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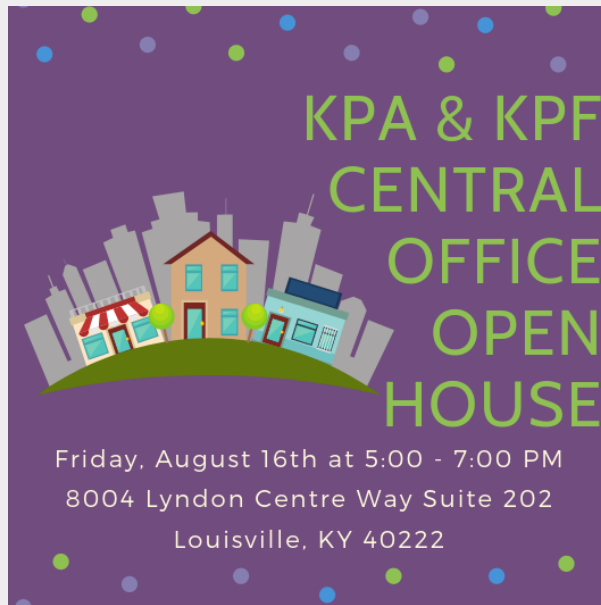
Exciting News from KPA & KPF

We hope you enjoy this 3rd quarter 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](#) and KPF Twitter and Facebook

Update from KPA Executive Director

I hope you've seen by now that the KPA Board of Directors is recommending some changes to our Association bylaws. Making these changes - or any changes - to KPA's bylaws, requires putting the question up for a vote by our full membership. [KPA voting members click here to access ballot](#). Sometimes bylaws changes are simply to add clarity or remove redundancies, while other changes can be quite substantive, touching on important issues such as membership eligibility or, in the current set of recommendations, making changes to the positions of our governing body, KPA's Board of Directors.

The KPA Board engages in a thorough process of discussion and vetting before bringing recommendations for changes to the full membership. Typically, ideas for change are referred to KPA's Executive Committee (KPA's officers, elected by the membership). Once approved there, changes are brought to the full KPA Board for a first and second reading. During the board review, changes often undergo several modifications in response to board member questions, concerns, and suggestions. Only after board approval of the second reading are changes brought to the membership for a vote.



In the past several years, KPA's membership has already made some changes to its board composition by adding a dedicated seat for an Early Career Psychologist Representative, and another for a Diversity Interest Section Representative. The recommended changes currently before the membership keeps the total number of board seats the same (22), while making changes to several individual seats.

One change has to do with KPA's regional representation, changing from six geographical regions to four. This recommended change has to do with the current board's commitment to ensuring that all KPA members, regardless of where they reside in the state, have geographic representation. Over the past several board election cycles, it has become increasingly challenging to maintain consistent representation in some of the geographic areas in which very few psychologists live and work. In reconfiguring the new regions, the KPA board was particularly mindful of consulting with and listening to the perspectives of our current Eastern and Western Regional Representatives.

A second change involves representation of KPA's various interest sections. Over a decade ago, the bylaws were changed so that the five largest interest sections in any given year would have dedicated board representation. Part of the rationale for the change at the time was that this would create some healthy competition between interest sections to grow their numbers. Many years into this approach, however, we found that the spirit of competition never really caught fire! Meanwhile, some interest sections had consistent representation, election cycle after election cycle (e.g. Clinical Interest Section, Child & Adolescent Interest Section, Education and Training Interest Section), while other vitally important areas for our state (e.g. Rural Practice Interest Section) never mustered the numbers to have a dedicated seat. The current board decided that a better approach would be to have dedicated representation for interest areas defined by the board as the most essential for carrying out KPA's mission and vision. According to the recommended changes, interest section representation would include: Clinical, Child/Adolescent, Education & Training, Diversity, Health Psychology, and Rural Practice. Note that this change would not preclude additional interest sections from emerging but would simply define those areas which have consistent board representation at this time.

The third recommended change for KPA's board representation is to add two At-Large Member positions. This change will increase the flexibility of who may run to serve on KPA's Board in any given year. Each year, the nominating committee receives nominations for emerging leaders who would be wonderful KPA Board members, but who do not fit any of the categories currently up for

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.



election. This new At-Large Member category would allow any interested and qualified potential board member to stand for office in any given election cycle.

In addition to these substantive changes, the current set of bylaws changes also includes two technical corrections. The first is to remove some redundant language. The second would have no practical effect but would simply include KPA and APA's current definition of "early career psychologist" – those psychologists within 10 years of completion of graduate school – in our written bylaws.

I hope this answers any questions you may have about the bylaws changes currently up for your review and vote. [KPA voting members click here to access ballot.](#) It is our hope that these board changes will increase representation and member access to your elected representatives.

Having a voice in our governing rules is just one of many ways to be involved in KPA! Your voice is important, and we are always eager to hear from you. You may always reach out to your elected representatives on the KPA board, and of course the KPA Central Office is here to serve you as well.

Standing with you,

Lisa

Psychologists as Leaders

Eric Russ, Ph.D. - KPA President

Psychologists are well suited to be great organizational leaders. Our training in interpersonal communication, individual and group dynamics, data analysis and evidence-based decision making give us a strong foundation for leadership. However, because we are training to become expert clinicians and scientists, we typically don't include formal leadership training in graduate or post-doctoral education. Over the last several years, a variety of leadership academies has emerged within APA and in several other state associations (see <https://pages.apa.org/emerging-leaders/> and <https://ohpsych.org/page/lda> for a few examples). I'm pleased to report that KPA is working on our own Leadership Academy and developing a model tailored to the needs of psychologists in Kentucky.

Embracing our role as healthcare leaders is critical to the future of psychology in Kentucky. Healthcare is rapidly changing, and the pace of change does not



Congratulations to **Felicia Smith, Ph.D.** newly elected Kentucky representative to the APA Council of Representatives. Dr. Smith will succeed Dr. David Susman in the role, with her term beginning in 2020. The Council Rep also has a seat on the KPA Board of Directors. KPA is delighted to welcome Dr. Smith back to KPA's board in 2020!



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."

appear to be slowing. As these changes occur, psychologists need to be in key decision-making roles across the healthcare space- government, providers, advocacy organizations, and payors- to ensure our unique perspective is represented. I think of APA CEO Arthur Evans' charge to us when he came for convention, that these jobs will not often have "psychologist" in the title but are jobs we need to be in. The leadership academy we are developing will help you add to your skill set as a psychologist to embrace the mantle of healthcare leader.

Keep an eye out for details toward the end of the year. If you have questions or would like to be involved, please let me know (eruss00@gmail.com)!

Kentucky's Pension Crisis Threatens Community Safety Net Services and Workers

Sheila A. Schuster, Ph.D.

What is the Pension Issue and Why is it Important? The Kentucky Employees Retirement System (KERS) is the pension system for individuals who work for the state, but also those who work in a wide range of "quasi-governmental agencies" and those employed at Kentucky's regional universities. Included in the quasi-governmental agencies category are those that provide community safety net services...the community mental health centers (CMHCs), local health departments, rape crisis centers, domestic violence shelters and children's advocacy centers. Many of the current employees and retirees of these agencies and of the regional universities are psychologists! So, this pension issue is critically important for two reasons...because of the psychologists and other individuals whose retirement pension is in jeopardy and because of the critical financial state that these agencies are in due to the pension crisis.

How Did We Get Here?? Most of these quasi-governmental agencies are part of KERS and have been for years. Each of those years, the state has told these agencies what their employer contribution needed to be for their employees to be in the system. **And each year, all of these quasi-governmental agencies and universities have paid their required contribution.** The amount of that required contribution has grown significantly over the past dozen years, from 5.89% in FY 2006 to 11.61% in FY 2010 to nearly 40% in FY 2016 to 49.47% in FY 2018. That means for every dollar in salary that a quasi-governmental



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](#)



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.](#)

agency pays a staff member, it also pays almost 50 cents into the state's pension fund.

In the most recent budget session (2018), the state set the employer contribution rate at 83.43%. This was completely unsustainable for the quasi-governmental agencies and they pleaded for relief from the legislature. So, the General Assembly responded by freezing their contribution at the 49.47% rate for one year to give them and the pension system time to come up with a long-term fix. Despite much discussion and work, a solution has not yet been reached. So, the "ask" during this year's session from the quasi-governmental agencies was to extend the freeze for another year in order to keep the agencies sustainable and to give the legislature time to continue their work to come up with a permanent solution. Unfortunately, that didn't happen.

Where Are We Now?? Governor Bevin vetoed the pension bill passed by the legislature on the last day of the 2019 regular session and the legislators were not able to vote to override the veto. Since then, the Governor has "shopped" a different bill and is trying to gain enough votes in both chambers to pass it so he can call a Special Session. His bill would have the freeze at 49.47% in it, but has other provisions that are problematic for the quasi-governmental agencies. The Democratic minority in the House has come up with its own proposal which also has the freeze, but not some of the other provisions. Given their minority status, it seems unlikely that their bill will gain much traction. At this point in time, we are waiting for the Special Session call.

If there is not a Special Session or if the legislation does not maintain the freeze at 49.47% for the quasi-governmental agencies, many of them will have to lay off workers, cut programs and services, and may become insolvent and have to file for bankruptcy. The end result will be communities all over Kentucky who will no longer have their safety net in place and Kentuckians whose lives will be harmed!

What Can You Do to Save the Community Safety Net? All legislators – but particularly legislative leadership in the House and in the Senate – need to hear from YOU and others NOW that you do not want to lose your community's safety net services and that you want current employees and retirees of the system to be protected!

Call the Legislative Message Line– 1-800-372-7181–with this message:

TO: Your Representative, Senator and All House and Senate Leadership Members



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.](#)

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

Open for Registration!

[Sept. 20- Topic: Outcome Measures](#)

Upcoming Events

MESSAGE: Please maintain the services and jobs that the quasi-governmental agencies and regional universities provide in my community. Continue the freeze of their pension contribution at the current rate.

Ever Think of Setting up a Private Practice? Some things to consider...

Katie McBride, Ph.D. - Director of Professional Affairs

In the early years of any psychologist's career, the idea of practicing independently sounds daunting. With support, and some basic frameworks, building a practice is very achievable. A private practice can be highly flexible, with hours that you can increase and decrease according to your life and career needs. In addition to being your DPA, I am a mid-career psychologist with a part-time (currently average 25 total hr/wk) practice. In the beginning, by subleasing from a colleague a couple of hours a week, I was able to start while staying employed by my company and building from there. Later, when I started having children, I was able to flex my practice hours way down and then gradually grow it up to fit with our family goals and needs. I have been able to pursue different specialties over the years, and change the balance of various clinical populations within my practice.

So, Where to begin?

1. Find some mentors. Get in touch with private practice psychologists in your community and ask to take them for coffee or lunch. You can ask them to tell you anything they believe might be helpful to you as you are starting out. People can be nervous making these contacts. I promise you will find psychologists who are happy-even eager-to meet with you and support you. In many communities, other psychologists are our own best referral sources, and there are often times of overflow in which we need to refer clients requesting services out to another provider. Many of us are happy to see another psychologist succeed.
2. Consider finding another colleague who is interested in sharing space and overhead expenses. You may decide to keep your businesses separate but share office space, or if you have support personnel, you may decide to embark on the more complicated creation of one business.
3. Apply for a Kentucky business license. You may want to consult with an accountant and/or an attorney but you will likely be creating a limited



liability company for yourself. It is a good idea to set up a separate bank account for your business, and obtain a credit card for your business expenses. Here is a great website with important checklists: <https://onestop.ky.gov/start/Pages/default.aspx>

4. Rent space. Lots of options here.
 - The easiest and lowest-commitment is to find someone in part-time practice who is interested in subletting their office for a full or portion of a day, or at an hourly rate-only paid for what you actually use.
 - You may sublease an available office from a colleague with an office suite (Look in the KPA classifieds, and ask around).
 - You may contact a realtor to help you find a rental property space that meets your needs. This can be hard to budget for before you build a clientele, of course. Sharing with a colleague helps defray costs.
5. Make sure you are up to date with all things HIPAA! (As a member of KPA, you have resources at kpa.org. If you are a member of APA, you have loads of resources at apa.org. Taking a webinar or other training on HIPAA is definitely recommended practice).
6. Create your intake forms. Here, too, you may rely on colleagues with existing templates and forms they are willing to share with you. There are also online resources.
7. Decide whether you will take insurance in your practice. This decision is highly variable depending on your specific city/region, as well as your areas of clinical specialty and personal desire to be accessible to different populations. Even if you are in a community that has more out-of-network providers, applying to be a part of at least 1-2 insurance panels is recommended if you need to build quickly. Local colleagues in established practices are the best resources here.
8. Research and decide whether you need an electronic system specific to psychology practice to assist with insurance billing, client information, record keeping (EHR), and appointment tracking. There are several review sites online.

On-Demand Continuing Education Webinars

Completing one of
the four
Ethics and Risk
Management
Webinar
Sequences and its
exam earns you 6
CE credits and
makes you eligible
for a 15% savings
on your Trust
Sponsored
Professional
Liability Insurance
premium for two
consecutive
renewals at your
next policy
renewal.

CLICK HERE AND
ENTER *TRUST-KY*
DURING
REGISTRATION!

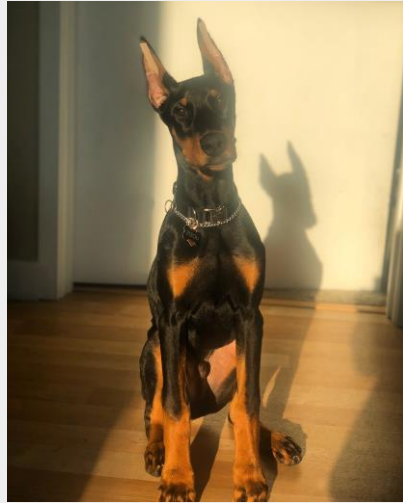
New Central Office Staff

Help us in welcoming our newest Chief Moral
Officer, Zizou! Zizou is a 5 month old
Doberman, who loves kisses, belly rubs, & the

9. Design and print business cards.
10. Decide on your clinical specialties and write up your approaches and services provided. This write-up can help you develop a coherent “script” to practice and be able to articulate to your referral sources and clients
11. Decide how much to charge. (This is a hard one for people to get used to!) Your mentors once again can be excellent resources and coaches as you determine the going rates in your community for the services you provide. Here again, develop a “script” for yourself and practice it! (“An intake that runs about 60-75 minutes, is \$xxx and each session after that is either \$xxx for 45 min or \$xxx for 60”).
12. Identify potential referral sources to contact and network with (e.g., attorneys, physicians, psychiatrists, teachers, school counselors, and of course, psychologists and other MH clinicians). People are always looking for additional referral sources! (In fact, use that line in your email, phone call, or text: “I am a psychologist starting a private practice and thought you might want an additional referral resource for therapy/testing. I would love to take you for coffee and tell you about my practice.”
13. Examine the privacy settings of your existing social media and scrub for any unprofessional material. Look up your name and see what comes up...
14. Advertise by developing a brief description of your practice and get onto search engines like psychologytoday.com. On the KPA website, make sure your profile includes being listed in the practice directory (eventually) with a link to your website. Make sure your headshot photo is professional looking!
15. Develop a professional looking website-(This step can wait if you have a web presence with psychologytoday.com). There are plenty of affordable “build your own website” sites. Do your own research by clicking on other psychologists’ websites and note what you like and don’t like about them.

Good luck in your pursuits. Remember, even if your degree is newly minted, you are highly educated, trained, and have valuable and desirable skills! You can do this!

occasional long walk!
His office hours are Monday & Tuesday 9 am - 3pm! Come by and see him, but don't forget a milk bone!



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:](#)

Awaiting Governor selection

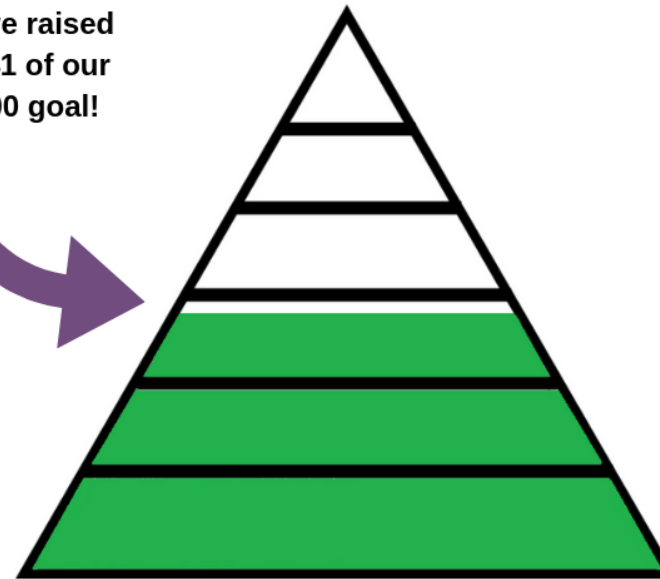
Kentucky Psychological Foundation's Capital Campaign Update

Kentucky Psychological Foundation

CAPITAL CAMPAIGN



We have raised
\$33,941 of our
\$50,000 goal!



Help us reach our goal by making a donation today!

We cannot do it without your support!

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



KPA-Political Action Committee

Georgeann Brown, Ph.D.

Mental health advocacy is a passion of mine, and I have the privilege of being involved in multiple areas of advocacy within the Kentucky Psychology Association. I am the Federal Advocacy Coordinator, a member of the Legislative Committee, have chaired KPA's Legislative/Psychology Day in Frankfort for the past 6 years, and serve on the KPA Political Action Committee. The idea of psychologists getting involved politically to help influence mental health policy appealed to me early on in my career, but it took me the "longest" to understand the importance of contributing money to political campaigns. Every year, I would help prepare KPA's talking points for our annual Psychology Day in Frankfort, and send Action Alerts to the KPA membership for important legislation. Despite our group being well prepared and articulating our legislative priorities effectively, it became clear to me the importance of having legislators in office that would help us accomplish our legislative priorities and ultimately to improve mental health access and treatment in Kentucky. With psychology-friendly legislators in office, we are more likely to see success. I have come to see that these legislators are in both political parties, often have a family member/friend who is struggling with a mental health issue, and understand the value of protecting and promoting psychology/behavioral health care. I now realize the importance of psychology being involved in the entire political process, not only to be at the table, but to be a part of creating it.

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 continuing to support the future of

At the KPA Board retreat on June 7th and 8th at Barren River State Park, I spoke on behalf of the PAC regarding the importance of political giving through KPA-PAC. In order for the best candidates to be elected, they have to procure funding for their campaigns. In 2018, KPA gave over \$11,300 to 21 candidates. Over 81% of the candidates we gave to were elected. KPA-PAC has a process of deciding which candidates to give to that have been friendly to KPA's priorities and mental health policies we support. Giving to these legislators' campaigns helps get psychology-friendly legislators elected, gives KPA name recognition, and distinguishes us as an allied organization that wants to work with politicians to improve mental health care in Kentucky.

KPA's board and committee members are highly involved, and many prioritize giving to KPA-PAC. We had a fun Starbucks gift card drawing for board members who pledged to give to the KPA-PAC at our board retreat on June 8th. Congratulations to **Maggie Sergeant** for winning the drawing (see picture below). If we all pool our money together, we can work to help elect the best candidates, give voice to KPA, and help prioritize mental health-related legislation that will best serve Kentuckians.

psychology and those we serve through your active membership in KPA!



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 and access the consultation form under the Members Only section!



Maggie Sergeant, Ph.D. & Georgeann Brown, Ph.D.

Kentucky
Psychological
Association's
Colleague
Assistance
Program
is here for
you



Check the
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 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.

Please consider donating at the following levels below:

Bronze Level: \$1-\$100

Silver Level: \$101-\$249

Gold Level: \$250-\$499

Platinum Level: \$500-\$999

Leadership Circle: \$1000 - \$2000

You can contribute in one of two ways:

- Personal check written to "KPA-PAC: that may be mailed to KPA-PAC, attn Joe Edwards, [1300 Clear Springs Trace, Suite 7 Louisville, KY 40223](mailto:1300ClearSpringsTraceSuite7@ky40223.com);
- On-line by a personal credit card by going to <http://www.kpapac.org/take-action/>

Checks can be personal checks (preferred) but they can come from business checks (if the business is not incorporated, an LLC or is Associates in Psychology) It could be a check from "Dr. Joe Schmoe" from a business account. PAC donations are NOT tax deductible.

Intersection of Patient and Provider Needs and the Role of the Psychologist in Integrated Primary Care

Tessa Breedlove, MA - 4th Year Doctoral Student, Spalding University Integrated Behavioral Health Scholars Program

Sarah Shelton, PsyD, MPH, MSCP - KPA Past President (2018), Clinical Coordinator, Spalding University Integrated Behavioral Health Scholars Program

This is the final article in a series that has appeared in the KPA newsletter over the past academic year, chronicling the experiences of a cohort of Spalding University's Integrated Behavioral Health Scholars Program. These fourth-year doctoral trainees were chosen for an innovative training program aimed at increasing future psychologists' competence in integrated primary care service

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!

delivery while providing much needed mental health services to minority and impoverished communities in the Louisville metro area.

“Working in a primary care clinic, I have to be prepared for any situation that may walk through the door. I am often consulted on a variety of cases that were not originally on the patient schedule. Recently, on an otherwise “typical day,” I was approached by two frantic staff members asking me to assess an unknown individual they had found roaming outside the clinic.

Upon meeting this individual, I realized that she needed immediate intervention. She could not speak or tell me her name and could only shake her head yes or no. The individual was dressed in dirty clothes, wearing hospital socks with no shoes, and had dried feces running down their legs.

Well-meaning clinic staff members wanted to clean her immediately and give her new clothes. However, I stopped the staff members and explained a trauma-informed approach to this situation. We had no way to know if or what type of trauma may have occurred. For example, the individual may not want to be touched, may not be able to consent to being cleaned, and the act of cleaning the individual could also result in loss of evidence if there has been a physical-sexual trauma. Additionally, we did not know her medical history or potential conditions.

I initiated a call to the Crisis Intervention Team (CIT) police officers to assist me with helping this individual gain the care she needed. I was surprised that many providers did not know about this valuable police resource. (The CIT is comprised of law enforcement professionals who have received special training in working with individuals suffering from mental illness and are trained to approach situations in a different manner than standard protocol to account for such issues.) I sat with the patient as we waited for the officers to arrive. I noticed the individual seemed to be responding to internal stimuli and her effect was not congruent to the context. It appeared the individual was experiencing auditory and visual hallucinations and may have suffered a recent traumatic experience. The individual eventually asked for water and was provided with that need.

She slowly gained comfort as I spoke to her and was able to start answering more questions as time passed. Once the officers arrived, I explained the situation and assisted the individual throughout the interaction to advocate for her and ensure the appropriate treatment approach was agreed upon. The officers were able to identify the individual within their system (they had interacted with her before) and transport her to the emergency department.



KPA CE
REGISTRY

JOIN
TODAY!

Because you
have better
things to do
with your time
than *more
paperwork.*

I later learned that the individual did have a formal diagnosis of Schizophrenia. Many staff members involved were distressed by the unexpected experience and the state in which the individual had arrived at the clinic. I debriefed with the clinical staff members and supported their experiences. An important piece of my job that day was to help staff remain calm and educate some of them about providing appropriate trauma-informed care during the unexpected situation with a non-patient of the clinic who was nevertheless in need. “

Psychologists working in primary care are a valuable resource not only to patients whom they serve but also to the rest of the healthcare team who may not have equivalent knowledge of trauma-informed approaches to care and who may benefit from debriefing following an emotionally charged event. In this particular situation, the Psychology professional both assessed and treated the patient and provided valuable education and intervention to the rest of the medical team.


The Legislative Committee Update

Georgeann Brown, Ph.D., KPA Advocacy Committee

Since our last update in April, the Legislative Committee met in May to discuss our process and on-going legislative priorities, which includes the survival of quasi-governmental agencies and increasing qualified mental health professionals in schools. We sent out an action alert, written by Dr. Sheila Schuster, to KPA members encouraging them to call their legislators in support of prioritizing the survival of the quasi-governmental agencies. Please see Dr. Sheila's Schuster's article for more background information. In collaboration with the Executive Committee, the Legislative Committee drafted an educational letter in support of the survival of the quasi-governmental agencies and sent to the Governor, Secretary Brinkman, and all the legislators. Please see the copy of our letter below:


We are writing in strong support of helping address the looming pension crisis for Kentucky's quasi-governmental agencies. The Kentucky Psychological Association represents

- psychologists working in clinical practice
- neuropsychologists
- college professors
- University researchers
- health care administrators
- organizational consultants



Psychology License Defense
& Mental Health Law

CLICK HERE
FOR MORE INFORMATION



Mark R. Brengelman
Attorney at Law PLLC

Committed. Connected. Focused.
Knowledge of the Field is Power.

LOOKING FOR A JOB OR
LOOKING TO POST A JOB
OPENING?

**LOOK NO
FURTHER!**



Visit www.kpa.org to view any available
job openings or advertise with us!



- undergraduate and graduate students

As you know, these quasi-governmental agencies include local health departments, child advocacy centers, domestic violence shelters, community mental health centers, and sexual assault programs. These agencies represent critical mental health infrastructure for Kentucky. They serve people across Kentucky who would otherwise not have access to care. For so many of our Kentucky citizens, getting through the hardest times in their lives depends on the professionals who staff these agencies. Services at these agencies are literally life-saving. While people often present in crisis, many who receive services are able to get their lives back- in their families, classrooms, and workplaces. Without access to needed support, counsel, advice, physical safety, and treatment provided by these agencies, Kentuckians suffer, and our communities suffer.

In addition, these agencies provide the training ground for psychologists and most all other mental health professionals. These are the locations in Kentucky in which most mental health providers have received intense, supervised clinical training on their way to becoming professionals. If these agencies close, Kentucky's dire shortage of enough mental health providers in many parts of the state would only worsen. The inadequacy of available psychological health and social services burdens other (often more expensive) health care systems or goes completely unevaluated and unaddressed. We all know the range of terrible risks and consequences of untreated and undertreated mental and behavioral health needs.

We recognize that there have been a multitude of long-term factors that have led to the crisis that threatens the viability of these agencies. We understand that there are a number of solutions on the table. Whatever solution you individually support, we hope that your priority is to invest in these agencies' long-term stability and survival with no interruption of services. We know that you are already investing so much of your time and energy in Frankfort to support the very best life of each and every Kentuckian. We at KPA hope that you will consider advocating for a fair, long-term solution that ensures that these vital community resources remain strong, of good quality, and covering all the regions of our state.

We hope that you consider KPA a resource for any questions or concerns you have about mental health. We are happy to discuss mental health policy, help you find relevant psychology research, or identify mental health providers in the state. We would love to talk more about how investing in the strong mental health of people yields excellent returns in physical health and one's ability to be productive and fully employed, and engaged in one's community.

Thank you for your time. We welcome any questions, comments you may have for us, so please do not hesitate to contact our central office at (502) 894-0777.

Check out our [eNewsletter Archives](#) for past issues
Have an Idea or Contribution for the KPA e-newsletter? Contact the KPA Central Office at kpa@kpa.org