

The Pennsylvania

SEPTEMBER 2020

Psychologist

VOLUME 80, NUMBER 8

POLITICAL PSYCHOLOGY

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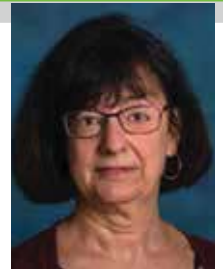
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DEA SILBERTRUST, PhD, JD



"This is an extraordinary time full of vital, transformative movements that could not be foreseen. It's also a nightmare. Full engagement requires the ability to perceive both." —Rebecca Solnit

This was written in 2016, as part of the Foreword to the third edition of her 2004 book, *Hope in the Dark*. It could just as easily be written today, or at other pivotal points in history. It is crucial that we remain open to both the promise and the pain, but it is also extremely difficult. None of us can go it alone.

As is true for most of you, friends and family have sustained me through these past few months, even though our contact is often through a screen. Professionally, I have relied on the wisdom and shared experience of my colleagues to sustain my work with clients whose suffering has been magnified by the events surrounding us all. The tools and comradery freely provided by PPA staff and members have eased my fear and confusion. Never have I been more grateful to be part of this extraordinary group of people that is the Pennsylvania Psychological Association.

Now is the time to step up our care for ourselves and each other, to strengthen our core, so we have the strength and stability to move boldly into the future. There is an old adage: "You can't pour from an empty cup." If we want to continue to serve others, we must take the time to replenish ourselves. If we want the continued support PPA has given us, we must replenish our state association.

So this year's theme, *Creating Stability in a Time of Change*, is about strengthening what we have so we can better respond to change. It's not the same old, same old. We need the core of capable staff, solid finances, and engaged members to do anything; this stability enables us to re-

imagine the future. PPA is a place to foster our individual stability and growth, and to work together to more effectively engage with the larger community. Here are some of the things we are doing.

Last year's presidential theme was *Leading by Example*. Marie McGrath, PPA's immediate Past President, exemplified this by quickly and gracefully altering her plans for the final months of her term. One of the

This year's theme, *Creating Stability in a Time of Change*, is about strengthening what we have so we can better respond to change.

many things postponed this spring was a leadership retreat. She has re-envisioned this as a series of webinars and other programs on various aspects of leadership. One of the first will be on self-care.

In addition, PPA will expand the ways members can connect with each other. With the passage of our new bylaws, PPA will begin developing SIGs (Special Interest Groups) where members with similar interests can come together without the formalities of a committee. Social connection hours began a few months back and will continue on a regular basis. Just sign up and join colleagues across the state for an hour of informal talk. And if you aren't part of the list serve, consider joining. It has been an excellent resource for information, consultation, and support.


Of course, there is no PPA without its

members. Please renew and encourage your colleagues who are not yet members to join. Remember when Sam spoke to you about a difficult case? Or Rachael offered legal advice? How many of you used the chart Brett Schur put together (and continues to update) on reimbursements for telehealth? Did you attend a free webinar on COVID-related issues? PPA can continue to offer these things only if we support it with our membership.

While we care for ourselves, each other, and our association, we also look to serving our larger community which includes responding to current social issues. Thanks to Tim Barksdale, who long before George Floyd's murder, brought up the need for a Diversity and Inclusion Board position. The bylaws change, overseen by Marie McGrath and recently approved by our membership, includes this new position. There will be a special election to fill it this fall.

But change does not happen through one person. Groups of us are meeting to discuss diversity issues inside our organization and profession, and to find ways we can better address these issues in the wider world. I am putting together a task force on social justice to help PPA and its members more effectively bring their psychological skills and expertise to a variety of social issues.

Do any of these things picque your interest? Do you have a need or concern that is not being addressed? Contact me and we can discuss it further. I will do whatever I can to keep everyone fully engaged.

Email dcsilbertrust@comcast.net or 610-667-5328. 



SAVE THE DATE for PPA's VIRTUAL FALL CE WEEK!

ANN MARIE FRAKES, MPA

Many thanks to everyone who provided feedback on PPA holding an in-person event for our Fall CE programs. We recognize that there is so much uncertainty surrounding COVID-19 and live events, but we needed to hear from you before we felt comfortable making a decision.

An overwhelming number of you responded that you did not feel comfortable meeting in person for CE programs yet, so we have decided to cancel our in-person CE programs and instead will offer a week-long CE event! PPA's Fall CE Week will take place November 9 – 14, 2020. Sessions will consist of both live and pre-recorded webinars throughout the week including webinars to meet the requirements for Act 31, Act 74 (suicide), and Ethics. More information and a list of workshop topics and presenters will be available as we continue to finalize plans for this event.

With so much uncertainty surrounding COVID-19 and in-person events, PPA will continue to offer virtual programming through the fall and as we move into winter 2020. The opportunity to present a webinar or virtual workshop is open to all PPA members, and we invite you to submit a proposal today!

These proposals will be considered for presentation at our Fall CE Week, but also for the monthly webinars that we have been offering since March. We are open to all psychology-related topics and look forward to reviewing all proposals!

Please keep in mind as you are considering, or submitting, a proposal — a virtual presentation does differ from an in-person presentation!

- Proposals should be no longer than 60 to 90 minutes for one presentation (although we have held multi-day programs/series for topics that need more time!).

- It may be harder to engage a virtual audience, so presenters should consider including polls, questions for audience interaction, and an engaging presentation
- Webinars can be presented live, or recorded ahead of time, depending on the presenter's preference.

PPA staff are available for trainings on our webinar platform, as well as available to provide support before, during and after our virtual programming.

If you are interested in presenting virtually with PPA, you can access a form through PPA's website by clicking on Call for Presentations under the Professional Development tab and submit it to Judy@papsy.org.

Questions about this process or virtual presentations through PPA? Contact Judy@papsy.org.

Thank you, again, for your feedback, and we look forward to continuing to provide our high-quality CE programs virtually until it is safe to do otherwise! 📺





RECENT CHANGES

to the Complaint Investigation Process

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

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

Most psychologists conduct their clinical practice with no licensing board difficulties. Can a psychologist be the subject of licensing board complaint investigation? Yes. Has it happened to colleagues? Yes. Is it an inevitable fate during the course of a psychologist's professional career? No. Is it a rarity, rather than a common occurrence? Absolutely.

Yet, there may be an occasion when a psychologist finds themselves the subject of a licensing board complaint investigation.

In Pennsylvania, a licensing board complaint investigation is not conducted by the licensing board. In fact, the licensing board is not even aware that an investigation is being conducted.

Rather, the complaint inquiry is filed with what is known as the Compliance Office. Following a preliminary review, the case is assigned to a Department of State Prosecuting Attorney. In almost all instances, following a more thorough review by the assigned Prosecuting Attorney, the case is assigned to a regional Bureau of Enforcement and Investigation (BEI) investigator for investigation.

Following the completion of the investigation, the case is returned to the assigned Prosecuting Attorney. At that juncture, the assigned Prosecuting Attorney either closes the case as being unfounded, or files a formal complaint, referred to in Pennsylvania as an Order to Show Cause.

If the case is closed as being unfounded, the licensing board never becomes aware of the investigation, and there is no public record of the inquiry. If an Order to Show



Cause is filed, the licensing board becomes involved as the trier of fact, and the case then moves towards a formal hearing process, or a formal voluntary resolution.

During the investigation stage of the case, there is no right to receive a copy of the written complaint inquiry. Conversely, during the investigation stage of the case, there is no legal obligation to sit for an investigatory interview.

Nonetheless, in essentially all cases, it is necessary to receive a recitation of the complaint allegations to determine what type of an initial response is warranted. In this regard, some type of interaction with the assigned BEI investigator is warranted.

There are no set Administrative Rules of Procedure or licensing board regulations

Continued on page 11

Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House	Governor's Action
SB 67	PSYPACT Legislation.	Sen. Judy Ward	Support	Passed Senate 202-0	Passed House 49-0	Enacted into law Act 19 of 2020 May 8, 2020
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	Passed Senate 32-17	Passed House 116-83	Enacted into Law Act 67 of 2019 July 2, 2019
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 47-1 Senate concurred House Amendment 29-21	Passed House, Amended in the House 111-77	Vetoed by the Governor Veto No. 4 April 29, 2020 Laid on table with Governor comments May 6, 2020
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	Removed from Table April 29, 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	



If You Think You are Not a Politician, **THINK AGAIN!**

JEFFERY L. STERNLIEB, PhD., jsternlieb@comcast.net

"Yesterday is history, Tomorrow is a mystery, Today is a gift. That's why they call it the present!"

"Remember, life is not what happens to you, but what you make of it. Everybody dies, but not everybody fully lives. Too many people are having a "near life experience."

"In the beginner's mind the possibilities are many, in the expert's they are few."



While these quotes may be familiar, what you may have never considered is that they are all political. They have the power to change people's lives. They have impact. And they, of course, are all about how we live. They are also examples of the power of language – there is an element of contrariness or even paradox – they invite reflection – there is a basic truth to each of them and they are classically psychological!

Many psychologists struggle with the idea of being political. In fact, in our work settings, we are explicitly encouraged to not express our personal opinions. In our clinical work of doing psychotherapy or in our teaching, it would be unethical to impose our personal views on patients or on students who we teach and supervise. We listen – deeply, we reflect back the emotions we have heard, we invite patients to consider alternate views, we use tools and techniques designed to influence our patients' perspectives in service of their goals. However, it is a mistake to ignore the potential we have to contribute to issues in public discourse.

Some of us are already political; that is, we use our voice or the power of the pen to educate, influence, or advise others on issues such as parenting, corporal

While participating in the political process at a governmental level may not be comfortable for some, all our communities need the benefit of our knowledge, our experience and our expertise.

punishment, stress management, LGBTQ issues and many, many others. PPA has organized political action training sessions and opportunities to use that training in meetings with state legislators. PennPsyPAC is PPA's political action committee which raises money and is organized to advocate in the legislative arena for the advancement of PPA's mission.

While participating in the political process at a governmental level may not be comfortable for some, all our communities need the benefit of our knowledge, our experience and, our expertise. Think of being political as a continuum of influence from federal or state or even local governmental bodies at one extreme to contributing to healthier and more productive lives among our communities.

No one is better equipped! We have skills in conflict management – we are

expert listeners – we have insight into relationships and how behavior changes in groups – we help others live more authentic and productive lives – we understand multiple perspectives – we are healers – we are educators – we can be politicians. We actually have expertise in the one field that is of most interest and curiosity to almost everyone – ourselves!

Politics is generally described as the way that people living in groups make decisions. So, politics is about making agreements, rules, or guidelines to help people live and work together. People who spend a lot of their time doing this are called politicians. The study of politics and politicians is called political science. However, political science does not concentrate on the ways people function differently when they are in groups – group dynamics. That's a field of study that is uniquely psychology.

How might we start? It's time for more of us to emerge from our therapy caves, instead of sharing our skills and knowledge with only one person at a time (or occasionally a couple or family). What if we begin to strategically educate the public about the tools we can all use in managing our lives; individually and collectively,

personally and professionally? “Make Psychology a Household Word” – the PPA effort to ‘speak’ to the public – is a start, but we need to put it on steroids! Political is not “a four-letter word.”

Think about how or why we studied psychology in the first place! For some of us, studying psychology felt like a calling. We had a sense of intrinsic motivation. Often, it comes from an experience we have had or observed. While I don’t recall feeling like psychology was a calling, I do recall a time when my work felt more purposeful. It occurred when I saw the EOB’s after surviving emergency open heart surgery. I was shocked at the high cost of saving my life. The result was a sense of having a debt I wanted to pay back, somehow. Passion comes from many different places. When we feel strongly enough, we often find an outlet for the energy we generate.

There is a Chinese proverb that suggests:
The best time to plant a tree is 20 years ago.
The second best time is today!

The year 2020 is already a historic year. The COVID-19 pandemic is literally a once in a century event, and there are predictions that a next pandemic is likely to occur sooner. The growth of the Black Lives Matter movement will, I believe, have a profound impact on the American ‘experiment.’ This year has also witnessed a disturbing assault on science and facts, along with the resultant impact on truth and trust.

The Wright Brothers didn’t file a class action suit against gravity!

Edison didn’t bitch about darkness!

If you don’t stand for something, you will sit for anything!

Do you know what you stand for? Have you thought about your strengths and how you might contribute your skills, your knowledge and your energy to work with others who have similar passions? I know we all live in and with differing circumstances, freedoms, and responsibilities; however, all of our work is customized to the needs of our clients. I invite all colleagues to share with others the creative ways you are finding and sharing your unique voice. Some may join you; others may be inspired by you. Contributing in whatever ways are personally or professionally meaningful is political and it can make a difference. 📢

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HUMAN MORALITY and PSYCHOLOGY

JOHN D. GAVAZZI, PsyD ABPP

Humans are social primates who cooperate better than any species on Earth. In order to foster super-cooperation, beliefs, rules, norms, and expectations are required to manage the social interactions of humans. These rules, norms, and traditions are built upon morality. In their most basic form, moral decisions are dichotomous, framing an action or belief as right or wrong, good or bad. From these basic moral decisions, individuals who make up a group reward and encourage prosocial behaviors and discourage selfish behaviors.

While the origins of morality remain a mystery, there are clues from evolution and biology as to how morality emerged.

Evolutionary psychology maintains that morality is partly a function of our brain structures and social learning that started long before homo sapiens became moral animals. Comparative psychologist Franz DeWaal articulated that the pillars of morality are empathy and reciprocity. He believes that morality emerged through these two processes, which are found in other mammals. In order to become super cooperators, humans also developed altruistic behaviors grounded in non-zero-sum thinking. Zero-sum thinking is highly competitive thinking, *I win and you lose*. Humans, like all animals, are excellent at competing. Non-zero-sum thinking occurs when both parties sacrifice something of lesser value, in order to attain a much more valuable goal. Non-zero-sum thinking is *win-win* thinking, which rarely occurs in other primates.

The competing narrative of moral origins in American culture is found in religion. In the Hebrew Bible, The Old Testament, and the Quran, the moral origins story is set in the Garden of Eden. In essence, God forbids Adam and Eve to eat from



the tree of knowledge of good and evil. A serpent coaxes Eve to eat the fruit to gain knowledge of good and evil (aka the wisdom of God). Once they eat the fruit, Eve and Adam experienced a transformation and recognized they were naked and felt embarrassed (moral emotion) by their nakedness. They also felt shame (moral emotion) for disobeying God.

Moral Brains and Moral Emotions

The frontal lobes of our brains comprise roughly 30% of the cortical surface and are the last part of the brain to develop fully. While frontal lobes are found in other animals, human frontal lobes are denser

and the lateral frontal pole in the prefrontal cortex is unique to humans. Additionally, the ventromedial prefrontal cortex and the orbitofrontal context are both involved with processing risk, decision-making skills, emotional regulation, moral reasoning, and moral evaluation. When individuals suffer damage to these brain structures, moral reasoning and evaluation skills diminish. Without these brain structures, humans lose the ability to make prosocial moral decisions.

The limbic structure of the brain, composed of the hypothalamus, amygdala, thalamus, and hippocampus, is found in other animals as well. In terms of moral

emotions, this portion of the brain is most associated with aggression, fear, rage, disgust, guilt, joy, and excitement. As the limbic structure is closely tied to the prefrontal cortex, the emotional portion of the brain is tightly connected to the moral evaluation centers of the brain. This proximity, and the work on moral reasoning and moral emotions, explains the strong emotions associated with moral beliefs.

Groups as Moral Formations

Moral brains do not exist in a vacuum. We operate within social groups and cultures. How we organize and structure groups depends on large part as to whether group members connect with the rules, values, and moral ideals of a group. Groups bind together through norms, expectations, and traditions that are value-laden. Once a group is created, an in-group bias forms almost instantaneously. Research shows group membership helps us feel accepted, better than members of other groups, and are less likely to judge ingroup members harshly. Once the in-group bias forms, an out-group bias forms almost as quickly. The outgroup bias can escalate into discrimination, prejudice, and hatred. In this social dynamic, the moral norms of the group that help bind individuals together also blind them to their own limitations and biases (Haidt, 2013).

When groups remain ultra-competitive, a win-lose dynamic persists. If rigidity is added to a fearful group, the more tightly bound a group becomes and the less open it is to cooperation, collaboration, and non-zero-sum behavior. The group can resort to more primitive behaviors to maintain status, reputation, and power. Conformity, overconfidence, and cohesiveness (through self-censorship) become paramount for

the enmeshed group. Groupthink can lead to disastrous results because it lacks a self-corrective mechanism. The banking crisis of 2008 and the Space Shuttle Challenger disaster are just two examples of how unhealthy group formations can cause great harms.

In order for our moral brains to work appropriately, we need to become involved in healthy group formations. For groups to remain thriving, there must be ways to encourage debate, gather outside opinions, recruit diverse membership, acknowledge biases, and admit when errors occur in leadership.

Primitive Brains, Modern Problems

We currently live in a highly complex, fast-paced, technological world that has outstripped our brain capacities. We struggle to pay attention, find facts, or

When groups remain ultra-competitive, a win-lose dynamic persists. If rigidity is added to a fearful group, the more tightly bound a group becomes and the less open it is to cooperation, collaboration, and non-zero-sum behavior.

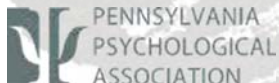
research issues. We rely on others in our social networks to help shape our reality, which reinforces group values, identity, cohesion, and sense of specialness over others.

While the internet was touted as a means to liberate our thinking by offering a diversity of opinions, personalized

algorithms and intentional divisiveness on social media platforms reinforced zero-sum thinking in highly competitive, fearful groups. To alter the old adage slightly: *On digital media, fearful birds of a feather flock together as tightly as possible.* Social media, in conjunction with the 24-hour news cycle, has hijacked the moral functions of our brains and social formations unfairly, because these processes occurred clandestinely. Digital media has intensified our emotional reactions by framing many social and political issues as threats and losses. Currently, there is no cultural mechanism to slow down our thinking, gather outside opinions, or finding diverse opinions.

What can psychologists do or how can we help others? We need to break through our current polarization using basic psychological principles consistent with research related to moral psychology. At a minimum, we need to increase intergroup contact to break down the in-group/out-group bias. In this way, Americans can start to create a shared reality and recognize commonalities, not differences. Next, we need to unite and cooperate around superordinate goals. We need to revive non-zero-sum thinking among separate groups. As part of altruism, we need to build trust between groups to decrease divisiveness, fear, and prejudice. Finally, in terms of politics, we need to help citizens vote for policies, not parties or personalities. For example, every budget is a moral document, because it is a moral statement about priorities, which people and policies are the most important and which are the least. In these ways, citizens are better able to assess which policies are more consistent with their moral values. **NR**

PPA Webinar - From Reflection to Action: Practicing Anti-Racism as a Therapist
Presented by Dr. Sean Moundas and Dr. Whitney Robenolt
Friday, September 18 from 12:00 - 1:00 pm



Register online today at papsy.org

How to **TALK TO THOSE FOOLS WHO DISAGREE WITH YOU** on Political Issues

ED ZUCKERMAN, PhD

As I understand it, people do not vote their own best interests, even when they know them and understand their consequences. Some people may vote for their group's or community's best interest but generally people seem to vote their values, that is, for candidates who (say they) represent the voter's values. What are the values Americans hold to? What are the values that seem now to be so very different?

How is it possible to have discussions with those who have come to completely different positions? The following essay helped me to understand how liberals and conservatives come to different judgements and what can be done with this knowledge.

(This is adapted, with permission, from *The Moral Foundations of Anti-Lockdown Anger* by Richard Milner and published in and retrieved Jul 10, 2020 from <https://rabbitholemag.com/the-moral-foundations-of-anti-lockdown-anger/>)

In *The Righteous Mind: Why Good People are Divided by Politics and Religion*, Johnathan Haidt identified six values, the lenses through which we all see and judge the world, the foundations of morality. As described here, they are ranges and the names are the end points, but the definitions apply only to the first word listed.

- **Care vs harm:** The empathy and concern needed to safeguard children and the vulnerable.
- **Fairness vs cheating:** The expectations surrounding reciprocal altruism (like wearing a mask to protect others and expecting the same from others) and the proportionate allocation of resources.
- **Loyalty vs betrayal:** To the group which creates essential group cohesion (a sense of "us" and belonging)


- **Authority vs subversion:** Deference to leadership and authority that enables quick decision-making and coordination in difficult times.
- **Sanctity/degradation:** Aversion to contaminants (e.g. waste products, pathogens, poisons) that could sicken the group. In modern times, this has evolved to keeping contaminants like taboo ideas from infecting values the group deems sacrosanct.
- **Liberty/oppresion:** Rejection of power seen as illegitimate for the purposes of ousting unworthy alphas.

Haidt has gathered tens of thousands of data points over the years through his website www.yourmorals.org, which contains questionnaires designed to explore respondents' personal ethics, and used them to find relationships between moral foundations and people's politics.

He found that people who identify as liberal typically focus more on care and fairness, whereas people who identify as conservative care more about loyalty, authority, and sanctity. Both liberals and conservatives value liberty, but they express this in different ways: whilst, for liberals (for whom care is another major concern), liberty usually means support for the underdog against oppression, for conservatives (for whom in-group loyalty is another major

concern), liberty usually means freedom from outsiders telling them what to do.

Core idea: Both liberals and the conservative protestors seem to believe their behavior is moral. But what is moral to a liberal may not be the same as what is moral to a conservative because they focus on different moral foundations (or different aspects of them). Much of the misunderstanding between them is due to these inherent differences.

These are difficult times for everyone, but it is important for all citizens to reach across the political aisle and try to find common ground. Instead of trying to appeal to conservative protestors in terms of care for the vulnerable and "the common good," perhaps liberals should appeal to them in terms of the things they care most about, for example, reminding them that whilst they feel compelled to be loyal to their group, they owe a higher loyalty to a larger group (the United States) and the welfare of their fellow citizens, or that carrying and spreading diseases like the coronavirus is somewhat gross, or that in exercising their right to assemble in disregard of social distancing advice they're jeopardizing others' right to life. Perhaps then they will be able to unite against the common foe that is the virus. 

RECENT CHANGES TO THE COMPLAINT INVESTIGATION PROCESS

Continued from page 4

that govern a BEI investigation. In addition, there are no set rules or regulations that govern the manner by which a licensee is informed of the existence of a complaint inquiry.

In the past, a licensee was advised by mail regarding the existence of a complaint investigation. At times, the BEI investigator would telephone the licensee. In other instances, the BEI investigator would present themselves at the licensee's address of record.

More recently, a number of BEI investigators have been contacting licensees via email. These email notes generally do not contain any complaint information. Rather, these email notes request that the licensee immediately contact the BEI investigator to schedule an in person investigative interview. Often, the turnaround time to respond to the request is extremely short in duration.

These time constraints are not based upon any specific rules or regulations. Rather, they are an attempt to induce the licensee to agree to an investigative interview prior to the licensee deciding if they will retain legal counsel.

More specifically, the filing of a complaint inquiry sets into motion an adversarial

process. On one side is the Commonwealth who has issued the license and has the power to take action against the license. On the other side is the licensee who is seeking to maintain their license in an intact fashion.


The initiation of an adversarial process does not negate an appropriate exchange of information. Such an exchange of information, however, must be viewed within the context of the complaint allegations; the violations in question; a possible defense; and whether or not the Commonwealth can prove their case.

The decision as to whether and when to meet with the BEI investigator is a threshold issue that cannot be decided in a rash manner. It is unfortunate, therefore, that a number of BEI investigators are utilizing these email notices in a less than candid fashion. That is, if possible, the investigator would prefer that prior to obtaining legal counsel, the licensee be provided with limited complaint information; sit for an unrecorded investigative interview; respond to questions on the spot; and submit a follow-up written response. This procedure serves the interests of the Commonwealth. It does not, however,

serve the interests of the licensee.

For this reason, all licensees must be aware that the time constraints contained in these investigator email communications are arbitrary in nature, and that these arbitrary time constraints should not interfere unnecessarily with deciding how to proceed during the investigation stage of the complaint.


In addition, the BEI investigators are well aware that the licensee may seek legal counsel, and that is why the investigators are interested in expediting the process by meeting alone with the licensee. In this regard, no BEI investigator will be surprised when a licensee informs the investigator that the licensee respectfully requires additional time to confer with legal counsel prior to meeting with, speaking to, or submitting any type of written response to the investigator.

It is unfortunate that a number of investigators are utilizing this email complaint notification process containing unwarranted response times. Nonetheless, no licensee is required, nor should they feel pressured or compelled, to respond to a complaint inquiry without proper guidance and counsel. 




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Empathetic Witnessing of **VIOLENT VIRAL VIDEOS**

KALIMA YOUNG, PhD and SHARI KIM, PhD



The viral murders of George Floyd and Ahmuad Abery, while temporarily galvanizing Americans to advocate for social change, are part of a much larger ongoing problem in the Black community referred to as cultural trauma. Cultural trauma occurs when members of a collective feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental ways. Cultural trauma is not solely about group members experiencing each other's pain; it is about the group viewing the traumatic event as fundamental to their collective identity. Media representation of events influences our collective memories of these events. The more these images spread, the more cultural trauma is codified within the Black experience. These traumas influence Black communities socially and psychologically, and, though viral videos themselves are relatively new to our world, there is a much larger historical context of which they are part.

The Historical and Cultural Context

On September 15, 1955, *Jet*, a national Black magazine, printed the image of Emmitt Till's battered, disfigured corpse on its cover. Mamie Till Mobley, Emmitt Till's mother, gave *Jet* permission to print the image of her murdered son so the world could see the type of racial terror Black Americans were experiencing in the Jim Crow south. Images such as Emmitt Till's corpse are visual testimonies of Black pain, wounding and death. This imagery has been used for racial control and subjugation since the era of lynching photography in the 19th and 20th centuries. Between 1882-1968, lynching claimed the lives of 4,734 Black men and women. During public lynching,

white men and women tortured Black people, often taking photographs of the events and distributing postcard images to their friends and families. Lynching photographs reinforced white collective identity by juxtaposing authoritative white citizens against images of helpless and powerless Black people. Thus, lynching photography reinforced feelings of collective identity amongst white people while fomenting white supremacist terror for Black people. Black pain imagery has also been used for Black liberation purposes, such as the circulation of photos and film of Black citizens in Birmingham being attacked by police dogs and sprayed with high-pressure fire hoses. By garnering sympathy for protestors and activists, these images helped spur anti-segregation and the voting rights activism in the Black American civil rights movement of the mid 20th century.

In the 1980s, Black pain imagery

proliferated in news reports about criminality in Black communities and through reality television shows such as *Cops*. These links were further solidified. In 1991, when video footage of Rodney King's beating at the hands of Los Angeles police was quickly broadcasted via television. Contemporary cellular phone videos capturing U.S. police officers killing Black Americans have forced many to acknowledge the disproportionate numbers of Black Americans targeted by state violence. These videos have sparked recent civil rights protests in cities across the nation, including Minneapolis, Minnesota, Ferguson, Missouri, and Baltimore, Maryland, and have galvanized online social movements such as #BlackLivesMatter and #SayHerName, the latter of which illuminates Black women's experiences of police violence.



The Psychological Cost

What is clear from the history of these examples is that these images have played many roles in American culture, from motivating White supremacist groups to cause more harm to mobilizing Black pain for positive social change. There is a psychological cost, however, to the dissemination of these images. Since 9/11, there has been significant research indicating that witnessing videos of traumatic events causes PTSD symptoms and symptoms of depression in viewers. Perhaps, then, it is not surprising that viral videos of violence against the Black American community are no different. The psychological effects go far beyond PTSD and depression, though. As the parent of a teenager, any parent would worry about a teen's well-being if he or she were to stay out past curfew. Parents of Black American teens, however, experience an additional level of fear, wondering if their children have gotten on the wrong side of the police. As people see those who look like them being treated cruelly by law enforcement, they wonder if they or their children could be the next victims. The more exposure to these videos, the worse the fear.

Additionally, those of us who work with trauma survivors are well aware that people often behave aggressively when their trauma is triggered. If we are causing trauma through circulation of these videos, then we might also be creating an environment for dangerous interactions between police officers and those whom they approach, even when the police officers have no malicious intent. Now the trauma we have created has also created an environment that helps to perpetuate this cycle of violence between police and Black Americans. We have also created a pathway to stereotype the Black community as violent without taking into consideration how we created the problem in the first place.

A final layer to this problem is our tendency to try to distance ourselves from the trauma of others. In these videos, people often react by remarking that the person being harmed should not have committed a crime. Focusing on that fact allows us to distance ourselves from the pain of the victim and, in the worst case, blame the victim for being murdered. In this case, there is an additional layer of history that adds to peoples' inability to witness

Black people in pain with any empathy; instead, people have become so used to seeing images of harm being done to black people, that we have managed to become immune to their pain.

Questions to Ask Yourself as You Engage with These Videos

- Why am I watching this? Am I trying to educate myself, empathize with the victim, or experience the spectacle?
- If I am sharing this video, why am I sharing it?
- How am I watching this? A good tip is to try to watch the video through the eyes of the person filming it. That person is the one truly bearing witness to the incident without the spectacle.
- How am I witnessing the experience of the victim? Am I being a voyeur or attempting to empathize?
- What am I going to do about it? What are my cultural blind spots? How can I use the videos to improve my knowledge of my own blind spots, and how can I educate others to help them with theirs? 🗣️

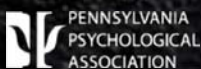
UNDERSTANDING AND ENGAGING WITH VIOLENT VIRAL VIDEOS

Check out a recent episode of PPA's Podcast - *Psychology Radiocast* with Dr. Shari Kim and Dr. Kalima Young



Listen as our guests discuss the history and circulation of violent images and videos of members of the Black community and how they affect this community. Both guests provide insights on how we should process and interact with the media being shared and how to share it in a way that informs and protects everyone.

Available wherever you get your podcasts (Stitcher, Soundcloud, Apple, etc.) - just search *Psychology Radiocast*.



INTIMATE PARTNER VIOLENCE and the COVID-19 Pandemic

ANNE T. MURPHY, PhD
WHITNEY ROENOLT, PsyD
JEANNE SLATTERY, PhD

Intimate Partner Violence (IPV), also referred to as domestic violence, refers to violence occurring within the context of a close relationship such as spouses, romantic partners, and/or former partners/spouses. The types and severity of IPV vary and may include various forms of physical and/or sexual aggression, psychological abuse, and in some cases, stalking. Incidents of IPV may occur as single events that represent a deviation from the norm in an intimate relationship, or as chronic patterns or cycles of violence that may involve enforced social isolation and control, physical violence, sexual assault, deprivation, intimidation, and threats perpetrated against a victim. Both types of IPV are of concern, however, chronic, characterological IPV is far more concerning due to its damaging effects on health for both victims, and children who may witness the violence.

Approximately 1 in 3 women in the US experience intimate partner violence (IPV) at some point throughout their lifetimes (1). Although IPV occurs across cultures and different socioeconomic levels, socioeconomically disadvantaged individuals and women during pregnancy are at greater risk for IPV (2). While both men and women experience IPV, women are significantly more likely than men to be severely injured, sexually assaulted, and murdered as a result of IPV (3).

As we continue to try to mitigate the spread of COVID-19 through social distancing and other measures, IPV and other public health problems may worsen. Past research on the effects of natural disasters warns us that the frequency and severity of domestic violence worsen during and after times of natural disasters; and that certain populations at particular risk for IPV prior to natural disasters, may be at an even higher risk for IPV during and after disasters such as hurricanes and tsunamis (4; 5; 6; 7).



Stress related to shelter-in-place orders, economic shut-down; unemployment, increased use of substances, and disruption

in community resources were among the burdens associated with an increase in IPV during and after natural disasters. A similar

process may be occurring now as we move through the current public health crisis caused by the novel coronavirus.

The data on the rate of IPV within the context of the current pandemic have been alarming thus far. Although some preliminary data showed a decrease in domestic violence reports in some areas, experts familiar with IPV explain that this decrease was likely due to difficulty making reports and accessing help. In contrast, more data is beginning to emerge showing a significant increase in domestic violence reports and arrests since the onset of the pandemic and related stay-at-home orders across countries affected. Recent data from police departments across 3 US cities indicate a 10-27% increase in domestic violence reports since stay-at-home orders were issued; and a fourth US city reported a 22% increase in domestic violence arrests since the beginning of the stay-at-home order (8). Expressing grave concern on Twitter on April 5, 2020, the United Nations Secretary, General Antonio Guterres, called upon nations to make women's safety a priority as a surge in domestic violence across nations has occurred upon the onset of stay-at-home orders. Unfortunately, the complex interplay among social isolation, uncertainty, economic hardship, unemployment, and alcohol abuse may exacerbate IPV as many find themselves socially disconnected and with fewer options for safety and refuge.

In addition to concerns about an increase in IPV during the COVID-19 pandemic, there are concerns about disruption in treatment, advocacy and community resources including shelters for those in dire need of safety from perpetrators of violence. Psychologists have been asked to offer some guidance about how to reach out for help if there is violence at home during the current public health crisis. Primary Care Physicians (PCPs) have traditionally been a critical source of support for individuals experiencing IPV. As the pandemic has unfolded over the past several weeks, telemedicine, of interest for years, has finally swept across health delivery systems. Telemedicine has gained popularity since the start of the pandemic, in part because it enables access to health care without requiring patients to take unnecessary risks of exposure to COVID-19. As telemedicine


is more readily accessible, arranging for a medical appointment with a PCP may be one of the best options for victims or loved ones of victims of IPV to consider if there is a need for help.

Consistent with recommendations from the American Academy of Family Physicians (2), women of child-bearing age are routinely screened for IPV in medical offices (3; 9). Research findings show that women experiencing IPV want to be asked about domestic violence, and non-abused patients do not mind answering brief questions about IPV (9). The recent rise in levels of IPV during the pandemic along with the negative health outcomes associated with chronic IPV including endocrine, gynecologic, musculoskeletal, neurologic, and psychiatric illnesses (1; 10) as well as cardio-vascular disease (11) make PCPs a good fit for individuals and families facing violence and the related health risks, especially during this time of crisis.

During a medical appointment a patient who screens positive for IPV may be asked a series of questions to ascertain the degree of risk and how best to move toward developing a plan for safety. Family physicians know to interview a patient who may be experiencing IPV alone, without the partner and/or children present. They understand that victims of IPV may respond in unexpected ways, and may not be prepared to leave the relationship; and that most victims of severe IPV are at most risk in the first year after leaving their abuser (1). Overall, connecting with a PCP in the event of IPV may be one of the best ways to access the most current information on resources for treatment and advocacy and develop a safety plan with the pandemic in mind.

In times of imminent concern or danger, the National Domestic Violence hotline (1-800-799-SAFE) and Crisis Text line (741741) provide a way for victims or loved ones concerned about victims to reach out for help. During this time of crisis, some are also seeking ways to help others most affected by the pandemic. For those in a position to give, supporting reputable charity organizations who work to support victims of IPV and their families is one way to help.

The public health crisis of COVID-19 is certainly unprecedented; and the crisis continues to have ripple effects upon

society in ways that are difficult to remedy. Preparing for the psychological toll of the pandemic, and anticipating the unintended consequences of the stay-at-home orders and shut-down of the economy are important considerations. Consistent with the detrimental effects of natural disasters, the COVID-19 pandemic is likely causing an increase in IPV and other physical and emotional pandemic-related distress ranging from mild to severe. Increasing awareness of IPV along with resources available to victims and ways to access help during this time of crisis is of critical importance as we aim to balance protecting the public from a dangerous virus while also protecting populations from the societal consequences of the pandemic. 

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STATUTES, REGULATIONS, AND POLICIES WE CAN MAKE A DIFFERENCE

HELENA TULEYA-PAYNE, DEd, *Millersville University*

Raise your hand if you find yourself confused by the path needed to enact regulations and policies that impact our functioning as PA school psychologists. When asked about how decisions are made about the training we receive, the continuing education credits we need to accrue or the limits on the roles open to us, I typically answer “It’s complicated.” True, but not satisfying.

In summer, 2018, the Pennsylvania Department of Education (PDE) brought together stakeholders to discuss potential changes to the regulation, Chapter 49, *Certification of Professional Personnel* in education. A representative of PDE made a brief (but excellent) Power Point presentation to help the attendees understand the process where stakeholders can have input about changes to regulations. The flow charts on the slides helped me appreciate the multiple steps in the process of developing regulations and policies. In this article I take a brief dive into the land of statutes, regulations, and policies to clarify how they impact our professional roles and why we should care.

Statutes

Statutes or laws go through a bill process before becoming established as a law. These acts are passed by the General Assembly. In Pennsylvania, the overall legislative act that impacts the business of education is the PA Public School Code. Passed in 1949, this is a living document that is regularly updated through legislative acts providing a type

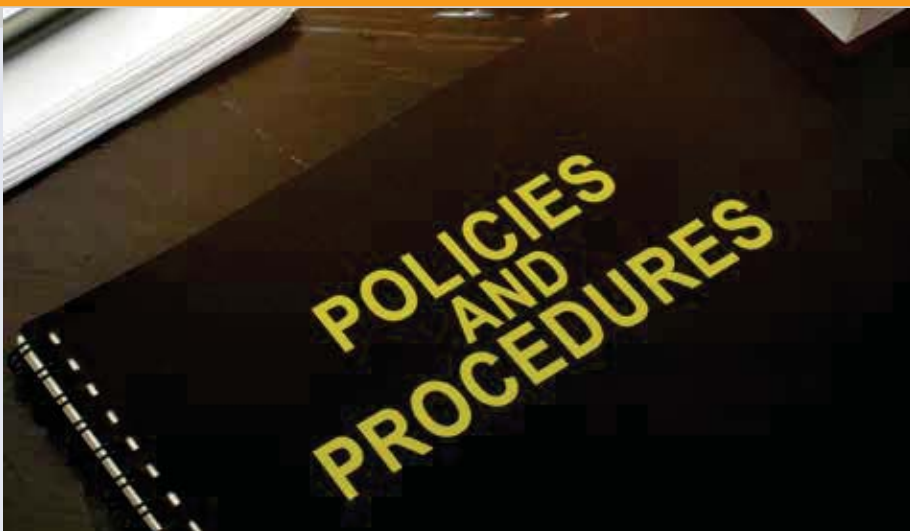
of time-capsule for educational issues. For example, in 1970, an act established Intermediate Units. More recently, acts were passed to require educators to have training in suicide prevention and the identification of child abuse. Definitions for “trauma” and “trauma informed practices” were recently introduced. The initiative for later school starts in PA, spearheaded by Dr. Gail Karafin, is focused at this level of influence.

Regulations

Regulations flesh out the acts providing rules for groups and individuals to follow. Unlike statutes, regulations do not go through a bill process in the legislature but typically through a state agency. In Pennsylvania the state agency is the State Board of Education although PDE is active in facilitating some of the numerous steps that occur before the regulations are published in the Pennsylvania Bulletin. The PDE presenter divided the process into three stages: review and development, proposed, and final form. During points of the process stakeholders are invited to participate and provide comment. For example, the work

When asked about how decisions are made about the training we receive, the continuing education credits we need to accrue or the limits on the roles open to us, I typically answer “It’s complicated.”

session I attended along with Dr. Jason Pederson from the Association of School Psychologists in Pennsylvania (ASPP) was the first step of the first stage on a slide entitled “Regulation Development/ Approval.” It was during this session that we proposed allowing work experience as a school psychologist to count towards eligibility for Supervisor of Special Education certification; the current regulation requires teaching experience in an instructional content area. A later step in stage one, presentations to the State Board of Education, afforded another opportunity to present this change. Written testimony was prepared by Drs. Susan Edgar-Smith, Shirley



Woika, Richard Hall and Marie McGrath; Dr. Tammy Hughes presented the testimony to the State Board of Education in Pittsburgh.

I was not too optimistic that part of the changes to Chapter 49 would allow experience as a school psychologist to substitute for the criterion of experience in an instructional area. For one, in the stakeholders meeting, Dr. Pederson and I were the only school psychologists in a room of educators representing other disciplines and I did not think that our proposed change would rise to the top in terms of priority. Also, Dr. Sam Knapp and I met at least three times with different PDE leaders over several decades and made no progress in convincing the individuals that school psychologists with their training and experience were ideally suited to be Supervisors of Special Education.

It was with great delight that we learned in a July 2020 meeting that the full State Board of Education unanimously approved proposed draft changes to Chapter 49 that included the following statement under the section Education Specialists:

Notwithstanding the requirements of paragraph (a) the Department may issue a Special Education Supervisory Certification to individuals who completed five years of satisfactory certified experience as a school psychologists.

Cheers all around although many sets of eyes will review the draft document including the Governor, the IRRC, the Attorney General and the House and Senate Education committee, in addition to a public comment period. The State Board of Education will consider feedback from these groups and individuals in drafting

the final document that will go through another set of reviews.

Policies

Once the regulations are developed, PDE engages in developing policies that further operationalize the regulations. Policies must align with the PA School Code and regulations. It is common for PDE to involve stakeholders in the work of developing policies. For example, representatives from ASPP and PPA worked on developing revision of school psychology Certification and Staffing Policy Guidelines (GSPGs). At the request of PDE, Dr. Edgar-Smith organized trainers to write the *Framework for School Psychologist Preparation Program Guidelines*.

Hopefully understanding the steps involved in the formulation of statutes, regulations and policy conveys the power of professional organizations in influencing the parameters of our professional lives. PPA has a long history of advocating for school psychologists that includes the mandate for school psychologists to be members of multi-disciplinary teams. Over the years PPA's School Psychology Board has increased its collaboration with ASPP so we speak with one voice as a discipline. If you are interested in impacting the role of school psychologists, I invite you to join PPA's School Psychology Board and become involved in the often satisfying/always interesting collaboration with regulatory bodies who impact our daily functioning. 📌

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- Framework for School Psychologist Preparation Program Guidelines
- Please note that the updated guidelines have not been finalized and are not available for public review. The current guidelines can be found at <https://www.education.pa.gov/Educators/Certification/BecomeAnEducator/Pages/Subject%20Specific%20Program%20Guidelines.aspx>
- Public School Code of 1949. <https://www.legis.state.pa.us/WU01/LI/LI/US/HTM/1949/0/0014.HTM>


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IN MEMORIAM

DR. KATHERINE “KATE” GREEN

Katherine “Kate” Green, school psychology trainer, scholar, mentor, colleague, friend, passed away on Saturday, February 29, 2020. A full obituary is available at <https://www.cremationlancasterpa.com/dr-katherine-kate-green/>. The following are two remembrances from colleagues who were once students.

RICHARD E. HALL, PhD

Kate was my first graduate school professor in the School Psychology Program at Millersville University. What an introduction to our field! To me she was and always will be the embodiment of what school psychology could and should be. She was an engaging and inspiring teacher. To sit in her class was a truly transformative experience. Her passion for our profession was limitless and infectious. She brought to our classroom many humorous and always insightful experiences as a frontline professional in the field. Her clear focus in the classroom was to mold us into the kind of professionals who would not only be a positive influence in the lives of the students and teachers we worked with but to move the system in which we functioned toward more positive and therapeutic directions for the students and families, who were always in her mind, our primary clients.

Dr. Green’s instructional approach was a wonderful mixture of rigor, precision and high expectations mixed with intellectual curiosity and humor. In other words, she made you work hard, stretch yourself as a person and laugh a lot. What a gift! I still have readings she assigned to our class that I continue to refer to and reports and papers I wrote with her infamous red pen remarks that were sometimes pretty blunt, but always useful feedback. Her verbal and written feedback somehow was, at the same time, humbling and also encouraging.

As I left graduate school to enter the field of school psychology Kate was a role model for me to emulate. I would often find myself sitting in difficult meetings or engaging with challenging students, parents and administrators and I would think “now how would Kate Green handle this one.” She was not only a role model but after I got my first position as a school psychologist she continued to be a trusted mentor who always welcomed a good discussion regarding puzzling assessment data, challenging ethical situations, strategies to broaden my role, the direction our field was moving, theories about human behavior and much, much more. I will really miss those wonderful discussions. Her mentoring style was egalitarian and collaborative. When I would call her or meet with her to discuss some professional issue or challenge, I was having, she would often say “I want to hear your thoughts on this because I’m learning from you now”. As you can see, she was committed to lifelong learning.

As the years went by, we became not only colleagues but friends. When I joined the Adjunct faculty at Millersville University, I was so fortunate to have Kate there again as a mentor, role model and colleague. We even co-taught graduate courses on school consultation together at Millersville University. Teaching with her was an incredible experience. We would prepare the course together and this gave me insights into how much work Kate put

into preparation of her courses, but she always would say, “the secret to a successful outcome in any challenging situation is trying to be as prepared as you possibly can be”. One of her favorite rhetorical questions was “How can I get better at this?”. In class it was clear that her students not only respected the extent of her knowledge and skill but at the same time found her to be fair, encouraging and funny. But there was no hiding in her classroom. I guarantee she was going to get to know who you really were.

Kate died the way she lived. With courage, humility, humor and grace. Her passing is a great loss to me personally and to our profession. But she will live on in the great legacy of her teaching, the countless school psychologists she trained, the many ways in which she has changed the world for the better during her life and in the many positive ways she has contributed to our profession. I know she lived the life she wanted to live, and we are all better for that.

MICHAEL MIKLOS, M.S.

I first met Dr. Kate Green when I was enrolled in the psychological assessment courses she taught at Millersville University. During that era, the first edition of the Kaufman Assessment Battery for Children, in its glorious, huge, purple case, had just been published, and we were expected to become proficient in its administration, scoring and interpretation. I am sure it was an expensive investment for the

University. During the time, my wife and I were living and employed as caretakers at an estate about two miles from Millersville, and I would ride my bike back and forth to campus. Kate saw me one evening after class, and I was a little anxious when she saw me strap the test kit to the rack of my bike as I took it home for practice sessions. I clearly recall her wry smile and raised eyebrow as she looked at my gig transportation loaded with what looked like a giant grape. She didn't need to say much to get her point across. The next time I needed to bring the kit home, I used my wife's car. Her patience with me and other students was quite remarkable.

Dr. Green was a remarkable individual who was able to maintain a patient smile while coaxing her students to be exacting in relation to critical practice skills. Her smile was never patronizing; she demanded attention to detail and precision throughout every assessment protocol. My role in the field of school psychology over the years since I studied with Dr. Green has transitioned away from the content taught by her. I am less involved in efforts related to comparing individual performance to group means and more with the instructional variables that influence individual student responding. Nonetheless, if I am competent at my performance, I owe a great deal to Dr. Green. What she has taught me in the several courses related to assessment and intervention has stuck. A scientific perspective on student learning requires clear procedural definitions. A hallmark of effective instruction is the

operational definition of teaching methods and student outcomes. One never knows if teaching has been effective, unless one is consistent in the application of the independent variable and measurement of the dependent variable. Although Dr. Green's soft drawling of "do it by the manual, y'all" was not explicitly tied to the relation between teaching and learning, it was definitely tied to the scientist-practitioner role and consistency in assessment practice. "Do it by the manual" stressed the point that the measurement of student testing behavior would not make sense unless you controlled for the independent variable of test administration. There are teachers who teach specific content, and there are teachers who build generative repertoires. Kate Green was in the second category. It wasn't just about learning to administer tests. It was about acquiring the principles of science that allow one to go about the business of school psychology in an effective and efficient manner.

Another skill that Dr. Green emphasized was clarity in written expression—iterating the facts and tying all recommendations to data. As I see it now, the data derived from standardized tests is a weak predictor of which instructional procedural will yield verifiable outcomes, but the skill of clearly communicating and sticking to the data is certainly central to effective practice in school settings. Again, Dr. Green led me from a specific application to a general principle. That is the power of an effective teacher.

I still live in the Millersville area. Being in that locality I would occasionally run into

Kate on a fairly regular basis. The last time I saw her was at the local grocery store, John Herr's Village Market. Although Kate was obviously struggling with the cancer that would eventually take her life, her dimples still highlighted her patient smile. She spoke softly with her subtle Carolinian drawl. As she talked about her health and my current work, she was still teaching a lesson that was bigger than our conversation. She was, with probably no fanfare, intentionality or aplomb, teaching about living calmly in the presence of a struggle with things that cannot be controlled. In her ever-humble way, she took the time to remain focused on life and simple things like the pleasures of a local shopping trip. Life doesn't always allow such opportunities, but through that conversation I was able to thank Kate one last time for the influence she had had on my career. In her usual way, she accepted my thanks but made sure I knew that she was just a small part of the success experienced by her students. I didn't think to say it at the time, but Kate Green has had a significant role in shaping the lives of hundreds of school psychologists. While the role of a few courses may be thought of as small part of any of their lives, the cumulative effect is stunning. Her humility is one of the patterns of behavior that made her so effective, and so endearing, both as a college professor and as a human being. I will miss Kate Green, but it is clear to me that what she has taught will continue to make a difference in my life and in the lives of so many professional school psychologists. That is a most worthy legacy. 



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COVID-19's IMPACT

on Higher Education and College Youth

WHITNEY ROBENOLT, PsyD

Covid-19 has brought significant changes, many of which we have not experienced before in our lifetimes. These changes have come in the form of quarantines (mandated or self-administered), increased concerns for safety, and changes in daily functioning (Brooks et al., 2020). Although studies have found many Americans to be highly resilient to the stress created by the pandemic, there continues to be those with elevated levels of psychological distress (Park et al., 2020) that may stem, in part, from the uncertainty of these times.

Concerns About Changes to the College Experience

One field that may be significantly affected by the uncertainty resulting from the pandemic is higher education. Many families are questioning the affordability of higher education, especially due to the increased unemployment rates. These financial challenges are leading many prospective students to consider a gap year (DePietro, 2020). In turn, those students who are already enrolled in universities and colleges may struggle to obtain viable internship opportunities or employment post graduation (Anderson, 2020). Many employers who previously offered internship or employment opportunities to college students may have needed to rescind or shorten previously-offered positions, due to the economic downturn. In addition, Anderson (2020) noted that not only are many college graduates attempting to enter the job market for the first time, but many are going to have to compete for positions with those who may have recently lost their job within the current COVID-19 crisis.

In a recent poll, 22 percent of high school seniors noted that the recent COVID-19 crisis has them rethinking their college plans for the Fall of 2020 (Wanneh, 2020). Many colleges and universities have shifted to online formats, which has created marked concerns about future enrollments (DePietro, 2020). Students are questioning whether remote and online learning are worth the costs and are worried about the overall changes to the college experience, and how these changes may affect this rite of passage for many young adults.

Lederman (2020) described data from Loepp's students, especially their reactions to virtual learning in Spring 2020. An overwhelming number of students, even those who have previously completed online coursework, observed that in-person classroom experiences were very important to them. Loepp reported a strong correlation between anxiety and perceptions of online learning, indicating that the more anxious a student was, the more negative their opinions of virtual learning. Students were much more concerned about course content and performance than potential technological challenges (Lederman, 2020). As we approach the potential for continued virtual learning experiences, we should consider whether college students will experience increased anxiety as they face new learning strategies.

Many students may find themselves experiencing increased concerns about what college life will be like. If on-campus living is available, what precautions will be used to reduce the likelihood of a COVID-19 outbreak? Will students be quarantined, and if so, how will this occur? Will there be extracurricular activities, dining halls, etc? These ever-evolving questions all focus on

an uncertainty and apprehension of what the future holds, which in some cases can be an initiating factor in increased mental health concerns, such as depression, social withdrawal, posttraumatic stress symptoms, and self-blame (Polizzi et al., 2020). Isolation, in particular, has been a stressor in the current pandemic. This is especially significant since socialization has been found to be useful in promoting resiliency during other crises (e.g., natural disasters). During the COVID-19 pandemic, many people felt more fear related to contact with others who may be infected, leading to social distancing and withdrawal from common daily activities (Polizzi et al., 2020).


Mental Health Concerns

Americans have indicated concern that their mental health will suffer more when compared to other aspects of their well-being such as physical health or finances. This concern appears to strengthen as social distancing, in particular, continues (Brenan, 2020). There will likely be a substantial increase in levels of depression, anxiety, substance use, as well as domestic violence cases (Galea et al., 2020). This appears to be particularly true for younger Americans (18-44), who have noted continued mental health struggles in the wake of social distancing guidelines (Brenan, 2020). College students may run into particular problems, as social distancing interferes with intimacy and identity needs.

According to Gross (2020), the fears created during the experienced pandemic may linger, potentially leading to trauma-related symptomatology. As universities and colleges attempt to return to "normal," what triggers may be evoked after months of focusing on safety and precautionary

measures? However, there may be some hope on the horizon. (Polizzi et al., 2020) reported that although the future looks unknown, those who have studied resiliency have offered a more optimistic viewpoint. After 9/11, approximately 35 percent were identified as resilient, with 23 percent recovered, from posttraumatic stress disorder and depression symptoms (Polizzi et al., 2020; Bonanno et al., 2005). Although these situations are not identical, it suggests a level of hope that may be needed at this time.

As college students think about what the Fall semester may hold for them, counseling centers on university and college campuses may be considering alternative modes for offering services. The acceptability and use of teletherapy has significantly increased as a result of the COVID-19 crisis, especially due to social distancing recommendations (Feinberg, 2020). Online platforms may make it easier than ever to move towards becoming active in mental health care. For a generation that values technology to a certain degree, these online services may help to provide psycho-education

and encourage students who were once questioning services to reach out for mental health care. College counseling centers may end up finding their focus to be more on promoting resiliency and reducing anxiety among students, especially as students learn to navigate through institutional and instructional changes. 

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ethics in action

HUNGER IN THE PSYCHOLOGIST'S OFFICE

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. Gina Brelsford, Claudia Haferkamp, Deb Kossmann, Jade Logan, Don McAleer, Chris Molnar, Brett Schur, Max Shmidheiser, David Zehrung, and Ed Zuckerman. Rather than immediately reading our responses, consider reviewing and carefully working through the vignette first.

Dr. Social Justice works in an agency specializing in offering treatment to low income children and families. These families often have serious issues with hunger, malnutrition, and homelessness. She wants to provide substantive snacks to her child clients as she notes it is hard to do good therapy when a child is hungry. She has not discussed this with her supervisor yet, but did give a child an apple last week, as the child was hungry, and Dr. Justice had left an apple on her desk after lunch.

Is giving a child an apple or another snack a problem? What sort? Should she ask the child's parent for permission beforehand? Why?

What is the Problem?

This may have been our richest vignette to date, as the problem being identified kept shifting. Clear ethical concerns included a lack of informed consent, blurred relationship boundaries, and problems with supervisory competence and with competent use of supervision. This dilemma raised bigger issues for many of us, though, especially about social justice and the nature of the therapeutic relationship. Unfortunately, the issues raised

in this vignette may become more relevant as the number of families with food insecurity in our society increases.

Informed Consent

We agreed that failing to solicit the parents' informed consent, at least orally, was a problem. An apple seems like a small thing, yet we should consider whether it is part of the child's diet. Does she have food allergies? Would the child be hungry and willing to eat at the next meal? This decision seemed bigger and different than the superficially-similar gift of sugar-free gum that we received from our family dentists as children.

Further, Dr. Slattery argued that failing to ask a parent for permission could subtly undermine the parent's authority, which might be an especially important issue in an agency focusing on parenting and family issues, thus we would want to consider how to avoid harm (nonmaleficence). This parent might also be undermined by the therapist giving the child something, in this case food, that the parent is unable to provide. Similarly, Dr. Schur talked about the way that his friend's humanity was undermined when they went to dinner and the waitstaff

asked him, not her, what she wanted to order. She was sitting in a wheelchair.

Competency – Technical, Emotional, and Multicultural

Some of the issues in this case seem to be related to problems with competency. Dr. Shmidheiser asked whether the agency or supervisor had considered how to handle such issues beforehand. Had they included their decisions in the policy manual and discussed them with staff? Had the agency proactively addressed the likely emotional impact that such situations might have on their staff? Had the agency considered how hunger could impact the child's behavior and ability to focus during treatment or an evaluation? Had they talked about how they wanted to handle it and why? Did the agency have contact with food banks or other resources that could help families with food insecurity? Did the agency want to regularly provide a healthy snack, or would this situation be an opportunity for an enactment, where parents could be assisted in parenting more nurturally?

Did offering the child an apple further the goal of beneficence or the obligation to act

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

to promote the well-being of the patient? On the one hand, giving an apple to a hungry child would appear to clearly benefit the child. Yet, on the other hand we must ask whether the therapist offered the child an apple without considering how doing so would possibly impact therapy and the therapeutic relationship. Without thinking about their actions carefully, psychologists risk undercutting their good intentions to promote patient well-being.

Dr. Knapp is aware of several situations where in-home workers under the BHRS system would go to extraordinary lengths to provide food and other assistance to their clients. They justified their actions by saying that they would “do everything it takes” to connect with their clients. Yet, these relationships often devolved into ones where the families demanded more and more gifts and became less and less motivated to work on therapeutic goals. Although giving a child an apple is a small step, does it risk being the start of a bigger shift in the treatment relationship?

Was this decision about giving the child the apple made intentionally after reflection – or impulsively, without considering this act in the context of class, race, gender, and family dynamics? Did the psychologist consider whether the hunger was a symptom of neglect – and reportable – or a reflection of the family’s financial distress? Maybe the hunger was attributable to the time of day? Perhaps the psychologist offered the child an apple when the child was tired and stressed.

Perhaps this therapist did not discuss it in supervision or document it in notes because it was seen as a trivial decision. Again, this suggests a non-reflective approach to treatment, one characterized by weak technical and multicultural competency. Considering this problem using the Ethical Acculturation Model, Dr. Haferkamp argued that Dr. Social Justice acted from a Separation stance, apparently acting out of sympathy (her personal moral stance), without considering other options for responding and their ethical and clinical consequences. We would prefer that she find ways of effectively integrating her professional and personal ethical approaches to decision-making (Handelsman et al., 2005). Ideally, Dr. Social Justice would find a way to assist a

potentially food-insecure family in a manner that does not risk undercutting the effectiveness of psychotherapy.

When Is an Apple Not Just an Apple?

As may already be clear, an apple is not always just an apple, but may have other sorts of meanings. Dr. Slattery suggested that the apple is an opportunity for a mother to be an effective and nurturing parent. Dr. Schur observed that asking someone what *she* wants for dinner recognizes her full humanity. In focusing on issues of competency and informed consent, we might miss these other clinically-relevant pieces.

Gifts, even small ones, have all sorts of other meanings. Dr. Kossmann described giving an adult an apple, which became part of a weekly ritual. Her client took these apples home and left them where he could see them, not eating them until they were on the verge of rotting. Her apples had other meanings to him, including recognizing that he deserved to be nurtured, despite the message to the contrary that he had received during his long history of trauma. Naar (2007) took a client out for lunch after she had been refused service at a restaurant, apparently related to problems in her gait and appearance stemming from a rare but fatal skeletal-muscular disease. He observed that this boundary crossing helped her to prevail against a sometimes-hostile society.


Being Human

Boundary crossings, such as the ones described here, can be problematic, as they can put us at risk of making a boundary violation (Guthiel & Gabbard, 1993). Nonetheless, if thoughtfully considered, rather than leading to a boundary violation, such as a sexual relationship or financial abuse, boundary crossings may help us become more authentic and truly human, and help our clients recognize their own humanity. Such responses can have a truly powerful effect on treatment. As Dr. McAleer observed, sometimes we need to be less clinical and more present and authentic.

In fact, such boundary crossings can foster

the therapeutic relationship. Lambert and Archer (2006) observed that the therapeutic relationship accounts for about 30% of the variance in therapeutic outcomes – about twice as much as our theoretical model contributes. We need to invest in the therapeutic relationship, while also paying attention to contextual issues, treatment goals, and emotional states that might impact our decisions.

Boundary crossings are risky, however. Recognizing that risk does not mean that we believe that Dr. Social Justice should have stood by while this child struggled with hunger. Would the child be able to focus in treatment? Would an evaluation of this child be a fair one or overestimate her irritability and lack of focus? Would the psychologist be able to focus while worrying about this child and family’s well-being? Instead, we are arguing that Dr. Social Justice should reflect on why she is giving the child an apple, discuss the problem and options with her supervisor, and document this decision in her notes. Each of these things creates a safety net leading to effective risk management (Knapp et al., 2013).

We believe that ethical issues are embedded in every clinical decision that we make and that, as Dr. Kossmann noted, we need to “wear bifocals” and pay attention to both the clinical and ethical issues raised by a case. Every clinical action has some kind of ethical dimension to it. We can be both clinical and ethical. We can be both ethical and humane. To do so, however, we need to be reflective practitioners who are considering issues with our supervisors or our peer consultants. 

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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.

Sternlieb

1. **The study of the ways people function differently when they are in groups is called**
 - a. Political psychology
 - b. Group dynamics
 - c. Politics
 - d. Political science
2. **Psychologists are ideally suited to be political because**
 - a. They are skilled communicators
 - b. They have experience in human relationships
 - c. They are expert listeners
 - d. All the above

Zuckerman

3. **Voters choose candidates who will represent**
 - a. What is best for their state or nation
 - b. Their own best economic interests
 - c. Their moral values
 - d. All the above
4. **Jonathan Haidt has found that Americans all share the same six moral foundations or value dimensions but differ on where they locate themselves on each moral dimension and that these differences are what cause political conflict.**

TRUE
FALSE

Murphy, Robenolt, & Slattery

5. **Men are significantly more likely than women to be severely injured, sexually assaulted, and murdered as a result of IPV.**

TRUE
FALSE
6. **Since stay-at-home orders were issued, recent data from police departments across 3 US cities indicate a _____ increase in domestic violence reports.**
 - a. 5-7%
 - b. 15-35%
 - c. 10-27%
 - d. 27-50%

Tuleya-Payne

7. **The PA School Code is an example of a:**
 - a. Statute
 - b. Regulation
 - c. Policy
 - d. All the above
8. **What is true about policies?**
 - a. They require legislative work
 - b. They operationalize the regulations
 - c. Stakeholders have limited input in their development
 - d. Chapter 49 is an example

Robenolt

9. **Americans have indicated more concerns about their finances than mental or physical health in the wake of COVID-19.**

TRUE
FALSE

10. According to Gross (2020), there are concerns about the development of future trauma related symptoms as a result of fears experienced during the pandemic.

TRUE
FALSE

12. The best approach to ethical decision making is to

- a. Rely on personal ethics
- b. Rely on professional ethics
- c. Integrate personal and professional ethics
- d. Avoid all boundary crossings

Slattery, Knauss, & Knapp

11. In giving a child a snack as part of therapy, which things need to be considered?

- a. Parental consent
- b. Impact on the therapeutic relationship
- c. Possibly undermining parental authority
- d. All the above



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