

LIFE'S TRANSITIONS:





Wherever Life Takes You

Whenever you provide psychological services – whether in a clinical, consulting, forensic, academic or telepsych setting – you put yourself at risk for a potential lawsuit or licensing board complaint.

The Trust has proudly supported and protected psychologists for 60 years. Take the important step of protecting yourself by securing a Trust Sponsored Professional Liability* insurance policy!

The Trust Has You Covered

When you're with The Trust, you're more than a policyholder. You're part of a community of like-minded peers with a common goal of making the world a better place, one patient at a time.

In so many ways, we have you covered - because at The Trust, we're about more than just insurance!

Complete Career Financial Protection

- Telehealth Professional Services included at no additional charge
- Risk Management Consultations free, unlimited and confidential
- Affordable Coverage Options choice of claims-made or occurrence
- Multiple Premium Discounts some of which can be combined
- Free ERP or 'Tail' unrestricted, upon retirement, death or disability
- Prior Acts Included when switching from a claims-made policy
- Free CE & Discounts on a variety of live and on-demand courses

The only insurance provider that's truly for psychologists, by psychologists!



Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program administered by Trust Risk Management Services, Inc. For cost and complete details, call The Trust or visit www.trustinsurance.com.



5925 Stevenson Avenue, Suite H Harrisburg, PA 17112 717-232-3817 papsy.org

PPA OFFICERS

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

APA REPRESENTATIVE Paul W Kettlewell PhD

BOARD CHAIRS

Communications: Meghan Prato, PsyD Internal Affairs: Tamra Williams, PhD

Professional Psychology: Samuel Schachner, PhD Program & Education: Brittany Caro, PhD Public Interest: Julie Radico, PsyD School Psychology: Richard Hall, PhD

Chairperson: Janeyshka Ortiz-Flores, MS

Executive Director: Ann Marie Frakes, MPA Director, Government, Legal, and Regulatory

Affairs: Rachael Baturin, MPH, JD

Director, Professional Affairs: Molly Cowan, PsyD Director, Education and Marketing: Judy D.

Manager, Member Communications: Erin Brady Business Manager (Part-Time): Iva Brimmer

PENNSYLVANIA PSYCHOLOGICAL **FOUNDATION BOARD OF DIRECTORS**

President: Nicole Polanichka, PhD Secretary-Treasurer: Julie Radico, PsyD

Tim Barksdale, PsyD Rosemarie Manfredi, PsyD Brad Norford, PhD Whitney Quinlan, PsyD Diljot Sachdeva, PsyD

Jeanne Slattery, PhD

Tamra Williams, PhD

Ann Marie Frakes, MPA, Ex Officio

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

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

Publications Committee Chairperson:

Helena Tuleya-Payne, DEd Graphic Design: Graphtech, Harrisburg Copy Editor: Michaelene Licht



contents

VOLUME 83, NUMBER 2

MARCH 2023









REGULAR FEATURES

- 2 | Presidential Perspective
- 4 PPA Member Guest Column
- 5 Legal Column
- What Psychologists Should Know
- 8 Bill Box
- **34** Academician's Corner

SPECIAL SECTION:

LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES

- **24** | Failure to Launch: Treating Older Adolescents and Emerging Adults With Delayed Transition
- The Transition to Parenthood: Psychosocial Challenges and Opportunities for Growth in the Postpartum Period
- Transitioning From One Area of Psychology to Another
- International Students: Their Challenges and Opportunities
- Relationship and Transitions During Parenthood

SCHOOL PSYCHOLOGY SECTION

33 | 7 Recommendations to Prepare for an English Language Learner in Crisis

FTHICS IN ACTION

36 | Self-Care: Individual and Organizational Responsibilities

ALSO INSIDE

- In Memoriam
- 9 PPA2023 Convention
- 30 Classifieds
- **39** CE Questions

CULTIVATING BELONGINGNESS ENRICHES ALL OF US



JEANNE M. SLATTERY, PhD

hese are difficult times. By 2045, Whites are likely to no longer be in the majority, frightening some (Frey,

2018). Divisions by educational status and social class have had significant ramifications: People earning less than a bachelor's degree have worse outcomes for reported physical pain, severe emotional distress, and deaths

of despair, including

suicide, alcohol abuse, and

drug abuse (Case & Deaton,

2020). The major political parties are increasingly polarized. There are reasons to be concerned.

Nonetheless, these potential threats can be an opportunity. More diverse teams have better outcomes (Rock & Grant, 2016). Those businesses that are more diverse than average have better financial outcomes relative to industry means and were "smarter"—reexamining facts, remaining objective, and encouraging greater scrutiny of decisions by team members. Working together enriches all of us.

CULTIVATING BELONGINGNESS

A sense of belonging is often crucial for success, but this seems even truer for underrepresented minorities. In research on Black, Indigenous, People of Color (BIPOC) faculty who were considering leaving

academe (Doležal, 2022), faculty described two types of barriers to success: personal stressors (e.g., work-life balance, inadequate pay and benefits, and a lagging sense

of meaning and purpose) and

barriers that might be more unique to BIPOC faculty

(e.g., isolation in rural communities, hostile work environments, feeling that they did not belong, and guilt about prioritizing self-care over the needs of their students). Of course, Whites also experience these concerns—I've struggled with

in my career—but these concerns are more pervasive and long-lasting for BIPOC faculty than for White faculty.

each of these at various points

There is significant evidence that we can help students, especially students from underrepresented minorities, feel that they belong (Hammarlund et al., 2022; Murphy et al., 2020). As a result, students stay continuously enrolled in college for longer periods. Hammarlund and her colleagues, for example, presented students with sample statements representing typical student concerns and challenges. Students were then asked to identify the common themes in those statements, consider the normality of this struggle, and identify how the students handled their concerns.

Our take-home message? We can create barriers to belongingness or help people feel that they belong.

CULTIVATING BELONGING IN PPA

PPA has been paying attention to how we are meeting the needs of all our PPA members. We believe that diversity enriches us and will lead to PPA's long-term health and success. I'll describe some of these initiatives here

- Our listserv is what first drew me into PPA and helped me find a sense of community here. We believe MyPPA (https://ppa.tradewing.com) may take us to the next level.
- PPA offers its members involvement in several Committees and Task Forces (e.g., Insurance, RxP, Interpersonal Violence, Ethics). In the past year, PPA has added many SIGs: Peer Group Support, ECP Consultation and Peer Support, Telepsychology, Clinical and Applied Behavior Management, Empowering ECPs as Leaders, Outreach and Advocacy for International Students, Late Career Psychologists, Information and Technology, Addictions and Dual Diagnosis Psychologists, and LGBTQIA+ Community. Not finding what you want? Start a new SIG!
- PPA has SIGs, but PPA has also sponsored many "pop-ups." The Membership Committee has had a number of meet and greets. There have been book discussions most months to talk about a range of books and issues. We have had Connecting Hours for LGBTQ+ and Asian Psychologists, and Janeyshka Ortiz and I have been running a group that meets every

- month or two to talk about coping with gun and community violence.
- PPA has also been paying attention to dues, especially how our previous rates could be difficult for Early Career Psychologists (ECPs) and have readjusted their dues. We have also been thinking about the ways we can help graduate students and undergraduates—our future—feel that they belong.

BELONGINGNESS CANNOT ONLY BE FROM THE TOP DOWN

I've been describing PPA initiatives, but PPA can only create the conditions that foster community; you and I are the ones who put that community into action—by joining discussion groups, posting on the listsery, or serving PPA. You create community when you reach out on the listserv (or MyPPA) to answer a question or support someone who is facing a difficult situation.

You also create community by introducing yourself to the person sitting next to you at Convention, inviting colleagues and students to join PPA, and supporting each other on the listserv or throughout PPA. We are large enough to make room for everyone—and are richer as we work together!

REFERENCES

Case, A., & Deaton, A. (2020). Deaths of despair and the future of capitalism. Princeton University Press.

Doležal, J. (2022, September 20). Why faculty of color are leaving academe. Chronicle of Higher Education. https://www.chronicle.com/article/why-faculty-of-color-are-leaving-academe

- Frey, W. H. (2018, March 14). The US will become 'minority white' in 2045, Census projects. Brookings. https://www.brookings.edu/blog/the-avenue/2018/03/14/the-us-will-become-minority-white-in-2045-census-projects/
- Hammarlund, S. P., Davis, C., Binning, K. R., & Cotner, S. (2022). Context matters: How an ecologicalbelonging intervention can reduce inequities in STEM. *BioScience*, 72(4), 387–396. https://doi. org/10.1093/biosci/biab146
- Murphy, M. C., Gopalan, M., Carter, E., Emerson, K., Bottoms, B., & Walton, G. (2020). Effects of a socialpsychological intervention on persistence and academic achievement of freshmen students in a large public university. Science Advances, 6(29), eaba4677.https://advances.sciencemag.org/ content/6/29/eaba4677
- Rock, D., & Grant, H. (2016). Why diverse teams are smarter. Harvard Business Review. https://hbr.org/2016/11/ why-diverse-teams-are-smarter



MICHAEL SITTIG, PHD

(MAY 2, 1947 - FEBRUARY 12, 2023)



r. Sittig served his country in the Navy and earned a BS from Duquesne University, a Masters from The New School in NYC, and eventually a PhD in Rehabilitation Counseling from the University of Pittsburgh. After that, Michael sat for and passed the Psychology Licensing Exam. He practiced mostly in rehabilitation facilities, honing his skills as a Neuropsychologist. Dr. Sittig belonged to both the Greater Pittsburgh Psychological Association and the Pennsylvania Psychological Association, serving on the Board and as President of the former.

Dr. Sittig and his wife, Sheila, cared for many dogs over the years, delighting in their dogs' playful antics. Michael enjoyed moving dirt and gardening in the backyard. He also enjoyed all things technological. He was an amazing caregiver for his wife, kind, protective and empathetic. He will be missed by so many.

Dr. Sittig was a long-time member of PPA and a Past President of the Greater Pittsburgh Psychological Association (GPPA).

To view the full obituary visit: http://bit.ly/3mLSKvU

If you know a PPA member has passed, please contact PPA at ppa@papsy.org so that an In Memoriam can be included in *The Pennsylvania Psychologist*. ▶

HEALTHY DISCOURSE ON OUR LISTSERV



JEANNE M. SLATTERY, PhD

ecent posts on the listserv about transgender youth detransitioning have been divisive and damaging to the listserv and could be destructive to PPA as a whole. These posts were harmful not because I disagreed with them (as I do), but because they were based on unusual cases and poorly executed and evaluated science. Whether this was the intent, they seemed to attack and harm another group.

CAN WE TALK ABOUT THESE THINGS?

Well before this controversy, one member talked about her discomfort in posting an article on the listserv. "I was hesitant to send this to this list, but it's interesting, and enough people out here work with transitioning children and their families, that I think it's worth a read."

I understood her concern but looking at and discussing the science about transgender outcomes (and gun violence, psychedelics in treating depression, etc.), as she was, is part of the scientific process. We are psychologists, and our discussions should be grounded in our science and reflect what we know about these issues. I believe talking about that New York Times article and its problems is an important part of healthy listserv discussions.

We should consider how often transgender youth detransition and to what gender. Olson et al. (2022) reported that 7.3% of their young participants, 8.1 years old at the beginning of their study, had retransitioned at least once over 5 years, although only 2.5% now identified as cisgender. The remaining youth had either transitioned back to their binary transgender identity or identified instead as nonbinary.

We should look at rates of depression, anxiety, and suicide, as well as reported life and relational satisfaction. Herman et al. (2019), for example, reported that transgender adults had a rate of suicidality 12 times higher than the US population average and a rate of suicide attempts 18 times higher. However, transgender youth did not have elevated levels of depression and only slightly elevated anxiety relative to population averages in two other studies (Chen et al., 2023; Olson et al., 2016). During COVID, transgender youth had high rates of psychological distress, especially when they experienced high rates of transphobic discrimination (Pease et al., 2022).

GOOD SCIENCE

Because not everyone experiences positive outcomes, we should identify moderating factors predicting positive or negative outcomes. When is genderaffirming care appropriate and helpful and when is it not? Why do some studies report more positive outcomes and others more negative ones? How do their samples or interventions differ? What kinds of problems are experienced by this group and what can we do to mitigate these concerns? My guess, when looking at the studies on mental health outcomes, is that the adults in the Herman et al. (2019) study faced more discrimination and received less support than the youth in the Olson et al. (2016) study.

Good science requires that we ask ourselves difficult questions, but it also asks us to be skeptical rather than cynical about that science. There has been bad science published in psychology and medicine. These faked, poorly designed, or unethical studies have damaged the public's faith in

science. Nonetheless, these studies should not lead us to believe that all science is wrong, particularly when it generates outcomes with which we disagree. That is an anti-scientific perspective that psychology cannot sustain. As we read our science, we should consider confounds and threats to internal validity. We should recognize that much of our research on transgender youth necessarily comprises quasi-experiments, and that few studies have examined transgender people over decades. Even if we could perform such research, I suspect that we would be concerned about cohort effects, as the world is different now than 50 years ago. We cannot randomly assign participants to groups, but we can still demand that researchers use good comparison groups and pay attention to design confounds. We can look for replications and consider those places where we fail to replicate and why.

Our care of transgender youth should be guided by our ethical principles: our obligation to maximize treatment benefits while minimizing harm, support autonomy during a time of rapid development, and address justice, including equitable access to care (Kimberly et al., 2018). Although the available data are encouraging and the risks of failing to treat transgender youth are clear and compelling, we should continue to monitor the long-term effects of both hormonal and surgical interventions.

HEALTHY DISCOURSE

I embrace spirited discourse on the listserv, but it concerns me when the discourse no longer feels respectful. We can and should have freedom of speech, although we should use communication styles that support our community

(Continued on page 7)

ACT 65 OF 2020: MINORS CONSENT TO TREATMENT



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

ct 65 of 2020 replaces Act 147 of 2004. The purpose of this Act is to determine who can provide consent for mental health treatment of minors, in both the inpatient and outpatient settings and determines who can consent to the release of a minor's medical and mental health records.

WHO CAN CONSENT TO TREATMENT?

Minors who are 14 years or older can consent to voluntary inpatient or outpatient mental health treatment for themselves, without consent from a parent or legal quardian.

A parent or legal guardian of a minor under the age of 18 can consent to inpatient or outpatient mental health treatment of their minor, without the minor's consent. A parent or legal guardian can consent to voluntary outpatient mental health treatment of their minor without the recommendation of a physician. A parent or legal guardian can consent to voluntary inpatient mental health treatment with the recommendation of a physician, licensed clinical psychologist, or other mental health professional who has examined the minor.

A minor or another parent or legal guardian may not abrogate consent provided by a parent or legal guardian on the minor's behalf to voluntary inpatient or outpatient mental health treatment nor may a parent or legal guardian abrogate consent given by the minor on the minor's own behalf

A parent or legal guardian who has provided consent to voluntary inpatient or outpatient mental health treatment may revoke that consent, which revocation shall be effective unless the minor who is 14 to 18 years of age has provided consent for continued voluntary inpatient or outpatient mental health treatment.

WHO CAN RELEASE MENTAL HEALTH RECORDS?

When a minor consents to voluntary inpatient or outpatient mental health treatment, the minor shall control the release of the minor's mental health treatment records and information to the extent allowed by law. When a minor has provided consent to outpatient mental health treatment, the minor shall control the records of treatment to the same extent as the minor would control the records of inpatient care or involuntary outpatient care under the act of July 9, 1976 (P.L.817, No.143), known as the Mental Health Procedures Act, and its regulations.

When a parent or legal guardian has consented to the voluntary inpatient or outpatient mental health treatment of a minor, release of records with the consent of a parent or legal guardian are limited to direct release from one mental health treatment provider to another or to a primary care provider. Specifically, the following releases may be made:

- 1. Medical records to the minor's current mental health provider
- 2. Prior mental health records to the minor's current mental health treatment provider, if the information is deemed pertinent by the current mental health provider
- 3. Mental health records to the primary care provider, if the current mental health treatment provider determines that the release will not be detrimental to the minor

Parents or legal guardians have the right to be provided with information necessary to inform their consent for the minor's mental health treatment, including symptoms and conditions to be treated, medications and other treatments to be provided, risks and benefits, and expected results. In all other

situations, minors control the release of their mental health treatment records.

HOW DOES THIS IMPACT THE GROSSMAN DECISION?

Under the Grossman decision, the State Board of Psychology required that psychologists were required to get the consent of both parents who had legal custody in a divorced family. This Act allows the consent of just one parent who has legal custody to consent to the voluntary inpatient and outpatient treatment of a child. The Act states that a parent or legal guardian of a minor less than 18 years of age may consent to voluntary inpatient mental health treatment under Article II of the act of July 9, 1976 (P.L.817, No.143), known as the Mental Health Procedures Act, if inpatient mental health treatment is determined to be necessary by a physician, licensed clinical psychologist or other mental health professional, or outpatient mental health treatment on behalf of the minor, and the minor's consent shall not be necessary. By using the word a before the word parent, the statute is only requiring one parent to consent. Therefore, this Act supersedes the Grossman decision and thus only one parent is required to consent to treatment for a minor.

If the other parent disagrees with voluntary inpatient treatment, the nonconsenting parent who has legal custody rights of a minor child may object to the consent given by the other parent to inpatient treatment by filing a petition in a court of common pleas in the county where the minor resides. The court shall hold a hearing on the objection within 72 hours of the filing of the petition. Act 65 is silent on whether a minor or parent/legal guardian can object to voluntary outpatient treatment to which either has consented.

WHAT PSYCHOLOGISTS SHOULD KNOW ABOUT THE END OF THE FEDERAL PUBLIC HEALTH EMERGENCY

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

elehealth did not begin with the COVID-19 pandemic, but the pandemic forced many psychologists to begin offering telehealth services (or expand their telehealth services). It also led to more widespread coverage of telehealth services by insurance companies, beginning with the declaration of a federal public health emergency (PHE) in March 2020. The PHE was renewed every 90 days since then, and psychologists became accustomed to these new policies. However, in late January, the Biden administration announced plans to end the federal PHE effective May 11, which will trigger some changes in telehealth practice and reimbursement.

Previously, the federal government passed legislation to provide for a softer transition for a period of 151 days beyond the expiration of the PHE; however, the Consolidated Appropriations Act of 2023 recently extended many telehealth flexibilities of the PHE through December 31, 2024. The end of the PHE will trigger some changes in practice; some provisions will remain in place temporarily, and some policies that were changed during the PHE

will remain in place permanently.

One important thing to note is that temporary ability to use non-HIPAA compliant technology for telehealth ENDS MAY 11. If you have been using FaceTime, standard Zoom, Facebook Messenger, WhatsApp, or other apps for telehealth, now is the time to explore HIPAA-compliant options, because they will be required beginning in May (as they were prepandemic). There are several free options available (e.g., DoxyMe), in addition to paid options like Zoom for Healthcare.

With regard to Medicare, psychologists have been able to bill at the higher non-facility rate throughout the PHE. The Centers for Medicare & Medicaid Services (CMS) 2023 Physician Fee Schedule allows for psychologists to continue to bill at the higher rate through the end of December 2023. While Congress provides extended flexibilities for telehealth, it leaves funding decisions in the hands of CMS, so we can only know funding information through the current fee schedule. There is continuing advocacy work to try to extend reimbursement at the non-facility rate on a permanent basis, but whether this will

be successful remains to be seen. It does, however, highlight the importance of responding to action alerts issued by APA/ PPA. In more positive news, CMS has also waived the in-person visit requirement through the end of December 2024. Some of the changes that CMS has adopted permanently include allowing patients to receive telehealth services in their home, removing geographic restrictions for originating sites, and adopting the use of audio-only services. The U.S. Department of Health and Human Services created a helpful list of what changes relative to Medicare are permanent, temporary through December 2024, and temporary ending in May (n.d.).

There will likely be some policy changes related to the use of telehealth for private insurance companies as well. However, the end of the PHE does NOT mean telehealth is going away or that insurance companies will stop covering it. Many companies covered telehealth prior to the PHE, and others have clearly adopted it long term during the PHE. As we've already seen, private insurers have already stopped waiving copays for telehealth in

most instances. It's also important to pay attention to the wording that different companies utilize, as plans may restrict "telehealth" services to certain platforms or providers, yet cover "virtual behavioral health" with any provider they would cover for in-person visits. In my opinion, it is reasonable to believe we will likely see private insurers follow a similar path as Medicare when it comes to some of the flexibilities, although it will be important to monitor bulletins and policy announcements from insurance companies as we approach the end of the PHE. The

PPA Insurance Committee has plans in place to continue to monitor bulletins and communications from large insurers across the commonwealth and update the information on PPA's website as any changes related to billing and coverage occur. (Go to https://www.papsy.org/page/Insurance and select "Insurance information for Telehealth Post-pandemic" at the top of the page for the most current information.)

REFERENCES

- Centers for Medicare and Medicaid Services. (2022). Physician fee schedule. https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched
- U.S. Department of Health & Human Services. (n.d.). Telehealth policy changes after the COVID-19 public health emergency. Health Resources & Services Administration. https://telehealth. hhs.gov/providers/policy-changes-duringthe-covid-19-public-health-emergency/policychanges-after-the-covid-19-public-healthemergency/

HEALTHY DISCOURSE ON OUR LISTSERV (CONTINUED FROM PAGE 4)

(e.g., thoughtful, balanced). Aim for clear and respectful discourse, dialogue, and discussion, not diatribes. Consider both your intent and the impact your communication may have on others.

We can raise questions and offer opinions if those opinions are not misrepresented as fact or passed off as research. I read, on average, 15 memoirs a year because I want to hear rare voices and minority perspectives, but I read to help me develop a more nuanced understanding of the world, to generate additional hypotheses about humankind, not to cancel science.

We are going to make mistakes, so I hope that when we make mistakes, we admit them with a sense of humility and attempt to repair breaks in our communication. Such actions are consistent with our ethics code's principles: beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity (American Psychological Association, 2017).

I propose we listen as carefully to those with disparate perspectives as we would like to be listened to. Our desire to help is shared, even when we disagree about how to do so.

Thanks to Andrea Nelken, Sean Moundas, Susan Cabouli, Christine Haasz, Meghan Prato, Dana Fry, and Ann Marie Frakes for comments on earlier drafts of this column.

REFERENCES

- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. https://www.apa.org/ethics/code/ethics-code-2017.pdf
- Chen, D., Berona, J., Chan, Y.-M., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. (2023). Psychosocial functioning in transgender youth after 2 years of hormones. *The New England Journal of Medicine*, 388(3), 240–250. https://doi.org/10.1056/NEJMoa2206297
- Herman, J. L., Brown, T. N. T., & Haas, A. P. (2019). Suicide attempts among transgender and gender non-conforming adults. The Williams Institute, UCLA School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf

- Kimberly, L. L., McBride Folkers, K., Friesen, P., Sultan, D., Quinn, G. P., Bateman-House, A., Parent, B., Konnoth, C., Janssen, A., Shah, L. D., Bluebond-Langner, R., & Salas-Humara, C. (2018). Ethical issues in gender-affirming care for youth. *Pediatrics*, 142(6), e20181537. doi: 10.1542/peds.2018-1537
- Olson, K. R., Durwood, L., DeMueles, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*. 137(3), e20153223.
- Olson, K. R., Durwood, L., Horton, R., Gallagher, N. M., & Devor, A. (2022). Gender identity 5 years after social transition. *Pediatrics*, 150(2), e2021056082. doi: 10.1542/peds.2021-056082
- Pease, M., Le, T. P., & Iwamoto, D. K. (2022). Minority stress, pandemic stress, and mental health among gender diverse young adults: Gender dysphoria and emotion dysregulation as mediators. Psychology of Sexual Orientation and Gender Diversity. Advance online publication. https://doi.org/10.1037/ sgd0000574





Bill No.	Brief Description	Introduced By	PPA Position	Movement in Senate	Movement in House	Governor's Action
SB 59	Providing for the establishment and funding of a center to conduct research on gun violence in this Commonwealth.	Senator Hughes	Support	Referred to State Government Jan. 19, 2023		
SB 119	Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," in public assistance, providing for behavioral health and physical health services integration.	Senator Phillips Hill	Support	Referred to Health and Human Services Jan. 18, 2023		
SB 178	Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An act relating to health care; prescribing the powers and duties of the Department of Health; establishing and providing the powers and duties of the State Health Coordinating Council, health systems agencies and Health Care Policy Board in the Department of Health, and State Health Facility Hearing Board in the Department of Justice; providing for certification of need of health care providers and prescribing penalties," in general provisions, repeals and effective date, providing for acute care mental health bed registry and referrals.	Senator Barlotta	Support	Referred to Health and Human Services Jan. 19, 2023		
SB 276	An Act amending the act of July 9, 1976 (P.L.817, No.143), known as the Mental Health Procedures Act, in general provisions, providing for duty to warn.	Senator Langerholc	Still reviewing bill language	Referred to Health and Human Services 1/31/2023		
SB 445	An Act amending the act of April 9, 1929 (P.L.343, No.176), known as The Fiscal Code, providing for Collaborative Care Model and Primary Care Behavioral Health Model Implementation Program; and making an appropriation.	Senator Farry	Support	Referred to Health and Human Services 3/14/2023		
HB 341	An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, in intermediate units, repealing provisions relating to psychological services; in professional employees, further providing for definitions and providing for school social workers; and, in school health services, further providing for health services and providing for school counselors, school psychologists, school social workers and school nurses.	Rep. D. Miller	Support		Referred to House Education Committee 3/13/2023	
HB 1000	An Act amending the act of March 23, 1972 (P.L.136, No.52), known as the Professional Psychologists Practice Act, further providing for definitions; and providing for prescription certificate, for prescribing practices, for prescriptive authority and for coordination with State Board of Pharmacy.	Rep. Frankel	Support			
HB 575	An Act prohibiting mental health professionals from engaging in conversion therapy with an individual under 18 years of age.	Rep. Benham	Still reviewing bill language		Referred to Health 3/20/2023	

PPA 2023 CONVENTION

Welcome to

PPA 20 23 EQUITY, ACCESS & BELONGING

To succeed as a group, we need to make room for the diversity of perspectives that characterize PPA and the people we serve. We are healthiest when people with a broad range of perspectives see a place for themselves within PPA and feel they belong, actively engage in PPA, and serve in leadership. We are healthiest when we recognize the needs of the broad range of people served by our members.

This year we are asking ourselves, whose views are centered and whose are not considered? Whose perspectives are included

and whose are excluded or not considered? Who would benefit most from these decisions and who will be harmed? How will these decisions lead to a more equitable environment for members and clients with a broad range of perspectives?

We continue to search for ways that PPA can support our members to best serve their clients, students, trainees, and the community.

We hope you enjoy this special issue of *The Pennsylvania Psychologist*, and that you will join us **June 21-24 at The Penn Stater Hotel & Conference Center** in State College, PA!

Why Should You Attend PPA2023?

- Earn up to 33 CE credits—everything you need for your license renewal, all in one place! Including ethics, Act 31, and Act 74.
- PPA members have access to over \$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 40 different CE workshops.
- School Psychology Personnel can earn Act 48 credits.



#PPA2023: Social Media Savvy When using social media (Twitter, Facebook, Instagram, LinkedIn), tag us by adding **#PPA2023** to all of your posts and pictures. This tool allows us to easily search all social media entries and pictures from the 2023 convention.



SPECIALEVENTS

PPA's 90th Anniversary Reception - 1933-2023

Join us to celebrate PPA's 90th Anniversary with a light reception and Presidential Addresses on Wednesday, June 21 from 7:30 pm - 9:00 pm. Drop in when you're available!

Presidential Addresses will take place from 7:45 pm - 8:15 pm. Don't miss these brief overviews from outgoing president Dr. Jeanne Slattery and incoming president Dr. Tim Barksdale.

Wednesday, June 21 at 7:30 pm



Exhibitor Wine & Cheese Reception Join your peers and our exhibitors in the exhibit hall for this event on Thursday evening! Visit exhibitors and enjoy snacks during this time of socialization and networking that is always a popular event! Free for all registered attendees!

Annual Awards Dinner

Celebrate the recipients of this year's PPA and Committee Awards at this special dinner event! Tickets are included in the All-Access Pass, or can be purchased separately during registration.

Thursday, June 22 at 6:30 pm



Pennsylvania Psychological Foundation Student Awards Celebration and Silent Auction

All are welcome at the PPF Student Awards
Celebration and 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
help fund PPF's Student Education Awards.

Friday, June 23 at 6:45 pm



KEYNOTE SPEAKER

BRIDGING POLITICAL DIFFERENCES IN OUR ROLES AS **PSYCHOLOGISTS**

As psychologists, we encounter many types of individual differences. Ethical and professional guidance is available regarding racial, cultural, sexual, and other types of diversity; however, we have little direction for navigating differences in political positions and values. How do we work across political differences in ways that are consistent with our ethical obligations, professional principles, and personal values? Drawing on psychological science and skills, Dr. Israel will offer ethical, evidence-based approaches for bridging political differences.

PPA is honored to welcome our PPA2023 Keynote Speaker, Tania Israel, PhD



Tania Israel is a Professor of Counseling Psychology at the University of California and award-winning author of Beyond Your Bubble: How to Connect Across the Political Divide, Skills and Strategies for

Conversations That Work (APA, 2020). Dr. Israel's work on dialogue across political differences has been received enthusiastically by professional conferences, corporations, campuses, political organizations, and faith communities. Her TEDx talk, How to Win a Political Argument, has been widely viewed. She has shared her expertise with the TODAY show, the New York Times, the Washington Post, NPR, and dozens of other media outlets. Dr. Israel has facilitated educational programs and difficult dialogues

about a range of topics, including abortion, law enforcement, religion, and sexual orientation. Her honors include 2019 Congressional Woman of the Year (CA 24th District), Asian and Pacific Islander Heritage Award for Excellence in Mental Health from the California Asian & Pacific Islander Legislative Caucus, and Emerging Leader Award from the American Psychological Association Committee on Women in Psychology. To learn more, visit taniaisrael.com or connect with her on LinkedIn, Twitter, or Instagram.

Keynote Workshop Wednesday, June 21, 11:00 a.m.

PROPOSAL SELECTION COMMITTEE

A special thank you to the Proposal Selection Committee members, who spent many hours reviewing and selecting proposals for PPA2023!

Brittany Dancy-Caro, PsyD Chair, Program and **Education Board** Eileen Barron, PhD Nicole Joy Coccodrilli, BS Maya Ehikhamenor, MS Allyson Galloway, PsyD Eve Galloway, BS Erin Johnson, PsyD Valerie Lemmon, PsyD Andrea Rigby, PsyD David Rogers, PhD Dea Silbertrust, PhD, JD Williametta Simmons, PsyD

PSYCHOLOGY IN PA LUNCHEON

FOSTERING EQUITY ON COLLEGE **CAMPUSES: AN** ECOLOGICAL-BELONGING **APPROACH**



KEVIN BINNING, PhD

The transition to college is stressful for students from all backgrounds. However, for students from historically marginalized and excluded backgrounds (e.g., students of color, first-generation college students), the transition can be especially fraught. Because of their background, typical adversity is often interpreted as evidence of not belonging. Over the past 8 years, my colleagues and I have developed and piloted a classroom-based, socialpsychological intervention that targets this belonging uncertainty. Through a suite of exercises featuring instructor-led discussion, reflective reading and writing, and small-group discussion, the ecological-belonging intervention instills new social norms that adversity in college, particularly during the transition to college, is normal and surmountable. Evidence to date has shown that the approach reduces demographic-based performance disparities, increases behavioral engagement among all students, and has long-term benefits. Discussion will focus on how audience members may adopt the insights and practices associated with fostering ecological belonging.

Thursday, June 22 11:45 a.m.

Make sure to select the Psychology in Pennsylvania Luncheon when registering! The cost of the lunch is included in your registration.



DIVERSITY, EQUITY & INCLUSION LUNCHEON

CULTURAL AND CONTEXTUAL INTEGRATION IN CLINICAL FORMULATION



Psychologists conceptualize and reconceptualize cases constantly in clinical work, from assessment to ongoing psychotherapy. While there has been a call to integrate context and culture more thoroughly, guidance on exactly how to do this is not readily available. This presentation will discuss how to be more deliberate in the consideration and integration of culture and context into case formulation.

A. Jordan Wright is a Clinical Associate Professor of Counseling Psychology in the Department of Applied Psychology at NYU.

Jordan's scholarship centers on two main areas, social justice/LGBTQIA+ psychology (including LGBTQ+ microaggressions) and psychological assessment. He has authored multiple widely used books on psychological assessment, including Conducting Psychological Assessment: A Guide for Practitioners (2nd ed.; Wiley, 2020); Essentials of Psychological Tele-Assessment (with Susie Raiford; Wiley, 2021); Essentials of Psychological Assessment Supervision (Wiley, 2019); and, with Gary Groth-Marnat, the sixth edition of the Handbook of Psychological Assessment (Wiley, 2016), the most widely used text in graduate training on assessment

Jordan is the founding director of the Center for Counseling and Community Wellbeing (CCCW), the training clinic in NYU's Counseling Psychology PhD program, as well as coordinating and teaching the psychological assessment curriculum for the doctoral program.

Friday, June 23 12:00 p.m.

Make sure to select the Diversity, Equity, and Inclusion Luncheon when registering! The cost of the lunch is included in your



SUICIDE PREVENTION LUNCHEON

IMPLEMENTATION OF ZERO SUICIDE ASSOCIATED WITH A SIGNIFICANT DECLINE IN U.S. AIR FORCE SUICIDE RATES



Military, veteran, and civilian suicides remain a vexing problem. In 2020, suicide was the 12th leading cause of death and the second leading cause of death among adolescents and young adults. Zero Suicide (ZS) is a health care system framework designed to close health care gaps through which individuals at risk for suicide often fall. ZS is intended to galvanize the resources of the entire health care system to prioritize suicide prevention. ZS was partially implemented and evaluated at five U.S. Air Force bases. The suicide rate significantly decreased over time at pilot bases and were significantly lower than suicide deaths at matched comparison bases. No differences were found regarding suicide attempts. However, fidelity to the universal suicide screening protocol was low and it was not possible to consistently collect fidelity data on other ZS components. These promising, although methodologically limited, findings indicate that a health care system-wide suicide prevention framework may reduce suicides in the military context.

Keith R. Aronson, PhD, is the Director of the Clearinghouse and is a Senior Research Associate in the Department of Biobehavioral Health at Penn State. He received his PhD in clinical psychology from Penn State, a master's degree in clinical psychology from Ball State University, and a bachelor's degree in economics and English from Rutgers University. Dr. Aronson's research focuses on the impact of chronic daily stress on one's health and well-being and examines how stress relates to health behaviors (e.g., smoking, drinking) and the experience of daily somatic symptoms. Dr. Aronson has received external funding for his research from the National Cancer Institute, National Science Foundation, Center for Rural Pennsylvania, the Department of Defense, the U.S. Army, the U.S. Air Force, and the U.S. Marine Corps. He also has a private practice in clinical psychology. Prior to his

academic career, he worked for over a decade in sales, marketing, and management. His father was a WWII Army Veteran who saw heavy combat in North Africa and Italy.

Saturday, June 24
11:15 a.m. (meets Act 74 requirement)

Make sure to select the Suicide Prevention Luncheon when registering! The cost of the lunch is included in your registration.

SCHEDULE AT A GLANCE

WEDNESDAY, JUNE 21

7:00 a.m. – 7:30 p.m.	Registration Open
8:00 a.m. – 9:00 a.m.	General Assembly Celebration and Breakfast
9:00 a.m. – 10:00 a.m.	Board of Directors Meeting
8:30 a.m. – 10:30 a.m.	Act 31: Child Abuse Recognition and Reporting
11:00 a.m. – 12:30 p.m.	Welcome and Keynote Luncheon (Dr. Tania Israel)
1:00 p.m. – 4:00 p.m.	Workshops (5 concurrent)
4:30 p.m. – 7:30 p.m.	Workshops
7:30 p.m. – 9:00 p.m.	PPA 90th Anniversary Reception Featuring Presidential
	Addresses

THURSDAY, JUNE 22

7:30 a.m 5:15 p.m.	Registration
7:30 a.m. – 8:30 a.m.	Continental Breakfast
8:30 a.m 11:30 a.m.	Workshops
11:30 a.m. – 11:45 a.m.	Break
11:45 a.m. – 1:15 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, JUNE 23

7:30 a.m. – 6:15 p.m.	Registration
7:30 a.m. – 8:30 a.m.	State Board of Psychology Presentation
7:30 a.m. – 8:30 a.m.	Continental Breakfast
8:30 a.m. – 11:30 a.m.	Workshops
12:00 p.m. – 3:00 p.m.	DEI Luncheon and CE Presentation
1:00 p.m 4:30 p.m.	Graduate Student Internship Fair
3:15 p.m. – 6:15 p.m.	Workshops
6:45 p.m. – 8:00 p.m.	Student Foundation Awards and PPF Silent Auction
9:00 p.m.	RxP Fund of PennPsyPAC After Hours Party

SATURDAY, JUNE 24

Registration
Continental Breakfast
Workshops
Suicide Prevention Luncheon
Workshops

CONTINUING EDUCATION CREDITS

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 Membership, erin@papsy.org.

Social Workers, Marriage and Family Therapists, and Professional Counselors

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

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

As an APA-approved sponsor of continuing education, PPA is committed to the identification and resolution of potential conflicts of interest in the planning, promotion, delivery, and evaluation of continuing education. Consistent with concepts outlined in the APA Ethical Principles of Psychologists and Code of Conduct, potential conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectively, competence, or effectiveness. No conflicts of interest or commercial support have been identified for PPA2023.



WORKSHOPS

WEDNESDAY, JUNE 21

8:30 - 10:30 a.m.

2 CE Credits, Introductory

W01 Breakfast Session - Act 31: Child Abuse Recognition and Reporting

Rachael Baturin, MPH, JD; Molly Cowan, PsyD

11:00 a.m. - 12:30 p.m.

1 CE Credit, Introductory

W02 Keynote Presentation and Luncheon: Bridging Political Differences in Our Roles as Psychologists

Tania Israel, PhD

1:00 - 4:00 p.m.

3 CE Credits, Intermediate

W03 Ethical Considerations for Interjurisdictional Practice

Molly Cowan, PsyD; Alex Siegel, PhD, JD

1:00 - 4:00 p.m.

3 CE Credits, Intermediate

W04 Psychotropics and Special Populations

Anthony Ragusea, PsyD, MSCP

1:00 - 4:00 p.m.

3 CE Credits, Advanced

W05 Working With Police

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

1:00 - 4:00 p.m.

3 CE Credits, Intermediate

W06 The Role of a Psychologist When a Person's Ability to **Make Decisions for Themselves Is Challenged**

Tod R. Marion, PhD; Kenneth Carroll, PhD

4:30 - 7:30 p.m.

3 CE Credits, Intermediate

W07 Writing Letters in Support of Gender-Affirming Medical Procedures: Essentials for the Trans-Affirming Therapist

Meg Hoffer-Collins, PsyD; Michelle Cooper, LCSW

4:30 - 7:30 p.m.

3 CE Credits, Intermediate

W08 Applying and Modifying CBT for Clients With an Autism Spectrum Disorder

Joseph R. McAllister, Jr.

4:30 - 7:30 p.m.

3 CE Credits, Introductory

W09 Cognitive Impairment DX: What Is Next for Patients/ **Caregivers?**

Debra Thaler Gilroy, PhD; Nykole Gonzalez, PsyD

THURSDAY, JUNE 22

8:30 - 11:30 a.m.

3 CE Credits, Introductory

W10 The Ethics of Creating a Professional Will

Karen Belding, PsyD; Alex Siegel, PhD, JD

8:30 - 11:30 a.m.

3 CE Credits, Introductory

W11 Talking With Clients About Guns: Integrating Diverse Perspectives

Scott J. Romeika, PsyD; Curtis Thorpe, MA; David Zehrung, PhD; Dan Warner, PhD

8:30 - 11:30 a.m.

3 CE Credits, Intermediate

W12 Promoting Healing, Revitalization, and Resilience in Couples, Part I

David Palmiter, PhD

8:30 - 11:30 a.m.

3 CE Credits, Introductory

W13 Navigating Leadership, Career Trajectory, and **Imposter Phenomenon as an ECP**

Erika Dawkins, PsyD; Maribeth Wicoff, PsyD; Julie Radico, PsyD

8:30 - 11:30 a.m.

3 CE Credits, Intermediate

W14 Leading With Heart

Jeff Kaplan, PhD, MBA, MA, M.Ed

11:45 a.m. - 1:15 p.m.

1 CE Credit, Introductory

W15 Psychology in Pennsylvania Luncheon: Fostering **Equity on College Campuses: An Ecological-Belonging** Approach

Kevin Binning, PhD

2:00 - 3:30 p.m.

1.5 CE Credits, Introductory

W16 Centering Marginalized Voices in Psychological Training Settings

Camilo Posada Rodríguez, BA; Sara Albrecht Soto, MS; Roua Daas, BA; Jasmine A. Mena, PhD; Jose Angel Soto, PhD; Sreelakshmi Pushpanadh, MS

2:00 - 5:00 p.m.

3 CE Credits, Intermediate

W17 Promoting Healing, Revitalization and Resilience in **Couples, Part 2**

David Palmiter, PhD

2:00 - 5:00 p.m.

3 CE Credits, Introductory

W18 Self-Care and Wellness Strategies for Psychologists

Erin M. Johnson, PsyD

2:00 - 5:00 p.m.

3 CE Credits, Intermediate

W19 Ethics in Action: When Legal, Ethical, and Political **Concerns Collide**

Jeanne Slattery, PhD; Linda Knauss, PhD, ABPP

4:00 - 5:00 pm

1 CE Credit, Introductory

W20 Disfigurement: A Call for Awareness and Action

Lise Dequire, PsyD

WORKSHOPS

FRIDAY, JUNE 23

7:30 - 8:30 a.m.

1 CE Credit, Introductory

W21 Presentation by the State Board of Psychology -Things They Are A-changing: The Evolving Landscape of Psychology Licensure

Catherine S. Spayd, PhD; Richard Small, PhD, ABPP

8:30 -10:00 a.m.

1.5 CE Credits, Introductory

W22 Mental Health Services in State Prison: Current and Future Directions

Brian Schneider, PsyD; Cynthia Wright, DEd

8:30 - 11:30 a.m.

3 CE Credits. Introductory

W23 Integrit tent Frigary Fare: Model Competencies, and

Practice (Product mixes)

Helen Coons, PhD; Julie Radico, PsyD

8:30 - 11:30 a.m.

3 CE Credits, Introductory

W24 Updates on Prescriptive Authority for Psychologists (RxP) in PA and Practical Tips on Legislative Advocacy

Jennifer Collins, PsyD; Krista Boyer, PsyD

8:30 - 11:30 a.m.

3 CE Credits, Introductory

W25 Evaluations for Immigration Purposes: A Growing Area of Clinical Practice

Keren Sofer, PsyD; Carmen J. Lewis, PsyD

10:30 - 11:30 a.m.

1 CE Credit, Introductory

W26 Liberation Psychology: A Theoretical Approach to Counseling

Raquel Sosa, MEd

12:00 - 3:00 p.m.

3 CE Credits, Introductory

W27 Diversity, Equity & Inclusion Luncheon: Cultural and Contextual Integration in Clinical Formulation

Jordan Wright, PhD

3:15 - 5:15 p.m.

2 CE Credits, Introductory

W28 Ageism and the Centenarians Who Defy It

Catherine Spayd, PhD

3:15 - 5:15 p.m.

2 CE Credits, Introductory

W29 International Students and Mental Health

Harsimran Kaur Wadhwa, MS; Raquel Diaz-Lansac Emdur, PsyD

3:15 - 6:15 p.m.

3 CE Credits, Intermediate

W30 Ethical Practice in Integrated Care

Richard Kutz, PsyD; Molly Cowan, PsyD; Julie Radico, PsyD

3:15 - 6:15 p.m.

3 CE Credits, Introductory

W31 The Most Common Psychiatric Medications – What Every Therapist Should Know

Dan Warner, PhD; Joe Cautilli, PhD, MSCP, LP, LPC, LBS, BCBA-D

3:15 - 6:15 p.m.

3 CE Credits, Introductory

W32 Clinical Applications for Self-Forgiveness

Valerie Lemmon, PsyD

SATURDAY, JUNE 24

8:00 - 9:00 a.m.

1 CE Credit, Introductory

W33 Mother's Exposure to Violence and Link to Maternal Psychological Distress and Infant Mental Health

Chrismerli Rodriguez, MEd

8:00 - 11:00 a.m.

3 CE Credits, Intermediate

W34 DSM and ICD Are so 20th Century: There Are Much Better Options

Edward Zuckerman, PhD; Valerie Lemmon, PsyD; Daniel Marston, PhD. ABPP

8:00 - 11:00 a.m.

3 CE Credits, Intermediate

W35 CBT for Adult ADHD: Managing Emotions and Relationship Issues, Too

J. Russell Ramsay, PhD, ABPP

8:00 - 11:00 a.m.

3 CE Credits, Intermediate

W36 The Structure of Deception in Clinical Practice

Anne T. Murphy, PhD; Michael Crabtree, PhD

9:30 - 11:00 a.m.

1.5 CE Credits, Introductory

W37 Reflective Journaling: A Pathway to Well-Being via Cultural Humility

Camille St. James, PsyD

11:15 a.m. - 12:45 p.m.

1 CE Credit, Introductory

W38 Suicide Prevention Luncheon: Implementation of Zero Suicide Associated With a Significant Decline in U.S. Air Force Suicide Rates

Keith Aronson, PhD

1:00 - 2:30 p.m.

1.5 CE Credits, Intermediate

W39 Conceptualizing a Less Paranoid Schizophrenia

Rachel Hull, PsyD; James D. Long, BA

1:00 - 3:00 p.m.

2 CE Credits, Advanced

W40 Advanced Considerations of Cognitive-Experiential Self Theory for Psychologists

Steven Pashko, MA, PhD

1:00 - 4:00 p.m.

3 CE Credits, Intermediate

W41 Behavioral Activation for the Reanimation of the Recovering Addict: Focusing Directly on the Behaviors, and Leveraging Family and Other Resources

Richard Tramontina Cook, Jr., MD, MPH; Matthew David Gross, MS

1:00 - 4:00 p.m.

3 CE Credits, Introductory

W42 Affirming Dignity: Practicing Culturally Affirmative Care and Identifying Barriers to Access

Heather Cotignola-Pickens, PsyD

WORKSHOP DETAILS



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 PPA2023 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 May 31, 2023.



Graduate Students

Internship Fair at Convention!

Information will be available soon.
Please save some time to visit Internship Sites
during the afternoon of Friday, June 23
starting at 1:00 pm.

Stay tuned for more information!



REGISTRATION RATES

Retired members
receive a 25%
discount on
All-Access <
Pass and Daily
Registration! See
below for details.

tration! See		ay 21 Registration)	After I	May 21	June 21 - June 24 (On-site Registration)				
	Member	Non-Member	Member	Non-Member	Member Non-Memb				
All-Access Pass (Members Only) Includes all PPA2023 events plus a PPA tote bag	\$695.00		\$795.00		\$895.00				
Daily Registration	\$295.00	\$495.00	\$345.00	\$645.00	\$445.00	\$745.00			
Non-CE All-Access Pass	\$450.00	\$450.00	\$450.00	\$450.00	\$550.00	\$550.00			
Non-CE Daily	\$95.00	\$95.00	\$95.00	\$95.00	\$195.00	\$195.00			

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 2022–2023 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 Erin Brady, Manager of Member Communications, at 717-232-3817 or erin@papsy.org.

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.

Non-CE—This rate is for anyone looking to attend PPA2023 that does not need to earn CE credit (i.e., First-Year Post-Doc Members; Graduate Student Members; Undergraduate Student Members; Affiliate Members; Guests/Spouses). The Non-CE All-Access Pass is your ticket to all of the offered events at PPA2023. Non-CE Daily registration will include any daytime sessions and events (evening events are extra).

Ticketed Event Fees:

PPA Annual Banquet and Awards Dinner (includes dinner and one beverage): \$79.00; Student Foundation Awards Reception and PPF Silent Auction: \$35.00

Daily Registration—This registration will include the daytime sessions and events for that day, evening events are an additional fee. Attendees can register for one or two days of the PPA2023 Convention, if you are registering for two days, select the PPA2023 Two Day Registration as your event ticket at the top of the Attendee Selections page. Interested in attending for more than two days? Register at the All-Access Pass rate for discounted registration!

Non-CE All-Access Pass Registration—This registration includes all PPA2023 sessions and events, no CE credit will be awarded for sessions with this registration.

Non-CE Daily Registration—This registration includes the daytime sessions and events for that day, evening events are an additional fee. No CE credit will be awarded for sessions with this registration.

What Is the All-Access Pass?

PPA's All-Access Pass at the convention is perfect for convention attendees, allowing them to attend not just the educational sessions but the social and meal functions as well, at an inclusive rate. This rate includes your registration at the convention and everything that it entails (all workshops and PPA events, including:

- O Act 31 Breakfast Session
- O Keynote Address Luncheon
- O PPA 90th Anniversary Reception
- O Psychology in Pennsylvania Luncheon
- O Exhibitor Wine & Cheese Reception
- O PPA Annual Awards Dinner
- O Diversity, Equity & Inclusion Luncheon
- O PPF Student Awards Celebration
- O Suicide Prevention Luncheon
- O Special PPA tote bag

REGISTRATION INFORMATION

Registration is now open at papsy.org. Payment is required to process all registrations. Early registration deadline: May 21, 2023.

Preregistration

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

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

Registration

On-site registrations will be accepted at a **higher convention rate** and as seating is available. Workshops with insufficient registration as of May 21, 2023, may be cancelled. Convention registration fees cover attendance at all activities except those listed as meals or special events with prices. Meal and event tickets are not refundable.

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 PPA2023. 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 on site in June!

Safety Precautions

The following protocols will also be in place during PPA2023:

- Masks and hand sanitizer will be available at registration.
- · All attendees, exhibitors, and staff should:
 - o Not attend PPA2023 if they are experiencing any flu-like
 - o Wash hands often with soap for at least 20 seconds and/or use an alcohol-based hand sanitizer;
 - o Avoid touching their eyes, nose, and mouths with unwashed
 - o Engage in additional responsible health and safety practices at PPA2023.

We recognize that there are those who are not able or are seeking an alternative to attending in person. All PPA2023 events will be happening in person, but PPA is offering our Spring and Fall **Conferences virtually**. We want 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 PPA2023 for any reason, including because 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 non refundable airline tickets or make nonrefundable hotel reservations, you do so at your own risk.

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 noshows will result in forfeiture of the entire registration fee.

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

Special Needs

PPA is committed to providing access and support to persons with special needs who wish to participate in the programs we sponsor. Persons with disabilities and special needs are asked to contact PPA before June 1, 2023.

CONVENTION QUESTIONS? Please call 717-232-3817.

HOTEL INFORMATION

The Penn Stater Hotel & Conference Center

The Penn Stater Hotel & Conference Center, 215 Innovation Boulevard, State College, PA 16803, will be the host hotel for PPA2023. Please make your reservations directly with the hotel.

You may call 800-233-7505 and mention the PPA Group Code: **PPAC23N to obtain the discounted convention group rate.**

To make your reservation online visit https://thepennstaterhotel.psu.edu/Group code: PPAC23N

GROUP ROOM RATES: \$149 plus tax. The group rate is protected until May 21, 2023. If the room block is sold out before May 21, reservations will be accepted on a space availability basis only, and the rate you are charged will be higher. Make your reservation early! We expect the room block to sell out before May 21.

NOTE: You are responsible for all hotel room charges.



When you are looking for a perfect hotel in State College, PA, look no further than The Penn Stater Hotel & Conference Center. Our hotel features guest rooms and suites complete with all the amenities you need for a relaxing and productive stay: complimentary Wi-Fi, coffeemakers, flat-screen HDTVs, and king, queen, or double beds. On-site hotel amenities include 24-hour fitness center, two restaurants, complimentary parking, and ample special event space. With an ever-changing landscape, please view our current safety rules and procedures for the most up-to-date information.



STATEG

State College, Pennsylvania, is much more than just a college town. It is vibrant with exciting nightlife, great shopping, and diverse restaurants to satisfy almost any craving. Featuring a variety of hotels, motels, cozy bed and breakfasts, and other accommodations, State College, PA, is a unique and wonderful combination of small-town charm and college town action that makes it a great place to live or visit.

State College is also referred to by the term "Happy Valley," which has origins dating back to the Great Depression and the town's ability to be sheltered from much of the financial hardship falling on the rest of the country. Another origin comes from sports writers looking for a way to describe the town during football broadcasts.

The town was largely founded around satisfying the needs of what would become the Pennsylvania State University, but it has come a long way since those days. The town is now home to plenty of entrepreneurship and companies. There are also several events and facilities welcoming thousands of people to the area including Penn State Football, the Central Pennsylvania Festival of the Arts, Bryce Jordan Center, and many others. The town is also home to the State College Spikes, a short-season Single A baseball team that competes in the New York-Penn League from June-September.

There is no shortage of things do to in State College. Choose from various indoor and outdoor recreation activities like mountain biking, golf, and fishing. There are many options for arts and culture, such as The State Theatre, Tussey Mountain Amphitheatre, and the Bryce Jordan Center, offering performing arts including dance, theatre, and live music as well as film festivals and screenings.

For more information, visit https://happyvalley.com/









Special Section:

LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES

FAILURETO LAUNCH:

Treating Older Adolescents and Emerging Adults With Delayed Transition

e have seen, worked with, perhaps even lived with the struggling older teen or young adult who is not ready to transition to their next stage toward adulthood. He is the son who is living in the family's basement with a part-time job (maybe) who is spending his time playing video games and seemingly not going anywhere. Or the high school senior who wants to take an unstructured gap year before deciding what to do next.

The term failure to launch has come to describe these kids who are stuck in the exploration of options (too many options to choose one or too few to se e as possibilities) and have difficulty moving on from or through the developmental period by acquiring a sense of direction, personal responsibility for their lives, and/or a sense of competence in becoming an adult and what that means to them. The term was popularized by the 2006 movie of that title and in an article in the Huffington Post by Ascher and Anderer (2015). Some have resisted the term since it labels those early in their adulting process as failures before they have had an opportunity to explore all their options. Another early term used was boomerang kids. McConville (2020) has called it "delayed transition." Lebowitz (2016) uses the term FTL as a shortcut but in a descriptive way; using the initials minimizes the judgment inherent in the "failure" term.

In the past, steps to adulthood included establishing a career, financial independence, and getting married, often

in that order. However, that sequence is not as it once was. Arnett (2000) has identified a stage of development for 18- to 29-yearolds, which he has labeled "emerging adulthood." He has described that period as distinctive in three areas in particular: demographics, subjective perceptions, and identity exploration. Demographics refers to the instability of where they live, with many emerging adults spending some time returning to their parents' home. A second point is that emerging adults do not see themselves as adolescents, but also do not see themselves as adults. In a previous study, Arnett (1997) identified two criteria emerging adults see as important for adulthood: accepting responsibility for one's self and making independent decisions as well as establishing a relationship with parents as adults. The third aspect of emerging adulthood is identity exploration. While Erikson described that as the "crisis" of adolescence, Arnett sees the actual exploration of identity occurring in emerging adulthood.

Those who are delayed in this stage (i.e., who fail to launch in the expected time frame) are the young adults as described above. McConville (2020) describes three areas in which these emerging adults struggle: becoming responsible, becoming relational (i.e., reworking relationships with peers and other adults, including parents), and becoming relevant (i.e., finding a sense of direction and committing to it).

WHAT CHARACTERIZES THOSE WHO DELAY LAUNCHING?

A question to consider is: What are some of the characteristics of those who delay launching? Some become stuck because they have learning disabilities that may not have been addressed or identified in the past, but which become more obvious when the structure from high school or parents falls away. These may be people with difficulties with attention or with executive function.

Others are immobilized by their anxiety. For those who attended college and either finished their degree or not, anxiety may contribute to the inability to choose a direction or commit to a direction. They may be too anxious to pick a career direction from many possibilities, fearing they are making a mistake or will regret their decision. The anxiety blinds them to the possibilities of next steps or to the trust that a first step will lead them to the next place in a relatively smooth transition.

Lebowitz (2016) describes a process in families with anxious emerging adults who are living at home. He describes a "dependency trap" in which the emerging adult relies on parents to help them avoid challenges they find too distressing. Parents may accommodate to that anxiety, unintentionally reinforcing the dependency and feelings of lack of self-efficacy in the adult child, and may increase resentment in parents. Parents may attempt to reduce the accommodation by making contacts/



Special Section: LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES

connections for the adult child or nagging and directing their job hunting or efforts to live independently. The efforts to encourage independence and challenge the emerging adult's anxiety leads to anger and conflict in the household, which may lead to retreat on the part of the parents.

Related to the anxious avoidance is fear of success or failure. One emerging adult has noted that he was afraid of succeeding and of failing. He felt that any step was scary. His solution was to look for a job half-heartedly so he could tell himself and his parents that he was doing something. He clearly articulated that he had trouble seeing himself as an adult and could not imagine himself 5 years out and what that would look like.

Another characteristic that has been observed is the expectation of some who have been raised in highly successful and financially privileged environments that their first job "should be" either at a higher level than is reasonable or at a prestigious organization in their chosen field. Thus, their unrealistic expectations may limit jobs they consider or where they apply. The sense of entitlement limits their perspective and therefore their choices. This perspective may be supported by parents.

WHAT PSYCHOLOGISTS CAN DO

As psychologists, we can address

can be encouraged to trust their own judgements, have experience making their own choices, and face difficult situations. Also, we can help students recognize that college admission is a step in the developmental process and not the ultimate goal toward which they are working. There is a goal of identifying a fulfilling work/ career direction for which college serves as a stepping stone.

When working with an emerging adult who is struggling with aspects of launching, it is helpful to identify factors that may be contributing to the struggle, such as a learning disability including difficulty with executive function, anxiety, and unrealistic expectations for their present situation (e.g., I should have a well-paying job with the best consulting firm in the country since I attended a prestigious university). There may be an advantage to including parents in the therapy to help identify family or cultural influences that may contribute to the struggle. If the emerging adult is living at home or being supported by parents, they are already involved in the process. The parents can be helpful in encouraging independence and modifying their own behavior to influence a change in the emerging adult. If

REFERENCES

Arnett, J. J. (1997). Young people's conceptions of the transition to adulthood. Youth and Society, 29(1).

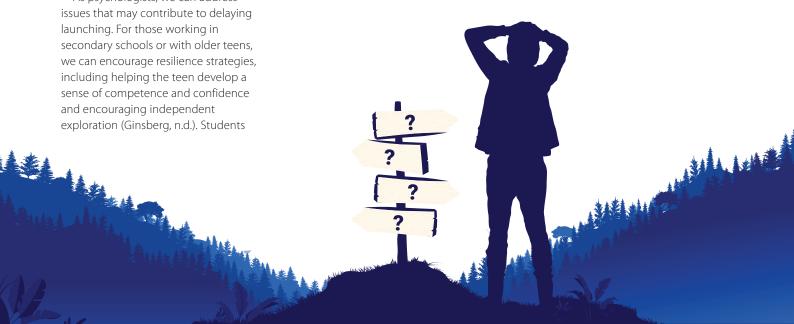
Arnett, J.J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. American Psychologist, 55(5), 469-480.

Ascher, M., & Anderer, S. (2015, May 2). Failure to launch syndrome: What you need to know to help your dependent adult child. The Huffington Post, https:// www.huffpost.com/entry/failure-to-launchsyndrom b 6709206

Ginsberg, K. (n.d.). The 7 Cs: The essential building blocks of resilience. Fostering Resilience. fosteringresilience. com/7cs_parents.php

Lebowitz, E. R. (2016). "Failure to Launch": Shaping intervention for highly dependent adult children. Journal of the American Academy of Child and Adolescent Psychiatry, 55(2), 89-90.

McConville, M. (2020). Failure to launch: Why your Twentysomething hasn't grown up . . . and what to do about it. G. P. Putnam's Sons.



THE **TRANSITION** TO PARENTHOOD: Psychosocial





Challenges and Opportunities for Growth in the Postpartum Period

ALEXA BONACQUISTI, PhD, PMH-C; RYANNE SCHAAD, MS; AGATA KOPACZ, MA

ecoming a parent is a significant life transition that is accompanied by many challenges but also opportunities. New parents commonly report incredible joy, profound life fulfillment, an increased sense of purpose and meaning, and unconditional love for their baby and happiness in their new role. At the same time, they also experience increased stress, new challenges, a shift in roles and identity, lack of time and energy, and the onset or exacerbation of psychological symptoms due to the biopsychosocial changes that occur during the postpartum period. Although many people expect the transition to parenthood to be a smooth, easy, and joy-filled time, this is not the case for all parents or all pregnancies. The transition to parenthood is a transformational life experience that results in substantial changes to physical, psychological, and social/relational functioning. Together, these changes create the context for a transition that contains both challenges in functioning and opportunities for growth. It is important to recognize the varied experiences in the journey of parenthood and to dispel the myths and expectations that the transition to parenthood should look or feel a certain way.

PSYCHOLOGICAL HEALTH AND WELL-BEING IN THE POSTPARTUM

During the postpartum period, parents may experience increased postpartum depression and anxiety (O'Hara & Wisner, 2014). Up to 80% of mothers experience the "baby blues," transient feelings of mood lability, tearfulness, anxiety, and irritability. Baby blues typically peak within 2 weeks after delivery and then remit soon after birth; however, in some cases, these symptoms may persist and intensify into postpartum mood and anxiety disorders, which can negatively affect functioning, quality of life, and parent-infant bonding when left untreated. Parents commonly report anxiety symptoms as they transition

to life with a newborn infant. Furthermore, the experience of caring for a new infant can create significant and stressful challenges, such as sleep disturbances and distressing intrusive thoughts regarding competency as a parent and infant safety. These thoughts can produce or exacerbate symptoms of depression and anxiety. In rare instances,

postpartum psychosis can develop and include cognitive disturbances, such as delusions and hallucinations, that may pose a risk of harm to the individual or the infant (O'Hara & Wisner, 2014).

In addition to psychological factors associated with this life transition, the birth of a new baby is associated with many relationship changes as parents adapt to their new roles. As parents adjust to this transition, their sense of identity may be affected as they spend more time focusing on and caring for their baby. Parenting is exhausting and demanding, and as a result, fatigue, disturbed sleep, breastfeeding challenges, and an increase in responsibilities may negatively impact the parents' quality of life and well-being.





Special Section:

LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES

New parents may experience a decline in their relationship satisfaction and increased sexual concerns (Schlagintweit et al., 2016). Limited alone time with a partner, feelings of insecurity, sexual challenges, and different expectations regarding the postpartum period could have a negative impact on relationship satisfaction. In addition, changes in sexual functioning may occur during the postpartum period, with concerns related to initiating sexual intercourse, intercourse frequency, discrepancies in sexual desire, pain during intercourse, and lack of time and energy for sexual activity. Moreover, societal attitudes regarding desirable female bodies and a mother's new postpartum body can lead to body dissatisfaction and body image disturbances.

The transition to parenthood may be complicated by stressful reproductive events, which can be viewed as a part of the cumulative reproductive journey. Individuals can face various challenges during their reproductive experiences, including infertility, pregnancy loss, birth trauma, and an infants' admission to a neonatal intensive care unit (NICU). Infertility may be a part of some individuals' journeys prior to the transition to parenthood. The psychological experience of infertility may be characterized by a cyclical process of hope when initiating treatment and subsequent disappointment if treatment is unsuccessful. This emotional cycle can produce psychological distress centered on feelings of inadequacy, a loss of control, and grief and loss. Like infertility, a history of pregnancy loss prior to the parenthood transition can also produce feelings of grief and loss as individuals cope with the loss of their child, the future they had planned, and their role as a bereaved parent. Birth trauma may also be a profound experience in one's reproductive journey, which can have long-lasting consequences for parents' physical and mental health (Greenfield et al., 2016). Lastly, infants may require admission to the NICU, which can be stressful for parents and lead to an increase in depression and anxiety

as they navigate the medical system while simultaneously coping with the intense emotions regarding their infant's hospitalization (Roque et al., 2017). The NICU environment can also pose significant challenges, such as the physical separation of the infant from the parents and the limited role parents may have in their infant's care during the hospitalization.

PSYCHOLOGICAL TREATMENT AND OPPORTUNITIES FOR GROWTH

While the postpartum period and the transition to parenthood may be challenging and stressful from a psychosocial perspective, there are many opportunities for growth and intervention during this time to ultimately benefit parents, children, families, and communities. Evidence-based psychological interventions, such as cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT), offer treatment options for postpartum individuals (Sockol, 2015). Acceptance and commitment therapy (ACT) is another promising intervention for this population, and it may be uniquely suited to this specific life transition due to its emphasis on values, present-moment awareness, and acceptance (Bonacquisti et al., 2017). Psychological interventions during the postpartum period can help parents navigate this transition while validating their emotional experiences, coping with their intrusive or distressing thoughts, and cultivating a rich and fulfilling life that is consistent with their values, even in the context of stress and challenges. **N**

REFERENCES

- Bonacquisti, A., Cohen, M. J., & Schiller, C. E. (2017). Acceptance and commitment therapy for perinatal mood and anxiety disorders: Development of an inpatient group intervention. Archives of Women's Mental Health, 20(5), 645-654. doi: 10.1007/s00737-017-0735-8
- Greenfield, M., Jomeen, J., & Glover, L. (2016). What is traumatic birth? A concept analysis and literature review. British Journal of Midwifery, 24(4), 254-267. doi: 10.12968/biom.2016.24.4.254
- O'Hara, M. W. & Wisner, K. L. (2014). Perinatal mental illness: Definition, description, and aetiology. Best Practice & Research: Clinical Obstetrics & Gynaecology, 28(1), 3-12. doi: 10.1016/j. bpobgyn.2013.09.002
- Roque, A. T. F., Lasiuk, G., Radünz, V., & Hegadoren, K. (2017). Scoping review of the mental health of parents of infants in the NICU. Journal of Obstetric, Gynecologic & Neonatal Nursing, 46(4), 576–587. doi: 10.1016/j.jogn.2017.02.005
- Schlagintweit, H. E., Bailey, K., & Rosen, N. O. (2016). A new baby in the bedroom: Frequency and severity of postpartum sexual concerns and their associations with relationship satisfaction in new parent couples. Journal of Sexual Medicine, 13(10), 1455-1465. doi: 10.1016/j.jsxm.2016.08.006
- Sockol, L.E. (2015). A systematic review of the efficacy of cognitive behavioral therapy for treating and preventing perinatal depression. Journal of Affective Disorders, 177, 7-21. doi: 10.1016/j. jad.2015.01.052

TRANSITIONING FROM ONE AREA OF PSYCHOLOGY TO ANOTHER

TYSHAWN THOMPSON, MA; JULIE RADICO, PsyD, ABPP

Graduate students and early career psychologists succeed in spaces in which they are able to foster connections and create growth opportunities. In the following article, we share examples of ways in which we were able to navigate medical settings and increase opportunities in the specialty of health psychology.

TYSHAWN

As a doctoral student, my goal was to identify a specialty area in psychology that matched my passion and career goals. This was sometimes challenging given that my training program was a generalist program and I kept landing in forensic psychology settings when my heart was set primarily on health psychology settings. Hence, I had to find a way to connect with health psychologists to learn more about the specialty and to hopefully facilitate a practicum experience. This, too, was challenging, as my training directly coincided with the COVID-19 pandemic, so many health psychology settings were closed to practicum students. I felt siloed.

Ultimately, I was not able to gain clinical experience as a practicum student in a health psychology setting, but I sought other ways to build connections. I joined professional organizations such as APA Division 38, Collaborative Family Healthcare Association, and Pennsylvania Psychological Association's Integrated Care Committee. I asked mentors to connect me with health psychologists. I attended any and all webinars that landed in my inbox about integrated care and primary care

behavioral health. Additionally, I attended the National Registry certificate program for integrated care. I also spent time reviewing the evidence-based literature. It was clear during this time that I would not have the hands-on experience I sought, but I still wanted to be prepared mentally.

Now, as an intern, I am working in a forensic setting, but it is one with a focus on integrated care. There is a behavioral health unit where I work with patients on chronic pain management and endof-life care. It is because of my support networks and mentor relationships that were developed during my mental preparation time that I feel prepared and well connected in a health-focused forensic setting. For example, there is a chronic pain patient I work with who is described as angry, agitated, and feigning symptoms. When I work with him, I do not perceive him as angry, nor do I see him exaggerate symptoms. He is an older Black man. The time I spent in the literature, attending webinars about health disparities, and coauthoring an article about chronic pain allowed me to identify this as identityrelated aggression specific to patients of color who report having chronic pain.

Through building connections with a community of psychologists passionate about health psychology and integrated care, I found support and gained competence. I encourage students, interns, post docs, and licensed professionals to connect with those passionate about what you want to do and learn from and with them.

JULIE

Working as an early career psychologist in an academic medical setting, I found myself to be the only psychologist in the family medicine department. Luckily, I had connections through associations, like PPA, that helped me stay connected to and consult with colleagues. Nevertheless, I wanted to connect with other psychologists within the health system for many reasons, especially to learn to better navigate administrative and clinical idiosyncrasies within the system.

I had heard of other psychologists working in the health system but had never come face to face with any of them. I started building connections by opening my web browser and searching for psychologists in my health system. After finding four names and email addresses,

(Continued on page 32)

INTERNATIONAL STUDENTS: Their Challenges and Opportunities HARSIMRAN KAUR WADHWA, MS, NCC; RAQUEL EMDUR, LPC, PSVD, MMT, MT-BC





nternational students are "non-immigrant" visitors to the United States who temporarily take classes and complete part of their education (University of California, Berkeley, n.d.). There were over 1.2 million active international students in 2021, a decrease of 1.2% from the prior year (U.S. Department of Homeland Security, 2022). Even though international students are considered a minority group, they represented about 4.6% of the student population in the United States in 2020-2021 (Stewart-Rozema & Pratts, 2022). Therefore, it is important to consider international students' struggles and provide them with resources. As international students leave their home countries, families, and support systems behind, this is one of the major life transitions that they experience as a group.

Major life transitions can significantly impact a person's mental health and increase their risk of developing psychiatric disorders and other medical conditions (Salleh, 2008). Some of the challenges that international students may face are culture shock, transition anxiety, and loneliness. Furthermore, international students experience academic anxiety in addition to the typical difficulties that all students in higher education experience (Khoshlessan & El-Houbi, 2015). A research study by Saylag (2014) showed that foreign students manifested significantly higher degrees of stress than did the local students. According to a Cornell Chronicle report from 2006, 13 out of the 21 international student suicide victims between 1996 and 2006 were Asian or Asian American (Ramanujan, 2006). The pressure to live up to high expectations of

parents was one of the factors contributing to a high suicide rate among Asian or Asian American students. In addition to the unique pressures they experience, approaching mental health professionals carries a stigma for this group of students. Although most schools have developed counseling services for students, there are no known established clinical standards that are used with this population on college campuses (Choi et al., 2020).

Higher education institutions backed up their proposals of Diversity, Equity, and Inclusion (DEI) policies with data gathered from results of social psychology research in diversity. DEI policies are created to address the needs of minorities, including international students. However, according to Hurd and Plaut (2018), DEI policies also seem to benefit students in general and more privileged groups by enriching their education. Their research demonstrated the advantages that diversity education offers for Whites. This diversity education model, designed for privileged Whites, was then generalized to everyone. According to Hurd and Plaut (2018), diversity entitlement occurs when diversity education and DEI policies have the purpose of enriching White, privileged majority students' experiences, disregarding the needs of minority students. Furthermore, education on diversity and multiculturalism can have a negative impact on minority students, who appear to benefit more from in-group interactions (Hurd & Plaut, 2018).

RESPONDING TO THE NEEDS OF INTERNATIONAL STUDENTS

Considering the challenges faced by international students, studies have focused on developing recommendations for international students, authority figures, and institutions, such as faculty members, higher education institutions, and training institutes. Wu et al. (2015) suggest that international students may benefit greatly from using school resources, including student associations, writing centers, counseling services, and recreation centers. Engaging in activities on campus and in the dorms can assist in reducing stress. Although many students may be fluent in a foreign language, they may struggle with oral communication. For this reason, language support is a common recommendation (Wu et al., 2015).

International students may struggle to recognize their experience of culture shock. As a result, it is critical that local students, staff members, educators, and mental health professionals help them with these issues. According to Collier (2017), regularly checking in with international students, helping them maintain contact with the school's international office, and destigmatizing counseling can assist adjustment to transitions. Additionally, it is recommended that professors act as role models for their non-international students to teach them how to better interact with their international classmates. Organizing social events for all students, regardless of nationality, including locals, can help ease the anxiety for international students. Encouraging interaction between new and current students is recommended,

Special Section: LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES

so they can share experiences regarding the institution. Since the students would benefit from a healthier environment and less stressful learning, these activities should be viewed as investments as opposed to expenses (Khoshlessan & El-Houbi, 2015).

Some examples of activities that could help international students understand the new culture would be to establish a volunteer mentorship program of local students to be paired with international students. These mentors of culture would act as cultural bridges to explain the customs, history and culture of the United States while engaging in outings or relaxed conversations over coffee, for example. These cultural exchanges would be an enriching experience for both students and would show acculturation as a dynamic bidirectional process. Another initiative that some universities engage in is to celebrate festivities of different countries, which could include providing a presentation, showcasing photographs, and sharing food related to the festivities. An example in the United States of this type of celebration would be the 4th of July. Celebrating international festivities together would

provide a welcoming space for interaction among students.

Brooker et al. (2016) developed a diversity training model that highlights the importance of understanding how students are affected by power, dominance, access, and discrimination. This model also focuses on advocacy efforts and social action. The academic institutions from the host countries, educators, mental health providers, and supporters of diversity and equality should be the ones to recognize the difficulties of international students, serve as their support systems, and create an environment where international students do not hesitate to seek assistance.

REFERENCES

- Booker, K. C., Merriweather, L., & Campbell-Whatley, G. (2016). The effects of diversity training on faculty and students' classroom experiences. *International Journal for the Scholarship of Teaching and Learning*, 10(6), 3. http://doi.org/10.20429/ijsotl.2016.100103
- Choi, J., Zarkar, S., Tatum, J., & Rice, T. R. (2020). Asian international students and suicide in the United States. Asian Journal of Psychiatry, 52, 102155. https://doi.org/10.1016/j.aip.2020.102155
- Collier, L. (2017, October). Far from home, seeking support. American Psychological Association. https://www.apa.org/monitor/2017/10/seekingsupport

- Hurd, K. & Plaut, V. C. (2018). Diversity entitlement: Does diversity-benefits ideology undermine inclusion? Northwestern University Law Review, 112(6), 1605–1635.
- Khoshlessan, R., & El-Houbi, A. (2015). An exploratory study on international students' study anxiety. *Journal of Phi Beta Delta, 4*(2), 48–64. https://doi. org/https://files.eric.ed.gov/fulltext/EJ1148750. pdf
- Ramanujan, K. (2006, April 19). Health expert explains Asian and Asian-American students' unique pressures to succeed. Cornell Chronicle. https:// news.cornell.edu/stories/2006/04/health-expertexplains-asian-students-unique-pressuressucceed
- Salleh, M. R. (2008). Life event, stress and illness.

 Malaysian Journal of Medical Sciences, 15(4), 9–18.
- Saylag, R. (2014). Culture shock an obstacle for EFL learners. *Procedia - Social and Behavioral Sciences, 114*, 533–537. https://doi.org/10.1016/j. sbspro.2013.12.742
- Stewart-Rozema, J., & Pratts, C. (2022). International student enrollment statistics. BestColleges. https:// www.bestcolleges.com/research/internationalstudent-enrollment-statistics/
- University of California, Berekley (n.d.). How to determine if you are an international student. Berkeley Summer Sessions. https://summer.berkeley.edu/international/are-you-an-international-student
- U.S. Department of Homeland Security. (2022, August 6). SEVIS by the numbers. Annual report on international student trends. Study in the States. https://studyinthestates.dhs.gov/2022/04/read-the-2021-sevis-by-the-numbers-report
- Wu, H. P., Garza, E., & Guzman, N. (2015). International student's challenge and adjustment to college. Education Research International, 2015, 1–9. https://doi.org/10.1155/2015/202753



Behavior Analysis and Therapy Partners

Behavior Analysis and Therapy Partners (BATP) is a 15-year-old company that services Montgomery, Delaware, Bucks, and Philadelphia Counties. BATP is looking for 3 licensed psychologists to conduct comprehensive psychological evaluations of children and youth for Intensive Behavioral Health Services and Apply Behavior Analysis (IBHS and ABA). Candidates should be licensed in PA as a psychologist or, if seeking to make this part of post-doctoral hours, unlicensed but willing to work under the guidance of a licensed psychologist. It is an independent contractor position with a 1099 issued yearly for tax purposes.

This job can be done via telehealth as well as in person in one of our offices located in South Philadelphia and Bala Cynwyd (Montgomery County).

If interested, please send resume to: halinadz@hotmail.com, or call Halina at 215-803-1483. BATP is FOF **1**

OFFICE SPACE FOR RENT

Office space available to rent in shared suite with waiting room. Spacious, natural light, furnished or unfurnished office is conveniently located in suburban Lancaster, Manheim Pike, near route 30 and 283 exits. Office, restrooms, and parking lot are wheelchair accessible. Ideal for psychologists, counselors, tutors, educational consultants. Full time or part time option available. Please contact Jane Weierbach PhD at 717-560-6234 or drjaneyoga@aol.com for information.

RELATIONSHIP AND TRANSITIONS DURING PARENTHOOD

SYDNEY R. PALMER, MA, LINDSAY A. PHILLIPS, PsyD, ABPP

he transition to parenthood can be a transformative time for couples as they navigate lifestyle changes that inadvertently impact the dynamics of their relationship. If neglected, the factors related to this transition may contribute to increased dissatisfaction with the relationship post-parenthood. One reason for this concern is that, as parents focus more on their infant, they focus less on each other and have fewer opportunities to dialogue. This has been well-established in literature over the past several decades (e.g., Mosek-Eilon et al., 2013). Specifically, avoiding conflict, not involving a partner in parenting decisions, criticizing and/or controlling parenting choices, and neglecting a partner's needs and feelings are some main themes that have been shown to disrupt relationships post-parenthood (Sheedy & Gambrel, 2019). Other factors impacted by this transition may be commitment and confidence in the relationship (Dush et al., 2014). There is, however, a normative fluctuation in satisfaction for couples after the transition to parenthood (Lawrence et al., 2008) including the aforementioned challenges. Of course, psychologists can assist couples as they navigate when conflicts are normative and when conflicts are more troubling during this time of transition and beyond.

There are other factors to consider that might contribute to greater difficulties in relationships during the transition to parenthood. First, the transition to parenthood may be increasingly challenging for couples who rely on assisted reproductive technologies (ARTs), such as

surrogacy or in vitro fertilization (Rubio et al., 2020). These interventions are common in some LGBTQ+ couples and heterosexual couples who experience infertility. The amount of involvement couples who utilize ARTs experience during pregnancy impacts their feelings about parenthood and the role they will play post-pregnancy (Rubio et al., 2020). Second, perceived gender roles may differ and affect how each partner experiences the transition to parenthood (Dush et al., 2014). For example, fathers and mothers may experience differing stressors based on their perceptions of the relationship. Third, cultural differences and norms regarding parenting and marriage may impact this transition. For example, one study found differences in how Latinx and African American parents evaluate their relationships and adjust to parenthood (Florsheim et al., 2003). These populations are impacted by additional factors including their relationships with their parents and socioeconomic status as they transition to take on the parenting role (Florsheim et al., 2003). Extra considerations should be taken for various identities who may have increased vulnerability to disruption in their relationship during this transition.

TIPS FOR PSYCHOLOGISTS

• Time challenges. It might be difficult for couples to find time to attend therapy, though telepsychology might provide new avenues for this. It is important for providers to not make the assumption that all new parents will have family members readily available to assist in watching their children to allow them to attend therapy. Some might

- not have assistance and might need to schedule tele-appointments after bedtime or during nap times.
- Work pressures. Having difficulties at work during pregnancy was actually associated with relationship distress at 2 to 3 years post birth in one study by Whitehouse et al. (2013), leading the authors to conclude that both workplace support and adequate parental leave time are vital to aid in transitions to parenthood. Psychologists' advocacy time could be well-spent seeking government and local workplace policies that support parental leave and healthy work environments for families.
- Communication. If working with a couple prior to or during the transition to parenthood, have an honest conversation about the transition, when conversations might occur, and how they can continue to focus on their relationship, even if it is not always their only priority.
- Family of origin parenting styles. Family of origin parenting has been suggested to impact perceived couple functioning (Yan et al., 2018), attachment, and marital interaction (Paley et al., 2005). Therefore, when working with couples either pre- or post-parenthood, it may be impactful to explore their family of origin parenting styles and what impact that may have on their relationship as parents.

The above considerations highlight cohabiting couples. They do not consider a transition to parenthood with individuals who are not cohabiting, not in a committed

Special Section:

LIFE'S TRANSITIONS: CHALLENGES AND OPPORTUNITIES





relationship, or single parents. There may be additional factors not covered in this review that need to be applied in those circumstances. Literature is not abundant on this topic. The relevant literature is limited with regard to sample diversity, so as always, psychologists must attend to the couple in front of them and consider their unique identities and needs.

Lastly, research has found some factors that aid in maintaining satisfaction in relationships post-parenthood, including ability to compromise and acknowledge a partner's point of view, teamwork, flexibility, collaborative problem solving, remaining present, offering and communicating preferred types of support (e.g., validation, breaks, self-care, resources), and the ability

to share feelings, needs, and disagreements respectfully (Sheedy & Gambrel, 2019).

Additionally, having a balanced relationship pre-parenthood may act as a protective factor to developing disruptive dissatisfaction post-parenthood (Sheedy & Gambrel, 2019). Promoting or identifying these protective factors with couples may aid in navigating this transition period.

REFERENCES

Dush, C. K., Rhoades, G. K., Sandberg-Thoma, S. E., & Schoppe-Sullivan, S. J. (2014). Commitment across the transition to parenthood among married and cohabiting couples. Couple and Family Psychology: Research and Practice, 3(2), 126-136, https:// psycnet.apa.org/buy/2013-43974-001

Florsheim, P., Sumida, E., McCann, C., Winstanley, M., Fukui, R., Seefeldt, T., & Moore, D. (2003). The transition to parenthood among young African American and Latino couples: Relational predictors of risk for parental dysfunction. Journal of Family Psychology, 17(1), 65. https://psycnet.apa. org/record/2003-01658-007

Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. Journal of Family Psychology, 22(1), 41. https://psycnet.apa.org/ record/2008-01362-005

Mosek-Eilon, V., Hirschberger, G., Kanat-Maymon, Y., & Feldman, R. (2013). Infant reminders alter sympathetic reactivity and reduce couple hostility at the transition to parenthood. Developmental Psychology, 49(7), 1385-1395. https://psycnet.apa. org/doiLanding?doi=10.1037%2Fa0030088

Paley, B., Cox, M. J., Kanoy, K. W., Harter, K. S., Burchinal, M., & Margand, N. A. (2005). Adult attachment and marital interaction as predictors of whole family interactions during the transition to parenthood. Journal of Family Psychology, 19(3), 420. https:// psycnet.apa.org/record/2005-12090-009

Rubio, B., Vecho, O., Gross, M., Van Rijn-van Gelderen, L., Bos, H., Ellis-Davies, K., Winstanley, A., Golombok, S., & Lamb, M. E. (2017). Transition to parenthood and quality of parenting among gay, lesbian and heterosexual couples who conceived through assisted reproduction. Journal of Family Studies, 26(3), 422-440. https://www.tandfonline.com/doi/ 10.1080/13229400.2017.1413005

Sheedy, A., & Gambrel, L. E. (2019). Coparenting negotiation during the transition to parenthood: A qualitative study of couples' experiences as new parents. The American Journal of Family Therapy. 47(2), 67-86. https://www.tandfonline.com/doi/ab s/10.1080/01926187.2019.1586593

Whitehouse, G., Romaniuk, H., Lucas, N., & Nicholson, J. (2013). Leave duration after childbirth: Impacts on maternal mental health, parenting, and couple relationships in Australian twoparent families. Journal of Family Issues, 34(10), 1356-1378. https://journals.sagepub.com/ doi/10.1177/0192513X12459014

Yan, J., Olsavsky, A., Schoppe-Sullivan, S. J., & Kamp Dush, C. M. (2018). Coparenting in the family of origin and new parents' couple relationship functioning. Journal of Family Psychology, 32(2), 206, https://psycnet.apa.org/ doiLanding?doi=10.1037%2Ffam0000353

(Continued from page 28)

I sent introductory emails explaining my hope to build a community of psychologists within the medical system.

We were then able to identify all the psychologists in the health system, and we have had monthly psychologist group meetings since 2016. From these group meetings, we have been able to advocate to the chair of the Psychiatry and Behavioral Health department to have psychologist representatives at clinical leadership meetings. We have also been

able to advocate for better dissemination of information to psychologists who are in many different departments when system changes impact our providing of care.

SUMMARY

We encourage all who work in settings in which they feel siloed or disconnected from their colleagues to do some online searching of resources (e.g., local, state, and national associations in your specialty area) and to build a bridge by reaching out (e.g., use PPA registry to search for colleagues,

utilize the PPA online community to find special interest groups, send a message out on listservs asking to make connections and ask for resources). Be clear in your hopes from the connection. It can feel daunting to "cold call" or randomly email someone you don't know. If this is a familiar feeling, try practicing with a colleague and/or asking a colleague for advice on what to say/type. Building connections isn't always the easiest thing to do but worth it once a connection is established. N

RECOMMENDATIONS TO PREPARE FOR AN **ENGLISH LANGUAGE LEARNER IN CRISIS**





JOSEPH C. BRANDENBURG, MS; SHIRLEY A. WOIKA, PhD

y 2045, it is projected that non-Hispanic Whites will no longer be the majority of the population in the United States (Vespa et al., 2020). With this transition and increase in racial groups within the United States over the upcoming years, U.S. schools will continue to develop into even more diverse entities. Of the 49.5 million pre-kindergarten through grade 12 students enrolled in Fall 2021, 54.95% were non-White and included Hispanic, Black, Asian, American Indian/Alaska Native, and Pacific Islanders, and students of two or more races (National Center for Education Statistics, 2022a). In addition to the racial demographics, 10.4% were English learners, which equated to 5.1 million students (National Center for Education Statistics, 2022b). As the educational demographic landscape continues to transition to match the current population predictions and trends, there will be an increase of non-English speakers that the Pennsylvania education system will have to serve. In Pennsylvania alone, there were a total of 71,766 students who were English Learner (EL) students in the 2020–2021 school year (Pennsylvania Department of Education, 2022). Inevitably, given the large number of students who are ELs, some of these students will have mental health concerns

or even end up in a crisis situation where a school psychologist may be asked to intervene.

Imagine that a student is in crisis and the school psychologist does not speak the student's native language. The school psychologist rushes into action to employ crisis intervention skills; however, the language barrier presents hurdles to implementing de-escalation, crisis management, or even risk assessment skills. What is a school psychologist to do? What tools do they have in their clinician toolboxes to address this? How can this student be kept as safe as possible? These are just a few of the myriad questions that a school psychologist might face while trying to help.

There have been some attempts to translate some key common phrases that might be needed in crisis situations to Spanish for emergency medical technicians (https://lingualinkup.com/ spanish-for-emts/) and even some mental health professionals (https://lingualinkup. com/spanish-terms-mental-healthprofessionals/). Even though there has been some movement in this regard, it is hard for any one person to have all these common phrases in multiple languages memorized and to employ them when they are needed.

Also, these only provide one piece of the puzzle. For example, when asking "Do you have feelings of wanting to hurt yourself?", you may not understand a student's verbal response to the question. To this end, several apps have been developed to connect individuals with proper interpretive services via phone. Some of these services include Care to Translate, Day Interpreting, and LanguageLine InSight.

7 RECOMMENDATIONS FOR SCHOOLS

- 1. If your school has 10% or more of a population that speaks a given language other than English, have mental health and crisis terms and questions translated to that particular language (links to Spanish translations include https://lingualinkup.com/ spanish-terms-mental-healthprofessionals/ and https://lingualinkup. com/spanish-for-emts/).
- 2. On the child language home survey, include questions about extended family member's languages and numbers to contact them in case the child is in crisis and parents cannot be reached.
- 3. Have a record of the languages that are spoken in your school and phone

(Continued on page 35)

THE PROMOTION OF SELF-ESTEEM AND BODY IMAGE DURING THE TRANSITION TO COLLEGE

WHITNEY ROBENOLT, PsyD, KEN VOLK, PsyD

The start of college for many young adults coincides with a time of transition to adulthood. This period of adjustment is characterized by identity exploration, instability and change, self-focus, feeling "in-between," and "hopeless" (Arnett, 2014). College students are engaging in reflection about both their past and future, which often leads to the questioning of their values and the assessment of their place in the world. Often, this process can lead to a desire to compare their experiences against those of others, which can significantly impact self-esteem.

Self-esteem refers to the perception and sense of value about the self and is crucial to overall well-being. By nature, it involves making a judgment about one's relative worth. It can fluctuate due to environmental circumstances, one's own emotions and perceptions, or recent "successes" and "failures." During the first year of college, the desire to find a sense of belonging, connection, and career direction may elicit heightened self-evaluation. People can make determinations of their worth based on their perceived performance or level of success in various areas. Among college students, self-esteem is often linked to factors associated with the transition, like interpersonal relationships or academic performance, and to beliefs

about the self developed earlier in life. Many have been taught to expect college to be the "best 4 years of their lives," which can adversely affect those who do not have this experience.

One particular area that may be subject to increased scrutiny during a time of adjustment and identity exploration is body image. Body image may be especially salient when forming initial impressions and developing relationships. Additionally, changes in one's routine, eating habits, physical activity, financial stress, and overall structure from high school to college can positively or negatively impact body image. Students enter college with attitudes and beliefs developed from the messages they have heard throughout their lives. Those with more unrealistic expectations about the body or greater exposure to diet culture may be especially susceptible to this stress. The common notion of "the freshman fifteen," in which it is expected that individuals could expect to gain weight during the adjustment to college, may serve as a threat to body image and self-esteem. In reality, first-year students may gain under 5 pounds on average, with only about 12% of students experiencing an increase of 15 pounds or more (Gillen & Lefkowitz, 2011). This myth can instill harmful effects on body image.

Transitioning to college can be a significant stressor for many young adults, which unfortunately can lead to imbalances in self-care and overall well-being. Young adults are at a time in their lives in which they can create and maintain a mental health foundation that they would be able to implement throughout their lives. Therefore, it is essential for clinicians to promote the use of effective, meaningful strategies to maintain or build self-esteem. The following are a few strategies that can be used.



CREATING HEALTHY EXPECTATIONS

We can encourage our college students to confront negative self-talk and to promote personal and professional boundaries within relationships. The utilization of cognitive behavioral therapy techniques, such as thought logs, can be essential in the development of insight. One step further can be encouraging college students to take a few moments during the day to determine three challenges they have tackled or accomplishments they achieved on that day. Such reflection can enable more consistent recognition of positive attributes. Similarly, exploring with the client how "good" and "bad" labeling, in speech and cognitive patterns, impacts their mindset may also pose a benefit in reducing self-criticism.

LEARNING TO APPRECIATE THE BODY

Many young adult college students are struggling to recognize aspects of their body beyond what is visible. As clinicians, we can work with our young adult clients

to build a relationship beyond the exterior by educating them about the multitude of ways their body serves them day to day. We can encourage them to be mindful of engrained norms or forms of speech that may facilitate unhealthy cognitive patterns, such as complimenting a friend on their physical appearance ("You look like you lost weight") or making comments on others' appetite ("You're getting another snack?"). Additionally, we can reframe how we discuss the benefits of physical activity. At times, the term exercise can exacerbate anxiety or perpetuate a previously held unhealthy expectation. Instead, when discussing the benefits of physical activity, refer to it as movement and discuss that this movement consists of many forms beyond going to the gym or spending large amounts of time exercising. In a similar vein, we can encourage students to focus on how they feel in their body compared to the number on the scale.

MINDFUL OF SOCIAL MEDIA

Encouraging young adult clients to critically examine what they are witnessing on social media may promote healthier expectations. You can urge clients to actively examine the thoughts and emotions they experience upon seeing certain posts. Additionally, discussing the pros and cons of following particular pages or influencers on social media that may amplify misinformation or unhealthy perceptions of self may help reduce factors that trigger negative self-talk and unhealthy pressures. Through the promotion of this insight, clients may be better able to limit comparisons of worth.

REFERENCES

- Arnett, J. J. (2014). Emerging adulthood: The winding road from the late teens through the twenties (2nd ed.).
 Oxford University Press.
- Gillen, M. M., & Lefkowitz, E. S. (2011) The 'freshman 15': trends and predictors in a sample of multiethnic men and women. *Eating Behaviors*, 12(4), 261–266.

7 RECOMMENDATIONS TO PREPARE FOR AN ENGLISH LANGUAGE LEARNER IN CRISIS

(CONTINUED FROM PAGE 33)

- numbers of individuals (faculty, staff, agreed-upon community members, interpreters, etc.) in a common location, such as the front office, to contact in case of emergencies.
- 4. Identify community partners who can help with either translational, interpretation, or both services if needed in a crisis. Give the community partners the resources they need to become available to provide interpretive services, and provide them with training on confidentiality before they are called into a specific situation.
- Create a repository of documents or questions that are translated to other languages that can be used throughout the district or beyond to help with mental health or crisis

- situations. For example, develop a standardized letter to parents specific to suicidality that is readily available to send to a parent in multiple languages.
- 6. If no person is available to speak the child's language, have the technology (Google Translate, Care to Translate, Interpreting, Language Line, MediBabble, etc.) available to translate what the child is saying. Then use the technology as a medium of communication to attempt to implement crisis management skills.
- 7. Schedule an annual training for your staff from a technology savvy individual trained on how to use translational applications or services that are available to help children. Key faculty and staff should not

be impeded by unfamiliarity with accessing such services.

With the seven recommendations listed above, a school can be more prepared to help EL students in critical times of need. If

REFERENCES

- National Center for Education Statistics. (2022a). Backto-school statistics. https://nces.ed.gov/fastfacts/ display.asp?id=372
- National Center for Education Statistics. (2022b). English learners in public schools. Condition of Education. U.S. Department of Education, Institute of Education Sciences. https://nces.ed.gov/programs/coe/indicator/cgf
- Pennsylvania Department of Education. (2022).
 English learners. https://www.education.pa.gov/
 DataAndReporting/EnglishLearners/Pages/default.
- Vespa, J., Medina, L., & Armstrong, D. M. (2020).

 Demographic turning points for the United States:
 Population projections for 2020 to 2060. *Current Population Reports*, P25-1144, U.S. Census Bureau,
 Washington, DC, 2020.



SELF-CARE: Individual and Organizational Responsibilities

JEANNE M. SLATTERY, PhD; LINDA K. KNAUSS, PhD; SAM KNAPP, EdD; DEB KOSSMANN, PsyD

This discussion is part of a series examining clinical dilemmas from an ethical perspective. In addition to the four of us, respondents to this vignette include Ashley Greenwell, Don McAleer, and Brett Schur. Rather than immediately reading our responses, consider carefully working through the vignette first.

Dr. Fatigued works in a large hospitalbased practice. His caseload has been bursting at the seams due to staffing shortages, as well as a huge increase in referrals resulting in an increase in his hours. His mother is ill and he has been helping to care for her, as well as worrying about his daughter, who is having a difficult pregnancy. Dr. Fatigued is aware that he has not been paying attention to his self-care needs, but thinks this is just one more thing to add to his already busy week.

SOME CONTEXT

Every participant in the discussion could quickly identify that Dr. Fatigued needed to cut back on his workload and give more attention to his family needs; however, many psychologists are reporting very similar situations, especially during and after COVID's peak. Part of the pressure to overwork may come from the demand for patient services. Mental health services were understaffed even before the COVID-19 pandemic, although the shortage of mental health workers has become more acute since the beginning of the pandemic.

Part of the pressure may come from institutional employers. Many psychotherapists are reporting full caseloads, long wait lists, and pressure from administrators to accept more clients: "You're seeing X many clients? Why not Y?" Even before COVID, the option to use teletherapy made it much easier for psychologists to continue working when ill or on vacation, and during evenings and weekends (Drum & Littleton, 2014). Increasingly, businesses are using productivity software, where pay and evaluations of staff depend on their computer activity (Kantor & Sundaram, 2022).

Part of the reason for overwork may also come from a workaholic culture within psychology. This culture of excessive self-sacrifice may start in graduate school. Several members of our group told stories from their graduate student and intern days where they felt pressured to work long hours rather than celebrate the Jewish holidays, for example. One participant described a faculty member who started his class by asking first-year doctoral students to say something about themselves, including their hobbies. At the end he told them to "forget about their hobbies"; they will have no time for them now. Admittedly graduate school is difficult, and teachers feel pressure to communicate a lot of information to their students in a relatively short period of time. The challenge for teachers is how to maintain high standards

while creating a supportive atmosphere and reducing unnecessary stress on their students.

Increasingly, psychologists and others are just saying "No" to harmful working conditions. More than 20,000 health care workers with Kaiser Permanente recently went on strike over salary and working conditions (HealthCareDive, 2022). Five of eight strikes tracked by the U.S. Bureau of Labor Statistics (BLS) involved health care workers (BLS only tracks strikes involving more than 1,000 workers). Also, health care professionals and educators are becoming more aware of the importance of self-care in maintaining an effective, competent, and satisfied workforce.

THE ETHICS CODE (OLD AND FORTHCOMING)

The current version of the ethics code (American Psychological Association, 2017) gives a slight head nod to self-care. Standard 2.03, in toto, observes, "Psychologists undertake ongoing efforts to develop and maintain their competence." Standard 2.06(a) is somewhat more specific, concluding that psychologists should "refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from

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

performing their work-related activities in a competent manner." If they become aware of problems that may interfere with their ability to perform their work "adequately," psychologists are encouraged to "take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties" (all quotes are from p. 5). These recommendations focus on reactive coping, rather than prevention efforts to maintain competence. The aspirational principles also state that "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work" (p. 3). It is unclear whether the forthcoming ethics code will encourage self-care to any greater degree, as only some parts of the draft have been shared (Campbell et al., 2022).

SOCIAL NUTRITION MATTERS (AND PREVENTS BURNOUT)

Measures of burnout and job satisfaction are significantly correlated with each other and with therapeutic outcomes (Delgadillo et al., 2018). Burnout may impair psychotherapists' ability to express empathy and form an effective therapeutic alliance.

Burnout is less frequent among psychologists with strong social networks, especially support in the workplace, and those who have this support report more positive outcomes (McCormack et al., 2018; Yang & Hayes, 2020). Strong social networks are related to positive outcomes. Medical practices with good teamwork tend to get

better patient outcomes (Hickson & Entman, 2008), while anecdotal reports from risk management experts in psychology link social isolation to risk of disciplinary action by licensing boards (Knapp et al., 2013). Furthermore, well-functioning psychologists tend to have strong social networks and close professional relationships (Coster & Schwebel, 1997; Dlugos & Friedlander, 2001). Our social relationships matter. Fostering them helps us remain competent and effective in our work.

The importance of social relationships is so strong that even one measure of social relationships, membership in a state psychological association, is related to the quality of professional services. Members of Pennsylvania Psychological Association are less likely to be disciplined by our state board of psychology (Knapp & VandeCreek, 2012). Schultz (2017) replicated this finding.

A BUBBLE BATH OR RADICAL SELF-**CARE?**

When we think about self-care, we often think about simple one-off activities: Take a bubble bath, eat some chocolate, watch TV, or go to a movie. These are each good things, but there are important reasons to expand the definition of self-care beyond discrete acts to a broader attitude about life. Strong self-care includes responding to stressors proactively rather than only reactively, dealing with problems rather than avoiding them, and setting realistic goals and expectations. It means being gentle with oneself when perfectionism and unrealistic standards at work meant the bar was still a bit too high. When self-care is recognized as a broad attitude to life and work, we recognize and meet our social nutrition needs—and acknowledge one individual's nourishment may be different than another's (Kornblith et al., 2022).

Dr. Kossmann suggested that we engage in radical self-care (rather than remedial or reactive self-care), as even the broad attitude that we have been describing may be too narrow. As we consider setting fees, picking up pro bono clients, writing cancellation policies, or maintaining professional boundaries, are we being "too nice" in a way that undermines our ongoing emotional competence (Wallin, 2021)? Do our work hours, both their number and timing, match our own needs? And, are we in balance, meeting our need for self-care, but also those for purpose, meaning, and curiosity?

INDIVIDUAL, SYSTEM, AND CULTURAL IMPACTS

Self-care is an individual requirement for maintaining emotional competence; however, it should not only be an individual requirement. How does the larger context support and foster emotional competence?

In some settings, we may be able to set fees, write policies, and choose clients that support our ongoing competence; nonetheless, administrators in agencies, practices, and hospitals may focus more on the bottom line rather than emotional competence, especially when that focus is seen as a factor competing with rather than fostering productivity and therapeutic outcomes.

Are we encouraging workaholic tendencies in our colleagues or reasonable limits? This is a difficult question, as even







on our call, several of us reported long hours but also saw our work as rewarding and value consistent, fostering our sense of meaning and purpose. But, maybe we are falling into the cultural expectations about being busy and not having time, leading to the kind of humble brag that society seems to value. We are encouraged to treat ourselves as superhuman, rather than having real responses to our clients' trauma, anger, frustration, and suicidality.

Many graduate programs and internships are increasingly addressing the hidden curriculum that includes those unstated rules about how long we are expected to work (Hafferty et al., 2015). Programs are increasingly respecting—or trying to respect—a 40-hour work week. They are encouraging students to consider their own self-care, find balance, and trying to model such self-care to their students and supervisees. "The times, they are a-changing.

CONCLUSIONS

We are not arguing against the value of a good book, chocolate, or a night out to the theatre, but we are suggesting that self-care should be a broad and pervasive attitude that occurs at all levels (individual, microsystems, and the broader culture). We should model regular and consistent self-care, as well as kindly and compassionately remind our friends and colleagues when

they seem to be forgetting to engage in it. As importantly, we should also set up and reward institutions that set reasonable expectations, policies, and microaggression-free environments; encourage regular trainings; develop effective teamwork; and are sensitive to individual needs in scheduling (e.g., child or elder care, the need for exercise and breaks, considering what constitutes prime effectiveness in individual work schedules). Your self-care is your responsibility, but it is also mine.

REFERENCES

- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. https://www.apa.org/ethics/code/ethics-code-2017.pdf
- Campbell, L., Leach, M., Lowman, R. L., & Woolf, L. M. (2022, August). A substantive discussion of the APA ethics code revision. [Presentation] American Psychological Association Annual Convention of the American Psychological Association, Minneapolis, MN, United States.
- Coster, J., & Schwebel, M. (1997). Well-functioning in professional psychology. Professional Psychology: Research and Practice, 28, 5–13.
- Delgadillo, J., Saxon, D., & Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety*, *35*(9), 844–850. https://doi.org/10.1002/da.22766
- Dlugos, R., & Friedlander, M. (2001). Passionately committee psychologists: A qualitative study of their experiences. Professional Psychology: Research & Practice, 32, 298–304.
- Drum, K. B., & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional Psychology: Research* and *Practice*, 45(5), 309–315. https://doi.org/10.1037/ a0036127

- Hafferty, F. W., Gaufberg, E. H., & O'Donnell, J. F. (2015). The role of the hidden curriculum in "on doctoring" courses. AMA Journal of Ethics. 17(2), 130–139.
- HealthCareDive. (2022, August 16). Strikes among healthcare workers in 2022. https://www. healthcaredive.com/news/labor-strikes-healthcareworkers-2022/626965/
- Hickson, G. B., & Entman, S. S. (2008). Physician practice behavior and litigation risk: evidence and opportunity. Clinical Obstetrics and Gynecology, 51(4), 688–699. https://doi.org/10.1097/ GRF.0b013e3181899c2c
- Kantor, J., & Sundaram, A. (2022, August 14). The rise of the worker productivity score. New York Times. https:// www.nytimes.com/interactive/2022/08/14/business/ worker-productivity-tracking.html
- Knapp, S., & VandeCreek, L. (2012). Disciplinary actions by a state board of psychology: Do gender and association membership matter? In G. Neimeyer & J. Taylor (Eds.). Continuing professional development and lifelong learning: Issues, impacts, and outcomes (pp. 155–158). NOVA Science.
- Knapp, S., Youngren, J. N., VandeCreek, L., Harris, E., & Martin J. (2013). Assessing and managing risk in psychological practice: An individualized approach (2nd ed.). The Trust.
- Kornblith, S., Knapp, S., & Sternlieb, J. (2022, May). Social nutrition. *The Pennsylvania Psychologist*, 82(4), 16–18.
- McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and causes(s) of burnout among applied psychologists: A systematic review. *Frontiers in Psychology*, *9*, 1–19. http://doi.org/10.3389/fpsyg.2018.01897
- Schultz, K. (2017, June). State Board of Psychology disciplinary violations 2007 through 2016. [Presentation]
 Pennsylvania Psychological Association Annual Convention, King of Prussia, PA, United States.
- Wallin, P. (2021, December). Boundary issues you may not have considered. *The Pennsylvania Psychologist*, 81(11), 11–12.

PSYCHOLOGICAL

Yang, Y., & Hayes, J. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, *57*(3), 426–436.

Use of Attachment-Based Family Therapy for Adolescents Struggling with Depression and Suicidal Thoughts

3-HOUR CE WEBINAR

Suicides jumped 29% among adolescents ages 15 to 19 over the previous decade. In addition to those who die by suicide, there are many more adolescents who have suicidal thoughts or attempt suicide and survive. Youth suicidal ideation, attempt and completion are on the rise. One survey showed that 18.8% of high school students seriously considered attempting suicide and 8.9% actually attempted suicide. Dr. Guy Diamond, a psychologist and Professor Emeritus at the University of Pennsylvania School of Medicine and an Associate Professor at Drexel University in the College of Nursing and Health Profession, has devoted his life to developing and researching effective attachment-based family-focused solutions to this serious problem. Most of his research career has involved working with low income disadvantaged youth and families.



DATEFRIDAY, APRIL 28



TIME 2:00 PM - 5:00 PM

Live via Zoom

REGISTER ONLINE AT WWW.PAPSY.ORG

SPEAKER GUY DIAMOND, PHD

CE QUESTIONS FOR THIS ISSUE



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

You may complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. Each question has only one right answer. Be sure to fill in your name and address, sign your form, and return the answer sheet to the PPA office with your CE registration fee (made payable to PPA) of \$25 for members (\$50 for nonmembers)

Continuing Education Programs Pennsylvania Psychological Association 5925 Stevenson Avenue, Suite H Harrisburg, PA 17112

To purchase and complete the test online, visit our online store at papsy.org. Passing the test requires a score of at least 70%. If you fail, you may complete the test again at no additional cost. We do not allow more than two attempts at the test.

Allow 3 to 6 weeks for notification of your results. If you successfully complete the test, we will mail a confirmation letter to you. The response form must be submitted to the PPA office on or before March 31, 2025.

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.

Failure to Launch: Treating Older Adolescents and Emerging Adults With Delayed Transition

- 1. The dependency trap refers to:
 - a. Desire to maintain parental financial support
 - b. Reliance on parents to help avoid challenges that are distressing
 - Reliance on parents to continue to support the lifestyle they are used to
 - d. Parental intervention to maintain the status quo

2. In treating emerging adults who are delaying launching:

- a. Parents are not involved as it is a developmental issue.
- b. Parents can help identify family influences contributing to the situation.
- c. The focus is on identifying a career direction.
- d. Parents can help by paving the way for networking.

The Transition to Parenthood: Psychosocial Challenges and Opportunities for Growth in the Postpartum Period

- 3. The "baby blues" refers to mood, lability, tearfulness, irritability, and anxiety that occurs in up to _____ of women and last approximately _____ after delivery.
 - a. 80%; 6 months
 - b. 30%; 4 weeks
 - c. 30%; 2 weeks
 - d. 80%; 2 weeks
- 4. The transition to parenthood during the postpartum period is a low-risk time for psychosocial challenges, as becoming a parent serves as a protective factor against stress and psychological symptoms.

TRUE FALSE

Transitioning From One Area of Psychology to Another

 Reducing isolation (e.g., seeking consultation) in work as a psychologist is important in reducing occupational stress.

TRUE FALSE

International Students: Their Challenges and Opportunities

 One of the common challenges that international students face in the United States is academic anxiety.

FALSE

7. Research published in 2018 has revealed that DEI policies are geared toward enriching the educational experience of privileged White students.

TRUE FALSE

Relationship and Transitions During Parenthood

- 8. Which is NOT a theme that might disrupt relationships during the early transition to parenthood?
 - a. Avoiding conflict
 - b. Criticizing
 - c. Communicating preferred type of support
 - d. Neglecting feelings and needs
- 9. Which is a true statement about the transition to parenthood in regard to relationship satisfaction?
 - There is no fluctuation in satisfaction.
 - b. There is a normative fluctuation in satisfaction.
 - c. There is always fluctuation.
 - d. This has never been studied.

CE QUESTIONS FOR THIS ISSUE

7 Recommendations to Prepare for an English Language Learned in Crisis

 There are crisis management interpreter services that are directly available for crisis situations.

TRUE

FALSE

 There are common mental health phrases already translated in Spanish that are available to clinicians.

TRUF

FALSE

The Promotion of Self-Esteem and Body Image During the Transition to College

- 12. Which statement is most accurate about self-esteem and emerging adulthood?
 - a. Self-esteem is dependent entirely on comparison to peers.
 - b. Self-esteem may be impacted by one's perceived successes and failures.
 - c. Self-esteem remains constant throughout emerging adulthood.
 - d. All the above

13. Which of the following is NOT a helpful intervention for healthy body image among college students?

- a. Encouraging appreciation of the body
- b. Monitoring the effects of social media on body image
- c. Differentiating between "good" and "bad" foods
- d. Exploring patterns of self-talk

Ethics in Action: Self-Care: Individual and Organizational Responsibilities

- 14. What factors were reported to predict negative therapeutic outcomes?
 - a. Bubble baths and chocolate
 - b. High workload and job pressure
 - c. Social support at work
 - d. Therapist control at work
- 15. The APA ethical guidelines' focus on self-care is mostly related to:
 - a. Boundaries
 - b. Informed consent
 - c. Competency
 - d. All the above

Let's Tap Into Our Collective Resources!



MORE AUCTION ITEM

- GIFT CARDS
- BOTTLES OF WINE
- SPORTS TICKETS
- JEWELRY AND HANDBAGS





DONATIONS

AUCTION ITEMS

FOR PPF's THIRD ANNUAL SILENT AUCTION

To make sure our auction is successful, 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.

Deadline: Monday, May 1, 2023

If you have any questions or need a specific solicitation letter, please give us the contact information and we will generate the letter for you.

Please contact: Dhara Patel at dhara@papsv.org.

Fill out a donation form at



\$25 OFF! Use Code: PPA25

Now in its 43rd Summer! A summer series of week-long, halfday live-online and in-person CE courses taught by leading contributors to knowledge and practice.

JULY 3 - AUGUST 25, 2023 A few of our 2023 courses:



Janina Fisher, PhD
Healing The Fragmented Selves of
Trauma Survivors:
Overcoming Self-Alienation

Overcoming Self-Alienation

July 17th - 21st, 2023



Paul Foxman, PhD
The Anxiety Epidemic In Kids and
Teens: A Workshop For Clinicians
July 17th - 21st, 2023



Salman Ahktar, MD In Leaps & Bounds: Psychic Development and Its Facilitation In Treatment August 14th - 18th, 2023 In-Person Only

Scan to sign up for emails



MAK Continuing Education, LLC, Cape Cod Institute is approved by the Pennsylvania State Board of Psychology to offer continuing education for psychologists. Provider # PSY000226. MAK Continuing Education, LLC, Cape Cod Institute maintains responsibility for the program.

www.cape.org



CONTINUING EDUCATION ANSWER SHEET

The Pennsylvania Psychologist, March 2023

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

1.	а	b	С	d	5.	Т	F					9.	а	b	C	d	13.	а	b	С	d
2.	а	b	С	d	6.	Τ	F					10.	Т	F			14.	а	b	С	d
3.	а	b	С	d	7.	Τ	F					11.	Т	F			15.	а	b	С	d
4.	Т	F			8.	а	b	С	d			12.	а	b	С	d					
	Satisfaction Rating																				
Overall, I found this issue of <i>The Pennsylvania Psychologist:</i>																					
Was relevant to my interests						5	4	3	2	1	l	Not re	elevant								
Increased knowledge of topics							5	4	3	2	1	l	Not informative								
Was excellent 5 4							4	3	2	1		Poor									
Ple	ease p	orint	clear	·ly.																	
Na	me_																				
۸ ـا		_																			
Ad	Address																				
Cit	City State Zip Phone ()																				
Em	Email																				
	_																				

A check or money order for \$25 for PPA members (\$50 for nonmembers) must accompany this form. Mail to: Continuing Education Programs, PPA, 5925 Stevenson Avenue, Suite H, Harrisburg, PA 17112

Now available online, too! Purchase the quiz by visiting our online store at papsy.org. The store can be accessed from our home page. Please remember to log in to your account in order to receive the PPA member rate!

The Pennsylvania Psychologist

5925 Stevenson Avenue, Suite H • Harrisburg, PA 17112-1788

NONPROFIT ORG U.S. POSTAGE PAID HARRISBURG, PA PERMIT NO. 728

Calendar

Thursday, April 27, 2023 Intersectional Dialogue and Practice: The "Hows" and "Whens" of Identity in Practice Live Webinar 6:00 – 7:30 p.m.

Friday, April 28, 2023 Use of Attachment-Based Family Therapy for Adolescents Struggling with Depression and Suicidal Thoughts Live Webinar 2:00 - 5:00 p.m

Thursday, May 18, 2023 Intersectional Dialogue and Practice: Applications and Aspirations Live Webinar 6:00 – 7:30 p.m.

Wednesday, June 21 - Saturday, June 24, 2023 PPA2023 Convention In-person at The Penn Stater Hotel & Conference Center State College, PA

Thursday and Friday, October 5-6, 2023 PPA's VIRTUAL Fall Conference 2023

November 30, 2023 License Renewal Deadline for Psychologists in Pennsylvania



Home Study CE Courses

Act 74 CE programs

Essential Competencies when Working with Suicidal Patients—1 CE Four Ways to Enhance Your Suicide Assessments (Webinar)—1 CE Talking about Suicide: The Patient's Experience and the Therapist's Experience (Webinar)—1 CE

The Assessment, Management, and Treatment of Suicidal Patients: 2020—3 CE

The Essentials of Managing Suicidal Patients: 2020—1 CE The Essentials of Screening and Assessing for Suicide among Adolescents—1 CE

The Essentials of Screening and Assessing for Suicide among Adults—1 CE The Essentials of Screening and Assessing for Suicide among Older Adults—1 CE

The Essentials of Treating Suicidal Patients—1 CE

Act 31 CE Programs

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

General

Ethical Issues with COVID-19 (Webinar)*—1 CE

Ethical Responses when Dealing with Prejudiced Patients (Webinar)*—1 CE Ethics and Self-Reflection*—3 CE

Foundations of Ethical Practice: Update 2019*—3 CE

Integrating Diversity in Training, Supervision, and Practice (Podcast)—1 CE Interdisciplinary Collaboration in Assessing Capacity in the Elderly (Webinar)—1 CE

Introduction to Working with Chronic Health Conditions—3 CE
Legal and Ethical Issues with High Conflict Families*—3 CE
Mental Health Access in Pennsylvania: Examining Capacity (Webinar)—1 CE
Record Keeping for Psychologists in Pennsylvania*—3 CE
Telepsychology Q&A (Webinar)—1 CE
Why the World is on Fire: Historical and Ongoing Oppression of Black
African American People in the United States (Webinar)—1.5 CE

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

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

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

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