The Pennsylvania

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QUARTERLY

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Editor: Andrea L. Nelken, Psy.D.

September 2010 • QUARTERLY

Get 1 CE credit for this issue! Page 30

The Future of Psychology Initiatives

Mark A. Hogue, Psy.D.

Dr. Mark A. Hogue

This is my first presidential article for **the** *Pennsylvania Psychologist*. Usually, the September presidential article is a condensation of the presidential address from our annual convention. However, I am going to present segments of my address over this next year and discuss the seven initiatives I've advanced for my presidency. I have asked six committees to complete five initiatives, and have appointed task forces to complete two special projects for this year. These requested tasks were termed "The Future of Psychology Initiatives."

These initiatives fall under four broad areas that I believe define the essence of human existence, and they are captured in my theme for PPA for this next year: ***Celebrating Human Performance in Mind, Body, Spirit, and Community.*** I believe PPA members have exceptional gifts to lend in each area toward improving human performance and human welfare.

Before I outline two of my proposed initiatives under the general theme of "Community," I want to take this opportunity to reiterate some of my statements about our great organization.

PPA has a rich tradition and a remarkable history. I was privileged just 2 years ago to help prepare for the 75th Anniversary of PPA by presenting a video log of some of our past presidents, and I was able to interview many others about the history of PPA. Doing so, I gained a perspective of this organization that I had previously lacked, and I feel as though I am standing on the shoulders of the many extraordinary psychologists who have served PPA. I am referring not only to those who have served as president, but to many of you who have and do serve as faithful members at-large, as committee members and chairs, board chairs, and managers of special projects and

initiatives. Additionally, our remarkable PPA staff have shepherded us through both highs and lows, through good and recently difficult financial times to maintain the stability our organization enjoys today. Their service to this organization is the foundation of PPA's success. The spirit of volunteerism in this organization is exceptional. The *spirit of servanthood* that is present in our staff and in our vol-

> *The sporting culture affords psychologists with an incredible lens from which to view the excellence of human performance.*

unteers is an essential element of good leadership. This servanthood as well as the rich traditions of championing the science and practice of psychology are historical testimony to the growth of PPA into one of the largest state psychological organizations in the country, second only to California. This past March, I attended the State Leadership Conference in Washington, DC, as the president-elect, and I can only say that my experience in talking with many presidents and presidents-elect almost embarrassed me with the riches we experience in this organization. I'm not just talking about monetary issues here. The fact that we have more than 300 volunteers serving on committees and in other capacities absolutely boggles the minds of those in other states. Eyes literally widen when I discuss this organization. All I can promise you is that I'll do my best not to screw things up during my presidency!

As many of you know, I'm involved in athletics, and part of my practice is in

sport psychology. In a recent article in the *Pennsylvania Psychologist* (May 2010), I stated that many people have the misconception that sport psychologists are just psychologist "jock" wannabes. To me, though, the sporting culture affords psychologists with an incredible lens from which to view the excellence of human performance.

I believe that sport and human performance reflect life in microcosm. Ethos. Pathos. Challenge. Joy. Failure. Triumph. *The exertion of the human will.* In fact, it is the exertion of will at its finest. It is "the stuff" of self and team — of individual and organizational determination. It reveals "the stuff" that makes us human in a time-lapsed manner. Sport activities are an incredible laboratory for the study of human performance! Who isn't aroused by excellence of sporting performance? Or, if that is not your bailiwick, perhaps you are stirred by a phenomenal concert or dance performance that brings tears to your eyes. It arouses emotion, and these performances help define what is humanly possible.

Were any of you moved by the Masters Golf Tournament, when Phil Mickelson won it in the shadow of his wife's and mother's simultaneous struggles with cancer? Or, perhaps you were roused by the Winter Olympics in Vancouver? Maybe a concert with Yo-Yo Ma, or a city philharmonic or ballet is more to your liking.

Human performance in general and the excellence of competition allows the world to come together for one country or culture to pit itself against another in cooperative competition. Everyone IS ONE. The diversity becomes UNI-VERSITY under the umbrella of competition. The pitting of the human will against one another, one country against the other, or one person against the elements. The excellence of human performance unites us in important ways. So it is the excellence of human performance and the exertion of human will that continue to fascinate me. I

believe psychologists have much to offer in studying and applying principles of enhancing human performance and thereby improving the human condition under the broad areas of mind, body, spirit, and community.

In keeping with my yearly theme and in concert with this current edition, *Digital Boundaries*, I would like to first highlight two initiatives that I have asked three existing PPA committees to complete under the realm of "Community."

We have all been trained in the social aspects of human behavior. However, the digital age has created new and previously unimaginable ways to communicate. Consequently, our world now seems smaller. Connecting with members of our families who may be spread across the globe is now easier. In decades past, families lived within miles of one another. This is now rarer; families are not only nationwide, but global. Also, while many cities still have distinct cultural neighborhoods, overall, our communities have become

much more multicultural. Our ability to expand psychological services beyond our own community of influence, as well as the influx of differing cultural influences within our areas of practice make our understanding of diverse cultures even more critical than ever before. Given these factors, I proposed two initiatives that generally fall under "community."

1. **Committee on Technology Implementation (CTI).** The Cyber Tech Task Force, started by Dr. Steven Cohen, was approved by the PPA Board of Directors in June 2010 to move to committee status. It is now known as the Committee on Technology Implementation (CTI). This committee will be housed under the Communications Board, with a mission to "evaluate the feasibility and value of PPA using new and emerging electronic and Internet technologies to execute its mission statement, strategic plan and committee goals." Dr. Michele Novotni will chair CTI.

2. **Diversity and Leadership Initiatives:** Our Committee on Multiculturalism has done a tremendous job in looking at and improving diversity issues in PPA. We need to better ensure our future with further diversity initiatives. I am asking for their recommendations on how to move this forward in PPA, and in our leadership development initiatives in particular. Our Leadership Development Committee, co-chaired by Dr. Jeffrey Pincus and Dr. Judy Blau, will also work with the Committee on Multiculturalism, chaired by Dr. Eleonora Bartoli.

In future articles, I will highlight and report on the progress of other initiatives PPA will undertake this year. Thank you all for your support of this great organization. I look forward to serving you as president to ensure PPA remains in the forefront of advancing our profession.

About Our Beat at the *Pennsylvania Psychologist*

Andrea L. Nelken, Psy.D.

Dr. Andrea Nelken

In the elusive dance of language and writer, it's sometimes tough to tell who leads and who follows. Language shapes us, then we shape it, with delicate and evolving footwork that, if once a waltz, is now a quickstep, hastened by technology's addition of neologisms, nonces, abbreviations and back-formations. With common usage spread wide by the very technology that inspires it, proper names become generic, and style changes so rapidly that well-respected authorities such as the *APA*

Manual, the *Chicago Manual of Style*, the *New York Times*, and the *Associated Press Stylebook* find themselves colliding on the dance floor, trying to keep pace. Matching step can be tricky, and the *Pennsylvania Psychologist* is no exception. Beginning with this issue, we have adapted the long-preferred "Web site" to "website." What will be next? "Email" rather than "e-mail"? Maybe. Writing "Internet" without capitalizing it? Don't hold your breath; it's still a proper name. But as with all of our field, we on the *Pennsylvania Psychologist* committee want to preserve the best of our formal training and still keep up with the beat.

ANNUAL REPORT

PPA Successful in Advocacy, Serving Members

Thomas H. DeWall, CAE

Thomas H. DeWall

PPA continued to provide value to the membership during the fiscal and program year that ended in June. I will point out a few of the highlights here in terms of how we carried out our strategic plan.

Advocating for public access to psychological services

We were gratified to see the General Assembly pass and the governor sign the problem-solving courts bill, now Act 30 of 2010. This legislation will help divert nonviolent offenders away from prison and into treatment for mental health or alcohol and other drug problems. This was our top legislative priority for this session, and it will benefit those who are in dire need of these services. This law authorizes the Pennsylvania Supreme Court to set up rules for the establishment of problem-solving courts at the county level and to appoint a statewide problem-solving courts coordinator.

During this year we were also successful in moderating a proposal by the State Board of Education to establish graduation competency assessments for high school students. The assessments will be one factor in determining whether a student can graduate, but other measures will be used as well. PPA had joined with the Pennsylvania State Education Association and other groups to win changes to the original proposal, which would have established one high-stakes examination for graduation.

PPA advocacy was also responsible for amending a bill that would have expanded the scope of practice of social workers and intruded on the practice of psychology. Through numerous meetings with legislators, legislative staff members, and other interested parties, PPA won concessions over issues

such as supervision, credentialing for administering psychological tests, and enabling school psychologists to retain their exemption from licensure. PPA advocacy directed toward the American Psychological Association also helped to win a dispute over APA's Model Licensure Act (MLA). In an earlier iteration the MLA would have recommended that school psychologists not be able to use that title without a doctorate. (See articles on pages 25 and 26.) Also, PPA provided grassroots support for APA in ongoing efforts to ensure adequate reimbursement under Medicare.

We have adopted a wide range of direct benefits for members, including a health insurance plan, a career center on our website, and many other benefits.

The Pennsylvania Psychological Political Action Committee also had successes in promoting public access to psychological services through financial support of state legislative candidates sympathetic to psychology. PennPsyPAC also underwrote our Advocacy Day in April, in which about 50 psychologists and graduate students came to Harrisburg to educate their state representatives and senators on problem-solving courts and other critical issues.

Promoting and advancing psychology in Pennsylvania

This strategic initiative includes educating our members and the public. We presented two CE and Ethics Conferences in fall 2009, one in Western Pennsylvania and one in the east. This was followed by our spring conference in April. More than

600 people attended these conferences. Our Annual Convention in June, with 4 plenary sessions, 50 workshops, and numerous other events, was attended by almost 300 people. Most of the attendees at all of these programs were PPA members, who enjoyed substantial discounts in the conference and convention fees.

We also engaged in numerous efforts to educate the public about psychological issues. They included hundreds of media interviews and speaking engagements by more than 50 PPA members, plus 14 workshops for the public during the convention attended by 240 people. We published an e-newsletter for the public each quarter during the year. We also educated the business community and sponsored the Psychologically Healthy Workplace Awards, which were presented to 5 companies. One of last year's winners, Memorial Hospital of York, was recognized by APA with a Best Practices award at the State Leadership Conference in March.

One of the most significant ways in which we educate our members is through consultation with Dr. Sam Knapp, our director of professional affairs, and Rachael Baturin, our professional affairs associate. They responded to literally thousands of requests for information on a wide range of practice and ethical issues. They also authored 15 articles in the *Pennsylvania Psychologist* on numerous topics such as professional records, confidentiality, the BHRS system, distant therapy, and the relationship among federal health care reform, parity, and Medicare. Several other articles on aspects of practice were contributed by other members. Dr. Knapp was honored for his work on ethics in psychology with the APA Ethics Committee Award in 2009. A 2009 article showed that PPA members were far less likely to be disciplined by the State Board of Psychology than nonmembers. For example, only 4 of the 27 psychologists disciplined by the Board from 1997 to 2008 for serious

boundary violations were PPA members (Knapp & VandeCreek, 2009).

The *Pennsylvania Psychologist* continued its high quality, publishing monthly except for August. The quarterly themes were "Dealing with the Economy" (Sept.); "Strategic Planning, Personal Goals, and Life Balance" (Dec.); "the Annual Convention" along with "Psychodynamic Thought" (March); and "Mindfulness" (June).

In addition to our printed publications, we have invested in a major upgrade to our website, using funds from those generated in the "$75 for 75 Years" campaign of 2008. The new site will have a new look, be easier to navigate, and will continue to be full of vital information for our members, including announcements using Facebook and Twitter. Almost 700 members participate in our main listserv, assisting each other with all manner of challenges and opportunities. Most of our committees communicate with their own smaller listservs, as well as with wikis for storing and editing documents. We have purchased a digital recorder to make selected CE programs available online.

We have adopted a wide range of direct benefits for members, including a health insurance plan, a career center on our website, a cost-effective credit card program, discounts from Staples, a link to Amazon.com on the website, and many other benefits.

We also advanced psychology by empowering our early career psychologists and students. For both groups we have set up listservs for sharing information and established mentoring projects. We involve both groups in all aspects of our governance structure as much as possible, and both groups provide frequent articles in the *Pennsylvania Psychologist*. The Pennsylvania Psychological Association of Graduate Students (PPAGS) continued its annual internship fair and organized two workshops for students, in Pittsburgh and Lancaster. PPAGS also sponsored an awards program to recognize community service projects conducted by students with faculty advisors.

This year we restructured the Pennsylvania Psychological Foundation to tie it in more closely to PPA, placing PPF in a better position to advance psychology in Pennsylvania. PPF continued

its Education Awards for deserving graduate students and helped fund the Public Education Campaign and the Disaster Response Network. Now it can also aid the e-newsletter for the public, the Practice-Research Network, and other eleemosynary activities.

Building and maintaining organizational strength

PPA continues its track record of responsible financial management. We have continued several strategies to recruit and retain members, including direct mail, phone calls, and in-person presentations. However, due to the ongoing recession, our total membership dropped slightly from 3,044 to 3,024 from May 2009 to May 2010 – 0.7% decrease, but only a 0.2% drop among full members and fellows. (Student membership dropped 13.5%.) We still rank as the second largest state psychological association after California. Despite the membership drop, and despite the fact that we have not implemented any significant dues increase since 1995, we developed a balanced budget again this year. Our nondues revenue is now 36% of the total budget, up from 30% just 5 years ago.

As noted above we have been able to cut our costs by conducting many of our activities through electronic means. We communicate within and among committees with e-mail, listservs, and wikis. This saves costs over mailing and phone charges, which is important since we now have more than 300 members actively participating in governance. We post governance documents on the website instead of mailing reports to the Board of Directors and others. We conduct our elections online rather than by mail.

A measure of our organizational strength is that we once again received enough votes in the APA apportionment process to retain two representatives on the APA Council. For 2011 we are the only state with that distinction. Our members seem to recognize the critical role that PPA plays on their behalf. 🦋

Reference

Knapp, S., & VandeCreek, L. (2009, Fall). Disciplinary actions by a State Board of Psychology: Do gender and association membership matter? *Focus on 31, 41*(3), 7. [APA Division 31]

The Bill Box

Selected Bills in the Pennsylvania General Assembly of Interest to Psychologists

As of July 3, 2010

Bill No.	Description and Prime Sponsor	PPA Position	Senate Action	House Action
SB 251 HB 2186	Establishes involuntary commitment process for outpatient mental health treatment and expands mental health resources — Sen. Stewart J. Greenleaf (R-Montgomery) — Rep. Mario M. Scavello (R-Monroe)	For if amended	In Judiciary Committee	In Health & Human Services Committee
SB 306 HB 1879	Requires all health care providers to wear ID badge — Sen. Edwin B. Erickson (R-Delaware Co.) — Rep. Thomas H. Killion (R-Delaware Co.)	Against	In Public Health and Welfare Committee	In Professional Licensure Committee
SB 383	Promotes establishment of "problem solving courts," including for mental health and addictions — Sen. Jane C. Orie (R-Allegheny)	For	Passed, 6/3/09, 49-0. Removed House amendment & passed, 5/5/10, 49-0	Amended and passed, 3/23/10, 196-0. Passed Senate version, 5/25/10, 194-0. Signed by Governor, 6/3/10, as Act 30
SB 1241 HB 2060	Provides for management of head injuries among high school athletes and evaluation by psychologist or other provider — Sen. Patrick M. Browne (R-Lehigh) — Rep. Tim Briggs (D-Montgomery)	For	In Education Committee	Passed by Education Committee, 6/16/10; on House calendar
HB 1	Expands state adultBasic program to cover more people and add prescription drugs and behavioral health — Rep. Todd A. Eachus (D-Luzerne)	For	In Banking and Insurance Committee	Passed 6/29/09, 104-96
HB 215 SB 1017	Restricts insurance companies' retroactive denial of reimbursement — Rep. Stephen E. Barrar (R-Delaware Co.) — Sen. David G. Argall (R-Schuylkill)	For	In Banking and Insurance Committee	Passed by Insurance Committee, 6/30/09; in Appropriations Committee
HB 1250	Establishes a "practice act" for social workers, marriage and family therapists, and professional counselors; provisions intruding on psychology practice amended out — Rep. Marc J. Gergely (D-Allegheny)	Neutral	In Consumer Protection & Professional Licensure Committee	Passed 3/9/10, 185-11
HB 1639	Comprehensively revises child custody laws; establishes 16 factors for courts to consider in custody cases — Rep. Kathy Manderino (D-Philadelphia)	For	In Judiciary Committee	Passed 6/14/10, 191-0
HB 2496	Authorizes psychologists to testify in court on the determination of insanity — Rep. Kathy Manderino (D-Philadelphia)	For	None	In Judiciary Committee

Information on any bill can be obtained from http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm

E-mails, E-mails, E-mails: Boundaries, Boundaries, Boundaries

Allan M. Tepper, J.D., Psy.D., PPA Legal Consultation Plan
Samuel Knapp, Ed.D., Director of Professional Affairs
Rachael L. Baturin, MPH, J.D., Professional Affairs Associate

Many individuals routinely use electronic mail (e-mail). Once confined to the office computer, the sending and receipt of e-mail now can be accomplished in almost any setting, using laptop computers, mobile phones, and other electronic devices. The use of e-mails between a psychologist and a patient raises a number of personal, professional, and ethical concerns. This practice also raises clinical and record-keeping issues.

Currently, the Pennsylvania State Board of Psychology has no rules that address or prohibit the use of e-mails between a psychologist and a patient. It is necessary, therefore, to apply any existing rules and regulations when utilizing e-mail communication with a patient (Martin, 2010). In addition, any psychologist utilizing e-mail with a patient should establish a policy that governs this form of clinical interaction (Baturin, 2010).

Use of e-mail communication

E-mail communication is simple, fast, and efficient. It is an easy means of maintaining contact with others. Currently, there is a social expectation that despite the time of day or geographical location, there always is e-mail availability. Despite this widespread use of e-mail, it remains the professional responsibility of the psychologist to determine whether e-mail will be incorporated into the therapeutic relationship. There still are telephones, telephone answering machines, and answering services. Thus, despite the ease and social expectation of the use of e-mail communication, the psychologist must determine whether there is a professional basis to engage in e-mail communication with a patient.

Content of e-mail communication

If a psychologist decides to e-mail a patient, it is necessary to determine when e-mail will be used. That is, will the psychologist use e-mail for such logistical purposes as the scheduling or canceling of appointments? Conversely, will e-mail be utilized to transmit clinical information back and forth between the patient and the psychologist?

When deciding whether to utilize e-mail to transmit clinical information, the psychologist must determine the clinical appropriateness of conducting treatment in this manner. Usually, if a patient telephones a psychologist between sessions in a non-emergency situation, the psychologist advises the patient that it might be best to discuss the issue during the course of their next scheduled meeting. It would appear, therefore, that a similar approach would be prudent when receiving clinical e-mail communications from a patient, especially when treating a needy patient who requires greater structure.

Dr. Allan M. Tepper *Dr. Samuel Knapp* *Rachael L. Baturin*

Form of e-mail communication

Many e-mails conducted between friends are social and informal in nature. The use of first names, abbreviations, shortened sentences, bold face type, and irregular punctuation is a common occurrence. In order to ensure that boundaries are not blurred, one risk management recommendation is that psychologists abstain from the use of such informal language when e-mailing a patient. Once again, despite the everyday use of e-mail communication, the psychologist is in a professional relationship with the patient. The e-mail, therefore, should be professional in nature. In essence, the e-mail should resemble a professional letter, rather than appearing as an informal note between friends.

Timing of e-mail communication

Upon sending an e-mail, the sender often anticipates an immediate response. There is an expectation that most people read their e-mails promptly, and thus an immediate response will be forthcoming.

If the decision is made to e-mail a patient, the psychologist should discuss with the patient, in advance, the timing of the response to the patient's e-mail (Baturin, 2010). Once again, a telephone analogy is useful. Many psychologists, both private and agency-based, utilize a voice-mail message that advises the caller that the psychologist currently is unavailable, the psychologist will return to the office at a certain time, and the caller should proceed to a local emergency room if time is of the essence. Generally, there is no expectation that the psychologist will be checking telephone messages on a continuous 24-hour basis.

The psychologist also must be cognizant of the actual time at which an e-mail is forwarded to a patient. No one maintains the same personal or professional schedule. Many people work on their computers at different times of the day and night. Nonetheless, is it appropriate to respond to a patient after what generally is considered to be professional business hours? Would

such a response instill in the patient an unfounded sense of feeling special to the psychologist? Is the psychologist overly involved in the care of the patient? The time the e-mail is sent, therefore, raises clinical and boundary issues.

Maintenance of e-mail communication

There is a question as to whether pursuant to 49 Pa. Code §41.57 (the Pennsylvania Psychology Licensing Board professional records regulation), an e-mail constitutes part of the patient's record. In general, a psychologist is not required to maintain a record of all brief telephone contacts with a patient. An argument can be made, therefore, that the failure to maintain a copy of a nonclinical e-mail with a patient does not constitute a record-keeping violation.

Despite this record-keeping issue, however, it is recommended for risk management purposes that a psychologist download, print, and maintain a copy of all e-mails received from and sent to a patient, except for brief scheduling communications. If the psychologist decides to use e-mail, it is likely the patient will maintain a copy of all e-mail correspondence. If the patient later alleges some type of wrongdoing by the psychologist, there is a greater likelihood that the patient may reveal only the e-mail communication that supports the patient's allegations. Thus, if e-mail communication is utilized during treatment, we recommend, for risk management purposes, placing a printed copy of the e-mail communication into the patient's file and maintaining it for the required 5-year record-keeping time period.

Discussion

Electronic mail (e-mail) communication is allowed between a psychologist and a patient. Currently, such communications are governed by existing rules and regulations. If a psychologist chooses to engage in e-mail communications with a patient, such communication should be conducted professionally, consistent with the clinical constellation of the patient, and maintained as part of the treatment record. Overall, when engaging in such e-mail communication, the psychologist must remain cognizant of the need to maintain firm structure and boundaries in the treatment relationship.

References

Baturin, R. (2010, April). Using electronic media to supplement face-to-face therapy. *Pennsylvania Psychologist, 70*(4), 9.

Martin, S. (2010, August). Questionnaire: The Internet's ethical challenges. *Monitor on Psychology, 41*(7), 32–35.

Sustaining Members
2009-10

Special thanks to our Sustaining Members for the fiscal year that ended June 30! PPA appreciates your additional support. Sustaining Members contribute an extra $100 or more at the time of their dues renewal. Members' dues are due in the quarter in which they joined, so please look for the Sustaining Member notice with your dues statement. This program helps PPA maintain a strong organization with a balanced budget. For more information, please visit the PPA website, www.PaPsy.org. We raised $5,500 in the last fiscal year with this effort.

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State Board of Psychology Issues New Regulations on Postdoctoral Supervision

The Pennsylvania State Board of Psychology has issued new regulations regarding supervision of psychology residents — those who have obtained a doctoral degree and are fulfilling the postdoctoral requirement for licensing. The new regulations do not apply to predoctoral interns or to members of other professions who are being supervised by psychologists. The regulations contain several changes in wording and definitions that allow for greater clarity in understanding the expectations of postdoctoral residents.

Under Section 41.1, Definitions, the Board added the following terms:

delegated supervisor: a person to whom the primary supervisor has delegated up to 1 hour of the 2 hours of required weekly supervision who holds a current license, certificate, or registration from a health-related board within the Bureau of Professional and Occupational Affairs, or a person who is exempt from licensure under section 3(4)–(8) of the act (63 P.S. §1203(4)–(8)), who meets the requirements in §41.33(a) and (b) (relating to supervisors);

primary supervisor: a currently licensed psychologist having primary responsibility for directing and supervising the psychology resident.

In addition, this section clarifies the following terms:

psychology intern: a student participating in an internship as part of a doctoral degree program in psychology or a field related to psychology;

psychology resident: an individual who has obtained a doctoral degree and is fulfilling the supervised experience requirement for licensure, or an applicant for licensure who is continuing training under §41.31(4) (relating to educational qualifications);

psychology trainee: a psychology intern or psychology resident.

Under Section 41.32, Experience Qualifications, the regulations include the requirement that first-time applicants for licensure who began the postdoctoral supervision after December 6, 2010, will have to earn 1,750 hours of supervised experience. The current requirement is for 1,500 hours.

In addition, the regulation clarifies that psychology residents may obtain their postdoctoral experience at more than one entity simultaneously, as long as the following requirements are met: (a) the experience obtained at each entity is for a minimum of 6 consecutive months; (b) the experience occurs for a minimum of 15 hours per week at each entity; (c) the total experience for all entities does not exceed 45 hours per week; and (d) the experience complies with the requirements in paragraphs (2), Acceptable Experience, and (3), Supervision, of this section of the regulation. For example, if the entities are separate entities such as X Clinic and Y Clinic, then the psychology resident is required to get 2 hours of supervision provided by each entity. If the two entities are related (satellite sites under the same umbrella corporation, e.g., ABC Medical Center and ABC Clinic), then the psychology resident is required to get only 2 hours of supervision for both sites because those sites are part of the same entity.

Another change is that beginning on December 1, 2015, the supervisor of psychology residents must have completed a doctoral-level course in supervision or 3-hour continuing education course in supervision.

One of the most important changes is the decision of the State Board to allow recent doctorates in psychology to take the national psychology licensing examination (Examination for the Professional Practice of Psychology; EPPP) and the state psychology law examination (Professional Psychology Law Exam; PPLE) immediately after completing their doctoral degree. Of course, even applicants who pass these examinations must still complete their year of postdoctoral supervision before they can become licensed. Previously, applicants had to complete their supervised year before they could apply to take the licensing examinations. This change, however, should reduce the amount of time it takes for applicants to get licensed.

www.PaPsy.org

You will find:

- News on mental health legislation
- The *Pennsylvania Psychologist*
- Licensure information
- Membership benefits
- Online CE programs
- Announcements about in-person events
- Information on PPAGS, PPA's student organization
- Members-only password: keystone

The Google Conundrum: To Google or Not to Google Patients?

Steven R. Cohen, Ph.D., and David Palmiter, Ph.D., ABPP

To Google

Steven R. Cohen, Ph.D.

When seeking a psychologist, physician, plumber, or any other service provider, the first place many people look is the Internet. It has been years since a new patient found my name using a phone book. Most patients today inform me that, even with a direct referral, they have checked me out on the

Dr. Steven R. Cohen

Internet. This is basic to being a good consumer. In addition to finding my website, patients often find information about me that is not psychology-related. There may be postings about charitable activities or service on nonprofit boards. I am on LinkedIn, but I am not on Facebook, MySpace, or other social networking sites. Even if we limit our presence on the Internet, clients can find out a lot about us. All of this is public information, available to anyone with Internet access.

> *I believe that in some situations, searching for Internet information about our clients is an emerging standard of care.*

Just as our clients may learn about us on the Internet, we may gather valuable information about our clients. My work, doing forensic evaluations and treating court-ordered clients, influences this view. When doing a forensic evaluation, I want to be as thorough as possible: The crucible of cross-examination is a great teacher about thoroughness. If the Internet offers information about a client, an opposing attorney is likely to have obtained it. I believe it is incumbent upon us to at least Google the client.

At times, the information obtained can significantly influence the report. Not long ago, I evaluated a mother with a history of drug and alcohol problems, who assured me she had been clean and sober. Hair follicle testing yielded negative results, which supported her claim. At her second interview some time later, I asked again if she had been using substances. She assured me she had remained clean and sober. However, unbeknownst to her, the previous day I had Googled her name and found she had just been arrested for drunk and disorderly conduct. When I confronted her, she said she had hoped I wouldn't find out until the evaluation was complete. In another case, a teen's mother accused her "ex" of not adequately supervising their daughter. He disputed it—until the daughter posted photos on Facebook of herself and friends playing drinking games at her father's house. Had I prepared the reports without Internet searches, my recommendations might have been completely different. I believe that in some situations, searching for Internet information about our clients is an emerging standard of care.

I realize most psychologists are not engaged in forensic evaluations. In individual therapy, we often lack collateral information to validate clients' reports, and too naïvely trust what they say. However, it is not unusual for clients to post contradictory information about mood, substance use, and even suicidal ideation on their social network sites or blogs. If we treat adolescents who tell us they are drug- and alcohol-free but post pictures of themselves drinking, the photos are relevant to treatment. If information is available in a public posting, I believe under many circumstances we should take a peek. I am not advocating "friending" a patient or finding a way into their private postings, but I believe the public behaviors of our clients are fair game.

In the July/August 2010 APA *Monitor on Psychology,* APA Ethics Director Steven Behnke discusses ethical challenges posed by the Internet and says curiosity about a client is not a clinically appropriate reason to do an Internet search. Yet so much of our emphasis is on data-gathering, gathering evidence, and looking for validation that I believe there are times when "clinical curiosity" *may* warrant an Internet search. Some say we need special consent. I do not believe consent is needed to look at public information, whether posted by others or by our clients. But, you must use your clinical judgment to decide when Googling will help or hinder therapy.

Not to Google (sort of)

David Palmiter, Ph.D., ABPP

Dr. David Palmiter

At this point in my career, I often find myself discussing the interaction of the practice of psychology with various electronic venues. Regarding ethics and risk management, I would offer this: The scripts are the same; only the stages are different. Some of these electronic stages are bombastic, provocative and outrageously popular, which can distract us from the familiarity of the scripts being acted out. For instance, I recently learned of cases of early career psychologists communicating on dating sites with anonymous parties (a popular forum in part because it allows parties to withhold their identities until they feel comfortable), only to discover that the other person was a current or past client. While this is a new stage, the script is similar to the one that rural psychologists fine-tuned years ago for handling a surprising multiple relationship (Schank and Skovholt, 1997, discuss managing such overlapping relationships). Today I had a friendly debate with a colleague in another state about whether one should allow comments when writing a blog. While we agreed that one should screen all comments to blogs before posting them, my colleague argued that receiving such comments, even without publishing them, might establish a duty. While I agreed with her, I also suggested that the risk was no different from the one that exists when we allow the public to leave messages on our voice mail.

Yes, Google is a (relatively) new and enormously popular stage. But, we've had ways of clandestinely learning about other people long before Google existed, such as looking up public records at courthouses or libraries, hiring detectives to observe public behaviors. Sure, Google is more easily accessible and usually does not involve fees, but isn't the script similar?

Would it be okay to hire a detective to observe a client's public behavior and to report back to us? Clearly there could be advantages, such as those advanced by my friend, Dr. Cohen. I won't say it is always right or always wrong to hire a detective, just as I won't make a similar declaration regarding Google searching. For me, the key issue, *sans* emergency, is whether informed consent has been acquired. Hence the qualifier "sort of" in the title. In trying to strike a balance between covering the issues and brevity, this is what I cover in my intake paperwork regarding electronic venues:

I have a website (www.helpingfamilies.com), a Twitter page (www.twitter.com/HelpingParents), and a blog (www.hecticparents.com). My clients are welcome to visit these pages, which contain information and guidance.

Unless the communication is very simple and is not sensitive, I prefer to not communicate through e-mail. My preference is born of a desire to protect the confidentiality of our communications.

You also may find I have a presence on social networking sites. Because I take every reasonable step in my power to be of maximum service to you, I do not accept invitations from current or past clients to network on these sites. The collective experience of my field, as well as my personal experience, is that psychologists are more likely to be of help to their clients if they do not establish relationships outside of the office.

It is my practice not to do Internet searches on my clients, but to rely exclusively on the information my clients have provided. However, in an instance of significant safety or risk, I reserve the right to use the Internet as a source of information. While this circumstance would be highly unusual, I am mentioning it in order to provide you the most comprehensive level of informed consent.

If you have questions or concerns about any of these issues, please let me know.

So, I really do not disagree with Dr. Cohen. I think.

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Online Social Networking Basics

Pauline Wallin, Ph.D.

Dr. Pauline Wallin

What is social networking, and how can it help me professionally?

Social networking is simply the process of connecting with other people who share your personal or professional interests. Although the term achieved popularity through online connections, it's also an offline phenomenon. If you've ever been introduced to someone at a mixer, a cocktail party, or a PPA convention, you've already experienced social networking in the offline world.

Online social networking is similar but more powerful, with the potential to connect you with thousands of people. Using the personal and professional relationships you already have, you can reach new prospective clients and referral sources, and market to them.

How do I get started in social networking?

There are hundreds of social networking websites. The top three are LinkedIn, Facebook, and Twitter. Start with a free account in one of these. Which one? That depends on the types of people you want to connect with.

If you're primarily interested in meeting other professionals who could potentially refer business to you, use LinkedIn. If you want to reach a more general audience, and to interact with them in a multimedia setting, try Facebook. For brief, text-based communication, turn to Twitter.

The next thing to do is connect with people in your social network. From your **LinkedIn** account page, you can invite colleagues to join your LinkedIn network — either by entering their e-mail address or by searching for them within the LinkedIn website. Those who are already registered on LinkedIn probably have their own network of contacts, whom you may choose to invite as well. You can also search for old classmates and for people in similar or complementary professions.

Facebook is less targeted, but more flexible. You can have a personal page and/or a business page (formerly called a "fan" page.) For purposes of marketing, you'd probably choose the business page, because it provides more options for presenting content and does not require mutual "friending." That is, people who join your business page won't have access to content you want to keep within your immediate circle of family and friends, such as photos of your kids or personal messages.

To get fans on Facebook, invite Facebook users you know (Facebook has a search feature). Also, post a link to your Facebook business page on your website, in e-mail and in other online communications, and note your Facebook page on your business cards.

On **Twitter**, get started by locating people or businesses with whom you want to interact, then click to "follow" them. Some of them will follow you back. Whenever someone you are following posts a "tweet," it will show up on your Twitter account page. Whenever you post a tweet, it will show up on your followers' Twitter pages.

OK, I set up an account and am now connected to a few people. How will this help me get more clients?

The best way to market your practice on social networking sites is to be helpful to others. Post links to news stories and articles, or write your own. Join a couple of groups on LinkedIn or Facebook, and interact with other members. Answer questions posted by others. Include links to your blog or website.

The more you do these things, the more you will be recognized as an expert in your field. When people find your information helpful, they will pass it on to their social networks. Your Internet presence will grow, which will give you more credibility in your local market.

How much time does all this take?

At the beginning, expect to spend a few hours setting up your social networking account and reading the Help files.

From there, it's simply a matter of reading other people's posts and adding your own content. Plan for a minimum of 30 minutes once or twice a week.

It's vital to post new content frequently. Each time you post, you are reminding those in your network that you're out there. Frequent postings increase the chances you will be contacted by someone actively looking for help.

What about privacy and confidentiality?

To protect your personal information, check the privacy settings in your social networking account. But keep in mind that anything you post is potentially public. Even if you delete it from your account, it could be in someone else's account or in an archive somewhere. Therefore, assume that whatever you post will stay there forever.

Where can I learn more about social networking?

LinkedIn, Facebook, and Twitter all have extensive libraries of Help files. There are also free third-party tutorials, as well as applications that automate certain tasks. You can find these through a Google search such as:

- *free facebook tutorial*
- *free twitter tutorial*
- *twitter tools*

If you want to avoid commercial websites that try to sell you programs, limit your search to .org or .edu sites. Simply add site:org or site:edu (no spaces) to your search terms. For example: *free facebook tutorial site:org*

A final word of advice...

Don't do too much research. You don't need to know everything about social networking to get started. You're smart — you'll learn as you go along.

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http://www.linkedin.com
http://www.facebook.com
http://www.twitter.com

Where the Twain Meet: Social Networking as a Professional

Michelle Herrigel, Psy.D., & Theresa Kovacs, Psy.D.

Dr. Michelle Herrigel

Dr. Theresa Kovacs

Having a personal life is vital. Using technology that allows us to share our personal lives with those we care about and to streamline our professional lives only makes sense. But when the two online worlds collide, psychologists struggle. We ask ourselves: Should we have a Facebook or MySpace social networking page? What are the risks? We both have family (grandchildren, nieces and nephews) as well as friends around the globe. We both find e-mail, blogging, and Facebook essential to maintaining contact with others.

Social networking can pose challenges, especially for the inexperienced. Stories abound about photos, embarrassing interpersonal relationships, and even loss of jobs based on information discovered on a Facebook page or other social network. Potential clients may be able to view awkward high school prom photos, mom's favorite photo the "relatives had to see," or posts by friends of friends making some not-so-politically-correct statements you may not agree with.

On the other hand, modern-day consumers use the Internet. People Google their doctors, hair stylists, massage therapists, Pilates teachers, psychics, and nearly anyone else whose services they seek. Psychologists must expect modern clients to Google them and should neither feel offended nor intruded upon by it. Clients can discover a lot about their therapists, even if their therapists do not have websites or Facebook profiles. Therapists should realize that an online search is a legitimate and reasonable way for modern-day consumers of mental health services to screen, compare, and locate a good therapist.

Managing your presence online

Google searches: Using the famous search engine, clients can learn the following about you:

- home address and phone number
- licensing board sanctions
- political affiliation and political petitions signed
- evaluations by clients (i.e., yelp.com)
- criminal background
- lawsuits and other legal matters

To know what is posted online about you, you can use Google Alerts:

- Sign up for Google Alerts at http://www.google.com/alerts
- Enter your name and degree in different combinations, such as "Eagor Helper, Ph.D.," "E. Helper, Ph.D.," "Dr. Eagor Helper, Council Bluffs, PA."

Twitter (twitter.com): Twitter, an "information network that shares messages or tweets of 140 characters or less," is a valuable tool for sharing brief bits of information or links back to your site. Twitter is accessible by computer as well as through handheld devices such as a BlackBerry or iPhone. Passed from any source simultaneously to all listed followers, news frequently breaks on Twitter so quickly that nearly everyone on the service has read it within minutes. At first Twitter can be tough to follow because of the language shortcuts of "twitterites," but if enough people or the right people follow you, you may get valuable, instantaneous feedback on questions or thoughts from the masses.

Creating a Twitter profile can be lonesome in the beginning, but if you spend time using it, you will attract followers and learn to follow others. Tweets can be professional (to announce events or information) or personal ("I am going to the grocery store"). As a professional, you can share information about psychology, announce events, or share links to one's latest blog.

Yelp. (yelp.com): While Yelp is a huge database of hospitality and entertainment, it also records reviews. You can find shops, restaurants, hotels, doctors, and business offices. It provides store hours and directions, covers more than 34 cities, and is growing. Best of all, it offers reviews. Consumers can see how people have rated services, including psychologists. Consumers have the edge here, but caution applies, because reviews can be manipulated.

Facebook (facebook.com): Facebook is to social networking what Google is to search engines. As the biggest social networking site, Facebook started out as an electronic face page at Harvard and mushroomed to almost 500 million users and a growth rate of 5% a month. You start out by publishing information about yourself such as interests, education, marital status, or as much as feels comfortable. Then you can search for friends. Once you find someone you want to connect with, you ask the person to "friend" you.

Many people have a personal Facebook page as well as what used to be called a "Fan" page (this has recently been changed to "Like" status). Facebook is a delicate balance, and knowing your settings can save you embarrassment. The controlled privacy settings allow you to manage your listing and how you are "seen" by those who are searching. The default settings will not get you the highest level of privacy. In addition, adding "game or other applications" will share your personal information with others who also use those applications. We recommend you use the highest privacy settings, and allow only those you know personally to become your "friend."

Another less complicated and ethically sound decision for those in practice is to start a professional page. This can be totally separate and distinct from the personal page. (Tip: Be sure that you keep these separate and do not include personal photos on your professional page.) Dr. Herrigel uses this page to share psychological tips, make announcements, or share her current blog (link below). As with Twitter or LinkedIn, you can use a

Web Wisdom

Ed Zuckerman, Ph.D.

The following websites may provide useful maps as you navigate the complexities of social networking:

http://bizsavvytherapist.com/why-social-media-isnt-social/
In "Why Social Media Isn't All That Social," Susan Giurleo, Ph.D., offers social-networking rules for therapists by a therapist. Dr. Giurleo teaches clinicians to build practices using social media.

http://drkkolmes.com
Keely Kolmes, Ph.D., is one of the more thoughtful users of social media and has posted a number of her articles and a detailed social media policy for her patients. Her social media policy can be downloaded from her site. Her policy statement is thoughtful and extensive because it addresses many unusual topics, including using Short Message Service (SMS), search engines, Google Reader, problems with business review sites and location-based services, and, finally, why she has taken down her Facebook page.

The summary of Dr. Kolmes's advice to therapists includes caveats and guidance on Yelp, Facebook, blogs, and Twitter, as well as her NPP and HIPAA consent forms, usually required by HIPAA regulations.

http://db.tidbits.com/article/11307
Those with an interest in explorations of what online friendship means and the important distinctions between social media sites will enjoy Glen Fleishman's "Pondering Friendship Online: Focus on Intimacy" at the above site, with several linked articles.

WHERE THE TWAIN MEET
Continued from page 13

professional photo, but do not create photo albums with personal photos.

LinkedIn (linkedin.com): With about 70 million users, LinkedIn is essentially a "professional Facebook page," geared to provide networking to the working world. Participants can share professional information and join "groups" to interact with others who hold similar interests. Many people display a professional photo, but a personal photo is not necessary. This is a great way to network with others, and you can manage how much information you share. LinkedIn is also an ideal place to broadcast employment interests and find prospective employers. You can contact friends of colleagues and also ask them to "recommend you." This definitely expands your reach.

My Space (myspace.com): MySpace is generally used by those aged 15-25 and is frequently used by bands and popular media. It does not seem to us as user-friendly as other social networking sites for professional use, and on occasion has been known for eliciting a great number of unwanted requests for friends as well as requests for "adult-oriented" contacts.

Blog: A blog (a contraction of the term "Web log") is a type of website, usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video (wikipedia.org/wiki/Blog). It can provide information to the public about your expertise or information on psychology. To begin to blog, you generally complete a profile (as with any of these sites), choose your domain name (this is the fun part), and include as little or as much information as you wish.

Dr. Herrigel posts a weekly blog featured in three local newspapers' online editions and has appeared in print several times (http://michelleherrigelpsyd.blogspot.com/). This is an excellent way to increase public education about psychology to the masses and also a fast way to increase visibility.

Social media is the future, and the savvy psychologist can use it to attract consumers and get psychological information to the public. Psychologists can't increase their digital footprint if they haven't added anything. This goes to the heart of the PPA presentation of Flyte New Media's owner, Richard Brooks, who stated, "The secret ingredient of social media marketing is value." Psychologists have specialized value to offer the public. Create your digital footprint!

A summary of cautions:

- Clients' online searches can range from curious to intrusive, so be aware of your digital footprint. Sign up for Google Alerts (http://www.google.com/alerts).
- Assume that what you write on public blogs (original posts and comments on other people's blogs), public social networking sites, listservs, online bulletin boards, and chat rooms can be read by clients (Zur, 2007).
- If you want to keep a blog or a social networking profile for friends and family, be smart about your privacy settings. If you are not sure how to do this, ask a nearby digital native or don't do it.
- We suggest avoiding Friend Facebook pages unless you are techie enough to safeguard information and use secure settings. But be mindful that all material posted could be viewed by others.
- Be careful in discussing case studies online, and make sure that you either get permission from the client to discuss it or assure that you "de-identify" your clients' identifying information (Knox, Hess, Petersen, & Hill, 1997; Stricker & Fisher, 1990; Zur, 2007), or most advisedly, both.
- Be aware that your clients may read your online case presentations or what you have posted as advice to other therapists. Keep HIPAA in mind at all times when online.

Theresa A. Kovacs, Psy.D., is a clinical psychologist practicing in Clarks Summit, PA, and chairs the Public Education Committee of PPA. She participated on the Presidential Task Force on Cyber Technology, 2009-2010.

Michelle Herrigel, Psy.D., is a licensed psychologist in Pennsylvania, and is co-chair of the Early Career Psychologist Committee of PPA. Her blog, Counseling Corner, is featured in several online news outlets in Southeastern Pennsylvania. (http://michelleherrigelpsyd.blogspot.com/)

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Internet Takes Bullying to a New Level

Michelle Herrigel, Psy.D.

In January of this year, when 15-year-old Phoebe Prince of South Hadley, Massachusetts, entered the national spotlight by committing suicide in response to bullying, she raised a multitude of questions. How could this happen? Where were the adults? Why didn't somebody DO something? Others minimized it: "Come on! Kids will be kids!" Phoebe's story was tragic. She endured months of constant bullying, both in school and on the Internet. On May 3, 2010, anti-bullying laws were passed in Massachusetts. They came too late to help Phoebe.

Teens can be a difficult group to engage in psychotherapy, especially if they don't ask for help. And high school can be a particularly difficult time, even on a good day. Teens seem to have it so much harder than when my generation was in school. Yes, bullying was around when I went to high school in the '80s, and it was hard enough to imagine day-in, day-out bullying in school and having to weather the rejection. Now, in 2010, many teens deal with the same bullying at home, through Internet e-mail, blogs, and texting. Home is supposed to be safe. But for some teens, there is no safe haven from cyber-bullying. It's immeasurably painful to imagine how Phoebe Prince was feeling the day she ended her life.

This generation of kids has found ways to use the latest technology to be cruel. This relatively new phenomenon is called, aptly, "cyber-bullying," a serious and growing problem that psychologists will see increasingly in their practice, if not among targeted teens, then among worried family and friends who see the pain and wonder how to intervene.

Here's how it happens: According to the National Organization for Victim's Assistance (NOVA),

Kids will commonly send hurtful text messages to others or spread rumors using cell phones or computers. Kids have also created Web pages or profile pages on social networking sites making fun of others. With cell phones, adolescents have taken pictures in a bedroom, a bathroom, or other locations where privacy is expected, and posted or distributed them online. More recently, some have recorded unauthorized videos of other kids (or adults) and uploaded them for the world to see, rate, tag, and discuss.

Cyber-bullying can take a heavy toll on kids. Research has shown it can lower self-esteem and can cause kids to feel sad, angry, ashamed, afraid, and embarrassed.

> *Home is supposed to be safe. But for some teens, there is no safe haven from cyber-bullying.*

According to NOVA, a child or teen may be a victim if he or she:

- unexpectedly stops using the computer;
- appears nervous or jumpy when an instant message or e-mail appears;
- appears uneasy about going to school or outside in general;
- appears angry, depressed, or frustrated after using the computer;
- avoids discussions about what is being discussed on the computer;
- withdraws from friends and family members.

A child or teenager may be a cyber-bully if he or she:

- quickly switches screens or closes programs when someone walks by;
- gets unusually upset if computer privileges are reduced;
- avoids discussions about what is being written on the computer;
- appears to be using multiple online accounts (or someone else's account).
- In general, if children act in ways inconsistent with their usual behavior when using the computer, it's very important to ask questions and find out WHY.

How can we prevent cyber-bullying? Here's a start:

- If kids are using the Internet, you must educate them about appropriate online behaviors.
- Monitor online activities. If a child/teen is on Facebook, suggest that a parent or trusted adult be "friended" in order to monitor activity.
- Parents can use an "Internet use contract" and/or a "cell phone use contract" to establish rules (http://www.cyberbullying.us/cyberbullying_cell_phone_contract.pdf and http://www.cyberbullying.us/cyberbullying_Internet_use_contract.pdf).
- Kids need to learn that inappropriate online behavior will not be tolerated. Spell out and firmly enforce consequences. Structure is how kids learn boundaries!
- If you discover that a child is cyber-bullying, be sure to convey how the behavior affects others, whether it is the "real world" or in "cyberspace." The anonymity of the Internet can invite bullies to say things that would not be said face-to-face.
- If an incident is particularly serious, parents can install tracking or filtering software as a consequence.
- After an instance of bullying, parents must pay even greater attention to the Internet and cell phone activities of kids to make sure the behavior does not continue.

To visit the NOVA website regarding Cyberbullying, use the link: http://www.trynova.org/victiminfo/readings/cyberbullying.html

Internet-Based Therapy

Kristen Labin Bekelja, M.S.

Kristen Labin Bekelja

Eighty-two percent of American adults use the Internet; of that, 48% use it for more than 1 hour per day (Morales, 2009). The development of online communication brought with it the provision of psychological treatments to be delivered over the Internet. Since its conception Internet-based therapy has been used to treat a variety of mental health diagnoses including: depression, tinnitus, eating disorders, panic disorder, social phobia, binge drinking, post-traumatic stress disorder, and specific phobias (Barak, Hen, Boniel-Nissan, & Shapira, 2008).

The structure of Internet-based therapy varies among three major dimensions including: interventions in use, delivery of interventions, and mode of communication. Internet-based therapy can involve human communication, often termed e-therapy, or self-help website-based therapy. It can be delivered synchronously or asynchronously, and via text, audio, or video (Barak, Hen, Boniel-Nissan, & Shapira, 2008). A comprehensive review and meta-analysis of the effectiveness of Internet-based interventions revealed that Internet-based therapies show a similar amount of effectiveness as traditional, face-to-face therapies (Barak, Hen, Boniel-Nissan, & Shapira, 2008).

The structured format of cognitive behavioral therapy makes it appropriate for Internet-based therapy. Internet-based CBT allows individuals to take part in a standardized treatment protocol that they work through at their own pace. Internet-based CBT protocols vary along the level of support that is provided to the individual, and this support can take the form of phone calls, or contact via e-mail (Spek et al., 2006). Internet-based therapy that involves a standardized treatment protocol along with individual support has been found to be more efficacious than when a standardized treatment protocol is presented alone (Spek et al., 2006).

Specific guidelines for Internet-based therapy are not yet provided in the APA's Ethical Principles of Psychologists and Code of Conduct. Internet-based therapy is not prohibited; however, psychologists practicing via this medium are expected to take precautions to ensure that they are practicing within their competence as well as protecting the confidentiality of their clients.

When considering the pros and cons of Internet-based therapy there are both advantages and disadvantages.

It is the responsibility of the Internet-based psychologist to complete informed consent with clients by informing them of the nature and foreseeable course of treatment, cost involved, participation of third parties, and limits of confidentiality. Psychologists must further be cognizant of the potential of clients to provide misleading information, and be aware of the challenges this may cause.

When considering the pros and cons of Internet-based therapy there are both advantages and disadvantages. One advantage is that Internet-based therapy is convenient. Individuals and therapists who take part in this mode of treatment can access and deliver psychological services at any time or place of convenience. Another advantage is that psychologists practicing Internet-based therapy have the potential to make psychological interventions available to those populations that have been resistant to accessing mental health services, as well as those who have geographic barriers to accessing mental health services. The privacy

and anonymity of Internet-based therapy allows individuals to receive psychological services without being concerned about social stigma, or even leaving their home. Further, individuals from cultures that do not value psychological services can have access to these services without fear of being disapproved of for seeking assistance.

While Internet-based therapy has advantages, it also has some disadvantages. Some individuals may find Internet-based therapy impersonal. The aspect of being impersonal is poignant when psychologists are treating individuals of various cultural and ethnic backgrounds. While Internet-based therapy may make psychological interventions more accessible, that does not mean these types of interventions are appropriate or effective for multicultural groups. In order for Internet-based psychologists to be effective in treating culturally diverse individuals they need to be aware of the various barriers that might prevent the interventions from being effective. Attitudes about technology and cultural beliefs may impact utilization of services. Obtaining knowledge of the types of perceptions and attitudes individuals of a particular cultural background hold will assist the psychologist in problem-solving ways to overcome such barriers.

Another disadvantage of Internet-based therapy involves the ability of therapists to conduct a thorough evaluation of an individual's progress and outcomes. Without being able to see and meet with their clients face-to-face, it would be difficult to assess all characteristics that are associated with a positive response to treatment. Behavioral observations allow the therapist to obtain a more complete picture of the individual. The anonymous nature of Internet-based therapy can pose a particular challenge for psychologists conducting assessments via this context. While the therapist will be able to gather information through self-report measures and reviewing the client's history, some critical aspects of the assessment process, such as behavioral

observations, would be missing. Internet-based therapy delivered via video may allow for some behavioral observation; however, it cannot be said that these observations would be completely similar to those witnessed in a face-to-face situation.

Another area of concern is that psychologists practicing Internet-based therapy must have the ability to communicate their knowledge and empathy through written expression (Abbott, Klein, & Ciechomski, 2008). The use of words and language to engage individuals becomes even more salient when using Internet-based therapy with individuals of diverse cultural backgrounds. An understanding of the patterns and styles of communication within a particular population is essential in designing and implementing an effective program.

To practice as an Internet-based psychologist requires continued engagement in lifelong learning activities. To maintain competence it is essential that Internet-based psychologists remain well informed of evidence-based practices. Areas of Internet-based therapy that require special attention of the psychologist include: advancements in technology that impact Internet-based therapy, staying abreast of types of therapy and techniques used in this medium, being aware of components of effective treatments that can impact delivery of services, and engaging in research activities to evaluate and inform the effectiveness and delivery of services.

Internet-based therapy holds much promise as a developing area of professional practice. Psychologists practicing in this medium, however, must take particular caution in informing their patients of the course of treatment, protecting confidentiality, and ensuring that Internet-based interventions are appropriate for their target populations.

This article was taken from an essay written in partial fulfillment of the comprehensive examination at the Philadelphia College of Osteopathic Medicine, 2009.

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Dr. Rothery Lights Path for Graduates at Spring Ethics Conference

Stacey Rivenburg, M.A., and Jamie Via

On April 10, 2010, Dr. Cheryll Rothery, director of training at Chestnut Hill College and secretary of the PPA Board of Directors, presented a workshop at the PPAGS Spring Ethics Conference to help doctoral psychology students bolster their careers after earning their degrees. The workshop, entitled "Congratulations! You Have a Doctorate! Now What? Pursuing a Successful Career in Psychology," focused on licensure, postdoctoral procedures, career options, and marketability. Dr. Rothery's able guidance included the following:

- Students should strive to fulfill the most stringent state licensing requirements to ensure they can meet requirements in any state in the event they wish to work outside of Pennsylvania. For example, Pennsylvania requires only 1,500 hours of postdoctoral

Stacey Rivenburg   *Jamie Via*

experience to be licensed; however, in many other states, 2,000 hours of postdoctoral experience is required before licensure.
- Students should keep copies of syllabi from their graduate coursework, because specific coursework may be required to obtain licensure.
- Students should be aware of APA accreditation requirements for licensure, because some states require licensure candidates to graduate from an APA-accredited program and to have completed an APA-accredited internship.
- Students should stay up-to-date on licensing requirements by obtaining information from the Association of State and Provincial Psychology Boards at www.ASPPB.net.

Dr. Rothery stressed the importance of taking the licensure exam within three years of graduating, before postdoctoral hours can expire. She also warned that states may change their licensure requirements. To protect against this, graduate students were urged to complete postdoctoral hours and take the licensing exam without long delay.

The workshop provided invaluable guidance to students who wish to practice as licensed psychologists and to preserve their mobility.

Conventional Wisdom

The 2010 Annual Convention's theme was "Psychology in the Digital Age: Choices and Opportunities." It took place in June in Harrisburg and was universally hailed as a success by the 300 people who attended. It included 4 plenary sessions, 50 workshops, and other events. The photos on these pages feature a few of the highlights and several of the awards that were presented. Additional awards presentations will be printed in the October *Pennsylvania Psychologist*.

Dr. Mark A. Hogue (l), the incoming president of PPA, accepts the good wishes of Dr. Steven R. Cohen, outgoing president, at the annual banquet.

Dr. James Bray, past president of APA, gave a stirring keynote speech on "A New Day for Psychological Practice."

Rich Brooks of Flyte New Media, PPA's Web designer, spoke at the Psychology in Pennsylvania Luncheon on "Web Marketing Best Practices for Psychologists."

PPA President Dr. Steve Cohen lauded Peggie Price upon her 10th anniversary as PPA's administrative assistant.

Dr. John L. Gerdes (r) accepted the Distinguished Contributions Award from Dr. Paul W. Kettlewell.

Dr. Linda Knauss (l) presented the Distinguished Service Award to Dr. Judith S. Blau.

Supreme Court Justice Hon. Seamus P. McCaffery (l) accepted the Public Service Award from Adam C. Sedlock Jr.

Berks County Common Pleas Judge Hon. Arthur E. Grim (r) also received the Public Service Award, here presented by Dr. Thomas G. Baker.

Dr. David J. Palmiter Jr. presented the Psychology in the Media Award to Dr. Helen L. Coons.

Dr. Donald N. Bersoff was presented the Award for Distinguished Contributions to School Psychology by Dr. Gail R. Karafin.

Sexual Orientation:
An Overview of Gay, Lesbian, and Bisexual Populations

Lavanya Devdas, MSW

Lavanya Devdas, MSW

The concept of sexual orientation has changed significantly over time. Homosexuality was historically a crime, a sin, or a pathology requiring treatment. One of the early empirical studies on sexuality (Kinsey, 1948) revolutionized attitudes toward sexual orientation by placing it on a continuum from homosexual, to a midpoint of bisexual, to heterosexual (as cited in Morgan & Nerison, 1993). The Task Force on Homosexuality (1967) at the National Institute of Mental Health recognized that gay and lesbian individuals are not a cohesive group and identified a need for further research, education, and training in human sexuality for mental health professionals (Morgan & Nerison, 1993).

Although homosexuality as a mental disorder was removed from the Diagnostic and Statistical Manual in 1973, the stigma remains, harming mental health by lowering self-esteem, interfering with emotional regulation, and creating interpersonal problems (Meyers, 2003; Hatzenbuehler, 2009). Stigma about sexual orientation introduces prejudice and discrimination, fostering stress-inducing vigilance in minority members who anticipate discrimination, rejection, or subtle biases during interactions, or, alternatively, the stress of concealing one's orientation and internalizing homophobia (Meyers, 2003). Increased co-morbidity of mental health issues including depression, anxiety, panic, substance use, and sexual dysfunction are risks associated with the stigma. In order to avoid a plethora of interpersonal adjustment problems, familial alienation, withdrawal of social support, devaluation of self, and unemployment, concealment of sexual orientation is often chosen (Cochran & Mays, 2009). However, concealment of sexual orientation itself isolates and damages minority members.

Several socio-cultural-political factors complicate integration and make self-acceptance arduous. Denial of marriage rights, anti-gay campaigns, and varying degrees of oppression associated with cultural differences such as race, ethnic identity, gender, and religion all delimit acceptance and integration of sexual orientation. In 2004, the American Psychological Association Council of Representatives recognized the likelihood that restricting marriage to one man and one woman would harm sexual minority members, and passed a resolution declaring that the denial of marriage rights to same-sex couples was discriminatory and unfair (Rotosky, Riggle, Horne, & Miller, 2009). Despite efforts to highlight the damage associated with deprivation of benefits such as marriage rights, Social Security, and pension plans to lesbian, gay, bisexual and transgendered (LGBT) people, as of June 2008, 45 states refused to recognize civil marriage for same-sex couples. Pennsylvania was one of them. Such legislation underscores the institutionalized oppression of lesbian, gay, and bisexual families, while economic disparities, bullying, harassment, and physical abuse highlight other consequences of a non-responsive and unsupportive milieu (Rotosky, Riggle, Horne, & Miller, 2009).

The juncture of sexual minority identification with other cultural identities can compound and complicate life. LGBT people of color may experience multiple layers of oppression, further limiting access to resources and jeopardizing acceptance within their own cultural communities (Harper, Jernewall, & Zea, 2004). Those with multiple minority identifications may experience a conflict between being LGBT and adhering to cultural sanctions, resulting in feelings of heightened isolation and discrimination from dominant as well as ethnic communities, and increasing the pressure to conceal aspects of their identities (Harper, Jernewall, & Zea, 2004).

There seems to be a growing awareness of the need to understand sexual-minority clients (Cerbone, 2006). Psychotherapists who recognize and understand the distinct needs of lesbian, gay, and bisexual clients and respect their diversity can create a stronger working alliance, and can help those with multiple minority statuses to negotiate competing pressures. Awareness of the many ways in which oppression introduces harassment, bullying, job loss, decreased medical care, and housing problems (Cerbone, 2006) is essential to appropriate treatment.

Psychologists have been enjoined by APA to increase their competence in working with sexual minorities (http://www.apa.org/pi/lgbt/resources/guidelines.aspx, 2000). APA guidelines stress psychologists' self-awareness of how their attitudes affect treatment and assessment. Education, supervision, and consultation are essential to understanding the roles of stigma, discrimination and prejudice, family context, intersecting identities, and generational differences in affecting the well-being of sexual-minority clients. The Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2007) of APA, in its review, encourages the use of affirmative approaches supporting clients' identity development. Additional acceptance, support, and recognition of the importance of religiosity and faith in influencing one's acceptance, rejection or forced denial of sexual orientation is also crucial to understanding clients' coping, motivation, and identity (http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf, 2009).

Understanding the detrimental effects of stigmas surrounding sexual minority orientation and advocating for the dignity of LGBT individuals is essential to our work. In continuing advocacy efforts, recently a subcommittee on sexual minority issues has been created within the Committee on Multiculturalism. The subcommittee needs affirmative psychologists. Interested members can e-mail Dr. Eleonora Bartoli at eleonorabartoli@yahoo.com.

References are available on the PPA website, www.PaPsy.org, or upon request from the author, devdas001@gannon.edu.

A Mother's Day Gift

Tad T. Gorske, Ph.D.

Tad T. Gorske, Ph.D.

Mother's Day 2010 was difficult for my family. We lost my grandmother Amelia on Friday, May 7. This was no real surprise; she was 94 and her health had been intermittently poor. We usually tell ourselves things like this to avoid the sadness, fears, and uncertainties death brings upon us, but I'm choosing to face these feelings. If we don't fully experience an event like death, we cannot learn what we need to know to experience life.

Mindfulness meditation is a beautiful and powerful tool that helps people suffering from a variety of maladies, including stress and anxiety, depression, and physical and emotional pain. Another form of meditation is death meditation. Meditation on death is part of the Buddhist tradition in which one consciously contemplates and meditates on one's own death. Meditating on death, one asks, "Is my life such that I am ready for death?" The hope is to motivate and energize oneself into living life more fully and in tune with one's own sense of self.

My grandmother drifted in and out of consciousness before dying. Many of my family members came into town to be by her side, including my mother and her twin sister. Amelia (I called her "Nan") was in hospice, and when I was there her eyes were closed and she seemed barely conscious. Her heart was still beating about 66 times a minute but was fluttering and would occasionally quicken when someone held her hand or talked to her. On that Friday she grew more agitated while still barely conscious. It was thought that she was approaching the end, and her body may have been rebelling. This was uncomfortable to watch, and it surely was uncomfortable for her. I'd like to have the person who brought her through this difficult time, my mother, Marianne Gorske, describe what happened.

My Transition Meditation for Mother

I am a teacher of education, yoga and meditation. My yoga background is American-taught, based on traditional Indian teachings. My meditation background is deeply rooted in the Indian/Hindu tradition, having spent time working in India and living in an ashram. After India, I spent most of one year in meditation centers in New York and Annapolis, perfecting my practice. I quickly began to understand the remarkable psychological and healing benefits of meditation. I see the transformation in my yoga students; it has become integral to their lives. Their health has improved and they are happier, more loving, and kind.

I recently took an extended vacation to San Miguel de Allende to reconnect with myself, do lots of yoga and meditation and perhaps a little writing. The last week of my sojourn I learned that my almost 95-year-old mother had taken a turn for the worse. It looked like her long life would be coming to an end in the next week or so. When I arrived home, I joined my twin sister, staying with Mother around the clock. She appeared to be totally comatose. Her eyes stayed closed, and there were no body movements of any kind. All there was to remind us that she was still alive was her irregular and sometimes difficult breathing.

The day before Mother died, her breathing became more and more labored. The hospice workers who took such good care of her physical needs said the time would be very soon. At 9:00 the next morning, her breathing became increasingly troublesome and difficult to listen to. I made a heart decision that I would do something to help her make the transition. I sensed a huge amount of fear, which I assumed resulted in her labored breathing. This was my first experience with the process of dying, and it was my mother! I needed to find a way to make her journey to this uncharted destination as peaceful as I could.

I went to her side and began to caress her face. I told her over and over how very relaxed and very, very peaceful she was. I told her about the journey she was about to embark on and how excited she was to be taking it. We found a beautiful cloud for her to sit upon while taking this journey. She ascended up into the sky, very, very high. I kept reminding her how relaxed and happy she was, all the while caressing her face. We talked about the people who were waiting for her at the end of the journey, all of her friends that had already taken this journey as well as her husband (my father) and of course, Jesus. Within 5 minutes, her breathing slowed and became very, very soft. Once in a while, her breathing would again become labored and I continued to caress her face and encourage her to continue on her wonderful journey. I reminded her how very happy she was, how relaxed and peaceful she felt and how excited everyone was awaiting her arrival. After half an hour she was as peaceful as I had seen her since my arrival. Her face was pleasant, the frown lines were gone, and there was a faint beginning of a smile.

After an hour, the labored breathing started again and after two or three breaths she yielded one huge breath that actually brought her upper body off the bed. She slowly descended back to the bed and she was gone. There were probably six or eight people in the room. I'm not quite sure. I was totally unaware of anyone else there. Everyone was crying softly and thanked me for accompanying her while she traveled.

It was truly a beautiful death. I am grateful and thankful that I was able to find the heart courage to take me on this journey with her. I truly feel I gave her as well as myself a tremendous gift – the gift of a peaceful passing.

Marianne Gorske

Welcome New Members

We offer a massive, monumental, mighty welcome to the following new members who joined the association between May 1 and July 31, 2010!

NEW FELLOWS

Scott D. Beardsley, Ph.D.
Wynnewood, PA

M. Jane Buhl, Ph.D.
Birchrunville, PA

Kenneth E. Curran, Ph.D.
Broomall, PA

Sarah A. Donovan, Psy.D.
Shrewsbury, PA

Scott T. Heller, Psy.D.
Dillsburg, PA

Jane M. Keppel-Benson, Ph.D.
Blacksburg, VA

Carole J. Moretz, Psy.D.
Bethlehem, PA

Danielle L. Poland, Ph.D.
Bradford, PA

Annie Preis, Ph.D.
Pittsburgh, PA

Mary T. Rourke, Ph.D.
Media, PA

Lynne Siqueland, Ph.D.
Elkins Park, PA

Erica M. Weiler-Timmins, Ph.D.
Hershey, PA

R. Jane Williams, Ph.D.
Bethlehem, PA

MEMBER TO FELLOW

Charles L. Zeiders, Psy.D.
Bryn Mawr, PA

NEW MEMBERS

Jennifer C. Badgley, Ph.D.
Houston, TX

Ruth E. Benns-Suter, Ph.D.
Millersville, PA

Mark J. Benson, Ph.D.
Blacksburg, VA

Angela Bloomquist, Ed.D.
Allison Park, PA

Marcy Caldwell, Psy.D.
Philadelphia, PA

Kerrie A. Doyle, M.S.
Friendsville, PA

Joan Isenberg, M.Ed.
Pittsburgh, PA

Colleen M. Kuhn, Ph.D.
Salt Lake, UT

D. Laurence More, M.Ed.
Ardmore, PA

Laura E. Nelson, MSW
Port Allegany, PA

Dana L Nicholson, Psy.D.
Export, PA

Amanda M. Pearl, Ph.D.
Hershey, PA

Alecia D. Sundsmo, Psy.D.
Carlisle, PA

Maria A. Vinca, Ph.D.
Port Matilda, PA

STUDENT TO MEMBER

Matthew A. Carlson, Psy.D.
Macungie, PA

Elizabeth A. Ellis Ohr, Psy.D.
Elkins Park, PA

Rayna R. McKinnon, Ph.D.
Harleysville, PA

Lee Morand, Psy.D.
Camp Hill, PA

Tracy E. Ransom, Psy.D.
Glenmore, PA

Elisabeth Roland, Psy.D.
Philadelphia, PA

Rosanna Sposato, Psy.D.
Bala Cynwyd, PA

Ashley M. Strathern, Psy.D.
Moorestown, NJ

Deborah Stubbe, Psy.D.
Allentown, PA

Jeffrey S. Wexler, Psy.D., J.D.
Glenside, PA

NEW STUDENT MEMBERS

Cheryl M. Arndt, M.A.
Germansville, PA

Brittany C. Baker, B.A.
Mt Laurel, NJ

Jennifer Beckjord, M.S.
Carbondale, IL

Frank J. Corigliano, M.A.
New York, NY

Devon S. Dautrich, M.A.
Chesterbrook, PA

Kateryna Dukenski, M.S.
Collingswood, NJ

Jennifer S. Edwards, MSW
Swedesboro, NJ

Ademola O. Fawole, M.Sc.
Philadelphia, PA

Toni D. Hickman, B.S.
Wilmington, DE

Janet A. Howson, M.A.
Philadelphia, PA

Konstantin Khodik, M.A.
Ringwood, NJ

Michelle M. Manasseri, M.A.
Wilmington, DE

Dawn McElhenny, B.A.
Elizabethtown, PA

Beth L. Mugno, M.A.
Havertown, PA

Grant D. Mundell, M.A.
Philadelphia, PA

Thais P. Rogatko, M.A.
Newtown, PA

Rachel E. Shor, B.S.
Wyncote, PA

Susan A. Thornton, M.A.
Media, PA

Robin L. Weiss, M.A.
Malvern, PA

Jennifer M. Wiggins, B.A.
Philadelphia, PA

A MOTHER'S DAY GIFT
Continued from page 21

We can interpret how mindfulness meditation affected my grandmother from several perspectives, including neurophysiological, religious, dynamic/analytic, and many others, depending on your perception of life and death. In my own mind, my mother brought Nan through a process of change. Nan was changing from one state of being to another, into the ultimate unknown, and although her spirit was ready, her body was afraid. My mother's meditation brought to life the biblical words "Be not afraid" and "...All shall be well, and all shall be well, and all manner of things shall be well" by Julian of Norwich. If you believe that most of our anxieties and fears are based unconsciously on the fear of death, perhaps the gift my mother gave to Nan can teach us that we need not be afraid of death, and therefore we can meditate upon our own death and ask ourselves whether we are ready and whether our lives are as we want them to be. I believe my mother allowed Nan to face the end of her life with peace, dignity, and joy. Thus, she gave her own mother possibly the greatest Mother's Day gift one could give.

In Memoriam

Dr. Julie O'Malley of Wyndmoor, Montgomery County, died at the age of 67 in a drowning accident in July. She had maintained a private practice in the Chestnut Hill area of Philadelphia. Earlier she had been a counselor at the Child Study Institute at Bryn Mawr College, where she earned a Ph.D. degree in human development in 1988. She had also worked as a staff psychologist at the Washington Square Institute in New York. She had been a member of PPA since 1993.

The Resilience of Happiness:
What I Learned on My Winter Vacation

Thomas Whiteman, Ph.D.

Thomas Whiteman, Ph.D.

I wasn't thrilled about going, I'll admit it. Looking to help severely impoverished people in a third-world country, I was one of eight business leaders who traveled to the Philippines in January 2010. While I knew about "roughing it" in my college years, I've grown fairly accustomed to my creature comforts, so I knew this trip would challenge me. I brought along my 18-year-old son, Kurt, thinking it might be an educational opportunity as well. As it turned out, we all learned far more than we bargained for.

The principle is sound: Give people fish and you feed them for a day; teach them to fish and you feed them for life. We were scouting out ways to create jobs among the poor folks of metro Manila. One of our leaders, Cliff, had been there 13 times. Already he had helped to establish an orphanage, where needy kids could get off the streets and learn modern life skills—English, computer use, Web design, etc. This orphanage, and the academy that had developed from it, served as home base for us during our stay.

Devastating poverty

We were quite simply blown away by the poverty.

One community we toured was built around the city garbage dump, a row of huts and shanties as far as the eye could see, constructed from pieces of wood, metal, tarps or cloth rescued from the trash. Children poked through the refuse to find scraps of food or any item that might be sold for a small sum. I was genuinely impressed with the resourcefulness of these people, especially the children. This was their business, and they were good at it.

The government provided little to no help that we could see, and was well known for its corruption. Churches and charities distributed food from time to time, but I didn't see anything I would characterize as learned helplessness. On the contrary, the streets of this shantytown were bustling with people working hard to maintain their lives. I don't want to be patronizing, but there was something inspirational about their ability to build a home, to gather a community, to eke out a living, out of nearly nothing.

Social corruption

The main obstacle we faced to doing business in the area was corruption in the government. Bribery is common. We met with one official who repeatedly offered us prostitutes, and young girls, even after we explained that we were there to HELP the people of their community. We later learned that his brother ran the local brothel, and used the police as enforcers.

We visited a prison where "overcrowding" would be an understatement. Thirty-five men were housed in an area about the size of an ordinary counselor's office. There were only 10 beds in the room, which meant they had to sleep in shifts, with the

others standing. We asked why some prisoners were sleeping in the hallway on cardboard boxes. Those were the ones with tuberculosis.

Even more shocking is that these prisoners were merely awaiting trial. They hadn't been convicted of anything yet. On average, they waited 3 years for a case to be heard. Still, I heard these men singing enthusiastically in a prison chapel service, "Give thanks with a grateful heart." Almost all of the prisoners attended the service. My son whispered, "I'd go to church too, if it meant getting out of that cell for an hour."

The hospital we visited was also crowded, with eight beds to a room. Most patients we saw were waiting for treatment they

couldn't afford. Armed guards were stationed at the doors, allowing visitors in and out, but keeping patients from leaving until they had paid their bills. Families and friends were forced to scrounge up the funds to set them free.

Children in the streets

Day and night the streets were filled with children who had little food and scant clothing. The orphanage and academy kids, who had previously been rescued from the streets, conducted daily activities to help the children. They were giving back to the same community they had come from. Different stations were set up by our hosts who were the older students at the academy—some sang songs, others drew pictures, still others engaged in arts and crafts projects. There were also groups for footwashing and prayer. I must have seen 150 children flocking around these various centers.

I spent 2 hours or so with the children who were drawing pictures. This was especially interesting to me because years ago I had done my doctoral work analyzing pictures drawn by 1,000 first-graders in the Philadelphia school system. Back then I had seen a small but significant percentage of "disturbed" drawings with foreboding themes, violence, and people crying. I thought I would see even more of that here, in these devastating conditions, but I saw none. The children were told to "draw your dream," and their pictures were filled with happy faces, bright sunshine, families, homes, flowers, and hearts. Of course, there's no statistical analysis here, but my observations began to stir an idea in me.

My son put it into words: "These kids seem happier than the kids in my high school." He was right. I talked with some of the leaders and students at the academy about depression, knowing how rampant it is among American teenagers. These Filipinos didn't seem to know anything about depression. Suicide wasn't an issue there, in a world where it was a daily challenge to survive.

My education

American churches often send teams of adults or teens to foreign countries on "mission trips," to aid local ministries for a week or two by repairing buildings or digging wells or just generally helping out. I know that other charitable groups do this too. What I've heard from missionaries and other long-term aid workers is that these mission trips generally do far more for the American travelers than for the recipients of their charitable work. To live, even for a short time, in a completely different culture, to meet people with

> *The monetary value of what they had was irrelevant. Whatever they had, they had earned. This gave them a sense of personal value and purpose.*

different values, to see a different way of life—this can be assumption-smashing, paradigm-shifting, and life-changing. This was certainly true in my case.

Seeing the enormity of poverty in that country, I will never take for granted the material blessings I have. I also saw how hard people worked for the little they had, and how they struggled against immense obstacles—especially the corruption woven into the social institutions. Many Americans assume that poor people are generally lazy or lack initiative, but the things I saw in the Philippines challenged that notion.

Yet the overwhelming lesson I brought back from this winter vacation was the resilience of happiness. Contrary to all expectations, these dirt-poor Filipinos seemed happier than Americans I know with a thousand times more wealth. I don't mean to over-simplify the situation. I swooped in for a few days and this is what I saw. Life is extremely hard there, and it's much easier here. Yet in those few days in the Philippines I saw more smiles and heard more laughter than I usually witness in a month back in the States. Are the Filipinos happy *in spite of* their struggles or *because of* them? I've been talking about the resilience of happiness; should I be talking about the happiness of resilience?

In America, we give our teenagers various opportunities for enrichment—sports teams and arts lessons and honors classes—hoping they'll find something they'll latch onto. From early ages we start building their resumes, trying to create impressive college applications. We also provide them with the objects they need to function acceptably with their peers. They would just die of embarrassment if they had to use a 2-year-old cell phone without all the latest apps. Our kids have everything, and they're glum.

In the Philippines, I saw children laughing with delight at finding a half-eaten piece of fruit in the city garbage dump. It struck me that they were doing meaningful work. The life they lived was directly dependent on their ability to find food or other things to sell, wear, or build with. The monetary value of what they had was irrelevant. Whatever they had, they had earned. This gave them a sense of personal value and purpose.

Maybe that's what our kids need more of—*meaningful work* as opposed to "enrichment programs," opportunities to work for what they own, a sense of purpose and meaning in their lives. These are just musings of mine, things I began to learn on my winter vacation.

My son and I are still processing all of the things we saw and heard. ◆

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PROTECTION AND SEPARATION

and to fortify our common grounds within education and psychology. It is also important to note that ASPPB will vote on its model act this year. The act contains language very similar to APA's MLA regarding the right of SBEs to credential and title individuals under their jurisdiction.

Today, we have time to reflect on the past and seriously consider the role of doctoral-level education in the future of school psychology practice. Within the school system, the number and variety of professional-practice doctorate degrees is rising, in areas such as audiology, speech and language pathology, and nursing). Psy.D. programs require a minimum of 70 credits, as compared to 78 in the average specialist program. Taken together, there is much to consider regarding school psychology credentialing. As in the past, the realities in both education and psychology should inform our debate. Yet as we proceed, we need to attend the purview and boundaries of the credentials we hold so we are active in both separating and protecting school-based practice. I encourage each of you to become involved at your local level and to be a participant in shaping our future. 🏫

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Protection and Separation of School-Based Practice: The Case of Pennsylvania

Tammy Hughes, Ph.D. (HughesT@duq.edu)

Although fortifying school psychology practice is a goal we have rallied behind, the allowances in Pennsylvania credentialing practices present an exception that warrants serious review. Ours is the only state that permits independent practice with a State Board of Education (SBE) credential. This is in clear contrast to the bright line separating school and independent practice that, at present, is the foundation for APA's Model Act for State Licensure (MLA) and National Association of School Psychologist (NASP) Standards documents (this issue). Unfortunately, this precedent can undermine the strength of these documents and the agreements they represent. An exception in one state opens the door for other exceptions, rendering the agreements and documents (e.g., MLA and NASP Standards) meaningless. Several scenarios may result.

In one scenario, special interest groups could lobby psychology boards to allow for independent practice with their SBE that mirror Pennsylvania's precedent. By adding an exception to the licensure requirements for non-doctoral practices, this may call into question the doctoral standard for psychologists. A movement like this would be unpopular with many state psychology boards charged with setting standards for independent practice at the doctoral level. Not only have these advances proven unpopular with boards when they have been advanced, the APA-affiliated state psychology associations have not welcomed an exception for school psychology that does not address the greater concern about non-doctoral practitioners (e.g., master's level). Further, such a call would be inconsistent with the

> *Ours is the only state that permits independent practice with a State Board of Education (SBE) credential.*

Association of State and Provincial Psychology Boards (ASPPB) position on doctoral entry.

A second scenario would be that State Psychology Boards and SBEs adopt their respective model acts (e.g., MLA and NASP Standards) regarding use of title in the setting for which they have jurisdiction, but find themselves unable to enforce violations due to cost. This option would result in standards that are ineffective and would undermine the authority of a psychology board or SBE. Further, this would be a clear failure to protect the public by ensuring standards; the boards would not be meeting their primary purpose.

In a third scenario, highly likely in that it has already happened in some states, psychology boards and SBEs would engage in legal disputes over the use of the title "school psychologist." Here, we find ourselves back where we started before the recent MLA agreement: organizations such as psychology and educational boards would seek to protect their own interests, and guild disputes would re-emerge as legal disputes. State Boards of Psychology that do not consent to use of title outside of their licensure requirements for independent practice would need to wrangle with school psychologists practicing independently without a license. Similarly, certified school

psychologists, mindful of all of the regulatory language applying to the services of the school psychologist, would need to protect their ability to use the title "school psychologist." Competing interests would eclipse collaboration.

Although a fourth scenario is possible, in which the status quo is maintained, based on 20,000 letters from NASP members regarding the potential loss of title to the MLA task force during the debates, apathy is unlikely in the absence of the protections of each of these model acts for their jurisdictions. The guild issues are simply too great.

Taken together, several questions must be considered by Pennsylvania school psychologists, and among the first is the nature of the credentialing agreements. Do the new MLA and NASP Standards agreements mean that Pennsylvania should modify its practices? What are the consequences of engaging in this discussion? What are the consequences of ignoring it? Again, I encourage each of you to get involved at your local level and to be a participant in shaping our future. I welcome comments to the PPA Task Force that will examine this issue in 2011 at HughesT@duq.edu.

Dr. Tammy Hughes is the immediate past president of the Division of School Psychology of the American Psychological Association, a past president of Trainers of School Psychologists, and was active as a liaison to the MLA Task Force. She served on the APA Presidential Task Force on the *Future of Psychology Practice*. Dr. Hughes is the Fr. Martin A. Hehir Endowed Chair for Scholarly Excellence, and chair of the Department of Counseling, Psychology and Special Education at Duquesne University in Pittsburgh. She can be reached at HughesT@duq.edu. Dr. Hughes is a licensed psychologist and a certified school psychologist.

Pennsylvania Psychological Association
2011 Award Nominations Sought

For each nomination you would like to make for the categories below, please prepare a one-page narrative describing the person's contributions and send the information to the following address by the deadline listed.

Pennsylvania Psychological Association
416 Forster Street
Harrisburg, PA 17102-1748

Award for Distinguished Contributions to the Science and/or Profession of Psychology to be given to a Pennsylvania psychologist for outstanding scientific and/or professional achievement in areas of expertise related to psychology, including teaching, research, clinical work, and publications. Deadline for entries is **October 20, 2010**.

Distinguished Service Award to be given to a member of the Association for outstanding service to the Pennsylvania Psychological Association. Deadline for entries is **October 20, 2010**.

Public Service Award to be given to a member (individual or organization) of the Pennsylvania community in recognition of a significant contribution to the public welfare consistent with the aims of the Association. Deadline for entries is **October 20, 2010**.

Award for Distinguished Contributions to School Psychology to be given to a Pennsylvania school psychologist for outstanding scientific or professional contributions to the field of school psychology in Pennsylvania. Deadline for entries is **December 31, 2010**.

Psychology in the Media Award: Deadline for entries is **December 31**, 2010. Members of the Pennsylvania Psychological Association and members of the media in Pennsylvania who have presented psychology and psychological issues to the public are encouraged to apply for the 2011

Psychology in the Media Award. Members who have written newspaper or magazine articles or books, have hosted, reported or produced radio or television shows or commercials about psychology or psychological issues, or have designed psychologically oriented websites are eligible for the award. We are seeking candidates who have had a depth and breadth of involvement in these areas with the media over a period of time. Some of the work must have been published or broadcast during 2010. An application form, which is available at www.PaPsy.org, must accompany all entries for this award. Applicants who have received this award in the past are not eligible.

Early Career Psychologist of the Year Award to be given to a Pennsylvania Early Career Psychologist (ECP) who, in his or her practice as an early career psychologist, is making a significant contribution to the practice of psychology in Pennsylvania. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2011**.

Student Multiculturalism Award to be given to a psychology student who is attending school in Pennsylvania and who produced a distinguished psychology-related work on issues surrounding multiculturalism, diversity, advocacy, and/or social justice. Criteria for the award are available at www.PaPsy.org. Deadline for entries is **January 31, 2011**.

Do You Project?

Ed Zuckerman, Ph.D.

Dr. Ed Zuckerman

I recently bought my second computer screen projector. Because some of you may be in the market for such a device, let me share what I have learned to make your own search a bit easier. Here are the results of a few hundred misspent hours and dollars.

About 200 models are available from about 30 manufacturers. The information they provide is not uniform, which makes selection difficult. However, all of the basic models:

- are about 6 inches high and somewhat larger than a sheet of paper.
- weigh 6-12 pounds, which is quite heavy to lug. Add to that cables and your laptop.
- offer 1300-3000 lumens of brightness. A normally lighted room for 30 people would need about 2000 lumens.
- will project an image from about 6 to 25 feet away. Since distance interacts with image size, zoom is important, but most projectors reduce or enlarge the image by only about 25%.
- require a wire between your computer and the projector (more about this below).
- can be mounted upside-down on the ceiling for classrooms or home theater.
- include a remote control to advance slides and, at a higher cost, to adjust other settings such as focus.
- offer a contrast ratio of 1:500 up to 1:3000. The higher number makes details inside darker areas more visible. 1:1800 is just fine.
- make noticeable fan noise (30 dB or so), a consideration for seating.
- cost between $400 and $800.
- use a high-pressure mercury bulb designed to last 2,000 to 4,000 hours (at higher light/lumen levels). Replacing it costs between $165 and $450, so price this into your decision. The bulbs get darker as they age, so carrying around a replacement is a recommended burden.
- perform "keystone" adjustments to square up an image when the projector is shooting upward or downward.
- typically have limited warranties of 2-3 years, and offer free shipping and a black, padded carrying case.
- include only tiny 1- to 4-watt speakers. You will need a separate sound system for the room if you are using the equipment for more than lecturing.

Features

- A built-in lens cap never gets lost.
- You can present slides without a computer. Many projectors with a USB port allow insertion of a flash drive onto which you must have saved your slides as .pdf or .jpeg files, not as PowerPoint. Some accept SD cards from a digital camera or camcorder.
- The typical connection cable is a VGA (9-pin, with those tiny screws to hold it tight). A 15-foot cord frees you to place the projector a distance from the podium.
- For about $100 more, a wireless connection from your computer is available. Some use Bluetooth and others WiFi. I have no data on this option, but it would be much lighter to carry if reliable.
- Projectors offer different input ports. If you need to show videotapes, you'll need composite, S-video, or component inputs. If you will be showing DVDs, an HDMI port is the best choice.
- Decide how fine a picture you need. The older and much cheaper resolution standards are XGA, VGA, and SVGA, and even the lowest work just fine for most slides. If you show photos, websites, or other graphics with great detail, WXGA (1280 by 800) widescreen native resolution is a good choice. If you intend to show movies, the 1080p (1920 by 1080) standard of HD television is the best choice, but be sure to get an HDMI port. Modern projectors are not only more sophisticated, but lighter and smaller.
- The two projection technologies are LCD (usually called 3LCD for the three colors) and DLP. I see no clear advantage of either for most settings. However, Casio just started to offer a combination of these with a 20,000-hour bulb life, eliminating bulb replacement.
- The remote controls the projector, not your computer. Having a second IR port in the back of the projector is desirable if you roam the room. Remotes with too many buttons are harder to use. Fancier remotes may include a laser pointer, mouse control, and the ability to enlarge/zoom parts of the projected image. Buy what you need to do your job well.

What I have learned

Because most airlines charge for a second bag, your projector can be packed inside a larger suitcase but is likely to be removed for screening. "Smaller and lighter" come at a cost. Example 1: The included VGA cable is as thick as a pencil, heavy, and 6 feet long. A thin, lighter one

is available, but not from the manufacturer: www.monoprice.com sells every kind of cable at a discount. Example 2: For about $1,200, one can buy a projector half the size of a sheet of paper and less than 3 inches thick, weighing less than 3 pounds. Example 3: A very thin projector will fit into your laptop carrying case, along with necessary cables.

At 170 to 250 watts, the bulbs throw a lot of heat. If this is vented in front, people can sit closer to the projector. Most sites offer a power strip to place under the table holding your projector. Bring your own 15-foot extension cord to power your computer or recharge any batteries. Try to get a zoom of 2x so you can adapt to distances. Some projectors allow you to replace the image with a blue screen so you can lecture without distraction, then restart the show.

A lower "projection ratio" (i.e., 1.4:1 is better than 1.9:1) allows the projector to sit closer to the screen, minimizing the need to cross in front of it. Mac computers can project PowerPoint slides using the Mac equivalent program, Keynote, which, in my opinion, is prettier, simpler, and makes nice handouts. Keynote will also export/save to PowerPoint and other useful formats.

If you want to show your computer's screen or a movie or video from your camcorder to a small group of friends or students, there are now "pico projectors" that are palm-sized, battery-powered, only 10-20 lumens (so they require a darker surround), WVGA resolution, and 2000:1 contrast ratio, for about $250-$400.

Resources

User manuals can usually be downloaded from the manufacturer's website, so you can find out more about a given projector.

Amazon has a hundred models, but not all manufacturers. Check out www.JR.com, www. BHphotovideo.com, and www. CompUSA.com. PPA members may get special offers at Staples.com.

Websites such as http://www. projectorreviews.com and http:// www.projectorcentral.com offer comparative information and links to sales.

Classifieds

Join PPA's Listserv!

The listserv provides an online forum for immediate consultation with hundreds of your peers. Sign up for FREE by contacting:

iva@PaPsy.org.

CE Questions for This Issue

The articles selected for one 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, then you may carry over up to 10 credits of continuing education into the next renewal period.

You may complete the test at home and return the answer sheet to the PPA office. 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.

Complete the response form at the end of this exam, making certain to match your answers to the assigned question numbers. For each question there is only one right answer. Be sure to fill in your name and address, and sign your form. 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 September 30, 2012.

Return the completed form with your CE registration fee (made payable to PPA) for $20 for members ($35 for non-members) and mail to:

Continuing Education Programs
Pennsylvania Psychological Association
416 Forster Street
Harrisburg, PA 17102-1748

Learning objectives: The articles in this issue will enable readers to (1) assess and explain current issues in professional psychology, and (2) describe and act on new developments in Pennsylvania that affect the provision of psychological services.

DeWall

1. PPA educated the membership through all of the following means EXCEPT:
   a. CE programs
   b. MySpace
   c. The *Pennsylvania Psychologist*
   d. our website

Legal Column

2. According to the authors, keeping copies of e-mail messages is:
   a. required by the Pennsylvania State Board of Psychology
   b. a risk management suggestion proposed by the authors
   c. part of generally accepted professional practice
   d. all of the above

3. 3. The practices of psychologists could come under question if:
   a. e-mails were too informal and gave the impression of a social and not a professional relationship
   b. a disgruntled patient selectively kept certain e-mails and withheld others, thus distorting the context in which the communications were made
   c. the patient developed an unrealistic expectation that the psychologist would respond to all e-mails very quickly
   d. all of the above

Cohen & Palmiter

4. Which is NOT one of Dr. Cohen's arguments to support Googling a client:
   a. Evaluators who do not Google those they evaluate might not be thorough.
   b. In court, opposing counsel is likely to have information the evaluator might otherwise lack.
   c. Those in private practice do not have sufficient collateral information on clients.
   d. Confronting clients with information gathered on the Internet can strengthen the therapeutic bond.
   e. Public information about a client is fair game for the clinically curious psychologist.

5. Which is NOT one of Dr. Palmiter's arguments against Googling a client?
   a. In the past, only under extreme circumstances might we hire a private detective to observe a client's behavior, the precursor to Googling.
   b. In rare situations of Googling, consent is unnecessary and might harm the relationship more than sleuthing without the client's knowledge or consent.
   c. Even with consent, only safety or risk in a rare circumstance would warrant Googling.
   d. Getting consent is a part of providing comprehensive informed consent.

Wallin

6. Why is social networking important?
   a. You meet new people through your current contacts.
   b. It's a good way to market yourself.
   c. You have access to other people's networks.
   d. You can keep in touch with people who are interested in what you do.
   e. all of the above

7. If you want to connect mostly with other professionals, which social networking site would be best?
   a. LinkedIn
   b. Facebook
   c. Twitter
   d. Google groups
   e. none of the above

Herrigel & Kovacs

8. According to the authors' recommendations, when is it OK to post photos of myself on Facebook?
   a. never
   b. only when you're using high-security settings properly and the photos are appropriate

c. when photos are more than 30 years old and you're impossible to identify
d. any time since photos are harmless

9. When is social media networking recommended?
   a. when I ethically have enough competence, can consult someone, and know the risks
   b. after reading this article
   c. after viewing a video tutorial
   d. only for certain populations

Devdas

10. Historically, homosexuality was viewed as:
    a. a sin
    b. pathology
    c. inherent
    d. a and c
    e. a crime, a sin, and pathology

11. Affirmative approaches in treating LGBT-related issues do NOT include:
    a. support, a safe space for clients to express various aspects of their identity, and eventual integration
    b. changing the client's sexual orientation to help adjustment
    c. acknowledging the role of religion and spirituality in identity development, acceptance, and coping
    d. addressing intersecting identities
    e. a and b

Zuckerman, Do You Project?

12. Which of the following statements about computer projectors is false?
    a. For slide shows there are alternatives to using them in Microsoft's PowerPoint format.
    b. They produce noticeable heat and noise, affecting seating.
    c. Manufacturers are adding features, so all new machines are heavier and larger.
    d. The quality of the image can be as good as typical HD television sets. ✂

Continuing Education Answer Sheet
The *Pennsylvania Psychologist,* June 2010

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

1.	a	b	c	d		**7.**	a	b	c	d	e
2.	a	b	c	d		**8.**	a	b	c	d	
3.	a	b	c	d		**9.**	a	b	c	d	
4.	a	b	c	d	e	**10.**	a	b	c	d	e
5.	a	b	c	d		**11.**	a	b	c	d	e
6.	a	b	c	d	e	**12.**	a	b	c	d	

Satisfaction Rating

Overall, I found this issue of *The Pennsylvania Psychologist*

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

Comments or suggestions for future issues _____

_____

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I verify that I personally completed the above CE test.

Signature_____ Date_____

A check or money order for $20 for members of PPA ($35 for non-members of PPA) must accompany this form.
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Harrisburg, PA 17102-1748

2010 CE Calendar

The following programs are being offered either through co-sponsorship or solely by PPA.

September 24, 2010
APA Insurance Trust Risk Management Workshop
Harrisburg, PA
Marti Evans (717) 232-3817

November 4–5, 2010
Fall Continuing Education and Ethics Conference
Exton, PA
Marti Evans (717) 232-3817

March 31–April 1, 2011
Spring Continuing Education and Ethics Conference
Harrisburg, PA
Marti Evans (717) 232-3817

June 15–18, 2011
Annual Convention
Harrisburg, PA
Marti Evans (717) 232-3817

For CE programs sponsored by one of the Regional Psychological Associations in Pennsylvania, visit http://www.PaPsy.org/resources/regional.html.

Registration materials and further conference information will be mailed to all members.

If you have additional questions, please contact Marti Evans at the PPA office.

also available at www.PaPsy.org — **HOME STUDY CE COURSES**

Introduction to Ethical Decision Making* – NEW!
3 CE Credits

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

For all Home Study CE Courses above contact: Katie Boyer
(717) 232-3817, secretary@PaPsy.org.