

The Pennsylvania

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Psychologist

VOLUME 82, NUMBER 2

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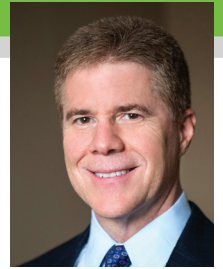
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MEMBERSHIP HAS GROWN

During the Pandemic!

BRAD NORFORD, PhD

I join many of you in hoping for an uplifting return to our in-person convention— assuming the pandemic positivity rates are low in May! PPA held a Leadership Retreat at Kalahari Resort last September and we found Kalahari to be an outstanding conference center with great restaurants, beautiful outdoor space, great hotel rooms and restaurants, and the best of amenities for families. I personally have tried every waterslide in the park, so let me know if you need any advice on that!

In this column, I will be writing about aspects of membership that most PPA members do not know.

PPA membership currently stands at 3325, a growth of 24.5% since the start of the pandemic! (This growth benefited substantially from the dramatic influx of graduate and undergraduate student members during the pandemic, but even without student numbers, PPA grew its regular membership an impressive 4.5%.) This occurred in part because PPA offered benefits relevant to the challenges members were experiencing:

- a. Responsiveness by the home office and various members to changing needs of members (e.g., information and webinars on telehealth, new release forms, office safety).
- b. Maintaining a professional community in a time of isolation via the 1000- member LISTSERV.
- c. PPA staff and members engaging in legislative advocacy to maintain telehealth coverage,

PSYPACT, and so on, and offering guidance on therapy across state lines.

- d. Expanding the amount and relevance of PPA continuing education (CE) offerings.
- e. Holding a dynamic virtual conference last June that drew the most attendees since 1999!

PPA is achieving what most organizations want and need— growing its younger membership.

The future vitality of PPA is dependent on Early Career Psychologists (ECPs) finding PPA to be relevant, representative, and a good return on their investment at a stage in life

when finances are typically stretched thin. **Here is an inside look at how leadership and the home office are working to grow our younger membership so that graduate students and ECPs experience the kind of professional value that translates into becoming long-term members.**

1. Exposing undergraduate and graduate students to the benefits of belonging to PPA:

- a. All of us introducing students to PPA.
- b. Further developing PPA connections with university



program chairs. We are developing ways to liaison with the Pennsylvania colleges and universities in which PPA's connection is less established. This starts with university faculty experiencing the value of PPA themselves (PPA's unique doctoral summit for faculty program chairs, CE of relevance to their work in academia, and the Academician's Corner in *The Pennsylvania Psychologist* along with regular articles on ethics, diversity, supervision, and other relevant topics). Perhaps of most importance to faculty though is to learn of ways in which PPA can be a valuable benefit to their students (described below).

2. Financial:

- a. PPA now offers **free membership** to both undergraduate and graduate students.
- b. Leadership is contemplating a **more graduated dues structure for ECPs** before reaching the full fee dues level. PPA has also had money donated by an anonymous psychologist for the purpose of providing dues assistance to any existing ECP who would like to remain a member but finds the rate unaffordable. (An ECP may simply contact Executive Director, Ann Marie Frakes, to confidentially discuss their need.)
- c. The Pennsylvania Psychological Foundation (PPF) will be **increasing the number of student awards** as well as the monetary value of the awards that they give out annually at the time of the convention. Record

contributions by mid- and late-career psychologists to PPF this year is making this possible. The Foundation recently received an extraordinary donation to further supplement each of the student awards.

- d. PPA now offers ECPs **mentoring** by senior psychologists through the PPA Connect program, the Membership Committee offers **virtual connection** hours, and the Program and Education Board looks to capture ECP presenters as well as offering content of particular interest to ECPs.
- e. PPA began an **Emerging Leaders** program about five years ago that has been successful in offering leadership mentoring and training for ECPs with senior psychologists in PPA. This program has produced numerous participants who have gone on to chair PPA committees and been elected to PPA's Board of Directors. Emerging Leaders has evolved to become a Special Interest Group for interested PPA members to join.
- f. PPA is exploring developing a **free** training/mentoring program for graduate students preparing for licensure exams.

3. Acting with awareness and intent in the realm of diversity:

PPA is striving to be a safe and desirable professional home for our diverse members. Our younger members are more diverse with respect to color, ethnicity, and LGBTQ+ identity than our leadership and our members ages 50 and older. A more diverse PPA at all levels becomes a better home for

our younger diverse psychologists, which benefits all our viewpoints and engagement in our professional work in practices, universities, hospitals, prisons, and other environments. In recent years, PPA leadership has worked to achieve this by:

- a. Growing diverse leadership and developing and enacting essential Equity, Diversity, and Inclusion (EDI) initiatives..
- b. Empowering our Officer of Diversity and Inclusion and her task force to provide guidance at all levels in PPA.
- c. Expanding and increasing the amount of student awards.
- d. Reducing financial barriers for any ECP or student to be a member and to attend the convention.
- e. Ensuring that CE at our conferences is relevant to the times. CE throughout the year as well as in each quarterly issue of *The Pennsylvania Psychologist* has featured EDI content. At least 12 workshops and keynotes on diversity issues are planned for our 2022 annual convention.
- f. Expanding mentoring opportunities and connection hours that are specific to diverse members.
- g. Offering experiences relevant to the times. For example, 26 PPA members currently participated in a discussion group and are reading Resmaa Menakem's *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*.

Your help is most welcome! Consider what you can do to introduce the graduate students and ECPs in your professional circles to PPA. 📌





OPPORTUNITIES TO GIVE AT PPA2022

ANN MARIE FRAKES, MPA

The annual PPA convention is a great time for us to make connections with many PPA members and psychologists from across Pennsylvania! Our convention is also a great time for everyone to support PPA, PPF, and PennPsyPAC. We are so excited to offer the following opportunities to support the future of psychology in Pennsylvania and beyond:

1. Support our Political Action Committee, PennPsyPAC, at PPA2022 this year, by attending our Taste of Pennsylvania Fundraiser on Wednesday, May 18, from 6:30 p.m. – 8:00 p.m. This reception will feature food and beverages from across the Commonwealth and plenty of time for socialization with other attendees. Tickets are \$75.00 each. You can register online for this event at www.papsy.org/PennPsyPAC.

2. Help the Pennsylvania Psychological Foundation by donating an item for our Second Annual PPF Silent Auction. Do you have a vacation property that you could donate a week's stay? Are you an artist that would like to donate a piece of art or create a special work in honor of PPA? Do you have access to sporting event or concert tickets? All types of auction items are needed for us to raise funds to support our foundation and continue funding our student awards. With your help, we know that our auction will be amazing. Please email our auction chairperson Dr. Rosemarie Manfredi at contact@neuroassessconsult.com or Ann Marie

Frakes at annmarie@papsy.org if you have questions or would like to make a donation. Please get your donations in to the PPA office by Monday, April 4, 2022, so we have plenty of time to process and package your item.

3. Attend the Pennsylvania Psychological Foundation Student Awards Celebration and Second Annual PPF Silent Auction. This casual, family-friendly dinner takes place on Friday, May 20, at 5:30 p.m. Tickets are available for \$35.00 each and include a casual picnic dinner and s'mores for dessert.

Please support PPF and our student award winners by donating to PPF directly, or by bidding on items in the Silent Auction. Bidding will also be available to those who cannot attend convention in person with online bidding provided through the GiveSmart fundraising platform. We hope that all our members and friends will bid often and high! Our ambitious goal is to raise \$15,000 this year. Thank you for your support.

4. Support PPA's efforts to move RxP legislation forward in PA this year by attending the RxP FUND-Raiser

reception on Saturday afternoon, May 21, at 3:00 p.m. Tickets are \$100.00 and include one complimentary CE credit, cocktails, and local charcuterie as you learn about prescription privileges for psychologists and get updates on our efforts to advance legislation. Dr. Michael Ansonoff from Fairleigh Dickinson University's MSCP program will be our special guest and presenter. Don't miss it!

5. Finally, support PPA2022 as a sponsor, advertiser, or an exhibitor! These opportunities are open to any individual or company who is interested in networking directly with psychologists and students. Sponsorships and advertising opportunities start at \$50.00 and go up to \$7,500.00. Do you know someone who might benefit from exhibiting at PPA2022? Please share this information with them or contact the PPA office at (717) 232-3817 or email Judy Huntley at judy@papsy.org.

Please attend PPA2022 and generously support the future of psychology in Pennsylvania and beyond. Looking forward to seeing you in person in May!

"We make a living by what we get but we make a life by what we give." Winston Churchill

HEAL RACIAL INJUSTICE!

Four Solidarity Tools for White People

ELEONORA BARTOLI, PHD

Tool #1: Take a breath when you least want to.

Here is the number one psychological principle and practice for racial justice conversations to yield the healing we are all seeking: emotion regulation. You cannot understand emotion regulation unless you understand the power of your biology. The physiological reactions that manifest as emotions were locked into your genes tens of thousands of years ago. You have absolutely no chance to bypass them. If you do nothing, your biology will “do you,” 100% of the time, guaranteed. But if you work with it, that same biology will become your superpower!

Here’s how it works:

Your body reads any slight (from mild to severe) as lethal. This is the secret to your entire antiracist effectiveness. When I say that your body reads any slight as lethal, I mean that literally. Your body thinks it is going to die, and it will send you strong and unequivocal “you are going to die!” signals. And chances are that you are going to take them seriously and that you are going to feel an overwhelming urge to act on them (in defense of yourself, of course). Here’s the kicker: That same thing is also happening to most of the other people around you at the very same moment. This is where most conversations about racism end. Poorly, painfully, and predictably. When your body believes

you are in danger, it will always try to save you using one of its (only) three strategies: fight (manifesting anywhere from berating to physical violence), flight (manifesting anywhere from changing the subject to physically leaving the situation), or freeze (we all have ways to “check out”). Your body loves you, a lot, and above all else. So, when triggered, it will try to save you at all costs.

What to do? Two things: First, you must become intimately familiar with your fight, flight, freeze styles and preferences. It will not take you long, just take a quick inventory about what you did the last time someone drove you crazy or you felt emotionally uncomfortable. Second, notice these styles and preferences in real time. You are practiced at taking your body’s

danger signals at face value. Especially in the heat of the moment. Your job now is to realize that while those signals are responding to something important (your or another’s emotional pain), they are not in fact lethal. How can I be so sure? Because sound waves made by words as they reach our ears (in and of themselves) are not dangerous. Others’ expressed feelings (in and of themselves) are not dangerous. Your own emotions manifesting as internal, physiological sensations (in and of themselves) are not dangerous. In short, deep listening is not dangerous. You positively have the capacity to notice your own internal response to what reaches your ears and stirs your body and let this response rise and fall, come and go. You positively have the capacity to



bring your attention back to the raw data (i.e., sights, sounds) that you are experiencing and let the dire storyline float by. You can positively take in such precious data and use it to craft powerful antiracist actions. But for that, you must train yourself not to short-circuit the whole process by attacking the data! I bet your body is already telling you “Are you kidding?! What is all that noticing nonsense going to do?! You must act, now! Respond, find the right answer, solve the problem!” For the record, your body has no idea what the “right” answer and what “the problem” actually are, so before it leads you completely astray, here are the answers to those questions. All that your body “knows” is that you are about to die, and all that the bodies of everyone else around you “know” is that they are going to die. So, you are collectively swimming into a pool of “danger” energy, bursting with “urgency.”

How can you train for courage if you do not engage with your fears? How can you practice emotion regulation if you are not stirred?

As you can imagine, within that space no one is listening or thinking or empathizing. So much for open-heartedly sharing experiences of white supremacy. How can I be so sure that no one is listening or thinking or empathizing in that moment? Because in order to access your thinking (read: wisdom) and empathizing (read: compassionate action), you must be fully present. Notice the emphasis on fully. Here’s where tens of thousands of years of evolution have landed us: Your body’s fight, flight, freeze impulses shut down your very access to the parts of your nervous system that allow you to think and empathize. And I do not mean metaphorically “shut down,” I

mean physiologically shut down.

We are marvelous beings capable of extraordinary vision and actions, but we are not going to avoid that shut down from happening, no matter how smart or educated or “woke” we are. While you cannot bypass your biology, you can absolutely notice it and come back to full presence! That’s exactly what your emotion regulation skills are for. They will bring back online your thinking and empathizing centers of your nervous system (the “spark”), so that your innate preferences for fairness and compassionate action can emerge (the “fuel”). What’s the result? In this case, powerful antiracist action (welcome to your “fire”!).

At the most fundamental level, racial justice rests on emotion regulation. At the most fundamental level, the difference between oppression and liberation could be as simple as one breath. This is exactly why white supremacy’s main tactic is to keep us scared and reactive. If our brain is hypervigilant, we will never access the impulses to do something about injustices that we can neither see nor feel. The fact that it could be that simple to disrupt white supremacy does not mean that it is (or better, feels) that simple. We need “anchors” that help us stay present when we are scared and reactive.

Tool #2: Use a trauma-informed lens and replace asking (yourself or others) “What’s wrong with you?” with asking “What happened to you?”

Make it a habit to wonder with genuine compassion and curiosity about what could have happened to each of us (e.g., what did we experience, what were we taught, what did we witness) that is now manifesting in deep anger, helplessness, resentment, sorrow? And what might have happened before that or around that or after that? These questions will not only yield essential data directly applicable to antiracist

action, but they are also intrinsically healing questions.

When someone brings their full presence to us, when we feel deeply witnessed in our experience, when we feel truly understood and “seen,” we heal. Pause for a moment. Take the truth and power of that in. Realize that it is completely within your reach to offer that healing to another human being. Feel how utterly amazing that is.

Tool #3: Heal thyself

Notice, hold, and heal your own hurts. It is one of the most precious investments you could make in your antiracist work. You cannot hear or hold someone else’s hurt if you cannot hear or hold your own. Our bodies empathize with one another by physiologically reproducing another’s emotional experience. To the degree that that emotion is difficult for us to hold within ourselves, it will be registered by our bodies as a threat, which in turn will initiate a fight, flight, freeze reaction, thus short-circuiting any good intention we might have had to remain attuned and empathetic in the conversation. Remember: Racial injustice hurts. Stories of racial injustice carry pain. Listening to them without the ability to hear them and hold that pain is not going to help us gather the data essential for antiracist action, let alone yield the healing we could offer each other. So, you must work on creating emotional space within yourself first.

Tool #4: Train for courage

If white supremacy’s power rests on eliciting our fears, then we must train for courage! Now and forever. Your body knows that access to material, emotional, and physical safety depends on your compliance with our social structures. And our social structures are founded on white supremacist principles and practices. And what is our intention again? To disrupt white supremacy . . . exactly, yikes indeed! Disrupting white supremacy

always means risking something, from loss of ease to loss of income to loss of life. Remember, even when we are not conscious of the risks, our bodies know them, because they have been socialized within our social structures from birth and our bodies have evolved across millennia to detect danger without any need for our conscious awareness. Our bodies learn even when we do not know it. So, you must become clear about the risks you feel called to take in your specific justice work and then train for the courage to take them.

Why do we need to train for courage and NOT just decide intellectually what to do and proceed from there? Because any action (including mere listening to each other!) must enlist your body's approval. I know, that is obvious, but we seem to disregard that fact. And what happens if your body detects danger (remembering that it does not distinguish between emotional or physical threats)? It will override your thoughtful intentions and initiate a fight, flight, freeze response.


No training, no action. Racial justice starts as an inside job! But inner work requires outer work.

So, saying that racial justice starts as an inside job does not mean that you must withdraw from the movement until you are a "finished product." In fact, that will ensure that you will never get better at it! How can you train for courage if you do not engage with your fears? How can you practice emotion

regulation if you are not stirred? Saying that racial justice starts as an inside job simply means that you must do your inner work while you are doing your outer work for the work to be (increasingly more) effective. Because outer work without inner work is a biological impossibility. And just in case you are looking forward to getting the "training" and "healing" process over as fast as possible, here is something to keep in mind. You'll never stop being triggered, because you are human. And as a human, you are vulnerable. And as vulnerable humans, we get hurt. And that hurt will continue to need our attention so that we may hold and heal the hurts of our fellow humans.

So, let us heal, together. But let us not stop there, let us thrive together too! Because the story written in our bodies about how we thrive is even more interesting than the story of how our bodies protect us. It might sound too good to be true, but here is another biological truth: To thrive, we need love, deep love for each other. Along the millennia, the cells of our bodies have adapted to needing "giving and receiving love" for optimal health, for producing the very chemicals that allow us to experience connection, joy, and fulfillment. In short: Hate kills, love heals. For real real (that was not a typo).

So, here is our challenge: White supremacy makes us sick (all of us, including its proponents, by the way, they have human bodies too!). But it relies on a fully developed, blunt, and

easily triggerable biological mechanism designed for self-defense. Racial justice can make us healthy, happy, and fulfilled. But it takes inner work because it relies on a biological mechanism that depends on our conscious, volitional loving engagement with each other. So, do you crave justice and health? Practice emotion regulation. Train for courage. Dare to connect deeply and authentically with each other. Share in each other's joys. Listen to and hold others' pain. Love fully. Hold and heal your heart. We all need healing, and we are all healers! 





UNDERSTANDING THE DIFFERENCES

Between the State Board of Psychology and the Pennsylvania Psychological Association

RACHAEL L. BATURIN, MPH, JD

Director of Government, Legal and Regulatory Affairs

The two most important institutions influencing the practice of psychology in Pennsylvania are the Pennsylvania State Board of Psychology and the Pennsylvania Psychological Association (PPA). Both have important functions impacting the practice of psychology in Pennsylvania. Their composition, functions, and goals are very different; although the goals may sometimes overlap.

The State Board of Psychology is a governmental agency established through state statute, the Professional Psychologists Practice Act. The purpose of the State Board of Psychology, according to the Professional Psychologists Practice Act, is to “protect the public from unprofessional, improper, unauthorized, and unqualified practice of psychology, and from unprofessional conduct by persons licensed to practice psychology” (63 Pa. Con. Stat. Ann. 6301). Its members are appointed by the governor and approved by the Pennsylvania Senate. The State Board consists of six licensed psychologists, two public members, and the Commissioner of Professional and Occupational Affairs. The State Board of Psychology is administratively housed in the Bureau of Professional and Occupational Affairs in the Pennsylvania Department of State. Revenue for the State Board comes

primarily from licensing renewal fees, although some moneys also come from application fees, fines, or other sources. The largest expenditure of the State Board of Psychology is the investigation and prosecution of psychologists. By statute, the State Board of Psychology must be self-sustaining and cannot draw upon the general funds of the Commonwealth of Pennsylvania.

The primary functions of the State Board of Psychology are outlined in the Professional Psychologists Practice Act. This Act requires the State Board of Psychology to approve new psychologists, establish regulations, approve fictitious and corporate names, and discipline psychologists who violate the standards outlined in the regulations of the Board. Other than providing information about laws and regulations, the Board provides no direct services to psychologists as the State Board is not allowed to give advisory opinions to psychologists.

In contrast, PPA is a voluntary nonprofit trade organization governed by a volunteer board elected by its members. PPA promotes the science and practice of psychology by supporting psychologists to meet the evolving needs of the public. Its mission is to effectively communicate to the public, policy makers, and membership the value of evidence-based and ethical practice, support

the lifelong learning of competent and ethical psychologists, and promote and connect PPA membership to foster a community of professional psychologists.

The membership of PPA is entirely voluntary, and its Board of Directors is elected by the membership. PPA staff is required to follow the directives of the PPA Board of Directors. The revenue for PPA comes primarily from membership fees, continuing education programs, and other sources. The largest expenses for PPA are paying for staff to work on issues of government advocacy, providing consultation to its members, and delivering quality continuing education programs. PPA provides its members with opportunities to connect with other psychologists in the Commonwealth through its continuing education programs; its publication, *The Pennsylvania Psychologist*; mentorship programs; committees; and special interest groups. In addition, PPA strives to remove obstacles to the practice of psychology, ensure public access to psychological services, educate the public about the value of psychological services, ensure a fair wage for psychologists in governmental programs, and help its members practice at a high level of competence.





WHAT PSYCHOLOGISTS SHOULD KNOW ABOUT THE NO SURPRISES ACT

MOLLY COWAN, PsyD, molly@papsy.org
Director of Professional Affairs

The No Surprises Act (NSA), part of the Consolidated Appropriations Act of 2021, was signed into law in December 2020 and went into effect on January 1, 2022. This bipartisan legislation was intended to protect patients from unexpected medical bills. The NSA addresses three main areas: Part 1 surprise billing protections, Part 2 good faith estimates, and Part 3 prescription drug costs. The first and third will have little to no impact on most psychologists, while the second applies to psychologists providing health care services.

The surprise billing protections in Part 1 of the NSA only apply in three scenarios: (1) emergency services provided by nonparticipating facilities or providers, (2) nonemergency services by an out-of-network provider at an in-network facility, and (3) air ambulance services. Work by most psychologists is unlikely to fall under any of these scenarios. The prescription drug section of the NSA requires health plans in the group and individual markets to submit information required by the NSA about prescription drug and other spending on an annual basis.

Part 2 of the NSA applies to all health care facilities and providers to give patients a good faith estimate (GFE) of the likely costs of proposed treatment PRIOR to the service taking place. Currently, GFEs are required to be provided to uninsured/self-pay

patients; the NSA does have provisions to require a GFE to be furnished to insurance companies. However, this provision of the NSA is not currently active and faces legal challenges to try to prevent it from being enacted.

What does a psychologist need to do in order to be in compliance with the NSA at this time? First, facilities and individual providers must give all patients written notice of their rights under the NSA. If the facility/provider has a physical office, this notice must be posted there. If the facility/provider has a website, it must be prominently displayed there as well. If the facility/provider is working remotely and does not have a website, the notice must be given directly to the patient.

The second step is to determine whether a patient (or prospective patient) has insurance coverage and plans to use it. If the patient has insurance and intends to have the psychologist submit a claim for services, the psychologist does not need to provide a GFE at this time. If the patient has insurance and does not plan to use it OR the patient does not have insurance, the psychologist must provide a GFE prior to completing the service. It is currently unclear whether GFEs are required in situations where the patient has insurance and will submit a claim independently from the psychologist; APA has issued guidance that it is not necessary, while the Trust

recommends providing a GFE in this case (American Insurance Trust, 2022). The Center for Medicare and Medicaid Services (CMS) has provided guidance that GFEs are necessary even if the services being provided to uninsured/self-pay clients are being provided pro bono, or at no cost to the patient (CMS, 2021).

GFEs must contain the patient's name and date of birth, a description of the service(s) to be provided and the date they are scheduled (if applicable), an itemized list of expected services, applicable diagnosis codes, service codes, and expected charges. Patients do not need to sign the GFE, but psychologists should document that one was provided.

The NSA specifies timeframes for GFEs to be provided to uninsured/self-pay clients.

If the cost of services exceeds the GFE by \$400 or more, patients can initiate a dispute resolution process. This process uses an independent third party agreed upon by the provider and the patient. The independent party can ask for additional information to support a payment offer. Both the provider and the patient must abide by the final decision, and payment must be made within 30 calendar days of the decision (CMS, 2022).


An additional provision of the NSA requires in-network providers to keep their information up to date with



If the appointment is scheduled...	The estimate is due...
At least 3 business days before appointment date	No later than 1 business day after scheduling
At least 10 business days before appointment date	No later than 3 business days after scheduling
Estimate requested without appointment scheduled	No later than 3 business days after request*

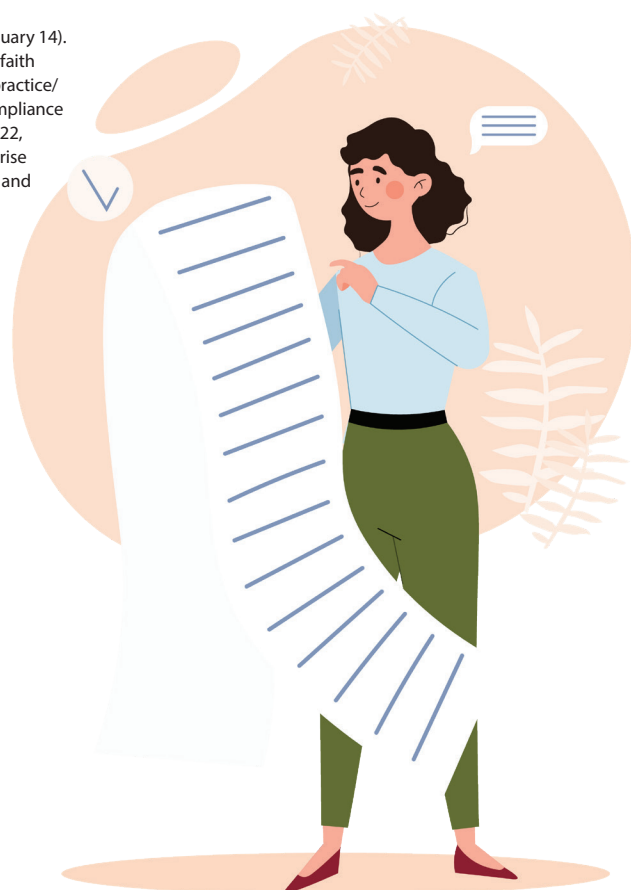
***A new estimate must be provided within the above time frames if the patient reschedules.**

insurance companies. In-network providers must provide correct directory information to the insurance company at the beginning of the in-network contract, at the termination of the in-network contract, when there are changes to provider's information, and upon request by the insurance company. In-network providers should document their requests for change/termination and ensure that their forms, websites, and so on convey accurate information regarding their in-network status. Please note that this provision is not currently active, and specific requirements may change moving forward.

Sample forms for the notice of rights, good faith estimate, and dispute resolution process are available online (CMS, 2022). Because the NSA is a wide-ranging piece of legislation, information will continue to evolve as CMS and the U.S. Department of Health and Human Services (HHS) provide additional guidance, so psychologists should continue to seek updated information. 

References

- American Insurance Trust. (2022, January 4). Guidance on the No Surprises Act. <https://www.trustinsurance.com/Resources/Articles/guidance-on-the-no-surprises-act-nsa>
- American Psychological Association. (2022, January 14). Seven basic steps for starting your good faith estimate. <https://www.apaservices.org/practice/legal/managed/good-faith-estimate-compliance>
- Center for Medicare and Medicaid Services. (2022, January 5). Requirements related to surprise billing: Part II. U.S. Department of Health and Human Services. <https://www.cms.gov/regulations-and-guidance/legislation/pa-perworkreductionactof1995pra-listing/cms-10791>
- Center for Medicare and Medicaid Services. (2021, October 7). Frequently asked questions (FAQs) about Consolidated Appropriations Act, 2021 Implementation- Good Faith Estimates. U.S. Department of Health and Human Services. <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimates-FAQ.pdf>



You're Invited

PennPsyPAC's Taste of Pennsylvania Fundraiser

Featuring food and beverages from Pennsylvania, many from the Poconos area. Support the future of psychology and the PennPsyPAC and enjoy some local flavors!

Wednesday, May 18, 2022

6:30 - 8:00 p.m. ★ Kalahari Resorts & Conventions

Kalahari Resorts & Conventions
250 Kalahari Boulevard, Pocono Manor, PA 18349
During PPA2022 Convention

\$75 donation per person

RESERVE YOUR SPOT TODAY!

Register online at www.papsy.org/PennPsyPAC.

Checks must be made payable to PennPsyPAC and can be mailed to the PPA Office at 5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112.



Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House	Governor's Action
HB 19	Amends the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, further providing for definitions, for respiratory therapists, for perfusionist, for genetic counselor and for prosthetists, orthotists, pedorthists and orthotic fitters; providing for behavior analysts and assistant behavior analysts; and further providing for licenses and certificates and general qualification.	Rep. Thomas Mehaffie (R)	Neutral	Referred to Consumer Protection and Professional Licensure 2/7/22	Third consideration and final passage 2/7/22 (134-66)	
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 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	
HB 325	An Act amending Title 63 (Professions and Occupations (State Licensed)) of the Pennsylvania Consolidated Statutes, in powers and duties, further providing for civil penalties. Allowing for boards to give advisory opinions.	Rep. Keith Greiner (R)	Support	Referred to Senate Consumer Protection & Prof. Licensure 3/25/21	Passed 3/24/21	
HB 681	An Act prohibiting enforcement of covenants not to compete in health care practitioner employment agreements.	Rep. Torren Ecker (R)	Support		Removed from the table 11/16/2021	
HB 729	An Act prohibiting mental health professionals from engaging in conversion therapy with an individual under 18 years of age.	Rep. Brian Sims (D)	Support		Referred to Health 3/3/21	
HB 972	Act providing for sport activities in public institutions of higher education and public school entities to be expressly designated male, female or coed; and creating causes of action for harms suffered by designation.	Rep. Barbara Gleim (R)	Oppose		Referred to House Education Committee 4/5/2021, Hearing held 8/4/21	



Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House	Governor's Action
HB 1075	An Act amending Title 64 (Public Authorities and Quasi-Public Corporations), establishing the Pennsylvania Broadband Development Authority to provide broadband Internet access to unserved and underserved residents; and providing for powers and duties of the authority, for financial assistance and for grants.	Rep. Pam Snyder (D)	Support		Referred to House Consumer Affairs 4/1/21	
HB 1420	An Act amending the Human Services Code, in general powers and duties of the Department of Public Welfare, providing for COVID-19 mental health public awareness campaign.	Rep. Wendi Thomas (R)	Support	Referred to Appropriations 1/26/22	Passed 6/14/21	
HB 1690	An Act addressing the shortage of Mental Health Services in Underserved Areas.	Rep. Michael H. Schlossberg (D)	Support		Referred to Health 6/24/21	
HB 2071	Amends Title 64 (Public Authorities and Quasi-Public Corporations), establishing the PA Broadband Development Authority to provide broadband Internet access to unserved residents, & providing for powers & duties of the authority.	Rep. Martin Causer (R)	Support	Third consideration and final passage 12/5/21 (50-0)	Final passage 12/13/21 (202-0)	Act No. 96
SB 40	An act providing for behavioral health services and physical health services integration in public assistance.	Senator Kristin Philips-Hill (R)	Oppose	Referred to Senate Health and Human Service 1/20/21		
SB 78	An Act amending Titles 23 (Domestic Relations) and 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in child custody, further providing for definitions, for award of custody, for factors to consider when awarding custody, for consideration of criminal conviction, for guardian ad litem for child, for counsel for child and for award of counsel fees, costs and expenses; and, in Administrative Office of Pennsylvania Courts, providing for child abuse and domestic abuse education and training program for judges and court personnel.	Senator Lisa Baker (R)	Oppose	Passed the Senate 6/24/21	Referred to House Judiciary, Subcommittee hearing set for 11/15/21	
SB 705	An Act relating to telemedicine; authorizing the regulation of telemedicine by professional licensing boards; and providing for insurance coverage of telemedicine.	Senator Elder Vogel (R)	Support	Third consideration and final passage 10/26/21 (46-4)	Referred to House Insurance Committee 10/27/21	

Welcome to

PPA 2022

BEING IN THE ROOM
WHERE IT HAPPENS

We hope you enjoy this special issue of *The Pennsylvania Psychologist*, and that you will join us **May 18-21 at the Kalahari Resorts & Conventions** in Pocono Manor, PA!

Why Should You Attend PPA2022?

- Receive up to 30 CE credits, including ethics, Act 31, and Act 74. Everything you need for your license renewal, all in one place!
- PPA members have access to almost \$800 worth of CE credits at a discounted rate.
- Interact with leaders in psychology.
- Network with friends and colleagues.
- Influence PPA—talk with Board members and staff, and tell us how PPA can better meet your needs.
- Choose from over 30 different CE workshops.
- School Psychology personnel can earn Act 48 credits.



#PPA2022: Social Media Savvy When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2022** to all your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2022 convention.



WEDNESDAY, MAY 18

8:00 a.m. – 5:00 p.m.	Registration
9:00 a.m. – 11:00 a.m.	Act 31: Child Abuse Recognition and Reporting Breakfast
11:30 a.m. – 1:00 p.m.	Welcome and Keynote Luncheon
1:30 p.m. – 4:30 p.m.	Workshops
4:30 p.m. – 5:00 p.m.	Refreshment Break
5:00 p.m. – 8:00 p.m.	Workshops
6:30 p.m. – 8:00 p.m.	PennPsyPAC's Taste of Pennsylvania Fundraiser

THURSDAY, MAY 19

7:30 a.m. – 5:15 p.m.	Registration
7:30 a.m. – 9:30 a.m.	Continental Breakfast in Exhibit Hall
8:30 a.m. – 11:30 a.m.	Workshops
11:45 a.m. – 1:45 p.m.	Psychology in Pennsylvania Luncheon
2:00 p.m. – 5:00 p.m.	Workshops
5:00 p.m. – 6:30 p.m.	Exhibitor Wine & Cheese Reception
6:30 p.m. – 8:30 p.m.	PPA Annual Awards Dinner, including PPA Committee Awards

FRIDAY, MAY 20

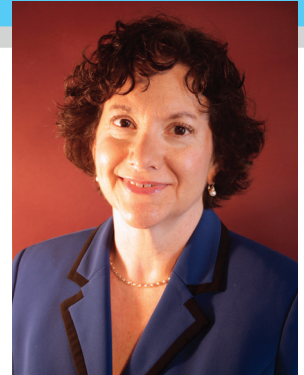
7:00 a.m. – 5:15 p.m.	Registration
7:00 a.m. – 9:00 a.m.	Continental Breakfast in Exhibit Hall
8:00 a.m. – 11:00 a.m.	Workshops
11:15 a.m. – 12:15 p.m.	PPA Presidents' Addresses and Lunch
12:25 p.m. – 1:25 p.m.	State Board of Psychology Session
1:30 p.m. – 4:30 p.m.	Workshops
5:30 p.m. – 7:30 p.m.	Student Foundation Awards Celebration and PPF Silent Auction
7:30 p.m. – 9:00 p.m.	Family S'mores Social and Closing of the Silent Auction

SATURDAY, MAY 21

7:30 a.m. – 3:00 p.m.	Registration
7:30 a.m. – 9:00 a.m.	Continental Breakfast
8:00 a.m. – 11:00 a.m.	Workshops
8:30 a.m. – 10:30 a.m.	General Assembly Brunch Celebration
11:30 a.m. – 2:30 p.m.	Diversity & Inclusion Lunch
3:00 p.m. – 5:00 p.m.	RxP FUND-Raiser
3:00 p.m. – 6:00 p.m.	Workshops



BEING IN THE ROOM
WHERE IT HAPPENS



in the Pocono Mountains of Pennsylvania

VALERIE LEMMON, PsyD, *Program & Education Board Chair*



After a postponed convention in 2020 and a virtual convention in 2021, PPA's Annual Convention is back in person! To meet contractual obligations because of cancellations as a result of COVID-19, we are meeting at an earlier date than usual. Be sure to note the new dates on your calendar: May 18-21, 2022.

Join us at the Kalahari Resorts & Conventions, Pocono Manor, one of America's largest indoor waterparks, resorts, and convention centers. Inspired by and reflecting the beauty of Africa, Kalahari highlights custom-crafted artwork throughout the buildings. Committed to fostering entrepreneurship, the owners and operators of Kalahari collaborate with a range of community partners to create sustainable and meaningful opportunities in art, health, and education for people in Africa. The staff and board of directors of PPA hope that you will be inspired by the stonework, glasswork, beadwork, woodwork, and textiles featured at Kalahari. In addition to being inspired, we hope that you will have fun at the indoor waterpark (from tranquil to moderate to extreme thrill levels), playing mini-golf, mini-bowling, and other recreational options. You can also relax, restore, and rejuvenate at the on-site spa and salon, and/or exercise at the fitness center. And, with almost a dozen dining options, there will be no lack of food!

The theme of this year's convention—*Being in the Room Where It Happens*—highlights what we have learned from a time of isolation: the value of social and professional connections, while addressing how COVID-19 has affected all our lives. This theme also highlights that despite our recognition that "privilege" provides advantage to some, we support the belief that greater diversity and inclusion ultimately provides greater benefit to all. In keeping with the theme, PPA will present workshops including **Diversity, Equity, and Inclusion: Leading the Way by Drs. Jade Logan and Jeff Sternlieb, and The Diversity and Needs of the Latinx Community by Dr. Carmen Lewis, as well as an LGBTQ+ Symposium facilitated by Dr. Molly Cowan.**

Continuing education opportunities include multiple high-quality workshops on assessment, therapy, and multiculturalism, as well as clinical supervision, trauma, and forensics. In addition to this wide variety of topics, there will be an opportunity to satisfy all mandatory continuing

education topics for license renewal, including **Act 31 Pennsylvania Child Abuse Recognition and Reporting, seven Ethics workshops, and three Suicide Prevention workshops.** We are grateful that Dr. Peter Langman, an expert on the psychology of perpetrators of mass violence, will return to present on **Lessons Learned from a Threat Assessment that Failed**, a case of a school shooting in which multiple factors of threat assessment did not adequately protect the victims. Lest we forget, considering the ongoing global pandemic, attendees can enhance their competence in a range of **topics related to COVID-19, including compassionate care, love, loss, and longhaulers.**

On Wednesday, May 18, the **Welcome and Keynote Luncheon—Decolonization of Psychology**—will be presented by Dr. Christopher Liang, Chairperson of the Department of Education and Human Services, and Professor of Counseling Psychology at Lehigh University. You can read more about Dr. Liang on page 12. We are



honored to welcome attendees to this opening luncheon as an included meal with registration.

We are thrilled to welcome Dr. Naomi Goldstein presenting on a **Successful Community-Based Program to Improve Juvenile Justice Policy and Practice on Thursday, May 19, for the Psychology in Pennsylvania Luncheon**. A separate ticket is required for this luncheon and you will receive 1.5 CE credits. Register at the All-Access Pass (AAP) rate and this event is included!


The **PennPsyPAC Fundraising Event on Wednesday evening, May 18, will celebrate a Taste of Pennsylvania**, featuring foods and beverages from our Commonwealth. Make sure you select this event when registering to support the future of psychology in Pennsylvania. Additionally, Thursday, May 19, will

feature the **Exhibitor Wine & Cheese Reception at 5:00p.m.** (included with registration!) and will be followed by the **Annual Awards Dinner at 6:30 p.m.** (ticket required; included with AAP). We are grateful to honor our 2022 PPA and Committee Award Winners! On Friday be sure to support the **Student Foundation Awards Celebration and PPF Silent Auction at a casual and family-friendly dinner** starting at 5:30p.m., followed by a Family S'mores Social at 7:30p.m. Each of these events will help support efforts to be in the room where it happens—benefiting our communities, mentoring others, and advocating for psychology—while networking with colleagues and connecting with friends.

On Friday, May 20, we will hear from our current and incoming PPA Presidents, Drs. Norford and Slattery at the **PPA**

Presidents' Addresses and Lunch (included in your registration), followed by a **special session presented by members of the State Board of Psychology**.

And, on Saturday, May 21, attendees will have an opportunity to hear about initiatives during the **Diversity & Inclusion Lunch - Culturally Informed Treatment is Ethical Treatment: The Effective Integration of Culturally Informed and Ethically Informed Treatment**, a panel presentation moderated by Dr. Jade Logan and featuring Dr. Howard Stevenson.

Whether you join us, for one, two, three, or all four days, we invite you to be inspired by being in the room where it happens! 

PPA would like to thank these early Convention sponsors:



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS



Nulton Diagnostic & Treatment Center

Please join us for the Student Awards Celebration

Friday, May 20
5:30 - 7:30 p.m.

All are welcome at the Pennsylvania Psychological Foundation Student Awards Celebration and Silent Auction! This awards and networking reception is a relaxed event that encourages interacting with friends, old and new. We hope you will all join us in celebrating this year's Student Education Award Winners!

You will also be able to support the Pennsylvania Psychological Foundation by bidding on auction items donated by committees and members of PPA. Proceeds help to fund PPF's Student Foundation Awards.

Tickets are \$35 and are available online with the PPA2022 Convention registration



Nulton Diagnostic & Treatment Center



Pennsylvania Psychological
Foundation
LEAVING A LEGACY

DECOLONIZATION OF PSYCHOLOGY: A PSYCHOLOGY THAT LOOKS MORE LIKE US, WORKS MORE FOR US

The deaths of Black people of all genders at the hands of law enforcement, as well as attacks against people of Asian descent, over the last several years have reemphasized the need to address racial tensions that exist between groups and attend to how racial oppression operates within systems to influence the lives of people of color. In his talk, Dr. Liang identifies how White supremacy operates within psychological theory, practice, and research to harm people of color. Situated within a radical psychology, Liang positions intersectionality as a method for changing how psychologists conceptualize problems, treat clients, and engage the public.

**PPA is honored to welcome
our PPA2022 Keynote
Speaker**

Christopher T.H. Liang, PhD



Dr. Christopher T. H. Liang is Chairperson for the Department of Education and Human Services and a professor of counseling psychology at Lehigh University. He is a licensed psychologist and

has published over 50 articles and book chapters, and authored/edited two books, including an edited book entitled, *The Cost of Racism for People of Color: Contextualizing Experiences of Discrimination*. His areas of scholarship include the effects of racism on the well-being of people of color, the role and intersections of masculinity ideologies, and his current and primary focus:

the implementation and outcomes associated with building race-centered trauma-responsive schools. Dr. Liang works with school districts, universities, Departments of Health and Human Services, as well as not-for-profit community organizations to strengthen their capacity to serve diverse children, youth, and families, particularly in the context of racial trauma. He is a Fellow of the American Psychological Association (Divisions 17, 45, 51), former President of the Society for the Psychological Study of Men and Masculinities, and through his advocacy work in the community, recognized as a Citizen Psychologist by the APA.

**Please join us
in welcoming
Dr. Liang to
PPA2022 on
Wednesday, May
18, at 11:30 a.m.**

PROPOSAL SELECTION COMMITTEE

A special thank you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2022!

Valerie Lemmon, PsyD
*Chair, Program and
Education Board*

Eileen Barron, PhD
Molly Cowan, PsyD
Allyson Galloway, PsyD
Erin Johnson, PsyD
Andrea Rigby, PsyD
David Rogers, PhD
Dea Silbertrust, PhD, JD
Williametta Simmons, PsyD



DEVELOPING AND EVALUATING BEST PRACTICES IN JUVENILE JUSTICE

In this presentation, Dr. Naomi Goldstein will describe how she and her interdisciplinary Juvenile Justice Research and Reform Lab collaborate with community stakeholders to use social science research to improve outcomes for justice-involved youth and their communities. She will describe how they translate research findings on adolescent development, effective behavior change, and procedural justice into juvenile probation policy and practice at the local, state, and national levels. She will also discuss their evaluations of juvenile justice system changes—such as those addressing the school-to-prison pipeline—to ensure that policy and practice reforms produce their intended outcomes.



Naomi Goldstein, PhD, is Professor of Psychology, Co-Director of the JD/PhD Program in Law and Psychology, and Director of the Juvenile Justice Research and Reform (JJR&R) Lab at Drexel University. Dr. Goldstein collaborates with community stakeholders to use social science research to improve juvenile justice policy and practice. Partnering with juvenile justice agencies, she conducts translational research to guide large-scale system change, leads implementation projects to promote high-quality dissemination of juvenile justice reforms, and evaluates the effects of new programs and policy changes on youth and communities.

For more than 20 years, her interdisciplinary work has focused on the role of adolescent development in legal decision making and legal outcomes. She currently focuses on cross-systems efforts to dismantle the school-to-prison pipeline, reform juvenile probation systems, establish positive police practices, and reduce racial and ethnic disparities within the justice system.

Dr. Goldstein has served as primary investigator, co-investigator, or consultant on more than \$20 million in federal, state, and foundation grants and has authored or co-authored more than 100 peer-reviewed articles and book chapters, books, forensic assessment tools, juvenile justice treatment manuals, and police training curricula. Dr. Goldstein has authored, co-authored, and contributed to national and state juvenile justice legislation, policy reports, and amicus briefs to the U.S. Supreme Court.

Additionally, she has served on the editorial boards of multiple academic journals, strategic planning and research advisory committees of national organizations, and juvenile justice work groups and policy committees. Using her translational research and implementation science expertise, Dr. Goldstein and her interdisciplinary Juvenile Justice Research and Reform Lab also provide training and technical assistance to jurisdictions and agencies seeking to enhance their juvenile justice systems.

Don't forget to register for the Psychology in Pennsylvania luncheon on Thursday, May 19, at 11:45 a.m! This event is included in the price of the All-Access Pass.



WEDNESDAY, MAY 18

Act 31 Child Abuse Recognition and Reporting Breakfast

9:00 – 11:00 a.m.

Join us for this special pre-convention session to meet your Act 31 credit requirement for license renewal. A plated breakfast will also be provided for all attendees. *(The All-Access Pass includes a ticket for the Act 31 Breakfast.)*

Welcome and Keynote Luncheon – The Decolonization of Psychology:

11:30 a.m. – 1:00 p.m.

PPA welcomes all attendees to this year's Welcome and Keynote Luncheon! Join us for a FREE lunch to open this year's convention as keynote speaker Dr. Christopher Liang explores Dr. Brad Norford's presidential theme of Being in the Room Where It Happens. Learn more about Dr. Liang on page 12.

PennPsyPAC's Taste of Pennsylvania Fundraiser

6:30 – 8:00 p.m.

Enjoy this reception featuring food and beverages from Pennsylvania, including some from the Poconos area. Support the future of psychology and the PennPsyPAC and enjoy some local flavors!

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.

(A separate \$75.00 ticket is needed for this event.)

SATURDAY, MAY 21

Diversity & Inclusion Lunch - Culturally Informed Treatment is Ethical Treatment: The Effective Integration of Culturally Informed and Ethically Informed Treatment

11:30 a.m. - 2:30 p.m.

Join PPA's Diversity and Inclusion Officer, Dr. Jade Logan, for this FREE luncheon panel. Dr. Logan welcomes panelists Michael

THURSDAY, MAY 19

Psychology in Pennsylvania Luncheon— Developing and Evaluating Best Practices in Juvenile Justice

11:45 a.m. — 1:45 p.m.

This year's luncheon features Dr. Naomi Goldstein as she describes how she and her interdisciplinary Juvenile Justice Research and Reform Lab collaborate with community stakeholders to use social science research to improve outcomes for justice-involved youth and their communities.

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

Exhibitor Wine & Cheese Reception

5:00 – 6:30 p.m.

Join your peers and our exhibitors in the exhibit hall for this event on Thursday evening! Visit exhibitor booths to get drink tickets and enjoy snacks during this time of socialization and networking that is always a popular event!

PPA Annual Awards Dinner

6:30 – 8:30 p.m.

Celebrate the recipients of this year's PPA and Committee Awards at this special dinner event!

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

FRIDAY, MAY 20

PPA Presidents' Addresses and Lunch

11:15 a.m. – 12:15 p.m.

Grab your FREE lunch and take this opportunity to get updates on PPA—where the organization is and the direction in which we will be moving. Interact with leadership and hear from outgoing president, Dr. Brad Norford as he wraps up his presidential year, and **passes the gavel to** incoming president, Dr. Jeanne Slattery as she highlights her goals for 2022-2023.

Updates from the State Board of Psychology

12:25 – 1:25 p.m.

This 1-CE workshop features Board members and professional staff as they present on a number of topics, including information about disciplinary action for licensure infractions.

Pennsylvania Psychological Foundation Student Awards Celebration and Silent Auction

5:30 – 7:30 p.m.

All are welcome at the Student Foundation Awards Celebration and PPF Silent Auction! This casual awards dinner is a relaxed event that encourages interacting with friends, old and new. Support PPF by bidding on auction items donated by committees and members of PPA. Proceeds fund PPF's Student Foundation Awards. PPA would like to thank Nulton Diagnostic & Treatment Center for sponsoring this event. *(A separate \$35.00 ticket is needed for this family-friendly event!)*

PPA RxP FUND-Raiser

3:00 - 5:00 p.m.

PPA's RxP Work Group welcomes all PPA 2022 attendees to join this fundraising reception for the RxP fund. Earn 1 CE credit and enjoy a complimentary beverage as you learn about the Master of Clinical Psychopharmacology programming at Farleigh Dickinson University. *(A separate \$100.00 ticket is required for this event.)*



Psychologists

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

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

Certificates of Attendance will be available at papsy.org after the convention.

Act 48 Credits

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

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

Direct questions about Act 48 credits to Erin Brady, Manager of Member Communications, 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 website (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 objectiveness, competence, or effectiveness. No conflicts of interest or commercial support have been identified for PPA2022.





PROGRAM CATEGORIES

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

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

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

Complete workshop descriptions are available online at papsy.org.

Workshop Handouts

In an effort to be environmentally friendly, all workshop handouts that are sent by presenters will be available online at papsy.org. If you'd like to have these handouts at PPA2022 you will need to print or download them to your electronic device.

Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact PPA before April 28, 2022.



WEDNESDAY, MAY 18

9:00 – 11:00 a.m.

2 CE Credits, Introductory

W01 Pre-Convention Breakfast Workshop - Act 31: Child Abuse Recognition and Reporting

Rachael Baturin, MPH, JD; Molly Cowan, PsyD

11:30 a.m. – 1:00 p.m.

1 CE Credit, Introductory

W02 Keynote Presentation and Luncheon: A Psychology that Looks More Like Us, Works More for Us

Christopher T.H. Liang, PhD

1:30 – 3:30 p.m.

2 CE Credits

W03 PPA 301: Nuanced Leadership

Dea Silbertrust, PhD; Cheryl Rothery, PhD; Julie Radico, PsyD; Cathy Petchel, MA; Erin Johnson, PsyD

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W04 Panel Discussion on Loss of Clients to Suicide: Clinical, Legal, Ethical and Personal Considerations

Aviva Gaskill, PhD; Ann Itzkowitz, MA; Krista Mancarella, PsyD; Jeff Sternlieb, PhD

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W05 Ethics, Values, & Decision-Making in Clinical Practice

John Gavazzi, PsyD, ABPP

1:30 – 4:30 p.m.

3 CE Credits, Intermediate

W06 Working with Police

Donald McAleer, PsyD, ABPP; David Rogers, PhD; Cpl. Govan Martin, PA State Police (Retired)

1:30 – 4:30 p.m.

3 CE Credits, Introductory

W07 The Past and Present of the Lenape in Pennsylvania

Adam Waterbear DePaul, MEd

5:00 – 6:30 p.m.

1.5 CE Credits, Introductory

W08 Lessons Learned From a Threat Assessment That Failed

Peter Langman, PhD

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W09 Leveraging Feedback in Organizational Consulting and Talent Optimization

Ross DeSimone, MA

5:00 – 8:00 p.m.

3 CE Credits, Intermediate

W10 Teaching Integrated Care to Psychology and Physician Learners

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

THURSDAY, MAY 19

8:30 – 11:30 a.m.

3 CE Credits, Introductory

W11 Who Am I Online?: Supporting Mental Health in the Social Media Age

Adrienne Bardo, Med; Courtney McLaughlin, PhD

8:30 – 11:30 a.m.

3 CE Credit, Intermediate

W12 The Ethics of Working with Gender Expansive and Gender Non-Binary Folx

Audrey Ervin, PhD

8:30 – 11:30 a.m.

3 CE Credits, Intermediate

W13 Ethical Issues in Telepsychology

Molly Cowan, PsyD; Linda Knauss, PhD, ABPP

9:30 – 11:30 a.m.

2 CE Credits, Intermediate

W14 Neuropsychological Assessment of COVID Longhaulers: Current Status and Case Examples

Tad Gorske, PhD

11:45 a.m. – 1:45 p.m.

1.5 CE Credits, Intermediate

W15 Psychology in Pennsylvania Luncheon: Developing and Evaluating Best Practices in Juvenile Justice

Naomi Goldstein, PhD

2:00 – 3:30 p.m.

1.5 CE Credits, Intermediate

W16 Drugs of Abuse as False Messengers: The Opioids

Kent Vrana, PhD

2:00 – 5:00 p.m.

3 CE Credit, Introductory

W17 Compassionate Care and Grief in the Time of Covid: Caring for Frontline Providers and for Patient Survivors of COVID-19

Dina Goldstein Silverman, PhD

2:00 – 5:00 p.m.

3 CE Credits, Intermediate

W18 Evidence-Based Cognitive Behavioral Strategies for Treating Depression and Anxiety in a Primary/Integrated Care Setting

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

2:00 – 5:00 p.m.

3 CE Credits, Intermediate

W19 Discussions of Difficult Ethical Issues in Diverse Populations

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

FRIDAY, MAY 20

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W20 What Every Clinician Needs to Know About the H-P-A and Never Got Around to Finding Out

Dan Warner PhD; Michael Ansonoff, PhD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W21 Clinical Applications of Forgiveness

Valerie Lemmon, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W22 LGBTQ+ Symposium

Molly Cowan, PsyD; Heidi Dalzell, PsyD; Robin Hornstein, PhD

9:00 – 11:00 a.m.

1 CE Credit, Introductory

W23 Bridging the Gap: Promoting Healing in the Wake of Trauma

Patricia Obilo-Azandegbe, MEd, LPC

11:15 a.m. – 12:15 p.m.

Non-CE

W24 PPA Presidents' Addresses and Lunch

Brad Norford, PhD; Jeanne Slattery, PhD

12:25 – 1:25 p.m.

1 CE Credit, Introductory

W25 Disciplinary Actions of the State Board of Psychology: Myths and Facts

Cathy Spayd, PhD; Don McAleer, PsyD, ABPP; Vito DonGiovanni, PsyD; Richard Small, PhD, ABPP; Nathan Giunta, Esq.

1:30 – 4:30 p.m.

3 CE Credit, Intermediate

W26 Diversity, Equity, and Inclusion: Leading the Way

Jade Logan, PhD, ABPP; Jeff Sternlieb, PhD

1:30 – 4:30 p.m.

3 CE Credit, Intermediate

W27 Psychology in the Time of COVID

Samuel K Schachner, PhD

1:30 – 4:30 p.m.

3 CE Credit, Intermediate

W28 The Elephant in the Room: Substance Use Disorders

Mark D. Schenker, PhD

1:30 – 4:30 p.m.

3 CE Credit, Intermediate

W29 The Moral Character: Cultivating Embodiment of Ethical Principles

Max Shmidheiser, PsyD; Valerie Lemmon, PsyD

SATURDAY, MAY 21

8:00 – 11:00 a.m.

3 CE Credits, Intermediate

W30 Love in the Time of COVID: How Are Couples Coping?

Laurie Appel, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W31 Suicide Assessment and Prevention in College-Aged Clients

Rachel Daltry, PsyD

8:00 – 11:00 a.m.

3 CE Credits, Introductory

W32 How to Respond to a Court or Legal Related Therapy Request

Samuel K Schachner, PhD

9:00 – 11:00 a.m.

2 CE Credits, Introductory

W33 An Introduction to Gender-Affirming Services for Transgender and Non-Binary Clients

Meg Hoffer-Collins, PsyD

11:30 a.m. – 2:30 p.m.

3 CE Credits, Intermediate

W34 Diversity & Inclusion Lunch - Culturally Informed Treatment is Ethical Treatment: The Effective Integration of Culturally Informed and Ethically Informed Treatment

Michael DeStefano, PhD; Linda Knauss, PhD; Jade Logan, PhD, ABPP; Howard Stevenson, PhD

3:00 – 6:00 p.m.

3 CE Credits, Intermediate

W35 Effective Clinical Supervision: Theories, Competencies, & Case Application

Kristin Mehr, PhD; Rachel Daltry, PsyD

3:00 – 6:00 p.m.

3 CE Credits, Introductory

W36 The Diversity and Needs of the Latinx Community

Carmen Lewis, PsyD; Guadalupe J. Meza, MSW, LSW; Jari Santana-Wynn, PhD

3:00 – 6:00 p.m.

3 CE Credits, Introductory

W37 Brain Injury 101: An Overview for Psychologists

Max Shmidheiser, PsyD

REGISTRATION RATES

	By April 17 (Early Bird Registration)		After April 18		May 16 - May 21 (On-site Registration)	
	Full	Daily	Full	Daily	Full	Daily
All-Access Pass (Members Only) <i>Save \$150 over registering for all individual events, plus get a special gift!</i>	\$595.00		\$695.00		\$895.00	
PPA-Member	\$495.00	\$250.00	\$595.00	\$300.00	\$695.00	\$395.00
Nonmember	\$895.00	\$450.00	\$995.00	\$500.00	\$1,095.00	\$595.00
Retired Member	\$295.00	\$150.00	\$395.00	\$200.00	\$495.00	\$250.00
Non-CE Rate: First-Year Post-Doc Member; Graduate Student Member; Affiliate Member; Guest/Spouse <i>Includes breakfasts, breaks, and Exhibitor Reception, does not include CE or other ticketed meal events.</i>	\$195.00	\$95.00	\$295.00	\$195.00	\$395.00	\$295.00

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

PPA Member—To qualify for the member rate, PPA membership dues must be current for the 2021–2022 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 717-232-3817 or iva@papsy.org.

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

Student Member—Includes both Graduate and Undergraduate Student PPA members.

Retired Member—Retired member rates apply to PPA members 65 years of age or older who are retired and no longer in practice or working less than 10 hours per week. Please email Erin Brady (erin@papsy.org) to receive the promotional code for this registration type.

Guests and Spouses—Guests and spouses of convention registrants must accompany someone registered for the convention to qualify for this rate. This special rate applies only to those guests or spouses who are not in a mental health profession (e.g., social work, psychiatric nursing) but wish to participate in the program. One cannot be the guest of a presenter unless that presenter is registered for the convention. Please email Erin Brady (erin@papsy.org) to register a guest or spouse to attend.

Ticketed Event Fees:

PennPsyPAC Taste of Pennsylvania Fundraiser: \$75.00

Act 31 Breakfast (includes plated breakfast and 2 CE credits): \$75.00

Psychology in Pennsylvania Luncheon (includes lunch and 1.5 CE credits): \$65.00

PPA Annual Awards Dinner (includes dinner and one adult beverage): \$75.00

PPF Student Awards Celebration and Silent Auction: \$35.00

RxP FUND-Raiser (includes 1 CE credit and one adult beverage): \$100.00

What Is the All-Access Pass?

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

The All-Access Pass includes:

- PPA2022 registration—all four days of the convention
- All 30 required credits for license renewal
- All ticketed events, including:
 - Act 31 Breakfast (includes 2 CE credits and plated breakfast)
 - Psychology in Pennsylvania Luncheon (includes 1.5 CE credits and your meal)
 - Exhibitor Wine & Cheese Reception (complimentary drink ticket included)
 - PPA Annual Awards Dinner (includes dinner and beverage)
 - Special PPA Embroidered Canvas Bag

All this at a discounted rate – a savings of \$150 over registering for individual events! Select "All-Access Pass" during the registration process to take advantage of this great deal!

Registration is now open at papsy.org. Payment is required to process all registrations. Early registration deadline: April 17, 2022.

Preregistration

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

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

Registration

On-site registrations will be accepted at a **higher convention rate** and on a space-available basis. Workshops with insufficient registration as of April 22, 2022, may be canceled. Convention registration fees cover attendance at all activities except those listed as meals or special events with prices. **Meal and event tickets are not refundable.**

COVID-19 Policy

PPA's Health and Safety Goals

Our goal is to host safe and meaningful conferences. We recognize that the situation and applicable guidance may continue to evolve up to and through PPA2022. Please check your email and the PPA website (www.papsy.org) for future updates. We thank you for your commitment to PPA and safety, and we look forward to seeing you in person in May!

Safety Precautions

PPA is monitoring the evolving public health guidance regarding large gathering settings and will continue to provide updates and additional guidance. We continue to ask all attendees, exhibitors, and staff to follow all applicable regulations and make informed choices about travel and on-site and external engagement.

Masks are required for all PPA attendees, exhibitors, and staff at the Kalahari Resorts & Conventions; please view the hotel website for policies for public, indoor spaces in the hotel:
<https://www.kalahariresorts.com/pennsylvania/>.

The following protocols will also be in place during PPA2022:

- Socially distanced seating options will be provided in meeting spaces, including at all education sessions and networking events, where available.
- Masks and hand sanitizer will be available at registration.
- Attendees, exhibitors, and staff must complete an attestation confirming compliance with all health and safety protocols.
- All attendees, exhibitors, and staff should:
 - Not attend PPA2022 if they are experiencing any flu-like symptoms;
 - Wash hands often with soap for at least 20 seconds and/or use an alcohol-based hand sanitizer;
 - Avoid touching their eyes, nose, and mouths with unwashed hands; and
 - Engage in additional responsible health and safety practices at PPA2022.

We recognize that there are those who are not able or are seeking an alternative to attending in person. **Select workshops will be available virtually.** This programming is an extension of PPA's in-person experience—not a duplication or full live stream of on-site activities. **Many additional virtual opportunities will be available throughout the year.**

PPA plans to ensure that each person can choose the attendance path that best fits their personal needs.

If you cannot or choose not to comply with the PPA on-site health and safety requirements, we encourage you to explore our virtual programming.

Event Cancellation

PPA reserves the right to cancel, alter, or reschedule PPA2022 for any reason, including if PPA determines in its sole discretion that the convention cannot be held as planned. PPA also reserves the right to close registration when tickets are sold out. For these reasons, registrants are advised against making nonrefundable travel arrangements. Should you purchase nonrefundable airline tickets or make nonrefundable hotel reservations, you do so at your own risk.

*Should PPA cancel, alter, or reschedule some or all of the in-person portion of PPA2022 for any reason, your fees **will be refunded to a virtual event level.** If the convention is canceled, all paid attendees will automatically be provided with virtual access to the workshops for which they registered.*

Our top priority is the well-being of our members, event attendees, and staff. We will closely monitor the situation with COVID-19 and variant surges.

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. **Meal and event tickets are not refundable.**

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

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

Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact PPA before April 18, 2022.



CONVENTION QUESTIONS? Please call 717-232-3817.

Kalahari Resorts & Conventions

Kalahari Resorts & Conventions, 250 Kalahari Blvd. Pocono Manor, PA 18349, will be the host hotel for PPA2022. Please make your reservations directly with the hotel.

You may call 570-580-6000 or 877-525-2427 and mention the Pennsylvania Psychological Association **to obtain the discounted convention group rate.**

To make your reservation online with the convention dates and group rate code pre-entered, visit
<https://book.passkey.com/e/49914506>


GROUP ROOM RATES: \$165 plus tax. The group rate is protected until April 17. If the room block is sold out before April 17, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. **Make your reservation early!** We expect the room block to sell out before April 17.

For those who are interested in extending their stay into Sunday, please note that there are a LIMITED number of rooms held on Saturday night at the PPA rate. Book early to guarantee you get this great rate!

NOTE: You are responsible for all hotel room charges.

All rooms include four passes to the waterpark.



Plan a getaway your family will never forget at America's Largest Indoor Waterparks - included with your stay. Make the short drive and join us for the ultimate family vacation. From toddlers to teens and moms to dads, everyone finds their oasis at Kalahari Resorts & Conventions in Pocono Mountains, Pennsylvania. The getaway boasts hair-raising water slides, world-class spas, kids' play areas, and diverse dining options. Go ahead, make everyone's day. 



INTRODUCTION TO THE SPECIAL SECTION:

Sexuality and Gender Diversity



CARLY CORNELL

Publications Committee

As psychologists, one of our greatest honors is to experience and explore firsthand the endless diversity of humanity. Sex, “the biological aspects of maleness or femaleness,” and gender, “the psychological, behavioral, social, and cultural aspects of being male or female (i.e., masculinity or femininity),” are no exception (American Psychological Association, 2015, p. 2). Indeed, as our world and our field continue striving toward greater inclusivity, the LGBTQ+ community presents itself as an increasingly relevant and growing group of interest for clinicians. According to a Gallup poll published in February 2022, 7.1 percent of American adults identify as LGBTQ+ (Jones, 2022, par. 2). The number of American adults who fall under

the category of lesbian, gay, bisexual, transgender queer, or another non-heterosexual identifier has doubled since 2012.

Like any sphere of diversity, with new perspectives comes the crucial task of educating ourselves, exploring biases and blind spots, and developing competence to meet the demand of a growing client base. It is our duty to prepare ourselves to help clients cope with adversity, love themselves, and thrive in the world by meeting their full potential. As a field of professionals who strive to promote inclusion and empathy, our aim is not only to welcome gender and sexual diversity, but to celebrate it.

In this issue, we explore minority stress theory and self-stigma, discuss suicidality of

sexual minorities, define cisgender privilege, present potential blind spots for clinicians to consider, provide advice for beginning a therapeutic relationship with transgender and nonbinary clients, and shine a light on the definitions for BDSM and pornography as well as insight to what about them piques clients’ interest. **NR**

References

- American Psychological Association. (2015). Definitions Related to Sexual Orientation and Gender Diversity in APA Documents. APA. Retrieved February 24, 2022, from <https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>
- Jones, J. M. (2022, February 18). LGBT identification in U.S. ticks up to 7.1%. Gallup. Retrieved February 26, 2022, from <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>

Silent Auction

Chaired by Dr. Rosemarie Manfredi

To make PPF’s 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 a one-of-a-kind item. 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 April 4 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 Rosemarie Manfredi at contact@neuroassessconsult.com or Ann Marie Frakes at annmarie@papsy.org

Thank you for your support!



HOLDING SPACE FOR ANGER:

Cisgender Privilege and Fragility

HEIDI J. DALZELL, PSYD



We hear a lot of talk today about privilege. Privilege refers to the advantages, benefits, and respect that a person has by belonging to a majority group (Garcia, 2018). Examples are white privilege, male privilege, and heterosexual privilege. People who are members of a minority group, such the LGBTQ+ community, often experience significant oppression, discrimination, and transphobia, even among professionals who are trained to be aware of their own privilege. Such minority stressors contribute to mental health concerns including depression, anxiety, and low self-esteem (David, 2009).

As a person whose gender identity is congruent with the body I have been born into—that is, a cisgender person—I have privileges that transgender people do not. Even as psychologists, we may use our own worldviews to shape how we work with gender-minority groups. Not recognizing our inherent privilege can be damaging. There are many examples of cisgender privilege. For instance, most cisgender people see images that look like themselves in the media, do not fear using public bathrooms, and are not subjected to stares or comments from others. These are examples of body privilege (Dalzell & Protos, 2020). Most of us take these privileges for granted until forced to examine our own assumptions.

Consider a recent example: We invited a transgender therapist to speak to the clinicians in our group about working with trans clients. This presenter discussed numerous experiences of discrimination by mental health professionals and expressed

anger toward cisgender therapists in particular for often not ceding to transgender colleagues when opportunities to present opinions arise. The venom behind their (correct pronoun) anger shocked me, and I immediately wanted to distance from “those” cisgender therapists. Although I was appalled by what my colleague had faced, I simultaneously felt like I was on the receiving end of their anger. Did I deserve this anger just because I am part of the dominant group? After much grappling, I came to understand an important concept: I have the privilege of being unaware of my own privilege. This discomfort is a form of “cisgender fragility,” akin to the concept of white fragility (DiAngelo, 2018). White fragility is the defensiveness that occurs when Black, Indigenous, People of Color discuss race, and do not protect the white person from anger or difficult emotions. I realized that I was the fragile person in this situation. I needed to be open to, and in fact welcome, difficult conversations. Doing so provides a holding environment for the emotions my transgender colleagues and clients experience. If I fail to allow frank discussion, I run the risk of silencing my clients and jeopardize therapeutic safety. This lesson helped me combat the “privilege blindness” I may otherwise have had in this situation. In working with transgender clients, it is critical to be aware of our own blind spots. Some of the areas that are helpful to consider are:

- Do we actively strive to increase our competency in working with transgender clients?
- What are our beliefs about gender, gender roles, and gender expression?
- Do our own belief systems and experiences create bias? For example, do religious strictures promote the belief in a gender binary?
- Are we able to tolerate strong emotions, including anger?
- Can we connect to our own marginalized identities (while not assuming we understand others experiences, but as a way to increase empathy)?
- Can we fully listen to and take direction from trans people?
- Are we receptive to constructive feedback?

Recognizing our privilege can help us to connect more deeply and appreciate the powerlessness that many of our transgender clients face. It is in this understanding that we can embrace our allyship and use our privilege to reduce oppression. 🗨️

References

- David, E. J. R. (2009). Internalized oppression, psychopathology, and cognitive-behavioral therapy among historically oppressed groups. *Journal of Psychological Practice*, 15, 71–103.
- Dalzell, H. J., & Protos, K. (2020). *A clinician's guide to gender identity and body image*. Jessica Kingsley Publishers.
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SEXUAL MINORITIES AND SUICIDE



SAMUEL KNAPP, EdD, ABPP, samuelknapp52@yahoo.com

Although most persons who identify as members of a sexual minority (SM: e.g., lesbian, gay, bisexual, or transgender) group are not suicidal; statistically they have an elevated risk of suicide. Although the prevalence of suicidal behavior among SM individuals may vary according to the population sampled, Hottes et al. (2016), looking at multiple samples, estimated that 20% of SM adults had attempted suicide at some time in their lives, compared to 4% for heterosexual adults. Such a relationship between suicidal behavior and SM identity would be predicted by minority stress theory, which holds that, all things being equal, SM individuals will experience more stress and poorer mental health than cisgender individuals. Also, minority stress theory explains that internalized stigma, that is based upon direct experiences of discrimination (accompanied by marginalization and isolation) and the expectation of future discrimination cause poorer mental health (Meyer, 2020).

In this context, the foundations of minority stress theory overlap with the predominant models of suicide. For example, according to the interpersonal theory of suicide, suicidal behavior occurs when individuals experience thwarted belongingness (lack of acceptance by a valued social group), perceived burdensomeness (a belief that one makes almost no contribution to society or the well-being of others), and capability for suicide (habituation to pain and fearlessness of death; Van Orden et al., 2010). Data support the predictions from minority stress theory and the interpersonal theory of

suicide that isolation and marginalization increase the risk of suicidal behavior (Testa et al., 2017).

Nothing about being an SM individual inherently makes a person suicidal. Being identified as a member of a SM group only increases the likelihood that an individual would be exposed to the experiences or conditions that make suicide more likely. Living in a homophobic or homonegative culture exposes SM individuals to more aggression, microaggression, and discrimination. SM youth may experience parental rejection, loss of other important relationships, and harassment, which increases the likelihood of suicidal ideation (e.g., Battalen et al., 2021; Rimes et al., 2019), and SM adults reported a greater likelihood of a history of child abuse and being a victim of interpersonal violence (Patten et al., 2022). On the other hand, having family and social support reduces the risk of having suicidal thoughts (Standley & Foster-Fishman, 2021), as the interpersonal theory of suicide predicts. Social support can also reduce self-stigma (Lyons & Pepping, 2017).



In this context, the foundations of minority stress theory overlap with the predominant models of suicide.

Self-stigma or internalized stigma (assimilation of negative views into one's identity and self-concept) is harmful regardless of the reason. Self-stigma about their sexual behavior may cause some SM individuals to conceal their identity or to internalize socially prevalent homonegative attitudes toward themselves, thus placing them at risk for greater emotional distress. In addition to whatever social discrimination an SM person may experience, self-stigma may lead to shame, secrecy, concealment, and withdrawal (Chan & Leung, 2021). Also, self-stigma about suicidal thoughts or mental illness may lead some suicidal persons to deny suicidal ideation or to minimize suicidal behavior when talking with their health care providers. Those who conceal suicidal thoughts from others tend to have poorer mental health than those with suicidal thoughts who disclose them (Levy et al., 2019).

Recent data have revealed other valuable information concerning the relationship between suicide and SM group members as it applies to intersectionality and bisexual and transgender individuals. For example, intersectionality (the cumulative impact of concurrent identities) may be correlated with risks or protections beyond a single identity. Age, race, gender, income, education level, and religion, as well as one's

Special Section: SEXUALITY AND GENDER DIVERSITY

sexual orientation, can influence one's life experiences. For example, Ferlatte et al. (2018) found that those SM men with concurrently lower incomes and lower education reported an increased likelihood of a recent suicide attempt. Also, non-White LGB girls had a higher rate of suicidal ideation than White LGB girls. However, strong family support reduced the association of sexual orientation with suicidal ideation in these girls (Standley & Foster-Fishman, 2021).

Bisexual youths (Rimes et al., 2019) and adults (Stinchcombe & Hammond, 2021) have a higher risk of suicide than other SM group members, although the reasons are not clear. Possibly they lack the same opportunities as gay or lesbian people to engage with a supportive social community that buffers against suicidal behavior.

Transgender individuals (those who identify with a gender other than the one assigned to at birth) have rates of mental illness significantly higher than the population in general. For example, 80% of transgender adults had suicidal thoughts sometime in their lifetimes (James et al., 2016) and 43% had a previous suicide attempt (Zwicky et al., 2021). The minority stress factors—for example, victimization and discrimination—that increase the risk of suicide for SM group members also increase the risk of suicide for transgender persons. In addition, the lack of access to gender affirming health care is common among transgender persons and increases the risk of suicide (Zwicky et al., 2021).

Implications for Psychological Services

Effective treatment for suicidal SM patients requires, at the minimum, effective treatment for SM patients in general. Psychologists who

treat SM patients can find helpful guidance from the American Psychological Association (APA) guidelines for SM patients (APA, 2012) and gender nonconforming individuals (APA, 2015). It is prudent to look at intersectionality and not just one aspect of identity.

As it applies to suicide prevention specifically, the principles of good suicide prevention apply here as with all patients. In addition, psychologists should be alert to the high baseline levels of the determinants of suicide among SM patients including social traumas, isolation, disrupted relationships, a history of bullying and childhood abuse, and self-stigma. In many cases, treatment efforts should focus on increasing social supports and connections with affirming communities. Bisexual patients are more likely than gay or lesbian patients to feel socially isolated, and transgender patients may have an especially elevated risk of suicide. Finally, psychologists should be alert to the possibility that their transgender patients may not have access to sensitive health care providers, even for routine care. 🏳️

References

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WHAT IS BDSM REALLY ABOUT?

ED ZUCKERMAN, PhD

There is extremely widespread interest in dominance and submission (D/S) as seen in the popularity of the Fifty Shades of Grey books and movies, the BDSM aspects of vampire shows, clothing fashions, and almost wherever you look with BDSM in mind.

Much of the sexual material available in any media depicts power differences enacted as dominance and submission, often involving pain and restraints. Other features such as elaborate clothing in leather, elaborate bondages, and assorted noises are added for their theatrical value. Please note that these are all fiction and provide a distorted portrayal of the persons, roles, actions, and emotions real people enact.

What is portrayed is a classic fictional theme: BDSM—Bondage, Dominance/Dom (or Domme), Submission/slave (subbie), Master/Masochist. It may not be apparent from watching this kind of scene that aside from criminal cases (filmed rapes, domestic and child violence, etc.), this is all consciously planned, consensual, role-playing usually with a camera, lighting, and sound staff in the room. It might be difficult to recognize the equality of the voluntary participants who negotiated the “power exchange” and who will positively deal with the consequence of the experience (“aftercare”) because of the artistic efforts to present an intense D/S experience.

BDSM ≠ Sexual Abuse

To be clear, BDSM is not sexual abuse. Abuse involves physical and emotional damage, cruelty, and taking pleasure in the victim's pain and fear. There is intimidation, humiliation, selfishness, exploitation, and unpredictability. Dressing it in black leather and the terms of BDSM do not change it

into something acceptable. It is still abuse and deserves to be illegal.


BDSM is the opposite. It involves deepening trust (respect, concern for safety), communication (planning, agreement, consent to the planned procedures and scene, debriefing), and aftercare (loving, sensual, slow returning to more usual relationship patterns). It exists for the pleasure of both parties. The guiding principle is “safe (boundaries, safe words, hard and soft limits), sane (not intoxicated, angry, or emotionally upset), and consensual (agreement on who does what, where, for how long, etc.).”

This enactment involves the pleasurable power exchange of consensual non-consent (CNC), which requires several levels. On the surface, the Dom (who might be male/masculine/or other; the parallel female term is Domme) is controlling the sub (note lower case, describing a person, not Submissive, a topic), even to the extent of making the sub suffer discomfort due to bondage or the pain of being struck with floggers, whips, paddles, and other items. So, who is in charge? Obviously, the more powerful is the Dom. But what came before this scene? The sub agreed to this power exchange. The sub deeply enjoys the relinquishment of their power and gives it freely and with great trust, to their Dom. There was extensive communication and consent and if not, the actions are criminal (battery, assault).

If there is sexual activity, whose pleasure is foremost? At the obvious level, the Dom is receiving or taking pleasure. But how does the scene proceed? Almost always it is the sub who must experience orgasm and the Dom's pleasure is secondary. There are hundreds of variations with Daddy Doms and subbie Littles, age play with “old adult” and “princess” roles and costumes, and so

forth. Humans are sexy and imaginative, and naturally order relationships along a power dimension.

In Therapy

Because of the popularity of BDSM role-playing, therapists seeing couples should be alert and sensitive to their BDSM interests and activities. Because of the shame and embarrassment associated with BDSM (or other kinds of non-vanilla sex), individuals and couples may conceal their interests and the therapist will get a sketchy version of their real emotional and sexual lives. I believe all therapists should be kink-aware even if not kink-friendly. 

Resources

There is no shortage of readings in this area, as a Google or Amazon search with almost any word will show, and many are useful. One very informal resource is the Tumblr blog of Instructor144, The Last Gray Wolf. You can view many short readings from <https://instructor144.tumblr.com/tagged/+++>. Enter your interest word instead of +++ to find the articles. Some example tags are dominant, submissive, punishment, safe word, metatalk, vetting, rules, and advice. Asking for the tag “Resources” may be very productive. It may be helpful to know that there are lists of self-identified kink-friendly therapists:

- Kink and Polyamory Aware Professionals Directory (KAP) appears to be a large and structured site with guidelines and educational materials. <https://www.kapprofessionals.org>
- Kink Friendly Therapy is a cultural competence site that requires reasonable criteria for membership. It is not confined to BDSM, but includes polyamory, transgender, and sexually transmitted diseases information. kinkfriendlytherapy.com

WORKING WITH TRANSGENDER AND NONBINARY CLIENTS: Where to Begin?



MEG HOFFER-COLLINS, PsyD (THEY/THEM), mcollins2@wcupa.edu

As clinicians, we expect that our clients' gender identity and gender expression are aligned with their sex assigned at birth. Unless you specialize in working with transgender and nonbinary clients, likely all, or nearly all, of your clients are cisgender. The field of psychology's understanding of binary gender identities, dividing all people into masculine and feminine categories, may be nearly as outdated as the Masculinity/Femininity scale of the Minnesota Multiphasic Personality Inventory (MMPI-2)! Historically, masculinity and femininity have been conceptualized and measured by an individual's adherence to stereotypical traits and interests of men and women (Wood & Eagley, 2015). Gender identity has also been measured by individuals self-categorizing themselves as men or women (Wood & Eagley, 2015). Our field has only recently begun to incorporate the voices of nonbinary and transgender individuals into qualitative research to better understand their experiences in therapy. Many psychologists are used to thinking about gender as a binary of woman and man. These categories become hazier when we consider intersex people. They become hazier still when we acknowledge the existence of gender identities that do not align with sex assigned at birth. These gender identity categories may include transgender, nonbinary, agender, and

genderqueer, among many others. (For an overview of these gender identity terms, see the National Center for Transgender Equality's website: transequality.org.) While the diversity of gender identity labels may be overwhelming, it is not necessary to be an expert on queer gender identity definitions to appreciate the complexity of gender. I would ask you to try and define your own gender, out loud, to another person. If you identify within the gender binary, what does that mean to you? Can you describe what makes you a man or a woman, outside of your biology? How do your lived experiences, personality traits, interests, and values contribute to your sense of yourself as a gendered person? Has your understanding of your gender identity changed over time? Hopefully this exercise will help to demonstrate how difficult it can be to convey a deeply held sense of self to another person.

The list below contains a brief overview of the interventions and practice guidelines drawn from the clinical research on therapy with transgender and nonbinary clients. I have also included my own thoughts on providing therapy as a queer, nonbinary psychologist working with this population.

- Introduce yourself to your clients with your name and pronouns. This lets clients know from the very start of your work together that you have a basic understanding of gender-inclusive

language (Matsuno, 2019). Practice using a client's pronouns between sessions to make sure you get them right most of the time (Matsuno, 2019).


- Include legal name, preferred name, pronouns, and gender identity on your intake forms. Make sure to review this section of the form before you greet your clients (Matsuno, 2019).
- Ask the client if gender identity or gender transition is a presenting concern for therapy, rather than assuming that the client's goal is to address gender dysphoria (Matsuno, 2019). Either avoiding gender altogether or focusing on gender more than the client would like can damage the therapeutic alliance (Budge & Moradi, 2018).
- Exploring gender identity should have the goal of greater self-understanding and acceptance. Gender identity work is unethical if it is focused on "curing" gender identity (Rowland & Cornell, 2021).
- Be curious about a client's gender identity and work collaboratively on goals surrounding exploring gender (Budge & Moradi, 2018).
- If you are not sure what language to use in reference to gender, ask your client. You can also mirror the language your client uses to describe themselves (Matsuno, 2019; Singh & Moss, 2016).

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- Use a social justice lens to acknowledge gender-based oppression and the power imbalance between cisgender people and transgender and nonbinary people. This power imbalance extends to processing the power differential between yourself (assuming you are cisgender) and the client due to heterosexism in society (Singh & Moss, 2016). This social justice lens may include advocacy work from your position of power as a psychologist (Budge & Moradi, 2018; Matsuno, 2019; Singh & Moss, 2016).
- Invite your client to experiment with their gender expression during your therapy work together (World Professional Organization for Transgender Health, 2012). Gender expression refers to all the ways someone communicates their gender identity through their clothing, hairstyle, jewelry, makeup, voice, and mannerisms.
- For clients who identify with a religious tradition, do not assume that their faith conflicts with their gender identity. Examining their faith and using their faith practices as healthy coping strategies may be beneficial in the therapy work (Sadusky & Yarhouse, 2020).

If you plan to seek out transgender and nonbinary clients, look for additional training and resources. Do not advertise your practice

as trans-affirming until you have done the work to have awareness, knowledge, and skills working with this population (Snow et al., 2021).

My hope is that the above suggestions will help you feel more prepared to work with transgender and nonbinary clients who seek out your services. Trans-affirming work is not often covered in graduate programs in clinical and counseling psychology, so it is an area in which we must all seek out our own continued learning. Appreciating the intangibility of one's own gender identity is an excellent way to wrestle with the societal messages that transgender and nonbinary people navigate daily. If you are looking to further your knowledge on this topic, I recommend the American Psychological Association's (2015) publication "Guidelines for Psychological Practice With Transgender and Gender Nonconforming People" as an invaluable resource. 

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These gender identity categories may include transgender, nonbinary, agender, and genderqueer, among many others.

WHAT IS PORNOGRAPHIC AND WHY?

ED ZUCKERMAN, PhD

As therapists, citizens, or parents, we often struggle to distinguish good from bad sexual material. What is helpful sexual education for each age of children? Should the amount of anatomy shown weigh into our decisions of the good and bad? Should official ratings of movies be our guide for viewing them? When a spouse spends a lot of time privately watching sexual material on the internet, is this healthy curiosity and exploration or feeding a desire for the extreme and damaging to them?

Will the sexual material children and teens view on the internet affect their expectations of partners and relationships?

As therapists dealing with clients, consultants to families and court systems, parents, and as citizens in this sex-soaked culture, is there any way to separate the good and the bad among this flood of sexualized content? What you could use is a guideline for differentiating the good from the bad.

A Little History (or Is It Today?)

In the 1960s, issues of legal obscenity were raised by the escalation of nudity seen in the magazines *Playboy*, *Penthouse*, and *Hustler*, and the U.S. Supreme Court struggled to create definitions and legally functional rules to guide law enforcement around obscenity. U.S. Supreme Court Justice Potter Stewart, (concurring opinion, *Jacobellis v. Ohio*, 1964) said: "I shall not

today attempt further to define the kinds of material I understand to be embraced within that shorthand description [hard-core pornography]; and perhaps I could never succeed in intelligibly doing so. But I know it when I see it, and the motion picture involved in this case is not that." But this subjective and individual standard would not support consistent legal judgements. Nor does it now appear that using very specific contents such as the present concern with the visibility of nipples helps us identify pornography despite Facebook's extensive monitoring.

Is There a Principle Available?

A guide I have found useful but quite unknown comes from an old article by Gloria Steinem published in *Ms. magazine* (November 1978, p. 53.). It is apparently unavailable on the internet. In "Erotica and pornography: A clear and present difference," the subtitle was deliberately patterned on the hysteria over the escalating female genital nudity available in comic books, videos games, and especially the magazines *Playboy*, *Penthouse*, and *Hustler*. The danger was so severe and imminent that it was believed to justify the suspension of First Amendment rights of free speech—"a clear and present danger." Censorship would suppress the rights of both the creators and consumers of almost anything with nudity because it was all pornography.

Here is what Gloria Steinem offered to distinguish erotica from pornography: "Erotica is as different from pornography as love is from rape, as dignity is from humiliation, as partnership is from slavery, as pleasure is from pain." Her argument centers the power difference between the participants. "Blatant or subtle, pornography involves no equal power or mutuality. In fact, much of the tension and drama comes from the clear idea that one person is dominating the other."

Her first point is simply that erotica is not porn. In my words there are circles inside circles. The largest is all the stuff people have made—artifacts—visual, physical, written, mechanical, and so forth. Some of those artifacts are designed to be sexually stimulating and satisfying. This is erotica. From the murals at Pompeii; Ankor Wat's carvings, paintings, and love poems; and to photographs and video games we do love our erotica. Some of the erotica is ugly, distasteful, obscene, and disgusting, and we turn away. Why the disgust and anger? What makes this pornographic? It is not the nudity, the positions, the clothing, or even the actions. Steinem says it is the employment of the difference in power between the participants. One is forced, one is hurt, or one is exploited, and we immediately sense this and react. Where large power differences exist due to age, power, sometimes race, and even species, the use of power makes for pornography.

Oppositely, depictions of obviously

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The danger was so severe and imminent that it was believed to justify the suspension of First Amendment rights of free speech—"a clear and present danger."

pleasurable, even enthusiastic sexual activity—no matter how "graphic" the actions, the clothing or lack of it, or close up (POV) the genitals are and no matter which genders or sexes, who is involved racially or age-wise, relations between partners of about equal power, especially happy ones, are simply not pornographic but are erotic.

I think we know this is true from our personal experiences. We are instantly repelled by the violence of animal abuse. Only power difference makes it possible. Naked children playing with each other in a wading pool in the backyard is joyful and unsexual but introduce an adult male and we feel queasy.

A person disrobes for their partner. When fully voluntary, we can feel their pleasure but introduce a power difference and force the stripping, all that changes. We have strong, instant emotional reactions: "This is ugly, disgusting, obscene. This is wrong and must stop!" If there is a sexual element present it becomes pornography.

Erotica or sexually exciting material is widely available on the internet and, indeed, using Steinem's criteria much of it is pornographic.

Differences of Power

It may be that every social relationship contains a power difference, varying in intensity from the most equalitarian to the most abusive. We may notice this only when it is enacted into dominance and submission. There is extremely widespread interest in this as seen in the popularity of the Fifty Shades of Grey books and movies. For a fuller discussion of this topic please, see the later article in this issue "What Is BDSM Really About?"

Other Concerns

A more theoretical point expands the view beyond the picture to include the watcher or consumer of the sexual materials. I'll leave it for the reader to decide whether the power difference of this situation makes it erotica or pornography. Say, the woman is a photograph, that she is partially or fully nude, and is in a sexually suggestive position. Her photograph is being watched by a fully clothed male who has paid for the photograph and is using it to masturbate, which he enjoys. What do you understand of the power difference and what else would you want to know, factually, historically, and theoretically?

What are the consequences of a failure to distinguish between erotica and pornography?

- **Shame and guilt over healthy sexual interests in the body and its functions**
- **Sexual ignorance because information is suppressed as pornographic and all the further consequences of such ignorance in people's lives**
- **Failure to appreciate the training about how the sexes should relate involved in viewing pornography**
- **Because almost all internet sexual materials are designed for viewing by a third party, the activities, positions, and**

appearances of the actors are unrealistic or impossible. Sex learned from such sources distorts expectations and appreciation of what ordinary humans can experience.

It is beyond this paper to address how much pornography and of what kinds adults should take in and what the consequences of doing so might be.

I believe we adults have a right to enjoy our kinds of erotica, and with guiding principles can understand what is pornographic and why pornography can be harmful. 📖





SCIENCE AND PSEUDO-SCIENCE IN SCHOOL PSYCHOLOGY



RICHARD E. HALL, PhD
PPA School Psychology Chairperson

This article differentiates science from pseudoscience in school psychology. The article explores ways to sharpen critical thinking and avoid clinical errors. Interpretations of intelligence tests are used as examples of evidence-based and nonevidence-based practices. Recommendations are offered for evidence-based interpretation of intelligence tests.

I was a school psychologist who practiced extensively in public schools. I teach assessment courses as a faculty member at Millersville University, including courses on administration and interpretation of intelligence tests. I have used and taught many of the interpretive strategies identified in this article as examples of nonevidence-based interpretation. Based on the peer-reviewed research I have read on this topic, I plan to change my interpretive approach to these tests to reflect the current scientific consensus.

All of us are susceptible to errors in thinking, and school psychologists, despite our extensive training, are no exception. This can result in adoption of pseudoscientific, or low-value, practices. Examples of these thinking errors include (1) the illusionary correlation, which is the perception of a statistical association between variables that is in fact weak or nonexistent, (2) the alchemist's fantasy, which is the belief

that cognitive profile analysis will result in clinically useful information when combined with clinical judgment, and (3) the ad populum fallacy, where a technique is assumed to be valid if it is widely used by other practitioners (Kransler et al., 2020). By pseudoscientific practices I mean those practices "that seem to be grounded in science but are not" (Lilienfeld et al., 2012, p. 7). Or in somewhat different terms, they "possess the superficial appearance of science but lack its substance" (Lilienfeld & Landfield, 2008, p. 1216). These are practices whose proponents often state hypotheses in ways that cannot be falsified, lack adequate empirical support, and/or the assertions of proponents greatly exceed the available scientific evidence. Specifically, these practices (1) have limited evidence for clinical utility, (2) are not the most effective available, (3) have unacceptable risk for adverse effects, or (4) are diagnostically or therapeutically unnecessary (McKay et al., 2018).

How can we protect ourselves from these unscientific ways of thinking? Lilienfeld et al. (2012) offered 10 ways to improve critical thinking and avoid pseudoscientific practices.

1. **Seek disconfirming evidence thus minimizing confirmation bias.**
2. **Do not become overly attached to your hypotheses or theories.**

3. **Consider rival hypotheses that may account for your clinical findings.**
4. **Don't cherry pick. Examine all data, not just data supporting your hypothesis.**
5. **Put your intuitions to systematic tests.**
6. **Be skeptical of clinical wisdom.**
7. **Be cognizant of your own blind spots.**
8. **Encourage and embrace dissent.**
9. **Quantify, quantify, quantify; measure outcomes systematically.**
10. **Maintain a self-critical attitude. Modify your beliefs when evidence compels.**

One area of questionable practice in school psychology is the way many school psychologists interpret intelligence tests. Specifically, I am talking about "cognitive profile analysis." I believe that if school psychologists were using the above strategies for critical thinking, they would abandon cognitive profile analysis. There are many variants of this approach to test interpretation, but all share the feature of making inferences about a student's cognitive strengths and weaknesses based on analysis of their profile of subtest and/or index scores while deemphasizing the composite score. An example is when index or cluster scores are subtracted from the composite score and if the difference is statistically significant, it is interpreted as a strength or weakness with assumed

What are the evidence-based practices

1. The only scores on intelligence tests that have acceptable reliability and validity are the composite scores (i.e., FSIQ, GIA, etc.). These scores should be the primary focus for interpretation.
2. Always use confidence intervals when interpreting test scores to account for measurement error.
3. Test performance may be influenced by variables outside of the test, which may limit the validity of the test score (environmental distractions, visual acuity issues, anxiety, impulsivity, fatigue, hunger, language and cultural differences, etc.). Screen for these challenges prior to testing and consider them in test score interpretation.
4. Avoid the used of rigid cut-off scores whenever possible.
5. Consider the overall score (e.g., FSIQ or GIA) to be valid despite subtest or index score variability.

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PPA COMMITTEE SPOTLIGHT

SPOTLIGHT on the Integrated Care Committee

JULIE RADICO, PSYD, ABPP

Role of the Integrated Care Committee

- To educate members on how to work in integrated health care systems
- To help psychologists:
 - Understand the unique demands of working collaboratively in primary care or specialized medical care centers.
 - Communicate their unique skills to medical providers.
 - Identify or develop measures of outcome effectiveness.
 - Contribute in integrated settings.

What We Do

- Discuss upcoming events, insurance changes, and advocacy initiatives.
- Promote engagement in our committee to PPA membership.

- Collaborate with other medical associations.
 - Pennsylvania Academy of Family Physicians (PAFP)
 - * Write articles for the Keystone Physician magazine.
 - * Present and collaborate with physicians on presentations at PAFP events.
 - Pennsylvania Medical Society (PAMED)
 - * Provide educational information on roles of psychologists in integrated care settings.
- Host Virtual Conversation Hours (integrated care topics).
 - Every other 2nd Tuesday of the month from 7:00 p.m. to 8:00 p.m.
 - * Dates for 2022: 3/8/22, 5/10/22, 7/12/22, 9/6/22, 11/8/22
- Collaborate on presentations at PPA

Convention each year.

- Write articles for The Pennsylvania Psychologist.
- Teach each other during each meeting.

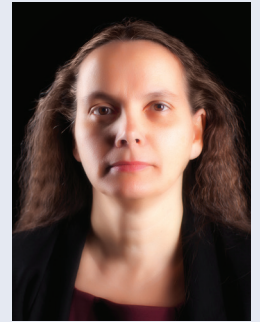
Member Time Commitment

- First Wednesday of the month from 12:00 p.m. to 1:00 p.m.
- Meet monthly (except June).
- Respond to emails as needed (approximately two to three emails a month, maybe more if involved in writing or presenting).

If you would like to be a member of the Integrated Care Committee or attend any of the Virtual Conversation Hours, please contact Julie at juliera@pcom.edu. Psychologist and student members are welcome.



TITLE IX ADDRESSES SEXUAL HARASSMENT IN UPDATED 2020 FINAL REGULATIONS



SHIRLEY A. WOIKA, PhD, saw194@psu.edu

Title IX is a federal law that was enacted in 1972. It prohibits discrimination on the basis of sex and applies to all federally funded educational programs or activities including K–12 schools. More specifically, Title IX states, “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” The final regulations for implementing Title IX were issued in 1975; however, more recently, the United States Department of Education (DOE) engaged in notice-comment-rulemaking to formally amend the regulations. These final regulations were issued on May 6, 2020, and subsequently went into effect on August 14, 2020. Thus, schools should now be in compliance with these requirements.

Title IX addresses a range of issues to include sexual harassment, sex-based discrimination in a school’s science, technology, engineering, and mathematics (STEM) courses and programs, and the discrimination of pregnant or parenting students. It also addresses participation in athletics, employment, and single-sex education. The scope of this article is limited

to sexual harassment. Before the 2020 final regulations went into effect, the issue of sexual harassment had not been addressed in Title IX. These updated regulations recognize that sexual harassment, including sexual assault, is unlawful sex discrimination.

Three types of misconduct on the basis of sex are broadly defined as sexual harassment in the Final Rule. The first type of misconduct is any type of quid pro quo harassment by a school’s employee. Quid pro quo is a Latin term that means “something for something.” An example might be a school employee offering or suggesting that a student will be given something, such as a leadership position or higher grade, in exchange for some sort of sexual favor. The second misconduct is defined as any unwelcome conduct that a reasonable person would find so severe, pervasive, and objectively offensive that it denies a person equal educational access. The third type of misconduct includes any type of sexual assault (dating violence, domestic violence, or stalking).

The regulations impose legally binding rules for schools regarding how they are to respond to sexual harassment. Title IX is enforced by the Office for Civil Rights (OCR). The district’s Title IX coordinator’s

responsibilities are increased under these regulations. For example, all school district staff, including cafeteria workers and bus drivers, must be trained in Title IX policies and procedures. Previously, the school’s obligation to respond to Title IX sexual harassment complaints was limited to knowledge by a K–12 teacher. OCR chose to expand this to include all employees to be consistent with mandatory child abuse reporting laws. Additionally, the OCR noted that it is “unreasonable to expect young children to seek out specific employees for the purpose of disclosing Title IX sexual harassment.” Therefore, when any employee in the district has notice of sexual harassment or allegations of sexual harassment that occurs within the school’s education or activity program, the district’s Title IX obligations are triggered.

Once response obligations are triggered, the Title IX coordinator must contact the alleged victim (complainant) to discuss “supportive measures.” Supportive measures are defined as individualized services reasonably available that are nonpunitive, nondisciplinary, and not unreasonably burdensome to the other party while designed to ensure equal educational access, protect safety, or deter sexual




harassment. Supportive measures must be offered whether a formal complaint is filed. These measures may include counseling, contact restrictions, and modifications to class schedules. They could include extension of deadlines, course-related adjustments, campus escort services, leaves of absence, or increased security monitoring of certain areas. The Title IX coordinator must also consider the complainant's wishes regarding supportive measures and explain the process of filing a formal complaint. Supportive measures must be kept confidential to the extent that confidentiality does not impair the school's ability to provide the support.

Parents and guardians have the right to act on behalf of their children. They may make decisions about appropriate supportive measures or whether a formal complaint should be filed or withdrawn. Parents must also be notified of complaints made against their children. Additionally, there are grievance procedures established before any discipline or nonsupportive measures can be imposed against the alleged perpetrator (respondent). The updated regulations ensure that complainants and respondents of sexual harassment are treated equitably while the complaint is being investigated.

Note that interim suspension or expulsion of a respondent is NOT included in the list of supportive measures. The Department of Education indicates a suspension, even pending a disciplinary proceeding, is a disciplinary sanction that can only be applied after a finding of responsibility. However, where a respondent poses an immediate threat to the physical health or safety of the complainant or anyone else, the regulations allow for emergency removal prior to the conclusion of a grievance process (or even where no grievance process is pending) and the regulations allow the school to place a nonstudent employee respondent on administrative leave while a grievance is pending.

In response to the updated regulations, school districts should review existing Title IX sexual harassment policies and revise as needed to comply with the new regulations. Schools must prominently display required contact information for the Title IX coordinator on their websites and publish the information in student handbooks and other materials. In addition to notifying students and employees of the Title IX coordinator's contact information, the school must also notify applicants for admission and employment, parents or legal guardians of elementary and

secondary school students, and all unions of the name or title, office address, e-mail address, and telephone number of the Title IX coordinator. Title IX trainings should be conducted for all district staff.

For more information, please refer to the current regulations (34 CFR Part 106), which can be found here: <https://www.ecfr.gov/cgi-bin/textidx?SID=69a8d5e1a8a4e43ee9%201685c254404%202c2&mc=true&node=pt34.1.106&rgn=div5>. 

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- U.S. Department of Education. (n.d.). U.S. Department of Education Title IX Final Rule Overview. <https://www2.ed.gov/about/offices/list/ocr/docs/titleix-overview.pdf>



Preventing and Addressing Social Loafing in Student Group Work



VALERIE A. LEMMON, PsyD

Early in my teaching career I thought that group projects were meaningful and enjoyable ways for students to learn in an experiential and real-world manner. I based this belief on knowing that most people work collaboratively on projects in the workplace, and I generally enjoy working with others rather than in isolation. However, I soon discovered that students did not share my experiences and values for one primary reason: social loafing, the phenomenon in which some people exert less effort in group settings due to the belief that others will exert greater effort, especially as the group size increases. According to social impact theory (Latane et al., 1979), diffusion of responsibility may explain decreased individual effort as each individual perceives that they have less influence and duty. Therefore, some students will not contribute significantly or at all to group projects because they are confident someone else will.

In order to decrease social loafing and increase cooperation among group members, I developed a three-step strategy. First, I explicitly discuss social loafing and related concepts at the beginning of the semester. I explain how I previously erroneously

conceptualized group work, but now use my reconstructed understanding. I inform students that their group size is designed to reduce loafing and increase accountability. Second, I introduce the Anti-Social Loafing (ASL) plan which necessitates that they each have responsibility to foster trust and cooperation, holding one another accountable. Since the inception of this strategy, I rarely have students complain about group members or request that I intervene. Third, I make the ASL plan worth enough points in the final course grade that a student cannot earn an A if they do not effectively prevent, address, or respond to social loafing. The following description is contained in the course syllabus.

Anti-Social Loafing

Anti-social loafing (ASL) notes must be submitted before the final assignment. No more than __ points may be earned for this assignment, even if you submit more than one ASL note.

There are three ways to earn ASL points:

1. You document the strategies you and your group members employed that prevented social loafing from developing. If you are successful throughout the semester, you will all earn __ points.

2. If you observe one (or more) of your group members engaging in social loafing, you will address your concerns with that group member by confronting them one on one. If you are not successful, you will address your concerns with that group member by enlisting assistance from your other group members in the confrontation. If you are not successful, you will address your concerns with that group member by enlisting assistance from me in the confrontation. You must document these interactions and the results. If you successfully address the problem (evidenced by a change in your group member's behavior), you will earn __ points.
3. If you are confronted with social loafing, you must document the confrontation and your response. If you conclude that the confrontation is warranted, and you change your behavior, you will earn __ points. If you conclude that the confrontation is not warranted, and you successfully explain and defend yourself to your group member(s) to their satisfaction, you will earn __ points. If you do not change

your social loafing behavior to the satisfaction of your group members' and my satisfaction, you will earn 0 points. I will make the decision regarding these points based on the preponderance of the evidence and the documentation of your group members.

The following three documents are included in the course syllabus; students must submit one before the final exam period.

Anti-Social Loafing Note Prevention Action Plan

My group successfully addressed social loafing by engaging in the following plan of action:

My group was successful in preventing social loafing because:

Anti-Social Loafing Note Confrontation Strategy

Step 1: I addressed social loafing in my group individually with (name of classmate).

- a. My group member responded with the following explanation, which assured me that social loafing was no longer occurring:
- b. After I addressed social loafing individually, my group member responded with the following behaviors, which suggested that social loafing was still occurring (go to Step 2):

Step 2: I addressed social loafing with the assistance of other group members.

- a. My group member responded with the following explanation, which assured me that social loafing was no longer occurring:
- b. After I addressed social loafing individually, my group member responded with the following behaviors, which suggested that social loafing was still occurring (go to Step 3):

Step 3: I addressed social loafing with the assistance of other group members and Dr. Lemmon.

- a. My group member responded with the following explanation, which assured me that social loafing was no longer occurring:
- b. After I addressed social loafing individually, my group member responded with the following behaviors, which suggested that social loafing was still occurring:

Anti-Social Loafing Note Confrontation Response

Step 1: One of my group members confronted me about my social loafing in our group by addressing it individually with me.


- a. I responded with the following explanation, which assured them that social loafing had not been occurring:
- b. I agreed that I had been engaging in social loafing, and I engaged in the following behaviors, which suggested that social loafing was no longer occurring:

Step 2: All of my other group

members confronted me about my continued social loafing.

- a. I responded with the following explanation, which assured them that social loafing had not been occurring:
- b. I agreed that I had continued to engage in social loafing, and I engaged in the following series of actions, which suggested that social loafing was no longer occurring:

Step 3: All of my other group members and Dr. Lemmon confronted me about my continued social loafing.

- a. I agreed that I had engaged in social loafing, and I responded with the following explanation, which suggested that social loafing was no longer occurring:
- b. After being confronted, my group members and I continue to disagree on whether I continued to engage in social loafing. I understand that Dr. Lemmon has the final authority to decide on the preponderance of the evidence regarding the merit of me earning ASL points in light of the series of events that have transpired and the documentation of all the group members. 

Reference

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CONGRATULATIONS TO PPA'S COMMITTEE AWARD WINNERS!

Early Career Psychologist of the Year
Emily Becker-Haimes, PhD

Distinguished Contributions to School Psychology
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These members will be recognized at PPA2022 on Thursday, May 19 during our Annual Awards Dinner. Register for convention and purchase your ticket for this event or purchase the All-Access Pass which includes a ticket!



Congratulations to PPA's 2022 Award Winners

Distinguished Contributions to the Science and Practice of Psychology

Scott Browning, PhD, ABPP

Nominated by Dr. Cheryll Rothery

Dr. Browning has served as a member of the Chestnut Hill College faculty since 1988, and, in collaboration with Dr. Joseph Micucci and Dr. Thomas Klee, he spearheaded the creation of the Doctoral Program in Clinical Psychology at the College and served as its first Chair of the PsyD program. Dr. Browning is a pioneer in conducting research and developing treatment models for working with stepfamilies. He has published numerous books and articles and has trained clinicians both in the United States and abroad. In recent years, Dr. Browning's scholarly interests have expanded to include families of a child on the autism spectrum, families of murder victims, families living in poverty, and families of those incarcerated.

Distinguished Service Award

David Palmiter, PhD

Nominated by Dr. Sam Knapp

Dr. Palmiter has served in many capacities with PPA, including as a member of numerous committees, Presidential Task Forces, APA Public Education Coordinator, and President of PPA in 2011-2012. While President of PPA, he developed an interorganization task force on children's mental health involving both PPA and the Pennsylvania Academy of Pediatricians. Dr. Palmiter has been recognized both by PPA and national organizations for his skill in media psychology and has shown many psychologists how to effectively give psychology away to the public. He has conducted many continuing education programs for PPA on multiculturalism, media presentations, media and ethics, children's mental health, and resilience.

Distinguished Service Award

Brett Schur, PhD

Nominated by Dr. Jeanne Slattery

Since 2018, Dr. Schur has been a significant contributor to education about suicide. He has presented at least 10 times on suicide and has written multiple articles on suicide for *The Pennsylvania Psychologist*. Dr. Schur is currently the Professional Psychology Board Chair on PPA's Board of Directors, and has also been active member of the Ethics Committee, contributing to discussions of ethics vignettes and serving as a member of the Bricklin Award Selection Committee. Dr. Schur's frequent posts to the listserv describing the current state of insurance reimbursements for telehealth and his rapid and clear responses to members' questions have helped reduce the level of panic that most have felt during this time of uncertainty with COVID-19.

Public Service Award

Michael Crabtree, PhD

Nominated by Dr. Anne Murphy

Dr. Crabtree's commitment to public service throughout his career could be summarized by his tireless devotion to providing others *gifts of hope and opportunity*. Dr. Crabtree presently serves as Vice President of the Board of Washington City Mission, which oversees the operation of a \$6 million dollar budget to provide services to homeless individuals in the Washington City area. Dr. Crabtree has also been a principal investigator on a research program funded through the U.S. Department of Defense, a large study that assessed the community needs regarding veterans and veteran families as individuals of the National Guard and Reserve transitioned back from deployment in the Middle East during the Iraq and Afghan Wars.

Join us in person at PPA2022 to celebrate these outstanding members on Thursday, May 19, during our Annual Awards Dinner. Register for convention and purchase your ticket for this event or purchase the All-Access Pass, which includes a ticket!



ethics in action

When Client Requests Make **PSYCHOLOGISTS UNCOMFORTABLE**

JEANNE M. SLATTERY, PhD, LINDA K. KNAUSS, PhD, ABPP, and DON MCALEER, PSYD

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 include Drs. Allison Bashe, Gina Brelsford, Claudia Haferkamp, Melissa Hunt, Deb Kossmann, Jay Mills, and Ed Zuckerman. Rather than immediately reading our responses, consider reviewing and carefully working through the vignette first.

Dr. Matisse has been seeing a patient, Ms. Manet, on and off for about 8 years for issues related to self-image, management of anxiety, and struggles with relationships. For the last 6 months, Ms. Manet has been working on issues in her relationship with her husband. She feels he is belittling and gaslights her in such a way that she questions her skills as a parent to their twin daughters, competence in her work, and attractiveness as a woman.

Dr. Matisse's approach has been supportive and has employed a variety of cognitive and behavioral strategies to help Ms. Manet reestablish her sense of control, self-determination, and worth as a person. Recently, Ms. Manet disclosed that she had a series of boudoir photos taken. She found the whole experience to be very empowering and validating, stating, "I initially was going to do it for my husband, but I ended up doing it just for myself. It was an amazing experience. I felt confident, attractive, and powerful." Ms. Manet would

like to show these photos to Dr. Matisse. She said Dr. Matisse's feedback would mean a lot to her.

Boundary Crossings and Boundary Violations

Ms. Manet's request is, at minimum, a boundary crossing, in that it deviates from the strictest professional norms, and could possibly set the stage for a boundary violation, which involves behaviors deviating from professional norms with a high potential for negative consequences (Guthiel & Gabbard, 1993). For example, psychologists reporting some types of boundary crossings (e.g., disclosing a personal stressor) were more likely to report engaging in sexual relationships with clients (Lamb & Catanzaro, 1998). As a result, none of us endorsed a male psychologist agreeing to see these photos, even if the therapeutic relationship seemed to be uncomplicated by sexualized feelings. For us, this combination (male psychologist and

female client) was just too risky. As several of us said, what is seen cannot be unseen. The question was less clear when the psychologist was female, cisgender, and heterosexual, with our group holding a larger diversity of opinions; however, it was also unclear in other scenarios. Sexual orientation is probably more important than gender in this vignette, but do we know both the psychologist's and client's sexual orientations? If either is bisexual, how would that impact our recommendations? Should the psychologist disclose being bisexual?

Slowing Down the Process

After our first responses, we began to consider other types of boundary crossings. When would we be willing to accept a student as a friend on social media? When would we accept gifts? Would we be willing to see a mastectomy scar? Would it matter if we were being shown the scar in our work in a cancer clinic as opposed to our private practice? Why would we be willing

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

to engage in some boundary crossings but not others?

We also returned to our standard questions. We might ask Ms. Manet, "What might it mean to you if we looked at these photos? What might it mean if we didn't?" In fact, focusing on the photos may prevent us from having the kind of conversation we need to have. As Dr. Bashe said, we do not need to decide immediately. She argued that we should get more certain about the underlying meaning of a situation before deciding: "There will always be next week." These conversations can be difficult, as some clients may feel rejected or unimportant when we draw a boundary. Yet, if we only focus on the short-term consequences of a decision, the outcome can also be problematic. Boundary crossings can undermine therapy by confusing the concrete with the symbolic, suggesting that clients' needs and desires can and should be met in therapy rather than in the client's life outside the therapeutic relationship, and thus increase the risk of boundary violations (Zachrisson, 2014). Further, although clients may feel immediate pain when we set a boundary, they may also experience long-term benefits, for example, feeling recognized and worthy, independent of their gift giving (Slattery & Park, 2020).

As Dr. Knauss observed, these situations have risks for the client, the therapist, and the therapeutic relationship. There are risks incurred by doing something, but also risks from choosing not to do anything. When thoughtfully considered, rather than leading to a boundary violation, such as a sexual relationship or financial abuse, boundary crossings may help us become more authentic and truly human in therapy and help our clients recognize their own humanity. Such responses can have a truly powerful effect on treatment.

The Male Gaze

Perhaps naturally, we initially focused on the considerable risk associated with this scenario for the psychologist, although we then moved to consider the vignette from the client's perspective. Ms. Manet had been positioned as an "object" of

heterosexual male desire or, more accurately, saw her worth solely as an object that had failed to elicit her husband's desire (Green, 2010; Mulvey, 2009). She had experienced her feelings, thoughts, and sexual drives as being dismissed and gaslighted, perhaps less important than her husband's perspective. Considering her experience in this manner recognizes the inherent power imbalance when male gaze is central to the relationship's narrative. The traditional perspective empowers men at the expense of women, who it objectifies. Ms. Manet's new perspective might also be seen as attacking the perception of an inviolate patriarchal status quo and the belief that she exists mostly in terms of what she represents to men, in general, and her husband. The boudoir photos may have been Ms. Manet's effort to become her own person, rather than only being seen in terms of her ability to meet her husband's requirements for her body and role. In reclaiming her own narrative from a first-person perspective rather than someone else's narrative, Ms. Manet could reclaim her body, her experience, and her perspective for herself. In fact, she described the experience in this way: empowering, validating, and amazing. She reported feeling confident, attractive, and powerful. Refusing to see and talk about the photos could be risky, if not handled sensitively, as Ms. Manet might believe her experience had also been dismissed as unimportant—more gaslighting. From this frame, it may be especially important for Dr. Matisse to discuss the photos with her, without sexualizing or fetishizing them or her. This might mean that they spend more time exploring the thoughts, desires, emotions, and personal meanings that they raised for her. They might consider what the photos symbolize for her rather than focus solely on the concrete images and poses. Looking together at the actual photographs, especially if this was done with a male psychologist, might recapitulate her objectifying experience with her husband and other men.

The Big Picture

Although clients are the experts of their experiences, most psychologists perceive themselves as the expert in the therapeutic strategies that lead to deeper understanding. If a client wants something, indulging that desire might or might not be useful for the client; in fact, it can be counterproductive. Some ways that we read this vignette might have Ms. Manet asking Dr. Matisse to view the photos and hoping that this request would be refused, as a way of helping her see herself as more than a pretty face or sexy body.

Dr. Mills opined that there are good and productive hurts in treatment (e.g., the anxiety felt while reviewing a session), but also harmful ones (e.g., allowing a client to be objectified). Sometimes we need to hurt clients to avoid harming them. We may need to remember the big picture, not only her feelings today, but for her longer journey. Doing so balances the ethical principles of beneficence, maleficence, fidelity, justice, and respect for people's rights and dignity (American Psychological Association, 2017).



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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.

Holding Space for Anger: Cisgender Privilege and Fragility

1. Examples of cisgender privilege include:

- a. Cisgender people seeing images that look like themselves in the media
- b. Cisgender people do not fear using the bathroom
- c. Cisgender people are not generally subjected to stares or comments from others
- d. All of the above are examples of cisgender privilege

2. The author of this article suggests that the concept of "white fragility" can be extended to cisgender people as the idea of "cisgender fragility."

- TRUE
- FALSE

Sexual Minorities and Suicide

3. According to minority stress theory, sexual minority individuals may have poorer mental health because of

- a. Past experiences of discrimination
- b. Self-stigma
- c. Expectation of future discrimination
- d. All of the above

4. The interpersonal theory of suicide and minority stress theory overlap in that both would claim that

- a. Suicide is primarily driven by biological factors
- b. Social isolation and marginalization increase the risk of suicide
- c. Suicidal persons tend to be weak and cowardly
- d. All of the above

What Is BDSM Really About?

5. The key difference between a BDSM scene and the same actions in abuse is

- a. Role playing vs real
- b. Voluntary vs compelled
- c. Damage vs non-harm
- d. Pleasure vs pain

Working With Transgender and Nonbinary Clients: Where to Begin?

6. Clinicians should avoid introducing themselves with their pronouns to transgender and nonbinary clients. Pronouns should be assumed unless someone volunteers other, unexpected pronouns. Sharing pronouns as a cisgender (not transgender or nonbinary person) could be interpreted as cultural appropriation.

- TRUE
- FALSE

7. It is safe to assume that transgender and nonbinary clients are seeking therapy in order to address gender dysphoria.

- TRUE
- FALSE

What Is Pornographic and Why?

8. The author, following Gloria Steinem, argues that the key difference between erotica and pornography is

- a. The extent of the difference in power between participants
- b. The situation portrayed in terms of the extent of genital exposure
- c. The creator's intention to stimulate and direct sexual desire or not
- d. What is pornographic depends on the viewer's community's standards

Science and Pseudo-Science in School Psychology

9. Which statement below is an example of the ad populum fallacy?

- a. Cognitive profile analysis is valid if I use it with my clinical judgement
- b. All the other school psychologists in my district use cognitive profile analysis, so it must be valid
- c. I know from my extensive clinical experience that the results of profile analysis led to more effective interventions for students
- d. I try to read only research articles supportive of cognitive profile analysis

10. The article offered several ways to improve critical-thinking skills. Which statement below is NOT one of the described ways to improve critical thinking?

- a. Seek disconfirming evidence thus minimizing confirmation bias

- b. Rely on the opinion of experts in the field
- c. Do not cherry pick. Examine all data, not just data supporting your hypothesis
- d. Be cognizant of your own blind spots

Title IX Addresses Sexual Harassment in Updated 2020 Final Regulations

11. A school's obligation to respond to a Title IX sexual harassment complaint is triggered when knowledge of a possible incident is shared with

- a. Past experiences of discrimination
- b. Self-stigma
- c. Expectation of future discrimination
- d. All of the above

12. In schools, sexual harassment complaints should be handled by

- a. The building principal
- b. The athletic director
- c. The Title IX coordinator

- d. The human resources officer

Ethics in Action: When Client Requests Make Psychologists Uncomfortable

13. Which of the following might be a boundary crossing? A psychologist

- a. Making a self-disclosure about a stressful event
- b. Having sex with a client
- c. Going out for lunch before seeing a client
- d. All of the above

14. "Male gaze" refers to when a man

- a. Looks at a woman
- b. Behaves toward or thinks about a woman in an objectifying way
- c. Is empathic or especially compassionate toward a woman
- d. Sees a woman only in terms of male-valued traits (e.g., assertiveness, power)

CONTINUING EDUCATION ANSWER SHEET

The Pennsylvania Psychologist, March 2022

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

- 1. a b c d
- 2. T F
- 3. a b c d
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- 5. a b c d
- 6. T F
- 7. T F
- 8. a b c d

- 9. a b c d
- 10. a b c d
- 11. a b c d
- 12. a b c d

- 13. a b c d
- 14. a b c d

Satisfaction Rating

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

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

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Interdisciplinary Collaboration in Assessing Capacity in the Elderly (Webinar)—1 CE

Introduction to Working With Chronic Health Conditions—3 CE

*Legal and Ethical Issues With High Conflict Families**—3 CE

Mental Health Access in Pennsylvania: Examining Capacity (Webinar)—1 CE

*Record Keeping for Psychologists in Pennsylvania**—3 CE

Telepsychology Q&A (Webinar)—1 CE

Why the World Is on Fire: Historical and Ongoing Oppression of Black African American People in the United States (Webinar)—1.5 CE

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

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

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

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