

#### **W37 Quandaries in Treating Eating Disorders: Examining Ethical Challenges**

Melinda Parisi Cummings, PhD

*2 CE Credits, Intermediate*

#### **W38 Breaking Stigma: Addiction and Mental Health**

Patrick McElwaine, PsyD

### 2:00 –5:00 p.m.

*3 CE Credits, Introductory*

#### **W39 Thinking Through Adult ADHD: CBT and How Thoughts Turn Intentions into Actions (or Not)**

J. Russell Ramsay, PhD

*3 CE Credits, Introductory*

#### **W40 Improving Cardiovascular Health Behaviors in Senior Women Through CBT**

Anna Zacharcenko, PsyD; Charmaine Chan, DO

*3 CE Credits, Introductory*

#### **W41 An Introduction to Grief and Adaptation to Loss**

Bonnie Gorscak, PhD

*3 CE Credits, Introductory*

#### **W42 Introduction to Cognitive Processing Therapy & Prolonged Exposure**

Karianne Bilsky, PhD

### Student/ECP Sessions (non-CE)

#### 12:00–1:00 p.m.

#### **S1 Practical Considerations for ECPs Starting Their Career in Psychology**

Rachael Baturin, MPH, JD

#### 1:15–2:15 p.m.

#### **S2 EPPP Preparation**

Michelle Wonders, PsyD

#### 2:30–3:30 p.m.

#### **S3 Finding the Right Fit**

Michelle Wonders, PsyD; Leigh Burnett, MA

#### 3:45–4:45 p.m.

#### **S4 Preparing for Internship/Externship**

Whitney Quinlan (Walsh), MS



## Saturday, June 22

Complete workshop descriptions are available at [papsy.org](http://papsy.org)

### 9:00 a.m.–noon

3 CE Credits, Intermediate

#### **W43 Empowering Clients with a Little Help from Our (Animal) Friends: Part 1**

Rise VanFleet, PhD, RPT-S, CDBC

3 CE Credits, Introductory

#### **W44 An Affect-Based Approach to Understanding Anger**

Brett Schur, PhD

3 CE Credits, Introductory

#### **W45 Pre-operative Psychological Evaluations and Pre- and Post-operative Treatment of the Bariatric Patient**

Dina Goldstein Silverman, PhD

3 CE Credits, Intermediate

#### **W46 Religion (Spirituality), Ethics, and Psychotherapy**

Valerie Lemmon, PsyD;  
Samuel Knapp, EdD, ABPP

3 CE Credits, Introductory

#### **W47 Transforming Kryptonite: Making Measurement-Based Care Work for Clients (and You)**

Karianne Bilsky, PhD

### 9:00 a.m.–1:00 p.m.

4 CE Credits, Introductory

#### **W48 Psychological First Aid**

Shari Kim, PhD

### 1:00 –2:30 p.m.

1.5 CE Credits, Advanced

#### **W49 A Qualitative Investigation of the Prisoner-Service Dog Relationship**

Kathleen Kocherzat, PhD

### 1:00 –4:00 p.m.

3 CE Credits, Intermediate

#### **W50 Empowering Clients with a Little Help from Our (Animal) Friends: Part 2**

Rise VanFleet, PhD, RPT-S, CDBC

3 CE Credits, Intermediate

#### **W51 Systematically Evaluating the Comprehensiveness of an ADHD Treatment Plan**

Richard Tramontina Cook, Jr., MD, MPH

3 CE Credits, Intermediate

#### **W52 Exploring Clinical and Assessment Challenges for School-based and Private Practice Psychologists**

Samuel K. Schachner, Ph.D.

### Workshop Handouts

PPA2019 is paper light! All workshop handouts will be available at [papsy.org](http://papsy.org). We encourage you to download handouts to view on your electronic device during the workshop.

### Comfort & Etiquette Considerations

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

### Special Needs

The PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact the PPA before June 1, 2019.

# REGISTRATION RATES

## Registration Rates

Member Category	2019 Fees			
	By May 23		After May 23	
	Full	Daily	Full	Daily
PPA Member	\$400	\$200	\$450	\$225
Nonmember	\$610	\$305	\$685	\$345
Affiliate Member	\$250	\$125	\$300	\$150
First-Year Post-Doc Member	\$150	\$75	\$200	\$100
Full-Time Student Member	\$150	\$75	\$200	\$100
Full-Time Student Nonmember	\$200	\$100	\$250	\$125
Retired Member	\$250	\$125	\$300	\$150
All-Access Pass (Members Only)	\$535		\$635	
Guests and Spouses	\$150	\$50	\$200	\$65

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

**PPA Member**—To qualify for the member rate, PPA membership dues must be current for the 2018–2019 association year.

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

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

**Retired Member**—Retired member rates apply to PPA members 65 years of age or older who are retired and no longer in practice. Documentation is required at time of registration (i.e., copy of driver's license).

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

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

### Ticketed Event Fees:

Lunch with the State Board of Psychology - \$45.00 (includes lunch and 1.5 CE credits)

PPA Annual Banquet and Awards Dinner - \$70.00

Psychopharmacology Breakfast - \$55.00

Psychology in Pennsylvania Luncheon - \$35.00 (includes lunch and 2 CE credits)

Student/ECP Reception - \$15.00 (free for ECPs and students)

Fireworks at the Pittsburgh Pirates - \$69.00/ticket

## What Is the All-Access Pass?

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

The All-Access Pass includes:

- PPA2019 registration for all 4 days of the convention
- The following ticketed events:
  - Lunch with the State Board of Psychology (includes 2 CE credits and your meal)
  - Exhibitor Wine & Cheese Reception
  - PPA Annual Banquet & Awards Dinner
  - Psychology in Pennsylvania Luncheon (includes 2 CE credits and your meal)
  - Student/ECP Reception
  - Special PPA Gift

Select "All-Access Pass" during the registration process to take advantage of this great deal!

# REGISTRATION INFORMATION

## Preregistration

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

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

## Registration

On-site registrations will be accepted at the regular convention rate and as seating is available. Workshops with insufficient registration as of June 1, 2019, may be cancelled. Convention registration fees cover attendance at all activities except those listed as meals or special events with prices. **Meal and event tickets are not refundable.**

## Cancellation Policy

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

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

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

## Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact the PPA before June 1, 2019.

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



**Registration is now open at**

**papsy.org**

**No registrations can be processed without payment.  
Discounted registration deadline: May 23, 2019.**

Hard copy registration forms are available upon request  
by calling 717-232-3817.



## Pittsburgh Sheraton Hotel at Station Square

300 West Station Square Drive, Pittsburgh, PA 15219

412-261-2000

The **Sheraton Station Square**, 300 West Station Square Drive, Pittsburgh, PA 15219, will be the host hotel for PPA2019. Please make your reservations directly with the hotel.

**You may call 1-800-325-3535 and refer to the Pennsylvania Psychological Association and PPA2019 to obtain the discounted convention group rate.**

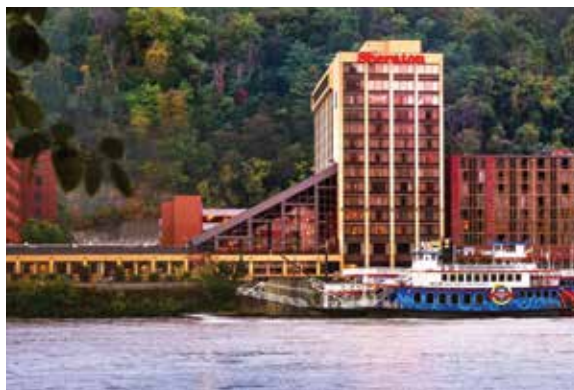
**To make your reservation online with the convention dates and group rate code pre-entered, visit <https://www.marriott.com/event-reservations/reservation-link.mi?id=1547560435124&key=GRP&app=resvlink>. This link is also available online at [www.papsy.org/page/PPA2019](http://www.papsy.org/page/PPA2019).**

**GROUP ROOM RATES:** \$169 single/double, plus tax. The group rate is protected until May 29. If the room block is sold out before May 29, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Make your reservation early!** We expect the room block to sell out before May 29.

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

### **NOTE: PPA IS NOT RESPONSIBLE FOR LATE CHECK-OUT FEES**

Experience the city's premier riverfront hotel, Sheraton Pittsburgh Hotel at Station Square. Our exceptionally located hotel offers guests stylish rooms with views, welcoming amenities and an unmatched riverfront location. As part of Station Square's array of restaurants and entertainment venues, our hotel gives you fast access to all of Pittsburgh's most famous attractions. Attend games at Heinz Field or PNC Park, take a chance at Rivers Casino or ride the Duquesne Incline. After a busy day of exploring Pittsburgh, you can enjoy delicious dining in our signature restaurant, go for a swim in our indoor heated pool, or stretch your muscles



in our 24-hour Sheraton Fitness Center. The waterfront setting of our downtown hotel adds an extra layer of elegance to our expansive indoor and outdoor event spaces, making them the perfect choice for weddings, business meetings and social gatherings. Whether staying with us for fun or for work, we look forward to welcoming you to our hotel in Pittsburgh.

### **Transportation to the Convention**

For those looking for options other than driving to the Convention:

**Amtrak** – Philadelphia to Harrisburg to Pittsburgh on the Pennsylvania Train: <https://www.amtrak.com/pennsylvanian-train>

**Megabus or Greyhound** – Low-cost bus option from multiple cities including Harrisburg and Philadelphia: [www.us.megabus.com](http://www.us.megabus.com) or [www.greyhound.com/north](http://www.greyhound.com/north)

**Flights from PHL to PIT** – multiple options daily!

**Harrisburg to Pittsburgh** – Unique Limousine Shuttle: twice daily throughout the week: <https://www.uniquelimousine.com/pittsburgh-shuttle/>

# ACCOMMODATIONS

ACCOMMODATIONS



**June 19-22, 2019**

Sheraton Station Square  
Pittsburgh, PA





# Join PPA and save on Convention Registration!



## Online Registration for PPA2019 is Now Open!

**Wednesday, June 19-  
Saturday, June 22**

Sheraton Station Square  
Pittsburgh, PA

Earn up 31.5 CE credits, including workshops that meet ALL of your license requirements: Act 31, Act 74, and ethics credits. Become a PPA member and save over \$200 on full registration and be eligible to purchase the All-Access Pass!



## Need more reasons to attend PPA2019?

1. Cognitive enhancement: learn some things, advance your professional skills and understanding, and become a richer, more capable psychologist. Hone your skills and improve what you already do. Take this opportunity to be inspired by exciting possibilities, applications and implications, and get the CE credits of the highest quality at a fair price.
2. See old friends, make new friends. We humans are social animals and need our friends to become our best. Our peers come to the Convention for the camaraderie, "contact with colleagues," "collegiality", to "socialize with peers," renew old friendships, "to network," or just "schmoozing."
3. Support and strengthen our community. Too often we live in silos of our own work but we are all psychologists. We share fundamental and powerful ideas, approaches, and values. This is an opportunity to pass on what you have learned to students and ECPs by consulting and mentoring. At the Convention we can pay it forward and contribute to efforts beyond your own with scholarships (from the Pennsylvania Psychological Foundation), Pennsylvania Psychological Association Graduate Student organization, the Regional Associations, and others more specialized or more local.
4. Take a vacation from work and home.
  - The convention moves around the state to make it more convenient to attend and is held in comfortable venues.
  - Go to a new pleasant setting designed for rest and relaxation.
  - Walk around in a different environment.
  - Eat in different restaurants (and free-to-you breakfasts and break snacks).
  - See what is new and innovative from our Sponsors and Exhibitors
  - Shop in unfamiliar stores to see new stuff.
  - Get away from your work setting and its routines, demands, pressures.
  - Get away from your home and home office with all the reminders of work yet undone.

**Have some fun. Conviviality at leisure.**

Join online at  
[www.papsy.org](http://www.papsy.org)



# CELEBRATE SPRING IN CENTRAL PA!

*Join PPA Thursday, April 4 through  
Saturday, April 6, 2019 for these exciting CE opportunities!*



*2019 PPA Spring Continuing Education Conference  
Thursday, April 4 - Friday, April 5*

*9:00 am - 4:00 pm*

Join PPA for a variety of workshops with the ability to earn up to 15 continuing education credits for the day. Topics include workshops that meet the license requirements for suicide prevention, child abuse, ethics, and more!



*PPA's Day of Self-Care  
Saturday, April 6*

*9:00 am - 4:00 pm*

The goal of this program is to provide an emotionally safe and structured opportunity to pay attention to the impact that our work has on us, and to provide support and direction to continue these best practices. This program will offer 6 CE credits.



*ECP Day  
Saturday, April 6*

*11:00 am - 4:00 pm*

Join the Pennsylvania Psychological Association and the Early Career Psychologist Committee as PPA Presents ECP Day 2019. Presentations are geared towards early career psychologists and meeting the problems you face as you're starting your career in psychology.

*For more information on these events, pricing, and registration visit  
our website, **[www.papsy.org](http://www.papsy.org)**.*

# What you need to know about license renewal



Psychologists in Pennsylvania must earn 30 CE credits per biennium. Biennia run from odd year to odd year. For example, December 1, 2017 – **November 30, 2019**

Credits for psychologists must come from:



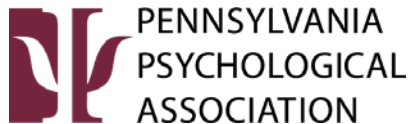
- An APA approved provider/course
- An AMA approved provider/course
- A provider approved by the State Board of Psychology
- An accredited college or university with semester hours, related to the practice of psychology

## Webinars: Live vs. Home Study

Live, interactive webinars happen in real time, when the speaker is able to interact with the attendees.



A webinar is considered *live* when "Instructors and participants can see, interact, and discuss information in real time" - If all three of these do not occur, then a webinar is considered to be a home study.



## Pennsylvania Psychology License Renewal Checklist

### 30 credits required

- ✓ 15 credits must be from live workshops
- ✓ 3 Ethics - The word "ethics" must be part of the title, or the certificate must state that the credits apply for ethics credits
- ✓ 2 credits for Child Abuse Recognition and Reporting - Act 31
- ✓ 1 credit for Suicide Prevention

**Call 717-232-3817 to request a PPA Home Study Catalog today!**

For more information check out our Continuing Education Fact Sheet at  
[www.papsy.org](http://www.papsy.org)



PENNSYLVANIA  
PSYCHOLOGICAL  
ASSOCIATION

# EARLY CAREER PSYCHOLOGISTS DAY 2019

*Saturday, April 6, 2019*

Join the Pennsylvania Psychological Association and the Early Career Psychologist Committee as PPA Presents **ECP Day 2019**. Presentations are geared towards early career psychologists and meeting the problems you face as you're starting your career in psychology.

**Date:** Saturday, April 6, 2019

**Location:** Holiday Inn Harrisburg-Hershey (604 Station Road, Grantville, PA 17028)

**Time:** 11:00 am - 4:00 pm

**Cost:** \$39.00 (includes 2 CE credits and lunch!)

**Schedule:** 11:00 am - 12:00 pm - "A Day in the Life of a Psychologist"

12:00 pm - 1:00 pm - Lunch and networking (non-CE)

1:00 pm - 2:30 pm - Speed Mentoring Session: Identify Your Niche- How to Find Clients and Setting That's Right for You (non-CE)

2:30 pm - 2:45 pm - Break

2:45 pm - 3:45 pm - Getting Into Private Practice: Practical and Ethical Considerations

3:45 pm - 4:00 pm - Evaluations & feedback

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*For inquiries call (717) 232-3817  
or email [ppa@papsy.org](mailto:ppa@papsy.org)*



# Why Should You Join PPA?

## Discounted Rates on

- Convention, Fall & Spring Conference registrations
- PPA sponsored continuing education events
- Home studies and webinars (live and recorded)
- PPA's legal consultation plan

## Exclusive Access to

- Free consultation with staff - insurance, ethics, regulatory, and other practice issues
- All-Access Pass for convention
- Members only section and resources on the PPA website
- New 401K Retirement Plan for members
- PPA committees and special interest groups
- And more!

Join online today at [papsy.org](http://papsy.org)  
Under the PPA Membership tab



PENNSYLVANIA  
PSYCHOLOGICAL  
ASSOCIATION

## DAY OF SELF-CARE



PPA'S Day of Self-Care  
Presenter: Jeffrey Sternlieb, PhD  
6 CE Credits

April 6, 2019 | 9:00 am - 4:00 pm  
Holiday Inn Harrisburg-Hershey  
604 Station Road  
Grantville, PA 17028

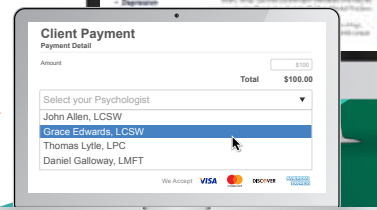
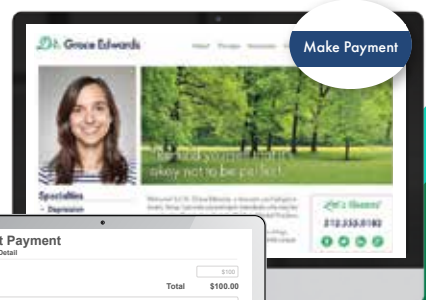
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# Psychology of Pets

## Animal Assisted Therapy or Animals in Therapeutic Situations

Julie Ann Allender, EdD, [drjaallender@gmail.com](mailto:drjaallender@gmail.com)  
 Sancho, Cushie, Bagel, Chewbacca, Bailey, Sasha & Daisy

**M**any articles over the last few years have described or explained Animal Assisted Therapy. I thought I would take a different approach and come from a practical direction sharing what it is in practice.

For the first 20 years my dogs were part of my practice as silent tools. It wasn't safe to discuss or share that they were part of the treatment tool kit. When I moved back into the area 15 years ago it was still a hot topic. I tried to join a few different groups and the groups were worried the animals could create a malpractice situation, so I remained on my own.

It is now called Animal Assisted Therapy (AAT), which has seemed to legitimize the practice. I laughed that we needed a title to make it okay to use animals to create a warm, caring environment. Anyone who owns a pet knows how comforting the animals can be. Marty Becker, in his book *The Healing Power of Pets*, was one of the first to write about how animals could benefit therapy, identify cancerous cells, comfort, and sometimes even help cure patients. He also co-authored with Danelle Morton, *Chicken Soup for the Pet Lover's Soul*.

### Life Cycles

Working with animals means that patients need to face the reality that animals also get sick, have feelings and reactions, beg for treats, eat, have allergies, get old, and worst case scenario, may die. Since we treat patients' long term, the odds are that many of these events will occur.

I find that it adds to the treatment. The patient has the option to be involved or not when an animal is present. I find it is very rare that the patient ignores the dogs. They love them when they are young and playful, begging for a treat. I use popcorn, a safe treat; everyone can eat and I don't allow patients to bring in treats for allergy reasons. The dogs can't wait for the patients to come and knows who gives treats and who doesn't. You can bet the ones who give extra attention and treats receive extra attention in return.

When the dogs are sick, have allergies, get older, or die, there are serious discussions of how to care for them. The patient wants to be a part of that process most of the time, especially when one of them comes to their end of life. It always amazes me how important it is for the patient to bring a card, a plant, or something to memorialize the dog that died. I have learned to create a memorial on my reception area desk, which becomes a beautiful way for everyone to deal with grieving.

### Dogs and Kids Sixth Senses

What is beautiful at times is to watch how dogs interact with a patient when they are tearful, angry, and frustrated. I had one dog, Chewie, a lab, husky, collie mix who I called my psychic dog. She

was extremely sensitive to when a patient would lose one of their animals. Even before they entered the therapy room, Chewie, who often sat outside on the sidewalk looking in, would come in and sit on their feet. She knew even before the patient would share that they had just lost their pet.



Julie Ann Allender, EdD

Bagel and Bailey were both in love with children. They loved when infants and toddlers were present – lots of licks, giggles, and sometimes even snatching a treat or two when the adults weren't looking. Chewie on the other hand was afraid of children. She had been badly abused by a family and would give a warning if they got too close, which I knew I had to watch carefully. A beautiful relationship occurred with her and a toddler who wasn't afraid of her warnings. The toddler kept going to her, gently touching her. In the end, Chewie learned not to be afraid of kids. It was incredible and taught me a big lesson in how even a toddler could teach someone, a dog in this case, not to be afraid.

### Pets Mental Health

Similar to the issue with the toddler and Chewie, I now have Daisy, who has PTSD from a puppy mill. She can easily become terrified, tail goes under and she runs for shelter. My sun porch has a hickory tree over the roof and when the nuts hit the roof it sounds like gun shot, which sets her off immediately. The challenge for many patients is they want to help her get rid of her fears and love when they can get her into the sun porch to eat popcorn or bark for the popcorn. Sometimes the kids will try to coax her into the room leaving a trail of popcorn. It helps them deal with their own issues by trying to help her through hers.

When I go on Pet Therapy visits with Sasha, who is certified, I ask if they want me to bring Daisy with the PTSD. The answer is always yes. The one place I take them has watched Daisy change from a scared dog over the years to a playful puppy. The acupuncture for her allergies created a side effect. It has reduced her anxieties. Since many of them have PTSD they find it encouraging.

### The Rainbow Bridge

I have lost many dogs over the years. My patients will often go to my website [www.pettherapyparadisepark.com](http://www.pettherapyparadisepark.com) to watch the videos in memory of those that have been lost. Would I give up my dogs as my tools for helping people heal, grow, laugh, play, and gain from their gifts? Never! I know they are on the other side of the Rainbow Bridge waiting to share their stories of how they have helped others. 🐾

# Values, Culture, Family: Journey towards Psychology

Lavanya Devdas, Ph.D., MSW  
Committee on Multiculturalism

As I was waiting to board a flight at the airport, the airline stated that I checked in late (I checked in 12 hours in advance) and therefore had to forego a seat on the plane. I was frustrated and argued with the airline staff who looked on as if to say, “we apologize...that this is a done deal.” I frantically made alternative arrangements, alerted the concerned authorities at work, and rescheduled clients. After I resigned to conserving my remaining energy, I had a reflective pause: Are these not the very situations psychology addresses? The unpredictability and ambiguity, the challenges, the resilience, and the coping.

This was one of the main reasons I became a psychologist: To be a mindful connoisseur of life skills, experience challenges, tap into one’s potential, and connect with the moment! The importance of connection came early to me. Having lived within an extended family system since childhood, collaboration, relationships, navigating differences, and celebrating a collective presence were values my family encouraged. When I say family, I mean my parents, grandparents, uncles, aunts, and cousins. I remember spending my evenings hastily finishing homework, so I could join the rest of the neighborhood kids to play, get to know one another, navigate arguments, and celebrate playful victories. Conversing with peers in the neighborhood and knowing the larger community were part of my collectivist identity. These values of cooperation, communal efforts, and genuine connections with people, share some commonalities with those of psychology.

As I transitioned into adulthood, my parents posed the seemingly helpful question: “Who would you like to be?” I said, “Someone who can talk to people.” As I reflect on this innocuous response, it accurately captures my values, and nature of the helping profession in using humor (Ellis, 1987), focusing on the therapeutic relationship (Horvath, 2006), working in groups (Yalom & Leszcz, 2005) and a sense of community (Adler, as cited by Corey, 2001). Following suit, I took a liking

to psychology as an elective course. I admired the exploration of human behavior, and the intention of addressing presenting concerns using the three tenets of unconditional positive regard, non-judgmental attitude, and empathy (Rogers, 1958) as part of the therapeutic relationship. Parallely, my father’s attitude, conversational style, and ability to work with difference was a huge influence. Equally influential were my mother’s assertiveness and my younger sister’s sense of humor and authenticity in the moment.

As I began wading through psychology, I was curious about why the same intervention worked well for one family and not the other. Other questions related to differential access to resources within and between groups perplexed me. Similar experiences such as the above, only strengthened my curiosity around values of equity and equality, and against systemic discrimination. Psychology, research, training, and experience also taught me the relevance of advocacy and social justice. In sum, I appreciate the reciprocity between my values and being a psychologist. I am glad to have penned this article as a psychologist. ✍



Lavanya Devdas, Ph.D., MSW

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## Path to School Psychology

*Shirley Woika, PhD, NCSP*

I had interest in psychology from the time I was finishing elementary school. I understood that becoming a psychologist meant going to graduate school, and I didn't see that as a likely scenario for me. I was the 10<sup>th</sup> of 11 children, and not many of my siblings had gone to college. Plus, some of those who did go on to college did not finish. I came from a small town in Pennsylvania and thought that I would be lucky to get through a bachelor's degree program. I decided to go to Penn State and major in special education with the hopes that I would be able to work with students who were emotionally disturbed. That was the closest I thought I would get to being a psychologist.

It turned out that I did well in school and enjoyed my teaching experiences. I tried a few graduate courses as a non-degree student, taking a psychology course while I taught at a local private school. After a year, I was lucky enough to secure a graduate assistantship that allowed me to go to school full-

time. I believe that I influenced a number of students by working with them directly in a teaching capacity, and that I influenced more students by working with them directly as a school psychologist, as well as indirectly by consulting with their teachers and helping to identify appropriate interventions. I then worked as a special education administrator where I supervised teachers and school psychologists and felt that I impacted an entire school district. Now, I train school psychologists and believe that they have a far reaching impact. I believe that school psychologists impact students individually, in groups, and systemically through their work in schools. I am glad to be a part of this process. 📖



*Shirley A. Woika, Ph.D.*

## Why Psychology?

*Jeanne Slattery, PhD*

I took a circuitous route to clinical psychology. My PhD was done in an experimental psychology program, my participants inbred mice. However, I had been volunteering in the community throughout high school and college, so the move from mice to therapy isn't as surprising as it seems.

While collecting data for my dissertation, I moved to western Pennsylvania when my husband got a tenure-track position. I defended my dissertation and began looking for a job, only to discover that if I wanted a full-time, permanent position, I'd have to move or commute longer distances than I was comfortable doing.

I taught Physiological Psychology and, while I knew why what we discussed was important, my students didn't. They kept pushing me to be more applied. I listened.

I'd begun serving as a member of the board of directors of our county's MH/MR/D & A board. I was chair of the MH committee

of the board and quickly learned that our county's programs and its administrators were a hot mess. In order to find some way of solving the array of problems we faced, I got pulled in.

One of my professors at the Indiana University of Pennsylvania, Alex Rich, talked about all behavior as being multi-determined. These three threads – a desire for local, ongoing employment; a push from my students to be more relevant; and the clear needs of my community – pushed me to go back to school. As a result, I found my home in clinical psychology and stable employment within walking distance from my home. 📖



*Jeanne Slattery, Ph.D.*

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# A Fundamental Reframing of Combat PTSD

Roger Brooke, PhD, ABPP, Duquesne University

The rise of empirically supported treatments for specific DSM disorders since the 1990s has led to a largely unquestioned acceptance of DSM's diagnostic categories and a relentless focus on measurable symptom reduction. This tends to be at the expense of exploring the meaning and psychic movement within the symptoms that ail our veterans.

Working with combat veterans can be not only helpful but transformative if we avoid thinking diagnostically and think about the psychological wounds of war from what our Jungian colleagues call an archetypal perspective—which is increasingly evident in the popular veterans' literature (Brooke, 2012). This means drawing lessons from traditional warrior societies, which, around the world, have described and ritually addressed these wounds of war. Significantly, they have done so in essentially similar ways, indicating that there is something in the human imagination that experiences war and the requirements for recovery in essentially similar, specifically human, ways.

What we call combat related PTSD is our social construction (Bracken and Petty, 1998; Young, 1995) as a mental illness of a human universal with its own interior meanings and requirements for healing (Tick, 2014). Meeting these requirements provides dignity and developmental direction to the veteran.

(A hypothesis for a doctoral student: current treatments for PTSD are effective to the extent that they meet the universal warrior needs for healing as found in traditional warrior societies.)

All traditional societies have named these wounds of war. For example, the Lakota Sioux called it the *nagi napayape* ("The spirits have left him"), emphasizing the depersonalization and numbing many veterans describe. The Xhosa in South Africa called it the *kanene*, which is the burdensome memory carried by the veteran ("It follows you around never letting you forget what you have done" (Mbuqe, 2008, personal communication). In the American Civil War, this suffering was known as *soldier's heart*, a term that speaks directly to the moral and spiritual center that is the place of the wound. The recent interest in moral injury is our own rediscovery of this essential insight within these warrior wisdom traditions (Meagher & Pryer, 2018).

These parallels do not mean that veterans in those cultures also suffered from PTSD, because the term is inextricably embedded in the epistemological assumptions of the culture of psychiatry and clinical psychology. Such an interpretation would be hegemonic and colonialist. Better to reframe our own understanding of PTSD as a human universal and to learn from those warrior societies about how we might help.

In all traditional warrior cultures, the combat experience and its aftermath were understood and ritually addressed as an initiation onto the warrior's path, a path of moral and spiritual development through the life span, honored by the civilian community in reciprocal relations of responsibility and care.


Across all warrior societies we find similar rituals for facilitating the warrior's transformation and homecoming, which suggests that there are shared human needs and symbolic processes in psychic healing. Readers can imagine how each of these is present – or not – in our work with combat veterans and in our American society. Tick lists: 1) isolation and tending before reentering the civilian world; 2) acceptance of warrior destiny (instead of avoidance); 3) purification and cleansing; 4) story-telling to the civilian community, which transforms the individual's experience into a legacy and community responsibility; 5) restitution in community, when the community accepts the warrior home and his or her continued service; 6) initiation into warrior status, honored by the community and rich with spiritual and cultural meaning. Thus: "Warriorhood is not an outer role but an inner spiritual achievement" (Tick, 2005, p. 199).

Woven through the above is a further theme. The returning warrior cannot be healed until he or she has made peace with the dead. This includes the enemy dead, since they too haunt our memories and dreams and call for redemption. The Xhosa understood that, until the warrior has taken responsibility for the souls of the dead, the warrior's own soul would be left on the battlefield, but once he had ritually helped the souls move on to the ancestral world, then the ancestors, as the carriers of the moral order, would allow the warrior's soul to be returned to him. There is profound psychological truth expressed here. Many veterans' preoccupations and nightmares can be understood in these terms.

To conclude, a note on nightmares of the dead: they call for attention. When properly addressed, using a form of Jung's active imagination, they can often be put permanently to sleep.

Example: "I kicked down doors and took out targets, but in my nightmares the targets have faces." Letting the dream come while awake and attending to it at the point of waking, he asked, "What do you want of me?" "To become human again," was the dream's simple answer. We discussed how he becomes human by recognizing the humanity of the dead. We honored them as enemy soldiers, and he spontaneously wished them a safe passage to Allah. At one- and two-year follow-up, this nightly dream had not recurred, but he remembered those soldiers with respect and a sadness that is the soldier's burden (Marlantes, 2011; Brooke, 2017).

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Roger Brooke, PhD, ABPP



## Promoting Psychology: Advocacy for the Science, A Personal Journey

Gail R. Karafin, Ed.D.

**T**he science of sleep has been a well-studied area of research beginning in the 1920's. Sleep is one of the primary survival needs next to food and shelter, yet it is often one of the areas most neglected by our culture. In some subcultures, it is a source of machismo pride to work around the clock. Medical personnel and shift workers often struggle with insomnia because their circadian rhythms lose their rhythms. Despite all the knowledge about the benefits of sleep, the consequences of sleep deprivation, and the need for positive sleep hygiene, many are still unaware about the importance of sleep and the sleep schedule for both physical and mental health.

Those of you that know me know that as a school psychologist I am on a mission to promote healthy sleep for our children and teenagers. The science is clear and undisputed; psychologists as people of science have a responsibility to communicate and translate scientific information into practice.

The National Sleep Foundation reports that teenagers need an average of 9.25 hours of sleep each night. As a result, the middle and high school early start times are counterproductive to our children's developmental needs. Adolescents have a unique internal clock that mimics delayed sleep phase disorder. The melatonin secretion, which induces sleepiness and sets up the process for the body to rest, starts at a later hour in teens, about 11:00 p.m. or later. It is difficult, therefore, for a teen to fall asleep much before 11:00 p.m., and the problem is compounded when they must wake at about 6 a.m. during their deep sleep or rapid eye movement (REM) sleep to be able to get to school on time for the 7:30 a.m. start. To compound this unhealthy pattern, they often omit breakfast. The consequences of this sleep deprivation create a form of perpetual jet-lag, also known as "short

sleep." This suggests teens are shorted approximately two hours of sleep nightly or about ten hours weekly. Short sleep is associated with a number of cognitive, emotional, physical, educational, and safety problems. Additionally, research is suggesting the effects are larger with disadvantaged populations creating cultural and social equity concerns. Sleep deprivation in teens is also associated with increased incidents of drug and alcohol use/abuse and other risky behaviors. In the words of Terra Snider, "Chronic sleep deprivation is a public health concern."

Research on adolescent sleep needs and school start times has been conducted by many sleep specialists; major large studies have been conducted by Carskadon (2010), Owens, Droblich, Baylor, and Lewin (2014), and Wahlstrom (2014), and I am summarizing here some of the consequences of short sleep:

### Cognitive

- Slower reaction time
- Inattentiveness
- Reduced memory
- Reduced information processing
- Reduced time on task
- Difficulty with response shifts
- Decreased executive functioning

### Educational

- Sleepiness in class
- Increased tardiness
- Increased absences
- Decreased motivation
- Increased discipline problems
- Decreased grades
- Increased drop-out rates
- Increased visits to the school nurse

### Emotional

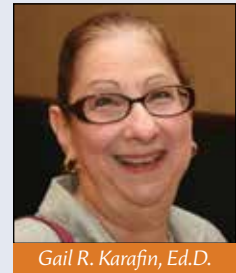
- Increased incidence of depression
- Increased incidence of anxiety
- Reduced motivation
- Increased drug and alcohol use/abuse
- Increased suicidal ideation
- Irritability

### Physical

- Increase in diabetes
- Increase in high blood pressure
- Increase in obesity
- Increased incidence of headache
- Reduction of immune system effectiveness
- Increase in cardio-metabolic disease
- Metabolic slow-down
- Food cravings

### Safety

- Increased car accidents
- Increased pedestrian accidents
- Increased athletic injuries



Gail R. Karafin, Ed.D.

The principles in these research findings have been supported and endorsed by Arne Duncan, former United States Secretary of Education, the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the American Medical Association. To promote psychology, one needs to disseminate the information about the research findings and apply the principles to activities of daily living. There are many steps between promoting the psychology and the actual implementation. First, one needs to educate the community; for example, prepare letters to the editor of news media, write articles and blogs, prepare podcasts, conduct workshops, speak to the media and community, etc. Next, one needs to consider establishing grass roots efforts and enlarge the campaign to promote the implementation. A third action is to reach out to organizations that have a stake in the issue to be promoted. Organizational outreach can be an effective way to promote the message as well as increase the support base. Finally, consider political advocacy to promote

Continued on page 34





## PROMOTING PSYCHOLOGY: ADVOCACY FOR THE SCIENCE, A PERSONAL JOURNEY

*Continued from page 33*

the psychological principles.

What I have learned in this process is that the path to political advocacy is not a straight line, but a zigzag journey. I joined Start School Later, a national nonprofit organization, whose mission was parallel to mine: educate the population, keep a data base of information, and advocate for healthier high school start times. I was appointed the Pennsylvania Leader. In the meantime, Dr. Julie Levitt and I visited with Rep. Tim Briggs (D). We explained the science and the problem; our teens are being negatively impacted by short sleep caused in part by the early high school start times. We understood that the Commonwealth could not mandate a school start time, but we requested that Pennsylvania conduct a study of this area and based on its conclusions, issue recommendations to the education community. I then spoke to my local representative, Todd Stephens, who enthusiastically co-sponsored the Bill with Representative Briggs. Two months later, we had House Bill 2105 requesting Pennsylvania conduct a study of this area. That seemed easy!

Additionally, I approached the PA Chapter of the American Academy of Pediatrics (PA AAP) to ask for their support. I attended a phone conference of their board of directors and received a very positive response. We proposed preparing a brochure or flyer to be placed in pediatricians' offices in Pennsylvania explaining healthy sleep and positive sleep hygiene to the parent community. The task was to locate a source of funding for a brochure. PPA was supportive of this and Justin Fleming, our previous director of governmental affairs participated with this plan. We seemed well on our way!


Then we had the election of 2016. The Pennsylvania House had a Republican majority. A well-meaning local Start School Later Chapter felt that a bill sponsored by a Democrat would never pass, so they encouraged a new Rep. Alexander Charlton (R), to reintroduce a new bill. After some delay, we had a new Republican House Bill 1912. Representative Charlton was not re-elected in 2018. We were back where we started.

The story gets longer, but where are we today? Due to the efforts of that same Start School Later Chapter, we now have a Senate Resolution 417, sponsored by Sen. Andrew Dinniman (D). This Resolution requested that the Pennsylvania Joint State Government Commission form an advisory committee to conduct a study of teen sleep needs and school start times in the Commonwealth and that the study be conducted in 18 months. PPA wrote to and met with the prime sponsor and asked him to amend his bill in the Senate Education Committee so that PPA could have a representative appointed to the advisory committee and asked that the time frame to complete the study be changed to 12 months. The Resolution passed the Senate with PPA's amendments included and the advisory committee has been appointed. PPA nominated me to be its

representative on this advisory committee. The first meeting is scheduled for February 2019. I am optimistic that the science will speak for itself and that change will happen.

P.S. As I write this article, a notice came through my phone that Jean-Michel Blanquer, Education Minister in France, recently issued a proposal to allow teenagers to have an extra hour's sleep in effort to improve their health. The proposal was approved by the Paris regional council to start classes for adolescents at 9:00 am, rather than 8:00 am.

Psychologists translate science into practice and provide responsible models for change. Mary Carskadon, Ph.D., Director of the Sleep and Chronology Research Lab at E.P. Bradley Hospital and Brown University, wrote, "Given the primary focus of education is to maximize human potential, then a new task before us is to ensure that the conditions in which learning takes place addresses the very biology of our learners."

We as educators and child advocates need to consider these challenges before us. As we promote psychology, we promote human welfare. 

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## A FUNDAMENTAL REFRAMING OF COMBAT PTSD

*Continued from page 32*

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# So, why do you want to be a psychologist?: Answers from application essays and alumni reflections

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Interest in the field of psychology remains strong (e.g., Mullen, Stamm, Christidis, & Nigrinis, 2015). Why? Drawing from 19 years of reviewing applicants to Marywood University's clinical psychology Psy.D. program, I offer these consistently appearing themes in application essays and share associated reflections by our alumni.

### Applicant Characteristics

'Wanting to help others' is among the top application essay themes noted. When reflecting upon her original motivations to pursue a Psy.D., Dr. Suzi Millar ('12), a psychologist with Rutgers University Behavioral Health, stated, "I have always had a passion for helping others and found I had an ability to connect with them." Being 'fascinated' by the brain or 'intrigued by human behavior' is another common essay theme. Dr. Matthew Eisenhard ('13), a specialty program coordinator at Federal Correctional Complex Allenwood, recalls:

I was motivated to learn more about the causes, course, and treatment of various mental illnesses. I sought to have a better understanding of human behavior and a desire to help people who were struggling with a severe mental illness.

Having personal experience with mental health disorders also is frequently mentioned, as noted by Dr. Margaret Edwards ('18), a therapist in Lehigh University's student counseling center:

My initial interest in psychology stemmed from knowing people in my life with mental health concerns. My motivations to pursue a graduate degree in clinical psychology were to learn more about mental health and

how to treat mental health disorders. I felt this would help me better understand those around me.

### Value of Doctoral Degree

Applicants often refer to the perceived value of a doctoral degree. Dr. Sally Morcos ('10), a private practitioner in Highland Park, NJ, explains, "I already had a MA and that was not sufficient for independent work. I felt a doctorate would allow me all the flexibility to work in the field any way I wished and offer me more opportunities." Dr. Steve Byrne ('09), a tenured associate professor at Alfred University, recalls:

The Psy.D. program was the perfect blend of clinical training and research for me. I also knew I wanted to pursue a doctorate, rather than a master's degree in counseling or social work, because of the better earning potential and that I would be eligible for a number of different jobs after finishing the program.

Dr. Patricia Fox ('07), a Clarks Summit, PA independent practitioner, notes, "My skill set was more highly valued after earning the doctorate." Dr. Millar agrees: "I feel that having a doctorate has helped open opportunities for me and helped me grow within my field." Dr. Burns continues:

I was asked to offer a professional opinion on a number of different topics . . . I found that with the degree and license, my opinion held weight . . . the degree meant that I was more qualified than others to analyze the various perspectives on the issue and to assure others that these perspectives were well-informed by research.

### Focus of Practice

Many of our students enter the program with a broad interest in clinical psychology and fine tune their focus over time. Dr. Leah Popple ('13), a staff psychologist in the University of Scranton's student counseling center, saw her initial clinical interests shifting during her training. She states, "Originally I thought I wanted to work with geriatrics. My internship and postdoc solidified my work with college students."

Rarely do our applicants have assessment (with the exception of neuropsychological) or administration as a primary professional goal. After working in the field, however, these professional activities have become more attractive for some alumni. Dr. Samantha Chu ('16), a clinician at the University of Massachusetts-Amherst, states, "While I did not consider assessment originally as an impetus for entering a doctorate program, I found that I really enjoyed doing it." Dr. Eisenhard found a knack for administrative duties: "As I earned increased positions of responsibility in the field, I have shifted into the realm of program development and supervision of staff providing the clinical services."

Some students, like Dr. Rod Merkley ('16), were always solid in their professional goals. Now a brigade psychologist currently deployed to Iraq with the 101st Airborne, U.S. Army, Dr. Merkley reflects upon his decision to pursue a Psy.D.: "I was a medic in the Army Reserves and felt like I had more to offer than what I was doing. I was interested in psychology after working with Soldiers who had problems adjusting after deployments." Even within the military setting, Dr. Merkley notes a shift in his clinical focus:



Since joining the Army I have worked with several Soldiers who had difficult childhoods and problems related to childhood trauma. I am now more interested in enhancing total quality of life rather than being more focused on only clinical diagnoses.

Dr. Tanisha Drummond ('12), a psychologist at the Kennedy-Krieger Institute in Baltimore, MD, also entered the program with a strong focus, which continues today:

I wanted to advance my knowledge in the clinical field, gain skills that would allow me to practice with children and their families, and increase job opportunities and independence. My post-graduate experiences have allowed me to work closely with my desired populations, collaborate with experts in the field, and increase my professional development.

### Multiculturalism

Several of our program applicants come from cultures where seeking mental health services is stigmatized. They often want to change this perception, as reflected in the graduate school goals identified by Dr. Michael Arevalo ('18), a psychology resident at Kaiser Permanente in California's Bay Area:

My original motivations for pursuing a graduate degree in clinical psychology were self-fulfillment by genuinely helping others; finding ways to minimize the stigma of mental health treatment; and, advancing my education as a first generation American.

Providing services to uninsured populations has been rewarding to Dr. Millar:

Starting up school-based programs . . . has been an incredible opportunity to work with children who otherwise would have no access to services. [Working] with these children free

of charge . . . has been incredibly rewarding.

Multicultural awareness and a desire to bring about these needed changes also is a focus for alumni who did not have diverse backgrounds, such as Dr. Edwards, who reflects:

I work heavily from a social justice perspective and through a multicultural lens. Working with international students and minority students at a college counseling center has helped me to recognize my own privilege and biases. Community outreach has become an integral part of my work.

### Challenges of the Profession

The economic benefits, and challenges, of earning the Psy.D. are rarely mentioned in application essays. After graduation when loan payments kick in, however, financial stability becomes a goal. Dr. Arevalo notes, "I'm still motivated to help others and have a desire to find ways to minimize the stigma of mental health treatment. However, now I'm also motivated to pay off my student debt." Dr. Arevalo's experiences during his psychology residency lead him to state, "I believe that I'm also more motivated to go into private practice, as I've found many barriers for treatment in operating within large health care systems." This desire for independence also is highlighted by Dr. Katie Connors, now in private practice in Clarks Summit, PA:

Before graduate school, I thought being part of a larger institution would help me make a bigger impact....[now] I am motivated to provide psychotherapy to teens and adults in my private practice which allows . . . more control over the services they receive.

Managed care and the business demands of a psychology practice, however, can be challenging. One alumna notes, "On some days that are stressful and with having to deal with insurance carriers, I


find it difficult to want to continue this until retirement."

### Do What You Love, Love What You Do

Once on the job, most psychologists report being satisfied with their careers (e.g., Hilliard et al., 2017; Rupert, Miller, Hartman, & Bryant, 2012). This is echoed by our alumni:

Dr. Merkle: "I love being a psychologist, especially in the Army. Every day is an interesting challenge and I truly believe that I am able to positively impact Soldiers' lives."

Dr. Eisenhard: "I continue to have new experiences in working with inmates with severe mental illness. Everyone should find a field in which they find the topic fascinating, as that will keep you going."

As reflected above, the original goals declared in a doctoral program application essay may or may not predict one's career path. Remaining open to new experiences and challenges and continuing to evolve as clinical psychologists result in ever-changing answers to the question, *So, why do you want to be a psychologist?* 

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## We're Being Scammed!

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

**T**his 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. Francine Fettman, Claudia Haferkamp, Sam Knapp, Jeff Pincus, Brett Schur, and Max Schmidheiser. Rather than immediately reading our responses, consider reviewing and carefully working through the vignette first:

Dr. Gullible accepted Maryam (30) as a client before understanding her financial situation. Maryam has multiple and complicated medical issues related to Lyme disease, sees many providers, and uses adjunctive therapies like yoga, and massage from a salon, which she mostly pays for out of pocket. She lives with her parents, who have money. She works part-time and is paid in cash “under the table.” She also participates in a great many activities including high impact exercise classes and a trail riding bicycle club. Unfortunately, Dr. Gullible must accept her Medicare (through SSI disability) as payment in

full and is resentful that his payments are less than what he would receive through another insurance.

Dr. Gullible believes Maryam does not really qualify for disability and is scamming the system in several ways. He wonders about the ethics of supporting someone who is doing so and his own role in this situation. He is having a lot of countertransference feelings related to her finances, as he sees her for a reduced fee – especially as she is not an easy client.

Which of us hasn’t occasionally felt taken advantage of by a client? A client might be difficult, raise uncomfortable feelings for us, or be dishonest with us in some way. We discover that we won’t be reimbursed for our work or believe that our client’s motives for treatment are more complicated than first presented. In this particular case, Dr. Gullible appears to feel deceived, taken advantage of, and conflicted about how to respond to a client’s potentially illegal act. What should he do?

### Emotional Competency

Sometimes we are blind to our role in treatment difficulties. Dr. Gullible, for example, seemed to be experiencing considerable countertransference in response to Maryam. Dr. Pincus suggested increased self-reflection, self-awareness, and self-care at this point. Dr. Gullible already appears aware of a problem, although he seems to be suggesting that Maryam alone is the problem and believes she is malingering or exaggerating her symptoms. He might shift his perspective by reflecting on the situation and his reactions to it. Most people misrepresent themselves in some fashion in their lives. For example, most people lie in experimental situations within a 10-minute period, although more frequently under some conditions than others (Feldman, Forrest, & Happ, 2002; Zimbler & Feldman, 2011). Maryam’s “lies” may be sins of omission, oversights of “irrelevant” information, or may be testing whether Dr. Gullible is “trustworthy” in her perspective. It may also be that this was all the information that she felt able to disclose at the time, or, she may be telling outright lies. Reflecting on these many

possibilities may shift how Dr. Gullible responds to Maryam.

Finally, Dr. Gullible might consider whether he is engaging in sufficient self-care to remain emotionally competent in his work, especially with someone who seems to push his buttons. Bottom line, Dr. Fettman recommends “consultation, consultation, and documentation.”

## Social Justice

Dr. Shmidheiser observed that we can make two types of errors in our assessment process. Dismissing and ignoring her true emotional and physical pain (a false negative) has negative consequences for the client in terms of the therapeutic alliance, the assessment process, and our treatment plan. Similarly, accepting the validity of her pain, when she is not in pain (a false positive), also has negative consequences for our assessment and treatment. Presumably, her request for treatment, when not needed to support a disability complaint, is sufficient evidence of her emotional pain. If we are more likely to make either a false negative or a false positive as a result of her ability to pay for treatment, this, at first reflection, may appear to be a social justice issue. Dr. Gullible’s reactions to Maryam, however, may better reflect his complicated feelings about money rather than Maryam’s social class, although the consequences for Maryam’s treatment may be the same.

All clients, even difficult ones, deserve competent assessment and treatment recommendations based on the clinical presentation, not the payment source. Of course, the payment source may affect the treatment actually provided. For example, Dr. Gullible might recommend a program that her insurance does not cover. This might mean that they would need to find alternative funding; nonetheless, she still deserves to be told that this program could be helpful and assisted in finding another way to fund it.

## The Personal and the Professional

Watching someone “abuse” the system may challenge our values and make us uncomfortable. We may feel taken

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*Which of us hasn’t occasionally felt taken advantage of by a client? A client might be difficult, raise uncomfortable feelings for us, or be dishonest with us in some way. We discover that we won’t be reimbursed for our work or believe that our client’s motives for treatment are more complicated than first presented.*

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advantage of or that we are colluding with our client’s dishonest behavior. Nonetheless, we have an ethical obligation to maintain confidentiality. We are legally obligated to break confidentiality and disclose criminal behavior when there is a clear and present danger either to our client or society at large (Fisher, 2008). Neither is the case with Maryam, however.

Dr. Gullible is not a disability evaluator, police officer, or insurance agent, yet he seemed to want to slip into such a role with Maryam. As Dr. Pincus asked, how is his response consistent with the ethical principle of fidelity? “He has agreed to see Maryam and work on her behalf, yet he has become focused on protecting the hypothetical interests of the insurer rather than her best interests.” Instead, in our role as psychotherapists, we generally choose to give our clients the benefit of the doubt. Dr. Haferkamp observed that such a decision serves the therapeutic alliance. Giving Maryam the benefit of the doubt does not preclude continuing assessment of whether she is malingering or manufacturing symptoms. Attending to both sides of Maryam’s presentation could foster his empathy and provide guidance for the treatment plan.

Our Ethics Code recommends that we take “reasonable steps” to resolve conflicts between ethics and law (APA, 2017, Standard 1.02). One such reasonable step is to bring both personal and professional ethics to bear in this situation, rather than accessing only personal or professional ethics (Handelsman, Gottlieb, & Knapp, 2005). Instead of turning Maryam in

for insurance fraud or maintaining confidentiality and ignoring it, treatment could be strengthened when Dr. Gullible accessed both his personal and professional ethics by discussing his concerns with Maryam. This might strengthen his assessment of and approach to the issues Maryam identifies as part of her treatment plan and lead to productive and more genuine interactions in treatment.

## Conclusions

Dr. Kossmann observed how tangled the clinical and ethical pieces are in this case. It is easy and tempting to compartmentalize these pieces, but as Dr. Schur observed, the “ethics window” needs to be constantly running in the background during our assessment and therapeutic processes. Unfortunately, our “computer” may run more poorly when multiple windows are open and running simultaneously.

As tasks become easier, however, and require less memory, they don’t create the same level of interference. It seems incumbent on us, then, to practice and systematize these skills so that we experience less difficulty recognizing and responding to problems under difficult situations, such as that described by Dr. Gullible. 📌

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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.

### Legal Column

1. Serious mental injury (emotional abuse) accounts for \_\_\_\_\_ of all substantiated reports of child abuse in Pennsylvania.
  - a. 19%
  - b. 16%
  - c. Less than 2%
  - d. 29%
2. When children observe physical violence between their caregivers it is
  - a. Always child abuse
  - b. A risk factor for child abuse
  - c. Almost inevitable that it will be child abuse
  - d. None of the above

### Allender

3. Why was Chewie afraid of children?
  - a. She didn't like them
  - b. A family had abused her
  - c. She was a scared little puppy
4. Who wrote the book that talks about how dogs can detect cancer?
  - a. Danelle Morton
  - b. Carl Rogers
  - c. Marty Becker
5. Helping Daisy through her PTSD issues has helped patients to deal with their own issues.  
True  
False

### Karafin

6. When planning to advocate for a psychology issue, one should consider which of the following actions:
  - a. Educating the population
  - b. Involving the community in grass roots efforts
  - c. Reaching out to other organizations with similar missions
  - d. Engaging in political advocacy
  - e. All the above
7. According to the National Sleep Foundation, adolescents require:
  - a. 6.5 hours of sleep each night
  - b. 8 hours of sleep each night
  - c. 9.25 hours of sleep each night
  - d. 11.5 hours of sleep each night
8. One of the cognitive problems associated with short sleep is reduced memory.  
True  
False

### Brooke

9. For the Lakota Sioux, *nagi napayape* means
  - a. The spirits are with him
  - b. The spirits have left him
  - c. The spirits protect him
  - d. The spirits guide him
10. Across all warrior societies we find similar rituals for facilitating the warrior's transformation and homecoming.  
True  
False

### Slattery, Knauss, & Kossmann

11. Clients can be considered to be lying during therapy due to:
- Omissions
  - Oversight of "irrelevant" information
  - Not feeling comfortable disclosing certain information
  - All the above
12. Psychologists are legally obligated to break confidentiality
- For criminal behavior
  - When there is a clear and present danger to our clients or society at large
  - When clients are dishonest
  - When we feel uncomfortable about a client's behavior



## Continuing Education Answer Sheet

*The Pennsylvania Psychologist, March 2019*

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

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

### Satisfaction Rating

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

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

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

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#### April 6, 2019

ECP Day  
Holiday Inn Harrisburg-Hershey  
Grantville, PA

#### June 19-22, 2019

PPA2019 – PPA's Annual Convention  
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*Older Adults at Risk to Die from Suicide: Assessment, Management, and Treatment*—1 CE  
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*The Essentials of Treating Suicidal Patients*—1 CE  
*Patients at Risk to Die from Suicide: Assessment, Management, and Intervention (Webinar)*—1 CE

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*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.*

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717-232-3817, [erin@papsy.org](mailto:erin@papsy.org).



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