

The Pennsylvania

MARCH 2020

Psychologist

VOLUME 80, NUMBER 3

ANNUAL
CONVENTION
issue

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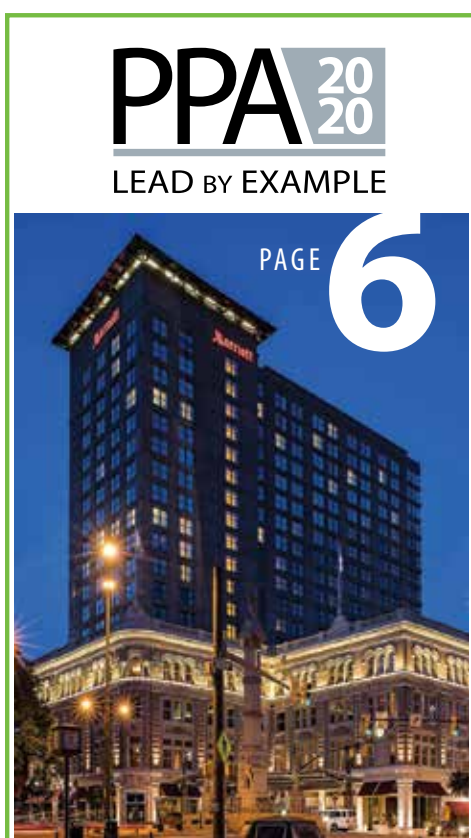
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PPA 2020: **ENVISIONING** a Perfect Convention

MARIE C. McGRATH, PhD

Happy March, PPA colleagues! As I write this column on a dreary February day, I'm looking forward to the busy months and brighter days that lie ahead. Our PPA staff and members have been busy this winter laying the groundwork for what promises to be an eventful spring for our organization.

Our dedicated staff and volunteer leaders are currently putting the finishing touches on plans for our 2020 Annual Convention. In this issue of *The Pennsylvania Psychologist*, you'll learn more about the educational, social, and service-related events that promise to make this year's convention particularly memorable. In keeping with this year's theme, "Lead by Example," we'll be kicking off our programming with a keynote address by Dr. Sandra Shullman, American Psychological Association (APA) 2020 president and an expert on leadership development (as well as a Pennsylvanian by birth). Her goals for APA are consistent with many of PPA's current goals, including positioning psychologists and our professional organizations as credible resources for the public and other stakeholders, and using psychology's evidence base to respond effectively to difficult social issues. I hope you'll join us at the keynote to learn more about how you can be part of these efforts at both the state and national levels.

This year, our annual awards dinner will be preceded by a wine and cheese reception and a silent auction, with proceeds benefiting the Pennsylvania Psychological Foundation. Several of our PPA committees are putting together auction baskets filled with uniquely Pennsylvanian treats, ranging from local wines to passes to our excellent museums and cultural attractions. Other PPA members will be donating their own handiworks to the auction (It's likely that I'm

click-clacking away with my knitting needles, working on my own contribution, as you read this). If you'd like to donate an auction item to support PPA's charitable endeavors, please contact the PPA office with details. I'm looking forward to celebrating our award-winning colleagues for their service to PPA and their contributions to psychology in Pennsylvania, supporting a great cause, and maybe witnessing a few friendly bidding wars!

We'll be closing Convention this year in a new way: with a service project that we hope will bring both literal and figurative warmth to children and animals in need.

Finally, we'll be closing the convention this year in a new way: with a service project that we hope will bring both literal and figurative warmth to children and animals in need. Conference attendees who'd like to participate in this project can either bring a blanket to convention to donate or join their colleagues to make blankets during the final afternoon. Details on materials and specifications are provided at papsy.org/page/PPA2020.

Of course, the convention isn't PPA's only focus. Planning for other educational offerings, including the Spring Continuing Education Conference in Pittsburgh in April, a training event for PPA and PPAGS leaders in May, and future Psychology Radiocast episodes, is ongoing. We continue to monitor the progress of SB 67, our PSYPACT bill, as it awaits first, second, and third consideration. Additionally, Gov. Wolf recently announced the creation of "Reach Out PA: Your Mental Health Matters," a statewide initiative to increase Pennsylvanians' access to mental health care, decrease stigma around mental health issues and treatment, and expand connections between state agencies and organizations like PPA that possess expertise in these areas. Many of you have contacted the governor's office to support inclusion of psychologists in these efforts; your advocacy on



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PPA 2020

in Pennsylvania Dutch Country

MOLLY COWAN, PsyD, Program & Education Board Chair



PPA's Annual Convention heads to Lancaster for 2020. Join us June 17-20 at the Lancaster Marriott at Penn Square, a historic hotel featuring a preserved section of the Underground Railroad! The hotel, in downtown Lancaster, is near Central Market, Fulton Theatre, unique shops, and multiple dining options.

The theme of this year's convention – *Lead by Example* – highlights the skills psychologists possess that allow us to serve as leaders to benefit our communities, mentor the next generation of psychologists, and advocate for ethical, evidence-based practices. In keeping with the theme, there will be an opportunity to participate in a Lead by Example service project on Saturday. All those who participate in this project will receive lunch for free!

In addition to four days of high-quality workshops on a wide variety of topics including assessment, treatment, teaching, suicide, multiculturalism, and ethics, the convention will feature annual favorites, as well as some dynamic new events.

The **Welcome and Keynote Luncheon**—*Learn...Lead...Change: Psychologists as Learning Leaders*—will be presented by Dr. Sandra Shullman, who is internationally known in the field of leadership and executive development and also serves as the current American Psychological Association (APA) president. We're excited to offer this opening luncheon as an included meal with your registration.

This year's **Psychology in Pennsylvania Luncheon** will feature a talk by expert on the psychology of perpetrators of mass violence, Dr. Peter Langman, who is also this year's Public Service Award winner. His talk, titled **Perpetrators of Ideological Mass Violence**, is a timely and interesting overview of the psychology of perpetrators of ideological mass violence, including jihadists and white supremacists.


There will also be a presentation from the members of the **State Board of Psychology** where attendees will earn 1 CE credit, as well as get information on current activities of the board.

The **Annual Awards Dinner** will take place on Thursday, June 18 at 6:30 p.m. We're thankful to have this special opportunity to honor our 2020 PPA Award Winners and Student Foundation Awardees. Along with Dr. Langman as the Public Service Award winner, we will recognize Dr. Nancy Chubb with the Distinguished Service Award, and Dr. Mary O'Leary Wiley as the winner of the Distinguished Contributions to the Science and Practice of Psychology.

On Friday we continue the tradition of

special programming for students and ECPs including a workshop by an APA representative on student loan forgiveness and presentations by our current class of Emerging Leaders, as well as a Poster Session, and our popular networking reception, *PsychoSocial*. Invite your younger colleagues and graduate students to join us for this unique experience!

New this year will be **PennPsyPAC's Taste of Pennsylvania Wine and Dessert Fundraiser** on Wednesday night, June 17, which will take place in the Montgomery House, a historic federal mansion preserved within the hotel and listed on the National Register of Historic Places. Additionally, Thursday's **Exhibitor Wine & Cheese Reception** will feature a silent auction benefitting the Pennsylvania Psychological Foundation. Each of these events will help support efforts to lead by example—benefitting our communities, mentoring others, and advocating for psychology—while networking with colleagues and reconnecting with friends.

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! 

A MINDFULNESS

Approach to a Response to a Subpoena

ALLAN M. TEPPER, JD, PsyD; *PPA Legal Consultation Plan*

SAMUEL KNAPP, EdD, ABPP; *Director of Professional Affairs*

RACHAEL L. BATURIN, MPH, JD; *Director of Government, Legal, and Regulatory Affairs*



Record keeping and maintaining confidentiality is an important part of clinical practice. At times, a request may be made for present or past patient records or in court oral testimony. Such requests must be reviewed in a careful, reasoned manner. Such requests must be addressed with regard to the applicable record release requirements. Such requests, however, need not cause undo anxiety or upset which then may result in a less reasoned response that is inconsistent with existing requirements.

Once records are generated, the clinician becomes the custodian of the records. The records, in essence, belong to the patient. That is, the clinician owns the paper or electronic device upon which the treatment information is housed. The actual information, however, belongs to the patient. Hence, the clinician is the custodian of the records.

In Pennsylvania, the general rule is that the written permission of the patient is necessary prior to the clinician having the authority to release records to an outside third party or testify in court. There are, however, exceptions to this general rule. These exceptions often result in undue upset and anxiety, or, at times, unnecessary fear that the release of the records will result in dire harm to the patient, the clinician, or other individuals. It is at this juncture that the clinician must be mindful of the requirements that govern such situations.

There are three broad categories from which the requirements governing clinical practice are derived: Statutes; Rules and Regulations; and Case Law.

Statutes are laws that are generated by the State legislature. Rules and regulations

A subpoena is an official legal document often utilized by an attorney in a pending legal action. The subpoena is served upon the clinician and may request the production of records; oral testimony; or both.

are promulgated by the licensing board. Case law constitute legal cases decided in the particular state in which the treatment is being rendered.

A subpoena is an official legal document often utilized by an attorney in a pending legal action. The subpoena is served upon the clinician and may request the production of records; oral testimony; or both.

Many clinicians are under the assumption that absent a Court Order, one may disregard a subpoena. In Pennsylvania, this assumption is false, and can result in unnecessary time, expense, and, possibly, disciplinary action against the clinician. In this regard, following the receipt of a

subpoena, a timely response is required.

At this juncture, however, the response does not include the immediate release of the records or the rendering of oral testimony. Rather, in Pennsylvania, this situation is governed by *Rost v. State Board of Psychology* (659 A.2d 626), a Pennsylvania Commonwealth Court decision.

Pursuant to *Rost*, a subpoena alone is not sufficient to negate the need for the written patient authorization necessary to release records or testify in court. Rather, *Rost* requires that written authorization from the client, along with the subpoena, is necessary to comply with the subpoena. If no such written authorization is forthcoming, *Rost* states that a Court Order is necessary to negate the need for written patient authorization.

The importance of this case is that there will be many instances in which records are released or testimony will be rendered absent a Court Order. More specifically, as long as the clinician is in receipt of the subpoena and the written authorization executed by the patient, no overriding court

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Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House
SB 67	PSYPACT Legislation.	Sen. Judy Ward	Support	2nd consideration Senate Floor	N/A
SB 90	Adding a provision for Extreme Risk Protective Orders.	Sen. Thomas Killion	Support	Referred to Senate Judiciary Committee	N/A
SB 621	Training for those who carry guns in schools.	Sen. Mike Reagan	Support	Enacted into Law Act 67 Passed Senate	Passed House
SB 706	Loan Forgiveness Program for Graduates Entering the Mental Health Intellectual Disability and Drug/ Alcohol Treatment Professions.	Sen. Scavello	Support	Referred to Senate Education Committee	
SB 857	Act relating to telemedicine; authorizing the regulation of telemedicine by professional licensing boards; and providing for insurance coverage of telemedicine.	Sen. Vogel	Support	Passed Senate, moving to the House	Passed House, Amended in the House Referred back to the Senate Rules & Executive Nominations
HB 672	An act enabling certain minors to consent to medical, dental and health services, declaring consent unnecessary under certain circumstances," further providing for mental health treatment and for release of medical records.	Rep. Jason Ortity	Support	Referred to Senate Health & Human Services Committee	Passed out of House with vote 195-0
HB 872	Legislation Establishing Telemedicine Law for Pennsylvania.	Rep. Gary Day	Support	N/A	Referred to house Insurance Committee
HB 1075	Extreme Risk Protective Orders- Providing Due Process for Gun Owners and Reducing Firearms Deaths by Temporarily Disarming People in Crisis.	Rep. Todd Stephens	Support	N/A	Referred to House Judiciary Committee
HB 1293	Bans Conversion Therapy for children under 18.	Rep. Brian Sims	Support	N/A	Referred to House Health Committee
HB 1397	Presumption of Joint Custody.	Rep. Susan Helm	Oppose	N/A	Referred to House Judiciary Committee
HB 1415	Trauma Informed Education Initiative.	Rep. Ryan MacKenzie	Support	N/A	Referred to House Education Committee
HB 1500	Amends school code to include licensed school social worker.	Rep. Dan Miller	Oppose	N/A	Referred to House Education Committee
HB 1525	Providing for more access to mental health professionals in schools.	Rep. Tarah Toohil	Support	N/A	Referred to House Education Committee
HB 1566	Permitting Licensed Professionals to Receive Advice From Licensing Boards.	Rep. Bill Kortz	Support	N/A	Laid on Table of House Feb. 3, 2020
HR 193	Shortage in Mental Health Workforce.	Rep. Jeanne McNeill	Support		Adopted June 4, 2019 196-0
HR 345	Assess ACES in Schools.	Rep. Mike Sturla	Support	N/A	Referred to House Education Committee

Welcome to PPA 2020

LEAD BY EXAMPLE

We hope you enjoy this special issue of the Pennsylvania Psychologist, and that you will join us **June 17-20 at the Lancaster Marriott** at Penn Square in Lancaster, PA!

Why Should You Attend PPA2020?

- Receive up to 28 CE credits, including ethics, Act 31, and Act 74. Everything you need for your license renewal, all in one place!
- PPA members have access to almost \$800 worth of CE credits for half the cost
- Interact with leaders in psychology
- Network with friends and colleagues
- Influence PPA—talk with board members and staff and tell us how PPA can better meet your needs.
- Choose from 54 CE workshops (in addition to special sessions for students and ECPs)
- School Personnel can earn Act 48 credits



#PPA2020: Social Media Savvy When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2020** to all your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2020 convention.

LEARN...LEAD... CHANGE...PSYCHOLOGISTS AS LEARNING LEADERS

This presentation will summarize the key perspectives and skills for psychologists to think of themselves as learning leaders, based on research done on leadership in ambiguous and uncertain contexts. It will further describe the process by which the American Psychological Association (APA) is driving its new strategic plan from a transformational leadership perspective. Emphasis is given to how state associations can realign key governance and individual psychologists can become learning leaders to create strategic impact.

PPA is honored to welcome our PPA2020 Keynote Speaker, and current APA President:

Sandra Shullman, PhD

Dr. Shullman is Managing Partner of the Columbus Office of Executive Development Group, LLC, and is internationally known in leadership and executive assessment and development and manages large and long-term organizational clients for the firm.

She is senior lecturer for the HEC School of Business in Paris, Shanghai, Beijing and Qatar, and part of the Duke University Global Learning Network faculty.

Shullman has served two terms on the APA Board of Directors and seven years on the board of the American Psychological Foundation. She chaired the APA Good Governance Project, designed to align the organization with strategy and values, promoting transparency, engagement, inclusion and nimbleness at APA. Her distinguished record of organizational leadership spans higher education, research, health care and consulting.

Shullman's most recent research and publications focus on leadership and uncertainty. She co-authored the first national-level study of sexual harassment in academia and the



workplace.

Born in Philadelphia, Shullman grew up in transitional/project housing, introducing her to a range of people, cultures and

lifestyles, and leading to a lifelong commitment and passion to bring together diverse groups, promote social justice, and enhance group, organizational and community effectiveness.

Shullman holds a bachelor's degree in mathematics from Dickinson College, a master's in education from Harvard University and a PhD in counseling psychology from The Ohio State University. She is a past president of the Ohio Psychological Association.

Sandy currently serves as APA's President.

Please join us in welcoming Dr. Sandra Shullman to PPA2020 on Wednesday, June 17, at 11:30 a.m.

PROPOSAL SELECTION COMMITTEE

A Special thank-you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2020!

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Chair, Program and Education Board

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Allyson Galloway, PsyD
Erin Johnson, PsyD
Lisa May, PhD
Tracie Pasold, PhD
Andrea Rigby, PsyD
David Rogers, PhD
Dea Silbertrust, PhD, JD
Williametta Simmons, PsyD

PERPETRATORS OF IDEOLOGICAL MASS VIOLENCE

Terrorists are often said to be ordinary people with no significant psychological problems, whose actions are a result of their devotion to a cause. This year's Psychology in Pennsylvania Luncheon presentation challenges this view, providing an overview of the psychology of perpetrators of ideological mass violence, including jihadists and white supremacists.



Dr. Peter Langman is a psychologist whose research on school shooters has received international recognition. His book, *Why Kids Kill: Inside the Minds of School Shooters*, was named an Outstanding Academic Title and was translated into German, Dutch, and Finnish. His work has been cited in congressional testimony on Capitol Hill and he has been interviewed by the New York Times, The Today Show, 20/20, Nightline, Fox, CNN, the BBC, and 400 other news outlets in the USA, Canada, South America, Europe, Asia, Australia, and the Middle East. After the Sandy Hook attack, the CEO of the American Psychological Association presented Dr. Langman's recommendations on school safety to President Obama. He has presented at the FBI National Academy in Quantico and been hired

by Homeland Security to train professionals in school safety. He maintains the largest online collection of materials relating to school shooters at schoolshooters.info, including nearly 500 documents totaling 60,000 pages. His latest book is *School Shooters: Understanding High School, College, and Adult Perpetrators*. In 2018, Dr. Langman became a researcher with the National Threat Assessment Center of the United States Secret Service.

Don't forget to register for this special luncheon on Thursday, June 18 at 11:45 a.m! This event is included in the price of the All-Access Pass.



WEDNESDAY, JUNE 17

8:30 a.m. – 5:15 p.m.	Registration open
9:00 – 11:00 a.m.	General Assembly Breakfast Celebration
11:30 a.m. – 1:00 p.m.	<i>Welcome and Keynote Luncheon</i> featuring Dr. Sandy Shullman
1:30 – 4:30 p.m.	Workshops
2:00 – 3:30 p.m.	PennPsyPAC Board of Directors Meeting
4:30 – 5:00 p.m.	Refreshment Break
5:00 – 8:00 p.m.	Workshops or Free time to explore Lancaster City and enjoy dinner on your own!
7:30 – 9:30 p.m.	<i>PennPsyPAC's Taste of Pennsylvania Wine and Dessert Fundraiser</i>

THURSDAY, JUNE 18

7:30 a.m. – 5:15 p.m.	Registration open
7:30 – 9:00 a.m.	Continental Breakfast in Exhibit Hall
8:30 – 11:30 a.m.	Workshops
11:45 a.m. – 1:45 p.m.	<i>Psychology in Pennsylvania Luncheon, including PPA Committee Awards</i> featuring Dr. Peter Langman
2:00 – 5:00 p.m.	Workshops
5:00 – 6:30 p.m.	<i>Wine & Cheese Reception and PPF Silent Auction</i>
6:30 – 9:00 p.m.	<i>PPA Annual Awards Dinner, including Student Foundation Awards</i>

FRIDAY, JUNE 19

7:30 a.m. – 5:15 p.m.	Registration open
7:30 – 9:00 a.m.	Continental Breakfast in Exhibit Hall with Student Posters
8:00 – 11:00 a.m.	Workshops
11:15 a.m. – 12:15 p.m.	<i>Lunch with the PPA Presidents</i>
12:25 – 1:25 p.m.	Update from the State Board of Psychology
1:30 – 4:30 p.m.	Workshops
1:30 – 4:30 p.m.	Early Career Psychologists and Students Learning Lounge
4:30 – 6:30 p.m.	<i>PsychoSocial: Student/ECP Networking Reception</i>
6:30 – 8:00 p.m.	PPA Board of Directors Dinner Meeting

SATURDAY, JUNE 20

7:30 a.m. – 1:30 p.m.	Registration open
7:30 – 9:00 a.m.	Continental Breakfast
8:00 – 10:00 a.m.	PPF Board of Directors Breakfast Meeting
8:00 – 11:00 a.m.	Workshops
11:30 a.m. – 1:00 p.m.	Lead by Example Service Project and Lunch
1:15 – 4:15 p.m.	Workshops

WEDNESDAY, JUNE 17

Welcome and Keynote Luncheon – Learn...Lead...Change: Psychologists as Learning Leaders

11:30 a.m. – 1:00 p.m.

PPA welcomes all attendees to this year's Welcome and Keynote Luncheon! Join us for a FREE boxed lunch opening to this year's convention as keynote speaker Dr. Sandra Shullman explores Dr. Marie McGrath's theme of Lead by Example. Learn more about Dr. Shullman on page 7.

PennPsyPAC's Taste of Pennsylvania Wine Tasting and Dessert Fundraiser

7:30 – 9:30 p.m.

Enjoy delicious desserts and wine from Cullari Vineyards, owned by PPA member Dr. Salvatore Cullari. We hope you will purchase a ticket to support the future of psychology in Pennsylvania.

According to state campaign laws, only individuals and other political action committees are permitted to make contributions. PennPsyPAC contributions are not tax deductible as charitable contributions for federal income tax purposes.



THURSDAY, JUNE 18

Psychology in Pennsylvania Luncheon including PPA Committee Awards

11:45 a.m.-1:45 p.m.

This year's luncheon features Dr. Peter Langman, as he expands his research from school shooters, to **"Perpetrators of Ideological Mass Violence."** We are excited for this new research from Dr. Langman, who is also PPA's Public Service Award Winner for 2020.

(The All-Access Pass includes a ticket for the Psychology in Pennsylvania Luncheon.)

Exhibitor Wine & Cheese Reception and PA Psychological Foundation Silent Auction

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. NEW this year – support PPF by bidding on auction items donated by committees and members of PPA. Proceeds fund PPF's Student Foundation Awards

PPA Annual Awards Dinner, including Student Foundation Awards

6:30 – 8:00 p.m.

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 at our Awards Dinner! We will also take this opportunity to honor the winners of the Student Education Awards given by the Pennsylvania Psychological Foundation. Concluding the event is the "passing of the gavel" from PPA's outgoing president, Dr. Marie McGrath, to incoming president Dr. Dea Silbertrust.

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

FRIDAY, JUNE 19

Research Posters

9:30 a.m. – 6:30 p.m.

View research posters all day in the PPA exhibit hall! Take this opportunity to interact with psychologists and students as they report on their research findings. This is a great chance to network with our future leaders of PPA!

Lunch with the PPA Presidents

11:15 a.m. – 12:15 p.m.

Grab your FREE lunch and take this opportunity to get updates on PPA—where the organization is and the direction in which we will be moving. Interact with leadership and hear from outgoing president, Dr. Marie McGrath as she wraps up her presidential year, and incoming president, Dr. Dea Silbertrust as she highlights her goals for 2020-2021.

Updates from the State Board of Psychology

12:25 – 1:25 p.m.

This 1-CE workshop 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.

PsychoSocial: Student and ECP Networking Reception

4:30 – 6:30 p.m.

All are welcome at the PsychoSocial! This networking reception is a relaxed event that encourages interacting with friends, old and new. Network with colleagues in all fields of psychology and at all stages of their careers!

(The All-Access Pass includes a ticket for the PsychoSocial.)

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 after the convention.

Act 48 Credits

PPA is an approved provider for Act 48 Continuing Professional Education Requirements as mandated by the Pennsylvania Department of Education.

Certified school psychologists who need Act 48 credits need to include their Professional Personnel ID (PPID) number on the registration form. Non-PPA members must pay an additional \$10 for this service.

Direct questions about Act 48 credits to Erin Brady, Member Services Coordinator, erin@papsy.org.

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).

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 PPA2020.





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.

Complete workshop descriptions are available online at papsy.org.

Workshop Handouts

In an effort to be environmentally friendly, all workshop handouts that are sent by presenters will be available online at papsy.org. If you'd like to have these handouts at PPA2020 you will need to print or download them to your electronic device.

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

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 PPA before June 1, 2020.



WEDNESDAY, JUNE 17

11:30 – 1:00 p.m.

1.5 CE Credits, Introductory

W01 Welcome and Keynote Luncheon- Learn...Lead...Change: Psychologists as Learning Leaders

Sandra Shullman, PhD

1:30 – 3:30 p.m.

2 CE Credits, Introductory

W02 Mental and Physical Health Concerns of Predominantly African Immigrants

Francien Chenoweth Richardson, PsyD

1:30 – 4:30 p.m.

3 CE Credits, Intermediate

W03 Ethical Decision-Making: Models, Biases, & Emotions

John Gavazzi, PsyD

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W04 Supporting Victims and Saving Lives: an Evidence-based Method

James Kimmel, Jr, JD

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W05 Nuts and Bolts of Parenting Coordination in Pennsylvania

Rachael Baturin, MPH, JD

1:30 – 4:30 p.m.

3 CE Credits, Intermediate

W06 Teaching Integrated Care to Psychology and Physician Learners

Julie Radico, PsyD, ABPP; Richard Kutz, PsyD; Tanya Vishnevsky, PhD

3:45 – 4:45 p.m.

1 CE Credit, Intermediate

W07 Do you want to talk about it?: The emotional impact of treating suicidal patients

Brett E. Schur, PhD; Samuel J. Knapp, EdD, ABPP

5:00 – 6:30 p.m.

1.5 CE Credits, Introductory

W08 Effective Tools for Working with Cancer Patients

Susan Ryan, PsyD

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W09 Religion (Spirituality), Ethics, and Psychotherapy

Valerie Lemmon, PsyD.; Samuel Knapp, Ed.D., ABPP

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W10 Assisting with the Naturalization Process: Completing the N-648 form

Lisa May, PhD

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W11 Micro What? Conscious Clinical Intervention with African American Clients

Cheryll Rothery, PsyD; Jade Logan, PhD, ABPP

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W12 Evidence-Based Cognitive Behavioral Strategies for treating Depression and Anxiety in a Primary/Integrated Care Setting

Julie Radico, PsyD, ABPP; Sheri L. Goldstrohm, PhD; Kyle Holsinger, PsyD

6:45 – 8:15 p.m.

1.5 CE Credits, Introductory

W13 Reaching out to Cancer Caregivers

Susan Ryan, PsyD

THURSDAY, JUNE 18

8:30 – 10:30 a.m.

2 CE Credits, Introductory

W14 In Pursuit of Well-Being: Recognizing and Treating Burnout in Ourselves and Our Physician Colleagues

Jennifer Collins, PsyD

8:30 – 11:30 a.m.

3 CE Credits, Intermediate

W15 Understanding the APA Ethics Code- Intermediate

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

8:30 – 11:30 a.m.

3 CE Credits, Intermediate

W16 When You Cut Me, I Bleed: The Impact of Racial Trauma on People of Color

Jade Logan, PhD, ABPP; Cheryll Rothery, PsyD

8:30 – 11:30 a.m.

3 CE Credits, Introductory

W17 Conducting Fitness for Duty and Professionalism Evaluations

Christopher Royer, PsyD

8:30 – 11:30 a.m.

3 CE Credits, Intermediate

W18 Part 1 What Autism is (and is not)

Lawrence R. Sutton, PhD

10:45 – 11:45 a.m.

1 CE Credit, Intermediate

W19 One Size Does Not Fit All: Navigating Eating Disorders Treatment Refusal

Melinda Parisi Cummings, PhD; Amanda Jervis, BA, Morgan Fisher, M.S., Taylor Kliebhan, BA; Jasmin Rolling, MHS

11:45 a.m. – 1:45 p.m.

1.5 CE Credits, Introductory

W20 Psychology in Pennsylvania Luncheon: Perpetrators of Ideological Mass Violence

Peter Langman, PhD

2:00 – 3:30 p.m.

1.5 CE Credits, Intermediate

W21 Expanding Our Role: Being Social Justice Advocates in the Therapy Room

Brittany Dancy Caro, PhD

2:00 – 4:00 p.m.

2 CE Credits, Intermediate

W22 Survivors of Suicide Loss & Postvention: What do Clinicians Need to Know?

Diane Menago, PsyD; Morgan Fisher, MS

2:00 – 5:00 p.m.

3 CE Credits, Introductory

W23 Clinical Applications of Forgiveness

Valerie A. Lemmon, PsyD; Charles Jantzi, PsyD

2:00 – 5:00 p.m.

3 CE Credits, Intermediate

W24 Twelve Strategies to Improve the Treatment of Suicidal Patients

Brett E. Schur, PhD; Samuel J. Knapp, EdD, ABPP

2:00 – 5:00 p.m.

3 CE Credits, Intermediate

W25 Part 2 Autism, At Risk Youth, Sexuality, and the Criminal Justice System: Recognizing and Addressing Needs Sooner Rather Than Later

Lawrence R. Sutton, PhD

2:00 – 5:00 p.m.

3 CE Credits, Intermediate

W26 'Atypical' Eating Disorder Populations: Assessment and Treatment Considerations

Tracie L. Pasold, PhD; Amara Chukwunenye, MA; Sydney Palmer BS

3:45 – 5:15 p.m.

1.5 CE Credits, Intermediate

W27 Hidden Factors in Treating Anxiety: Cognitive Processing Issues

Harris Finkelstein, PhD

4:15 – 5:15 p.m.

1 CE Credit, Introductory

W28 Cognitive Stimulation, Music Theory, and Dementia Treatment: A Pilot Study

Nancy Farber Kent, PhD

FRIDAY, JUNE 19

8:00 – 10:00 a.m.

2 CE Credits, Introductory

W29 Pennsylvania Child Abuse Recognition and Reporting: 2020

Rachel Baturin, MPH, JD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W30 Capacity Assessment for Seniors

Anna Zacharcenko, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W31 Race Based Stress: Therapy, Advocacy & Support

Stacey Pearson-Wharton, PhD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W32 Psychologist Prescriptive Authority – the latest on Legislation, Advocacy Leadership, Practice, and Training!

Tracy E. Ransom, PsyD, BCB, MSCP; Jennifer M. Collins, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W33 Create Educational Handouts to Ethically Market Your Practice

Pauline Wallin, PhD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W34 Discussions of Difficult Ethical Issues in Diverse Populations

Jeanne M. Slattery, PhD; Linda K. Knauss, PhD, ABPP; Lavanya Devdas, PhD; Kathryn M. Jones, PhD

10:15 – 11:15 a.m.

1 CE Credit, Intermediate

W35 Treating Patients with Chronic Suicidal Ideation

Brett E. Schur, PhD; Samuel J. Knapp, EdD, ABPP

12:25 – 1:25 p.m.

1 CE Credit, Introductory

W36 Update from the State Board of Psychology

Members of the State Board of Psychology

1:30 – 2:30 p.m.

1 CE Credit, Introductory

W37 Mapping Psychiatric Access in Pennsylvania

Dan Warner, PhD; Kirby Wycoff, PhD

1:30 – 3:30 p.m.

2 CE Credits, Intermediate

W38 Applying and Modifying CBT for Clients with an Autism Spectrum Disorder

Joseph R. McAllister, PhD

1:30 – 4:30 p.m.

3 CE Credits, Intermediate

W39 Using Self-Reflection to Inform Our Ethical Decision Making

Jeffrey Sternlieb, PhD; Samuel Knapp, EdD, ABPP

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W40 CBT-CP: Empowering Patients with Chronic Pain

Julie Cunningham, PhD; Laura Grace Adams, PhD

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W41 Mental Health Services in State Prison: Current and Future Directions

Brian Schneider, PsyD, ABPP; Cynthia Wright, DEd

1:30 – 4:30 p.m.

3 CE Credits, Intermediate

W42 A Principle-Based Approach to Ethics

Brett E. Schur, PhD; Jeanne Slattery, PhD

2:45 – 3:45 p.m.

1 CE Credit, Intermediate

W43 Understanding and Building a Reflective Practice through Self Discovery and Awareness

Cathy Petchel, MA and PPA's Professional Development Committee

3:45 – 4:45 p.m.

1 CE Credit, Introductory

W44 Psychologists as Leaders and Advocates

Rachael Baturin, MPH, JD

STUDENT/ECP PROGRAMMING**1:30 – 2:30 p.m.****S1 Student Loans: Updates and Repayment Options**

Kenneth Polishchuk, Senior Director for Congressional & Federal Relations, APA

2:40 – 4:40 p.m.

2 CE Credits, Introductory

S2 Emerging Leaders: Projects to Advance PPA

Julie Radico, PsyD, ABPP; Rebecca Fisher, PsyD; Kristen Hawk-Purcell, MA; Brittany Hayden, PhD; Kirby Wycoff, PsyD, NCSP; Adam Zahn, MS

SATURDAY, JUNE 20**8:00 – 11:00 a.m.**

3 CE Credits, Intermediate

W45 A Map for Assessing, Conducting, and Evaluating Therapy

Richard W. Bailey, PhD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W46 The Aging Therapist

Rachel Ginzberg, PsyD; Samuel Knapp, EdD, ABPP; Ira Orchin, PhD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W47 Adolescent Sleep Deprivation and Secondary School Start Times: The Science and Current Status in Pennsylvania

Gail R. Karafin, EdD; Indira Gurubhagavatula, MD, MPH

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W48 Suicide Assessment and Prevention in College-Aged Clients

Rachel Daltry, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W49 A Script-based Approach to Couples Therapy

Brett E. Schur, PhD

1:15 – 4:15 p.m.

3 CE Credits, Advanced

W50 Advanced Risk Management: an Ethically Informed Approach

Samuel Knapp, EdD, ABPP

1:15 – 4:15 p.m.

3 CE Credits, Intermediate

W51 ADHD in Love and Bed: Treating Couples When One Partner Has ADHD

Ari Tuckman, PsyD, MBA, CST

1:15 – 4:15 p.m.

3 CE Credits, Introductory

W52 Write In Your Own Voice: Non-Academic Writing for Psychologists

Robert Zeitlin, PsyD

1:15 – 4:15 p.m.

3 CE Credits, Intermediate

W53 Malignant Narcissism & Power

Charles Zeiders, PsyD

1:15 – 5:15 p.m.

4 CE Credits, Introductory

W54 Psychological First Aid

Shari Kim, PhD

**IN MEMORIAM**

When you know of a PPA member's passing, please contact Ann Marie Frakes at annmarie@papsy.org so we may include the information in monthly issues of The Pennsylvania Psychologist.


DR. BERNARD G. GUERNEY, JR.

State College, Pennsylvania

March 16, 2019

PPA was recently informed of his passing on February 13, 2020.

Dr. Bernard Guerney was the co-developer of relation-enhancement

therapy and filial therapy along with his wife Dr. Louise Guerney. He taught at the Pennsylvania State University for many years. Many of his students still practice as psychologists in Pennsylvania today. Filial therapy was unique in that it taught parents how to play therapeutically with their own children. Dr. Guerney received PPA's Distinguished Service Award alongside his wife in 1984. 

REGISTRATION RATES

Member Category	2020 Fees			
	By May 26		After May 26	
	Full	Daily	Full	Daily
All-Access Pass (Members Only) * <i>*save \$50 over registering for all individual events, plus get a special gift!</i>	\$595.00		\$695.00	
PPA Member	\$450.00	\$225.00	\$500.00	\$250.00
Nonmember	\$900.00	\$450.00	\$1,000.00	\$500.00
First-Year Post-Doc Member	\$150.00	\$75.00	\$200.00	\$100.00
Full-Time Graduate Student Member	\$150.00	\$75.00	\$200.00	\$100.00
Affiliate Member (undergrad)	\$150.00	\$75.00	\$200.00	\$100.00
Retired Member	\$300.00	\$150.00	\$350.00	\$175.00
Guests and Spouses	\$300.00	\$150.00	\$350.00	\$175.00

Registration fees cover attendance at most activities. See box 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. New members may qualify for the PPA member rate by submitting their completed membership application and first year's dues (\$99) before their convention registration form. If you would like more information regarding membership, please contact Iva Brimmer, Director of Administration, at 717-232-3817 or iva@papsy.org.

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

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

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

Psychology in Pennsylvania Luncheon - \$75.00 (includes lunch and 2 CE credits)
PPA Annual Awards Dinner - \$85.00
Student/ECP Reception - \$25.00 (free for ECPs and students)

What Is the All-Access Pass?

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

The All-Access Pass includes:

- PPA2020 registration—all four days of the convention
- All ticketed events, including:
 - Psychology in Pennsylvania Luncheon (includes 2 CE credits and your meal!)
 - Exhibitor Wine & Cheese Reception (complimentary drink ticket included)
 - PPA Annual Awards Dinner
 - PsychoSocial: Student and ECP Networking Reception
 - Special PPA Embroidered Canvas Bag

All this at a discounted rate over what you would pay for these options individually – savings of \$50 over registering for individual events! Select "AAP" during the registration process to take advantage of this great deal!

Registration opens March 1, 2020, at papsy.org. Payment is required to process all registrations. Early registration deadline: May 26, 2020.

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, 2020, 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 PPA before June 1, 2020.

CONVENTION QUESTIONS? Please call 717-232-3817.

Opportunities to GIVE at PPA2020!

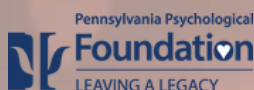
Attend PennPsyPAC's Taste of Pennsylvania Fundraiser

Donate an item to PPF's Silent Auction

Purchase a raffle ticket for a chance to win a cruise

Join us for our service project or donate materials

See page 20 for more information about all of these opportunities!



Lancaster Marriott at Penn Square

The **Lancaster Marriott at Penn Square**, 25 South Queen Street, Lancaster, PA 17603, will be the host hotel for PPA2020. Please make your reservations directly with the hotel.


You may call 717-239-1600 or 888-850-6146 and mention the Pennsylvania Psychological Association and PPA2020 **to obtain the discounted convention group rate.**

To make your reservation online with the convention dates and group rate code pre-entered, visit
www.papsy.org/page/PPA2020.

GROUP ROOM RATES: \$149 single/double, plus tax. The group rate is protected until May 26. If the room block is sold out before May 26, 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 26.

NOTE: You are responsible for all hotel room charges.



Experience this landmark hotel in Lancaster, PA, a city named a "Top 10 U.S. City to Visit" by Forbes. Central to Downtown Lancaster and beautifully integrated with a world-class convention center, Lancaster Marriott at Penn Square offers a prime location in Lancaster City within walking distance to full-time entertainment and trendy dining. This historic Lancaster hotel offers everything guests expect - featuring impeccable service and dining and remarkable architecture and history, including a preserved section of the Underground Railroad. Brand new, upscale guestrooms offer city views, LCD TVs, granite countertops, and lavish bedding. Just steps away in Downtown Lancaster, guests can explore over 90 art galleries, a burgeoning food scene, shopping, and historic landmarks including one of the largest National Historic Register Districts in the country. 



You're Invited

PennPsyPAC's Taste of Pennsylvania Fundraiser

Support the future of psychology in Pennsylvania while enjoying delicious desserts and complimentary wine tasting from the Cullari Vineyard, owned by PPA member Dr. Salvatore Cullari.

Wednesday, June 17, 2020

7:30 - 9:30 PM ★ William H. Montgomery House ★ Lancaster, PA

Located inside the Lancaster Marriott at Penn Square
25 South Queen St, Lancaster, PA 17603
During PPA2020 Convention

\$50 donation per person

RESERVE YOUR SPOT TODAY!

Checks should be made out to PennPsyPAC and can be mailed using the tear out envelope included in this edition of *The Pennsylvania Psychologist*.



According to state campaign laws, only individuals and other political action committees are permitted to make contributions.
PennPsyPAC contributions are not tax deductible as charitable contributions for federal income tax purposes. Must be 21 to attend.

LEARN...LEAD...CHANGE...

PSYCHOLOGISTS AS LEARNING LEADERS

SANDRA L. SHULLMAN, PhD, *APA President 2020*



I have written and spoken on a number of occasions about my aspiration for psychologists to see ourselves as learning leaders—as influential individuals who create change rather than watching it happen—at all levels of human endeavor (Shullman, 2018). We have often been on the sidelines, watching other groups and disciplines taking initiatives, positions and roles related to issues core to our own work—while we watched....

Recently, the APA Council of Representatives passed a robust strategic plan that, if implemented effectively over time, will transform our APA organization and enhance our impact significantly for both the public and psychology.

Those four major strategic goals include the following:

1. Utilize psychology to make a positive impact on critical societal issues.
2. Elevate the public's understanding of, regard for, and use of psychology.
3. Prepare the discipline and profession of psychology for the future.
4. Strengthen APA's standing as an authoritative voice for psychology.

So, what does being a learning leader have to do with enhancing our impact on critical societal issues, the public's perspective on psychology, future roles for psychologists, and APA as an authoritative voice for psychology? Simply put, we will need to work differently, more quickly, more collaboratively and more flexibly if we want

to have a major impact on the world that is coming our way in the next twenty years (Shullman, 2017).

You might ask what the alternative is if we don't choose the learning leader approach. Darley and Latané (1968) described the "bystander effect," where diffusion of responsibility experienced by individuals in groups results in a collective failure to act when needed. That is an alternative that psychology and the public can little afford.

So, what is a learning leader approach? Traditionally, there have been a number of approaches to leadership with mental models that guide our behavior, both consciously and unconsciously. The most longstanding and traditional approach, particularly in our dominant culture has been termed "command and control." A command and control mindset about leadership is one where the leader knows what to do and how to do it and those affiliating with the leader just need to follow directions—to comply. While you may not think this is your mindset, it is a typical mindset of people who base their leadership perspective on expertise—there is often a sense of responsibility as the lead

researcher, teacher, clinician, consultant in a situation to know everything possible and to ensure that everything is done perfectly.

Another major mindset about leadership is an empowerment approach, where those in leadership roles know what to do but need others to make implementation relevant and realistic. An empowerment mindset thinks more about modeling the way and engaging others interactively in generating solutions and implementation strategies for a common vision. The leadership mindset here is one where leaders are looking to get the highest quality solution in the shortest period of time with the strongest commitment possible. This is often seen in team-based and community-based cultures, where the commitment of all involved is a key to any successful outcome.

The learning leader approach has evolved in response to a rapidly changing, uncertain, volatile environment resulting from trends such as globalization, high technology and interconnectedness of many forms. In this approach, leaders do not know exactly what to do because of so many options or moving possibilities and clearly then

do not know unilaterally how to do what is needed to be successful. Sometimes this approach is described as “building the plane while flying it.” Experts historically have balked at functioning in situations where the ratio of knowns to unknowns is low. But the reality is that, at every level of possible intervention, psychologists may face an increasing number of factors which make it either impossible or unknowable to define what the issues are and/or how to create an innovative set of solutions without full commitment and the ongoing, collaborative learning of all involved. We must learn to lead others to “learn” our way together amidst increasing uncertainty.


What we do in our labs, classrooms, clinical offices or consultation settings conveys our mindset about leadership, whether we focus on that or not. The people we interact with see us as experts, catalysts, problem solvers and feel directed, empowered or partnered in an ongoing learning process—or not. The challenges of

the moment such as climate change, gun violence, racism, immigration approaches, suicide rates and opioid abuse require that we take our skills and knowledge to a higher level of impact. We need to leverage our evidentiary foundation in learning and the skill sets applied to help others learn to create a positive future in such an uncertain world.

Any of these leadership approaches or combinations of them may work well, depending on the context and culture of the setting in which they occur. What does not seem to work well is standing on the sidelines as bystanders and hoping things work out well on their own without learning. We have perhaps confounded our commitment to confidentiality and the individual with the collective need to apply our knowledge and skills actively and publicly to create a better environment for the public in general.

So, I encourage you to incorporate the concept of learning leader as part of your

view of who you are and what you do as a psychologist. Our discipline and profession and the public are depending on it—in real time...

Join us for Dr. Shullman's FREE Keynote Luncheon, Learn...Lead...Change: Psychologists as Learning Leaders on Wednesday, June 17 at 11:30 am. This event is free and open to everyone! Please be sure to select this event as you are registering for the convention! 

REFERENCES

- Darley, J.M., & Latané, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, 8(4, Pt.1), 377-383.
- Shullman, S.L. (2018). Leading at the .05 level: Reflections on Psychologists and Leadership. *The Counseling Psychologist*, 46(4), 530-543.
- Shullman, S.L. (2017). Leadership in counseling psychology: Dilemmas, ambiguities, and possibilities. *The Counseling Psychologist*, 45(7), 910-926.

OPPORTUNITIES TO **GIVE AT PPA2020**

ANN MARIE FRAKES, MPA, *Executive Director*

Our annual convention is a great time for us to make the most of so many PPA members being physically together! This year we are so excited to offer a variety of opportunities for our members and friends to support PennPsyPAC, The Pennsylvania Psychological Foundation and the community at large at PPA2020.

1. Support our Political Action Committee- PennPsyPAC at PPA2020 this year, by attending our dessert and wine tasting event on Wednesday evening. Tickets are \$50 each. Please see our full-page invitation in this issue of *The Pennsylvania Psychologist* for all the details. We have also included a special return envelope for you to buy tickets, contribute to PennPsyPAC, or both.
2. Support the Pennsylvania Psychological Foundation by donating an item for our new silent auction. Do you have a vacation property that you could donate a week's stay? Are you an artist that would like to donate a piece of art or create a special work in honor of PPA? Do you have access to sporting event or concert tickets? All types of auction items are needed for us to raise funds to support our foundation and specifically our student awards. With your help, we know that our auction items will be amazing.

Our silent auction will be held during Thursday's wine and cheese reception that is held every year in the exhibitor's hall. We hope that all our attendees and exhibitors will bid often and high! It is our goal to raise at least an additional \$5,000 to support PPF!

3. Please buy Raffle Tickets! Our annual raffle is still a BIG DRAW! The GRAND PRIZE is a CRUISE for TWO to Mexico or the Caribbean! Tickets are \$20.00/each right now! Buy more at PPA2020 at our special convention pricing of SIX TICKETS FOR \$100!
4. On Saturday, for the first time we are offering a lunchtime service project for our members to make blankets for people and animals in need. FREE lunch will be served to all who volunteer! Please see our on-line registration for details. Make sure you register so we can plan for materials and lunch!

Please attend PPA2020 and take the opportunity to support the future of psychology and the wider community. Looking forward to seeing you in June!

“We make a living by what we get but we make a life by what we give.” — Winston Churchill

PERPETRATORS OF IDEOLOGICAL MASS VIOLENCE

PETER LANGMAN, PhD



As a psychologist studying terrorists, I have repeatedly been dismayed by researchers who state that the perpetrators were ordinary folks who were devoted to a cause. In other words, they were not psychologically disturbed in any way. I object to this on two grounds.

First, Lt. Col. Dave Grossman has documented the difficulty that many soldiers experience in killing an enemy.¹ If trained soldiers facing an enemy who is trying to kill them have trouble pulling the trigger, what is wrong with civilians in non-combat situations who go out of their way to kill people who pose no threat to them? And when soldiers do kill in combat, they are often haunted by their actions. In other words, they have empathy and a conscience. In contrast, many terrorists revel in the deaths they cause. What happened to empathy and conscience among terrorists? Don't ordinary people have empathy and a conscience?

Secondly, my research into terrorists indicates significant psychological disturbances. There is no psychological profile of a terrorist—they may be psychopathic, psychotic, traumatized, or something else—but they are not ordinary people.

Categories

Research on terrorists has evolved over the years. Instead of considering terrorists as a single category, researchers now investigate various subcategories. For example, the people who serve as ideologues, writers, spokespersons, or fundraisers for terrorist organizations may be different than those who commit attacks. Furthermore, those who intend to survive their attacks may be different than those who intend to die

in their attacks. Though it has long been said that suicide-bombers are neither psychologically disturbed nor suicidal (apart from their willingness to die for their cause), the work of Adam Lankford has documented that depression, suicidal thoughts, trauma, and other psychological issues are common among suicide-bombers.²

Another significant distinction in the literature is between those who belong to terrorist organizations vs. those who act on their own—the so-called “lone wolf”

attackers. Research has found that lone-actor terrorists have more diagnosable conditions than those who are members of a terrorist group.³

Another distinction that is important to me is how distant or proximal the perpetrators are to the causes they invoke as justification for violence. For example, terrorists from Northern Ireland or Palestine may have lost family members and friends to the violence. For them, it is personal, and the stakes are real.

1 Grossman, D. (2009). *On killing: The psychological cost of learning to kill in war and society*. New York: Back Bay.

2 Lankford, A. (2013). *The myth of martyrdom: What really drives suicide bombers, rampage shooters, and other self-destructive killers*. New York: Palgrave Macmillan.

3 Corner, E. and Gill, P. (2014). A false dichotomy: Mental illness and lone actor terrorism. *Law and Human Behavior*, 39, (1), 23-34.

In contrast, many terrorists become involved with causes with which they have no personal connection. The Tamerlan brothers who committed the bombing at the Boston Marathon claimed they did this because of U.S. actions in Afghanistan and Iraq. The Tamerlans were not from these countries, had never been to these countries, and did not know anyone in these countries. They latched onto a cause and used it to justify mass murder.

In addition, the causes the perpetrators latch onto are often fictional—in other words, the purported justification is not a real issue but paranoia or conspiracy-thinking. For example, Anders Breivik (bombing in Oslo, massacre at Utoya) believed that Muslims were invading Norway in order to wipe out the white, Christian population. Brenton Tarrant (New Zealand mosques) acted on the same paranoid thinking. Dylann Roof (Charleston church massacre) believed that African Americans were waging a war against white people. Timothy McVeigh (Oklahoma City bombing) believed numerous conspiracy theories about the federal government. Over and over again, terrorists commit violence based on a premise that simply is not true. Whether we say they had paranoid thinking or paranoid delusions, their justifications for violence were fictional.

Psychological Dynamics

As noted, I have found terrorists who were psychopathic and/or psychotic. In some cases, it has been difficult to label them as one or the other, because their symptoms or traits could be conceptualized in either category. This may seem odd, because psychotic disorders are very different from psychopathy. Of course, it is possible that both conditions are present. During Breivik's trial, one evaluation found him to be essentially psychopathic, and another labeled him as schizophrenic. No one seemed to consider that he may have been both.

A brief consideration of a few cases will hopefully demonstrate the challenges in understanding the perpetrators. For example, if Timothy McVeigh believed (as he seemed to) that the U.S. government had built concentration camps and crematoria—like Nazi Germany—in order to round up and kill conservatives, gun-owners, and anti-government folks of various kinds, is that a paranoid delusion or simply someone with paranoid personality disorder?

Similarly, McVeigh expected he would go down in history as a hero and have a statue of himself on the Washington Mall. Is this a delusion of grandeur, or just

wishful thinking? Where do we draw the line between narcissistic grandiosity and delusions of grandeur?

When Dylann Roof and Anders Breivik were not only unrepentant after their attacks, but pleased with themselves, where was their empathy and conscience? Was their deficiency in these domains a result of psychopathic callousness or was it the emotional constriction of schizophrenia or schizotypal personality disorder?

Regardless of how we conceptualize the perpetrators in diagnostic terms, there are three traits that appear repeatedly among the terrorists I've studied: paranoia, grandiosity, and callousness. As noted, the perpetrators see threats to their existence that are not real. They envision themselves as heroes, martyrs, or saviors of their race, nation, or religion. And they kill without a conscience, often rejoicing in having murdered innocent people.

Whatever label we put on these perpetrators; these are not ordinary people. **Dr**

Interested in learning more from Dr. Langman? Make sure to register for the Psychology in Pennsylvania Luncheon on Thursday, June 18 from 11:45 a.m. – 1:45 p.m.

ENVISIONING A PERFECT CONVENTION

Continued from page 2

this issue is important and very much appreciated. PPA staff and leaders are also working hard to ensure that psychologists will be represented in all aspects of this initiative. We have partnered with the Association of School Psychologists of Pennsylvania to formally request that psychologists be included in any task forces and/or workgroups that are formed

as part of Reach Out PA, and to share research findings on both the mental health needs of Pennsylvanians and strategies for addressing those needs. We plan to meet with the governor's office in the coming weeks to discuss our involvement with this initiative further.

Lastly, we're continuing to work on proposed revisions to our bylaws that

we hope will enhance PPA's structure by making it more representative of our current organizational priorities. Later this spring, you'll be asked to review and vote on these amendments. We'll be sharing more information with you on the changes, and the rationale for them, in the months to come. Until then, I wish you a happy and productive spring! **Dr**

THERE IS NO LEGAL REQUIREMENT THAT **ETHICS PRESENTATIONS** MUST BE DRY, FRIGHTENING, OR PEDANTIC

SAMUEL KNAPP, EdD, ABPP, *Director of Professional Affairs*



We have several very interesting programs on ethics at the PPA Convention in Lancaster this year. I hope to see you at one or more of them.

Several years ago, I worked for a private company doing ethics CE presentations across the country. Many of the participants were social workers or professional counselors, although sometimes psychologists would attend as well. Almost all attended to fulfill the ethics requirement of their licensing board. Many of the participants referred to my approach to ethics as novel or surprising because I did more than just talk about rules and laws, but I also talked about values, goals, and ways to live out our highest ethical ideals.

They told me that their previous ethics education had often been shame-based or fear-oriented. Their teachers had them memorize rules without explaining their origin, context, or purpose and drilled into them the consequences of misconduct. That is not the way I teach ethics. Although understanding rules and disciplinary mechanisms are important, the goal of ethics education should be more than just learning how to avoid punishment.

Over the years I have worked with a

cadre of like-minded psychologists in Pennsylvania who view ethics as more than just a list of rules that must be applied (OR ELSE!). Instead we view ethics as helping us to reach our deepest ideals, to create closeness with other people, and to build a better society. In 1999 Dr. Richard Small and I coined the term *positive ethics* to describe the perspective that ethics is more than just a code. This broader view of ethics looks at the moral and philosophical traditions that underlie the APA Ethics Code and other professional rules, and how we can incorporate our personal values into our professional roles. Understanding these ethical traditions and personal values help sensitize psychologists to the ethical issues that confront them in their daily practices, help psychologists to resolve difficult ethical conflicts, and encourage them to fulfill their highest ethical aspirations.

We take a positive approach to teaching ethics. We respect the depth of experience and maturity of the audience and intersperse mutual learning experiences between the lectures. We never attempt

to frighten workshop participants unnecessarily. There are enough stressful experiences associated with being a psychologist without us adding to that. I see no value in having a workshop where participants leave feeling depressed, demoralized and afraid, and are dreading the next ethics workshop that they must take in two more years. To me, the best workshops are those where participants feel excited, discuss the materials with their colleagues, and hang around afterward to ask questions. I feel grateful when participants decide that they want to take an additional workshop on ethics, even if their ethics requirement is fulfilled.

I hope that you will join my friends and I at the PPA2020 Convention in Lancaster as we again offer a series of workshops on ethics from a positive perspective. Dr. Valerie Lemon and I will be presenting *Religion (Spirituality), Ethics, and Psychology*. Religious and spiritual beliefs and practices are central to the lives of many of our patients and outcomes are improved when reasonable accommodations are made

to the preferences of patients to integrate religion and spirituality into psychotherapy. Nonetheless, it must be done in a manner that respects patient autonomy. Dr. Lemon is a great teacher (and co-author) and I have benefitted greatly from my collaboration with her.

Dr. Jeff Sternlieb and I will present on *Using Self-Reflection to Aid Our Decision-Making*. Our ability to act ethically can be undercut if we fail to be alert for our personal blind spots. The problem is that self-reflection does not always come naturally and sometimes it can be difficult. Dr. Sternlieb is a powerful presenter who brings a wealth of personal and professional experiences to these workshops as a psychologist, psychology-educator, and consultant.

Drs. Molly Cowan, Randy Fingerhut, Linda Knauss and I will be presenting a program on *Understanding the APA Ethics Code* for advanced practitioners. We have a few brief lectures intermixed with exercises where participants can think through real-life ethical issues and see how the Ethics Code can help them resolve the issues (or where they need additional resources besides


the Ethics Code to resolve the issues). I am pleased to be doing this workshop with such an all-star cast of ethics presenters.

Dr. John Gavazzi, one of my all-time favorite presenters, is leading a workshop on *Ethical Decision-Making Models: Biases and Emotions*. Dr. Gavazzi combines years of practical experience and recent literature on decision making to help participants to better think through the difficult decisions that they often must make. Dr. Gavazzi will combine lecture and collaborative learning exercises using the realistic vignettes found on the Ethics and Psychology website. Dr. Gavazzi has told me that past workshop participants "have found collaborative learning and vignette analysis an enjoyable way to understand how their personal values intersect with professional obligations to create ethically appropriate decisions."

Finally, I am doing a workshop on *Advanced Risk Management: An Ethically Informed Approach*. This program shows ways that patients can be harmed (or at least perceive themselves to be harmed) and it demonstrates how psychologists can protect themselves from unfounded

or frivolous complaints. Good risk management strategies are not driven by fear but are based on overarching ethical principles. The best risk management principle is to deliver and document good care and any purported risk management strategy that harms a patient or violates an overarching ethical principle needs to be reconsidered.

For those of you who are attending, Dr. Gavazzi's presentation on ethical decision making will be on Wednesday from 1:30 to 4:30; Dr. Lemon and my presentation on religion, spirituality, ethics, and religion will be Wednesday from 5 to 8 PM; Drs. Cowan, Fingerhut, Knauss' and my presentation on the APA Ethics Code will be on Thursday from 8:30 to 11:30; Dr. Sternlieb and my presentation on self-reflection will be on Friday from 1:30 to 4:30 and my presentation on risk management will be on Saturday from 1:15 to 4:15.

I look forward to seeing you at the convention for one or more of these workshops! We might learn something from each other and have fun in the process. What? Ethics fun? Really? 

A MINDFULNESS APPROACH TO A RESPONSE TO A SUBPOENA


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order is required.

It should be noted that many practicing Pennsylvania attorneys are unaware of the *Rost* decision. For this reason, if a clinician receives a subpoena without the necessary written patient authorization, the clinician should respond in writing via a written letter to the requesting party outlining the status of the request for records or testimony. Without such a written response, the requesting party may file a Motion

to Compel Production of the records or testimony, along with a request for attorney's fees and costs. For this reason, even if the clinician must obtain their own outside legal advice, the clinician should not respond to these *Rost* situations in an informal manner via a telephone call, an electronic email communication, or a cell phone text message.

Rather, it is preferable to utilize a clear, concrete, written letter outlining the initial

response to the subpoena. Often, this type of letter will result in the requesting party obtaining the outstanding written patient authorization or the necessary overriding court order. At that juncture, the clinician, in their role as the custodian of the records, can comply with the request for records or testimony in a manner that is consistent with the requirements governing these situations. 

PSYCHOLOGISTS TAKING THE LEAD IN INTERDISCIPLINARY PAIN MANAGEMENT

JULIE CUNNINGHAM, PhD

"This stuff we are learning in here about the 'Pain Gate' is the real deal. But I have one problem with all of this..."



It was a few months ago, while I was leading a Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) Group, that one group participant turned to his peers and so began a candid dialogue. He recounted our ongoing group discussion of the Gate Control/Neuromatrix Theory of Chronic Pain – the “Pain Gate” he refers to above – and how it has already shaped his thinking. But he went further, giving voice to his frustration about the discrepancy that exists between this biopsychosocial approach to the management of chronic pain – the approach emphasized in these CBT-CP group visits – and his often confusing (and sometimes invaliding) experiences as a “chronic pain patient” within the broader healthcare system. He put it simply, “they (healthcare systems at large) don’t seem to know this stuff.”

This man’s sense of discouragement in the face of the traditional biomedical approach to pain is likely familiar to any provider working in this field. First, there is an undeniable stigma associated with chronic pain. Second, there are numerous barriers limiting access to effective interdisciplinary care for many people with pain, especially those residing in rural regions of our state. Third, medical education is, historically, very limited with respect to classroom time dedicated to the fundamentals of pain management, leaving

many primary care providers feeling ill-equipped to address the complex problem of pain. It’s a dangerous trifecta that sometimes leaves our healthcare system(s) in the unfortunate position of perpetuating feelings of discouragement, confusion and disempowerment – for patients and providers alike. An option such as CBT-CP can play a role in breaking this type of negative cycle by broadening treatment to encompass the biopsychosocial model.

Chronic Pain: Prevalence and Impact

Between 30-40% of adults are living with chronic pain; that’s more than those affected by heart disease, cancer, and diabetes combined. The International Association for the Study of Pain defines chronic pain based on both duration as well as the complexity of contributing factors: “chronic pain can be described as ongoing or recurrent pain, lasting beyond the usual course of acute illness or injury or more than 3 to 6 months, and which adversely affects the individual’s well-being...” Chronic pain encompasses a diverse collection of conditions, which can include both pain resulting from disease states or injury as well as those in which pain is the primary condition (e.g., headache, fibromyalgia).

The impact of chronic pain is staggering

and multifaceted. The Institute of Medicine (2011) indicates that the various financial costs incurred total \$560-\$635 billion annually; that’s approximately \$2000 per American. Functional impairment associated with pain can affect employment. Approximately 20% of Americans with chronic pain qualify for disability status while another 17% report needing to change occupations as a result of pain (IOM, 2011). Psychological “costs” also abound. Individuals with pain are 4 times more likely to have depression and anxiety and are at significantly elevated risk for suicide (Burke, Mathias, & Denson, 2015; Tripp et al., 2004). Individuals with pain are also more likely to have problems with sleep and in personal relationships as well as experience poor emotional functioning, reduced self-efficacy, and a sense of isolation (McCarlberg et al., 2008; Outcalt et al., 2015).

The overreliance on opioids to treat chronic pain, while slowed in many healthcare systems over the past 1-2 years, has contributed to the challenges faced by people living with pain. Negative effects of long-term opioid use include; increased mortality, opioid use disorder, overdose, sexual dysfunction, fractures, myocardial infarction, constipation, and sleep-disordered breathing (Brady, McCauley, & Back, 2016; Martell et al., 2007). As opioid prescriptions rise so, unfortunately,

do morbidity, mortality, admissions to substance abuse treatment programs, and opioid-related overdose deaths (Deer and Gunn, 2015).

Towards the Biopsychosocial Model of Pain

Within the past 10-15 years there has been a major shift in the conceptualization and treatment of chronic pain. The biomedical model, pervasive for most of modern medicine's timeline, exclusively emphasizes tissue pathophysiology as the determinant of pain with a treatment arsenal consisting of medications, surgeries, and other interventional procedures. Mounting evidence, however, speaks to the biomedical model's limitations. The cost and potential for harm (i.e., side effects and complications), combined with the limited effectiveness of these approaches as a stand-alone, illustrates the need for a more comprehensive perspective on pain management. Similarly, a vast body of literature demonstrates that psychosocial variables contribute to pain perception as much, or more so, than tissue pathophysiology. For example, in an investigation of workers with low back pain, psychological variables including depression, fear avoidance, and fear of movement predicted 85% of the variability in outcomes at the 6th month mark of the study whereas the degree of tissue damage was a poor predictor (George & Beneciuk, 2015).

Echoing these findings, in 2011 the National Academy of Medicine called for a paradigm shift, urging the American healthcare system to move from an outdated biomedical model towards cultivation of an interdisciplinary perspective on pain management. This biopsychosocial model of pain incorporates both biomedical interventions as well as those psychosocial in nature. Efforts to approach pain from this multidimensional model fare better both with respect to patient outcomes as well as patient and provider satisfaction scores. Leading national health entities, including the Institute of Medicine, National

Institute of Health, and Department of Veterans Administration, all endorse the biopsychosocial approach to pain management, and our healthcare systems are straining to catch up.

Psychologists Taking the Lead: Cognitive Behavioral Therapy for Chronic Pain as a First-Line Treatment

Just as psychologists are aptly poised to understand and apply the biopsychosocial model to the problem of chronic pain, the leading interventions are within our own repertoire as well. The CDC identifies that "psychological therapies," in addition to rehabilitative and physical therapies, should be first-line treatment for chronic pain. Psychological treatment, including CBT-CP, is an appropriate treatment for all those living with chronic pain, not just those who also struggle with co-occurring psychological problems such as depression.


CBT-CP is essentially a "toolbox" of cognitive and behavioral strategies that facilitate the self-management of pain and other physical symptoms (e.g., fatigue). The primary objectives with this approach are to improve functioning, the ability to cope with pain and quality of life.

CBT-CP offers itself as a dynamic and important complement to medical modalities (e.g., injections, medications, surgeries) as it places agency directly in the hands of patients, encouraging them to become active participants in their treatment plan. CBT-CP inspires patients to take the lead in self-managing their condition and finding ways to make the most of their life, despite pain.

To echo my articulate group participant, CBT-CP truly is the "real deal."

As greater numbers of psychologists receive training in this approach, it will effectively increase access to CBT-CP across our state. In doing so, it will improve our ability to positively influence individuals living with pain – and our healthcare systems' movement towards truly interdisciplinary and comprehensive pain management.

Interested in Learning More?

Join Laura Adams, PhD and Julie Cunningham, PhD for a workshop entitled "CBT-CP: Empowering Patients with Chronic Pain" at the PPA Annual Convention in Lancaster! 

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FROM WHENCE WE CAME TO **WHERE WE ARE**

– RACIAL TRAUMA AND CONSCIOUS RESPONSE IN THE CLINICAL CONTEXT

CHERYLL ROTHERY, PsyD, ABPP, *Program Chair and Director of Clinical Training, Center for Professional Psychology, Chestnut Hill College*

JADE LOGAN, PhD, ABPP, *Director, Chestnut Hill College Internship Consortium, Chestnut Hill College*



CHERYLL ROTHERY, PSYD, ABPP



JADE LOGAN, PHD, ABPP

The last four years have brought significant political change in the country which has greatly impacted the daily lives of many people, particularly members of already marginalized groups.

Psychologists have had to engage in conversations that were not previously within the realm of therapist/client discourse. For example, in the days following the 2016 election, a number of our supervisees reported that they were directly asked by their clients, "Who did you vote for?" Pointed questions such as these were universally asked by clients of color in cross-racial dyads with White clinicians. Simultaneously, clients who identified as African American and Black were reporting increases in racial microaggressions at work, at school, and in their everyday lives. Their experiences resulted in mounting levels of stress, anxiety, depression, hypervigilance, and emotional and physical fatigue. Combined, the experiences of both clinicians and clients have resulted in a rising and urgent demand for consultants who can assist colleagues in their efforts to teach, to supervise, to train, to cope, and to continue to be effective in their work as clinicians.

Over the last two decades, we have conducted numerous diversity workshops, trainings, and consultations for psychologists,

trainees, and other mental health professionals to support their efforts to teach, practice, and supervise with cultural competency. Our work has evolved as the field has progressed in this area (a shift from the illusion of cultural *competency* to the more attainable goal of cultural *humility*), and for the past several years, our work has further evolved in response to the current sociopolitical climate and its impact, not just on clients, but on the mental health professionals who treat them. Four years ago, we were fortunate enough to become colleagues, and now we have the privilege of engaging in this important work as a team, each with our own unique background, training, and style.

Dr. Logan: In my trainings, I utilize the core concepts of Social Justice Education according to Maurianne Adams to foster participants' critical thinking, self-reflection, and holistic understanding of the historical and sociopolitical impact of culture. A social justice education framework incorporates the ecological model, teaches critical race theory, and explores various aspects of culture under the frame of oppression and privilege. I encourage participants to gain

an appreciation of how culture impacts all aspects of their everyday lives as well as the lives of the clients with whom they work.

Dr. Rothery: My work has primarily focused on working with African American clients. I similarly employ a variation of the ecological model, focusing on current, past, and historical influences in clients' lives. I use the Relational Cultural Model and Kenneth Hardy's Racial Trauma Model to illustrate the ways in which multiple factors may converge in a client's life, impacting their experience of self, other, and society, and leading to detrimental experiences, reactions, and responses. I illustrate how to serve as a therapeutic bridge back to a healthier self and others, and how to help clients develop enhanced coping skills to promote resiliency and self-defined success in a society that may not support these goals and desires.

We hope that you will join us at the 2020 PPA Annual Convention in Lancaster as we explore how an understanding of racial trauma and a stance of cultural humility provide the necessary foundation for culturally conscious therapeutic

relationships, assessment, intervention, and healing. Our goal is to facilitate the provision of competent care to the people we serve, many of whom are struggling to make sense of where we find ourselves. Regardless of our individual identities or various affiliations, our identity as psychologists, counselors, and psychologists-in-training unites us, and our Aspirational Principles and Ethics Code compel us to connect with the humanity of others through the work that we do. Additionally, our awareness and understanding of racial trauma, followed by steps for culturally conscious intervention, can create the pathway to healing for clients of color. A benefit for us is that a culturally humble walk with our clients on this journey may contribute to our own enhanced coping, resilience, and renewed belief in the power of the important work that we do.

"Micro What? Conscious Clinical Intervention with African American Clients" (Rothery, C. & Logan, J.) will be held on Wednesday, June 17th from 5:00 to 8:00 p.m. This workshop will provide an in-depth

look at ways in which the current climate affects the mental health and well-being of the African American community. Case examples will be used to illustrate conscious therapeutic interactions to address the lived experiences and specific problems of African American clients navigating today's societal landscape. The workshop will begin with a discussion of how the current sociopolitical climate impacts the mental health and well-being of the African American community. Next, we will describe and discuss the profession's positive shift from a focus on Cultural "Competence" to a heart- and mind-set of Cultural Humility in our work. This will be followed by an overview of the Relational Cultural Model and Kenneth Hardy's Racial Trauma Model and how they can be utilized as tools for assessment, case conceptualization, and intervention.

"When You Cut Me, I Bleed Too: The Impact of Racial Trauma on People of Color" (Logan, J. & Rothery, C.) will be held on Thursday, June 18th from 8:30-11:30 a.m. This workshop will briefly explore the historical and sociocultural underpinnings of racism

in the United States. Next will be an exploration of the construct of racial trauma (race-based stress) and how it impacts clients cognitively, psychologically, and behaviorally. While understanding racism is important, it is of equal importance to understand how racism intersects with classism when exploring the impact of racial trauma. Thus, the intersection of racism and classism will be discussed with a focus of how this intersection might play out in the therapeutic space. The fourth major component explored in the workshop will be racial socialization. How are people of color socialized to prepare for and respond to talk about and understand racism? Finally, how are we as psychologists approaching these dynamics in the room with our clients? The Multicultural Orientation Framework provides therapists with tools for engaging in difficult dialogue in the therapy room. A case example will be utilized to illustrate the use of this framework with a client.

We hope you will join us and we look forward to seeing you at the convention! 🗣️



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PENNSYLVANIA EDUCATORS ARE SEEKING INFORMATION ABOUT **CHANGING SECONDARY SCHOOL START TIMES**

GAIL R. KARAFIN, EdD, *School Psychology Board*

RICHARD HALL, PhD, *School Psychology Board*

The research is robust and irrefutable; adolescents experience a shift in circadian rhythms that delay their sleep cycles.

The early school start times in most Pennsylvania school districts contradict teen biology. As a result, our adolescents suffer chronic sleep loss over time with negative consequences for their cognitive, emotional, and/or physical health. Studies show that teens are required to arrive at school excessively early, and subsequently experience significantly more drug and alcohol use/abuse, car crashes, athletic injuries, and suicidal ideation than those with later school start times. Also, they engage in significantly more risky behaviors when required to start school at 7:00 or 7:30 a.m. As the community is becoming more aware of these research findings, educators are beginning to seek resources to address the challenges for revamping their school schedules.

In November, 2019, an important workshop was offered in Exton, PA focusing on tactics to address the schedule change challenges related to school transportation and busing, athletics and extra-curricular activities, ramifications for elementary-aged children, day care concerns, and teacher/

staff issues. Entitled, "Adolescent Health and School Start Times: Science, Strategies, Tactics, and Logistics," this workshop was initiated by Start School Later, Inc. (SSL), a national nonprofit organization concerned about the problem of chronic teen sleep deprivation and public health. This organization advocates for later high school start times and have chapters across the United States. This group was instrumental in bringing an informational and interactive workshop to southeastern Pennsylvania for educators, mental health professionals, and other stakeholders in children's health and welfare.

A committee was formed from local and national SSL members to plan this event that included a review of the science of adolescent sleep and presentations from school superintendents who have spearheaded change in their districts. Researchers who presented on sleep science included Dr. Amy Wolfson from Loyola University and Dr. Indira Gurubhagavatula from the University of Pennsylvania. The school superintendents who spoke both days included Robert

O'Donnell from State College Area School District, John Sanville from the Unionville-Chaddsford School District, and Ken Batchelor from the Radnor School District. Additionally, there were student presenters who reported about their personal experiences with the early school start time.

Educators and school administrators were seeking information about a change in school start times. The responses for registrations were filled so quickly that a waiting list was formed and a second workshop date was scheduled for the next day. Over 50 school districts registered for the program. A plenary session provided an overview, information about the science of adolescent sleep needs, presentations from school superintendents who have made the change, and transportation experts who discussed the logistics of busing. The transportation experts reported that changing one's busing schedules does not necessarily increase costs.


Workshop sessions included two interactive panels, one for advocacy strategies, and the other for implementation tactics. We learned that there had been

a void for educators to come together to learn and discuss the challenges of implementation. A breakout session, "Lobbying, Leadership, and Communication Strategies," provided an extensive discussion of how to advocate for these needed changes. Examples of effective advocacy were provided from school districts in Pennsylvania and Virginia. Many techniques for persuasion were highlighted, including specifics such as providing a compelling rationale for change, identifying key opinion leaders, and advocacy at the state legislative level. The second interactive panel, "Opportunities, Challenges, Creative Solutions, and Best Practices" focused on the solutions for bell change challenges and was led by sleep experts, superintendents who had made a change, and transportation experts.

Parallel to these workshops, Pennsylvania 2018 Senate Resolution 417 (PA SR417) requested that the Joint State Government Commission form an Advisory Committee on Secondary School Start Times. That committee consisted of 27 appointed members representing school administrators and directors,

mental health professionals, and other stakeholders in children's health and welfare. The commission issued its study on "Adolescent Sleep Deprivation: The Case for Delaying Secondary School Start Times" on October 17, 2019. A 92-page report included an overview of the science and research findings, policy statements made by national organizations, current status of secondary school start times in Pennsylvania, and commonly perceived challenges with potential solutions for making a change. Among its findings the report concluded that "it would be advantageous for the Commonwealth to offer incentives and other assistance to school entities desiring to make such a change."

The time seems ripe. Pennsylvania is now on the move, district by district. School administrators are discussing the science and the application of the science to benefit our students. Dr. Mary Carskadon, Director of Sleep and Chronology Research Lab at 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." 

Want to learn more? Register for "Adolescent Sleep Deprivation and Secondary School Start Times: The Science and Current Status in Pennsylvania" on Saturday, June 20 at 8:00 a.m.

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ethics in action

RESPONDING TO **THREATS OF VIOLENCE**

JEANNE M. SLATTERY, PhD, LINDA K. KNAUSS, PhD, ABPP, and SAM KNAPP, EdD, ABPP

This discussion is part of a regular series examining clinical dilemmas from an ethical perspective. In addition to the three of us, respondents to this vignette included Drs. Lavanya Devdas, Claudia Haferkamp, Brett Schur, David Zehrung, and Ed Zuckerman. Rather than immediately reading our responses, consider reviewing and carefully working through the vignette first.

Dr. Pacifist is treating Jay Gunn, who has conservative political leanings and legally owns several guns, including assault weapons. Over the course of treatment, Dr. Pacifist learned that Mr. Gunn frequents chat rooms used by known hate groups and, in the last few weeks, has become increasingly bellicose and hostile toward immigrants, Jews, and African Americans. He has not made any overt threats to harm anyone but has praised the perpetrators in recent mass shootings (e.g., “you have to admire their courage”). Recently, Mr. Gunn has had made oblique comments (e.g., “I wonder if I have the courage to step up and do what needs to be done”).

What is the Problem?

All of us agreed that Mr. Gunn’s comments were concerning, and we believe that we should take them seriously and continue to monitor them in order to keep the community safe, prevent future violence, and protect the reputation of the field of psychology. These threats do not, however, appear to constitute a duty to warn or to

take action to prevent danger to others *at the present time*. Nonetheless, there may be such a duty at a future date and, given his current presentation, an ongoing assessment of Mr. Gunn’s dangerousness is indicated.

Competency to Work with This Client

This vignette raises considerable concerns about several other issues. One of these is that of competency: technical, multicultural, and emotional (Knapp, VandeCreek, & Fingerhut, 2017). As Dr. Schur observed, just like with suicidality, there are two types of errors that one could commit in work with Mr. Gunn: one could either be dismissive or alarmist, neither of which is helpful. If dismissive, perhaps Dr. Pacifist would overlook opportunities to prevent or reduce the severity of future violence. On the other hand, if Dr. Pacifist was inappropriately alarmist, perhaps she would initiate an unneeded police intervention, possibly interfering with their therapeutic alliance and leading to a premature termination from treatment. Rather than increasing Mr. Gunn’s safety or that of the

larger community, abrupt and inappropriate interventions could put the community as a whole at greater risk.

Does Dr. Pacifist have the skills to accurately assess Mr. Gunn’s level of dangerousness? Would she tend to overestimate the dangerousness in this case due to her own fears – either of guns or due to being a member of one of the groups that Mr. Gunn is targeting? People not comfortable with firearms might assess threats of violence differently. Would a psychologist who is a hunter be more competent in making a nuanced assessment of Mr. Gunn due to greater comfort with guns and their use?

We would like to do a careful safety assessment and assessment of risk factors, yet our abilities to understand and predict hate crimes and mass shootings is poorer than our understanding of suicidality – which is inadequate. However, by extension from our understanding of suicidality, we need to consider “acquired capability” (Smith & Cukrowicz, 2010). Normally, we have difficulty hurting ourselves or others, yet this

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

capability typically develops over time in a long process decreasing the person's aversion to violence or completing suicide. In his TED talk, Christian Picciolini (2017) suggested his own involvement in a white supremacist group came about through a process of dichotomous thinking and selective attention. Mr. Picciolini was an easy recruit at age 14 due to his feelings of alienation and disconnection, lack of self-confidence and low self-esteem, and poor mastery.

Dr. Haferkamp asked what Mr. Gunn means in wondering whether he "has the courage to step up and do what needs to be done," and suggested the need for a broader review of his life and moods, especially exploring his suicidal and homicidal impulses, the integrity of his coping skills, and the adequacy of his support system. Although we don't know exactly what Mr. Gunn meant, his comments about courage do seem to suggest that Mr. Gunn is actively involved in a desensitization process, and while the research on hate crimes and mass shootings is scanty, we might wonder whether activity in chat rooms used by known hate groups, linguistic desensitization through the use of objectifying epithets directed at minority groups, and gun use (e.g., being a veteran or a hunter) is making it more acceptable for Mr. Gunn to engage in violence. We would want to further assess Mr. Gunn's chat room use, media exposure, and history of violence and threats of violence. Further, as Dr. Zehrung observed, violent actors tend to be grievance collectors, people who collect real or imagined social slights, historical grievances, injustices, unfair treatment, and perceived wrongs, so grudges against minorities might be especially important to consider in this context (Navarro, 2015).

Differences and Self-disclosure

It seems that Dr. Pacifist has done a good job in developing a positive relationship and getting Mr. Gunn to disclose in treatment. Should Dr. Pacifist reveal her group memberships to Mr. Gunn? So much depends on context. Mr. Gunn might respond to such a disclosure, "Yeah, I knew that, but you are different. I am only mad at the bad ones, not you." Or he may feel betrayed and end treatment. As we

discussed earlier, this could increase his risk and that of the larger community. On the other hand, Mr. Gunn's disclosures may indicate that he is not taking treatment seriously and that he is disclosing to Dr. Gunn to test or irritate her. Without knowing the patient's tone or having more information, it becomes difficult to decode this.

Can Dr. Pacifist continue to put her personal and political feelings aside and work well with Mr. Gunn? Should she? Rather than attempting to put them aside, Dr. Devdas would "own my own values and concerns as a woman of color and how that impacts my decision making. I would want to base my decisions from a standpoint of safety and well-being rather than fear." The ability to either set her feelings aside or assert own her values in session would depend on Dr. Pacifist's current level of emotional competence – the amount and types of stressors in her life at present, the nature of her coping skills and the strength of her support system, and her current psychological status. She might be effective in working with Mr. Gunn when all is well in her life yet feel less able to do so shortly after the occurrence of a hate crime in her community. Dr. Zehrung would take an empathic approach despite Mr. Gunn's threats: "my bias is toward safety and that includes you and the public, of course. I'm thankful that you disclosed this."

Is it Ethical to Address Hate Speech in Treatment?


Dr. Knapp asked whether psychotherapists should even address hate speech in therapy. On the one hand, some may argue that psychologists should not address the hate speech unless it is directly related to the client's goals (e.g., interpersonal relationships at work; feelings of isolation and paranoia). They would say beneficence (focusing on the client's well-being) or respect for client autonomy should be given precedence. On the other hand, some may argue that psychologists have an obligation to address hate speech in therapy. They would say that public beneficence (the obligation to protect the well-being of society) would outweigh these other principles.

According to principle-based ethics, one ethical principle may take precedence over another if: (a) there is a likelihood that the proposed intervention would succeed, and (b) an effort is made to minimize harm to the offended moral principle (Knapp et al., 2017). One could argue that Dr. Pacifist could and should address the hate speech if she thought that doing so would likely help Mr. Gunn think through treatment issues and would protect the community – and if Dr. Pacifist took steps to minimize any harm to the psychotherapeutic relationship and the course of treatment.

Resources are Available

Sometimes we may feel alone, but we do not need to be. How do Dr. Pacifist's colleagues help her feel safe at work? These things might include acknowledging her safety needs, making sure that she is not alone in the building when working with Mr. Gunn, and situating her office – at least when she is working with him – in safer parts of the building. If her workplace has not yet developed a safety plan, this might be a good time to do so.

We always believe in the power of consultations. Colleagues at work or in her community could support Dr. Pacifist in her decision making and help her recognize which things are her issues and which are Mr. Gunn's. Our listserv, the consultation services available through PPA, and the Colleague Assistance Committee can help Dr. Pacifist marshal the professional resources she needs.

Running her concerns past other caring and competent professionals might help Dr. Pacifist recognize and evaluate options, as well as feel supported. Such feelings may offer Dr. Pacifist the degree of clarity that would enable her to work effectively with Mr. Gunn. 

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CE QUESTIONS FOR THIS ISSUE

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

You may complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. Each question has only one right answer. Be sure to fill in your name and address, sign your form, and return the answer sheet to the PPA office with your CE registration fee (made payable to PPA) of \$20 for members (\$40 for nonmembers) and mail to:

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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.

Shullman

1. Which of these statements best describes current concepts of leadership?

- a. Context critically impacts leadership
- b. A leader is a leader is a leader
- c. Leadership minimizes uncertainty
- d. Leaders know best what needs to be done

2. For the learning leader approach, which of the following is most descriptive?

- a. The leader has a clear vision but does not know how to implement
- b. The leader knows where to go and wants to teach others about it
- c. The leader is uncertain about direction and needs help to figure out what to do and how to get where they need to go
- d. The leader has no idea what to do and studies the situation

Langman

3. Which statement best summarizes the article:

- a. Terrorists are sincere people who are devoted to a cause
- b. Terrorists cannot be discussed as a homogeneous population
- c. Terrorists suffer from major mental illness (e.g., schizophrenia)
- d. Anyone involved in a terrorist organization is psychopathic

4. According to the article, common factors among lone-actor terrorists are:

- a. Anxiety, depression, and substance abuse
- b. A history of severe abuse as children
- c. Occupational failure and family rejection
- d. Callousness, paranoia, and grandiosity

Knapp

5. The term positive ethics refers to the process of

- a. Making workshop participants positive or certain about their decisions
- b. Making workshop participants positively frightened when dealing with ethical issues
- c. Looking at philosophical traditions underlying the APA Ethics Code and other professional rules and ways to incorporate one's personal ethical beliefs into their professional work
- d. All the above

6. A presenter who adopts a positive approach to teaching ethics would be more likely to focus on

- a. Making the workshop participants fearful and anxious
- b. Engaging workshop participants in non-threatening and relevant conversations about the class material
- c. The rote learning of the standards of the APA Ethics Code
- d. All the Above

Cunningham

7. What approach(es) would be considered first-line for chronic pain management?

- a. Psychological therapies such as cognitive behavioral therapy for chronic pain
- b. Low-dose opioid medication(s)
- c. Physical therapy
- d. Both A and C

8. Which of the following represents a true statement regarding the impact of chronic pain?

- a. Between 10-12% of Americans suffer from chronic pain.
- b. Individuals with chronic pain have a greater likelihood of problems with sleep as well as poorer emotional functioning, reduced self-efficacy, and a sense of isolation.
- c. The risk of developing depression or anxiety is approximately 1.5-2x higher for those with chronic pain.
- d. The various financial costs associated with chronic pain in the United States total \$250-320 million annually.

Logan & Rothery

9. Racial microaggressions against people of color can cause

- a. Anxiety
- b. Depression
- c. Hypervigilance
- d. All the above

10. Recent literature on serving diverse populations indicates that the necessary foundation for effective cross-cultural treatment with diverse populations of all types is

- a. Cultural capacity
- b. Cultural competence
- c. Cultural humility
- d. Cultural kindness

Karafin & Hall

11. Over time chronic sleep loss in our adolescents has negative impact on their

- a. Educational performance
- b. Mental health
- c. Accidents and injuries
- d. All the above

Slattery, Knauss & Knapp

12. Dr. Pacifist may be having difficulty working with Mr. Gunn because of her fears about someone using hate speech. Her reflections about her ability to work with him reflect:

- a. Emotional competence
- b. Multicultural competence
- c. Ethical competence
- d. Technical competence

13. In principle-based decision-making, psychologists

- a. Always follow all principles at all times
- b. Follow the principle that is of primary importance to a particular client
- c. Consider all principles, although give preference to autonomy
- d. Generally follow all principles except when two or more principles appear to collide



CONTINUING EDUCATION ANSWER SHEET

The Pennsylvania Psychologist, March 2020

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

- | | | | |
|-------------|-------------|-------------|--------------|
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| 3 . a b c d | 6 . a b c d | 9 . a b c d | 12 . a b c d |
| | | | 13 . 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

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Dr. Mary O'Leary Wiley

Distinguished Contributions to the Science and Profession of Psychology Award

Mary O'Leary Wiley, PhD, ABPP is a board certified Counseling Psychologist in full time independent practice in Altoona, PA, where she focuses on helping people who are experience depression and anxiety, complex trauma and dissociation, disordered eating, adoption issues, health and wellness concerns, and issues related to spirituality and emotional well-being. Dr. Wiley has served PPA on the Budget & Finance Committee, Membership Committee, and began the PPA Emerging Leaders Program, which she led for 3 years. Dr. Wiley is currently the President-elect of APA Division 17 and serves on the APA Committee for Rural Health. In 2017, she was award the APA Award for Distinguished Professional Contributions to Independent Practice.



Dr. Nancy Chubb

Distinguished Service Award

Nancy Chubb, PhD, MBA was PPA President from 2008-2009 and Treasurer from 2004-2008. She served on several committees including the Multiculturalism, Leadership Development, Budget and Finance, and Business and Psychology Partnership. Before opening a full-time private practice specializing in complex trauma and business psychology, Dr. Chubb worked at Persad Center, an agency for the LGBTQIA community. She was active in the Greater Pittsburgh Psychological Association (GPPA) as Treasurer and a board member, receiving the GPPA Legacy Award in 2005. Dr. Chubb is committed to social justice, ecofeminism, and political activism, and has always had a willingness to take on Goliath, whether this has been to represent LGBTQIA interests in her professional roles or to square off against insurers on behalf of private practitioners. Within PPA itself, Dr. Chubb promoted minority voices, encouraged membership involvement, and challenged the under-representation of Western PA members.



Dr. Peter Langman

Public Service Award

Dr. Peter Langman is a psychologist whose research on school shooters has received international recognition. His book, *Why Kids Kill: Inside the Minds of School Shooters*, was named an Outstanding Academic Title and was translated into German, Dutch, and Finnish. His work has been cited in congressional testimony on Capitol Hill and he has been interviewed by over 400 other news outlets all over the world.. After the Sandy Hook attack, the CEO of the APA presented Dr. Langman's recommendations on school safety to President Obama. He has presented at the FBI National Academy in Quantico and been hired by Homeland Security to train professionals in school safety. He maintains the largest online collection of materials relating to school shooters at schoolshooters.info, including nearly 500 documents totaling 60,000 pages. In 2018, Dr. Langman became a researcher with the National Threat Assessment Center of the United States Secret Service. He is a member of PPA's Interpersonal Violence Committee, and winner of PPA's 2019 Award for Distinguished Contributions to School Psychology.

*Join us in celebrating these outstanding members at PPA's
Annual Awards Dinner on Thursday, June 18 at 6:30 pm.*



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2020 Spring Continuing Education Conference

April 3, 2020

Hotel Monaco - Pittsburgh, PA

CONFERENCE SCHEDULE

Course descriptions are available online

FRIDAY, APRIL 3

8:00 a.m. - 12:00 p.m.

W01 - Psychological First Aid

Shari Kim, PhD

4 CE Credits - Introductory

8:30 - 11:30 a.m.

W02 - Doing Dynamic Supervision

John A. "Jay" Mills, PhD

3 E Credits - Intermediate

W03 - A Script-based Approach to Couples Therapy

Brett Schur, PhD

3 CE Credits- Intermediate

12:00 - 1:00 p.m. - Lunch

W04 - Talking About Suicide: The Patient's Experience and the Therapist's Experience

Brett Schur, PhD

1 CE Credit - Intermediate

1:30 - 2:30 p.m.

W05 - Understanding and Building a Reflective Practice through Self Discovery and Awareness

Cathy Petchel, MA

1 CE Credit - Introductory

1:30 - 4:30 p.m.

W06 - Bullying at School: What You Can Do About It

Laura Crothers, DEd

3 CE Credits - Intermediate

W07 - A Principle-Based Approach to Ethics

Brett Schur, PhD

3 Ethics CE Credits - Intermediate

2:45 - 4:45 p.m.

W08 - So You Want a Private Practice? (Non-CE)

Rebecca Coleman, PsyD

Introductory

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COST (Per workshop)	Until March 3	After March 3
PPA Members	\$80.00	\$95.00
Non-members	\$130.00	\$145.00
Student Members	\$20.00	\$35.00
Non-member Students	\$45.00	\$60.00
Lunch	\$50.00	\$50.00

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

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Calendar

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Pittsburgh, PA

JUNE 17-20, 2020

PPA2020 Annual Convention
Lancaster Marriott at Penn Square
Lancaster, PA

OCTOBER 16, 2020

Fall Continuing Education Conference
Normandy Farm
Blue Bell, PA

JUNE 23-26, 2021

PPA2021 Annual Convention
Kalahari Resort & Convention Center
Pocono Manor, PA

JUNE 22-25, 2022

PPA2022 Annual Convention
Penn Stater Hotel and Conference Center
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General

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Introduction to Telepsychology, Part 1, 2, and 3 (Webinar)—1 CE each
*Introduction to Ethical Decision Making**—3 CEs
*Mental Health Consent and Confidentiality When Working with Children**—3 CEs
*The New Confidentiality 2018**—3 CEs

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