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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 KPA Member Highlights, available home-studies, KPA Member COVID-19 resources, Anti-Racism & Trauma resources, and more.

Stay Social With Us



We are still practicing physical distancing, but that doesn't mean we can't be social! Go give us a like or a follow on all of our social media platforms!

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[KPF Facebook](#), [KPF Twitter](#), & [KPF Instagram](#)



Update from KPA Interim Executive Director

Hello KPA Members. Though almost 4 months have passed since the cascade of the “world-changing,” I still feel like I’m in a bit of a skid! These weeks have been marked by rapid and extreme team decision making. The staff and Executive Committee have been implementing immediate necessary changes, and have worked tirelessly to respond to sudden new needs of KPA members and members in our community.

- In March, KPA had to cancel all live events, including several stand-alone trainings, our Diversity Conference Day, and Spring Academic Conference.
- The CE Professional Development Committee (Chaired initially by Dr. Brigid Kleinman and now by Dr. Scott Salathe) has had quite an increased workload- initially to cancel events and then to re-populate the CE calendar with offerings in a remote format. Stay tuned...
- The Convention Committee (Chaired by Dr. Alissa Briggs) and our dedicated office staff have had to explore and develop alternative plans for our Annual Convention Trauma-Responsive Practices Across Settings: Integrating Information into Action. We will have a very cool virtual format combining Zoom live and recorded workshops with a wonderful interface to facilitate a smooth and accessible experience for all of us!
- Each year the KPA and KPF Boards of Directors gather for a retreat in June to set a new project or direction for the year. The format and focal points of-developed and facilitated by President Steve Katsikas-evolved a few times to better accommodate the multiple social crises of our times. Four workgroups (Anti-racism; Clinical Practice; Prevention, Advocacy, and Public Health; and Education & Training) identified goals and action plans to be carried out over the next few months to support new and renewed directives and roles for our entire membership.

As you have had to make rapid pivots and develop new skillsets for yourself in your work, we have worked especially hard to make KPA as valuable a resource for you as possible.

I-wearing both my hats of “very part-time” Interim Executive Director as well as your Director of Professional Affairs- have remained in close touch with our APA contacts and with KBEP (our licensing board) to track and disseminate recommendations, guidance, shifting laws and 3rd party payor coverage in psychology practice and training. KPA’s Executive Team has employed live Town Hall Format in order to support and connect to membership. We hope to continue utilizing this format on an ongoing basis.

2020 was going to be quite a year for transition and transformation for KPA—even prior to all the upheaval of the past 4 months. My Interim ED position was taken in August at a time of stability and ease. My job was just to keep the ship afloat in calm waters until we could hire a permanent ED...then March hit and we have found ourselves instead racing through stormy, and rather unpredictable seas! We have an acute awareness of the



**Click here to
access:
Anti-racism &
Racial Trauma
Resources**

direct impact of COVID-19 on our members' practice incomes and stress levels, and have had to cancel our income-generating events. We have increased our scrutiny of projected membership trends and have had to estimate potentially significant budget shortfalls.

Your sustained membership is more important this year than ever and we hope that you find our CE offerings and at Annual Convention to be worthwhile and supportive of your valuable work. Our association is as strong as our striving, talented, involved members networked together.


Take good care of yourselves, reach out, and remember that you are valued and appreciated!

Katie McBride, Ph.D.

A message from your KPA President


Steve Katsikas, Ph.D.

American Psychological Association President, Dr. Sandy Shulman, has stated that we are in the midst of a “racism pandemic”. While I think this was a powerful rhetorical tool to call for action, I think the term “pandemic” was a bit of an imperfect metaphor. A pandemic is indeed a wide-spread event, but it starts somewhere and spreads. Racism, conversely, has been with us as a society since well before our founding as a nation, causing multiple layers of generational harm to people of color and other diverse groups. What I do resonate with is Dr. Shulman’s use of a public health term, because racism needs to be viewed and addressed as a public health crisis. The data are clear. Black and brown individuals have poorer health outcomes than white people. Even when accounting for SES, these discrepancies persist. As stated in the American Psychologist’s Special Issue on Racial Trauma and Healing, “Growing research and clinical literatures demonstrate that People of Color and Indigenous individuals’ (POCI) experiences with racism, discrimination and micro-aggressions affect their health and sense of wellbeing” (2019). Being a person of color is, essentially, bad for your health in this country, and racism is the causal mechanism according to numerous public health studies (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113412/>). This conceptualization of race-based discrimination



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Mark R. Brengelman
Attorney at Law PLLC

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Knowledge of the Field is Power.*

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as a public health concern has led to over 20 cities and three states to overtly declare racism as a public health crisis. It is my hope that Kentucky can join this movement.

Viewing racism as a public health issue invites and demands action by psychologists. Our field is well-versed in understanding the psychological roots of racism (e.g., stereotype threats, implicit bias, confirmation bias, attribution theory, terror management theory). As a clinical/counseling field, we also have developed an understanding in how to help individuals, groups, and organizations move from being “culturally aware” to become more intentionally “anti-racist”. For many of us, myself included, this work begins with intentionally engaging in our own reflective work, self-assessment, and personal and professional growth.

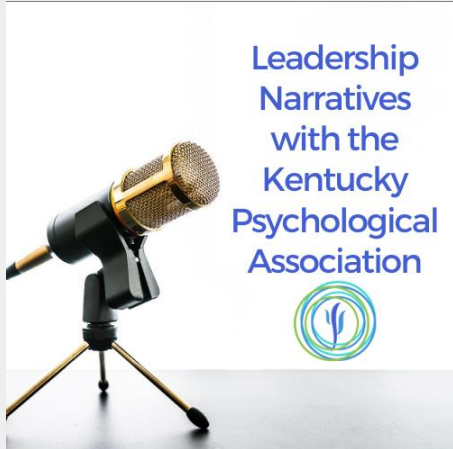
I’ll conclude by stating that I am troubled by the lack of diversity in psychology as a profession. While the percentage of minority psychologists doubled from 2005-2015, our field remains 84% white. Psychology in Kentucky is even less diverse than the national statistics would suggest. Diversifying the field is an important goal, and requires support for undergraduates, mentorship for graduate students of color, and advocacy for social and economic policies that support a diverse workforce. A diverse workforce is essential in addressing racism and helping with the healing process for those who have experienced racial trauma and should be a priority for all of us who wish to see Kentucky improve our health outcomes.

The Ethics of Developing an Anti-Racist Mindset

*Jardin Dogan, M.Ed., Ed.S.
Ethics Committee Student Member
Counseling Psychology Doctoral Candidate, University of Kentucky*

The current sociopolitical climate has sparked conversations about race, racism, and racial inequities in our country. The murders of unarmed Black people across the country have conjured painful and traumatic feelings associated with feeling unsafe and dehumanized. Further, White people have been called to question the ways in which they perpetuate racism. The current times require in-depth, inner reflection of who we have been, who we want to be, and what legacy we will leave for future generations. As psychologists, it is important to think about what roles we play in perpetuating racism in our work and in our lives.

Being non-racist is not enough. Being anti-racist is an ethical imperative. Developing an antiracist mindset requires addressing overt and covert racism within yourselves, others, and in your work. When help-seeking professionals fail to address racism, we violate the five general principles - Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People’s Rights and Dignity, that are foundational to our APA Ethical Principles. Further, we violate ethical guidelines regarding competence, mutuality, power,



MEMBERHIGHLIGHTS



Candice Hargons, Ph.D. says racism can have a negative impact on a person mentally and physically.

[Click here to read more!](#)

and boundaries. An inability to adhere to APA ethics codes create an inability to feel empathy and create connection with Black, Indigenous, and People of Color (BIPOC).

Here are some of the ways that racism impedes our ability to be ethical professionals:

Principle A: Beneficence and Nonmaleficence. Our choices have the power to impact the care and concern of others, particularly BIPOC. Therefore, harm is inevitable until an antiracist mindset is cultivated. The inability to be self-questioning and self-critical can lead to an abuse of power.

Principle B: Fidelity and Responsibility. It is extremely difficult to establish trusting relationships with BIPOC without accepting responsibility for the ways in which our behaviors perpetuate racism. Complicity is a behavioral choice to do nothing.

Principle C: Integrity. In a society that centers on the white worldview, it is important to recognize that most ideas, theories, and research are inherently racist. For example, the majority of psychological theories make white voices the norm, rendering voices of color inaudible and their experiences unimportant. The field of psychology has a long way to go in providing equitable attention to the concerns of BIPOC. Antiracist work requires acknowledgement, accountability, apologies, and tangible action to bring change.

Principle D: Justice. Justice cannot be achieved without addressing inequities that hinder fairness to all. Mental health racial disparities, where trauma-based symptoms of BIPOC remain unaddressed due to barriers to culturally-sensitive mental health services, is an example of a systemic inequity.

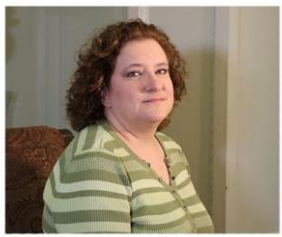
Principle E: Respect for People's Rights and Dignity. It is an ethical obligation to address racial biases that influence work with clients, students, supervisees, and consultees. Racism is oppressive, exclusionary, and degrading to BIPOC. Stereotypes, microaggressions, and systemic exclusion of BIPOC violates the ethical bounds to protect the rights and welfare of all persons – regardless of their race, ethnicity, and culture. Despite similar experiences of racism, BIPOC people are not monolithic. Therefore, their experiences and differences should be respected and honored in our work.

Developing an antiracist mindset can be overwhelming as it can conjure feelings of guilt and shame. However, drowning in these feelings is counterproductive. To begin your journey, reflect on the CLEAR acronym (Dogan, 2020) provided below:

1. Consider your beliefs and perspectives. Our beliefs are informed by media, culture, and dominant White society. Thus, one has to embrace self-criticism in understanding your beliefs and perspectives of BIPOC. What are your thoughts about working with clients of Color? Have you received continuous training focused on working with clients from difficult cultures and the nuances that manifest in their presenting concerns and symptomatology?



Brighid Kleinman, Ph.D. & Eric Russ, Ph.D. wrote an article titled, "*KY psychologists: Cumulative racism leads to racial trauma, similar to PTSD.*" [Click here to read the article!](#)



Congratulations to **Brenda Nash, Ph.D.** on receiving the Outstanding Faculty Award from Spalding University! [Click here to read more.](#)



Steven D. Kniffley Jr., PsyD MPA ABPP, was interviewed in an article, "*Clinic Offers Free Counseling for*

2. Listen and do your research. Take an approach of curiosity rather than defense. What voices do I hear most often, and why? How are these voices similar or different from my own? Who are BIPOC researchers and practitioners that have written about working from a multicultural lens? Where can I invest my time and energy to develop an anti-racist mindset?

3. Explore your identity as a white person. What is whiteness? How did I develop my identity as a white person? What behaviors do I engage in that perpetuate racism and inequality? How can I hold myself and others accountable for doing anti-racist work? These questions can be explored with other white people. Consider purchasing from the reading list provided.

4. Address stereotypes you endorse about BIPOC. Do you trust the stereotypes that have been presented about BIPOC in dominant culture? Since our brains rely on categories, stereotypes make the process of categorizing people easier. However, antiracist work requires a commitment to resist the quick and easy process of placing people in boxes. Be intentional about seeking images and stories that combat the dangerous, single story.

5. Remember being anti-racist is a lifelong journey. Our ability to provide quality, culturally-sensitive therapy, assessment, supervision, and consultation work is an ongoing process. One can never become "competent" in working with BIPOC. Competency suggests a linear progression and endpoint to learning about other cultures, which may never be achievable. Instead, seek to become a lifelong learner. On this journey of unlearning, there will be lessons, homework, and redirection. Being vulnerable about your shortcomings, and triumphs can prompt conversations among your colleagues, families, and friends. Being a model can spark a movement.

Reading List:

1. So You Want to Talk about Race by Ijeoma Oluo
2. Why Are All the Black Kids Sitting Together in the Cafeteria?: And Other Conversations about Race by Beverly Daniel Tatum
3. Sister Outsider by Audre Lorde

Racial Trauma" by Spectrum News1.
[Click here to read the full article.](#)



Courtney Keim, Ph.D., wrote an article, *COVID-19: From the expert - working from home with less stress.* [Click here to read the full article!](#)



Vestena Robbins, Ph.D., created a video demonstrating how to talk with your child about COVID-19.
[Click here to watch!](#)

If you have a highlight you would like to share with the KPA office please email Marketing & Membership Coordinator, Samm Ownby at samm@kpa.org

4. How to Be An AntiRacist by Ibram X Kendi
5. Microaggressions and Traumatic Stress by Kevin Nadal
6. The Tortue Letters: Reckoning with Police Violence by Laurence Ralph
7. Killing Rage: Ending Racism by bell hooks
8. City of Inmates by Kelly Lytle Hernandez
9. Eloquent Rage: A Black Feminist Discovers Her Superpower by Brittney Cooper
10. Me and White Supremacy by Layla F. Saad
11. The Bridge Called My Back: Writings by Radical Women of Color by Cherríe L. Moroga, Gloria E. Anzaldúa, Toni Cade Bambara
12. From #BlackLivesMatter to Black Liberation by Keeanga-Yamahtta Taylor
13. White Fragility: Why It's So Hard for White People to Talk about Racism by Robin DiAngelo
14. White Identity Politics by Ashley Jardina
15. Raising White Kids by Jennifer Harvey
16. They Were Her Property: White Women as Slave Owners in the American South
17. Uprooting Racism: How White People Can Work for Racial Justice by Paul Kivel
18. Witnessing Whiteness by Shelly Tochluk
19. 35 Dumb Things Well-Intended People Say by Maura Cullen
20. How I Shed My Skin: Unlearning the Racist Lessons of a Southern Childhood by Jim Grimsley

**Attention
KPA
members
click here
to access
KPA'S
COVID-19
Resources**



The Primary Election Was Unusual...But It (Mostly) Worked!

Sheila A. Schuster, Ph.D.

Kentucky's Primary Election date was supposed to be May 26th but due to the COVID-19 pandemic, the date was delayed to June 23rd and significant changes were made to the method of voting. In an all-too-rare bipartisan agreement in Frankfort, Democratic Governor Andy Beshear and Republican Secretary of State Michael Adams agreed on measures which allowed any Kentuckian who wanted to vote by absentee ballot to do so...the first time in our history that there has been widespread allowance for absentee voting!

In addition, early voting was allowed for the week or so preceding the actual Election Day, with the objective of keeping Kentuckians safe during the pandemic, while encouraging all to cast a ballot. Because of the lack of poll workers and the emphasis on absentee voting, nearly all 120 County Clerks opted to have only one (or perhaps a few) voting places open on June 23rd for in-person voting to take place. In the two most populated counties – Jefferson and Fayette – this resulted in voters pounding on the door at a few minutes at 6:00 p.m. to be allowed in to vote (Jefferson) and waiting for several hours in long lines (Fayette).

National calls against suppressing the vote, particularly for Black voters, were heard across the country from celebrities to politicians and pundits. And while there were certainly some issues with people not getting their absentee ballots and traffic jams in Louisville that prevented voters from getting to the polls on time, by and large, the overall voting tallies matched or exceeded previous primary election days and voting numbers in majority-Black districts were significantly higher. Rep. Charles Booker who gained late momentum in his race for the Democratic nomination to oppose Sen. Mitch McConnell, rallied the Black vote and organized a grassroots campaign to get sometimes disenfranchised voters engaged and to the polls.

What did we learn from this experiment? That Kentucky has extremely restrictive voting laws on the books that need to be changed. Absentee ballots can only be obtained in a two-step process and “for cause”. Early in-person voting is limited to those who can come on a few set days with a verified excuse that they will not be present in their voting district on election day. Our polling hours (6:00 a.m. – 6:00 p.m.) are limited, compared to those of other states. And our in-person voting is very dependent on volunteer poll workers, most of whom are older, and thus more vulnerable to threats like the pandemic. We also learned that most Kentuckians were not reluctant to vote by mail!

As far as election results, all but two House members and one Senator who had a primary challenge won their primary race. Reps. Travis Brenda (Madison, Rockcastle) and Les Yates (Clark, Madison) and Sen. Albert Robinson (Estill, Jackson, Laurel) were defeated in their primary balloting. 14 House members are retiring or running for other offices, as are 4 Senators, so we know we will have new faces in Frankfort in January! Mixed in with these primary contests was a Special Election to fill the remaining term of Sen. Ernie Harris (part of Jefferson & Oldham County) who had resigned. The winner of that seat is Dr. Karen Berg, a Louisville

KPA Home Studies

[Suicidality and Telehealth: Ethical Crisis and Risk Management in the Age of Telepsychology, 1.5 CE](#)

Presented by Rachel Buehner, Ph.D.

[Part 2: Psychologists' Well-Being: An aspirational guideline or ethical responsibility?, 1.5 CE](#)

Presented by Abbie O'Ferrell Beacham, Ph.D.

[Part 1: Psychologists' Well-Being: An aspirational guideline or ethical responsibility?, 1.5 CE](#)

Presented by Abbie O'Ferrell Beacham, Ph.D.

[Psychopharmacology, 3 CE](#)

Presented by Rif El-Mallakh, MD

[Understanding The Role of Medication Assisted Treatment in Opioid Use Disorder](#)

Presented by Brian Casey, MD

[Effective Advocacy - Every Voice Counts!, 1.5CE or Without CE Credits](#)

Presented by Sheila Schuster, Ph.D.

[Domestic Violence and Elder Abuse: Overview and Legal Updates, 3 CE](#)

Presented by David Hanna, Ph.D.

radiologist and the Democratic candidate, who will be sworn in as soon as the election results are certified. If your Representative or Senator won their primary race, congratulate them! It's a great opportunity to connect with them in a positive way.

Looking ahead to the November 3rd General Election, there will be **65 HOUSE SEATS on the ballot** (42 currently held by Republicans and 23 currently held by Democrats). **12 SENATE SEATS will be on the ballot** (9 currently held by Republicans and 3 currently held by Democrats). Overall, there are 14 races where one of the candidates is an Independent, a Write-in candidate or from the Libertarian Party. We will be posting voting and candidate information on the KPA website closer to the November election.

NOW is the time to reach out to your incumbent Representative and Senator and to their challenger(s) and get engaged in the campaign process! Offer to hold a virtual "meet and greet" to introduce the candidate to your family, friends and colleagues. Participate with groups like the League of Women Voters, KFTC and others, who will be hosting virtual forums for candidates. Offer to distribute campaign literature, put a sign in your yard, or write postcards for the candidates of your choice. Campaigns are expensive. Donate to the KPA PAC and/or make a contribution to the candidates who want to see win in November.

The method of voting in November is still undecided...but we know that the election will be a very important one, with significant consequences on our lives as citizens and as psychologists. Be sure your voice is heard in the campaign and election process!





Submit a Proposal for the KPA Convention in

Urgent Pandemic-Related Mental Health Needs Will Require Multipronged Response from Kentucky Psychologists

Ann “McRae” Stephenson - KPF Board Member

Since 2008, the American Psychological Association (APA) has conducted a survey of over 3000 Americans over age 18. Citing multiple impacts of COVID-19, 2020 is the first year since that Americans’ reported stress levels were significantly higher than the prior year. “Almost 8 in 10 Americans (78%) say that the coronavirus pandemic is a significant source of stress.”

Kentucky is already in the [top 10 states with regard to suicide rates even before the pandemic](#), and the increase in fear, stress, uncertainty, and financial strain will only exacerbate those numbers. [Stress and isolation caused by COVID](#) have the potential to lead to significant increases in the suicide rate, along with many other health hazards.

For those who have been infected and are recovering from COVID-19, [a recent APA article describes the key role mental health professionals will need to play](#) to address trauma, PTSD, anxiety and depression, memory recollection, and the after-effects of delirium.

It is vital that Kentucky’s mental health practitioners be as prepared as possible to respond to the crisis.

How can you as a practitioner help?

Practitioner surveys and data.

KPF and KPA member professionals are experts at collecting and analyzing data with regard to client needs, client access, and effectiveness of services. These data can illustrate how focused, trauma-informed training of clinicians is being provided to those in Kentucky, as well as the effectiveness of the applied services over time. In the near future, KPF will be collecting data for the purpose of obtaining and reporting on COVID emergency grant funding. If and when you are asked, it would be a great service for you to share your findings.

Client surveys and data.

KPF and KPA can also use client surveys and education evaluations to measure the impact and success of the work. The client surveys can track demographics on patients seen and the general effect the work is having on the mental health of the Jefferson County community. If you integrate such surveys as part of your practice,

November!

OPEN CALL

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accepting
Proposals
for our 2020
Annual
Convention
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data will be useful as KPA and KPF work to evaluate the reach of services, statewide, and to target areas where additional assistance might be needed.

Education and outreach.

Education and trainings presented by KPF and KPA will focus on best practices in trauma-informed practice and will give you the tools to face the new and unique issues brought on by the pandemic.

As we work together to navigate the ever-changing landscape of this pandemic, we will continue to support you in your work to ease the mental health burdens that Covid-19 brings to the Commonwealth.

Director of Professional Affairs Update

As you may know, the Director of Professional Affairs (DPA) is a paid, very part-time position for KPA, and serves as a support for practice-related issues. This liaison role includes working with

1. **DPA's from other State and Provincial Psychology Associations**
2. **KBEP (our state licensing board) which has been highly collaborative and responsive to recent requests for information and changes within their ability to make**
3. **KPA's Legislative Advisory Committee that includes our lobbyist, the tireless and resourceful Dr. Sheila Schuster**
4. **APA practice resources (Shout out to the wonderful legal consultants with Legal & Regulatory Affairs [LRA] Department and to Dr. Jared Skillings' team with the APA Practice Directorate for their very timely and effective outreach and advocacy efforts).**

*In any given moment we have two options: to step forward into growth or step back into safety.
~Abraham Maslow*

By now, many of us in practice have some combination of remote and in-office formats for our sessions. Others of us-who have younger children, who are immuno-compromised or who are in close contact with someone in

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higher risk groups-may still be using fully remote practice formats. I know that several of my clients and I are now grateful for the option-tight schedules, oversleeping, and multiple sessions within a week have all led to clients' requests for an online or phone therapy session! I have even enjoyed toggling back and forth a bit each day-taking a break from mask-wearing and getting to see the full face of my client (I wonder though when I will get used to having to see my own full face on-screen during the whole session...Sigh). Whatever your situation at home and with your practice, I hope that you are finding some sense of adjustment over time.

Although we are certainly still riding waves of upheaval and change, the rapidity of immediate reactionary state, federal, corporate, and practice directives as they affect our work in psychology have slowed in recent weeks. For a comprehensive list of links and resources, please see the link at the bottom of this article for KPA's Resource page... Here are a few recent highlights to note:

- APA and KPA have been working together and respectively at the federal and state levels to advocate extending orders for telehealth coverage parity, as well as the loosening of various restrictions to best support remote options. Follow this link (<https://www.apaservices.org/practice/news/working-during-covid-19>) for details.
- Please note **Expiration Dates** may be approaching for temporary out of state registrations granting permission to treat clients who are located out of state for their sessions (Note that Indiana automatically renewed mine for 90 days though!). For a full summary of our border states' policies during the public health emergency, check out the KPA Resource Page below, or for a list of all states and provinces: https://cdn.ymaws.com/www.asppb.net/resource/resmgr/covid19/6.29.2020_temporary_&_teleps.pdf
- KBEP (our licensing board) is expected to send out another memo soon outlining their COVID-19 related provisions for licensing exams set to restart, and changes to CE modality requirements during licensing periods that include Kentucky's State of Emergency.
- I have gotten several questions about sustaining and resuming psychological and neuropsychological testing. Our CE Professional Development Committee has developed a wonderful panel CE event by Zoom (**July 21!**) to address best practices, decision making, and tips for telehealth applications. Recommended accommodations for both face to face and for telehealth and validity & reliability will also be covered. Look for announcements from KPA CE Connections in your Inbox-for this panel, we have secured the wisdom of both regional and national speakers!
- **New (7/7/20)** Medicaid coverage for telehealth overrides a previous guidance about psychological testing. Following an agreement between various stakeholders, DMS will now allow for certain psychological testing to be conducted via tele-assessment if certain requirements are met.

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](#)

We will continue to keep you informed as we go, and I appreciate your emails with your inquiries, shared information, and feedback when our work has felt supportive and beneficial to *your work*.

Please keep that communication coming (dpakatie@kpa.org)-the good, the bad, and the ugly-so that we can best support your practice needs!

Check out our updated KPA COVID-19 Resource page (<https://kpa.memberclicks.net/kpa-member-covid-19-resource?servId=7528>)

Thanks for reading,

Katie McBride, Ph.D.



**The Kentucky Psychological Association Political Action
Committee (KPA-PAC)**

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



[KPA Member Benefit Highlights](#)

[Free Practice Consultations](#)

Joe Edwards, Psy.D. - CoChair of KPA-PAC

Your help is needed now.....

The ask (and what the KPA-PAC have done):

Asking for money is always awkward and uncomfortable, it is even more so in the midst of the Covid-19 pandemic. It literally could not be worse timing. Yet, the need for funds to the KPA-PAC fund is not going away. We have only raised \$1,600 (from 8 contributors) in 2020, and \$2,085 in 2019, in our bank account as of this moment, we only have \$4,928.39.

In the 2017-2018 election cycle (which is every other year) we made \$11,300 in political contributions to 21 candidates - who showed a **commitment to valuing mental health issues in the Commonwealth of Kentucky**. Of those 21 candidates, 81% won their election (17 of 21), 73% of donations went to Democratic candidates, 27% of donations went to Republican candidates, the PAC donated \$8,300 to individual candidates in the general election, and donated \$3,000 to the D/R caucuses in the general election. If we are going to develop relationships with Kentucky legislators and be able to meaningfully dialogue about mental health issues, then we must raise money, hopefully, \$10,000, within the next 3 months.

To reach our goal of \$10,000, it would take 100 psychologists giving \$100 each. Those who are able to give more than \$100 can help offset those you can give less.

Besides asking KPA members, we are working on a project to ask those who are not members of KPA, as they too, may value the importance of having a strong voice within state government.

Typically, we disburse our contributions in August, so that our contributions can make a difference to the campaigns of those running for state office in November.

Here is a brief history, since the KPA-PAC was established late in 2015, 65 KPA members have made contributions ranging from \$1 to \$2,000, which has raised \$25,541. We give most of the money we have received (at the end of an election cycle) away to carefully chosen candidates.

Things to know:

- The KPA-PAC is the only political action committee speaking for psychologists
- We advocate on behalf of the profession and build relationships with candidates

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!

- We provide fact time with candidates and legislators and give psychologists a voice on important issues
- We help shape policies and laws affecting psychologists
- Our PAC is ranked 7th (in 2018) of the 39-health professional PACS in Kentucky
- **We support:**
 - We support KY Senate and House Representatives who demonstrate a commitment to psychology & psychologists
 - We support incumbents and challengers who are friends of psychology
 - We support candidates from each political party (you must work with both sides)

The Solution:

I hope the solution is that **you**—and I literally mean you (and many of our colleagues) can see this as an opportunity to invest in a worthy cause. Contributions to this or any PAC, are not tax-deductible, but they are an investment into making sure we have legislators who do not forget about mental health issues. It is my belief that **together**, we can accomplish our goal—to ensure that voice of psychology stays strong! However, it will take the quick action of a large group of us to refill our confers. I ask that you write a personal check (NOT FROM from a PSC or PLLC) today, or soon, for what you can over the next several months. Mail a **personal check** to the KPA-PAC at **Attn: Joe Edwards / KPA-PAC 1300 Clear Springs Trace, Suite 7 Louisville, KY 40223** or Make your contribution on-line to by personal credit card at www.kpapac.org.

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[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. Vicki Van Cleave, 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.

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Have an idea or contribution for the KPA e-newsletter?

Contact the KPA Central Office at kpa@kpa.org or David Pascale Hague, Ph.D., KPA e-Newsletter Editor at david@claritylex.com.
The e-newsletter is scheduled for distribution in the first month of every quarter (January, April, July, October).