The Pennsylvania
Psychologist
JULY/AUGUST 2023
VOLUME 83, NUMBER 6

TO REPORT or NOT REPORT

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PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION
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VOLUME 83, NUMBER 6

JULY/AUGUST 2023

ALSO INSIDE

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

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"DAMN THAT SUCKS!"

What One Brief Quotation Conveys About Effective Suicide Interventions

SAMUEL KNAPP, EdD, ABPP

One promising trend in the study of suicide has been to explore and document the experiences of suicidal patients in psychotherapy. Love and Morgan (2021) represented this trend with their important article studying the reasons for patients' disclosures or non-disclosures of their suicidal thoughts to their psychotherapists. Love and Morgan analyzed the responses to an anonymous survey for 68 respondents who described either their reasons for disclosing or for not disclosing their suicidal thoughts. Their article identified common themes among disclosers and non-disclosers. Love and Morgan also used brief excerpts from the responses to illustrate important points in the article. One of these excerpts was especially moving and helpful. This article analyzes this quotation in more detail as it represents several important themes in the treatment of suicidal patients.

In describing his experience of disclosing suicidal thoughts to his psychotherapist, a 22-year-old Asian/White bisexual/pansexual man stated:

> There was no judgement or overly zealous attempts to get me to love life. It was gritty and real. I said, "Yo I wanna die" and she said "damn, that sucks. Glad you're still alive though" and I thought that was amazing (Love & Morgan, 2021, p. 539).

The article contained no other information on this patient, his presenting problems, or the psychotherapist-patient relationship. Nonetheless, this quotation touches on several important points that psychotherapists should consider when working with suicidal patients.

"YO I WANNA DIE"

Many patients fail to tell their psychotherapists about their suicidal thoughts. Others delete relevant details about past suicidal behavior, and still others minimize the extent of their suicidal thoughts or the significance of past behavior. Patients may fail to disclose suicidal thoughts because they fear that their psychotherapist will minimize their concerns or will shame or belittle them for having suicidal thoughts. Other patients fear that their psychotherapists will coerce, threaten, or bully them into accepting intrusive or unwanted interventions such as going into a hospital or taking medications. On the other hand, other patients will disclose their suicidal thoughts if they believe their psychotherapists will support them or help them to access needed services (Knapp, 2022). Although we do not know the details in this vignette, it appears that the psychotherapist had created a sufficiently welcoming environment that led her patient to believe that she could be trusted with this sensitive information.

THERE WAS NO JUDGEMENT OR OVERLY ZEALOUS ATTEMPTS TO GET ME TO LOVE LIFE

Many patients fear being rejected and judged. They respond better in treatment when their psychotherapists convey empathy and validate their experiences. Validation does not mean that the psychotherapist agrees with the patient or endorses the idea of a suicide. Instead it means that, given the patient's external circumstances, life history, and pattern of thinking, the psychotherapist can understand why the patient is thinking of suicide (Schecter & Goldblatt, 2011).

In this vignette, the psychotherapist refrained from arguing with her patient about why he should live. Patients who can identify reasons for living (such as a commitment to their families or a commitment to a religious perspective) have a reduced risk of suicide. Effective psychotherapists may help patients to think through their reasons for living and use those reasons as a motivator for change. Nonetheless, unless the psychotherapists preface these discussions appropriately, they could come across as dismissing the patient's concerns. It could imply that patients could easily get over these suicidal thoughts if they would just simply focus on good things or have happy thoughts. Here it appeared that the psychotherapist refrained from reason-for-living cheerleading and was willing to listen to and accept the depth of her patient's pain.

IT WAS GRITTY AND REAL

Many psychotherapists use a narrative assessment, wherein they allow patients to tell their own stories at their own pace with minimal interruptions. Skilled psychotherapists do not use euphemisms, accept that the possibility of a suicide is very real, and actively solicit more information about the patient's suicidal thoughts and the circumstances that led them to consider suicide.

"DAMN THAT SUCKS. GLAD YOU'RE STILL ALIVE THOUGH"

The psychotherapist acknowledged her patient's pain and conveyed her concern. Effective psychotherapy with suicidal patients requires a good psychologist-patient relationship. Some patients have stated that one reason that they did not kill themselves is that they knew that their psychotherapist cared about them (Montross-Thomas et al., 2014).

AND I THOUGHT THAT WAS AMAZING

The patient experienced a sense of being heard and feeling understood and felt a real connection with his psychotherapist. Just being heard can often reduce the desire to die. Instead of arguing with patients about how much they have to live for, psychotherapists offer a genuine human connection with their patients, which is an experience that intrinsically gives meaning to life. The stage has been set for the work of healing to begin.

SUMMARY

What does this vignette convey about effective psychotherapy with suicidal patients? It conveys the importance of listening, accepting, validating, probing, and conveying concern. At the end of their first session with a suicidal patient, two of the goals for psychotherapists are that their patients had a chance to tell their story and that the patients perceived that their psychotherapist cared about them.

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TO REPORT OR NOT REPORT:

Unanswered Questions in Mandated Reporting Statutes

HEIDI ZAPOTOCKY, MS; KELLIE WILTSIE, MS, JD; SIMONE GRISAMORE, BS; JENNIFER SCHWARTZ, PhD; DAVID DEMATTEO, JD, PhD

The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires all states and territories to establish mandated reporting requirements for instances of child abuse and neglect (42 U.S.C. § 5106a(b)(2)(B)(i)). However, CAPTA does not provide specific guidance about the content of the mandated reporting statute. Resultantly, states' mandated reporting statutes vary widely and are often difficult for practitioners to interpret. Variability includes who is required to report, what information to report, and when the report needs to be made (Child Welfare Information Gateway, 2019).

In Pennsylvania, mandated reporting requirements for child abuse and neglect are outlined in 23 Pa. C.S.A. §§ 6303, 6311, and 6313. Pennsylvania Child Protective Services (PCPS) reported that of 33,000 reports of suspected child abuse made in 2020, only 14% were substantiated. This number may indicate a widespread misunderstanding of the requirements for mandated and permissive reporters (PCPS, 2020). This uncertainty, caused by ambiguous statutory language, can result in under- and overreporting of potential child abuse and neglect. Although it is socially desirable for reporters to err on the side of caution when handling potential child abuse and neglect concerns, misuse of already limited investigatory resources on unsubstantiated reports can result in significant delays and inefficient practices. Similarly, if practitioners are underreporting child abuse and neglect, children may not receive the necessary services mandated by law.

The Drexel Psychological Services Center Collaborative Team for Psychology, Law, and Policy (Drexel PLP Team) is comprised of psychology and law graduate students and faculty from Drexel University. The team's mission is to review and suggest improvements to laws and policies that impact psychologists and psychological practice. Pennsylvania-mandated reporting requirements are particularly relevant to this team, as all psychologists are mandated reporters in Pennsylvania. The ambiguity of statutory language leads to disparate interpretations of reportable child abuse, suggesting that the statutes do not account for the complexities of mandated reporting that arise within clinical practice. Furthermore, misunderstanding of mandated reporting requirements reflects a need for policy revisions informed by the experiences of professionals who directly encounter potential child abuse or neglect.

To identify aspects of the statute that are ripe for revision, the team reviewed mandated reporting questions posed by licensed psychologists on a professional forum. The Pennsylvania Psychological Association provides a listserv for psychologist members to facilitate communication among professionals. The team reviewed forum postings from September 2021 to November 2022 and identified 16 questions pertaining to mandated reporting of child abuse and neglect. These questions were used to determine which sections within Pennsylvania's mandated reporting requirements may benefit from revisions. The team identified eight common themes in the initial forum post or within feedback provided by fellow psychologists. The themes were applied deductively from definitions and descriptives within mandating reporting requirements, which are intended to aid psychologists in determining whether a report is necessary. The team then deidentified specific questions raised within the forum postings,

as mandated reporting requirements may better meet the needs of psychologists by clarifying areas of uncertainty derived from real-world, clinical experiences. The table below describes the sections requiring revision, themes of uncertainty, and questions requiring clarification to improve ambiguous statutory language.

Findings from this preliminary research support that there is ambiguity in the interpretation of mandated reporting laws. The Drexel PLP Team is presently conducting a study to examine how Pennsylvania-licensed psychologists make decisions related to mandated reporting requirements and the factors affecting those decisions. The project aims to investigate discrepancies in beliefs about the need to report abuse or neglect based on hypothetical vignettes. From this ongoing research, we hope to illuminate the uncertainties embedded in existing mandated reporting laws and facilitate statute refinement and standardization. Additional research may be warranted to provide specific statutory interpretation and education recommendations.

Sections Requiring Revision	Themes of Uncertainty	Questions to Be Addressed
§ 6304. Exclusions from child abuse	Child-on-child contact	How do I proceed if child abuse is suspected, but both parties are under the age of 18? Is there a required age gap between the victim and the suspected perpetrator for the behavior to be considered reportable? How should mandated reporters proceed if abuse is suspected, but the abuser is under the age of 14, and not considered a perpetrator?
§ 6304. Exclusions from child abuse	Use of force for supervision, control, and safety purposes	Under what specific circumstances are restraints appropriate? If restraints are used according to those circumstances, but visible marks appear on the child's skin, would this still be an exclusion for mandated reporters?
§ 6303. Definitions	Perpetrator	How should I proceed if child abuse is reported by a victim who is now over the age of 18, and the suspected perpetrator works with or resides with children, though no evidence of continuing abuse is available?
§ 6303. Definitions	Child abuse – reasonable likelihood	What information is needed to establish that there is a reasonable likelihood that a child may experience abuse or neglect? If the person supervising a child is under the influence of substances, under what conditions would this constitute neglect? What are the specific characteristics that disqualify an individual from acting as a responsible caretaker (e.g., age, intellectual functioning, severe mental illness, and physical capabilities)? Should mandated reporters consider the child's age when determining if abuse is reasonably likely to occur? How do I proceed if an individual threatens to abuse a child but does not describe a specific plan and has not made active attempts to harm the child?
§ 6318. Immunity from liability.	Presumption of good faith	Under what particular circumstances would good faith immunity apply if a report was not mandated and patient information was disclosed without consent?
§ 6334. Disposition of complaints received	Child abuse in another state	How do I proceed if the suspected child abuse occurred out of state?
§ 6319. Penalties	Statute of limitations	Under what specific circumstances is suspected child abuse or neglect reportable if the victim is now over the age of 18?
§ 6311. Persons required to report suspected child abuse	Mandated reporters	Am I still mandated to report suspected child abuse if a report has already been made by another professional?

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42 U.S.C. § 5106

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PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

October 5-6, 2023

PPA VIRTUAL FALL CONFERENCE

THURSDAY, OCTOBER 5

W01 - 9:00 a.m. - 12:00 p.m.
Ethics and Risk Management When Your Client is Involved in Family Law Issues
Presenters: Steven Cohen, PhD; Jane Iannuzzelli, MEd
3 CE Credits

W02 - 12:15 p.m. - 2:15 p.m.
Act 31: Child Abuse Recognition and Reporting
Presenters: Rachael Baturin, MPH, JD; Molly Cowan, PsyD
2 CE Credits

W03 - 2:30 p.m. - 4:00 p.m.
Caring for Others Without Losing Yourself: A Compassion-Oriented Approach to Self-Care
Presenters: Jeff Sternlieb, PhD; Samuel Knapp, EdD, ABPP
1.5 CE Credits

W04 - 4:30 p.m. - 6:00 p.m.
Centering Marginalized Voices in Psychological Training Settings
Presenters: Camilo Posada Rodriguez, BA; Sara Albrecht Soto, MS; Roua Daas, BA; Jasmine A. Mena, PhD; Jose Angel Soto, PhD; Sreelakshmi Pushpanadh, MS
1.5 CE Credits

FRIDAY, OCTOBER 6

W05 - 9:00 a.m. - 12:00 p.m.
A Complex History: Racial Bias in Medicine and Psychology
Presenters: Tanya Vishnevsky, PhD; Jade Logan, PhD, ABPP; Molly Cowan, PsyD; Tyshawn Thompson, MA
3 CE Credits

W06 - 12:30 p.m. - 1:30 p.m.
The Safety Planning Intervention to Reduce Suicide Risk
Presenter: Gregory Brown, PhD
1 CE Credit

W07 - 2:00 p.m. - 5:00 p.m.
Talking with Clients about Guns: Integrating Diverse Perspectives
Presenters: Scott Romeika, PsyD; David Zehrung, PhD
3 CE Credits

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W01 - Ethics and Risk Management When Your Client is Involved in Family Law Issues (3 CE)	$75.00	$150.00
W02 - Act 31: Child Abuse Recognition and Reporting (2 CE)	$50.00	$100.00
W03 - Caring for Others Without Losing Yourself: A Compassion-Oriented Approach to Self-Care (1.5 CE)	$37.50	$75.00
W04 - Centering Marginalized Voices in Psychological Training Settings (1.5 CE)	$37.50	$75.00
W05 - A Complex History: Racial Bias in Medicine and Psychology (3 CE)	$75.00	$150.00
W06 - The Safety Planning Intervention to Reduce Suicide Risk (1 CE)	$25.00	$50.00
W07 - Talking with Clients About Guns: Integrating Diverse Perspectives (3 CE)	$75.00	$150.00

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PPA's Act 31 program is approved by the Department of Human Services (formerly the Department of Public Welfare) and the Department of State to offer the 2 continuing education credits needed to fulfill the child abuse requirement. PA CE Provider Number: CACE000007

THE RAMBLINGS OF AN AGING 20TH CENTURY PSYCHOLOGIST

SALVATORE CULLARI, PhD

I completed my doctoral coursework in psychology at Western Michigan University between 1975 and 1978. My graduate advisor Roger Ulrich was instrumental in making the psychology program largely behavioral in nature. He recruited and hired a number of influential behaviorists at Western while he was Department Chair in the mid 1960s. He was also a friend of B.F. Skinner and actually started a commune in Kalamazoo that was somewhat based on Skinner's utopian book, *Walden II*.

The commune was called Lake Village and I lived there along with Roger and about 30 others during my graduate training and then further. Skinner visited Kalamazoo a number of times over the years, and I was able to meet him in person. He was very personable, but some of my friends and I thought his facial features (and I don't say this in a disparaging way) actually resembled that of a pigeon. For those of you who don't know, Skinner largely used white rats and pigeons in his research. The commune still exists, albeit in a somewhat different manner than when I lived there.

During the years I was in graduate school, the three dominant psychological orientations were behaviorism, psychodynamic theory, and the humanistic approach. Cognitive-behavioral theory was still in its early stages and not a focus of my training program. Classical conditioning had largely been abandoned, although in my opinion, it could have proven useful had it been studied more extensively. I knew that eventually I wanted to engage in psychotherapy, so I expanded my course work both within and outside of Western well beyond what was required to be more eclectically trained, and also to meet requirements for licensure, which I obtained in 1979. As an aside, both my Master's thesis and doctoral dissertation (over 300 pages combined) were written on an IBM typewriter with no memory, spellcheck, or other conveniences of a computer.

Psychodynamic theory is largely based on the concept of id, ego, superego, defense mechanisms, and unconscious motivation. Freud and his followers believed that the id was uncivilized and amoral and had to be controlled by a strong ego and superego to function effectively in society. According to the theory, much of our behavior is controlled by unconscious forces that are not in our immediate awareness. These are often revealed in our dreams and overt behaviors, and through the use of defense mechanisms such as denial, repression, and projection.

Somewhat in response to Freud, Rogers and the various forms of humanistic psychology believed that humans are innately good and will develop "normally" as long as they are allowed to follow their natural inner course. The basic motivation for humans is to grow and reach their full potential through the process of self-actualization. One of the major contributors of humanistic psychology was Abraham Maslow, who believed that human motivation is based on lower level physiological needs such as air, food, and warmth, and higher needs such as self-esteem and love. Only when the lower level needs are met, can we move up the hierarchy to the higher needs in search of self-actualization and a fully integrated personality.

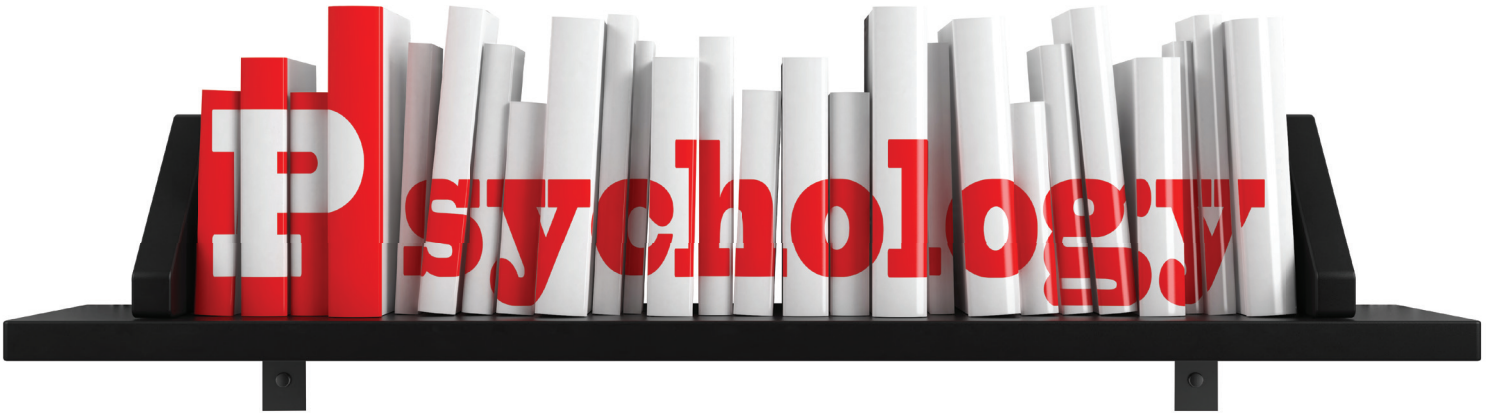
The current war in Ukraine demonstrates how people who are struggling with a lack of food, safety, and warmth quickly turn their thoughts and energies to these needs and largely abandon everything else that might have been important to them in the past. For example, interviews with refugees that have escaped the war often talk about missing their simple ordinary life with a home, job, and safety the most. They also typically report symptoms of anxiety, depression, and a lack of purpose in their current lives that would be consistent with Maslow's theory.

Behaviorists, on the other hand, largely believe that human behavior is neither good or bad but rather shaped and controlled by our environment. A certain stimulus invokes a certain response that is followed by a certain consequence. If that response increases in frequency in the future, that consequence is considered a reinforcement. If it decreases, it is considered a punishment. In this case, the same consequence may be either punishment or reinforcement depending on whether future behaviors increase or decrease. Many of the early studies conducted by Skinner and others were done with animals in highly controlled

conditions, so a major criticism of behaviorism includes generalization to the real world and the relative lack of focus on emotions, cognitions, and biological forces. However, the basic notion is that if you can control or change the environment, you can also control and change human behavior.

Of course, the descriptions above are highly simplistic and psychologists have written thousands of books and articles to further explain their theories and related topics. It was exciting to live through this process because many of the most well-known and influential psychologists were alive during my career and were presenting at conventions or publishing many books and articles. Of course, much of this process continues today.

As I look back on my career as a psychologist, I believe that we have made great strides with treating persons at the individual level. Many of the services offered currently are evidenced-based treatment and appear to be more effective and reliable than they were in the past.



Psychotherapy has come a long way since I was in graduate school, and many new and effective interventions have been developed to treat phobias, PTSD, anxiety, depression, and many other disorders. Recently, the internet has been used extensively to expand the types and scope of services that are available through telepsychology, and I expect that this mode of treatment will expand exponentially in the future.

Despite the relative success of individual treatment, we now live in a world where distress, mass murders, and psychological disorders are rampant. As an example, the death rate due to drug overdose is approximately 20 times higher now than when I finished my doctoral training. In 2021, over 100,000 persons lost their life due to a drug overdose. Although not quite as pronounced, there has been a similar trend for suicides over this time period and of course many of the recent drug overdoses are likely suicides as well. It Is estimated that approximately one in every four or five persons in the United States has some type of treatable psychological condition. If true, this would result in millions of people who may need intervention. We simply don't have the number of psychologists or mental health workers available to treat these persons individually and we never will. In fact, as professionals of my age get older and retire, it is already becoming difficult to replace us with younger workers. I believe this problem will continue in the foreseeable future. Currently, it is estimated that at least 50% of persons seeking psychological treatment cannot find it locally. So, it is clear that some significant changes will be needed if we ever hope to make a dent in treating the most vulnerable people in our society, as well as preventing psychological disorders and promoting positive mental health.

I don't want to make it sound like psychologists or other professionals have never attempted large-scale societal interventions. Efforts such as Head Start, the Community Mental Health movement, community psychology, social psychology, systems theory, and others have been used in the past and continue to be used with varying degrees of success. While these attempts at social engineering have had some impact, I don't think they have ever lived up to their potential. One of the goals of such programs was preventing crime, unemployment, homelessness, or psychological disorders, and it appears to me that in many cases, things have gotten worse rather than better.

There are many reasons for this current state of affairs. One factor may be that psychologists have never had a strong voice in government or have had a major impact on our political system. Even though psychological research has been ongoing for over 100 years and has made many contributions, it has not influenced our government or public policy at a level similar to other social or natural sciences such as medicine, physics, chemistry, or economics. When President Biden wakes up in the morning trying to figure out how to motivate unvaccinated citizens, he doesn't call his trusted psychological advisor because he doesn't have one. Similarly, the White House cabinet members do not include a Secretary of Human Behavior or anything of similar magnitude.

It may well be that the general public as well as many psychologists themselves view attempts at large-scale interventions as too Orwellian, undemocratic, nonautonomous, dangerous or all of the above. Thus, for a lot of psychologists, this is often not a priority or even something that they may view as useful. The debate over autonomy and

control has been debated by philosophers, psychologists, and countless others for hundreds if not thousands of years. The ongoing pandemic and arguments about requiring face masks and vaccinations is a recent and poignant example. In Skinner's book, *Beyond Freedom and Dignity*, he argues that the concepts of free will and autonomy will continue to hinder the use of scientific methods designed to improve human life, and perhaps his predictions have partially come true.

Of course, trying to change the world is a daunting task, and treating individuals is often much more rewarding and somewhat easier to do or evaluate than some of the social engineering programs described above. For example, many aspects of Head Start or the Community Mental Health Movement, both of which began in 1965, have been difficult to objectively assess or replicate. In the case of Community Mental Health (CMH), I don't think it was ever given the political support it needed to develop more fully. This was partly due to the costly Vietnam War, which unfortunately took funding away from programs such as this and essentially scuttled President Lyndon Johnson's vision of a great society. In the 1980s, under President Reagan, funding for most CMH budgets were diverted from federal to state sources, which often resulted in a patchwork of weak, inconsistent, and often ineffective programs. At the same time, large groups of individuals with serious mental illness who were previously treated in state institutions were released or transferred to community settings. Unfortunately, a large percentage of these persons ended up homeless or in jail rather than becoming a part of CMH services.

All of this occurred without much resistance from psychologists or other mental health workers. Frankly, I believe that many if not most psychologists and therapists are not particularly interested in politics or trying to influence the government. This is not what they were trained to do. They were trained to treat and help others as best as possible. Unlike lawyers, the dominant personality traits of many psychologists are not compatible with running for office or drafting legislation. But perhaps at some point, psychologists and politics may need to come closer together if we are to have any chance of solving the multitude of problems facing our nation and the world at large.

Ironically, and somewhat inadvertently, some of the basic tenets of psychology that I have described above have been absorbed by American pop culture in ways that are somewhat distorted and inconsistent with the actual theories themselves. A case in point that occurs frequently is the mantra of "good job" in response to actions that are not particularly connected to the quality of the behavior themselves. Skinner and his followers might describe such actions as noncontingent, intermittent, and in some cases random reinforcement. Often, I'm not sure what type of behavior this type of "shaping" is intended to produce.

In the case of humanistic psychology, perhaps we have taken the notion of unconditional positive regard, equality, and the idea of innate human goodness a bit too far. For example, in addition to possible increases in the rates of psychological disorders, the basic patterns of personality have also changed over the years. As compared to previous generations, young people today are often described as more self-centered, entitled, spoiled, less influenced by long-term negative consequences, and having other negative characteristics.

Can some of these qualities be related to parenting changes that are associated with our recent conceptions of psychology? It seems to me that this is very plausible. Others before me have talked about the "everybody gets a trophy syndrome" or the age of entitlement that we seem to be living in these days. Of course, not all young people share these traits, and seniors have been complaining about adolescents probably since verbal communication began. But the world is different and more dangerous now. Our global population is much more homogeneous in its thinking. Pandemics in the past were more localized as compared to the global exposure that we see these days, and the threat of nuclear war brings us closer to the real end of the world as we know it. Will future generations be able to survive a large-scale natural or man-made catastrophe? Predicting the future is a lot like counting snowflakes in a blizzard, but the recent COVID pandemic and overall behavioral changes in our society suggest some possible significant tribulations ahead.

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Live Webinar

Teaching Suicide Prevention: A Format for Educators, Supervisors, and Self-Directed Learners
Presented by: Samuel Knapp, EdD, ABPP

Friday, September 15, 2023
1:00 - 2:00 PM

PPA Members: $25
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Student Members: FREE

Register online now at *www.papsy.org*

National Suicide Prevention Week

Teaching skills to assess, management, and reduce suicide risk has become a standard part of training as a psychologist. This workshop will identify the core competencies that educators, supervisors or self-directed learners need to have to work effectively with suicidal patients and will suggest strategies to facilitate learning. Handouts include sample test questions and an annotated glossary of terms related to suicide.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

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Live Webinar

How Prescribing Psychologists Could Save Lives in the Opioid Crisis

Presented by: Dan Warner, PhD; Kirby Wycoff, PsyD, EdM, MPH, NCSP

Friday, September 22, 2023
12:00 - 1:00 PM

PPA Member: $25
Non-Member: $50
Student Member: FREE

Register online now at *www.papsy.org*

Psychologists trained and licensed to prescribe medications could prescribe buprenorphine, which has been shown to reduce opioid overdoses. This could be a major tool in our state's efforts to overcome the opioid pandemic. This training reviews the neuroscience and public health data that favors using prescribing psychologists to save lives.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

The Pennsylvania
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Calendar

Friday, September 15, 2023
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Live Webinar
12:00 - 1:00 p.m.

Thursday and Friday, October 5-6, 2023
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Home Study CE Courses

Act 74 CE programs

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.