

The Pennsylvania

OCTOBER 2021

Psychologist

VOLUME 81, NUMBER 9

ETHICAL AND PRACTICAL ISSUES IN TRANSLATION AND INTERPRETATION

PAGE 6



WHAT'S INSIDE

2 Can Psychology Students Do Work of a Psychological Nature?

4 Must I Send Patient Records to a Third Party?

contents

VOLUME 81, NUMBER 9

OCTOBER 2021

PPA OFFICERS

President: Brad Norford, PhD
President-Elect: Jeanne Slattery, PhD
Past President: Dea Silbertrust, PhD, JD
Treasurer: Allyson Galloway, PsyD
Secretary: Michelle Wonders, PsyD
Diversity & Inclusion: Jade Logan, PhD, ABPP

APA REPRESENTATIVE

Paul W. Kettlewell, PhD

BOARD CHAIRS

Communications: Meghan Prato, PsyD
Internal Affairs: Tamra Williams, PhD
Professional Psychology: Brett Schur, PhD
Program & Education: Valerie Lemmon, PsyD
Public Interest: Julie Radico, PsyD
School Psychology: Richard Hall, PhD

PPAGS

Chairperson: Tyshawn Thompson, MA

STAFF

Executive Director: Ann Marie Frakes, MPA
Director, Government, Legal, and Regulatory Affairs: Rachael Baturin, MPH, JD
Director, Professional Affairs: Molly Cowan, PsyD
Director, Education and Marketing: Judy D. Huntley, CMP
Manager, Member Communications: Erin Brady
Business Manager (Part-Time): Iva Brimmer

PENNSYLVANIA PSYCHOLOGICAL FOUNDATION BOARD OF DIRECTORS

President: Nicole Polanichka, PhD
Secretary-Treasurer: Dea Silbertrust, PhD, JD
Rosemarie Manfredi, PsyD
Brad Norford, PhD
Whitney Quinlan, PsyD
Julie Radico, PsyD
Diljot Sachdeva, PsyD
Jeanne Slattery, PhD
Tamra Williams, PhD
Ann Marie Frakes, MPA, Ex Officio

The Pennsylvania Psychologist is the official bulletin of the Pennsylvania Psychological Association and the Pennsylvania Psychological Foundation. PPA dues include member subscriptions. Articles in the *Pennsylvania Psychologist* represent the opinions of the individual writers and do not necessarily represent the opinion or consensus of opinion of the governance or members or staff of PPA or PPF.

If you are interested in submitting an article to be published in *The Pennsylvania Psychologist* please contact Publications Chairperson, Helena Tuleya-Payne, DEd at publications@papsy.org.

Publications Committee Chairperson:
Helena Tuleya-Payne, DEd
Copy Editor and Graphic Design:
Graphtech, Harrisburg

PAGE

2

Can Psychology Students Do Work of a Psychological Nature?



PAGE

4

Must I Send Patient Records to a Third Party?

PAGE

6

Ethical and Practical Issues in Translation and Interpretation

PAGE

9

Continuing Education Information for Licensed Psychologists in Pennsylvania

ALSO INSIDE

5 | Classifieds



Can Psychology Students Do Work of a **PSYCHOLOGICAL NATURE?**¹



SAMUEL KNAPP, EdD, ABPP

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

May psychology students work outside of their practicums and internships? Obviously, many students have worked in non-psychology fields as they worked their way through the doctoral programs. We have known students who have held jobs as teachers, real estate agents, singers, waiters and waitresses, respiratory therapists, attorneys, and many other diverse occupations. Unless they commit a felony or another highly immoral act, the student's behavior while practicing these occupations is generally outside the interest of the doctoral trainers. However, may psychology students do work of a psychological nature outside of their practicums and internships? This may be an especially important issue because of the large debts that students may incur while pursuing their doctoral degree.

Students who enroll in a graduate program in psychology are covered by the State Board of Psychology Code of Ethics. "Psychology students, interns, residents and trainees are put on notice that their violation of an ethical obligation imposed on psychologists by this section may be regarded by the Board as evidence of unacceptable moral character or of unacceptable experience disqualifying them from licensure. . ." (49 Pa Code 41.61, Preamble).

Some employment options for students are clear. Students who have at least 15 graduate hours in psychology may practice under the supervision of a licensed psychologist. (The supervision standards

can be found in the regulations to the licensing law; 49 PA Code 41.58; Standards for the Employment and Supervision of Unlicensed Persons with Graduate Training in Psychology.) Also, students may work in "exempt settings" such as hospitals, schools, MH/MR centers, prisons, and other settings under federal, state, or local control.

Students who are licensed in another mental health profession, such as social work, professional counseling, etc., may, practice under those licenses. Of course, the scope of practice of a social worker, counselor, or marriage and family therapist overlaps with, but is not identical to, that of a psychologist. While all such licensees may do psychotherapy/counseling, the

scope of practice of psychologists is considerably broader and includes health-related interventions, neuropsychological testing, and other domains of practice. So, for example, a graduate student in psychology who is working part-time as a licensed professional counselor, may not conduct neuropsychological testing as part of their LPC license, even if they had some neuropsychological coursework as part of their graduate psychology studies.

The option of practicing independently as an unlicensed mental health professional, however, may create problems. The Professional Psychology Practice Act has provisions that allow "qualified members of other recognized professions" to do

1. These are the interpretations of the authors are designed for risk management purposes. Final decisions concerning the interpretation of the Professional Psychologists Practice Act and its regulations must come from the State Board of Psychology.

work of a psychological nature without a license. The licensing law says that these may include, but are not limited to clergy, drug and alcohol abuse counselors, crisis intervention counselors, rehabilitation counselors, psychoanalysts, clergy, and others. The State Board's policy on what constitutes a "recognized profession" can be found in 49 PA Code 41.7.

Nonetheless, the independent practice as an unlicensed mental health professional appears to run contrary to the intent of the Professional Psychologists Practice Act. Although the licensing law is silent on the specific issue of whether applicants for a psychology license may work as "qualified members of other recognized professions," Principle 2 (b) of the State Board of Psychology Code of Ethics states, "the psychologist discourages the practice of psychology by unqualified persons" and Principle 2 (c) states, "individuals who do not yet meet the qualifications recognized for independent practice [of psychology] shall gain experience under qualified supervision as employees [sic], interns or students until they pass the licensing examination of the Board" (49 Pa Code 41.61 Principle 2). Since the State Board of Psychology Code of Ethics applies to psychology students, the State Board of Psychology could interpret the licensing law as prohibiting students to practice independently as a qualified member of another recognized profession. To our knowledge, this issue has never been addressed by the State Board of Psychology through regulation, policy, or an adjudication, so anyone who does so would be practicing without clear approval from the State Board of Psychology. We are,

however, suggesting that a conservative approach is for students to do work of a psychological nature only if they are independently licensed as another mental health professional (within the limits of that license), under supervision, or in an exempt setting.

Students who are practicing independently as qualified members of other recognized professions, may ask if they may retain an independent practice if they hire a licensed individual to supervise them. This does not appear to be a feasible option because the very nature of the supervision implies that the supervisee is under the direct legal control of the supervisor. Such legal control could not occur if the supervisee owned the practice and hired the supervisor. The only solutions would be for those students to become licensed as another mental health professional, turn over their practices to the supervisor, or to discontinue their independent work.

Our interpretations of the licensing law as they apply to doctoral students in psychology are summarized in Table One.

Examples

1. An individual practices independently as an unlicensed mental health counselor before enrolling in a doctoral program.
2. A student works in a private nonprofit agency under the direction of a licensed social worker.
3. A student works part time as a psychiatric nurse in a hospital.
4. A student establishes a private practice as an unlicensed psychoanalyst while enrolled in a doctoral program.

5. A student licensed as a professional counselor administers a neuropsychological test in her private practice.
6. A student works in a private school as a school psychologist.
7. A student has an independent practice as a qualified member of another recognized profession and hires a licensed professional to supervise her work.

Responses


1. Before enrolling in the doctoral program the individual was not held accountable to the State Board of Psychology regulations. After enrolling in the program, we recommend that students place themselves under the supervision of another licensed professional or work in an exempt agency.
2. The student is working under the direction of a licensed mental health professional.
3. The student is working under another license.
4. The student may be in violation of Principle 2 of the Code of Ethics of the State Board of Psychology.
5. Neuropsychological tests are not within the domain of practice of licensed professional counselors.
6. A school is an exempt setting.
7. A conservative approach suggests that this would be contrary to the intent of the Professional Psychologists Practice Act. Such students should become licensed in another mental health profession or relinquish control of their independent practices. 

Table One: Work of a Psychological Nature

	Before Enrolled in Program	While Enrolled in Program
Exempt setting	Yes	Yes
Under supervision of psychologist	Yes	Yes
As licensed as another mental health professional	Yes	Yes
Under supervision of other licensed mental health professional	Yes	Yes
Qualified member of recognized profession practicing independently	Yes	Probably not



MUST I SEND PATIENT RECORDS TO A THIRD PARTY?

SAMUEL KNAPP, EdD, ABPP
BRETT SCHUR, PhD



The HIPAA Privacy Rule and state laws are clear about when patients may have access to their own medical or mental health records. However, these laws are silent on whether patients have a right to require their psychotherapists to release of their records to third parties, such as other treatment providers, even when the treatment providers believe that releasing the records would harm either their patients or society.

Most requests for releasing information are routine and appropriate. A patient may need treatment from another professional with a different specialty or a patient may have moved to a new geographical location and wish to transfer records to a new provider. One could imagine that a psychologist could be subject to a sanction from a licensing board for failing to comply with such requests because they lost the records or just did not get around to sending them out. The question being considered in this article is narrower, however. Specifically, the question is when or whether psychologists can withhold records on a patient to a third party for a valid reason related to patient or social wellbeing.

The HIPAA Privacy Rule does not deal with this issue, and we found little in state law to address it either. The regulations to the Mental Health Procedures Act state that a patient “shall control release of his records” (55 PA Code §5100.33 (a)). But the Mental Health Procedures Act only applies to hospitals and to licensed psychiatric

outpatient clinics. Also, the regulations never give any detail about exceptions or standards to use when implementing the patient control standard.

Neither the APA Ethics Code, nor the Pennsylvania State Board of Psychology address this issue either. The APA Ethics Code requires psychologists to “cooperate with other professionals in order to service their clients/patients effectively and appropriate” (Standard 3.09) and this could be construed, in some circumstances, to release records. But no more guidance is given on releases unrelated to treatment or the standards that psychologists should use in determining when the cooperation is “appropriate.” Also, the APA Ethics Code states that “psychologists may not withhold records under their control that are requested and needed for a clients/patients emergency treatment solely because payment has not been received” (6.03). However, this standard only deals with the emergency need for services.²

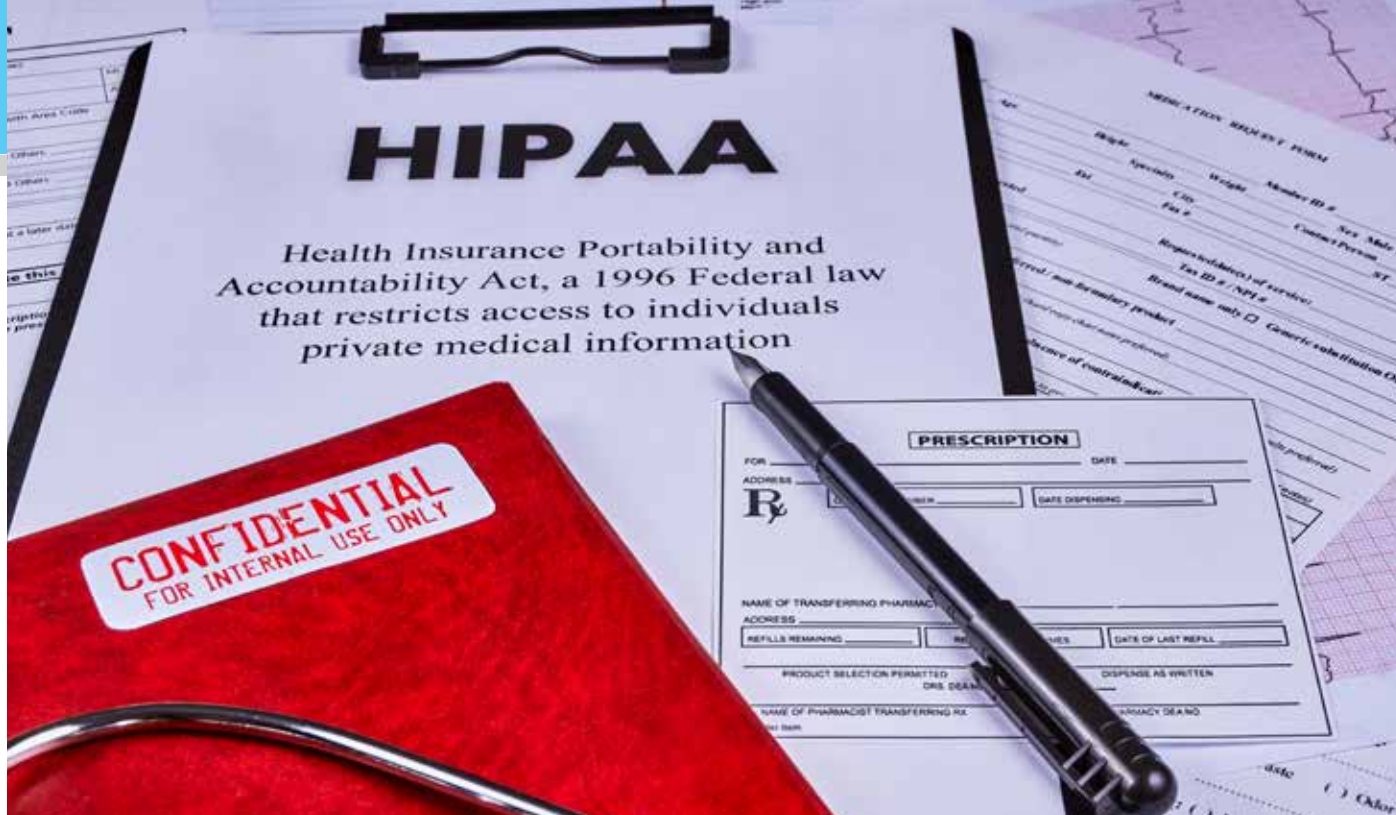
The general trend of litigation in medicine in general is to favor patients control over their records. So, if it came to

a court case it is likely that the court would rule in favor of the patient controlling the release. Of course, patients almost never sue to get their records release and one cannot predict with certainty on how a court would respond—especially when the psychologist had reason to believe that sending the records would harm a patient or society.

Given the general rule is that the courts would favor patient control, we recommend that psychologists adopt a very high threshold for saying no to such requests, be cognizant of risks involved in saying no, and to document their reasons clearly in the records. We recommend a high threshold because (1) the general ethical rule is to defer to patient control over as much of treatment as is clinically indicated and (2) refusing to send the records involves some risk on behalf of the psychologist. Although patients very seldom sue to get their records send out, an angry patient could file a complaint with a licensing board.

It can be profitable consider the following overarching ethical principles in making such a decision. These could be:

1. The pronoun “his” is in the regulations.
2. As an aside, as it applies to patient access to records, the HIPAA Privacy Rule overrides this section and therefore federal law would require psychologists to give patient’s their access to records even if the patient owed money to the psychologist.



- Patient autonomy—the general rule is that psychologists defer major decisions to patients. Of course, no overarching ethical principle is ever absolute and often they need to be balanced with each other.
- Beneficence: doing good as the patient sees it or as I see it?
- Non-maleficence: not contributing to an act that feels morally wrong to me, and to much of society.
- Public beneficence: acting to promote the welfare of society.
- Justice: one should treat patients fairly, which might include not imposing one's judgments on them.


Although patient autonomy should be considered highly, in some situations an argument could be made that the wellbeing of the patient or society may assume a higher priority than respecting patient decision making. Would it be

ethically or legally justified to withhold records when, for example, the patient is seeking to get approval for euthanasia?

But self-reflection is important here as well. A psychologist may argue that withholding the records is justified because the patient wants treatment from a provider who is not competent. But we can envision extremes where the general professional consensus is that the treatment lacks any professional or scientific support and the professionals doing the treatment lack licensure, professional credentials, or any oversight. Or, on the other extreme, the psychologist may believe that their own school of psychotherapy is superior and other schools of thought—even if well represented in the literature—are unworthy for treating patients. One extreme represents genuine concern for patient wellbeing. The other risks being petty professional jealousy.

So here we have a possible objection based on ethical principles as to what is

legal (or in this case what is likely to be legal). In the final analysis, all psychologists need to live with themselves and their decisions and following the law/likely law/personally safest course need not be the end of the discussion for many of us. Instead, many psychologists would prefer to follow their consciences even if it meant the potential of a complaint against them.

We recommend that if psychologists decided to withhold the records, then they should document in detail why they were withholding the records and to be transparent with the patient as to why the records were being withheld. In the event of a licensing complaint, the psychologist would have a record documenting conscientious reasons for the action—it was not done out of malice or neglect—but after a careful consideration of the ethical dimensions of the situation and upon consultation. . 



CLASSIFIED

Sleep, Circadian Rhythms and Mental Health Workshop: A Two Day Virtual CE Workshop. November 4th & 5th, 2021. 11 am - 5pm (EST). 10 CEs. Learn more and register at <https://www.med.upenn.edu/snaplab/workshops.html>. 



ETHICAL AND PRACTICAL ISSUES IN TRANSLATION AND INTERPRETATION

SAMUEL KNAPP, EdD, ABPP¹

About 13% of Pennsylvanians speak a language other than English in their homes (US Census Bureau, n.d.). Spanish is the language other than English that is most spoken in Pennsylvania homes, followed by Chinese (most likely Mandarin, although census data combines Mandarin and Cantonese speakers into one category). Other languages spoken include German, Pennsylvania Dutch, French, Italian, Vietnamese, Russian, Arabic, Korean, Hindi, or Yiddish. The Census Bureau reported that in Philadelphia alone there were 146 languages spoken (US Census Bureau, 2015). Of course, many persons who do not regularly speak English in their homes can nonetheless speak English well. French, German, Hindi, and Yiddish speakers were especially likely to report good English proficiency, while Russian and Chinese speakers were less likely to report good English proficiency (Migration Policy Institute, 2019). Non-English speakers were less common in rural Pennsylvania counties (Elk, Fulton, and Tioga counties had only 1.3% of their populations speak languages other than English at home), while Lehigh, Philadelphia, and Berks counties had the highest percentage of non-English speakers (24%, 23%, and 19% respectively; US Census Bureau, n.d.).

American Sign language (ASL) is spoken by more than 500,000 Americans. Many

of the issues dealing with non-English language speakers also apply to ASL speakers. Nonetheless, working with patients who use ASL requires special skills. Readers can visit the National Institute on Deafness and Other Communication Disorders (<https://www.nidcd.nih.gov/>) for more information.

Patients tend to do better when psychologists deliver services in the language preferred by their patients. Not only does using the primary language make communication easier, the use of language in psychotherapy has implications for the intensity of the patient's emotions and memories. Patients who had memories develop while they were Spanish speakers, for example, can retrieve them with greater clarity and intensity when they describe them in Spanish rather than English. Language is not only a means to communicate information, the language used also shapes how people think about and interpret the world. One can think of the use of formal or informal forms of address in Spanish and French where the pronoun used indicates the degree of familiarity in the relationship between the speakers. Further, the best interpreters understand the culture of the speaker as well as the technicalities of the language.

The best way for psychologists to determine their patients' language of choice

is to ask them. Nonetheless, some patients may feel reluctant to ask for services in a language other than English, so it may be indicated for psychologists to consider where they learned their primary language and how well they have maintained the use of the language. Psychologists can ask more detailed questions such as, "What language do you dream in?" "What language do you speak at home?" "What language would you prefer to do our work in?" "Would you prefer to have an interpreter, or would you prefer someone who is proficient in your language?"

Of course, we should be careful not to dichotomize speakers into English and non-English speakers. Some patients who appear to speak English adequately may have noticeable deficiencies in colloquial expressions or understanding context that could lead to noticeable problems in service delivery. For example, Dr. Donald McAleer (personal communication, June 7, 2021) identified one patient who reported having "visions" on the MMPI, but further inquiry revealed that he was referring to aspirations or goals- not hallucinations.

Patients tend to prefer bilingual health care providers as opposed to interpreters (Villalobos et al., 2016). Nonetheless, the supply of non-English speaking psychologists is not adequate to meet the demand for services from non-English

1. The author thanks Drs. Deborah Derrickson-Kossman, Claudia Haferkamp, Valerie Lemmon, Linda Knauss, Bruce Mapes, Don McAleer, Max Schmidheiser, Jeanne Slattery, and Edward Zuckerman for their review of this article.

speaking clients, thus requiring the use of interpreters to facilitate good psychological services. Interpreters deal with spoken language while translators deal with written language. Interpreters can work over the phone, video, or in-person. Telephone or video services are less expensive since there is no travel time or parking incorporated into the costs (Jacobs et al., 2018).

Interpreters help clients and interviewers communicate successfully. The quality of health care is improved when patients have access to interpreters (Karliner et al., 2007). The use of family members for interpreting is problematic and should only be used in an emergency. Family members are not trained interpreters and their involvement may create boundary issues in the family or cause the client to withhold information during services, particularly when interpreting moves a child, for example, into a parental role within the family or if the problems involve the child. Problems may also arise if the family-member interpreters allow their perspectives on the problems to influence their interpretation.


Interpreters should use first person pronouns without adding or changing anything. Nonetheless, the mastery of a language requires more than just knowing the meaning of words or grammar. The interpreter may need to help clarify cultural context, idioms, nonverbal language, or symbolic meanings.

Currently two national organizations certify interpreters for health care settings: The National Board of Certification for Medical Interpreters and the Certification Commission for Healthcare Interpreters. I know of no specialty interpreter certification for mental health services. A review of patient interviews showed that interpreters with more than 100 hours of training made one-third the errors made by interpreters with fewer than 100 hours of training (Flores et al., 2010).

As a practical matter, it is worthwhile for psychologists to socialize interpreters into their role and especially the confidentiality concerns involved in delivering services. Psychologists should not assume that the interpreter knows much about psychotherapy or psychological assessments (Martin et al., 2020). Also, it

should not be assumed that the interpreter is culturally competent or familiar with the culture of the patient, even if they speak the same language. It can help to discuss cultural issues with the client and interpreter ahead of time (Frandsen, 2019). Psychologists should not assume that the interpreter will compensate for the lack of cultural competence on their part (Martin et al., 2020). At the end of the session, it can be worthwhile to debrief with interpreters and go over any problems that they may have noticed or any concerns that they might have. It is necessary to get a Business Associate Agreement (BAA) with an interpreter unless the interpreter is an employee, or both the psychologist and interpreter are employed by the same institution or agency.

Psychologists may need to explain to clients the role of the interpreter. Psychotherapy or psychological assessments with an interpreter work best when concepts are made simple, and jargon is avoided. Side conversations should be minimized, and psychologists need to keep eye contact with their patients and not with the interpreter. Common errors in interpretation include omitting important information, deleting information, or oversimplifying messages. An example of the later was when an interpreter oversimplified the instructions for relaxation training which caused the patient to miss several important steps in the process (Dekker, Ginsburg, Lantz, 2009).

Judicial interpreters must be certified to work in judicial settings and the Pennsylvania court system has a list of approved interpreters. Psychologists who treat Medicaid or Medicare patients or who work in programs that receive federal assistance must provide free language access to patients with limited English proficiency or who are hard of hearing and absorb the cost of the service. All health care providers must provide interpreters at their own expense for persons who qualify as having a hearing disability under the Americans with Disabilities Act. Part of the cost can be recouped by using the 90785-complexity code to boost reimbursement for the session. 

REFERENCES

- Dekker, E., Ginsburg, I. F., & Lantz, M. S. (2009). Working with interpreters in psychotherapy: A case report using the therapist-interpreter team approach. *Clinical Geriatrics*, 17 (9), 9-12.
- Flores, C., et al. (2010). Errors of medical interpreters and their potential clinical consequences: A comparison of professional versus ad hoc versus no interpreters. *Annals of Emergency Medicine*, 69, 545-553.
- Frandsen, C., et al. (2019). Beyond English only: Addressing language interpretation in professional psychology training. *Training and Education in Professional Psychology*, 13, 64-71.
- Jacobs, B. et al. (2018). Medical interpreters in outpatient practice. *Annals of Family Medicine*, 16, 70-76.
- Karliner, L. S. et al. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Services Review*, 47, 727-754.
- Martin, W. B. et al. (2020). Beyond the language barrier: Recommendations for working with interpreters in individual psychotherapy. *Professional Psychology: Research and Practice*, 31, 625-629.
- Migration Policy Institute. (2019). *Pennsylvania*. Retrieved from <https://www.migrationpolicy.org/data/state-profiles/state/language/PA>
- US Census Bureau (2015, November 3). Census Bureau reports at least 350 languages spoken in the United States. Retrieved from <https://www.census.gov/newsroom/press-releases/2015/cb15-185.html>.
- UC Census Bureau. (n.d.). Pennsylvania population 5 years and older percentage speaking languages other than English at home by county. Retrieved from <https://www.indexmundi.com/facts/united-states/quick-facts/pennsylvania/language-other-than-english-spoken-at-home-percentage#table>.
- Villalobos, B. T. et al. (2016). Effects of language concordance and interpreter use on therapeutic alliance in Spanish-speaking integrated behavioral health care patients. *Psychological Science*, 13, 49-59.

PPA2022 CALL FOR PROPOSALS



**PRESENT AT
PPA2022**

MAY 18-21, 2022

KALAHARI RESORT & CONFERENCE CENTER
POCONO MANOR, PA

**PROPOSAL DEADLINE -
NOVEMBER 22, 2021**

TIPS TO RENEW YOUR PSYCHOLOGY LICENSE FROM YOUR FRIENDS AT PPA

Renewal notices from the State Board of Psychology have been sent out to licensees via EMAIL for 2021. This email includes the link to renew your license, your user ID, and your personal Registration Code. The text of the notice is included here:

Dear Licensee,

Your renewal is available and can be processed at www.pals.pa.gov. Please follow the instructions below to renew your license.

Instructions to renew your license - PS000000

- Renew your license at www.pals.pa.gov.
- Login using the User ID below.
- Your User ID: xxxxxxxx
 - Please note: For security reasons, we cannot send your password in this email. If you do not remember your password, visit www.pals.pa.gov/recover to recover your password.
 - Your Registration Code is: xxxxxxxx
- To renew your license, click the "Renew" box in the toolbar located at the top of your screen. Read the pop-up message for additional information about the license(s) available for renewal and click "Renew" to proceed to the renewal application.

You will receive confirmation via email when your license has been renewed. If you have already attempted to renew your license but there is a renewal hold on the record, you will need to address the renewal hold as directed in the emailed discrepancy notice before your license can be renewed.

We recommend your prompt attention to this matter to ensure that your license does not expire on November 30, 2021.

IMPORTANT:

Please note that there is no longer a grace period for renewals. This means you CANNOT renew your license after November 30, 2021. After the expiration date, you must submit a reactivation application and meet all requirements before your license will be returned to active status.

Additional Information:

Have you been issued a temporary COVID related license to practice in another state? Then answer YES to "With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a health-related profession in any state or jurisdiction?" and list each state in which you have temporary authorization to practice.

Do you have an NPI number? If you have an NPI (National Provider Identifier), add it in the Professional Details section. This number can be found through your biller/online billing account or CAQH. If you do NOT have an NPI number, you do not need to provide one.

Does it say you need Act 31 Child Abuse Reporting credits before renewing?

- If you believe you already completed them and they do not show on your account, contact the company who provided the training (PPA only has record for people who completed the training through us).
- If you have not completed them yet, PPA offers a Home Study course (www.papsy.org/store) and is offering an in-person option on Friday, October 8th at our Fall Conference MINI (www.papsy.org/SpringFall)

Is your web page running slowly? Please note that the web pages may be slow to load - please be patient and allow yourself at least 30 minutes to complete the license renewal process.

**Additional questions should be directed to the State Board of Psychology:
(717) 783-7155 or ST-PSYCHOLOGY@pa.gov**

The PA State Board of Psychology is a government entity responsible for licensing and disciplining psychologists in the Commonwealth. PPA is a membership organization that is separate and apart from the State Board of Psychology. This resource is a member-benefit of your membership with PPA



PENNSYLVANIA
PSYCHOLOGICAL
ASSOCIATION



CONTINUING EDUCATION INFORMATION for Licensed Psychologists in Pennsylvania

Information adapted from

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Psychology/Pages/General-Board-Information.aspx>



Certificates of Attendance/Completion

Please be sure to review your certificates of attendance/completion. Certificates of attendance/completion must contain the following:

- ☐ your name
- ☐ date of the course/program
- ☐ number of continuing education hours earned
- ☐ a statement that the course/program was offered by an approved sponsor (see listing below)

Approved Sponsors

Section 41.59(d)(3) of the Board's regulations provides the following list of sponsors approved by the Board:

- (i) Accredited colleges or universities as long as the course/program corresponds to the scope of practice of psychology and generates semester/quarter hour credit.

- (ii) The American Psychological Association (APA) and APA-approved sponsors.
- (iii) Sponsors approved by the American Medical Association (AMA) that offer programs that relate to the practice of psychology.
- (iv) Providers approved by the Pennsylvania State Board of Psychology. (Click here to view a listing of these providers)

Ethics Continuing Education

Completion of at least 3 hours of continuing education in ethics is required. If the word "ethics" or a derivative of the word "ethics" is contained in the title of a course/program taken through an approved sponsor, the continuing education earned can be used towards satisfying the ethics continuing education requirement. If the course/program pertains to ethics and the title of the course/program does not contain the word "ethics" or a derivative of the word "ethics", the provider of the course/program must indicate on the certification of attendance/completion the number of hours of ethics earned. If the



certificate does not designate a specific number of ethics hours, no ethics credit will be awarded.

Suicide Prevention Continuing Education

Completion of at least 1 hour of continuing education in suicide prevention is required. If the word “suicide” or a derivative of the word “suicide” is contained in the title of a suicide prevention course/program taken through an approved sponsor, the continuing education earned can be used towards satisfying the suicide prevention continuing education requirement. If the course/program pertains to suicide prevention and the title of the course/program does not contain the word “suicide”, the provider of the course/program must indicate on the certification of attendance/completion the number of hours of suicide prevention continuing education earned.

PLEASE NOTE: The 1 hour of continuing education in suicide prevention may NOT be used towards satisfying the 3 hours of continuing education in ethics.

Act 31 Child Abuse Recognition and Reporting Continuing Education

Verification of completion of 2 hours of child abuse recognition and reporting continuing education must be received electronically from an approved provider in order to renew a license. A certificate of attendance/completion cannot be accepted in lieu of the required electronic verification.

Home Study

During this renewal period only (December 1, 2019 – November 30, 2021), the limit on the number of home study and distance learning continuing education hours has been lifted. For this renewal period, psychologists can receive all of the continuing education through home studies or distant learning programs.

Acceptable Proof of Completion

- Attendance at a College or University course/program-- Continuing education is earned for completion of a college or university course/program that has a PSY Prefix and generates semester/quarter hour credit. 1 college/university credit=15 hours of continuing education. A transcript is required to prove course/program completion.
- Teaching – A psychologist may obtain up to 15 hours of continuing education either by: (1) teaching a course in psychology for a regionally accredited college or university if the

course generates semester/quarter hour credit or (2) teaching a workshop for an approved sponsor. The Board will only accept courses with PSY in the prefix or “psychology” in the title of the course as a “course in psychology”. Acceptable documentation, which must be maintained in the event of an audit, is:

College/university course – A letter from the department chair identifying the course prefix, number and title; the dates, time and place of teaching; and the number of credits. A course syllabus may also be requested.

Workshop – A letter from the approved sponsor of the workshop stating that the psychologist successfully conducted the workshop and indicating the dates and locations of the workshop.

PLEASE NOTE: A psychologist may only be awarded credit for teaching the same course/workshop once every 4 years. Credit for workshops with multiple instructors will be determined by dividing the number of continuing education hours granted for the workshop by the number of instructors participating in the workshop.

- Professional Writing – A maximum of 10 hours of continuing education may be obtained by authoring an article published in a journal abstracted in PsycINFO or a chapter(s) in a text or trade book for psychologists. Credit is only awarded for the year in which the article/chapter was published. Acceptable documentation, which must be maintained in the event of an audit, is:

Journal article – Copies of the page or pages of the article that show the title of the article, author(s), journal title and date of publication of the article.

Chapter(s) in a text or trade book for psychologists – Copy of the title page of the book, the table of contents, the title page of the chapter indicating authorship and the date of publication.

PLEASE NOTE: Book reviews and test reviews are not acceptable. Ten hours per publication, divided by the number of authors, will result in the number of contact hours granted (e.g., an article that has two authors will result in five contact hours for each author).

The Pennsylvania
Psychologist

SAVE THE DATE

PPA 2022

May 18 - 21, 2022



**KALAHARI RESORT &
CONVENTION CENTER**

POCONO MANOR, PA

PPA 2022

BEING IN THE ROOM
WHERE IT HAPPENS

Home Study CE Courses

Act 74 CE programs

Essential Competencies when Working with Suicidal Patients—1 CE
Four Ways to Enhance Your Suicide Assessments (Webinar)—1 CE
Talking about Suicide: The Patient's Experience and the Therapist's Experience (Webinar)—1 CE
The Assessment, Management, and Treatment of Suicidal Patients: 2020—3 CE
The Essentials of Managing Suicidal Patients: 2020—1 CE
The Essentials of Screening and Assessing for Suicide among Adolescents—1 CE
The Essentials of Screening and Assessing for Suicide among Adults—1 CE
The Essentials of Screening and Assessing for Suicide among Older Adults—1 CE
The Essentials of Treating Suicidal Patients—1 CE

Act 31 CE Programs

Pennsylvania Child Abuse Recognition and Reporting—2 CE Version
Pennsylvania Child Abuse Recognition and Reporting—3 CE Version
Pennsylvania Child Abuse Recognition and Reporting (Webinar)—2 CE

General

*Ethical Issues with COVID-19 (Webinar)**—1 CE
*Ethical Responses when Dealing with Prejudiced Patients (Webinar)**—1 CE
*Ethics and Self-Reflection**—3 CE
*Foundations of Ethical Practice: Update 2019**—3 CE
Integrating Diversity in Training, Supervision, and Practice (Podcast)—1 CE
Interdisciplinary Collaboration in Assessing Capacity in the Elderly (Webinar)—1 CE
Introduction to Working with Chronic Health Conditions—3 CE
*Legal and Ethical Issues with High Conflict Families**—3 CE
Mental Health Access in Pennsylvania: Examining Capacity (Webinar)—1 CE
*Record Keeping for Psychologists in Pennsylvania**—3 CE
Telepsychology Q&A (Webinar)—1 CE
Why the World is on Fire: Historical and Ongoing Oppression of Black African American People in the United States (Webinar)—1.5 CE

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

Act 74 CE Programs qualify for the suicide requirement mandated by the Pennsylvania State Board of Psychology.

Act 31 CE Programs have been approved by the Department of Public Welfare and the Pennsylvania Department of State to meet the Act 31 requirements.

Visit PPA's online store for a full listing of our home studies.