

Psychologist

VOLUME 81, NUMBER 3

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Virtual

Virtual PPA 2021

IS WHERE EVER YOU ARE!

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If you are interested in submitting an article to be published in *The Pennsylvania Psychologist* please contact Publications Chairperson, Jade Logan, PhD, ABPP at publications@papsy.org.

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STAYING CONNECTED

Through Difficult Times

DEA SILBERTRUST, PhD, JD

"Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be... This is the interrelated structure of reality." Martin Luther King, Jr., Letter from Birmingham Jail (1963)

We are deep into winter as I write this column. It is cold and dreary, without the respite afforded by long outdoor walks. By the time you read this, it will have been a full year since the pandemic began. We have adjusted in various ways, but everyone is feeling the strain.

The APA 2020 Stress in America survey, released last October, indicated that the majority of Americans considered the pandemic AND the economy AND the political and social unrest as significant sources of stress. And this was before the election's turbulent aftermath, the Capital riot, and the muddled vaccine roll-out. "Crisis fatigue" is one term for feeling repeatedly assaulted by things out of one's control.

There are silver linings, such as embracing our inter-dependence. I cannot imagine going through this without my family and friends, nor can I conceive of being a psychologist in Pennsylvania without being part of PPA. It has never felt more crucial to be part of this caring, wise, and supportive community. There is much work, and much healing, ahead; we cannot do it alone.

Our commitment to antiracism, social justice, diversity, and inclusion has just begun. Dr. Jade Logan, our new Officer of Diversity and Inclusion, has jumped right in. She is working with everyone in leadership to assess where we are as an organization and where we want to go. Other groups are working on various projects, including the Interpersonal Violence Committee's Anti-

Racism Subgroup. Please let us know if you are interested in getting involved.

For now, connecting must remain virtual. Our biggest live event is our June convention. This year it will be fully virtual, including coffee hours, afternoon snack breaks, and evening programming. Come and visit with friends, support the PAC and PPF, and get up to 20 hours of CE credits.

The downside of our connection with others is that sometimes we have to say good-bye. Sam Knapp, Ed.D, will finish his time as PPA's Director of Professional Affairs at the end of June. The Convention will be the last opportunity to see Dr. Sam Knapp in his role as DPA, and we will have quite a send-off for him! I know I speak for us all in expressing my deep gratitude for his years of service: his leadership on ethical and practice issues, his wise counsel, his humility, and incredible generosity. We have been so very, very lucky to have him on our staff, and he will be greatly missed. Fortunately, he will remain a PPA member, and you may see him at a committee meeting or find he is offering a workshop at a future conference. So we say good-bye to Dr. Knapp, PPA's DPA, but not good-bye to Sam Knapp, our friend and colleague.


We also look forward to the fall when we hope to meet in-person for PPA's Fall MAX and MINI Conferences. Both programs will be accessible virtually as well as live. More information coming in our June issue.

Meanwhile, PPA has many ways to help you stay connected, personally and professionally. The new mentoring program,

PPA Connect, is available for you to sign up as a mentor, a mentee, or both. Whether you are a seasoned psychologist, an ECP, a graduate student, or an undergrad, the mentoring program pairs you with individuals who are at a different stage in their career. Sign up now by going to the PPA website: www.papsy.org/page/PPAConnect.

Many of our members take part in our active listserv, and frequently express their gratitude for the information, support and advice they receive. If you would like to join, send an email to ppa@papsy.org and ask to be added to the listserv.

If you want to talk more informally with colleagues from around the state, check your email for upcoming connecting hours. Just RSVP to the notice and you will be sent a zoom link to join in.

Finally, PPA can help you form a group focused on a specific interest. Our revised bylaws permit the formation of Special Interest Groups (SIGs). Please contact me, dcsilbertrust@comcast.net, or PPA Executive Director, Ann Marie Frakes, annmarie@papsy.org, if you have an idea for a SIG that does not yet exist. Or contact the PPA office if you want to join an existing SIG. Of course, you must be a member to enjoy these benefits plus get a substantial discount (40-50%) on all CEs, including June's convention. If you know a psychologist who could benefit from any or all of the above, encourage them to check out membership at www.papsy.org/page/JoinPPA. 

NEWS YOU DO NOT WANT TO MISS

ANN MARIE FRAKES, MPA



PPA MEMBERS, there is no way to soften the blow of what I am about to tell you, so I am just going to say it. Dr. Sam Knapp is retiring this year. He has selected the last day of our fiscal year, June 30, 2021 as his final day of employment with PPA.

As many of you know, Sam has been the Director of Professional Affairs for PPA for the past 34 years. Sam means so much to so many of us, both professionally and personally. I am willing to say that he has done more for the practice of psychology in the Commonwealth of Pennsylvania than anyone else. I believe that one of the best ways for us to begin to process this incredible professional loss, is to hear directly from Sam. Several weeks ago, I had the wonderful opportunity to talk with Sam directly about his career, the future of psychology and the activities he would like to enjoy in his retirement. Here is the record of that conversation:

AMF: How did you decide to become a psychologist? What experience in your early life do you think directed you toward a career in psychology?

SAM: I found psychology to be interesting and I still do. I have no idea what in my early life led me to become a psychologist. My oldest brother is a psychiatrist. My older sister taught bioethics at a medical school, and other older brother was an attorney who did a lot of work with persons with disabilities. There is likely some common familial factor here, but I am not sure what it is.

AMF: What was the situation at PPA and in PA when you were hired as the DPA? Were

you an active member of PPA before you were DPA? Can you tell us the story of your hiring? If you did not become the DPA of PPA, what do you think your career in psychology would have looked like?

SAM: The late Dianne Salter oversaw the committee that hired me in 1987. The salary offered was very low and I think I was the only psychologist who applied for the position (the other applicants saw the salary and withdrew their applications). PPA had just moved its office from Pittsburgh to Harrisburg. For many years PPA was housed in the home office of Dr. Zita Levin in Pittsburgh, but the long-term plan was for PPA to move to the state capital and to purchase a building. Tom DeWall had just been hired as PPA's executive director and he was looking for a building for PPA to purchase.

I was interested in public policy and if I had not been hired by PPA, it is likely that I would have gone into some association or state government work.

I was originally hired for 3 days a week, then PPA got a grant from APA to make me 4 days a week, and then three years later my job got expanded to become full-time.

There was not a lot of "fellow-feeling" or good will in the PPA governance at the time that I was hired. Board meetings were long and often contentious. Too much time was spent on trivial administrative details that should have been delegated to the executive officer. It took a couple of

years before Tom and some of the younger members of the Board of Directors were able to turn the culture around and get the Board to be more cooperative and focused on its job of helping our members.

Of course, 1987 was very different from today. We did not get email until 1994 or so. We did the mailings to our members in house (all the staff members would gather around the table and stuff envelopes). Almost all communications with members were by phone or by snail mail. Tom worked to professionalize the association, purchase computers, establish quality by-laws, develop a strategic plan, change the culture of the organization, and develop other features of a good functioning association.

Psychologists had only become licensed 13 years earlier (the law was passed in 1972, but the first license was not issued until 1974) and we were excluded from most laws such as Workers Compensation and many insurance contracts. We had a lot of work to do.

AMF: What was your favorite role/responsibility working at PPA? What are you most proud of accomplishing at PPA? What are you going to miss the most? What will you miss the least? (*You do not have to answer that one!*)

SAM: I view my role as helping psychologists do a better job by being a resource. I help psychologists by answering some legal or ethical questions, helping

them think through dilemmas, working to ensure laws that can increase their ability to help patients and other service recipients and so on. Often this help occurs in the form of direct person to person communication, but it also occurs through articles in the *PA Psychologist* and in continuing education programs to members. This has been very rewarding.

In many ways I view myself as a hub in that I rely so heavily on others for information in detailed areas of psychology. Rachael Baturin keeps me abreast of legal issues, members of the Child Forensic Committee are resources for child related issues, Insurance Committee members keep me up to date on insurance issues, and so on. I rely on APA attorneys and my fellow directors of professional affairs at times as well. They have been an invaluable resource (and have become good friends as well). There is simply too much information in too many fields of psychology for one person to know it all. My job is to know the answers to common questions, know where to go for answers on more difficult questions, and to know when there is no answer.

I am very proud of the work that psychologists do and, having been a practicing psychologist once myself (and married to a psychologist), I can appreciate how hard the work can be and how much good that we can do. It has been an honor to be associated with such a fine group of professionals.

Although working in government relations was never my primary responsibility, I am pleased that I have had a supportive role in major legislative initiatives on both the state and federal level including getting psychologists recognized as direct providers in Medicare, increasing mental health benefits in insurance policies, ending corporal punishment in schools, and many smaller pieces of legislation that cumulatively greatly increase the services that psychologists can offer.

I also feel fortunate to have worked with two outstanding executive directors: Tom DeWall and Ann Marie Frakes, and with outstanding co-workers. Rachael and Iva have been with PPA for more than 20 years each and Judy and Erin are becoming

veterans themselves. Not only are they highly efficient they are also pleasant. I will certainly miss the regular contact with them.

The current PPA Board of Directors is hard working and conscientious. I have dealt with many members of the Board of Directors for years and know first-hand of their commitment and contributions. I think PPA is in good hands.

AMF: Thank you Sam. What piece of advice do you offer leaders of PPA and the staff that you do not want us to ever forget as we work to move PPA and the practice of psychology forward?

SAM: The profession of psychology and PPA has many challenges in front of it. Recently we survived a major threat to the profession by thwarting a massive cut to reimbursement under Medicare. Since many commercial insurers base their reimbursement on a percentage of what Medicare pays, the ramifications would have been felt across the profession. We must always be alert to such challenges.

Associations in general are seeing a decline in membership and PPA has struggled to keep its membership stable. This is an ongoing challenge to get younger members to join the association.

Historically, the profession of psychology has neglected the wellbeing of all of society and has been an organization of middle-class whites. Things are changing, now 25% of doctoral students are persons of diversity. Nonetheless we need to accelerate the shift in thinking and policies to ensure a more inclusive organization.

Finally, it is important for PPA to create a sense of belonging and community among its members. We have been successful in creating that community in many ways but have fallen short in other ways.

Fortunately, I think that Ann Marie, the current Board of Directors, and the PPA staff are up for the challenge and are already taking steps to address these issues by being transparent with our members about the challenges we face and by keeping the public wellbeing as the focus of our efforts. I am especially pleased at the steps that Ann Marie has taken to increase the sense of community among our members, especially

during the pandemic when our emotional resources have been so severely strained.

AMF: Tell us what you hope to do in your retirement. What are you and Jane looking forward to enjoying? What are your children and grandchildren looking forward to enjoying with you?

SAM: The date of my retirement will coincide, I hope, with the tail end of the pandemic and I hope to resume some normal activities of spending time with my children and grandchildren, taking some long overdue trips with my wife, and finishing some projects around the house. But primarily I see this as a shifting and not an abrupt end. I expect to stay on as a member of two PPA committees (Ethics and Colleague Assistance) and I have some psychology-related writing projects outside of PPA that will continue. These things are just too interesting for me to stop doing.


AMF: Sam, you have the last word...is there anything else you want us to know or remember?

SAM: So, I am not saying "good-bye." I am only saying that I will see you later, albeit in a different role.

Make sure you register for PPA2021. We will be celebrating Sam's retirement throughout our virtual convention, including Sam giving the KEYNOTE address on Friday, June 18, 2021.

Register online at www.papsy.org/event/PPA2021 DO NOT MISS IT!

Sam requests that in lieu of any gifts, please make donations in his honor to the Pennsylvania Psychological Foundation or PennPsyPAC. The links to make donations are included here: www.papsy.org/PennPsyPAC and www.papsy.org/Foundation. Please make a notation in the comments area that your gift is made in honor of Sam's retirement.

Thank you, Sam for 34 incredible years. You have made a difference in the practice of psychology in Pennsylvania and beyond. You have made us all better people and professionals. THANK YOU FROM THE BOTTOMS OF OUR HEARTS AND ENJOY EVERY MINUTE OF YOUR RETIREMENT. YOU DESERVE IT! 



PENNSYLVANIA
PSYCHOLOGICAL
ASSOCIATION

HAPPY
RETIREMENT
SAM!



CONGRATULATIONS
DR. SAM KNAPP ON
YOUR WELL-DESERVED
RETIREMENT!

PPA would like to thank Dr. Knapp for **34** years of hard work, dedication, and service to the organization!

Dr. Knapp's last official day with PPA will be June 30, 2021. As one of his final duties, he will be giving the keynote address during PPA2021. **DON'T MISS THIS!** Register for PPA2021 now. In lieu of gifts, Sam requests that members consider making donations to PennPsyPAC or the Pennsylvania Psychological Foundation in honor of his retirement.

Please donate online at:
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MANDATORY REPORTING

of an Impaired Professional



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

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

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

The Pennsylvania State Board of Psychology is charged with protecting the public from the unprofessional, unauthorized, and unqualified practice of psychology (63 P.S. §1201). As part of this public protection mandate, the Board can discipline a psychologist who is unable to practice psychology with reasonable skill and safety by reason of illness, drunkenness, excessive use of drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition (63 P.S. §1208 (a)(8)).

The impaired professional program of the Bureau of Professional and Occupational Affairs (the oversight body for the psychology and other health care licensing boards) includes both monitoring the impaired professional and the opportunity for rehabilitation. Most licensees who go through this program will never receive a public disciplinary action against them and will be able to resume their professional careers productively.

The Board can become aware of a potentially impaired psychologist in several ways. For example, a psychologist can self-report impairment and seek voluntary treatment and supervision. A patient or a member of the public can report an impaired psychologist. A fellow psychologist can make a report of a suspicion of impairment. With respect to this latter example, the question arises as to whether, and under what circumstances, a fellow psychologist is mandated to report a suspicion of impairment.

Mandated Reporting of an Impaired Psychologist

The Professional Psychologists Practice Act contains a section that addresses the impaired professional (63 P.S. §1218). This section outlines the process by which an impaired professional can obtain treatment and supervision in lieu of a formal finding of discipline being lodged against the psychologist's license. This section also contains a subsection governing the mandatory reporting of suspected impairment.

Pursuant to 63 P.S. §1218 (f), a peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance, or is mentally or physically incompetent to carry out the duties of his or her license shall make or cause to be made a report to the Board. However, any person who acts in a treatment capacity to an impaired professional in an approved treatment program is exempt from the mandatory reporting requirements of this subsection.

A cursory reading of this subsection suggests that this reporting requirement is clear-cut in nature. A more nuanced reading of the subsection, however, raises several procedural and substantive questions.

First, it is the responsibility of a *peer* or *colleague* to effectuate a report. The licensing board statute does not define a peer or a colleague. At a minimum,

however, it appears that another Pennsylvania licensed psychologist is a peer or colleague.

Second, the peer or colleague must report certain behavior exhibited by a *professional*. Once again, the licensing board statute does not define a professional under this subsection. It would be reasonable to assume, however, that a professional under this subsection refers to a Pennsylvania licensed psychologist.

Third, the mandated reporter must have *substantial evidence* of impairment. Given the wording of this subsection, it appears that this substantial evidence could be gathered through firsthand observations; through secondary sources, such as the report of a patient who previously had been treated by the psychologist in question; or through reports of colleagues, friends, or acquaintances of the psychologist in question. In this regard, it could be argued that the potentially mandated reporting psychologist may be "on duty" on a continuous basis, rather than being a potentially mandated reporter merely when functioning within his or her professional capacity.

Fourth, the licensing board statute does not define what constitutes *substantial evidence*. Prior Pennsylvania cases, however, have described substantial evidence as "such relevant evidence that a reasonable mind might accept as adequate to support a conclusion (*Yonkin v. State Real Estate Commission*, 774 A.2d 128 (Pa. Cmwlth 2001)), and evidence that so "preponderates



in favor of a conclusion that it outweighs in the mind of the fact-finder, any inconsistent evidence and reasonable inferences drawn there from" (*R.P. v. Dept. of Public Welfare*, 820 A.2d 882 (Pa. Cmwlth 2003)). In addition, the United States Supreme Court has held that substantial evidence is evidence "which would be sufficient to allow a reasonable fact finder to reach the same conclusion; while it must exceed a scintilla, it need not reach a preponderance of the evidence" (*Richardson v. Perales*, 402 U.S. 389 (1972)). Despite these legal definitions, however, it appears that even the more experienced psychologist might have difficulty determining what constitutes substantial evidence of impairment.

Fifth, there is a question as to when a potentially mandated reporter is exempt from the mandatory reporting requirements. That is, the general reporting requirement of the subsection states that there must be substantial evidence of an active addictive disease for which the professional is **not** receiving treatment. This language would imply that a private psychologist who is treating a psychologist for an addictive disease is not required to report the impairment. A later portion of the subsection, however, states that a person treating the impaired professional in an *approved treatment program* is exempt from the mandatory reporting requirement. Although there is no definition

of what constitutes an approved treatment program, earlier provisions of the section refer to an approved treatment program as being part of the Voluntary Recovery Program (VRP) sponsored by the Bureau of Professional and Occupational Affairs. In this regard, it is unclear whether a private psychologist treating an impaired psychologist for an addictive disease outside of an approved VRP treatment program is exempt from the mandatory reporting requirement, or whether the treating psychologist is required to breach confidentiality and effectuate the report.

Under 63 P.S. §1218 (f), a psychologist who fails to provide a mandated report within a reasonable time from receipt of knowledge of impairment shall be subject to a fine not to exceed \$1,000. This penalty shall be levied only after the psychologist is afforded the opportunity of a formal administrative hearing. What is unclear, however, is whether following a formal administrative hearing, the Board not only can levy a civil penalty against the non-reporting psychologist, but also can lodge a formal finding of discipline against the non-reporting psychologist's license, administer additional sanctions, and report the violation to a federal data bank.

Discussion

The Pennsylvania State Board of Psychology is charged with protecting the public from

the unqualified practice of psychology. One method by which the Board carries out this mandate is to ensure that psychologists are not suffering from any type of impairment that prohibits the psychologist from practicing with reasonable skill and safety.

The Pennsylvania Psychologists Practice Act contains a subsection that requires a peer or colleague to report a suspicion of an impaired professional. Although the intent of this subsection is clear, the definitions, procedures, and possible penalties associated with this subsection are less clear-cut. However, we do know for certain that a psychologist who has substantial information derived from a non-confidential source (such as the direct observation of another psychologist in a public setting) must report that psychologist.

In the future, the Board may address these outstanding issues. For the present, however, psychologists who obtain information of possible impairment of another psychologist must proceed in a measured manner. That is, potentially reporting psychologists must review the statutory provisions in question, should consider obtaining peer consultation or legal advice, and should document their findings and course of action in a clear manner. In this way, the potentially reporting psychologist can seek to balance the responsibilities owed to the public, the profession, and their individual practice. **SP**

Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House	Governor's Action
HB 102	Amends the Public School Code, in intermediate units, repealing provisions relating to psychological service; in professional employees, for school social workers; and, in school health services, for counselors, psychologists, and nurses.	Rep. Daniel Miller (D)	Support		Referred to House Education Committee 1/11/21	
HB 131	Amends Title 63 (Professions & Occupations), in powers and duties, further providing for hearing examiners.	Rep. Greg Rothman (R)	Support		Referred to the House Professional Licensure Committee 1/12/21	
HB 171	Act limiting restrictive covenants in health care practitioner employment agreements.	Rep. Anthony DeLuca (D)	Support		Referred to House Health Committee 1/14/21	

PENNSYLVANIA PSYCHOLOGICAL FOUNDATION'S FIRST EVER

Virtual Silent Auction

Chaired by Dr. Nicole Polanichka
Secretary-Treasurer, PPF

Bidding will begin at Noon on Monday, June 14, 2021 and end at the conclusion of our Virtual PPF Student Awards Ceremony at 8:30 PM on Saturday, June 19, 2021.

To make PPFs fundraising auction as successful as possible, we need as many great auction items as possible! Do you have a favorite location you'd like other people to check out? Donate a stay at a local B&B or a dinner at a nearby restaurant. Maybe you have your own vacation home you'd be willing to share for a weekend getaway. Perhaps you are an artist or craftsperson (or know an artist or craftsperson) who would be willing to donate something one-of-kind. Do you have a talent or skill you are willing to share in a workshop for a lucky winner? Or perhaps you just have a great idea of a themed 'basket' and have been looking for an excuse to put it together. Even donations of cash are welcome and will be used by to purchase items for the auction.

Donated items need to make their way to the PPA offices by May 15th to allow enough time for staff to write descriptions, take photos, and load it all onto the auction site. Visit www.papsy.org/Foundation to access a form to complete for donated items. This way the auction team knows exactly what was donated and by who, donors will also receive a letter documenting their donation for tax purposes. Questions? Reach out to Nicole Polanichka at polanichkan@upmc.edu or Ann Marie Frakes at annmarie@papsy.org

Thank you for your support!

Pennsylvania Psychological
Foundation
LEAVING A LEGACY



CREATE YOUR OWN CONVENTION

Creating Stability in a Time of Change

THURSDAY, JUNE 17

8:30 am – 9:00 am	Coffee/Social Time
9:00 am – 10:00 am	Contemporary Innovations in Clinical Suicidology
10:30 am – 11:30 am	Managing Anxiety and Stress During Times of Uncertainty
11:30 am – 12:30 pm	Medical Marijuana Research in Pennsylvania
1:30 pm – 2:00 pm	Snack Break/Social Time
2:00 pm – 5:00 pm	Scientific Foundations of Ethical Decision-Making: Translating the Science of Morality in Day-to-Day Practice
6:30 pm – 8:30 pm	<i>PennPsyPAC's Virtual Wine Tasting Fundraiser</i>

FRIDAY, JUNE 18

8:30 am – 9:00 am	Coffee/Social Time
9:00 am – 10:00 am	Keynote Address – How Can Psychology Flourish as a Profession?
10:00 am – 11:00 am	Benefits of Group Membership: What Psychological Science Tells Us About Strengthening Our Professional Association
11:30 am – 12:30 pm	Assessment and Clinical Response to Suicide Intent or Motivation to Die
1:00 pm – 1:30 pm	Snack Break/Social Time
1:30 pm – 4:30 pm	A Principle-Based Approach to Ethics
7:30 pm – 9:00 pm	Presidential Addresses with Presentation of Distinguished Service and Public Service Awards

SATURDAY, JUNE 19

8:00 am – 8:30 am	Coffee/Social Time
8:30 am – 10:30 am	A Time for Transformation: Exploring Diversity and Inclusion Initiatives in PPA
10:45 am – 12:45 pm	Pennsylvania Child Abuse Recognition and Reporting – Act 31
1:00 pm – 1:30 pm	Snack Break/Social Time
1:45 pm – 2:45 pm	Suicide Risk Assessment: Short-Term and Indirect Indicators of Risk
3:00 pm – 6:00 pm	Ethical, Legal, and Practical Considerations in the Practice of Telepsychology
6:30 pm – 8:30 pm	PPF Silent Auction and Virtual Student Education Awards Ceremony

Welcome to



CREATE YOUR **OWN**
CONVENTION

Creating Stability in a Time of Change

We hope you enjoy this special issue of the Pennsylvania Psychologist, and that you will join us **June 17-19** for PPA2021 Create Your Own Convention.

Why Should You Attend PPA2021?

- Receive up to 20 CE credits, including ethics, Act 31, and Act 74. Nearly everything you need for your upcoming 2021 license renewal, all in one place!
- PPA will be using a new, interactive event platform, Whova, to allow attendees to easily interact with each other, presenters, and exhibitors.
 - Interact with leaders in psychology
 - Network with friends and colleagues
 - Talk with PPA Board members and staff
- PPA members have access to 20 CE credits valued at \$500 for only \$395 by purchasing the All-Access Pass
- School Psychologists can also earn Act 48 credits
- And trust us — you don't want to miss this speaker line-up!

What is Whova?

Whova is an award-winning event and conference app. Whova builds comprehensive profiles of attendees so that you can view all attendee profiles before the event even begins. Attendees will be able to reach out to others via in-app messages before, during, and even after PPA2021. This app will allow our attendees to set up one-on-one video chats and even schedule small online group meetings with one another, attendees can even pose questions to each other and PPA staff through this event app. Each attendee's agenda will be linked with their Whova profile, so your schedule is right at your fingertips. We will also be using Whova's new Network Table feature for our scheduled social times, allowing attendees to be matched into small 10-minute breakout rooms with a few other attendees.

How much does the app cost?

Whova is FREE to download!

What else do I need besides Whova to attend PPA2021?

Nothing! Whova partners with video conferencing apps to support presentations on the site. PPA2021 will be using Zoom links embedded in the Whova platform.

Do I have to download Whova to attend PPA2021?

Yes. All presentations and handouts for PPA2021 will be hosted on the Whova platform.

When will the PPA2021 Whova platform be live?

A few weeks before the event. This will allow attendees to create profiles, network, and familiarize themselves with the interface.

Do I have to use the mobile Whova app on my phone?

No - Whova supports both a mobile and desktop application.

Where can I download Whova?

Whova can be downloaded in both the IOS/Android app stores. Users who do not have an iPhone or an Android can use a Web App on their tablet, laptop, or desktop. The Web App has almost the same comprehensive features as the Mobile App.

How to I access PPA2021 in Whova?

For those that will be using the Web App for their tablet, laptop, or desktop, when the event goes live PPA will send a URL for attendees to access through a browser. Downloading and signing up for the mobile app will also send registrants an email with a link to access the Web App. PPA staff will then send all attendees a code so that they can access PPA2021 once the platform is live.

General instructions on how to navigate the Whova platform will also be included in each attendee's Convention program. **Be sure to register by Friday, May 14, 2021 in order to receive a printed copy of this program in the mail!** Whova attendee guides and frequently asked questions will also be available on the PPA2021 web page: www.papsy.org/PPA2021.



MEET OUR SPEAKERS

Samuel Knapp, EdD, ABPP

Samuel Knapp received his doctorate in counseling from Lehigh University in 1982. He has been the Director of Professional Affairs for the Pennsylvania Psychological Association since 1987. A prolific presenter, author, and an all-around good guy, Sam's major focus is on positive ethics, or focusing on the ways that ethics can uplift the quality of services provided by health care professionals. He has written or edited 18 books, contributed 10 chapters to other books, published more than 100 peer reviewed journal articles, and edited countless chapters and papers, each addressing various aspects of ethics for psychologists. In addition to all of that, Dr. Knapp has presented nearly 500 presentations and workshops at state and national professional psychological association meetings. **Dr. Knapp will be presenting the following: Scientific Foundations of Morality in Day-to-Day Practice with Dr. Shmidheiser on Thursday, June 17 at 2:00 PM. The PPA2021 Keynote Address – How Can Psychology Flourish as a Profession? on Friday, June 18 at 9:00 AM.**



David A. Jobes, PhD, ABPP

David A. Jobes, Ph.D., ABPP, is a Professor of Psychology, Director of the Suicide Prevention Laboratory, and Associate Director of Clinical Training at The Catholic University of America. Dr. Jobes is also an Adjunct Professor of Psychiatry, School of Medicine, at Uniformed Services University. Dr. Jobes is a past President of the American Association of Suicidology (AAS) and he is the recipient of various awards for his scientific work including the 1995 AAS Shneidman Award, the 2012 AAS Dublin Award, and the 2016 AAS Linehan Award. He has been a consultant to the Centers for Disease Control and Prevention, the Institute of Medicine of the National Academy of Sciences, the National Institute of Mental Health, the Federal Bureau of Investigation, the Department of Defense, Veterans Affairs, and he now serves as a "Highly Qualified Expert" to the U.S. Army's Intelligence and Security Command. Dr. Jobes is a Board Member of the American Foundation for Suicide Prevention (AFSP) and serves on AFSP's Scientific Council and the Public Policy Council. **Dr. Jobes maintains a private clinical and consulting practice in Washington DC. Dr. Jobes will be presenting Contemporary Innovations in Clinical Suicidology on Thursday, June 17 at 9:00 AM.**



Krystal Lewis, PhD

Krystal M. Lewis, PhD is a clinical psychologist who works with children and adolescents at the National Institute of Mental Health. She provides Cognitive Behavioral Therapy to youth participating in a pediatric anxiety study. Dr. Lewis specializes in evidence-based treatments including cognitive behavior therapy and exposure therapy. She gives talks to local schools to disseminate best practices for child anxiety. In addition, she has



a small private practice in Maryland where she provides services to children and adults. Dr. Lewis is invested in helping parents, teachers, and those who work with youth to better identify signs and symptoms of anxiety and she works to ensure that effective practices are being used to prevent and treat anxiety. **Dr. Lewis will be presenting Managing Anxiety and Stress During Times of Uncertainty on Thursday, June 17 at 10:30 AM.**

Kent E. Vrana, PhD

Kent E. Vrana, PhD is the Elliot S. Vesell Professor and Chair of Pharmacology at the Penn State College of Medicine. He received his PhD in Biochemistry (Pharmacology minor) from Louisiana State University Medical Center in New Orleans. Dr. Vrana is a member of the editorial boards of several scientific journals and has served as chair and/or member of over 110 scientific review panel meetings for the federal government and non-profit organizations. He has co-authored over 180 scientific articles, book chapters, and monographs (including two textbooks). In 2009, he was named an honorary professor of the School of Medicine of the Peruvian University of Applied Science in Lima, Peru, and was inducted into the Society for Distinguished Educators at the Penn State College of Medicine. In 2015, he was elected a Fellow of the American Association for Advancement of Science (AAAS). **Dr. Vrana will be presenting Medical Marijuana Research in Pennsylvania on Thursday, June 17 at 11:30 AM.**



Max Shmidheiser, PsyD, ABPP, MBE

Dr. Shmidheiser is a board-certified clinical neuropsychologist at the Drucker Brain Injury Center at MossRehab Hospital, and he is clinical adviser for the MossRehab Concussion Center, which he co-founded over 10 years ago. After earning his PsyD from Widener University, he completed a two-year postdoctoral fellowship in clinical neuropsychology through Harvard Medical School and Cambridge Health Alliance. He is chair of the ethics committee for PPA, a statewide co-chair of the Brain Safety Fair Committee for the Brain Injury Association of Pennsylvania, and an Associate Fellow at the University of Pennsylvania's Center for Public Health Initiatives. He also serves on the Board of Directors for PPA's bipartisan Political Action Committee. He is a Lecturer and Seminar Leader at the University of Pennsylvania, where he earned a Master's degree in Bioethics. **Dr. Shmidheiser will be presenting Scientific Foundations of Ethical Decision-Making: Translating the Science of Morality in Day-to-Day Practice with Dr. Sam Knapp on Thursday, June 17 at 2:00 PM.**



M. David Rudd, PhD, ABPP

M. David Rudd, Ph.D., is president of University of Memphis and Distinguished University Professor of Psychology. He has produced over 230 publications, had 14,000 citations of his clinical and scientific contributions, and garnered more than \$19M in funding, all



addressing issues of suicide risk assessment, clinical management and treatment. His clinical trial using brief CBT with suicide attempters resulted in the largest reduction of post-treatment suicide attempt rate (60%) to date. He's previously served as chair of the Texas Board of Psychologist Examiners, president of the Texas Psychological Association, on APA Council of Representatives, and as president of the American Association of Suicidology. **Dr. Rudd will be presenting Assessment and Clinical Response to Suicide Intent or Motivation to Die on Friday, June 18 at 11:30 AM.**

Jeanne Slattery, PhD

Jeanne M. Slattery, Ph.D., is Professor and Chair of Psychology at Clarion University and has authored or coauthored *Empathic counseling: Building skills to empower change* (2020); *Trauma, meaning, and spirituality: Translating research into clinical practice* (2017); and *Counseling diverse clients: Bringing context into therapy* (2004). She has been active in Pennsylvania Psychological Association, where she currently serves as president of the Pennsylvania Psychological Foundation and has led a series of conversations on ethical dilemmas that have become a regular column in *Pennsylvania Psychologist*. She has a small private practice working with adults and children with mood and anxiety disorders, especially subsequent to a history of trauma.



Brett Schur, PhD

Dr. Schur is a psychologist in private practice in Haverford, PA. He is a member of the Pennsylvania Psychological Association Board of Directors, where he serves as the Professional Psychology Board Chair. He was previously the Chief Psychologist for the Silvan Tomkins Institute. Dr. Schur works with adults of all ages, including patients with chronic medical illness, serious and persistent mental illness, anxiety, depression, and trauma. He has recently lectured on suicide prevention, ethics, placebos, and anger management. He is also an Adjunct Instructor in the Department of Psychology at the Philadelphia College of Osteopathic Medicine, where he teaches Ethics in Psychology. **Dr. Slattery and Dr. Schur will be presenting A Principle-Based Approach to Ethics on Friday, June 18 at 1:30 PM.**



Jade Logan, PhD, ABPP

Dr. Jade Logan is the Training Director of the Chestnut Hill College Doctoral Internship Consortium and Assistant Professor of Psychology in the Department of Professional Psychology. Dr. Logan has been a diversity trainer and educator for over ten years. During her graduate career, she developed, implemented, and evaluated a series of trainings focused on issues of diversity and inclusion for the clinical psychology department at her doctoral program. Dr. Logan currently serves clients at the



Ladipo Group, LLC. Her client base is primarily African American women and her areas of clinical expertise include PTSD related to sexual trauma and intimate partner violence, traumatic stress due to issues of racism and oppression, anxiety and mood disorders, relationship issues, substance abuse, gender identity, and women's issues. She currently serves as the chair of PPA's Publications committee and is the inaugural Officer of Diversity and Inclusion. **Dr. Logan will be presenting A Time for Transformation: Exploring Diversity and Inclusion Initiatives in PPA on Saturday, June 19 at 8:30 AM.**

Megan Rogers, PhD

Dr. Megan Rogers is a postdoctoral research fellow at Mount Sinai Beth Israel, working under the mentorship of Dr. Igor Galynker. She completed her PhD in Clinical Psychology at Florida State University, and her predoctoral clinical internship at the Alpert Medical School of Brown University, in 2020. Dr. Rogers's research primarily focuses on short-term cognitive, physiological, affective, and behavioral risk factors for suicidal thoughts and behaviors, with an emphasis on the phenomenology, etiology, and assessment of acute suicidal crises. In addition to her position as a postdoctoral fellow, Dr. Rogers serves on the Board of Directors for the American Association of Suicidology. **Dr. Rogers will be presenting Suicide Risk Assessment: Short-Term and Indirect Indicators of Risk on Saturday, June 19 at 1:45 PM.**



Jeffrey E. Barnett, PsyD, ABPP

Jeffrey E. Barnett, Psy.D., ABPP is a Professor in the Department of Psychology at Loyola University Maryland and a licensed psychologist who is board certified in Clinical Psychology and Clinical Child and Adolescent Psychology. Additionally, he is a Distinguished Practitioner in Psychology of the National Academies of Practice. Dr. Barnett is a past chair of the ethics committees of the American Psychological Association, the American Board of Professional Psychology, and the Maryland Psychological Association. He previously served on the Maryland Board of Examiners of Psychologists and has been a consultant to licensing boards across a range of health professions. His numerous publications and presentations focus on ethics, legal, and professional practice issues in psychology to include integrating various technologies into mental health practice, telehealth, and the use of social media in clinical practice. Dr. Barnett is a recipient of the APA's outstanding ethics educator award. **Dr. Barnett will be presenting Ethical, Legal, and Practical Considerations in the Practice of Telepsychology on Saturday, June 19 at 3:00 PM.**



HIGHLIGHTS

THURSDAY, JUNE 17

PennPsyPAC's Virtual Wine Tasting Fundraiser

6:30 p.m. – 8:30 p.m.

Support our Political Action Committee and celebrate Sam's retirement by participating in our first virtual wine tasting event hosted by PennPsyPAC and Cullari Vineyards & Winery. Participate by donating a minimum of \$150 to PennPsyPAC. You will receive 3 bottles of wine from Cullari Vineyards & Winery, and a special surprise. You will have enough wine for 4-6 people to participate in the tasting, so invite some close friends to enjoy it with you! Reserve your spot today by making your donation to PennPsyPAC at www.papsy.org/PennPsyPAC.

*Please register no later than Tuesday, June 1, 2021 to ensure you receive your wine prior to June 17th. Please note — Wine can only be shipped within Pennsylvania.

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



Pennsylvania Psychological Foundation Virtual Silent Auction

Please join us for our first ever Virtual Silent Auction to benefit the Pennsylvania Psychological Foundation (PPF). Virtual bidding will begin at Noon on Monday, June 14, 2021. Browse through and bid on exciting items donated by fellow PPA members, including wine, artwork, vacation stays, and much more! More information coming soon!

FRIDAY, JUNE 18

Keynote Address – How Can Psychology Flourish as a Profession?

9:00 a.m. – 10:00 a.m.

Please join us for Dr. Sam Knapp's Keynote Address at PPA2021! Professional psychologists undergo extensive training so that they can make informed judgements about how to promote public health and wellbeing. This workshop reviews the factors that allow professions and professionals to flourish. The presenter contends that flourishing will more likely occur if psychologists—both as individuals and through professional associations—reflect on their strengths and weaknesses, conscientiously strive to improve the quality of their services, and cooperatively focus on ways to advance public wellbeing.

Benefits of Group Membership: What Psychological Science Tells Us About Strengthening Our Professional Association

10:00 a.m. – 11:00 a.m.

Human beings have a fundamental need for affiliation, which underlies the formation of many types of groups including professional associations. Research shows that group membership improves performance and health, both physical and psychological. Using PPA as an example, we will explore the ways that groups can best enhance the well-being of its members, and how this information helped PPA respond to the challenges of the past year and plan for those ahead.

Presidential Addresses including presentation of Distinguished Service and Public Service Awards

7:30 p.m. – 9:00 p.m.

Hear from outgoing president, Dr. Dea Silbertrust as she wraps up her presidential

Coffee and Snack Break Social Times

All convention attendees will have the ability to attend any of our six designated social times. They will be half-hour time slots structured like a break-out room using the Network Table function in Whova. Each half-hour slot will consist of three, 10-minute shuffles so that attendees can meet and interact with new people each day! Check out our Schedule at a Glance on page 9 to see when these sessions are scheduled!

year, and incoming president, Dr. Brad Norford as he highlights his goals for 2021-2022. We will also be celebrating the recipients of this year's Distinguished Service Award and the Public Service Award. Concluding the event is the "passing of the gavel" from Dr. Dea Silbertrust to Dr. Brad Norford.

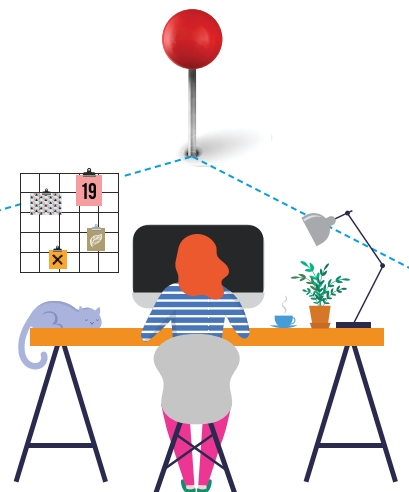
SATURDAY, JUNE 19

Virtual Student Awards Ceremony and Closing of Pennsylvania Psychological Foundation Silent Auction

6:30 p.m. – 8:30 p.m.

Join us as we honor the winners of the Pennsylvania Psychological Foundation Student Education Awards and the Student Multiculturalism Research Award. All Convention attendees will have access to attend this event through Whova. Those not attending Convention, including parents, professors, friends, and colleagues of the award winners will have the ability to register separately for this FREE event! Attendees will have the opportunity to make donations to the Foundation as well as make any final bids on auction items, as the PPF Virtual Silent Auction will close at the conclusion of this event.

*Bidding for the PPF Virtual Silent Auction will begin on Monday, June 14.

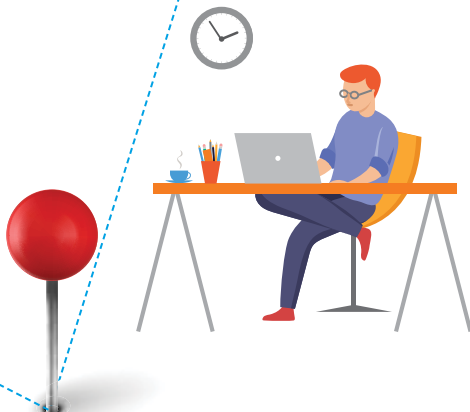
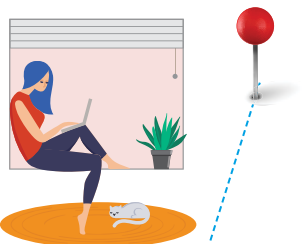


Psychologists

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

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

Certificates of Attendance will be available in attendees' online profiles at papsy.org after the convention.



Act 48 Credits

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

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

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

Social Workers, Marriage and Family Therapists, and Professional Counselors

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

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

As an APA-approved sponsor of continuing education, PPA is committed to the identification and resolution of potential conflicts of interest in the planning, promotion, delivery, and evaluation of continuing education. Consistent with concepts outlined in the APA Ethical Principles of Psychologists and Code of Conduct, potential conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectivity, competence, or effectiveness. No conflicts of interest or commercial support have been identified for PPA2021.



PITTSBURGH



PROGRAM CATEGORIES

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

INTERMEDIATE: Participants should have some basic knowledge of the specific content but need not have in-depth knowledge or skills. The workshop will provide information at a level beyond the basic knowledge of the topic.

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

Complete workshop descriptions are available online at papsy.org.

Workshop Handouts

Any workshop handouts that PPA receives from presenters will be available to download from Whova. These handouts will be available through Whova for up to 6 months following PPA2021. Handouts will also be made available on the PPA website AFTER the event.

Webinar Etiquette Considerations

While attendees will be muted during the presentations, please keep distractions to a minimum, some presenters may have discussion questions in the chat or use the poll feature to engage with attendees. Please be respectful of other attendees' questions and comments when using the chat feature or Q&A during a presentation. Attendees may want to sign on a few minutes prior to a presentation to ensure that any issues they may have can be resolved before the presentation begins.

PHILADELPHIA



THURSDAY, JUNE 17

9:00 am - 10:00 am

1 CE Credit, Introductory

W01 Contemporary Innovations in Clinical Suicidology

David A. Jobes, PhD, ABPP

10:30 am - 11:30 am

1 CE Credit, Intermediate

W02 Managing Anxiety and Stress During Times of Uncertainty

Krystal M. Lewis, PhD

11:30 am - 12:30 pm

1 CE Credit, Introductory

W03 Medical Marijuana Research in Pennsylvania

Kent Vrana, PhD

2:00 pm - 5:00 pm

3 CE Credits, Intermediate

W04 Scientific Foundations of Ethical Decision-Making: Translating the Science of Morality in Day-to-Day Practice

Samuel Knapp, EdD, ABPP; Max Shmidheiser, PsyD, ABPP, MBE

FRIDAY, JUNE 18

9:00 am - 10:00 am

1 CE Credit, Intermediate

W05 Keynote Address: How Can Psychology Flourish as a Profession?

Samuel Knapp, EdD, ABPP

10:00 am - 11:00 am

1 CE Credit, Introductory

Benefits of Group Membership: What Psychological Science Tells Us About Strengthening Our Professional Association

Dea Silbertrust, PhD, JD; Ann Marie Frakes, MPA

11:30 am - 12:30 pm

1 CE Credit, Intermediate

W07 Assessment and Clinical Response to Suicide Intent or Motivation to Die

M. David Rudd, PhD, ABPP

1:30 pm - 4:30 pm

3 CE Credits, Intermediate

W08 A Principle-Based Approach to Ethics

Brett E. Schur, PhD; Jeanne Slattery, PhD

SATURDAY, JUNE 19

8:30 am - 10:30 am

2 CE Credits, Introductory

W09 A Time for Transformation: Exploring Diversity and Inclusion Initiatives in PPA

Jade Logan, PhD, ABPP

10:45 am - 12:45 pm

2 CE Credits, Intermediate

W10 Pennsylvania Child Abuse Recognition and Reporting

Rachael Baturin, MPH, JD

1:45 pm - 2:45 pm

1 CE Credit, Intermediate

W11 Suicide Risk Assessment: Short-Term and Indirect Indicators of Risk

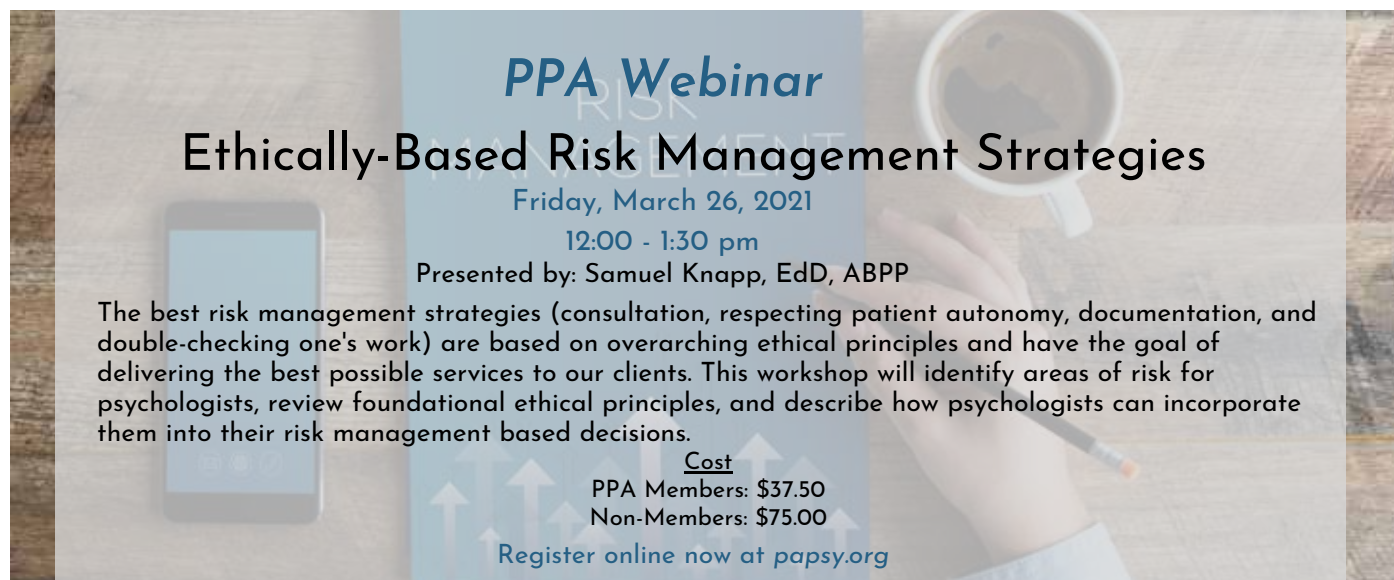
Megan Rogers, PhD

3:00 pm - 6:00 pm

3 CE Credits, Intermediate

W12 Ethical, Legal, and Practical Considerations in the Practice of Telepsychology

Jeffrey E. Barnett, PsyD, ABPP



PPA Webinar

Ethically-Based Risk Management Strategies

Friday, March 26, 2021
12:00 - 1:30 pm
Presented by: Samuel Knapp, EdD, ABPP

The best risk management strategies (consultation, respecting patient autonomy, documentation, and double-checking one's work) are based on overarching ethical principles and have the goal of delivering the best possible services to our clients. This workshop will identify areas of risk for psychologists, review foundational ethical principles, and describe how psychologists can incorporate them into their risk management based decisions.

Cost
PPA Members: \$37.50
Non-Members: \$75.00

Register online now at papsy.org

PPA2021 REGISTRATION RATES

Member Category	Registration Type	
	PPA Member	PPA Non-Member
All-Access Pass (Members Only) <i>This registration is for PPA members that want to attend all workshop offerings available during PPA2021</i>	\$395.00	N/A
A la Carte <i>This registration allows members and non-members to select which individual sessions they would like to attend during PPA2021</i>	\$25.00/credit	\$50.00/credit
Non-CE (Members Only) <i>This registration allows all PPA members, including students, to attend sessions without receiving CE credit. Please note – students who require CE credit for another license must pay member CE price for sessions.</i>	FREE	N/A

PPA Member—To qualify for the member rate, PPA membership dues must be current for the 2020-2021 association year. New members may qualify for the PPA member rate by submitting their completed membership application and first year's dues (\$99) before their convention registration form. If you would like more information regarding membership, please contact Iva Brimmer, Business Manager, at 717-510-6353 or iva@papsy.org.

What Is the All-Access Pass?

Don't miss a thing! **PPA's All-Access Pass at the convention is perfect for convention attendees who are interested in attending ALL of the offered educational sessions.** Registering for the All-Access Pass will automatically give you access to the home study/recording of a session once it becomes available. This is especially important if the attendee cannot attend a live presentation. This rate includes your registration at the convention and all the goodies below!



The All-Access Pass includes:

- PPA2021 registration—all offered continuing education sessions (and the recording if a session is missed)
- PPA2021 All-Access Pass Goodie Bag (For those who register by Friday, May 14, 2021)
 - o Special PPA Mug (pictured above) to use during each morning Coffee Networking Session
 - o Face mask
 - o Coffee/Tea for each morning Coffee Networking Session
 - o Snacks for each afternoon Snack Break Networking Session
 - o PPA2021 Convention Program
 - o PPA Pens
 - o Notepad

All this is available at an additional savings of \$105 over the regular member price for all sessions. Select "All-Access Pass" during the registration process to take advantage of this great deal!

Don't need ALL the credits offered at PPA2021 but still want a Convention goodie bag? We've got you covered!

Attendees who register for 6 or more CE credits will receive:

- o Face mask
- o Coffee/Tea for each morning Coffee Networking Session
- o Snacks for each afternoon Snack Break Networking Session
- o PPA2021 Convention Program
- o PPA Pens
- o Notepad

Registering for less than 6 credits? Any attendee registering for less than 6 credits at PPA2021 will receive:

- o PPA2021 Convention Program
- o PPA Pen
- o Notepad

REMINDER – To receive your Convention Goodie Bag, you MUST register by Friday, May 14, 2021. Registrations after this date will still be accepted, but goodie bags will not be received.

**Registration is open now at papsy.org.
Payment is required to process all registrations.**

Registration deadline to receive your Convention Goodie Bag: Friday, May 14, 2021.

Preregistration

So that we may properly plan for the convention, please make sure to sign up for all workshops you are planning to attend during registration (this includes the All-Access Pass registration type). Workshops are listed on the registration form by date, time, workshop number, and title.

If you need to make changes to your registration, please contact Erin Brady (erin@papsy.org) or Iva Brimmer (iva@papsy.org) as soon as possible.

Cancellation Policy

All workshop registration cancellation requests must be made in writing to Iva Brimmer, Business Manager (iva@papsy.org). No phone cancellations will be accepted. Cancellation requests made more than 72 hours before the workshop will result in a 50% refund of the registration fee. PPA cannot postpone registrations and/or transfer fees to future events. **PAC Wine Tasting donations are non-refundable.**

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

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

CONVENTION QUESTIONS?
Please contact erin@papsy.org.



CLASSIFIED

Retired PPA Member selling 22 test kits and over 1,500 forms at 50% discount. Everything like new, mostly in hard cases. Phone: (610)-566-4050

Center City Philadelphia office available in a gracious, collegial suite. Furnished or unfurnished. Play therapy room is available. Cheerful break room includes a well-equipped kitchen and use of computer, copier, and fax. Prime location easily accessible by SEPTA train or bus. Reasonable rent for part-time or full-time use. Email John Livio at jlivio@comcast.net, or phone (215) 545-8495.

OFFICE SPACE AVAILABLE:
BALA CYNWYD – Attractive, furnished windowed office include Wi-Fi, fax/copier, café, free parking, flexible hours weekdays and weekends. Perfect for therapy and evaluations. 610-664-3442.

PRIVATE PRACTICE RESOURCES

DSM V: \$50; **GDS-III(ADHD TEST):** \$800; **WISC-IV:** \$900; **WAIS-IV:** \$900; **WMS-IV:** \$700; **WCST:** \$250; **Early Screening Profiles:** \$375; **QNST-III:** \$45; **PSI-4:** \$140; **RIAS & RIST-new:** \$840, sell: \$400; **TAT-new** \$87, sell: \$45; **Forensic Use of Clinical Assessment Instruments** - new: \$75, sell: \$35; **MMPI, MMPI-II, MMPI-A IN COURT:** sell: \$40; **Principles & Practices of Stress Management**-new \$110, sell: \$50; **Doing Dialectical Behavior Therapy**- new: \$35, sell: \$15; **DBT Principles in Action** - new: \$64, sell: \$40; **DBT Skills Training Manual** - new: \$47, sell: \$25; **DBT Skills Training Handouts & Worksheets** - new: \$30, sell: \$15; **DBT Skills Manual for Adolescents** - new: \$42, sell: \$20; **Loving Someone With A Borderline Personality** - new: \$18, sell: \$14; **ALL BORDERLINE PERSONALITY & DBT RESOURCES:** \$110. **Cognitive Therapy of Depression** - new: \$72, sell: \$30; **Mindfulness-Based Cognitive Therapy of Depression** - new: \$65, sell: \$25; **Cognitive Control Therapy with Children & Adolescents** - sell: \$20; **Adolescents Anger Control-Cognitive Behavioral Techniques** - sell: \$15; **Psychological Treatment of Panic** - new: \$50, sell: \$25; **Coping With Panic**-new: \$92, sell: \$25; **ALL COGNITIVE THERAPY RESOURCES FOR ANGER, DEPRESSION & PANIC:** -\$20 = \$120 **ADHD And The Nature of Self-Control** - sell: \$30, **Barkley's Deficits in Executive Functioning Scale for Children & Adolescents** - new: \$175, sell: \$65, **Barkley's Functional Impairment Scale for Children & Adolescents** - new: \$148, sell: \$60; **Clinician's Guide for Adult ADHD** - new: \$60, sell: \$20. **4 Door 2 Piece Oak Bookcase** - sell: \$130, will send pictures if requested
A list of other treatment resources upon request.
Dennis Moore, M.A., NCSP, Licensed Psychologist - PA. (Retired); drmoorepsy@aol.com; 717-881-4552 (Voice); 717-668-8462 (Fax)

Continued on page 20



POSITION AVAILABLE: DIRECTOR OF PROFESSIONAL AFFAIRS PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Opportunity

The Pennsylvania Psychological Association (PPA), a 501C (6) membership organization, is conducting a nation-wide search for our next Director of Professional Affairs (DPA). This position is open due to the approaching retirement of Dr. Sam Knapp, after 34 incredible years of dedicated service. In the past, this position has successfully been staffed on a full-time basis, on a part-time basis, and as a contracted position. So, we are open to this position being full-time, part-time, or a contracted position, depending on the candidate. The position will be based at the PPA headquarters in Harrisburg, PA, but a hybrid arrangement of working from home with regularly scheduled time in Harrisburg will be considered.

Founded in 1933, PPA is the third largest state association affiliated with the American Psychological Association. PPA has evolved from a small meeting of psychologists to a thriving professional association with more than 3,000 members. Our membership is made up of psychologists and students from across Pennsylvania. PPA serves the professional needs of psychologists in independent practice, schools, business organizations, hospitals, private and government agencies, and academia. PPA also works to prepare the psychologists of the future, by offering membership and programming for doctoral and undergraduate students of psychology. Policy and activities of the association are determined by a Board of Directors and is carried out by several hundred volunteers and a professional staff of six. PPA has annual revenues of almost \$1 million.

Position Summary

The Director of Professional Affairs (DPA) serves as the lead psychologist of the association and is the primary resource for members who answers questions and responds to issues related to professional practice. The DPA also serves as the key liaison between PPA and other associations including APA, government agencies, health care entities, insurance providers and oversight agencies regarding issues related to the practice of psychology in the state of Pennsylvania. The DPA will play an integral role in PPA by interacting with leadership, the board of directors, the executive director, committees and volunteers, and the staff, including our contract lobbyist. The DPA reports directly to the Executive Director.

Position Requirements

- Hold a doctorate in psychology (PhD, PsyD, or EdD). JD in addition to a doctorate would be a plus.
- Significant expertise regarding the understanding of the scope of practice of psychology, the business of the practice of psychology, regulations related to practice of psychology, and legislative process in Pennsylvania, including special interest and expertise in one or more of the following topics: insurance reimbursement, ethics, suicide, and/or child abuse.
- Knowledge of PPA's structure, practices, and processes.
- Knowledge of APA's structure, practices, and processes.
- Knowledge of and experience with technology and social media platforms to be used to communicate with PPA members and others.

- Excellent interpersonal, writing and presentation skills; ability to work with a wide variety of individuals and provide consultation, education, and information to PPA members in a patient and professional manner.

Additional Qualifications

- TWELVE or more years of experience as a psychologist in a clinical and/or academic setting, post-doctoral degree.
- Experience interacting with government agencies, elected officials, and insurance companies A BIG plus.
- An understanding of the mental health community in PA and how state and federal legislation impact the practice of psychology and the quality of mental health care.
- Experience working with boards and committees to build consensus and achieve organizational goals.
- Experience developing partnerships and fostering collaboration across organizations.
- A visionary leader who lives to advance the practice of psychology in Pennsylvania and beyond.
- Able to define problems, collect data, gather facts, and develop valid conclusions.
- Exhibits effective judgment in developing, implementing, and evaluating plans, procedures, and policies.
- Effective team player who can motivate others to work at the highest level of their abilities and education.

Compensation

A competitive compensation package will be offered to attract an outstanding candidate.


For more information regarding the position please contact:

Ann Marie Frakes, PPA Executive Director
5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112
annmarie@papsy.org • 717.614.5095 cell phone

To Apply

To apply, please send a cover letter and your current curriculum vitae in a PDF format to ppadpa@papsy.org. The cover letter should outline how your experience and training fits the requirements of this position and how you plan to accomplish the work as a full-time or part-time employee or contract worker, as this will be an important factor in considering your candidacy. Application materials are due no later than Friday, April 16, 2021 at 5:00 PM EST.

PPA is an equal opportunity/affirmative action employer committed to inclusion and cultural diversity in the workplace. Employment selection and related decisions are made without regard to sex, race, color, age, disability, religion, national origin, sexual preference, genetic information, or any other protected class.

This job posting is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee. They may be subject to change at any time. This position is at-will by Pennsylvania law; it can be terminated at any time by the employer or employee for no specific reason. 

Congratulations to PPA's 2021 Award Winners



David Rogers, PhD

Distinguished Service Award

Dr. David Rogers earned both his master's and doctoral degrees at the Rosemead Graduate School of Professional Psychology in LaMirada, California. Since 1996, he has served as the clinical director of Hershey Psychological Services. In 2011 he was certified as a Critical Incident Stress Manager as part of his role with this important program. Dr. Rogers has also worked in education, serving as adjunct professor for Philadelphia College of Osteopathic Medicine, Penn State University, and Lebanon Valley College. As part of his commitment to educating future clinicians, he has acted both as a group-level supervisor and an individual mentor to those seeking certification, licensure, or other credentialing opportunities.

Throughout his career, Dr. Rogers has specialized in adolescent psychology and family treatment, as well as adult individual and marital treatment. He has worked closely with members and organizations representing law enforcement, presenting training programs to Pennsylvania State Police, local police forces, and Pennsylvania Game Commission officers. Since 1980, Dr. Rogers has delivered educational and informative talks before national and international audiences composed of a few to a few thousand members. Dr. Rogers has also been featured in local media with his goal to make psychological understanding relevant to daily life in mind. Dr. Rogers has served on the Board of Directors of the Pennsylvania Psychological Association, as President, Internal Affairs Board Chair, and Chair of various committees.



Gail Karafin, EdD

Public Service Award

Dr. Karafin is a licensed psychologist and certified school psychologist, working both in private practice in Doylestown and as a school psychologist for Bensalem Township School District. Dr. Karafin has written six articles for the Pennsylvania Psychologist or other publications on sleep deprivation advocating for later start times, presented to the PPA board of directors (with Dr. Hall), and offered three workshops. Dr. Karafin has served as State Leadership Chair for Start School Later since 2014. In this position, she presented two one-day workshops on the issue of delaying school start times.

Dr. Karafin has also worked at the local, state, and national level to change start times. She was appointed to the Advisory Committee of the PA Joint State Government Commission to prepare a report on Sleep Deprivation in Adolescents: The Case for Delaying Secondary School Start Times; prepared the resolution Our Schools Need to Assure that Adolescents Are Permitted the Opportunity for Healthy Sleep for the Coalition of Labor Union Women; presented at least seven times on sleep and sleep deprivation to state and regional conferences; was interviewed about these issues on WITF Radio, was a guest lecturer on sleep to Temple University's Department of Psychology, and frequently presented to school districts about start times. She has been writing and presenting on bullying, cyberbullying, and ADHD. She has served as Secretary to PPA and president to the Philadelphia Society of Clinical Psychologist, and served on numerous committees of PPA.

*Join us in celebrating these outstanding members on
Friday, June 18 at 7:30 p.m. during our
Virtual Presidential Addresses and Awards Presentation*



VIRTUAL WINE TASTING A TOAST TO DR. SAM KNAPP

**THURSDAY, JUNE 17, 2021
6:30 - 8:30 PM**

Support our Political Action Committee and celebrate Sam's retirement by participating in our first virtual wine tasting event hosted by PennPsyPAC and Cullari Vineyards & Winery.

Cullari Vineyards & Winery is owned and operated by Salvatore and Kathi Cullari. Sal was born in Italy and came to this country in the 1950's as a young child. He comes from a long line of winemakers and respects traditional wine making methods and practices. Dr. Cullari is a psychologist, past PPA president, and long-time member!

Participate by donating a minimum of \$150 to PennPsyPAC. You will receive 3 bottles of wine from Cullari Vineyards & Winery, and a special surprise. You will have enough wine for 4-6 people to participate in the tasting, so invite some close friends to enjoy it with you!

*Please note - The wine can only be shipped within Pennsylvania.

Participants will be asked to pre-record a special toast to Dr. Knapp to send him off with our best wishes for a happy and healthy retirement. Details will follow.

Reserve your spot today by making your donation to PennPsyPAC at www.papsy.org/PennPsyPAC no later than Tuesday, June 1, 2021 to ensure you receive your wine prior to June 17th.

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

THANK YOU FOR YOUR SUPPORT!



Witnessing History in Real Time (Part 1): **REFLECTIONS ON COVID-19**

JEFFREY L. STERNLIEB, PhD, jsternlieb@metaworks.bz

There are so many questions about everything that has been abnormal this year, and to every question that starts with “Can you believe ...,” the answer is: “Of course, it’s 2020!” This past year’s numerical identifier has become synonymous with any and every anomaly purported to occur only once in a century. A pandemic used to be something that happens in history; however, we are now witness to the truly unimaginable with our mind-boggled brain, our raw emotions, and our broken hearts. To capture the magnitude of the moment, Sam Knapp refers to it as a multi-demic. It references the coincidental and simultaneous occurrence of a pandemic, an economic recession, nation-wide racial tensions, and political unrest.

It has been one year since our lives have been so totally disrupted. Nothing seems normal as in usual, customary, or ordinary. Because of the fear of the unseen and the unseeable threat of coronavirus, we have been limited in our movement, limited in our socialization, and limited in where we go and how we transact the most basic aspects of our lives. Shopping for groceries, a trip to the pharmacy or arranging our social lives or activities for ourselves and for our children all require advanced planning, taking cautions we could not have envisioned and even developing alternate arrangements, or dealing with postponements or cancellations.

Every aspect of our work as psychologists has changed for most of us — where we work, how we schedule, billing arrangements, rules of insurance coverage — in short, our entire process and our routines. The emotional toll is pervasive, affecting everyone. No one is immune and no one is protected from the stress — even by having an advanced degree in psychology. There have been economic consequences, political disruption that has divided friends and families, and racial and social unrest that has directly touched many and has been moving and energizing for

many others. This is a lot to write about, even more to think about and disconcerting to live through. How well have we managed? Where did we need help? What resources did we use? What adjustments did we make? Are there lessons we can identify and from which we can learn?

Being a member of the PPA community has provided benefits far beyond those promised in any membership descriptors or from any recruitment materials. We all owe thanks to the foresight and responsiveness of our professional staff and our volunteer officers and committee members for whom this work is personal in their investment and professional in its execution! Can we ever fully appreciate the full measure of how we regularly benefit from all that Ann Marie, Sam, Judy, Rachael, Erin, and Iva do for us and our profession? What follows is a small sample of how our leaders have planned and provided so much information and support for the PPA membership in a constantly changing insurance landscape with variable and changing guidance from government leaders:

- Advocacy (including email alerts) about tele-health services with Medicare and in PA

- Articles in *The Pennsylvania Psychologist* on tele-health, insurance reimbursement, ethical issues, including CE options
- Compiling and updating resources for the website related to COVID-19 and practice
- Consultation with PPA members on COVID-19 related questions on the listserv and direct contact with staff - common questions about inter-jurisdictional practice
- Virtual social gatherings – Connection Hours and the creation of framework for anti-racism discussion groups
- Holding elections (Diversity position)
- Keynote presentation by Dr. Sandra Shullman, president of APA;
- Numerous webinars on the relevant topics, including:
 - Tele-psychology
 - COVID-19
 - Student loan forgiveness
 - Anti-Racism
- PPA’s very first, fully online conference, PPA’s Virtual Fall CE Week was held in November, providing high-quality CE programs at a reduced cost to members

We, the members of PPA along with our

professional staff, were also the participants in and beneficiaries of our PPA listserv. Among the literally thousands of postings in the last year were questions, answers, discussions and especially appreciations for and from each other. All of these postings were a personal and professional lifeline! This has been a year so unprecedented for challenges, disruptions, and interferences in our ways of practicing that no graduate school experience could have been adequate preparation. The PPA listserv was there!

The listserv has always been the 'go-to' place seeking referrals due to geography or specialty, asking questions about legal or ethical or insurance processes or procedures, or simply sharing news or announcements about organizational business. However, during this year of changing modes of practice, shifting regulations and changing insurance policies, the listserv has become an essential tool for staying up to date, sharing personal experiences and validating our universal challenges. If you are not already a part of PPA's listserv, please consider joining by sending an email to Iva (iva@papsy.org).

It would not be possible to represent all of the content of these posts. However, three threads stand out for me - each for different reasons. First, during Sam Knapp's leave of absence, Brett Schur managed to collect and assemble and regularly update all insurance company's policies and procedures into a chart that was invaluable to all clinicians. This effort was updated regularly from input sent by colleagues, making the chart a moving target, and Dr. Schur and friends regularly hit the bullseye! This compendium was amplified upon Dr. Knapp's return as we are experiencing post-COVID-19 return to pre-COVID-19 policies, despite the significant increase in demand for our services.

Two other threads stand out to me because of their content. One series of postings commented on new awareness that resulted from therapy on Zoom. They included observations about seeing clients in their homes, increased comfort for some patients, and an ability to work on issues that were more challenging to address. The discussion began to consider the rituals and processes that are psychotherapy - the

waiting room, the welcoming of a patient into this special space, and how the impact of the therapy environment created a different emotional tone than the Zoom call to and from personal spaces. A second thread of significance during this past year asked colleagues about the ways that colleagues were spending their personal time with activities, hobbies and other non-professional interests. While many folks know each other through contacts from graduate school or PPA events, this thread provided insights into who we are in addition to our role as therapists that shows up online. The wide range of responses not only reflected the diversity of interests we all have, but they also provided ideas that we all could consider for ourselves. It was humanizing to learn more about each other on the other side of our keyboards.

Maybe this last observation is the key ingredient that we both need and provide to each other - our humanity. It seems clear that the relationships we have with PPA and with each other is truly mutually beneficial, and it may just be more obvious during times like these. 📖

It starts with one great decision ...

Choosing proper legal representation will have an effect over every aspect of your practice. Our licensing group represents psychologists before the State Board of Psychology, in addition to state and federal courts.



ANTHONY D. COX, JR.
Chair of Professional Licensing Group
717-731-4800

Dickie McCamey

ATTORNEYS AT LAW

20 LOCATIONS | 11 STATES | 1 FIRM



ANTONIA REX, EdD

October 17, 1943 — February 22, 2021

Antonia (Toni) Rex passed away quietly and peacefully in her sleep on February 22, 2021 beside her loving husband, John Rex. They had a wonderful marriage of 46+ years that allowed them to support each other to grow personally and in their individual careers.

Toni was born on October 17, 1943 and lived in South Philadelphia with her mother at her grandparents' home. Her father was enlisted in the Army during WW2 and she did not meet him until he returned, and she was 2 1/2 years old. The family moved to Vestal, NY when she was ten years old. She graduated from Vestal High School in Vestal, NY with honors in 1961.

Toni received a full scholarship to Syracuse University and graduated in 1965 with a BA in Sociology. After Toni graduated, she was hired by IBM in the Office Products Division. Her starting position was a Marketing Support Rep to train customers on IBM office products. She was promoted to a Sales position and assigned her own sales territory.

Toni was briefly married before she met John Rex on a blind date. They were married in 1973 and besides gaining a husband; she became a stepparent to John's three children. Toni's IBM Sales Branch Manager commented to Toni, "That's the biggest deal you have ever closed."

After completing ten successful years with IBM, Toni retired and returned to college at Lehigh University to earn a Master's Degree and a

Doctorate in Counseling Psychology in 1987. She worked for several years in the student counseling center at Lehigh University while completing extensive other training and mentoring before opening her own successful private psychology practice in Chalfont and North Wales, PA. Dr. Toni Rex was an excellent psychologist helping many adults overcome and manage personal issues and to advance their lives.

She was very active in the Pennsylvania Psychological Association (PPA) serving and chairing several committees and became President of the Association in 1994. Dr. Toni Rex had a passion for helping young college and master level psychology students with financial aid, chaired that PPA committee for many years, and created the first endowed scholarship fund for PPA. Toni was also a member of the L Chapter of PEO.

With John's supportive partnership, Toni became a good artist, tennis player, downhill skier and marathon runner completing the New York City Marathon in 1980. People gravitated toward Toni and she made friends easily. She will always be remembered by so many for her special qualities including for her great smile, her very special laugh and her dry sense of humor.

Toni is survived by her husband, John W. Rex, her sister, Sandy Roberts and her husband, George Brun, her three stepchildren, Erik, Christen and Johnathan and his wife, Anne plus three grandchildren, Isabel, Zoe and Will and one great grandchild, Leo. 🌻

"Rest in Peace my dear Toni. You will be sorely missed!" – John W. Rex

PROFESSIONAL LICENSE RENEWAL FOR PSYCHOLOGISTS IN PENNSYLVANIA

THE DEADLINE TO RENEW YOUR LICENSE IS NOVEMBER 30, 2021

Renewal notices from the *PA State Board of Psychology* will be sent out to licensees via EMAIL about 60 days prior to the license renewal deadline for 2021. This email will include the link to renew your license, your user ID, and your personal Registration Code. If you have changed your email address since the 2019 renewal, please contact the *State Board of Psychology* to make sure they have your most up to date email address on file. **All 2021 license renewals must be completed online. Paper renewal applications are not available.** Renewal notices are only being mailed to those licensees who do NOT have an email address on file with the *State Board of Psychology*.

Specific licensing 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.

PENNSYLVANIA PSYCHOLOGY LICENSE RENEWAL CHECKLIST

30 credits required

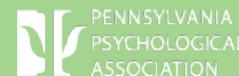
- 3 credits for Ethics - The word "ethics" must be part of the title, or the certificate must state that the programs specifically meets the requirements for ethics credits
- 2 credits for Child Abuse Recognition and Reporting (Act 31)
- 1 credit for Suicide Prevention (Act 74)

During the 2021 renewal period only, the limit on the number of home study and distance learning continuing education hours has been lifted. For this renewal period, psychologists can meet all of the continuing education requirements through home studies and/or distance learning programs. If you have more than 30 continuing education credits, you may carry over up to 10 credits of CE into the next renewal period. Credits for the specific requirements listed above must be completed each renewal period.

Credits for psychologists must come from:

- An APA approved provider/course
- A provider approved by the State Board of Psychology
- An accredited college or university with semester hours, related to the practice of psychology
- AMA courses related to the practice of psychology that include an evaluation of learning objectives. It is commonly referred to CAT 1 CME.

Visit www.papsy.org for more information on PPA's continuing education, including Frequently Asked Questions



This resource is provided to you as a benefit of your PPA membership.



TELENEUROPSYCHOLOGY:

Lessons from Practice During the COVID-19 Pandemic

ROSEMARIE MANFREDI, PsyD, contact@neuroassessconsult.com

The COVID-19 pandemic brought a number of significant and unexpected changes to the practice of psychological assessment. Although teleneuropsychology has been around for at least a decade, it was generally only used in a very small number of settings (Brearly, Shura, Martindale, Lazowski, Luxton, Shenal, & Rowland, 2017; Cullum, Hynan, Grosch, Parikh, & Weiner, 2014). In these cases, the remote evaluation was typically conducted in a satellite clinic, often under the supervision and guidance of a trained technician (Brearly et al., 2017). Further, very few tests were designed specifically for remote administration; most teleneuropsychology involved the remote administration of tests that had originally been designed for face-to-face administration (Cullum et al., 2014). Indeed, most of the research prior to the COVID-19 pandemic was designed to demonstrate equivalence of remote and face-to-face test administration in a variety of settings and with various (almost exclusively adult) populations (Brearly et al., 2017; Cullum, 2014; Wright, 2016; Wright, 2018; Wright, 2020).

The COVID-19 pandemic, however, offered new challenges. Being in the room with a client for several hours at a time to conduct a face-to-face evaluation now posed the possibility of significant health risks. The need for specific test materials and standardized procedures meant that conducting an evaluation via a video platform was not always feasible and potentially invalid, unreliable, and clinically misleading. Stay-at-home orders and the closure of schools and businesses also impacted client and practitioner willingness to conduct evaluations. Neuropsychologists, school psychologists, and others who conduct evaluations were now forced to find ways to adapt their practices with little preparation and guidance. Governmental agencies, professional organizations, and test publishers began to weigh in on

options for remote psychological testing procedures, though their guidance was often contradictory (Krach, Paskiewicz, & Monk, 2020). Many testing psychologists turned to listservs and social media groups to connect with each other and share resources and ideas.

In the midst of this chaos and confusion, the Inter Organizational Practice Committee (IOPC), a workgroup of stakeholders representing the American Academy of Clinical Neuropsychology/American Board of Clinical Neuropsychology (AACN), the National Academy of Neuropsychology (NAN), Division 40 of the American Psychological Association (APA), the American Board of Professional Neuropsychology (ABPN), and the American Psychological Association Services, Inc., convened to develop practice guidance

for psychologists conducting evaluations during the COVID-19 pandemic (Bilder, Postal, Barisa, Aase, Cullum, Gillaspay et al., 2020). The current article presents some of the highlights of these findings, along with the anecdotal experience of implementing this guidance in clinical practice. For the most up-to-date guidance, training, and recommendations, please visit: <https://iopc.online>.

Lesson #1: Thinking Beyond Test Scores. As testing psychologists, we often strongly rely on test scores and performance on standardized measures to provide us with data that either supports or refutes our hypotheses about a client. However, it is also important to acknowledge that a comprehensive evaluation considers data from multiple sources, including clinical interviews,

Many testing psychologists turned to listservs and social media groups to connect with each other and share resources and ideas.

collateral input, standardized rating scales, and reviews of medical and educational records. In some cases, these sources of data may be sufficient to draw diagnostic conclusions (at least preliminarily) and make recommendations for treatment, educational programming, or other needed services (Bilder et al., 2020). Psychologists also have substantial expertise in cognitive functioning, learning, developmental processes, and emotional and behavioral functioning that can be extremely helpful in consultative roles, such as helping families who are now supervising their children's virtual learning or assisting caregivers of those with physical, developmental, or neurodegenerative disorders (Bilder et al., 2020).


Lesson #2: Consider the Ethical and Legal Implications of Teleneuropsychology. It is imperative that psychologists who are conducting evaluations remotely consider the relevant ethical principles in both the decision to conduct testing and in the testing procedures employed (Farmer, McGill, Dombrowski, McClain, Harris, Lockwood, et al., 2020). In deciding to proceed with a specific evaluation, psychologists are often called to weigh the principles of beneficence and nonmaleficence. For instance, what is the benefit of conducting this particular evaluation right now? Is there a risk of harm in conducting it now versus postponing? If postponed, how long is reasonable to postpone? The answers vary depending on the setting. For example, is it more harmful to postpone an evaluation or risk potential exposure in the office for a child struggling with reading and falling behind in school? For an older adult with a neurodegenerative condition? For a person with a disability who needs documentation to obtain benefits? Will the results of an assessment conducted with modifications be accepted by various agencies (e.g.,

public school districts, Social Security, Veterans Administration, etc.)? Additionally, informed consent should clearly delineate the potential risks, benefits, and limitations of the modified assessment procedures in language that the client is able to understand (Bilder et al., 2020; Farmer et al., 2020). Finally, the practitioner is also responsible to ensure that he or she is practicing within the legal bounds of his or her licensure. While it is beyond the scope of this article to delve into these issues further, additional information is available from the IOPC and APA.

Lesson #3: Using Technology in Neuropsychological Evaluations.

When considering teleneuropsychology, technological considerations are of paramount importance (Farmer et al., 2020). For example, can the wi-fi support more than one device streaming simultaneously, or does this result in significant lag or disruptions in sound or video? Are visuals projected onto a screen via screenshare technology distorted or unclear? Are additional devices needed to monitor the room or to see the client's workspace? If so, do these devices work cooperatively or interfere with each other? In my practice, I have set up a "remote, in-office" test administration method, where I am located in my office and the client is located in the testing room next door. In my office, I have a laptop with a document camera attached so that I can toggle between showing my face to the client and demonstrating tasks or showing stimuli that are not available digitally. I also have a video monitor (a non-wifi baby monitor that does not record) that shows me both the waiting room and the testing room so that I can obtain behavioral observations. In the testing room, I have a table with a laptop and document camera. Additionally, I and the client both have iPads that are connected via Bluetooth™ for test administration via Q-interactive™, when possible. Finally, the client also has response booklets and other materials (e.g., blocks) that will be required for the tests to be administered. While not ideal, this set-up seems to balance reducing potential risk and exposure to COVID-19, while also maintaining the integrity of the testing process to the greatest degree possible.

These are just some of the caveats a psychologist must consider in adapting a psychological assessment practice during the COVID-19 and beyond. Each psychologist needs to weigh the risks and benefits specific to his or her practice in order to balance health and safety with integrity of the evaluation process.

Special thanks to Chris Mulchay, Ph.D. of Asheville Testing for his guidance in the development of the "remote, in-office" test administration method used in my practice. 

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ASSESSMENT OF JUVENILE COMPETENCE to Stand Trial (JCST) in the Age of COVID-19 and Beyond



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Each year in Pennsylvania, approximately 23,000 delinquency referrals are processed by the juvenile court system (Pennsylvania Juvenile Delinquency Benchbook, 2018, p. 3.13). Oftentimes, these referrals require additional evaluation to determine if the child is competent to proceed to trial. Psychologists with forensic training and experience are increasingly enlisted to assist the juvenile courts with this unique form of assessment, which poses specific challenges when compared to traditional behavioral and mental health evaluations. Additionally, the COVID-19 pandemic has created the impetus to examine the efficacy of online-remote approaches to these assessments.

Juvenile Competence to Stand Trial

Juvenile competence to stand trial (JCST) is impacted by a wide range of factors including a child's developmental age, achievement and intellectual abilities, mental health symptomatology, systemic effects (both at the family and community levels), and ability to interact with the court system in a knowledgeable and engaged manner. Developmental maturity is of critical importance to JCST assessment. Panza and Fraser (2015) examined the effects of both adaptive behaviors and cognitive abilities as related to juvenile competency and found that age was strongly related to all aspects of performance.

Because law is practiced through specialized language and codes, children who struggle with linguistic-based comprehension skills are more prone to

competency impairments. Unsurprisingly, conduct and oppositional defiant disorders are common behavioral diagnoses addressed by JCST evaluations, but diagnoses pertaining to mood disorders, substance use, intellectual disability, and autism are also relatively common. For example, Rava et al. (2016) found that nearly one in five youth with ASD come into contact with law enforcement.

Systemic effects related to access to resources, stability in the home setting, and supportive community outlets can also impact JCST evaluations, especially when decisions are being made as to how to best serve the child and their family in the least restrictive manner possible. Judges often ask for evaluators to consider the best ways to maintain a child in the community through a combination of treatment and supportive resources. Lastly, evaluators must address a child's overall understanding of the legal system. The Pennsylvania Juvenile

Delinquency Benchbook (2018) defines juvenile competence as "a youth's ability to stand trial, measured by his or her capacity to understand juvenile court proceedings, to consult meaningfully with a lawyer, and to assist in his or her own defense" (p. G-2).

Assessing juvenile competency invariably starts with a clinical interview of the child, the primary caregiver, and relevant teachers and probation officers. In JCST evaluations, developmental immaturity may impair a juvenile's abilities to make decisions that are in their best interests. Attentional problems, intellectual disability or severe depression may interfere with the juvenile's ability to assist in their own defense. These factors may cause deficits in factual understanding or may impair the juvenile's ability to apply legal information to their case.

The use of various assessment instruments can help psychologists identify specific factors that can impair competency and assist in the development

of a plan for restoration when needed. The Behavior Assessment System for Children, 3rd Edition (BASC-3) is an instrument with strong validity and reliability (Reynolds & Kamphaus, 2015) that permits the collection of valuable mental and behavioral health data from multiple sources. The BASC-3 is also recognized as less pathologizing than many similar instruments, and its embedded adaptive functioning scales are useful when addressing community-based interventions and communicating a child's strengths to the judge, attorney, and probation officer.

The Juvenile Adjudicated Competence Interview (JACI) (Grisso, 2005) is a structured professional judgement tool that helps guide the forensic psychologist's interview through twelve areas relevant to competence to stand trial. The JACI is the only instrument designed specifically for use with children and has quickly been acknowledged as best practice for juvenile competency decisions (Stepanyan et al., 2016). Additionally, the JACI permits the evaluator to perform a "capacity check" when a juvenile struggles with a specific knowledge area. Through this process, evaluators can identify if deficits in knowledge or reasoning can be ameliorated through basic informational instruction. This is important, as juveniles who are found in need of competency restoration typically are supported at least partially through legal education.

Juvenile Competence to Stand Trial Evaluations During COVID-19


Traditionally, JCST evaluations have been conducted face-to-face. Almost overnight, COVID-19 has drastically changed how these evaluations are managed. Psychologists are now faced with conducting JCST evaluations via video conferencing platforms such as Microsoft Teams or Zoom. In clinical settings, psychologists often rely heavily on direct interactions with clients to inform their clinical judgement and decision-making. Forensic evaluations are no different. While video conferencing platforms have proven particularly useful this last year, there is



something lost in not being in the room with a juvenile for an evaluation. Interaction patterns with parents are harder to discern through a screen, and privacy demands can be limited. Additionally, JCST evaluation requires candid discussions related to the legal process, and it is hard to know for certain whether a child is being coached off-screen to alter their responses.

Conversely, the convenience of video conferencing eliminates transportation issues that often plague timely court-ordered evaluations, and may reduce some of the trepidation a juvenile may feel toward the evaluative process since they can remain in the safe confines of their home. The BASC-3 permits remote completion via email for primary caregivers, and the self-report versions for children may be read aloud to the child in a relatively short period of time through video-conferencing. As the JACI is a structured interview, it is also well-suited for video conferencing, and its structure encourages dialogue even with juveniles who are more reluctant to share personal information.

Although it is not yet clear how permanent the changes from COVID-19 will be to clinical and forensic psychology practice, adaptations are being made rapidly to meet these needs. Psychologists

who practice in forensic settings will need to work together to foster positive change and conduct research to support this adaptation from traditional practice. Undoubtedly, the juvenile court system will help guide this process as our discipline establishes new best practice guidelines in a post-pandemic world. 

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From the Field to the Zoom Room:

CONCUSSION ASSESSMENT DURING THE COVID-19 PANDEMIC



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In the United States, the second week of March 2020 brought an abrupt halt to sports competitions at all levels (Ruihley & Li, 2020). For many, this was the first indicator of the deep impact of the COVID-19 pandemic on daily life. As the pandemic progressed, sports led the way in determining appropriate safety protocols to return to a “new normal” by way of competition “bubbles” and robust testing programs. However, decisions needed to be made beyond just the logistics of competitions. Athletes would continue to experience injuries, including concussions, and would need appropriate testing and follow-up care. However, given frequent contact with teammates and other athletics staff, these athletes are high-risk of developing the disease of COVID-19, making lengthy face-to-face neuropsychological evaluations riskier. Our university announced a phased return-to-campus for athletes beginning June 8, 2020, meaning that team activities would resume. Thus, we quickly needed to pivot to remote baseline and post-concussion neuropsychological assessment.

Prior to the COVID-19 pandemic, teleneuropsychology was in its infancy. Specifically, there was a paucity of research on direct home-to-home assessments. The limited research demonstrated acceptable equivalency between in-person and remote assessment for many commonly



administered neuropsychological assessments, especially ones with auditory stimuli (Cullum, Hynan, Grosch, Parikh, & Weiner, 2018). In April 2020, the Inter Organizational Practice Committee (IOPC) put out recommendations for practicing teleneuropsychology during the COVID-19 pandemic (Bilder et al., 2020). Based on the preliminary research suggesting equivalency for remote assessment and adherence to these emerging practice guidelines, we adapted our assessment

procedures to meet the needs of our sports concussion program while ensuring the safety of our athletes and clinicians.

Our sports concussion program has been in operation for over 20 years and we receive referrals from many sports. Our hybrid neuropsychological battery consists of a clinical interview, demographic information, self-report psychological measures, and both paper-and-pencil and computerized tests. To adapt our battery to be administered via a Zoom platform as

a home-to-home assessment, we updated our consent process and added in pre-testing procedures including:

1. Confirmation that athletes have access to necessary materials (i.e., a computer with video/audio capabilities, a quiet/private space free of distractions, a writing utensil, a computer mouse, and blank paper).
2. Identification of the athlete's physical address, emergency contact, and closest emergency department.
3. Establishing a backup plan for technological failures.
4. Discussion of test security, including agreement to not copy or reuse stimuli.
5. Information about test modification from standard test administration.

We also communicated with the sports medicine team to inform them of these modified procedures and ensure that this assessment was adequate for making return-to-play decisions.


Next, our test battery required modifications. Many tests were easy to translate to a videoconferencing platform. These involved auditory presentation of stimuli without motor components and included: the Hopkins Verbal Learning Test-Revised, the Rivermead Behavioral Memory Test Story Memory, Digit Span, and Verbal Fluency. While easy to administer, these tests have the added challenge of being synchronous tests that are either timed or single-trial and would be invalid if repeated; they are most susceptible to technology failures (Brearly et al., 2017). Therefore, we tested the audio level and ensured a strong internet connection to reduce the likelihood of invalid assessment. Some tests required slight modification such as screen-sharing self-report questionnaires and screen-sharing visual stimuli for the Brief Visuospatial Memory Test-Revised and developing a procedure for athletes to provide their responses for scoring. Additionally, the Immediate Post-concussion Assessment and Cognitive Testing (ImPACT) test providers began offering both baseline and post-injury telemedicine testing, allowing us to continue to use this platform remotely. Several tests, however, could not be modified due to motor components

Our hybrid neuropsychological battery consists of a clinical interview, demographic information, self-report psychological measures, and both paper-and-pencil and computerized tests.

or outdated software. Therefore, we removed four indices from our battery: The Comprehensive Trail Making Test (2 trails), the Penn State Cancellation Test, and the Vigil Continuous Performance Task. We substituted tests assessing similar domains but that were easier to administer remotely: The Paced Auditory Serial Addition Task, Oral Trail Making Test Part A and B, and the Oral Symbol Digit Modalities Test. This allowed us to keep our test battery the same length while selecting tests with the highest likelihood of being robust to modified presentation.

There were some additional considerations and challenges to overcome. In the December issue of the Pennsylvania Psychologist, Dr. Christopher Royer commented that shifting to remote testing can be difficult because neuropsychologists become comfortable with their test batteries (Royer, 2020). This is certainly the case in our 20-year-old concussion program. Not only do we have a well-established battery that is sensitive to post-concussion deficits, but athletes assessed at multiple timepoints (e.g., baseline and post-concussion) are given alternate forms of the same assessments so that their performance can be directly compared. We also have an established algorithm that can be used to determine if, based on sex, an athlete is demonstrating more impairments post-concussion than would be expected compared to a normative sample (Arnett, Meyer, Merritt, & Guty, 2016). Since we had to adjust our remote battery, it means that we are no longer able to do a one-to-one comparison either of baseline to post-concussion data or to existing normative data. We have accounted for these changes by being clear in our reports about the

limitations of our testing while relying on the well-established neuropsychological practice of comparing post-injury performance to estimated premorbid functioning.

Despite the rapid implementation of this remote sports concussion management program, we have experienced success. To date, we have completed 10 baseline and 2 post-concussion assessments. There have been limited technology issues resulting in invalid assessments. We believe that collegiate student athletes may be particularly amenable to teleneuropsychology given their technology savviness due to exposure to video-conferencing platforms via remote learning. While we hope to continue to explore the validity of these remote assessments, we are hopeful that this model can be used by others to continue to offer needed sports concussion management during the COVID-19 pandemic. 

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THE MMPI-3 IS HERE

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The venerable Minnesota Multiphasic Personality Inventory (MMPI) has been revised and a new version (MMPI-3) was released by Pearson Assessments in the fall of 2020. The motives for the revision were to assemble a new normative sample, revise awkwardly worded or outdated items, expand the content areas assessed, and create a parallel Spanish-language version. The following description of the MMPI-3 draws from information provided in the test manual (Ben-Porath & Tellegen, 2020a).

The original MMPI was published in the 1940's and became the most widely used objective personality test (Graham, 2012). The MMPI-2, a revised version of the original test, was published in 1989, and featured updated norms, new scales, and revisions of some of the items. The MMPI-2 Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) was intended as an alternative to the MMPI-2. The MMPI-2-RF offered substantial changes to the scales and format of the original MMPI and MMPI-2. The MMPI-2-RF contained 338 items, fewer than the 567 items of the MMPI-2. In place of the MMPI-2 clinical scales, the MMPI-2-RF included restructured clinical (RC) scales that removed the common factor of demoralization from eight of the ten original clinical scales. In addition, the MMPI-2-RF included newly developed scales to assess response biases and test validity as well as "specific problem" (SP) scales to assess characteristics such as suicidal ideation, helplessness/hopelessness, self-doubt, substance abuse, and aggression. The MMPI-2-RF used the same norms as those used in the construction of the MMPI-2. In addition, the score reports available from the publisher allowed the user to specify comparison groups, such as police candidates and spine surgery candidates, that offered specific group norms against which an individual profile could be interpreted.

The MMPI-3 contains 335 items, three fewer than the MMPI-2-RF and 232 fewer than the MMPI-2. Some items have been reworded to make them easier to read and understand, new items have been written, and some items from the MMPI-2-RF have been deleted. The manual states that the test requires a grade 4.5 reading level.

The new normative sample (N = 1620) was designed to match the projected demographic distribution of the 2020 census. The new normative sample appears to be more representative of racial/ethnic diversity than the MMPI-2-RF, with 60.3% White, 12.4% Black, 14.0% Hispanic, 5.1% Asian, 4.5% Mixed Race, and 3.7% Other. A Spanish-language version was developed and normed separately on a sample of Spanish speakers in the US.

The MMPI-3 includes 52 scales, including 10 validity scales, three higher-order (HO) scales, eight restructured clinical (RC) scales, 26 specific problem (SP) scales, and five Personality Psychopathology Five (PSY-5) scales. A new validity scale, Combined Response Inconsistency (CRIN) identifies inconsistent responding to the items on the test that might be missed by the Variable Response Inconsistency (VRIN) or True Response Inconsistency (TRIN) scales. The HO scales provide a broadband overview of internalizing, externalizing, or behavioral problems. The item contents of the RC scales have been revised from the original

set. Cynicism (RC3) has been moved to the SP scales and given the new acronym CYN. Four new SP scales have been added: Eating Concerns (EAT), Compulsivity (CMP), Impulsivity (IMP), and Self-Importance (SFI). Five scales were dropped: Gastrointestinal Complaints (GIC), Head Pain Complaints (HPC), Multiple Specific Fears (MSF), Aesthetic/Literary Interests (AES), and Mechanical/Physical Interests (MEC). The Anxiety (ANX) scale of the MMPI-2-RF was revised into the Anxiety-Related Experiences (ARX) scale and the MMPI-2-RF Stress/Worry (STW) scale was split into two MMPI-3 scales, Stress (STR) and Worry (WRY). The MMPI-2-RF Interpersonal Passivity (IPP) scale is now reverse-scored and renamed Dominance (DOM). The PSY-5 scales have been updated from the earlier versions and provide measures of the five major dimensions of psychopathology (aggressiveness, psychoticism, disinhibition, negative emotionality/neuroticism, and introversion/low positive emotionality), similar to the alternative DSM-5 model for personality disorders.

Evaluation

The MMPI-3 provides several advantages, including improved readability, new and representative norms, expanded content coverage, a Spanish-language version, and the availability of comparison group

norms if the Pearson scoring service is used. However, a review of the *Technical Manual* (Ben-Porath & Tellegen, 2020b) raises some cautions. T-scores on many scales are lower on the MMPI-3 than on the earlier versions because the MMPI-3 normative sample obtained higher raw scores on these scales, possibly because participants in the normative sample were not screened for a history of mental health problems. This drift in the norms could contribute to false negative determinations of psychopathology, especially for mild disorders.

The shorter length of the MMPI-3 compared to the MMPI-2 might tempt some users to convert to the new test. However, there is a tradeoff: shorter scales. Of the 26 special problem scales on the MMPI-3, 19 have fewer than 10 items. For some of the shorter scales, a single item endorsed in the scorable direction can result in a T-score increase of 5-7 points. Two of the seven items on the scale assessing suicide risk (SUI) must be endorsed to get a T-score of 65, the necessary elevation for identifying clinically significant problems. I recommend that responses to individual items on SUI be examined to ensure that subtle signs of suicide risk are not missed. The newly added scale to assess for eating disorders (EAT) has very low

internal consistency reliability (.49 males, .55 females). Two of the five items on this scale must be endorsed to get a T-score of 65. False negatives are possible and item content should be examined whenever the raw score on this scale is greater than zero. On SUB (9 items), five items must be endorsed to get a T-score of 65. Individual items on this scale should be examined to avoid false negative determinations of possible substance use problems.

Finally, it is important to note that the MMPI-3 is a revision of the MMPI-2-RF, not a revision of the MMPI-2. Although the MMPI-2-RF was touted as an alternative, rather than a replacement, for the MMPI-2, the MMPI-3 is being marketed as a replacement. This decision is likely to raise objections from MMPI-2 loyalists who believe that the original version of the test offers advantages over the MMPI-2-RF. For example, the code type approach (classifying a profile based on the highest two or three clinical scales) was the preferred method for interpreting the MMPI and MMPI-2. Doing so allowed the psychologist to describe a test-taker both typologically (according to code type) and dimensionally (by examining the individual scales). Code types have been abandoned on the MMPI-2-RF and MMPI-3, thus removing the option of typological classification of profiles. In addition, the RC

scales have been criticized as less sensitive to psychopathology than the original clinical scales (Nichols, 2006). In support of this claim, a study I recently published with two of my students suggested that the original K-corrected clinical scales were more resistant than the RC scales to the effects of positive impression management represented in elevations on the Lie (L) scale (Key, Fisher, & Micucci, 2020). Given these concerns, potential users of the MMPI-3 should carefully consider its strengths and weaknesses and not assume that "new" necessarily means "improved." 📖

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REMOTE ASSESSMENT

In the Time of COVID-19

BARBARA GELMAN, PhD

We are living in challenging times and this is especially true for students who have been learning from home in Philadelphia for ten months. The effects of remote learning, children not being able to interact with teachers and peers, remain unknown and may come to light in years to come. Anecdotally, I am getting reports of children not participating remotely, falling behind academically and becoming depressed. It stands to reason some children are doing better than others and possibly, even, thriving. In Philadelphia psychologists have been completing assessments since the beginning of the 2020-21 school year and now are attempting to test students online. The purpose of this article is to describe what this process has looked like up to this point.

Referral questions remain the same. Does the student require specialized instruction and how is the student progressing with specialized instruction? At the start of this academic year psychologists were tasked with evaluating kindergarteners who received early intervention services in preschool. These cases were not particularly hard to discern. In a number, there were test scores in preschool records and obvious diagnoses related to birth insult or chronic medical conditions. Information from parent interviews filled in the blanks and where intellectual disability was suspected adaptive rating scales were administered.

As I worked through my early intervention cases I began to see that assessment and testing were not identical. I was making clinical judgments about children based on thorough record reviews, parent interviews and observations when possible. This aligns with Sattler's guidelines; "The assessment



The effects of remote learning, children not being able to interact with teachers and peers, remain unknown and may come to light in years to come.

process should never focus exclusively on a test score or number. Each child has a range of competencies that can be evaluated by both qualitative and quantitative means (Sattler, 1992)."

For younger students, Google Classroom observations have been helpful. Psychologists are able to observe students as they sit in front of their computers at home and can toggle between what is presented on the screen and the student. (I keep my camera off to avoid being a distraction much

as I sit in the back of a classroom when we are live.) This enables us to gauge student response to what is presented on a teacher's screen. Is the student engaged in the lesson and actively participating? Or is the student looking away, often toward a parent, and having a hard time following? During writing exercises, I can request the teacher ask a student to hold up their work, helping me to assess writing samples.

Reevaluations have been more challenging where, generally, a team gathers data to ascertain student progress. It's important this process is multidisciplinary; teachers should be able to describe student progress and strategies that are effective. Psychologists review records and often observe or generate new data if a student is not doing well. Problems have centered on limited progress monitoring during virtual learning. Teachers are reporting

difficulty getting students to participate and complete assignments. There has been less teacher assessment using reading and math measures, such as the Woodcock or GORT, though in most schools some type of reading and math standard scores are available. Additionally, psychologists have access to local reading and math benchmarks and grades.


Interviews have become very important although this can be challenging because children beyond fifth grade seem reluctant to show their faces on screen. For these cases I have reached out to parents and through them scheduled student interviews. I can see parents and students in one or two sessions and get background information and the student's understanding of their

For younger students, Google Classroom observations have been helpful.

challenges. Often a parent interview reveals changes in a family that may be impacting the student. As a result, I find myself offering more counseling to students to help them deal with social isolation and to keep sleep habits and study skills intact.

At this point, psychologists are beginning to test online. Students need to be screened to ensure they have a private testing space and working computer. Most testing materials are accessed from online test libraries. Standard scores are generated and reported. To create legally defensible reports,

it is essential to indicate that assessments and testing are taking place under non-standardized conditions.

What has been learned during this time of remote assessment? I have learned school psychologists are more than "test machines." This has become clearer and has sharpened our focus and made our job more rewarding despite frustrations. Sattler writes there are four pillars of assessment; norm-referenced tests, interviews, observations and informal assessment (1992). It appears our work as school psychologists during this period of remote instruction has managed to hit the mark in most cases. 

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PPA COMMITTEE SPOTLIGHT

SPOTLIGHT on the Public Education Committee


LINDSAY A. PHILLIPS, PsyD, ABPP AND WHITNEY ROBENOLT, PsyD

Psychologists have extensive knowledge that can benefit members of the public when we share what we know. PPA's Public Education Committee (PEC) has 2 major aims:

1. Providing materials to psychologists that assist them in providing public education in order to promote the utility and full potential of psychology as a profession and science focused on serving the public.
2. Developing public education materials and reaching out to members who are willing to share their expertise to help the public by developing materials we can share.

We are working on two main projects this year to further advance these aims. First, a subcommittee of the PEC is developing a public education resource section for the PPA website so that our members have assistance in producing educational resources for the public. Look for this resource in the coming months. Second, we are also consolidating all public education materials on PPA's website while retaining the name "Psychology Can Help" from the inception of the PEC. We will now have one central location on PPA's website (<https://www.papsy.org/page/Publicfaq>) where PPA members can share their expertise with the public. Our committee continues to produce public education articles for "Psychology Can Help" as well -

our energized doctoral student members have been especially active.

Our psychologist members include Lindsay A. Phillips (Chair), Patricia J. Fox (Past Chair), Julie Radico (Public Interest Board Chair), Whitney Robenolt, and David A. Rogers. Student members include Emily Culligan, Tyana Ruiz, and Tyshawyn Thompson. We work with PPA's Judy Huntley to share education to help Pennsylvanians via PPA's social media and "Psychology Can Help." If you would like to contribute content for "Psychology Can Help" and/or if you would like to be a member of the PEC, please contact Lindsay at lphillips@marywood.edu. Psychologist and student members are welcome. 

The Academic Pandemic: **ADAPTATION** and **CHANGE IN ACADEME**



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The story of the current pandemic will be written as much reflecting its psychological parameters as its virological values. We increasingly see the fall-out of this scourge in mental health and illness, social life and connectedness, learning and teaching, work-life, crime and violence, social justice issues, and more. The topics it has impacted are the Table of Contents of an introductory psychology textbook.

In the world of academic psychology, we see extensive impact on graduate and undergraduate students, faculty, and staff. We are here reporting the perception of three academicians, one professor and two advanced doctoral students with teaching experience, on some features of current academic life incorporating new imperatives due to the pandemic and examples of some adaptations academia is making. The effects noted hopefully reflect the famous view of Charles Darwin that "It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change".

Where teaching and student advising are concerned a major issue has been, of course, eliminating in-person classes in favor of virtual learning. This has generally, in our view, worked fairly well. Many of the social joys of college life have been lost, but our perception working with several hundred undergraduate students is that most seem to have adapted pretty well. On the teaching side, pandemic pedagogy is clearly socially restrictive with fewer class interactions especially in asynchronous

teaching when used. A clear focus on the assignments on screen directly in front of each student absent the social life of a class, we feel, has been workable. The centrality of computers, media technology, and search are consistent with 21st century information imperatives.

Concerning the important topic of jobs upon graduation in a changing economy, the psychological impact of the pandemic suggests for advising purposes such areas that connect to clinical and counseling psychology, school psychology, consumer psychology, industrial and organizational psychology, with basic research of lesser moment, focusing on the need to apply psychology to restorative care in personal, social, economic, and educational processes.

Turning to reflections on the academic experience of doctoral students...

Teaching in a Pandemic: Pandemic Pedagogy

Tables and chairs situated on red dots, doors labeled "exit" and "entrance", arrows on the floor, and an endless stream of placards

reminding students of the four public health pillars. Students shuffle in, one by one, with their masks on, filling the class to its capacity. Nervous excitement fills the air. They are not here because of the teacher or the class; they are here because this class is one of the few in-person classes offered. This was the beginning of the semester. Within two weeks, all in-person classes were suspended and made remote. This class was never the same again.

Students went from motivated and enthusiastic to distant and removed. As an instructor, one's intentions are to meet the students where they are at and to foster an environment that allows for maximum learning and engagement. This meant having honest and transparent conversations about expectations, being flexible about assignments and deadlines, and prioritizing the mental health and wellbeing of the students. But that alone only went so far; students continued to struggle and some never "showed" up to class. As one student so eloquently put it, "It seems like when I get caught up with one class, I fall behind in another!!" These are words that defined the semester.



Unfortunately, some students never caught up.

In addition to schooling through a pandemic, some students experienced mental health and medical calamities, while others were plagued with technical difficulties all semester long. During candid conversations, some students described being bored and miserable at home, simply being unmotivated and frustrated by the pandemic protocols. By the end of the semester, they were completely checked out. These students have lost out on so much of the important social culture and connections of college -- could it threaten to derail their academic motivation and future in any way?

Learning in a Pandemic: Creative Adaptation

As well as students dealing with stressors and physical and mental health concerns, for graduate students in a program with clinical requirements (i.e., clinical, counseling, school psychology), there is also the issue of adaptations to clinical training. One consideration is training in conducting assessments. For students early in graduate training, they are often introduced to assessments for the first time, except in adapted ways (e.g., tele-assessments; in-person with personal protective equipment and cleaning protocols). This will require additional training on the administration

of standardized assessments once in-person evaluations can resume.

Adaptations have also been needed in training on providing therapy and consultation services. Different virtual tools and strategies can be beneficial for students to learn and practice clinical skills. For example, students can partner with their peers in role plays and record these to send to professors for feedback. For an asynchronous option, students can record responses to simulated clients (e.g.,

Theravue). While these adaptations present challenges and require flexibility, clinical training during the pandemic has also offered graduate students the opportunity to be trained in telehealth service delivery, which is a consequence that could be beneficial to continue in graduate clinical training curricula in the future, and is a part of the evolving armamentarium of the 21st century practitioner. 📺

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ethics in action

Being **PRESENT** on **ZOOM**

JEANNE M. SLATTERY, PhD, LINDA K. KNAUSS, PhD, ABPP, and MELISSA HUNT, PhD

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. Allison Bashe, Sam Knapp, Valerie Lemmon, Jade Logan, and David Zehrung.

Before we got talking about our planned vignette, we started discussing Zoom and video during class, teletherapy, and webinars – how to manage it successfully and how to be ethical in our responses. Many additional video-related issues have probably come up for you in the last several months, both in your professional and personal lives. We would encourage you to consider the following concerns and the solutions you have considered before going further.

What is the Problem?

The group of us work in a range of different settings – with undergraduates, doctoral students, private practice, Veteran Affairs, and PPA. The issues raised in different contexts can appear different, but we also identified many commonalities. These include how do we recognize whether our students/clients/attendees are engaged and understanding what we are saying when we cannot see them? How can we help our students and clients succeed at a distance? In what ways can work online be more effective – and when can it cause more problems?

Does Presence Matter?

Video communication is a relatively new phenomenon (Facetime in 2010, Zoom in 2013); yet all of us were clear that we prefer



seeing faces rather than only black boxes or photographs. Those of us teaching online complained about a sea of black boxes, students laying down in bed, one student helping a family member with home renovations while attending class on Zoom, and another complaining of “connectivity problems.” The student experiencing connectivity problems also had difficulties responding to a text, leading Dr. Logan to suggest that this excuse is much like “the dog ate my homework,” sometimes actually occurring, but not as frequently as reported.

Similar problems were described for teletherapy, where clients rushed to

therapy, were late, multi-tasked, and moved around their space, all things that we found distracting or difficult. Also, some clients used the time driving or riding to therapy to think about what they want to say, but don’t have this opportunity when sessions are online and thus they seemed less prepared psychologically for the sessions. Some of Dr. Logan’s interns had difficulties getting their clients to turn on their cameras. Dr. Zehrung suggested that we may need to instruct our clients on how to handle teletherapy more effectively, as teletherapy may be difficult to distinguish from any other electronic appointment. Student interns may have the

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

same difficulties with being assertive and setting the same limits that they would if they were practicing in face-to-face settings. Of course, many clients do use teletherapy effectively – and some may find it more helpful than in-person treatment.

Some of us require students to share their video, others of us only strongly encourage it. Dr. Logan, for example, requires her doctoral students in a multicultural course to share video, because it helps them come together as a community, and decode their sometimes-challenging discussions in the context of demographic background and nonverbal communications. Both her class and Dr. Knauss's program developed expectations about how to approach classes (e.g., cameras on, requiring headphones, being out of bed). Dr. Lemmon described how having the camera on made a student on the autism spectrum very anxious, but these concerns were balanced by safety issues, as it is unclear who is in "the room" when cameras are off.

Dr. Slattery described asking (not requiring) her undergraduate students to turn on their cameras for a number of reasons: that they (a) are working on developing effective listening skills; (b) will attend more effectively and multi-task less; (c) will create a more engaging class for all; and (d) will likely experience more virtual collaborations in their future and will need to identify ways of becoming comfortable and proficient in this realm. She shares her reasons in her syllabus. Dr. Knapp observed that this transparency about teaching goals is functioning as an informed consent. Each of these faculty share the reasons underlying their decisions, thus establishing trusting relationships and promoting autonomy (American Psychological Association [APA], 2017).

As the APA Ethics Code (2017) asserts, "psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology" (p. 3). Are requests to turn on cameras consistent with the research? It is clear that people do not attend as well when multi-tasking – and people do not always recognize the degree to which multi-tasking interferes (Barnard & Bowman, 2003; Blasiman et al.,

2018). Dr. Hunt argued that some advantages to teletherapy were described at a recent conference: observations of clients in their home environment may be more valid, Parent-Child Interaction Therapy (PCIT) and exposure therapy appear to be more effective, and the oxytocin bump during teletherapy is nearly as large as during in-person psychotherapy.

Is It Ethical to Require Shared Video?

For some contexts, requirements to share video may be problematic. Dr. Slattery, who teaches in rural western Pennsylvania, has students without webcams or reliable internet and those who are sharing marginal internet with their homeschooled siblings and parents working from home. Sharing their cameras is not an option due to problems with bandwidth. Another student's camera strobed; we were happy when he turned it off! A number of authors have argued that requiring cameras can be a potential barrier to creating an inclusive classroom, especially when students are unwilling to share their workspace on camera (e.g., Hogan & Sathy, 2020). A Pennsylvania university encourages virtual backgrounds in this case – although even relatively new computers may not support virtual backgrounds. Asking students to attend class from anywhere other than their bedrooms may also be problematic, as they may not have quiet and privacy elsewhere in their homes. However, it is reasonable to expect that they will not be in bed or wearing pajamas.

Decisions about requiring video may need to be flexible given the context. Video may be more necessary in doctoral than undergraduate programs, although still encouraged in the latter. If requiring video, an Oops! Token may be helpful for both this and other minor slips online (Darby & Lang, 2020). Some CE webinars require participants to keep their cameras on to verify that they are present for the entire workshop in order to earn CE credit. This is the most concrete element of being "present" on Zoom. Several of us have had clients who could not access or use teletherapy platforms; insisting on

it seems inconsistent with the APA (2013) practice guidelines on teletherapy. Several of us described clients who were better able to engage with therapy and talk about issues of trauma, for example, without video.

Some Commonalities

Dr. Hunt described four overarching issues tying our discussion together. She noted the ways that *more permeable boundaries can be helpful (as when she was able to assess the situation more accurately by being able to see the client's living space), although these more permeable boundaries may require more careful limit setting. We may need to think about what requests are reasonable and what are less so (e.g., multi-tasking may be inappropriate in class, although knitting during a session may help clients manage anxiety). For both students and trainees, the nature of professionalism was raised, and we have needed to remind them that they have to show up on time, sit up straight and present professionally, and take responsibility for their education. Finally, as always, issues of informed consent and competence were raised, that may be different from what is required when meeting face-to-face (cf. APA, 2013). Acquiring and maintaining basic competence in teletherapy is an important goal for psychologists, as one thing seems certain – telehealth and remote teaching are here to stay.* 📺

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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 coincidental and simultaneous occurrence of a pandemic, an economic recession, nation-wide racial tensions, and political unrest has been referred to as a multi-demic.**

TRUE
FALSE

Manfredi

2. **Equivalence of remote and face-to-face psychological test administration in pediatric populations is well-supported in the research literature.**

TRUE
FALSE

3. **Informed consent for teleneuropsychology should include the potential risks, benefits, and limitations of administration modifications.**

TRUE
FALSE

Lobb & Roberts

4. **Nearly one in five youth with what diagnosis come in to contact with law enforcement?**

a. Depression
b. ADHD
c. Autism
d. Intellectual Disability

5. **The JACI cannot be administered over a video conferencing platform when conducting JCST evaluations.**

TRUE
FALSE

Riegler & Arnett

6. **A synchronous teleneuropsychological assessment is one that is**

a. Emailed to the client ahead of time
b. Completed by the administrator and the client at the same time
c. A single-trial or timed test that would be invalid if repeated
d. A test that can be repeated as many times as necessary until the client understand what was said

7. **Prior to the COVID-19 pandemic, the IOPC had well-developed and stringent guidelines and procedures for conducting teleneuropsychological assessments.**

TRUE
FALSE

Micucci

8. **Which of the following is/are true about the MMPI-3?**

a. It has fewer items than the MMPI-2-RF
b. It requires a grade 4.5 reading level
c. It utilizes a normative sample based on 2020 census data
d. All the above

9. **The MMPI-3 includes _____ scales.**

a. 10
b. 26
c. 52
d. 60

Gelman

10. A standardized norm referenced test cannot serve as the basis of diagnosing students.

TRUE
FALSE

11. The four pillars of assessment include: observations, interviews, norm-referenced tests, and teacher data.

TRUE
FALSE

Slattery, Knauss, & Hunt

12. The authors argue that, in class and therapy

- a. Videos should always be on
- b. Videos should never be on
- c. It depends whether video should be on or not

13. Boundaries may be more permeable in teletherapy, which may lead to

- a. Some minor problems in therapy (e.g., lateness, multi-tasking)
- b. Stronger assessment of environmental issues
- c. Both A and B



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The Pennsylvania Psychologist, March 2021

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

- | | | | |
|------------|------------|------------|-----------|
| 1. T F | 5. T F | 9. a b c d | 13. a b c |
| 2. T F | 6. a b c d | 10. T F | |
| 3. T F | 7. T F | 11. T F | |
| 4. a b c d | 8. a b c d | 12. a b c | |

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

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