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## Exciting News from KPA & KPF in April

We hope you enjoy this April 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](#).

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### The Primaries are PRIMARY!

*Sheila A. Schuster, Ph.D.*

Kentucky's Primary Election for all Statewide constitutional offices will be held on **Tuesday, May 21, 2019**. Only those Kentucky voters who are registered as either Democrats or Republicans are allowed to vote in the primary election, and can only vote among the candidates registered by that political party.

How important are the primary elections? Think back to May of 2015 when there was a hotly-contested race among the top three candidates to be the Republican nominee for Kentucky Governor. The winner of that Republican primary was Matt Bevin, a relative newcomer to the Commonwealth, who was elected by a margin of 83 votes...less than one vote per Kentucky county! Remember...every vote does count!

Traditionally, the turnout of voters in the primary elections held in non-legislative years is very low...often under 15%. So the relative weight of each vote is

To support the purchase of a new home for the Kentucky Psychological Association & Kentucky Psychological Foundation – an office condo in a brand-new building – we have launched our first-ever Capital Campaign!

We are going to need the support of ALL of our KPA members – YOUR SUPPORT – to make this campaign successful! Please click [here](#) to contribute & to learn more about our capital campaign.



potentially that much greater due to the poor overall number of votes cast. Remember...only those who actually vote get counted!

I urge you to review the list below of the primary election candidates and then do your due diligence...find out something about them. What experience do they bring? What policies or plans are they putting forth? Where do they stand on the issues that you care about? Google them; go to their campaign websites and read up on them; look up the archived programs where KY Educational Television (KET) has interviewed each of them on "Kentucky Tonight"; talk to friends and colleagues who have met them, worked with them or are endorsing them. **And then VOTE on May 21<sup>st</sup>!**



**David Susman, Ph.D.**, winner of Distinguished Service Award from the UK College of Arts and Sciences "for my professional service to psychology and mental health advocacy. I feel blessed to work with such wonderful students and colleagues."



**Dan Han, Psy.D.**, was featured in the article, "A Matter of Taste" in APA's Monitor Psychology. [Click here to read the full article](#)

### CANDIDATES FOR STATEWIDE OFFICE – PRIMARY ELECTION – MAY 21, 2019

GOVERNOR	RUNNING WITH LT. GOVERNOR	PARTY
Rocky Adkins – Sandy Hook	Stephanie Horne – Prospect	Democrat
Andy Beshear – Louisville	Jackie Coleman - Harrodsburg	Democrat
Adam Edelen- Lexington	Gill Holland – Louisville	Democrat
Geoff Young – Lexington	Josh French - Elizabethtown	Democrat
Matthew Bevin – Louisville - Incumbent	Ralph Alvarado – Winchester	Republican
Robert Goforth – E. Bernstadt	Michael Hogan – Louisa	Republican
Ike Lawrence – Lexington	James Rose - Lexington	Republican
William Woods – Corinth	Justin Miller - Florence	Republican
ATTORNEY GENERAL	ATTORNEY GENERAL	
Gregory Stumbo – Prestonsburg		Democrat
Daniel Cameron - Louisville	Wil Schroder - Wilder	Republican
SECRETARY OF STATE	SECRETARY OF STATE	
Jason Belcher – Harold	Jason Griffith - Whitesburg	Democrat
Heather French Henry - Louisville	Geoff Sebesta – Lexington	Democrat
Michael Adams – Louisville	Andrew English – Crestwood	Republican
Stephen Knipper – Independence	Carl Nett - Louisville	Republican
AUDITOR of PUBLIC ACCOUNTS	AUDITOR of PUBLIC ACCOUNTS	
Kelsey Hayes Coots – Louisville	Drew Curtis – Lexington	Democrat
Sherri Donohue – Frankfort	Chris Tobe - Anchorage	Democrat
Mike Harmon – Danville - Incumbent		Republican
STATE TREASURER	STATE TREASURER	
Michael Bowman – Louisville	Josh Mers - Lexington	Democrat
Allison Ball – Prestonsburg – Incumbent		Republican
COMMISSIONER OF AGRICULTURE	COMMISSIONER OF AGRICULTURE	
Robert Conway - Georgetown	Joe Trigg – Glasgow	Democrat
Bill Polyniak – Lexington	Ryan Quarles – Georgetown - Incumbent	Republican

## Practice Leadership Wrap Up

APA Practice Leadership Conference, 2019: *Advocacy and Leadership*

This year, several Kentucky delegates attended the APA Practice Leadership Conference (PLC) in Washington, DC, from March 9-12. The conference provides an opportunity to network and learn from leaders at APA, as well as from State, Provincial, and Territorial Psychological Associations (SPTA) leaders from across the continent. Over the years, KPA leaders have frequently played planning and programming roles in the conference, and have been recognized



KPA's Federal Advocacy Coordinator, **Georgeann Stamper-Brown, Ph.D.**, wrote an article "Mental Health Advocacy: Psychology Beyond Therapy". [Click here to read the full article.](#)



Check out this interview from KPA President-Elect, **Steve Katsikas, Ph.D.**, on WHAS11 News discussing the difficult topic of child suicide. [Click here to see the interview.](#)

at the national level for their leadership within KPA. Similarly, information gathered and relationships forged at Practice Leadership Conference each year have informed KPA's priorities, initiatives, projects, and programs for KPA.

The Practice Leadership Conference also provides the structure and training for psychologists to visit with their Congressional delegations on Capitol Hill. This is an important opportunity for us to advocate at the federal level for issues important to psychologists and those we serve.

As we have for many years, it is our pleasure to share with you some reflections on PLC from members of the Kentucky delegation.

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#### **Eric Russ, PhD - KPA President**

We had a fantastic group of Kentucky psychologists in Washington, DC for the Practice Leadership Conference. Much of the conversation over the weekend focused on how to position psychology for the future. APA focused helping psychology impact the world through their new strategic plan (which you can read here: <https://www.apa.org/about/apa/strategic-plan>). I think this is a strong document to guide APA and help psychologists come together as one voice on a range of issues.

A critical piece moving psychology forward is inclusion and promotion of early career leaders. Being an ECP and President of KPA, ensuring opportunities for ECP leadership is important to me. I was particularly excited to hear how many ECPs are taking advantage of leadership programming in their SPTAs, the APA Emerging Leaders Academy and other avenues. I'm excited to bring these ideas back to Kentucky as we look to improving our own leadership pipeline.

In addition to hearing from others, **Dr. Lisa Willner** and I were fortunate to share our perspective from Kentucky as part of a plenary discussion on leadership with APA CEO **Dr. Arthur Evans**, President-Elect **Dr. Sandy Shullman**, and past APA Board Member **Dr. Jennifer Kelly**. It was a great opportunity to share our thoughts as KPA leaders with a national audience.

I always leave Practice Leadership Conference feeling proud of what KPA is doing for psychology in Kentucky. We have a great history of leaders driving the national conversation forward and I'm excited about what's to come!

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**Sarah Shelton, Psy.D., MPH, MSCP**, KPA President Elected Chair of the National Register of Health Service Psychologists. Read more [here](#).

*If you have a highlight you would like to share with the KPA office please email Marketing & Membership Coordinator, Samm Collins at [samm@kpa.org](mailto:samm@kpa.org)*

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#### Upcoming Events

##### ***Open for Registration!***

**May 10- [Body Embrace: A Revolutionary Approach to Treating Body Image in Severe Complex Eating Disorders, 3CE](#)**

**May 10- [Exposure Based Therapy in the Treatment of Eating Disorder: How to Tackle the Core Fears, 3CE](#)**

**June 21-[Advanced Supervision: Supervising Psychological Assessment, 3CE](#)**

**June 21- [Ethical Dilemmas working with LGBTQI Youth, 3CE](#)**

***Online registration opening soon!***

#### **Lisa Willner, PhD – KPA Executive Director**

It is difficult for me to believe that 2019 marked my 10<sup>th</sup> PLC!

Over the years, this conference has been influential to me personally, shaping my views about the particular skills and crucial roles that psychologists have to play in advocating for the profession and for the greater good. The conference has also played a critical role in developing my views of leadership and systems, and helped to inspire and shape my decision to become involved in public life, first as an elected school board member, and now as a member of the Kentucky Legislature. It was a deep privilege at this year's PLC to serve as a panelist for a morning plenary, *Becoming Leaders for Integrated Advocacy – Making Use of Transferable Skills* – alongside several psychologists I look up to as role models, including KPA's own **Eric Russ, PhD**. Since my own psychological advocacy journey has been so shaped by PLC, it was meaningful to be able to share pieces of it in the place where it began!

Every year, I appreciate the opportunity the conference provides to check in with and learn from the expertise and experiences of other SPTA executive directors. Even more rewarding is the opportunity to spend time with a set of highly engaged KPA leaders, to engage in deep brainstorming about KPA priorities, and to identify ideas, topics, presenters, and projects that we can bring home in order to elevate psychology – with the goal of improving people's lives - back home in Kentucky.

Health promotion is at the top of my personal advocacy list, and was a common theme among many of the PLC sessions I attended. From David Wasserman, political analyst from the Cook Report, I learned that healthcare was the #1 priority issue in the 2016 presidential election, and that this is likely to remain front and center. From panelists presenting *A State Toolkit for Integrated Care*, I learned a number of important points, including 1) that about ½ of all healthcare costs are related to non-communicable diseases, and have a powerful behavioral component (e.g. eating, exercise, smoking), most efficiently and effectively addressed through behavioral interventions, 2) that psychological services integrated with traditional medical interventions are associated with increased patient satisfaction, decreased hospitalization, and a decrease of symptoms associated with hypertension and diabetes, and 3) that integrated health interventions are associated with decreased healthcare costs. And from *Opioid Crisis and Non-pharmacological Pain Management*, I revisited the biopsychosocial conception of chronic pain as a replacement for the widely outdated, but still clinically prevalent, biomedical perspective on pain. All of this

**Sept. 20-** Topic: Outcome Measures

**Nov. 15-18** - KPA & KPF Annual Convention - Louisville, KY

## On-Demand Continuing Education Webinars

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information suggests directions for KPA in carrying out its mission of promoting psychology in the interest of improving people's lives.

As it does every year, our learning and experiences at PLC will influence and shape the focus and direction for the work of KPA, as well as to help focus the work that each of us carries out in our individual roles.

In closing, I want to offer up my gratitude to APA and to all of those involved in the planning, for another energizing and inspiring PLC!

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### Georgeann Brown PhD – KPA Federal Advocacy Coordinator

I had the privilege of attending my fifth PLC this year.

In my role as Federal Advocacy Coordinator (FAC), I scheduled meetings with all eight Kentucky legislators' offices on Capitol Hill and helped to organize talking points and visits for our KPA delegation. We visited the offices of Senators McConnell and Paul, and Congressmen Guthrie, Comer, Barr, Yarmuth, Rogers, and Massie. We met with Congressman Brett Guthrie directly, with additional meetings scheduled with each office's health legislative aides. We had a strong delegation of six KPA members and attended most meetings together. The meetings went well overall, and the legislative aides seemed quite informed on several of the issues. Our delegation presented a good mix of both anecdotal and statistical information.

We were given four talking points by APA to discuss, and could choose one social justice issue, which is a relatively new feature this year after being piloted last year. The four APA-designated talking points we focused on were 1) including psychologists in the "physician definition" for the Medicare Mental Health Access Act, H.R., 884, which would allow psychologists to practice independently (as we do in almost all settings/with all payors) in several restricted places where Medicare is the payor. We have discussed this for the past few years, and the legislative offices appear to have understanding of this bill, and there have been some efforts to include it in other pieces of legislation in the past. However, it does seem frustrating to keep discussing this each year without a lot of movement/CBO score, etc. 2) We also discussed the Mental Health Telemedicine Act, H.R. 1301, which would allow Medicare beneficiaries to receive mental health service through telemedicine from their homes, not just if they are from rural areas and/or dealing with a substance abuse issue. This would greatly improve access to care for those with barriers to going to appointments, for many reasons. 3) We also emphasized the importance of

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## KBEP Elections Results

In accordance with [KRS 319.020](#) the Kentucky Psychological Association is charged with conducting the nomination and election process for the Kentucky Board of Examiners of Psychology. KPA sends nomination and election material to all licensed psychology professionals, regardless of their membership status with KPA. The top 3 names are submitted to the Governor for selection of licensing board members.

[Here is an update on open KBEP board seats:](#)

### **Doctoral Seat - Gerald A. Walker, Psy.D. - Term expired 3/11/2018**

1. Brenda Nash, Ph.D.
2. Allison From-Tapp, Psy.D.
3. Gina DeArth-Pendley, Ph.D.

### ***Awaiting Governor selection***

### **Doctoral Seat - Jamie Hopkins, Ph.D. - Term expired 7/15/2018**

*The election period has closed for this seat. Names and details are being collected from nominees to be sent to the governor for selection.*

If you have any questions about KBEP elections, please contact us at [kpa@kpa.org](mailto:kpa@kpa.org)

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preserving mental health and substance use disorder coverage in Medicaid and private mental health insurance plans under the Affordable Care Act. With possible changes in the ACA and health care coverage being a hot topic in Congress, we urged legislators to maintain the essential health benefits of mental health and substance abuse treatment coverage in insurance plans. 4) Our fourth talking point from APA was more of an information sheet regarding our concerns about Argosy University suddenly announcing closure, and its effect on thousands of students, including psychology students, who were left without the ability to finish their degrees and having to pay back student loans.

For our social justice advocacy issue, our group chose to focus on immigration issues, specifically the DACA legislation that was going to be re-introduced, to create a path of citizenship for children whose parents immigrated to the US. This proved to be somewhat difficult, given lack of time in each meeting, and we were not meeting with the legislative aide with expertise on the area. We were able to get contact information for legislative aide in charge of immigration, and expressed our concerns as psychologists about the stress that many DACA youth feel, and how a path to citizenship would ease that.

The programming at PLC was good this year as a whole, but perhaps the weakest year yet for FAC-specific programming. The social justice webinar shown before PLC was a great way to prepare, but the material was repeated several times at PLC. The only programming specific to FACs was a Monday breakfast meeting where they introduced upcoming changes to the Capwiz system. There were no networking opportunities for FACs, and any programming to help us throughout the year on how to be an effective FAC. The updates to Capwiz would have been better if they had asked us to bring our laptops and truly showed us how to use it, instead of just doing a brief display while we were eating breakfast. I realize it is a transitional year for APAPO as practice advocacy issues merge with all APA advocacy issues. As an FAC, I would love to be on the forefront of these changes, be informed, and give input.

I did really enjoy several workshops offered to all PLC participants, including the Sunday morning briefing with David Wasserman from the Cook Report. This was quite informative regarding the current political climate/landscape, and well done in terms of presentation style. The workshop on how SPTAs could be active with immigration advocacy was also really helpful as well, and the breakout session on the Capitol Hill visits was much improved this year, including the training video. I also learned much during the Opioid Crisis session, and how SPTAs can be involved in advocating for non-pharmacological approaches. It was also exciting to see both **Drs. Lisa Willner and Eric Russ** from Kentucky on a panel to discuss becoming leaders on integrated advocacy. With our executive director now being a state representative, this is

As you are faced  
(inundated may be more  
apt these days...sigh)  
with situations in the  
public discourse, have  
you ever said to yourself  
or your colleagues,  
**“Wonder what KPA is  
doing about that?”** or  
think that your particular  
background and expertise  
could make a useful  
contribution?

Please take advantage of  
the interface under the  
**ADVOCACY** tab above to  
submit issues of interest  
to you to the newly  
formed:

**Public  
Issue  
Response  
Committee  
(PIRC)**



#### [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

an exciting way to demonstrate how psychologists can be involved in advocacy on another level. Overall, the programming was good, but needs to be improved for FACs.

I continue to enjoy the networking opportunity at PLC, among KPA members and other PLC participants. It is also validating to hear that KPA is quite involved in advocacy and is doing many things well, and so some of the programming is tailored towards state associations that need more guidance.

I plan more follow-up with legislative offices regarding our Capitol Hill visits and being co-sponsors of the Medicare Mental Health Access Act and the Mental Health Telemedicine Act. I wrote initial follow-up notes and thank you notes about 1-2 weeks after our visits, and I will follow-up again in a few weeks. I appreciate the opportunity to represent KPA at PLC, and to serve as the current FAC.

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#### **Steve Katsikas, PhD - KPA President-Elect**

I thoroughly enjoyed my first PLC. I found the large group sessions and small break out groups informative and exciting. I found the time spent with other Presidents-Elect to be extremely valuable. We are a group of individuals who have many shared challenges. It was helpful to hear how some states had addressed concerns we have in Kentucky. It also provided us a chance to connect, given that we will be resources to each other in the coming years.

I also appreciated the large group presentations, especially a talk about the 2020 political landscape, and another that featured Senator Alan Lowenthal (D-CA). The call for Psychologists to become politically involved was clear. It was not lost on us, from the Kentucky Delegation, that our own Executive Director was a trailblazer in that area.

The smaller group breakout sessions were also well-planned and delivered. I appreciated learning about the structure of congressional lobbying, with legislative assistants (which is different than the state-level lobbying I am used to). I appreciated the demonstration video and the opportunity to strategize with our delegation about who would present which topic.

Other small groups were equally informative. It was enlightening to hear about how practice guidelines were developed. I have shared those resources with our doctoral students at my university this past week. I also found it inspiring to



continuing to support the future of psychology and those we serve through your active membership in KPA!



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### **KPA Member Benefit Highlights**

#### **Free Practice Consultations**

KPA's Director of Professional Affairs, 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? KPA Members log in to the KPA website

hear how APA is supporting integrated primary care through its advocacy efforts.

Our time spent on Capitol Hill with legislative aides (and one Representative) was an amazing experience. We had the chance to promote our profession and talk about access barriers. I feel like I have become more knowledgeable about that process and more comfortable in speaking to legislators as a result.

All in all, I left the PLC conference energized and excited by the future of our field. I had resigned my APA membership for a few years following the Hoffman Report, and was glad that I rejoined. I look forward to next year's PLC.

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#### **Katie McBride, PhD - KPA Director of Professional Affairs**

Directors of Professional Affairs (DPAs) from 13 state psychological associations (SPAs) met in D.C. last month as part of APA's annual Practice Leadership Conference. Although within our respective states, our jobs vary in scope, focus, and devoted amount of time, our common function is to leverage APA resources to support our SPA members in professional practice.

We shared successful stories about legislation that passed this year like Utah becoming the most conservative state in the country to ban so-called conversion therapy aimed at LGBTQ+ individuals. There was legislation successfully blocked- as in New Jersey, efforts to cut psychologists out as a required assessment for qualifying benefits were thwarted, maintaining psychology's scope of practice. I was pleased to share KPA's success with getting a psychologist appointed to the newly approved KY Palliative Task Force, and the very proactive role we played in the Trauma Informed Schools Bills.

The status of tele-mental health across states was reviewed, with its implications for PSYPACT-the compact that would allow licensed psychology practice across state lines. Currently seven states have enacted legislation that paves the way for PSYPACT to be operational by 2020. Interestingly, state licensing boards vary widely in their positions on PSYPACT: many of the western states including California note outright opposition at this point. (Kentucky's Board of Examiners is currently evaluating their position). Those of us from states still developing positions were encouraged to be on the alert for policy wording that could undermine parity of fees for telehealth services.

Discouraging stories were shared about "clawback" audits and other CMS practices leading to psychologists increasingly withdrawing from Medicare panels. These reports were counterbalanced somewhat with renewed efforts to

and access the consultation form under the Members Only section!

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you



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website  
and make  
the call

#### Free Ethics Consultations

Have an ethical concern or question?  
Request a consultation from the KPA  
Ethics Committee by completing the

engage psychologists to facilitate an improved experience with CMS panels (\*\*this includes Kentucky-all those KPA blasts inviting you to free webinars from REC are from a federal grant to support psychologists!).

All of us had similar exasperating and worrisome experiences to share with the group regarding the overwhelming impact of implementation of the new testing codes on our members in practice. Although we were heartened by APA's advocacy efforts with their successful meetings with insurance companies, the 30% average cuts to reimbursement to date we were hearing across the board continued to be discouraging to us all.

There were inspiring actions from around the states as well. In Ohio, the DPA successfully invited ARNPs and the Hospital Association to meet monthly to work more efficiently and powerfully with insurance companies there. In New York, the DPA built a coalition with psychologists, psychiatrists, and social workers to require an annual transparency "report card" for insurance companies around mental health parity laws and true network adequacy. In Massachusetts, their DPA organized meetings with the Division of Insurance to do a "Secret Shopper" Investigation of true network adequacy that uncovered a 45% accuracy rate of their working provider lists.

The DPA from New Jersey and I shared gratitude for APA legal resources getting psychology interns and post docs covered by Medicaid in our respective states. This will have a tremendous,

positive impact on our training sites and our ability to attract and keep talented well-trained psychologists to Kentucky!

Because this was my first such meeting as your new DPA, I was surprised to learn how few SPAs are able to support this important position, and I was pleased to be a part of a letter to APA's leadership outlining the roles DPAs play, and encouraging financial support from APA to states that cannot afford to hire a DPA for their members. I felt fortunate once again to be a part of KPA, with our relatively stable and broad membership base, our dedicated, truly inspiring Executive Director who is also a psychologist (unlike many EDs across the country!), and our action-oriented Board of Directors. Although mindful of the very part time nature of this role, I do intend to continue to seek activities that will serve as the most efficient and productive benefit for KPA members. Thanks for reading!

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!*

## APA Adopts New Strategic Plan

### February 2019 APA Council Representative Report

*David Susman, Ph.D.*

APA's Council of Representatives overwhelmingly approved a new strategic plan at its Feb. 15–17 meeting in Washington, D.C. The plan is aimed at fostering “a strong, diverse and unified psychology that enhances knowledge and improves the human condition,” according to its vision statement.

Specifically, the goals of the plan are to:

- Utilize psychology to make a positive impact on critical societal issues.
- Elevate the public's understanding of, regard for, and use of psychology.
- Prepare the discipline and profession of psychology for the future.
- Strengthen APA's standing as an authoritative voice for psychology.

Guiding these efforts are principles that call for APA to ensure its efforts are grounded in the best available psychological science; champion diversity and inclusion; respect and promote human rights; and embrace a global perspective, among other values. To read the plan, go to [www.apa.org/about/apa/strategic-plan](http://www.apa.org/about/apa/strategic-plan).

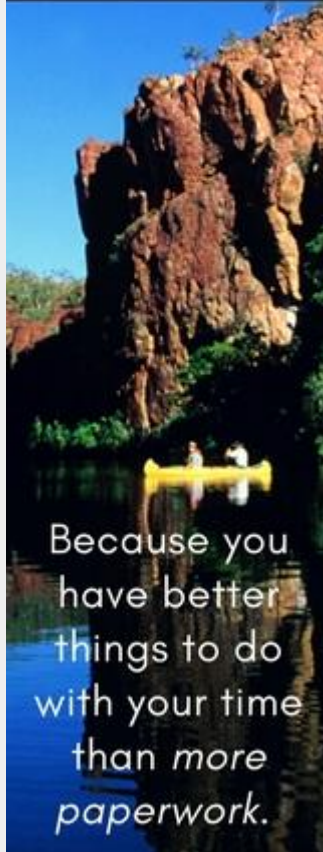
Approved by more than 96 percent of council, the plan was the culmination of more than a year's work during which APA solicited input from its governance, members and the public.

In further action, the APA council:

- **Voted to receive a report regarding master's programs in health-service psychology.** The “*Report of the Board of Educational Affairs Task Force to Develop A Blueprint for APA Accreditation of Master's Programs in Health Service Psychology*” discusses possible pathways APA could use to establish accreditation of Master's programs in psychology. In addition, the report identifies the necessary expertise needed to constitute an accreditation decision-making body. The report will inform the development of standards for accreditation of master's programs in health service psychology. To read the report, go to [www.apa.org/ed/governance/bea/masters-accreditation-blueprint](http://www.apa.org/ed/governance/bea/masters-accreditation-blueprint)
- **Adopted the Resolution on Physical Discipline of Children by Parents**, which recommends that caregivers use alternative forms of discipline—such as modeling behavior, respectful communication and

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collaborative conflict resolution—rather than physical punishment. The resolution points out that, according to the research, physical discipline is not effective in achieving parents' goals of decreasing aggressive and defiant behavior in children or of promoting positive child behaviors. The resolution commits APA to raising public awareness and increasing education about the impact of physical discipline on children and the effectiveness of other methods of discipline. It also calls on APA to promote culturally responsive training and continuing education on alternative discipline strategies. To read the resolution and its accompanying press release, go to [www.apa.org/news/press/releases/2019/02/physical-discipline](http://www.apa.org/news/press/releases/2019/02/physical-discipline).

- **Adopted a clinical practice guideline for depression.** The *Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts* provides recommendations for the treatment of depressive disorders based primarily on systematic reviews of the evidence. The guideline addresses three developmental cohorts: children and adolescents; general adults; and older adults (ages 60 and over). It is intended for psychologists, other health and mental health professionals, consumers, families of consumers, students/training programs, policymakers and the public. This guideline is aspirational and is not intended to create a requirement for practice. The guideline is expected to be available on APA's website by summer.
- **Approved an update of APA's policies and curriculum related to psychopharmacology.** The council adopted revised versions of three documents: *The Model Education and Training Program in Psychopharmacology for Prescriptive Authority*; *The Designation Criteria for Education and Training programs in Psychopharmacology for Prescriptive Authority*; and *the Model Legislation for Prescriptive Authority*. The revisions update APA's 2009 documents. Major changes to the curriculum include adding the possibility of providing significantly more psychopharmacology training at the doctoral level, rather than the previous requirement that most of the training occur at the post-licensure/postdoctoral level.


If you would like more information on these items or if you have questions about APA and the Council of Representatives, please contact me at [david.susman@uky.edu](mailto:david.susman@uky.edu).

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## Integrated Primary Care: The Frontlines of Trauma

*Jen Schager, M.A. – Spalding IBHSP Trainee, Integrated Primary Care BHC*

*Sarah Shelton, Psy.D., MPH, MSCP – KPA Past President, Clinical Coordinator & Supervisor, Spalding University IBHSP*

Thanks to a HRSA-funded grant received by **Dr. Steve Katsikas**, KPA President-Elect and Chair of the Psychology program at Spalding University, five fourth-year psychology doctoral students there are embedded into Primary Care clinics throughout Louisville bringing psychology to the frontlines of healthcare in underserved communities through the Integrated Behavioral Health Scholars Program (IBHSP).

Many psychological issues initially present through Primary Care, making it critically important that psychologists are present and accessible to identify and address these concerns in real time rather than relying on an external referral for mental health care to be made. Unfortunately, sometimes these external referrals are not made, because medical providers have limited time and have failed to identify the mental health issue, or perceive they have adequately addressed the mental health concerns as part of their scope of

practice. Even when external referrals are made, research shows the follow through rate is low. It is especially low for marginalized groups with high levels of need co-existing with high levels of barriers to access, compounded further by mental health stigma that still plagues certain groups and communities.

Psychologists working in the role of Behavioral Health Consultants (BHCs) are not only trained to assess and address the obvious symptoms of things like depression and anxiety noted on a screener or in a brief interview. They are also trained to assess for underlying issues that a patient may not have volunteered.

Jen Schager, Spalding University IBHSP trainee shares the following example of the important role of a psychologist BHC in primary care, and how she helped one patient dealing with undisclosed abuse and trauma toward a path of safety and wellness for herself and her children.

The importance of my role as a BHC in Primary Care became especially evident, when I met with a middle-aged female who presented to our primary care office for chronic knee pain issues. As with every patient, I administered the PHQ-9 to screen for depression. She scored within the moderate to severe range, and upon review, I noticed the patient answered “no” to the question inquiring about sharing the results with another person present in the room.

On this occasion, her partner accompanied her to the appointment. Because of this, I asked if the patient would be willing to meet with me in my office to review her results. While the patient's partner waited outside, she revealed she was planning on leaving her partner who was allegedly emotionally and physically abusive to her. He was not aware of her plans to flee.

She stated that she had not shared this information with the medical provider, or with anyone else in her life, until given the opportunity to talk privately with me. Together, we quickly formulated a safety plan for her and her children, and allocated the appropriate resources to help her with this transition. With her permission, I also made a referral to social work for help with finances.

Although this patient came in for a routine check-up on an unrelated issue (knee pain), routine screening and involvement of a BHC resulted in a life-changing (and possibly life saving) intervention that otherwise would not have occurred.

Watch for more articles on stories of Spalding University IBHSP students chronicling their experiences as Behavioral Health Consultants in Primary Care throughout Louisville.

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#### [Legislative Committee Update](#)

##### State Level Advocacy

It was an eventful 30-day legislative session in Frankfort. The last day of session was on March 28th. The Legislative Committee reviewed over 75 bills this session. When reviewing bills, we based our decisions to support, oppose, remain neutral, monitor, or to seek more information based on the following state-level legislative priorities adopted by KPA's Board of Directors in December 2018:

- Support legislation maintaining psychologists' role in licensing, regulating, and overseeing the practice of psychology.
- Support legislation to strengthen minors' access to mental health treatment and advocacy services.
- Support legislation addressing school safety issues by improving school climate and culture and increasing the availability of mental health services to students.
- Support legislation that increases access to behavioral health services & supports a positive climate for psychology providers.
- Uphold public protection by opposing legislation allowing non-psychologists to deliver services which are clearly defined as the practice of psychology.

- Increase psychology's voice in decisions affecting behavioral health.
- Support evidence-based legislation designed to improve population health outcomes in Kentucky.
- Support legislation that improves health equity for historically underserved populations.
- Maintain Medicaid coverage for all Kentuckians below 138% of the federal poverty level.
- Monitor and respond to changes in the tax reform measure passed hurriedly in 2018 with no time for public input.

Here is a summary of how some of the bills that we supported fared:

***The following bills passed that KPA supported/followed (though with some changes)***

**SB1: (bill sponsors for SB 1: [M. Wise](#), [R. Alvarado](#), [D. Carroll](#), [C. Embry Jr.](#), [R. Girdler](#), [A. Kerr](#), [R. Mills](#), [J. Turner](#), S. West, [M. Wilson](#))**

KPA supported the adoption of a trauma-informed approach in each Kentucky school in order to better recognize, understand, and address the learning needs of students impacted by trauma and to foster a learning environment where all students, including those who have been traumatized, can be safe, successful, and nurtured. **This passed and was signed by the Governor on March 11<sup>th</sup>.** KPA also supported House Floor Amendment 1, giving schools the flexibility of hiring licensed mental health professionals in addition to school counselors in every school (at a ratio of 1 per 250 students). If Rep. Marzian's amendment had passed, it would have added clinical mental health professionals to the school's staff to provide support and consultation and to lead and participate on the school's trauma-informed team. **This did not pass, but we will be able to keep working on it.** Be on the lookout for action alerts this summer, as we will be asking for members across the state to educate their local senators and representatives about ways to best support mental health evaluation and consultation needs in the schools.

**\*School safety bills were talking points for KPA Psychology Day**

**SB 65** (sponsor, J. Raque Adams): KPA supported this bill, which establishes a Palliative Care Interdisciplinary Task Force (of which a KPA member would be a participant) to improve the quality and delivery of palliative care initiatives. This is a great example of how psychologists are critical members of the healthcare

community. This bill passed and was signed by the Governor on March 25<sup>th</sup>. \*This was a talking points for Psychology Day

**HB 11** (bill sponsors include [K. Moser](#), [D. Bentley](#), [C. Booker](#), [J. Glenn](#), [R. Goforth](#), [J. Graviss](#), [A. Koenig](#), [C. Massey](#), [R. Palumbo](#), [M. Prunty](#), [S. Sheldon](#), [N. Tate](#), [S. Westrom](#), [L. Willner](#))

KPA supported smoke-free K-12 school campuses, including the prohibition of all tobacco and vaping products, to protect students from the negative effects of second-hand smoke & choose not to smoke. This bill passed on March 28<sup>th</sup> with two amendments, which unfortunately water down the impact; it has been delivered to the Governor to sign. \*This was a talking point for Psychology Day.

**SB 149 (sponsor, S. Meredith):** KPA supported this bill, which allows a provider to appeal multiple claims in a single external review with a Managed Care Organization and allows a single administrative hearing to be held to appeal the final decision of an external review that involved multiple claims. This passed and was signed by the Governor on March 19<sup>th</sup>. \*This was a talking point on Psychology Day.

**HB 354 (sponsors, S. Rudy and L. Bechler):** KPA supported the part of this bill that exempted non-profit organizations from being taxed. The final version did not put a limit on the amount of fundraising a nonprofit could do before being taxed on the proceeds. The Kentucky Psychological Foundation, which provides much-needed public education about mental health issues, is one such organization that had been taxed when fundraising. Status: This passed and was signed by the Governor on March 26<sup>th</sup>. \*This was a talking point on Psychology Day

**SB 110:** KPA was following this bill, that helped to expedite Medicaid credentialing by allowing the Kentucky Hospital Association to credential and process providers, which will hopefully expedite the credentialing process. This passed and was signed by the Governor on March 19<sup>th</sup>.

**SB 22:** This bill created an Interstate Medical Licensure Compact, making it much easier for physicians licensed in other states to practice in Kentucky and to participate in telehealth. While KPA did not take an active stance, we followed this bill, in part to see how an interstate licensure compact might fare for psychologists in the future. This bill passed and was signed by the Governor on March 25<sup>th</sup>.



**HB 268:** (sponsor S. Rudy): KPA had supported the aspect of this bill that offered the continued survival of quasi-governmental agencies that provide a safety net of necessary services for communities, such as Community Mental Health Centers, Public Health Departments, Rape Crisis Centers, Domestic Violence Shelters, and Children's Advocacy Centers. Such agencies are unlikely to survive unless the funds they contribute to pensions are stabilized at the current rate of 49%, and not jump to 83% next year, forcing these agencies into bankruptcy. This bill passed, but WITHOUT this provision for the quasi-governmental agencies. Instead, that issue was addressed in HB 358, described below.

**HB 358** emerged very late in the session as the vehicle for addressing the pension issue for regional universities and the quasi-governmental agencies. It did freeze the contribution rate for the quasi's at 49%, which was the #1 "ask" of those groups. However, without consultation with the quasi's, the bill puts all of them out of the pension system at the end of 2019, allowing agencies or employees of the agencies to opt back in to the system, but at the 83% contribution rate. Agencies that stay out of the system and their employees who also opt out will be converted to a 401(k) type of pension. The agencies will be required to continue paying down their liability to the system over the next 30 years. There is a great deal of confusion and consternation about the impact of this legislation on the future of the quasi's.

**NOTE:** While the bill passed the Senate & House, on April 9<sup>th</sup>, Governor Bevin vetoed HB 358, stating that parts of the bill violated the moral and legal obligation of the Commonwealth to protect the benefits earned by the public sector retirees. He also had a number of other criticisms of the bill. The Governor stated that the services provided by the quasi-governmental agencies must be uninterrupted. He then pledged to call a Special Session prior to July 1, 2019 to address the pension issue for regional universities and quasi-governmental agencies

**SB 54** (Sponsors include R. Alvarado, D. Carroll, S. Meredith). KPA was following this bill, but remained neutral, regarding requiring an insurer to develop processes for electronic prior authorizations; to establish an extended length of authorization under certain circumstances. This bill passed and was signed by the Governor on March 25<sup>th</sup>.

**HB 158:** (Sponsors include [D. Meade](#), [L. Bechler](#), [D. Graham](#), [J. Graviss](#), [R. Huff](#), [J. Jenkins](#), [C. Massey](#), [K. Moser](#), [D. Osborne](#), [M. Prunty](#), [L. Willner](#)). KPA was following this bill based on improvements in child welfare/foster care

system, and particularly interested in giving foster kids a “bill of rights.” This bill passed and was signed by the Governor on March 19<sup>th</sup>.

**SB 57** (J. Higdon & G. Neal) Allows Class D felonies to be expunged from the individual’s record in five years rather than in 10 years post serving time, and reduces the fee from \$500 to \$250. The bill passed and was signed by the Governor on March 26<sup>th</sup>.

**The following bills, KPA supported/followed, did not pass:**

**SB 17** (Sponsors include [J. Adams](#), [M. McGarvey](#), [S. Meredith](#), [G. Neal](#), [R. Thomas](#))

KPA supported this bill, which adds a diagnosis of serious mental illness to the disabilities which would exclude execution for persons convicted of a capital offense. All other penalties would be permissible. This bill did not pass; it passed the Judiciary Committee, but was never heard by the full Senate. \*This was a talking point for Psychology Day

**SB 20:** (sponsor W. Westerfield): KPA supported the aspect of this bill that sought equity in the juvenile justice system, reducing racial disparities and utilizing best practices for juveniles with mental illness/developmental disabilities. We also support evidence-based approaches to working with juveniles, including “development of programs for staff who interact with or who are responsible for the treatment of children with mental health or developmental and intellectual disabilities, that include training on juvenile justice research relating to effectiveness of juvenile justice interventions, and training to address specific issues such as domestic violence, trauma, implicit bias, cultural competence, and family engagement.” This bill did not pass. It was passed by the Judiciary Committee with some changes, but was not voted on by the full Senate. \*This was a talking point for Psychology Day.

**HB 202** (bill sponsors include [S. Riley](#), [L. Willner](#), [J. Nemes](#), [M. Prunty](#), [J. Raymond](#)). KPA supported this bill, which would have BANNED corporal punishment in schools. Corporal punishment is tied with many negative outcomes, and not effective in promoting positive behaviors/a positive learning environment. This bill did not pass; it was heard in the House Education Committee for discussion only and no vote was taken. \*This was a talking point for Psychology Day.

**HB 211 & SB 248 (sponsors for HB 211 include [L. Willner](#), [J. Jenkins](#), [T. Bojanowski](#), [C. Booker](#), [G. Brown Jr](#), [T. Burch](#), [M. Cantrell](#), [K. Flood](#), [K. Hinkle](#), [N. Kulkarni](#), [M. Marzian](#), [R. Meeks](#), [P. Minter](#), [R. Palumbo](#), [J. Raymond](#), [A. Scott](#), [M. Sorolis](#), [C. Stevenson](#), [S. Westrom](#), [B.](#)**

[Wheatley](#): **sponsors for SB 248** include M. McGarvey, D. Harper Angel, R. Thomas): KPA supported these bills, which would ban the use of conversion therapy to “treat” sexual orientation or gender identify; this is not an approved or evidence-based therapy. There is clear evidence that conversion therapy does not work, and some significant evidence that it is also harmful to LGBTQ people. **Status: Neither bill was posted nor heard in their respective committees. \*This was a talking point for Psychology Day**

**HB 91** (G. Brown et al), **SB 159** (G. Neal), **SB 238** (M. McGarvey), **SB 239** (J. Higdon) – all were bills restoring voting rights for felons. None of them passed; none were posted or received consideration in their respective committees.





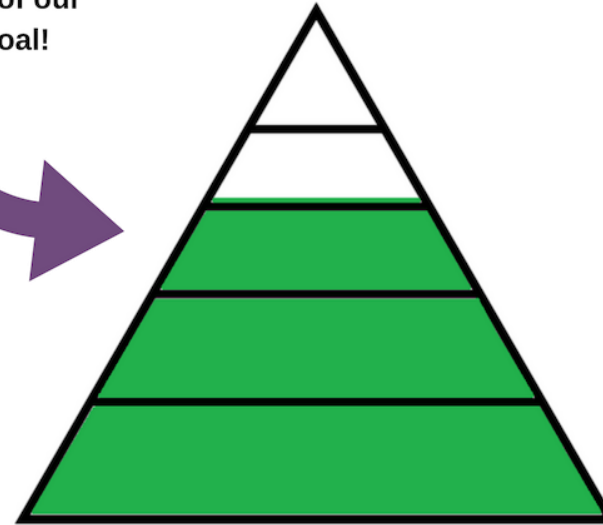
## Capital Campaign Update

Kentucky Psychological Foundation

# CAPITAL CAMPAIGN



We have raised  
\$30,792.55 of our  
\$50,000 goal!



**Help us reach our goal by making a  
donation today!**  
We cannot do it without your support!





## KPA-Political Action Committee

*Michelle Bornstein, Ph.D.*

The KPA Political Action Committee (PAC) is a strong voice in Frankfort representing the interests of psychologists and mental health clinicians and working to promote the psychological well-being of the citizens of Kentucky.

The 2019 legislative session recently ended and, during the 30-day period, over 75 bills were reviewed, resulting in some great successes for the psychological community and for the state of Kentucky!

SB1, a KPA-supported bill, passed the House and Senate and was signed into law by Governor Bevin. This law will require every school in Kentucky to adopt a trauma-informed approach to assist in identifying and addressing the learning needs of students impacted by trauma and to promote an environment where [FS1](#) students can feel safe, nurtured and successful.

Relatedly, House Floor Amendment 1, also supported by KPA, passed and was signed into law. This law gives schools flexibility to hire licensed mental health professionals, at a ratio of 1:250 students, in addition to the school counselors already placed in those schools. Not only will this law work to bolster schools in protecting its most vulnerable students but it will create more positions for Kentucky's licensed clinicians. KPA will continue to fight to add mental health professionals to school staff for support and consultation on the school's trauma-informed teams.

Senate Bill 65, passed and signed into law, establishes a Palliative Care Interdisciplinary Task Force-which will include a KPA member

as a participant-aimed at improving the quality and delivery of palliative care initiatives.

These are just a few of the bills supported by KPA that were passed and signed into law. See the *Legislative Committee Update* in this edition for a list of how all legislation supported by KPA fared.

The KPA-PAC is a bipartisan political action committee of the Kentucky Psychological Association. The KPA-PAC conducts legislative and political advocacy on behalf of practitioners and educators who are members of the KPA. Decisions made in Frankfort impact important matters including the creation of new positions for mental health clinicians, insurance reimbursements and licensure.

The KPA-PAC is the only political action committee representing psychologists in Kentucky's political process and is funded through the contributions of Kentucky's psychologist and mental health clinicians. KPA membership dues do not go toward the PAC, which relies on your generous donations.

#### **Donate to the KPA-PAC:**

We would ask that you donate any amount. Consider the impact your KPA-PAC could make if each KPA member donated the cost of one therapy session, or the value of a month's worth of gourmet coffee. All donations, large or small, make a difference. Learn more about the work of the KPA-PAC and make a contribution at <http://www.kpapac.org>.

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## **Psychology Training Expands in Kentucky: A Series**

*KPA Communications Committee*

The Communications Committee is excited to bring you a series of articles on the expansion of **Doctoral Psychology Programs** in the Commonwealth. The state's three newest programs will be featured in the next three

newsletters. Afterward, we will take a look at each of the established Doctoral Programs as well. The order of presentation was chosen at random.

### University of Louisville Clinical Psychology

Thank you to **Dr. Barbara Stetson of the University of Louisville**. Dr. Stetson is Director of Clinical Training and an Associate Professor in the University of Louisville Department of Psychology.

**1.) Currently, there are 8 doctoral programs for psychology in Kentucky. That number has almost doubled within the last 5 years. Given that future psychology graduate students have more choices now than ever before in the Commonwealth, what would you like to highlight about your university's program that is perhaps unique or sets it apart from the other programs available?**

Our program at UofL trains students for a Ph.D. in clinical psychology. We emphasize research training while still providing excellent clinical / professional training. Our areas of research reflect cutting edge approaches in health psychology (stress, trauma and health; chronic disease and health behavior management, eating disorders, mindfulness, biobehavioral aspects of cancer), psychopathology (thought disorders, affect and critical thinking; ADHD; psychological disorders in children) and gerontology (aging and mental health; aging and neuropsychology). Our department has a strong developmental perspective with research labs spanning the continuum from infancy to childhood, young adulthood to geriatrics. Many of our faculty work with multidisciplinary colleagues and collaborate with our health sciences campus in areas such as medicine, oncology, endocrinology and neuroimaging. We also have research and clinical connections with many community organizations. We guarantee funding for our students and provide tuition remission and a 12-month stipend for 4 years. Our program duration typically is 4 years on campus, followed by the predoctoral internship year.

**2.) What do you find to be the most rewarding thing about serving in the role of Chair/Training Director of your program?**

In my role as DCT I've had the opportunity to develop close relationships with more students and to develop a perspective of the student experience across many different aspects of our program as they progress through their years of training. It is particularly rewarding to see the senior students reflect on their training experiences as they prepare for predoctoral internship applications. Seeing the students match with their internship sites gives me a real sense of pride in them and in our program.



**3.) What is the most challenging aspect of training future psychologists in today's world?**

Our progress as a field in developing theoretical frameworks to understand cognition, affect and behavior has helped to shape the evidence base that we have today. The widespread availability of online information and translation of effective psychological interventions to technology and manualized guides can help to disseminate psychology. A challenging aspect of this is the potential loss of ongoing evaluation of effectiveness and the role of the individual psychologist in continuing to adapt and improve approaches with new research findings and clinical decision-making. Future psychologists will need to have a broad base of training in theory, research and clinical skills and an understanding of emerging technologies to keep up with this growth in technology.

**4.) What would you most like students to know about a career in psychology who are considering applying for doctoral study in this field?**

Clinical psychology is a rewarding field. While it is useful to have developed areas of research and job setting interests, it is helpful to keep in mind that doctoral study requires patience and flexibility and some uncertainty about what lies ahead in terms of internship location, post doc and job opportunities. At UofL, our students are trained to develop strong skill sets and competencies across multiple domains, so they are prepared for work in a variety of settings.

**5.) Is there anything else that you would like for potential doctoral students to know about your university or program that may be important to them in making their decision about if and where to begin their doctoral studies?**

Louisville is a very livable city and UofL is a dynamic place to be. Our faculty and multidisciplinary colleagues have national/international connections and collaborations as well as ongoing engagement in our local community. We have a mentorship model and our students join a research lab and a clinical team providing psychological services upon their arrival to our program and continue to develop integrated research skills as they progress through their classes and clinical training.

Detailed information about our program can be found at [www.louisville.edu/psychology/graduate/clinical](http://www.louisville.edu/psychology/graduate/clinical)

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## KPA Legislative Day 2019

*Georgeann Brown, Ph.D., KPA Advocacy Committee*

KPA's 6<sup>th</sup> Annual Psychology Day was held on February 28th, in the Capitol Annex in Frankfort, Kentucky. Our primary goal for Psychology Day was to increase the visibility of KPA in Frankfort, to help KPA members develop relationships with their legislators, and cover important talking points/legislation important to KPA. We held a breakfast for legislators and LRC staff from 9 to 11 am, where we had a steady stream of legislators and LRC staff. We also continued the public education fair during our Legislators' Breakfast.

We had 30 KPA members in attendance, with the largest number of first-time attendees ever (17) and undergraduate/graduate students attending Psychology Day (12). The engagement and energy level was high among members in attendance, and the students and first-time attendees really stepped up. It was a very active day at the Capitol, with other large groups coming to Frankfort, but we were pleased that our scheduled meetings continued. Many members commented that they had a great experience and that it was an organized event. Prior to Psychology 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. Please see the attached Talking Points which KPA members used, and also shared with their legislators, but some of the bills we were supporting evolved during session after Psychology Day. Please see the final Legislative Committee Report for more information. 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.

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. **Individual/group meetings** with over **35 legislators** took place. Experienced KPA members helped assist members during many of the meetings. 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. KPA continues to gain visibility and name recognition in Frankfort, which is important for psychologists having a seat at the table in policy making.

The KPA Psychology Day was planned by Dr. Georgeann Brown, William Summay, Dr. Steve Katsikas, Dr. Sheila Schuster, support from the KPA office, and the Legislative/Executive Committees. Many thanks to everyone who made the event a success. Every year we seek to add more voices to KPA's advocacy efforts, so please consider joining us for the 2020 KPA Psychology Day.

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## The Ambiguous World of Psychological Practice

*Patricia Burke, Ph.D. and the KPA Ethics Committee*

The members of the ethics committee have been discussing the complexity and weightiness of the decision making process needed on a daily basis in clinical interventions. We were contemplating the clinical situations about which we are asked to provide consultation and we were recalling our own experiences. Clinicians are faced with decisions about what clinical strategies to use with which clients and what timing and body language to use while also keenly observing the client's reactions and being ready to adjust instantaneously. This all must be done in the context of the ethical guidelines laid out by our profession and the relevant state statutes. The ethical guidelines are intentionally designed to be just that, guidelines with only a few absolute rules. This allows clinicians the flexibility to make clinical decisions based on the client's needs at the time and also leaves us with ambiguity and uncertainty in the work.

Often, when we finally discern what the right decision is in compliance with the ethical and legal considerations, we may still be plagued with doubts about our actions. If a child abuse situation is reported, there is worry about whether the child will get in trouble with family members. Will the child be pulled away from familiar loved ones and be placed in a nurturing foster placement, will the child ever get to see the perpetrator again to whom he or she is emotionally attached, will the child be able to adjust to a new school and peers, will the social service agency follow through appropriately? There are so many similar scenarios in working with couples, suicidal threats, and custody and forensic evaluations, etc. We may go home at night wondering what the unintended consequences of our actions will be for the client. Then there is the worry about keeping out of trouble ourselves. Even when we are comfortable with our decisions, we wonder if the clients will feel the same way. There are the possibilities of ethical complaints being filed with the licensing board and being sued. The stress and financial toll

of having to defend ourselves can be overwhelming even if we are confident in our decision process.

The committee members can tell by the types of consult requests that we receive that psychologists are grappling with these worries on a regular basis, possibly with several ambiguous situations per day. What kind of person can be in this field for a lifetime and still hold up? Does dealing with this ambiguity take a toll? Dr. Todd Kashdan, a psychologist researcher from George Mason University, has studied how people deal with uncertainty in their lives. His book, Mindfulness, Acceptance, and Positive Psychology: The Seven Foundations of Well-Being (2013) addresses this issue. He states that "...life is an ambiguous stimulus"; "...Through self-reflection, people come to realize that their lives are filled with uncertainty about their own identities, their relationship with others, and their environmental circumstances....the uncertainty stemming from threatening stimuli whose nature is unknown or unpredictable evokes stress and a sense of loss of control."

Psychologists work in these unknowable and unpredictable situations for days, months, and years on end. The stress can be felt on a regular basis or may silently sneak up, accumulating over time. This can lead to burnout and poor decision making. Plenty of self-care, reflection, and peer support through consultation can assist in counteracting this process. KPA is here to help. You can ask for an ethics committee clinical consult on difficult cases. You can also review the Colleague Assistance Program's self-care tips on the CAP page of the KPA website. If your stress is becoming overwhelming, you can also take advantage of a self-referral to a CAP provider which can also be found on the website. Sign into your member page at kpa.org, click on Colleague Assistance, choose the drop down menu that says 'CAP Providers', view our six provider profiles, and MAKE THE CALL. Each provider provides telepsych services so that distance and the maintenance of confidentiality do not have to be deterring factors.

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

Contact the KPA Central Office. Deadlines for submission are the 15th of the month prior to newsletter distribution in February, April, June, October and December.