



May 2018

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Exciting News from KPA in May

We hope you enjoy this May edition of the KPA e-Newsletter, a regular e-newsletter aimed to enhance communication about psychology across the state. What follows is a sampling of psychology-related news and opportunities across the Commonwealth. Check out the column on the left for upcoming KPA Social and CE events, meetings, Kentucky Currents (member news items), and more. For more updates, visit the [KPA website](#) and follow KPA on social media on [Twitter](#) and [Facebook](#).

Calling all Kentucky Citizen Psychologists!

Lisa Willner, Ph.D., KPA Executive Director

I know that many of you, our KPA members, use your skills, knowledge, and understanding as psychologists in all kinds of beneficial ways that are not directly associated with your practice, research, teaching, and other professional roles. Most of you think of this as contributing to society, giving back, or just being helpful. APA President Jessica Henderson Daniel, PhD, frames it, instead as being a Citizen Psychologist.

Dr. Daniel has long believed that we must use "psychology every day and in every way" to improve our communities and the world around us. Dr. Daniel started the Citizen Psychologist citations as her presidential initiative. The goals of the initiative are to:

6. [Bringing Psychology to the Public through Printed Materials and Resources](#)
7. [Spring Academic Conference!](#)
8. [Legislative Day 2018 Report](#)
9. [KPA-PAC: Showing Up Is Not Enough](#)
10. [Trying To Be an Ethical First-Year Student Therapist](#)
11. [KPA Annual Convention Planning](#)

KPA's Member Highlights

Congratulations to **Dr. Myra Beth Bundy** on recently receiving the 2018 Ronald J. Cutter Professional Service Award presented by the Arc of Kentucky. [Click here for the official announcement.](#)

Congratulations to **Dr. Lisa Willner**, KPA's Executive Director, on being named an APA Citizen Psychologist. [Click here to read the official press release from APA.](#)

If you have a highlight you would like to share with the

- Educate the public about how psychology contributes to the formulation and implementation of policies that improve our communities.
- Provide learning objectives and educational materials to help educate people from high school, undergraduate and graduate school, internship, postdoctoral fellowship, and lifelong learning about how to become or serve as a successful APA Citizen Psychologist.
- Award [Presidential Citations](#) to exemplary APA Citizen Psychologists and other members of the psychology community.

I was deeply honored to have been covertly nominated and recommended by several KPA member colleagues, and completely astonished and a bit overwhelmed to receive a phone call advising of my having been selected as a Citizen Psychologist! The citation was presented during the March APAPO Practice Leadership Conference, in the excellent company of KPA's delegation to that annual advocacy conference. More recently, I was invited to participate in the APA Citizen Psychologist Summit at APA headquarters in Washington, DC, as a speaker, and as a participant in the summit. It was powerful to reflect on the life experiences that have shaped my development as an advocate for psychology and for improving our community, and more than a little unnerving, but rewarding, to share my story with a roomful of APA leaders from across the country.

After the presentations, I spent two days working on the learning objectives and educational materials for the Lifelong Learning group in collaboration with Jennifer Taylor, PhD, and Wendi Williams, PhD – both members Dr. Daniel's Citizen Psychologist Working Group who have been involved with the project from the beginning.

KPA office please email us at
kpa@kpa.org!

KPA Advocacy Benefits

Remember that KPA's advocacy efforts are supported by your membership in KPA. KPA's advocacy benefits all psychology professionals, not just those who belong to KPA. We thank you for continuing to support the future of psychology and those we serve through your active membership in KPA!

2018 KPA Event Calendar

Register today!

May 18, 2018- Louisville

PRE-REGISTRATION ENDS FRIDAY!

[Ahead of the Game: Keeping Perspective in Youth Sports, 3CE](#)

Presented by Benjamin Birkby, Psy.D. and Marc Cormier, Ph.D., CC-AASP, LPCA

June 22, 2018-Louisville

AM WORKSHOP

[Advanced Supervision: Balancing the core competencies of alliance, ethics, diversity, and evidence-based practice](#)

Presented by Scott Salathe,



I write to tell you about my own very positive experience, but mainly to encourage YOU to [nominate yourself or a colleague as an APA Citizen Psychologist!](#) Nominations will be accepted through July 1.

This is a wonderful way to lift up our colleagues, our field, and the important skills and perspective psychologists bring every day and in every way to make the world a better place.

Standing with you in lifting up psychology,
Lisa

Integrative Behavioral Health: Why it is important, What it is, and How it works

Sarah Shelton, PsyD, MPH, MSCP – KPA President

More than half of mental health care is provided in primary care environments by non-mental health providers. It is common for primary care physicians or mid-level providers, such as nurse practitioners, to be on the front lines of intervention for mental health symptoms. However, most healthcare providers do not hold specialized training in mental health. For

*Ph.D. & Brigid Kleinman,
Ph.D.*

PM WORKSHOP

[Applications of the Ethics code
in the Rural Practice
Environment.](#)

*Presented by Vicki Van Cleave,
Psy.D. & Doug Olds, Psy.D.*

Save the Date!

Sept 21,2018-Lexington

AM WORKSHOP

Adolescent Substance Abuse
Assessment and
Treatment: Best Practices for
Better Outcomes

*Presented by Geoff Wilson,
MSW, LCSW, CADC*

PM WORKSHOP

Assessing Appropriateness for
Chronic Opioids and Risk for
Abuse

*Presented by Amanda
Merchant, Ph.D., ABPP &
Jonathan Cole, Ph.D., ABPP*

Nov. 1-3, 2018- Lexington

KPA Annual Convention

**Check out KPA's
Home Study options!**

- [Understanding and
Treating Sleep
Disturbance: Lessons](#)

example, the average time focused on mental health training in medical school for non-psychiatrist physicians is just six weeks.

Reasons for the majority of mental health symptoms being treated in non-mental health environments by non-mental health practitioners are varied. First, there remains a stigma that is associated with seeking mental health care, making some individuals feel “safer” to report their symptoms to a physical health care provider in a primary care environment as opposed to making an appointment with a psychologist or another type of mental health professional. Second, a lack of awareness that one needs mental health care may be the case. For instance, some individuals may not associate the loss of energy or fatigue associated with depression or heart palpitations and gastrointestinal upset with anxiety. Third, a lack of resources for mental health care is a problem in many communities. This may be a lack of financial resources to pay for mental health services or lack of access geographically to mental health specialty care. There are many other barriers to mental health care access beyond these three major ones, including lack of transportation and lack of mobility, among others.

Even when non-mental health care providers recognize that a referral to a mental health professional is appropriate, the follow up rates from referral to first appointment hover around only fifty percent. Some healthcare environments attempt to bridge this gap by offering co-located physical and mental health services. This is a step in the right direction. However, co-location is not integration. This approach is better than nothing, because it at least recognizes the need for access to mental health care and increases the likelihood of referral compliance. It does not, however, necessarily reduce the stigma of being “red flagged” for psych services and sent down to that room to see that doctor, while other patients are directed through a different process that bypasses this important element of wellness.

In a true Integrative Health model, mental health is valued alongside physical health and not just from a pathology standpoint of illness but from a wellness standpoint of health. Multidisciplinary teams of providers work together to help patients achieve and maintain optimal wellness across all dimensions of health and functioning whether or not the patient has a mental health diagnosis, such as depression.

Reasons to integrate physical and mental health care are logical and supported by research. For example, the tenet of Health Psychology is that there is a reciprocal relationship between physical and mental health. Treating the whole person is a superior approach than the historical mind-body dualism that has plagued healthcare for far too long. Individuals with chronic physical health conditions have higher rates of mental health

[Learned from Treating Veterans](#) Presented by Adam D. Bramoweth, Ph.D.

- [Families and Couples in Transition: Lessons Learned](#) Presented by Steven Sayers, Ph.D.
- [Pain and Pain Management: Lessons Learned from Treating Veterans](#) Presented by Robert Kerns, Ph.D.
- [Behavioral Health Interventions - Mild Traumatic Brain Injury: Lessons Learned](#) Presented by Douglas B. Cooper, Ph.D., ABPP-CN
- [A Transforming Partnership for Health Care](#), Presented by Susan McDaniel, Ph.D.
- [Ethical Issues Psychologists Face in Integrated Primary Care](#), Presented by Christina Runyan, Ph.D., ABPP
- [Integrative Care: Increasing Value Through Pediatric Integrated Care](#), Presented by William Douglas (Doug) Tynan, Jr., Ph.D.

disorders. Likewise, individuals with mental health disorders are more likely to have chronic physical illnesses. They also have a higher mortality rate than the general population, one of the many reasons that makes mental wellness a Public Health concern. Integrative Healthcare produces better health outcomes. It is also more cost-effective care.

So, if it gets better results and is actually less expensive, then why is everyone not doing it? Implementing an Integrative Health model is challenging, because it requires a significant shift in the concept of health and wellness at an organizational, provider, and patient level. Even in environments that embrace the concept of Integrative Health, the implementation of that can be much more challenging.

One of Kentucky's psychology graduate programs, Spalding University, received a HRSA grant to design, implement, and manage an Integrative Behavioral Health model of care at multiple locations targeting minority, impoverished, and disenfranchised communities. This year, the inaugural group of trainees set out to blaze a trail of change in and around Louisville with regard to how organizations, providers, and patients view psychology through the lens of health and wellness. Their experiences on this adventure have been both rewarding and challenging and will be shared in an upcoming KPA e-newsletter article designed to continue this important dialog.

Update from Practice Leadership Conference (PLC)

Laurie Grimes, Ph.D. – Director of Professional Affairs

The Practice Leadership Conference (PLC) was held in March. I have highlighted some important practice opportunities and action items here, though my full DPA report will be included in the KPA report on PLC.

The Mental and Behavioral Health Registry (MBRH). Do your patients get better? How can you tell? Outcome measurement is part of best practice protocol. Accreditation bodies require it. Third party payers are increasingly expecting it. Even if you have a solo practice and don't take insurance – it's still best practice to be able to show improvement and change. If you don't use outcome measures, start investigating your options. A new option is an APA/APAPO-sponsored outcome measurement platform is ready for a summer 2018 launch. **The Mental and Behavioral Health Registry (MBRH)** was recently approved as a Qualified Clinical Data Registry

- [Integrative Care: Psychosocial Oncology in Integrative Practice](#), Presented by Timothy Pearman, Ph.D.
- [Integrative Care: Palliative Care and Hospice](#), Presented by Julia Kasi-Godley, Ph.D.
- [Multicultural Ethics for a Diverse World, 3 CE](#). Presented by Melba Vasquez, Ph.D., ABPP
- [Exploring Attachment in the Preschool Years, 1 CE](#). Presented by Susan Spieker, Ph.D.
- [Exploring Attachment in the Elementary Years, 1 CE](#). Presented by Shari Kidwell Ph.D.
- [Exploring Adult Attachment: Secure and Insecure Love, 1 CE](#). Presented by Phillip Shaver, Ph.D.
- [Adult Attachment in Psychotherapy, 1 CE](#). Presented by David J. Wallin, Ph.D.
- [A Developmental Perspective on Attachment, 1](#)

(QCDR) to track quality outcomes. It is approved for the Medicare-based MIPS, but it is available to non-Medicare providers as well. MBRH can be used to collect patient-reported outcomes and will provide participants with resources related to clinical practice guidelines, evidence-based practices, clinical decision-making tools, and continuing education opportunities. An FAQ sheet and MBRH overview sheet are attached. The cloud-based registry is available to APA-APAPO members and non-members. Additional information can be accessed at <https://apapo.mipspro.com/>.

The Integrated Health Care Alliance. Are you interested in practice changes but don't know how to take the first steps to integration or value-based practice? If so, look into participating in the **Integrated Health Care Alliance (IHCA)**. In conjunction with the Centers for Medicare and Medicaid (CMS), the IHCA has been funded through the Transforming Clinical Practice initiative (TCPI) and Support and Alignment Networks (SAN) to educate clinicians and help move practices towards integrated care. The training through the IHCA helps psychologists be a part of the move from fee-for-service towards value-based payments. Psychologists who are interested in preparing for changes and investing time for changes that may be 3-5 years out may want to consider signing up for this free practice opportunity. Providers are being recruited to be a part of this initiative that helps psychologists move their practices towards integrated care in anticipation of the move from fee-for-service to value-based payment. If you are interested in finding out more, go to: http://pages.apa.org/ihca/?_ga=2.182899814.1592154654.1521669209-1677596091.1504143500.

HIPAA Smart. APAPO has invested heavy staff time since 2016 to develop a new HIPAA product that will provide education and compliance resources in a one-stop-shop product covering privacy, security, and breach notification. The platform is designed to be simple, interactive, and accessible and will have state-specific information. The launch date has not been announced yet but is expected in later 2018. This will be a very important resource but will have a charge. Start setting aside some funds now so that you can purchase this potentially practice-saving resource.

Public comment on RxP. The APA is accepting comments for proposed revisions to the RxP Model Curriculum, RxP Designation Criteria, and RxP Model Legislation documents via the Education Directorate's Public Comment website (<http://apaoutside.apa.org/EducCSS/public/>). Closing deadline for comments is 5:00pm EDT, Sunday, April 22, 2018.

[CE](#). Presented by L. Alan Sroufe, Ph.D.

- [Adult Attachment and Religion/Spirituality, 1 CE](#). Presented by Annie Fujikawa, Ph.D.
- [Religiosity and Spirituality Among Psychologists, 1 CE](#). Presented by Harold Delaney, Ph.D.

Updated testing codes coming. Revised and (reportedly) more complicated testing codes are coming in 2019. Webinars and articles about the changes are expected in the next few months.

Devaluation of psych testing. There is concern about the devaluation of psychological testing. Are insurance companies denying testing, saying that a clinical interview should suffice? The Center for Psychology and Health is interested in hearing reports of these denials.

MIPS. Psychologists are still not included in MIPS, but providers can start using the MBRH in preparation for anticipated inclusion. Remember that many psychologists are exempt from MIPS reporting anyway due to LVT (low volume threshold – defined as ≤ 200 Medicare clients per year or $\leq \$90K$ claims per year; 1st year Medicare providers are also exempt).

Clinical practice standards. Ongoing discussion regarding criticism of PTSD practice guidelines that relied solely on RCTs (random clinical trials) for empirical basis. Push to include literature-based consensus documents as well.

Clawback audits in other states. ‘Nuff said with a name like that. Clawback audits are where insurance companies use their sharpened, talon-like claws to scrape, eviscerate, and flay providers’ bank accounts to reclaim payments they had at one point approved. Other states are having a rash of significant clawback claims – some from years back and most from one company in particular. It’s ugly stuff. KPA members: let me know if you are getting these “requests.”

Considering new approaches, coming together to move APA into the future - APA Council Representative Report

David Susman, Ph.D. – APA Council Representative

The APA Council of Representatives held its winter meeting on March 9 & 10, 2018 in Washington, DC. The meeting was characterized by depth of conversation, depth of passion, and depth of agreement that it is time for APA to take the next steps forward. There was much thoughtful and impassioned debate. The final decisions, all by large majorities, show APA leadership is looking toward the future of our discipline and our profession

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and wants to position APA to better serve its mission, members, and society.

Masters training and practice

Council continued its discussion on Masters level training and practice in psychology after voting in August 2017 for APA to formally revisit the issue. The current question before Council at this meeting was whether APA should accredit Masters training programs in health service psychology.

This discussion covered various significant concerns, including:

1. Current and projected workforce shortages for mental health practitioners;
2. Health disparities and inadequate access to mental health care of minority, rural and other underserved populations;
3. Recent initiatives by the counseling profession to limit psychology faculty from teaching in counseling programs;
4. Efforts to prohibit psychology Masters graduates from eligibility to obtain licensure as professional counselors.

After debate, 92% of Council approved pursuing accreditation of master's level programs in health service psychology. Council directed staff and governance, in particular the Board of Educational Affairs, to take steps to develop an accreditation system. This is a multi-year process that will require Council approving the plan prior to implementation.

Subsequent small and large group discussion centered on scope of practice and title issues. There was strong support for doctoral and Masters practitioners to have uniform titles, defined and separate scopes of practice and for the title "psychologist" to be reserved for doctoral level practitioners.

In a related action, Council agreed to adopt as APA policy the *Guidelines on Core Learning Goals for Master's Degree Graduates in Psychology*.

APA Reorganization

Council approved a new joint 501(c)3/501(c)6 organization membership agreement. This move will increase APA's capacity to advocate for the full range of issues that members expect, provide new kinds of member



KPA Member Benefit Highlights

Free Practice Consultations

KPA's Director of Professional Affairs, Dr. Laurie Grimes, is available to consult with KPA members concerning a range of practice and advocacy issues, including HIPPA, third party reimbursement, and state regulations, and can tap resources and practice information from APA to help members resolve issues.

Have a professional/ practice question for Dr. Grimes? KPA Members log in to the KPA website and access the

benefits, and support government relations staff with the resources and flexibility they need to advocate for both the discipline and the profession in a political climate that is increasingly volatile. At membership renewal time this year, all APA members will become part of both a c3 and a c6 organization.

Council directed the President to appoint a work group to develop a plan for implementation of the joint 501(c)3 and 501(c)6 membership agreement for approval at Council's August 2018 meeting. The plan will include integration of priorities across both organizations and a recommendation for the percentage of 2019 dues to be allocated between the 501(c)3 and 501(c)6 organizations and the process for future dues allocations.

Diversity

Council voted to receive the report of the Council Diversity Work Group, which recommends sweeping changes in policy and procedures, participation and representation and diversity training, leading to cultural shifts within Council and APA, as a whole, to make greater strides in promoting greater inclusion of diversity issues.

The APA staff Diversity and Inclusion Work Group will be working with a consultant over the next six months to develop a framework for APA's diversity and inclusion activities and the job description for the APA Chief Diversity Officer, a newly established executive position which will be filled in the near future.

Policies and Guidelines

Council adopted the Clinical Practice Guideline for Multicomponent Behavioral Treatment of Obesity and Overweight in Children and Adolescents: Current State of the Evidence and Research Needs as policy of the association. For much of the population, obesity is associated with disease and mortality and it can be effectively treated through behavior change, which falls within the domain of psychologists. As collaborations between psychologists and other healthcare professionals increase, psychologists are expected to be called upon more frequently to address obesity and other physical health conditions.

Council also officially adopted as APA policy a resolution on Pregnant and Postpartum Adolescent Girls and Women with Substance-Related Disorders. In part, this policy affirms that substance-related disorders manifest as behavioral and biomedical health problems, and recommends providing rehabilitative services rather than criminalizing pregnant women

consultation form under the Members Only section!

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and girls' substance use and prioritizing substance use treatment services for pregnant women.

Additional Updates

- Other APA executive management positions recently filled or soon to be hired are in the areas of Communications, Ethics, Professional Practice, Science and Public Interest. Katherine Nordal, head of the APA Practice Organization is retiring in March 2018.
- The current Financial Report indicated that APA had a small positive balance at the end of 2017. Although the 2018 budget projects a potential \$5 million shortfall, there is optimism that APA can again break even for the year. 2017 membership dues increased modestly for the first time in over 10 years.
- APA President Jessica Henderson Daniel announced her Citizen Psychologist presidential initiative to recognize the work of psychologists who are making a difference in communities around the nation. KPA's Executive Director Lisa Willner received one of these Citizen Psychologist citations at the Practice Leadership Conference recently held in early March.

If you would like further information about these items or other APA initiatives, please feel free to contact me at david.susman@uky.edu.

The 2018 Regular Session is in the Rear-View Mirror... Glad to Say "Good-Bye!"

Sheila A. Schuster, Ph.D.

Because the Kentucky Constitution requires each regular session of the Kentucky General Assembly to end by midnight on August 15th – and because the legislature cannot meet on a Sunday – all eyes and ears were turned toward Frankfort this past Saturday to see how the session would end. The closing weeks of the session had been filled with unprecedented public demonstrations by teachers and public school personnel and advocates, cramming the halls, the stairways, the tunnel and the outside grounds in their red shirts and (mostly) clever signs. Their anger and dismay matched the red of their outfits! They were making their voices heard in their outrage over proposed changes to the pension system and to the Governor's budget, which dramatically underfunded public education. In the

Ethics Committee by completing the Ethics Consult form available under the Members Only section of the website. How it works...Your request will be forwarded to the current KPA Ethics Committee Chair, Dr. Pat Burke, who will consult with the entire ethics committee and review ethical guidelines prior to issuing a response. Response time averages around 10 days depending on the depth of the consultation request.

KPA Member Only Services!

end, they achieved some movement. The pension changes largely do not affect current teachers and state workers, but will dramatically affect future hires. And through some sleight-of-hand and questionable math, the legislators restored much of the funding for public school students and their transportation.

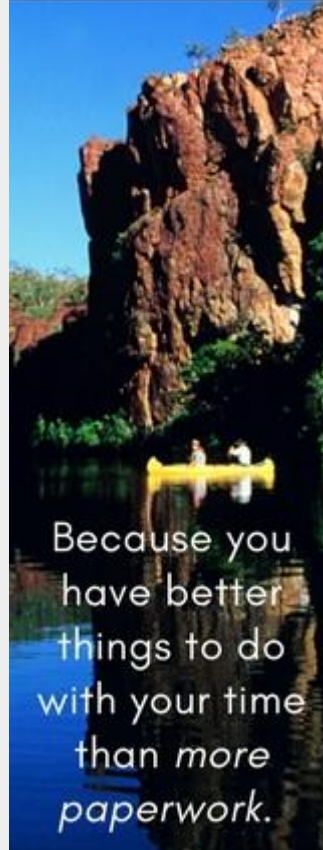
Although the Governor had threatened to call a Special Session on tax reform all through 2017, it never happened. When the House met to consider his proposed budget with all of the cuts across the board, and decreased spending for public education, they decided to put together a revenue package to generate more dollars to do so. Unfortunately, there was no public discussion of the revenue plan, and no public input. The resulting plan does generate more dollars, but does so by cutting taxes on the wealthiest and on corporations and shifting the burden to the lowest earners in the state. They also failed to take advantage of the opportunity to raise the cigarette excise tax by \$1, which would have generated \$266M/year and had a significant decrease in the smoking rates, which are the highest in the nation. Instead, they raised it by 50 cents, which has no effect on health outcomes. The Governor vetoed the revenue bill, but his veto was overridden on Friday. However, the legislature had to pass another revenue bill on Saturday to correct errors and reverse some decisions in the original bill. It is not clear if the Governor will veto that bill as well.

But perhaps the biggest problem with this session was the process by which all of these major pieces of legislation were passed. They do not represent an achievement to brag about...nor hopefully, to repeat. The pension bill, the biennial budget bill and the revenue bill were all passed without a single minute of public testimony, without even giving legislators time to look at the text before they had to vote, without even the official "economic scoring" by the experts, which is required by law! There was added drama when the Governor vetoed both the budget and the revenue bill, plus an additional pension bill designed to give relief to cities, counties and to quasi-governmental agencies, like the CMHCs. Teachers again showed up in the thousands, this time with a less clear message...did they want the legislature to overturn the vetoes or not? In the end, they decided they did and the legislators did overturn each one of the Governor's vetoes. Remarkable, given that he is a Republican and both chambers are heavily dominated by Republican lawmakers.

What was not addressed in the budget revisions and further actions were cuts across the board to nearly every governmental agency, including Behavioral Health, Developmental & Intellectual Disabilities. This marks the 19th year of either cuts or flat funding for behavioral health in the Commonwealth. Also in the category of being hurt in this budget was higher

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education – UK, UofL, the regional universities and KCTCS. What we are beginning to see already is the closing of programs and the laying off of positions in our institutions of higher education. The only good news – in a bill hastily put together and passed on Saturday – was a reprieve for the CMHCs and other quasi-public agencies (health departments, DV shelters, etc.) to stay at the current 49.45% contribution rate to the retirement fund for each employee, rather than to go to the proposed 83.43% rate which had been in the budget. This freeze is only for one year, with KERS encouraged to address the issue. We can only hope that some permanent “fix” will be offered.

KPA had some success with the passage of two bills to address problems with the MCOs, and saw the passage by the House of HB 604, which would have established trauma-informed schools across Kentucky and put a licensed mental health professional in each one. The legislation was proposed after the Marshall High School shooting and had considerable input from Drs. Lisa Willner and Sarah Shelton. Unfortunately, the Senate failed to pass the bill. KPA had also worked very hard on HB 465, the reorganization of the state’s licensure boards, but this legislation also passed the House and failed to pass in the Senate. It is unclear what next steps might be taken by the Administration on this important issue.

The discord and vitriol of the session left a bad taste in everyone’s mouth and then was compounded by the Governor’s attack on teachers on the closing day, stating that their going to Frankfort had resulted, he guaranteed, in a child being sexually abused, another being poisoned, etc. It is no wonder that there are 40 or more candidates associated with education who are running for the House or Senate!

And that’s where we need next to turn our attention – this is an election year in Kentucky! All 100 House seats and one-half of the 38 Senate seats will be on the ballot. Many of the seats have primary contests which will be decided on **May 22nd**, with the General Election coming on **November 6th**. Get informed, get active, get registered, and get out to VOTE!

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Bringing Psychology to the Public through Printed Materials and Resources

Christen Logue, Ph.D. & the KPF Public Education Committee

The Public Education Committee (PEC) of the Kentucky Psychological Foundation (KPF) has recently focused efforts on creating and editing free print materials to be utilized for public distribution. The project has involved many different psychologists and even the help of graduate and undergraduate psychology and communications students. The PEC provided the final copy editing and content revisions. The brochures address areas such as Dealing with Stress, Managing Chronic Illness, Being an Ally, and much more. All materials are simple and user friendly, and are designed in a way to appeal to the general public. The PEC hopes that these materials will be available to the general public within the next few months.


The PEC has also continued to provide Op-Eds and media consultation upon request. One example is a recent Op-Ed written in response to continued incidences of gun violence. The content of that piece follows:

The epidemic of mass shootings in the United States, including the most recent tragedy at Marjory Stoneman Douglas High School in Parkland, Florida, has understandably led many people to wonder what could possibly motivate a person to kill innocent citizens. We often hear people blame mental illness for these acts. We can understand why this feels like a comforting explanation. These events make us feel scared and anxious, and it's helpful when we have a story that makes us feel better. If mental illness is responsible then we need to focus on what to do about 'those' people. However, as uncomfortable as it may make us feel, mental illness is rarely




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to blame in these events. Less than 5% of gun-related violence is committed by people with diagnosed mental illnesses. In fact, only about 4% of all violence – with or without guns – is perpetrated by people with diagnosed mental illness.

Part of the problem comes from a misunderstanding of what mental illness is. Mental illness means having a specific set of symptoms over a specific period of time. Mental illnesses are diagnosed by psychologists or other mental health professionals. When we talk about certain mental illnesses, such as mild depressive disorders, anxiety disorders, or attention deficit disorder, most people probably don't think about violence. However, even serious mental illnesses – like schizophrenia or bipolar disorders – are also not likely to cause violence. In fact, research shows that serious mental illness without substance abuse is totally unrelated to gun violence.

Psychologist Dr. David Susman, Assistant Professor in the University of Kentucky Department of Psychology and Director of both the Psychological Services Center and the University of Kentucky Internship Consortium states, "Research has shown that people with serious mental illnesses are actually at far greater risk of being victims of a wide variety of violent crimes than perpetrators." People with severe mental illness are actually 11 times more likely to be the victim of a violent crime than people without severe mental illness.

Blaming gun violence on mental health or mental health treatment also serves to increase stigma and prevent people from seeking help. A substantial number of people with even severe mental illness go without effective treatment. When policy makers or media outlets blame shootings on mental health issues, especially when using disparaging language, people who need help are less likely to seek out that help. Particularly after traumatic events, the value of public figures encouraging the use of mental health resources helps communities recover more quickly.

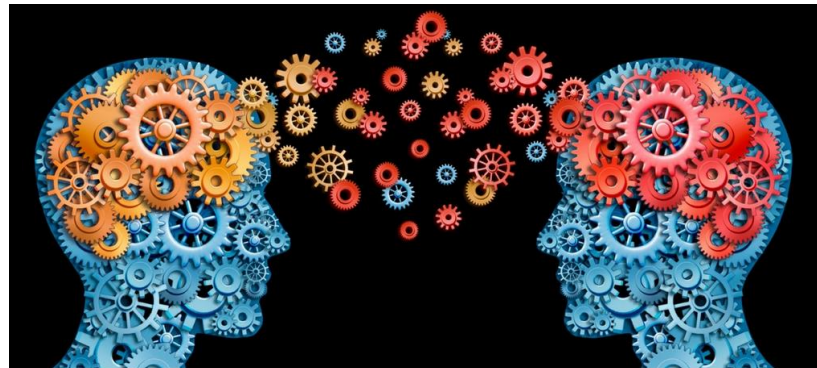
So if mental illness doesn't explain violence, what does? There are identifiable factors that actually do predict the likelihood of gun violence, in general (these data apply to overall gun violence, not specifically mass shootings). Research suggests the following four things predict the likelihood that a person will commit a gun-related crime: 1) a history of violence, 2) access to guns, 3) drug and alcohol use, and 4) personal relationship distress. If we are serious about addressing gun violence, these are the factors that must be attended to. We must rely on research to determine what actually predicts gun violence and therefore, what must be changed through policy, rather than political leanings or personal preferences. While there is a clear need for more systemic change,

increased access to mental health care and substance use treatment is a critical piece of the solution. Mental health care is more than just helping people with mental illness. Psychologists and other mental health providers help people learn to cope with their distress without violence and substance use. Having the tools to manage anger, impulsivity, loneliness, and social distress can give those in need the coping skills necessary to avoid becoming part of our next national tragedy.

Current members of this busy committee include: Brian Belva, Sarah Flynn, Brigid Kleinman, Shelby Burton, Brittany Zins, and chair, Chrissy Logue. Anyone interested in joining or contributing in some way should contact Chrissy Logue at christen.logue@ucumberlands.edu.

Spring Academic Conference!

Jennifer L. Price, Ph.D. - KPF President



CELEBRATING PSYCHOLOGY AS A SCIENCE

Thank you to all of the attendees, speakers, and volunteers who braved the snow to participate in this year's Spring Academic Conference (SAC) at Eastern Kentucky University on April 7th

We encourage you to take a look at our [SAC wrap up](#) to learn more about the incredible things psychology students in Kentucky are doing. We hope you will join us next spring!

Legislative Day 2018 Report

Georgeann Brown, Ph.D. & KPA Advocacy Committee

KPA's 5th Annual Legislative Day was held on February 22nd, in the Capitol Annex in Frankfort, Kentucky. Our primary goal for the Legislative Day was to increase the visibility of KPA in Frankfort, to help KPA members develop relationships with their legislators, and to share information about issues/legislation important to KPA, including concerns about the budget proposal for mental health care. We held a breakfast for legislators and LRC staff from 9 to 11, where we had a steady stream of legislators and LRC staff. We also continued the public education fair during our Legislators' Breakfast and had several graduate students helping with it and working on a promotional video for KPF. The public education fair included literature about what psychologists do, information about various mental health issues, and publications from the American Psychological Association and the Kentucky Psychological Foundation.

We had 36 KPA members in attendance, which ties for last year as our largest attendance. We had 14 first-time attendees. The engagement and energy level was high among members in attendance. Many members commented that they had a great experience and that it was a very organized event. Prior to the Legislative Day, attendees participated in a conference training call and reviewed materials to help prepare them to discuss talking points with legislators. We received feedback that the training materials and conference call were helpful.

The talking points for KPA's Legislative Day were quite specific to active legislation at the time but centered around the following priorities, which included specific bill numbers/pieces of legislation we asked legislators to support or oppose:

- 1. KPA is opposed to budget cuts that will negatively affect mental health programs and access to care**
- 2. KPA advocates for mental health parity and increased access to care**
- 3. KPA advocates for individuals with serious mental illness**
- 4. KPA advocates for evidence-based approaches**

KPA members in attendance had an opportunity to meet with their legislators in individual or group meetings, where they discussed talking points important to KPA and information about their profession. Over **25 individual/group meetings** with legislators took place. Experienced KPA members helped assist members during many of the meetings. KPA members also left a card with their legislator, indicating they were a KPA constituent with their contact information. We wanted KPA members to start/continue building personal relationships with legislators.

The overall feedback on the meetings with legislators was positive. Many legislators commented that they supported KPA's legislative priorities. Many positive conversations and connections were made. A few examples include: Several KPA members who were constituents of Senator Julie Raque Adams were asked to provide information about the connection of mental health and substance abuse. Some legislators asked if they could visit their constituents' place of work or use them as a referral. Other legislators asked how psychologists/mental health could help in gun violence problem and seemed genuinely interested in improving mental health access.

The Legislative Day was planned by co-chairs Dr. Georgeann Brown and Dr. Steve Katsikas, support from the KPA office (Sarah, Samm, and Joy), in consultation with Dr. Sheila Schuster, Dr. Lisa Willner, and the Executive Committee, and help from Public Education Committee for public education fair. Many thanks to everyone who made the event a success.



Ginny Frazier, Psy.D., KPA-PAC

Showing Up Is Not Enough

This is a crucial election year across the commonwealth, with all 100 House seats and 19 of 38 Senate seats up for election, as well as numerous local positions in cities and counties throughout the region. I project that over the next 6 months, each one of us will be asked to support various candidates and they will all make promises to be the solution or change we wish to see. As part of this process, I'd like to offer an additional option to clarify the political landscape for your psychological practice by encouraging each of you to give a financial donation to the KPA-PAC.

Contributions to KPA-PAC strengthen the power of our collective voice. Members of the KPA-PAC strive to decipher the Kentucky political system, increase access of policy information to psychologists, and educate legislators in critical areas regarding mental health on behalf of us all. As individuals, we may struggle with how to balance our desire for change and our political frustrations. We all see critical issues within our communities but our actions are not as impactful as individuals.



Most psychologists in Kentucky are registered and do vote in elections. KPA-PAC encourages us all to take the next step. To better inform your political decisions, we can help you learn about current issues, legislation, and candidates affecting the mental health community. We need financial support from our members to elect candidates who have the best interests of psychologists and our clients in mind to achieve our mutual goals. There may be multiple candidates in each election cycle who need our support. KPA-PAC will be stronger when we can support multiple candidates and achieve our goals as a unified voice.

As a combined voice, the KPA-PAC can educate and contribute to candidates who support psychologists and the practice of psychology,

regardless of political affiliation. However, the KPA-PAC needs assistance from members of the psychological community to strengthen our impact in the 2018 election cycle. There are currently psychologists running as candidates who are deserving of our support, however, we lack the funds to contribute to their campaigns. Your support will help us achieve our goal of promoting every candidate that aligns with our legislative priorities. Please continue to exercise your ability to vote. At the same time, we must strengthen our financial backing to draw attention to those matters we as psychologists find most essential. For these reasons, I encourage you to visit <http://www.kpapac.org/> to learn more and make a contribution*.

Contributions to KPA-PAC are **not deductible as charitable contributions for Federal income tax purposes.*

Contributions are completely **voluntary and will be used for political purposes.*

**Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.*

Trying To Be an Ethical First-Year Student Therapist

Sydney Black, M.S., KPA Ethics Committee

Recently, my classmates and I received our placements for where we will spend our first year as student therapists. Exciting as this may be, now comes the time we must put to the test what we are learning in school. As neophyte therapists, we must remember to stick to the ethics code to the best of our abilities. As daunting of a task as this may seem, by adhering to the ethics code we are building on that foundation to become the competent therapists we strive to be.

One of the most important components of the APA Code of Ethics to remember is the General Principles. The intent of the General Principles is "to guide and inspire psychologists toward the highest ethical ideals of the profession." In other words, these are the principles that we should aspire to keep in mind when we do anything in therapy! If we cannot remember every individual code, we can at least remember the five primary principles on

which (or after which) we should model our work upon to be ethically sound practitioners. They are:

Principle A: Beneficence and Nonmaleficence. Do no harm to those you work with. As psychologists-in-training, we are granted access to the most delicate and personal details about a client's life. We must be aware of how our judgments and attitudes can affect the lives of our clients. Keep your personal, financial, social, organizational, and political factors out of the therapy room to not risk the chance of influencing your client negatively.

Principle B: Fidelity and Responsibility. Be aware of your professional and scientific responsibilities to society. You are establishing a trusting relationship with every client that you see. Make sure you uphold professional standards of conduct, clarify your professional roles and obligations, accept responsibility for your behavior, and seek to manage conflicts of interest that could lead to harm or exploitation.

Principle C: Integrity. Be honest and truthful in your practice. Do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact.

Principle D: Justice. Exercise reasonable judgment and take precautions to ensure your potential biases, boundaries of your competence, and your limitations of expertise do not lead to unjust practices.

Principle E: Respect for People's Rights and Dignity. Treat everyone that comes into your office with the same respect and dignity, no matter their background.

As a new therapist, with a new supervisor (that is usually not a member of your faculty), it is important to also have an understanding what the Code says about this relationship. If you are unfamiliar with the term "supervisor", your supervisor is your go-to person within the facility where you will be working to ask all of your questions and get all the help you need with your brand new lists of clients. While not all supervisors are equal, it is important for student therapists to be aware of appropriate and ethical treatment by supervisors. If you refer to Section 7 of the Code of Ethics, there are several parts of the code that new student therapists should be aware of. For example:

7.04 Student Disclosure of Personal Information. Psychologists do not require students or supervisees to disclose personal information in course or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with

parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.06 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision. (b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

If you notice your supervisor straying from these rules, consider talking to another provider in your facility or a trusted member of your faculty if you are not sure of how to respond. Sections 1.04 (Informal Resolution of Ethical Violations) and 1.05 (Reporting Ethical Violations) should give you more information as to what you should do if you find yourself in a situation like this.

Rome wasn't built in a day—what you do not know now about the Code, you will know by the end of your first year as a student therapist. Just like fine wine, the more experienced you are the better you will be. Your first time as a student therapist is an exciting time. Make it an ethically exciting time!

KPA Annual Convention Planning

Marianne McClure, Ph.D. - KPA Annual Convention Chair

The 2018 KPA annual convention is a little over six months away. It will be held at the Marriott Griffin Gate Resort in Lexington, on November 1-3. The convention committee has had the privilege to consider a number of excellent proposals for potential workshops and will soon be able to provide

more information about two of our featured presenters. We are looking forward to offering a wide range of workshops that will provide psychologists the opportunity to obtain CE's required for licensure and to update their knowledge base. The working title for this year's convention is ***Meeting at the Intersection: Connections in Psychology.***

Check out our [eNewsletter Archives](#) for past issues
Have an Idea or Contribution for the KPA e-newsletter?

Contact the KPA Central Office or Brandon Dennis, Psy.D., KPA e-Newsletter Editor at brandoncdennis@gmail.com.
Deadlines for submission are the 15th of the month the newsletter is scheduled for distribution (Feb, April, June, Oct and Dec).