



June 2018

### In This Issue...

1. [Update from KPA Executive Director](#)
2. [Integrative Behavioral Health in Underserved Metropolitan Kentucky: Psychology Trainees' Experiences on Model Implementation](#)
3. [Stigmatizing Language in Medical Records](#)
4. [Music as a Healing Art... And Science](#)
5. [And The Winner Is...](#)

### Exciting News from KPA in June

We hope you enjoy this June 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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### Update from KPA Executive Director

*Lisa Willner, Ph.D., KPA Executive Director*

Each year in June, the KPA quarterly board meeting is immediately followed by an overnight leadership retreat for board members and committee chairs of the Kentucky Psychological Association and Kentucky Psychological Foundation. I always look forward to our KPA/KPF annual leadership retreat as a time to forge and strengthen relationships between our organizational leaders, to focus on our organizational mission, vision, and values, and to take some time to dig in to pressing issues to move us forward as an organization and as a field.

This year's retreat was in Frankfort on June 8-9. Under the leadership of 2018 KPA President Dr. Sarah Shelton, we focused on articulating a positive future for psychological science and practice in Kentucky, both within KPA and KPF, and to the public.

6. [Mental Health Awareness Month](#)
7. [Psychologists and Emotional Support Animals](#)
8. [ECP Spotlight](#)
9. [KPA Annual Convention Planning](#)
10. [Ethics and Scope of Practice](#)
11. [Virtual Meeting Etiquette](#)

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#### KPA's Member Highlights



**KPA Member & Diversity Intersection Representative, Shambra Mulder, Ph.D.**, is seeking to serve all kids on the Fayette County Public School (FCPS) Board. [Click here to read more...](#)

In short, how do we make psychology a household word, and help the public to understand and recognize the important value of psychology in their lives?

This involves, in part, identifying and striking down inaccurate public perceptions of who we are and what we do. (No, I am not reading your mind!) Another important piece is to identify a broad range of traditional and non-traditional roles for which our training as psychologists and psychological practitioners has uniquely qualified us in order to advance the public good: as health providers, therapists, researchers, teachers, evaluators, consultants, collaborators, industrial and organizational experts, systems change agents, policymakers, administrators, authors, advocates, and more.

I appreciate the vision, generosity and commitment of the KPA and KPF leaders who volunteer their time to advance KPA and psychology in Kentucky. In the coming months, you'll be receiving additional follow-up from Dr. Shelton and a newly-formed workgroup as they continue to build on the creative thinking, discussions, and group process of this year's leadership retreat.

Standing with you in lifting up psychology,

Lisa



Congratulations to **Lisa Willner, Ph.D.**, KPA's Executive Director on winning the Democratic nomination for the 35th house district!

*If you have a highlight you would like to share with the KPA office please email us at [kpa@kpa.org](mailto:kpa@kpa.org)!*

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#### 2018 KPA Event Calendar

**Aug 3, 2018 - Bowling Green**

*Save the Date  
Details coming soon!*



**Sept 21, 2018  
- Lexington**



## Accepting Nominations

*The Kentucky Psychological Association is currently accepting nominations for Officers and Board Representatives.*

**DEADLINE TO SUBMIT  
NOMINATIONS:  
JULY 6, 2018**

[Click here for details on open positions and how to nominate yourself or a colleague](#)

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### Integrative Behavioral Health in Underserved Metropolitan Kentucky: Psychology Trainees' Experiences on Model Implementation

*Adriana Pena, Crystal Goodwin, Shamima Akhter - Spalding University  
Integrative Behavioral Health Scholars Program (IBHSP)*

*Sarah Shelton, PsyD, MPH, MSCP - IBHSP Clinical Coordinator - Spalding University, KPA President*

#### Introduction

Embedding psychology into primary care settings reduces or eliminates many of the barriers to accessing mental health services. This is especially important for populations most at risk for physical and mental illness, because these

AM WORKSHOP  
[Adolescent Substance Abuse Assessment and Treatment: Best Practices for Better Outcomes](#)

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

PM WORKSHOP  
[Assessing Appropriateness for Chronic Opioids and Risk for Abuse](#)

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

**Nov. 1-3, 2018 -  
Lexington**

KPA Annual Convention  
Meeting at the  
*Intersection: Connections  
in Psychology*

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populations experience the most obstacles to care. Minority, impoverished, marginalized, and disenfranchised communities desperately need mental health intervention but are the least likely to receive it. Lingering stigma about mental health, financial limitations, lack of transportation, lack of insurance, and difficulty navigating what can be a complex health care system, among other factors, build a wall between those most in need of mental health treatment and the interventions that, quite literally, may save their lives.

Dr. Steve Katsikas, Chair of the Psychology Department at Spalding University is the author and recipient of a multi-year grant that is funding an integrative behavioral health initiative in the Louisville area through the creation of Spalding's Integrative Behavioral Health Scholars Program (IBHSP). The IBHSP is a competitive process that places fourth year practicum students with interests in health psychology, integrative behavioral health, and work with underserved populations at community-based primary care sites in the Louisville area. Dr. Katsikas is quoted as follows,

*"The IBHSP has been an incredible resource for Spalding University's School of Professional Psychology to provide a valuable training experience for the next generation of psychologists. Not only has the grant removed resource barrier to training, but it has also allowed our community partners to fully embrace behavioral health as an integrated partner in their current work. The beneficiaries of the grant include the students and sites, but most importantly, include the patients/clients, who often present with significant mental or behavioral health concerns that impact their health. They also present with health-related issues that negatively impact their emotional well-being. Both groups of patients/clients benefit from these integrated services."*

The first wave of recognizing and incorporating mental health into medicine occurred in the form of collaborative care, by which a medical team referred to a mental health professional with the aim of open communication. The next wave appeared as co-located services, in which the mental health provider was under the same roof as the physical health provider(s). Today, however, it is clear that colocation alone is not integration. True integrative health involves recognizing mental and physical health needs equally and working together as a multi-disciplinary team to conceptualize and treat the whole patient.

One of the three primary care sites identified in the grant is Shawnee Christian Healthcare Center (SCHC). Their vision is to strive to empower the community through medical, behavioral, and spiritual care. They see patients with a variety of needs from chronic pain to well-care check-ups. The center relies upon a multi-disciplinary team in order to provide services that are effective and caring. While SCHC has incorporated mental health treatment on their menu of services

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[KBEP Elections Results](#)

for quite some time, true integration was not in place until their partnership with Spalding's Integrative Behavioral Health Scholars Program.

Shamima Akhter is a fourth year PsyD student at Spalding and a member of the inaugural IBHSP cohort and is placed at SCHC.

*"My experience here has been rich in learning. Coming from a traditional therapy model, integrated behavioral health was challenging in some ways; such as learning how to provide psychological interventions in a brief consultation-based encounter as opposed to a longer traditional psychotherapy session. As Behavioral Health Consultants (the term SCHC decided upon to refer to mental health providers to further reduce stigma), we were on a multi-disciplinary team with medical assistants, nurses, physician assistants, and physicians. The most rewarding part of the experience was working with the population at SCHC and all the different types of providers."*

SCHC serves a low SES population from various ethnic and minority backgrounds, predominantly African-American. Akhter commented,

*"These patients came with multiple difficulties, which causes high levels of stress. It was challenging to help patients prioritize which problems could be meaningfully and effectively addressed within the integrative behavioral health model and which issues were more appropriate for a referral for traditional psychotherapy."*

Implementing integrative behavioral health into primary care has its challenges. Crystal Goodwin is also a fourth year PsyD student at Spalding and a member of the inaugural IBHSP cohort who is placed at SCHC.

*"In the beginning, the introduction of another step in SCHC's process significantly disrupted flow. Poor communication about the role of the behavioral health consultant (BHC) and where providers were in their workflow led to a high number of interruptions. This frequently resulted in the BHC being unable to see patients. For patients, this continued to reinforce the stigma associated with mental health, because not everyone was allowed equal access to the BHC. From the BHC perspective, the interruptions alone were initially frustrating, because, in traditional mental health settings, the therapy hour is sacred. However, throughout this training process, it has become apparent that interruptions are a normal feature of this model. Rather than being signs of friction between physical health and behavioral health staff, appropriate interruptions are often indicative of successful integration and collaboration between various disciplines. As communication at SCHC improved, interruptions no longer led to preventing access to patients. Competition for time with patients decreased, and time is now spent focused on the patient more collaboratively. As*

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 a update on open KBEP board seats:

**Doctoral Seat - Vacated by Kevin M. Pernicano, Ph.D. - Submitted to Governor on 11/21/17**

1. Jonathan D. Cole, Ph.D.
2. Allison From-Tapp, Ph.D.
3. Jeffrey L. Hicks, Ph.D.

*Governor rejects nominees submitted. May 14, 2018, KPA resubmits these names along with the following psychologists that were on the ballot.*

1. Jean Deters
2. Brian King

*a result, more patients are being seen by BHCs, which not only decreases stigma and myths around mental health for patients, but also provides them with better chances to meet health goals established by the patient and their primary care provider.”*

A second partner site with Spalding University through their Integrative Behavioral Health Scholars Program is the Family Community Clinic (FCC). This is a free clinic housed in St. Joseph’s Catholic Church, which provides medical services to the uninsured. Their main focus is on treating acute/episodic illnesses in children and adults through primary care. However, there are also several specialty clinics there too.

Adriana Pena is another fourth year PsyD student at Spalding and a member of the inaugural IBHSP cohort who is placed at FCC. Pena stated,

*“This year was FCC’s first year incorporating behavioral health into their services, and it felt like we were all learning simultaneously how we could work together most effectively. At first, it was challenging for psychology staff and other medical staff to fully appreciate each other’s work and how it could fit together. One challenge was that, because FCC was historically a physical health setting, the culture needed to change for the staff to recognize that mental health is an equal priority to physical health. Also, psychology and the other types of healthcare providers were not trained or accustomed to working together. Learning what we could offer each other was crucial. For example, we learned how to communicate about and connect the patient’s physical health and mental health symptoms to create a more comprehensive conceptualization of why they were experiencing certain symptoms. Additionally, we could provide interventions together vs. separately.”*

Pena continued,

*“One aspect that made FCC very different from other primary care clinics is that it is focused on social justice and primarily serves very low-resourced Latino individuals. This creates many barriers to care such as transportation difficulties, financial difficulties, cultural/language barriers, and very limited referral options because of the lack of insurance. Integrated primary care seems to work tremendously well for this particular population, because it allows the patient to access several services in one visit to meet the variety of needs they may have. It also reduces emergency room visits, which come with high healthcare costs. While there were challenges to using this model at times, the team could unite around their shared focus on patient health, which lead to positive outcomes.”*

Clearly, the experience of implementing integrative behavioral health into primary care environments requires an organizational culture shift. It is a challenging but

**Awaiting Governor  
selection**

**Masters Seat - Melissa  
Hall, M.S. - Term expires  
7/15/2018 - Submitted to  
Governor on 6/6/18**

1. Elizabeth Clark, M.S.
2. Stacy Seale, M.S.
3. Paul Young, M.A.

**Awaiting Governor  
selection**

**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.

**KPA staff preparing  
documents to be  
submitted to Governor**

If you have any questions  
about KBEP elections,  
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kpa@kpa.org

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highly rewarding endeavor that yields positive health outcomes. Next year, the reach of Spalding University's Integrative Behavioral Health Scholars Program will extend to incorporate the Smoketown Family Wellness Center. In addition to expanding services to reach more individuals in the Louisville area needing mental health care through the addition of a third site, the second and larger cohort of IBHSP students (five instead of three) will experience training in integrative behavioral health service delivery in a primary care setting, further equipping future psychologists with this much needed skill set. This is important not only for the future of psychological practice but also the future of many Louisville community residents' overall health and wellness.

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## Stigmatizing Language in Medical Records

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

With the use of shared electronic records, more eyes have access to chart notes than ever before. This shapes how notes are written from a privacy standpoint, but a recent news release from Johns Hopkins Medicine highlights how provider language can affect the care a patient receives. Below is an excerpt of Ken Pope's post regarding the article.

A Johns Hopkins study found that physicians who use stigmatizing language in their patients' medical records may affect the care those patients get for years to come. When doctors read notes and descriptions from previous medical visits, says the study, published in the May edition of *The Journal of General Internal Medicine*, the language in those notes may play a role in how that patient is treated, as well as how aggressively the patient's pain is managed.

Mary Catherine Beach, M.D., M.P.H., designed the study to determine whether the language and descriptions used in patient records can perpetuate bias among physicians. Physicians-in-training -- medical students and residents -- were presented with one of two vignettes about a hypothetical patient, a 28-year-old man with sickle cell disease and chronic hip pain. While the vignettes contained medically identical information, one used neutral language to describe the patient and his condition, while the other vignette contained nonessential language that implied various value judgments. Beach and her research colleagues found that physicians-in-training who read the stigmatizing patient chart notes were significantly more likely to have a negative attitude toward the patient than those who read the chart containing more neutral language. And not only did their attitudes change -- so did their treatment plans. Those physicians-

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**

KPA's Director of Professional Affairs, Dr. Laurie Grimes, is available to consult with KPA

in-training who had read the stigmatizing chart note decided to treat the patient's pain less aggressively.

"This (medical) record may be the only source of information a new clinician has about some patients," says Beach. "We have to question the assumption that the medical record always represents an objective space."

The study's participants were introduced to the hypothetical Mr. R., an African-American man whose condition necessitates the use of a wheelchair. Both vignettes begin with Mr. R. visiting the hospital emergency department with a painful condition known as a vaso-occlusive crisis, common among patients with sickle cell disease. Among the standard treatments for this condition are opioids to treat pain and oxygen to combat the effects of sickled red blood cells' inability to oxygenate organs. Examples of the differing notes on the hypothetical patient:

- "He has about 8-10 pain crises a year, for which he typically requires opioid pain medication in the ED."
- "He is narcotic dependent and in our ED frequently."
- "He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat."
- "Yesterday afternoon, he was hanging out with friends outside McDonald's where he wheeled himself around more than usual and got dehydrated due to the heat."
- "The pain is not alleviated by his home pain medication regimen."
- "The pain has not been helped by any of the narcotic medications he says he has already taken."
- "He is in obvious distress."
- "He appears to be in distress."
- "His girlfriend is by his side but will need to go home soon."
- "His girlfriend is lying on the bed with shoes on and requests a bus token to go home."

Even physicians-in-training who recognized the language as stigmatizing were more likely to form more negative opinions about the patient and to treat that patient's pain less aggressively. "There is growing evidence that the language used to communicate in health care reflects and influences clinician attitudes toward their patients," says Anna Goddu, a Johns Hopkins University School of Medicine student who co-authored the study. "Medical records are an important and overlooked pathway by which bias may be propagated from one clinician to another, further entrenching health care disparities."

Goddu and her co-authors are encouraged by one particular result of the study. "When prompted, the participants seemed able to reflect on how the words used in the chart notes communicated respect and empathy for the patient," she says.

members concerning a range of practice and advocacy issues, including HIPPA, third party reimbursement, and state regulations, and can tap resources and practice information from APA to help members resolve issues.

Have a professional/practice question for Dr. Grimes? KPA Members log in to the KPA website and access the consultation form under the Members Only section!

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"To us, this seems like a promising point of intervention." Beach adds that, in the study, medical residents had more negative attitudes than medical students toward the hypothetical patient. "Attitudes seem to become more negative as trainees progress," she says. "It may be that trainees are influenced by negative attitudes and behaviors among their peers and seniors in the clinical setting."

Participants who identified as black or African-American generally had more positive attitudes toward the patient. "That affirms what some other studies have shown," says Beach, "specifically, that African-American clinicians have more positive attitudes toward patients with sickle cell disease."

Goddu says that, while the topic deserves more research, she hopes this study opens some eyes. "I hope our study makes clinicians think twice before including certain, nonessential points about a patient's history or demeanor in the medical record," she says.

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## Music as a Healing Art... And Science

*Jessica Marvin, MA, PhD Candidate 2018*

In the field of health psychology, studied behaviors tend to focus on activities that have the potential to protect health. Dr. Even Ruud (2013) labels these protective behaviors as behavioral immunogens. He recommends that music be conceptualized as a form of cultural immunogen, along the same behavioral lines as proper dental hygiene, using safety belts, and getting enough sleep.

A cultural immunogen thus implies the handling of cultural artefacts or artistic expression within the context of health-related behavior. In a metaphorical sense, we can theorize behavioral immunogens as being protective in the same way that an immunogen in the body creates a specific antigen able to incite an adaptive immune response in the immune system. Ruud explains that he devised the specific phrase of "cultural immunogen," because he sees an underutilization of the arts and culture within the field of psychology and strongly recommends that music be conceptualized as a form of cultural immunogen to be considered for use with patients.

Most of us are familiar with Music Therapy. And, music can be found being employed by clinical psychologists across various theoretical orientations such as Dialectical Behavioral Therapy (DBT). DBT therapists use music therapy in their skills-based treatments. Music has also been shown to assist in the treatment of patients with dementia, TBI, and with children diagnosed with ASD. It is integrated into palliative care and used to alleviate pain in cancer patients.

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Therapists that integrate music into their treatment plans report improvements in emotional development, motor skills, cognition, and quality of life. Neurologist, Oliver Sacks details accounts of the profound power of music with his patients in his book, *Musicophilia* (2007). Something as seemingly simplistic as singing has proven to produce extensive health benefits:

Research on the links among singing, choir participation, and health is now quite extensive and indicates a host of related benefits. Singing in choirs affects our bodies (releasing tensions, increasing breathing capacity, maintaining our muscular and skeletal systems, giving us the experience of physical well-being) and our psychological or emotional states (releasing emotions and reducing stress, enhancing happiness and positive emotions, increasing energy levels and even producing measurable therapeutic results in relation to, for example, depression). Singing in choirs also affects our cognitive functions (stimulating attention, concentration, memory and learning abilities, our experience of mastery, and our learning and development, and increasing our self-confidence) and our existential dimensions (contributing to our experience of meaning, of being absorbed, of being part of something larger, of coherence in life, of personal transcendence, and of being engaged in something meaningful or beautiful) (Ruud, 2013).

It can be hypothesized that, a key function of music throughout the ages while it was developing among humans, was its capacity to create and support social bonds with group members. Music's presence in every culture known to man suggests strongly that it grows out have some fundamental neurological process. A universal sensitivity for basic emotions in music does exist. There are universal stimuli of sensory consonance and dissonance that effect the apparent pleasantness or unpleasantness of music; something that most every hearing human can perceive and experience.

We have all undoubtedly heard the phrase: music is the universal language. Studies do uphold this to a degree but, at the same time, show that an individual's perceptions of the emotional content in the music is not necessarily universal but more related to their own cultural traditions. If this is true, then it would make sense for therapists to develop a greater awareness of the musical traditions and interests of their clients in an effort to continue to bridge the diversity gaps that seem to be still so prominent within the practice of psychotherapy. How do we do that? Again, more research is needed.

In contemporary healthcare, a major concern for clinicians is the idea of satisfactory human relationships in the form of a therapeutic alliance. We want to connect with our clients and work toward outcomes that empower and create

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!*

health and wellbeing. Through music, with its historical and cultural significance, its infinite variety and adaptability, it is a powerful resource toward that end.

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## And The Winner Is...

*Sheila A. Schuster, Ph.D.*

Dr. Lisa Willner! And the psychological community in Kentucky!!

The 2018 Primary elections have concluded and the candidates are set for the November 6th General Election. One of those primary winners is our own Dr. Lisa Willner who campaigned hard and won 58% of the vote in a three-way election. Lisa has an opponent in November, but she and her many supporters are optimistic that she will be elected to succeed Rep. Jim Wayne, a social worker who has represented the 35th House district in Louisville for 27 years. Lisa will be the first psychologist ever elected to serve in the KY General Assembly...and that can only mean good things for psychologists, for access to health care, and for support of the many issues which we champion each legislative session!

In the Senate races, of the 19 seats in this election cycle, one incumbent had no challengers and 5 had primary contests. No incumbent Senators were defeated in the primary election. In November, there will be 16 Republican seats and 2 Democratic seats being contested.

In the House, of the 100 seats, four incumbents were defeated in the primary election – three Republicans and one Democrat. The biggest upset here was the defeat of the #2 leader in the House – Rep. Jonathan Shell (Rockcastle County) – who was defeated by a school teacher. There will be 59 Republican seats and 30 Democratic seats being contested in November.

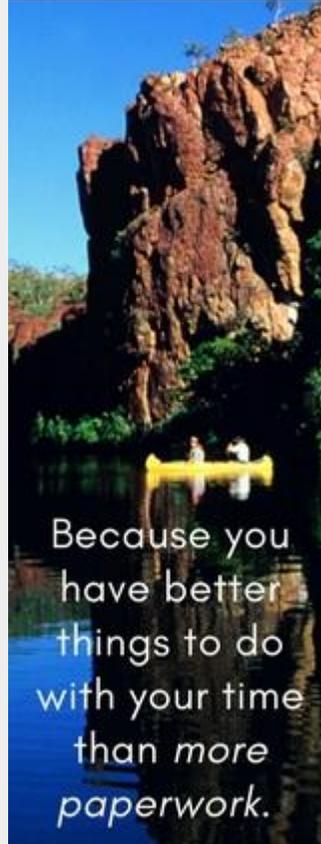
Why should we care? Because elections matter! We can see that nationally and in our own state that those in power can take the nation and the Commonwealth in directions far different from where we have been...and perhaps, far different from where we want to go!

You have an opportunity to make your voice heard through the election process! Here are some things that you can do:

Be sure you are registered to vote on November 6th. The registration deadline is October 9th.

KPA CE  
REGISTRY

JOIN  
TODAY!



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

### [Register to Vote Online](#)

- Find out who the candidates are where you live and where you work. Reach out to them and get to know them...and make sure that they know you as a citizen and as a psychologist.
- If you find an incumbent or a challenger that you like, support her/him! Donate to their campaign, offer to host a "meet and greet", walk the district, address postcards, make calls, display a yard sign, and let your family, colleagues, neighbors and others know why you are supporting this individual.
- Donate to the KPA PAC! Strengthen the power of psychology's voice in this important election cycle.
- Finally...VOTE on November 6th! As political science professor Larry Sabato described it: "Every election is determined by the people who show up." Be one of those people!

There's never been a more important time than now!



*promoting healthy and meaningful lives*

Kentucky Psychological Foundation News

**Mental Health Awareness Month**

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

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The Public Education Committee (PEC) of the Kentucky Psychological Foundation (KPF) recently completed a month long awareness campaign during May – Mental Health Awareness Month. The project involved 4 different op-ed pieces focusing on mental health issues that effect most people such as conflicts over money, dealing with summer vacation, and work stress. Many different psychologists contributed with expertise and quotes. These articles were sent to local media outlets for publication and posted on KPA and KPF social media sites throughout the month. The op-eds may also be found on KPF's website: <https://www.kentuckypsychologicalfoundation.org/educational-material>

The content of one piece follows:

Anyone who has held a job has felt the pressure of work-related stress. Any job can have stressful elements, even if people love what they do. Maintaining well-being at work is not always easy, but the Kentucky Psychological Foundation (KPF) and the American Psychological Association (APA) offer tips to manage stress at work.

Work-related stress can take many forms, whether it's pressure to meet deadlines and obligations, challenging relationships or the commute to work. But when work stress becomes chronic, it can be overwhelming and harmful to both physical and emotional health. Unfortunately, such long-term stress is all too common. In the 2016 APA annual Stress in America Survey, 58% of Americans cited work as a source of stress.

According to Dr. Courtney Keim, industrial-organizational psychologist and KPF board member, "Organizations and employees should take work stress seriously and should recognize that stress from jobs is a serious mental health issue."

It's not always possible (or desirable) to avoid tensions that occur on the job. Yet people can take steps to manage work-related stress.

**Track stressors.** Keep a journal for a week or two to identify which situations create the most stress. Record thoughts, feelings, and information about the environment, including the people and circumstances involved, the physical setting, and reactions. Taking notes can help people find patterns among stressors and reactions.

**Figure out what you can change.** Once you determine if there are any patterns to when you feel stressed at or about work, you might be able to identify areas that you can change. Perhaps you can change your immediate work environment to be less distracting or adjust your commute so that you aren't hitting the peak of rush hour. Maybe your reaction to particular stressors tends to escalate your



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distress about that stressor, but your notes suggest you might be able to generate a more balanced response instead.

**Talk to management.** Healthy employees are typically more productive, so bosses have an incentive to create a work environment that promotes employee well-being. Employees should start by having an open conversation with their supervisor. The purpose of this isn't to lay out a list of complaints, but rather to come up with an effective plan for managing the work stressors, so employees can perform at their best on the job. While some parts of the plan may be designed to help employees improve skills in areas such as time management, other elements might include identifying employer-sponsored wellness resources, such as clarifying expectations, getting necessary resources or support from colleagues, enriching the job to include more challenging or meaningful tasks, or making changes to the physical workspace to reduce strain.

**Develop healthy responses.** Instead of attempting to fight stress with fast food or alcohol, try to make healthy choices when tensions rise. Exercise is a great stress-buster. Yoga can be an excellent choice, but any form of physical activity is beneficial. Also make time for hobbies and favorite activities. Whether it's reading a novel, going to concerts, or playing games with the family, make sure to set aside time for pleasurable activities. Getting enough good-quality sleep is also important for effective stress management. Build healthy sleep habits by limiting caffeine intake late in the day and minimizing stimulating activities, such as computer and television use right before bed.

**Take time to recharge.** To avoid negative effects of chronic stress and burnout, people need time to replenish and return to pre-stress levels of functioning. This recovery process requires "switching off" from work by having periods of time when people are neither engaging in work-related activities, nor thinking about work. On non-work days, even try to step back and avoid checking work emails. The 2016 Stress in America survey found a higher self-reported stress level among employed Americans who check their work email constantly on non-workdays compared to those who don't check or check less frequently. It's critical to disconnect from time to time and not let vacation days go to waste. When possible, people should take time off to relax and unwind, so they can come back to work feeling reinvigorated and ready to do their best.

**Seek support.** Accepting help from trusted friends and family members can improve the ability to manage stress. Employers may also have stress management resources available through an employee assistance program (EAP), which might include online resources and referrals to mental health professionals, if needed. If you continue to feel overwhelmed by work stress, you

may want to talk to a psychologist. Psychologists are trained to help people better manage stress and change unhealthy behaviors.

“It is important to remember that stress is not an event, but rather a reaction to an event,” says Keim. “Changing the way you think about and cope with potentially stressful events at work, such as those mentioned above, can really make a difference.”

To learn more about emotional wellness, visit the American Psychological Association at [www.apa.org/helpcenter](http://www.apa.org/helpcenter) and follow @APAHelpCenter. Visit [www.apaexcellence.org](http://www.apaexcellence.org) to find resources to make work a healthier place to be and follow @APA\_excellence. To find out more about the Kentucky Psychological Foundation visit [www.kentuckypsychologicalfoundation.com](http://www.kentuckypsychologicalfoundation.com) and follow @KYPsychFnd.

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

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## Psychologists and Emotional Support Animals

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

Psychologists are sometimes asked to advocate for emotional support animals for their clients. APAPO’s Office of Legal and Regulatory Affairs published this article, [Airlines Update Their Policies on Emotional Support Animals](#), in the April 5 Practice Update.

Major airlines Delta and United have adopted new policies that require medical and mental health providers to sign a standardized form when requesting an emotional support animal (ESA) for their patients. Under the newly adopted policies, passengers may have a more difficult time using automated letters for ESAs acquired through websites from unscrupulous companies. The new forms require a provider to:

- Certify that the passenger has a mental or emotional disability listed in the DSM-5.

- State that he/she is providing ongoing treatment to the passenger for the disability.
- Provide license and contact information and signature.

### **What does this mean for psychologists?**

Psychologists should do a thorough analysis to help determine whether signing such a document is ethical, clinically indicated and in the best interest of the patient. The new airline policies make it clear that the passenger must disclose a disability diagnosis, which only underscores the importance of this exercise. Some important considerations include:

- Can you be objective?
- Does the patient have a legitimate diagnosis?
- Does the patient realize that this diagnosis, which he or she has the right to keep confidential, will be shared with a third party?
- Does an ESA benefit the patient, or might he/she benefit from other coping strategies to alleviate the anxiety associated with travel?
- Will your decision to sign — or not to sign — hurt the therapeutic relationship?

New restrictions may minimize abuse

There is a difference between “service animals” and “emotional support animals.” A service animal is specifically defined in the Americans with Disabilities Act (ADA) as a dog that is specifically trained to help a disabled patient cope with a particular disability. An ESA, by contrast, can be any animal that provides comfort and support to its owner through companionship. While ESAs are not defined by the ADA, they are recognized under the Fair Housing Act and the Air Carrier Access Act, and are considered a “reasonable accommodation” for a disability.

Airlines had imposed few restrictions for ESAs and did not require passengers to demonstrate that the animals were housebroken or otherwise trained. These lax policies, and the fact that ESAs are allowed to fly for free, led to abuses by some mental health providers and passengers. A cottage industry soon sprang up of providers who generate letters of support after a brief online questionnaire and payment of a fee. Passengers were all too willing to take advantage of the low cost for this service without regard or understanding that they were agreeing to be diagnosed with a disability and share this information with outside parties.

These abuses were soon apparent and prompted some airlines to revisit their practices. According to a statement by United Airlines, “...we have seen a 75 percent increase in customers bringing emotional support animals onboard and

as a result have experienced a significant increase in onboard incidents involving these animals.” ESAs have a place, but it is important for psychologists to discern when patients may truly benefit from their companionship and when they simply want to fly a pet for free.

If you have questions or concerns about providing letters of support for ESAs, contact Legal and Regulatory Affairs. A more detailed article on ESAs and ethical considerations for psychologists is available in the Winter 2018 issue of Good Practice magazine. All members of the Practice Organization receive a copy of Good Practice, which is published three times a year. Visit this website to join.

*Disclaimer: \*Legal issues are complex and highly fact-specific and state-specific. They require legal expertise that cannot be provided in this article. Moreover, APA/PO attorneys do not, and cannot, provide legal advice to our membership or state associations. The information in this article does not constitute and should not be relied upon as legal advice and should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions.*

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## ECP Spotlight

*Beth Simon, Psy.D., ECP Committee*

*This edition of the ECP Spotlight focuses on **Andri Yennari, Ph.D., HSP**, a Licensed Psychologist, Staff Psychologist at Eastern Kentucky University Counseling Center, Chair of the KPA Early Career Psychologist Committee, and recipient of the 2017 Multicultural Professional Development Award of the Kentucky Psychological Foundation. Dr. Yennari was kind enough to let us know her for the Spotlight.*

**Tell us about your path from graduate school to the job you have now?  
What made you want to become a psychologist?**



Given my inquisitive nature and natural empathy/compassion skills, I always felt that a career which could allow me to utilize those talents to be of assistance to others would be a good fit and would match my values, interests, and offer career satisfaction. Thus, I always wanted to pursue a career in the helping professions. Since the beginning of my college career, I maintained genuine interest in psychology and sought out opportunities to participate in psychology practica in various clinical settings to gain exposure in work with various clinical populations and concerns. Coming from a small Mediterranean island (Cyprus), where psychological services are both scarce and underutilized, my desire to seek out educational opportunities was intensified to eventually contribute in making a difference and helping others in improving their mental health and quality of life. Shadowing psychologists passionate about their work in advanced practica and realizing their contribution in offering hope and helping alleviate psychological suffering has inspired me to become a psychologist. Since graduate school, I have worked as a licensed psychologist in private practice in Virginia, and a Licensed Psychologist at Eastern Kentucky University Counseling Center.

**What challenges have you faced early in your career?**

The path to becoming a psychologist has been long and difficult. Since my move to the US to attend graduate school (at the time, there were no accredited graduate psychology programs in Cyprus), I had to make adjustments and face

challenges in areas that most take for granted, such as leaving my family behind, relocating, building new support systems, overcoming the language barrier, adjusting to new social and cultural norms, and dealing with loss of the familiar. I have faced discrimination both overt and covert, encountered people who did not believe in me, but also there were people along the way who believed in my potential. Regardless, I had to work extra hard, and become more independent, self-reliant, self-motivated, and resilient.

**What excites you the most in your job?**

Working with college students is refreshing because of their current developmental level. It is rewarding to assist students as they explore a career direction, support them as they gain independence, and aid their personal and academic success. Furthermore, specializing in international student populations and multicultural diversity allows me to support students coming from different cultural and ethnic backgrounds as they adjust to the university. Being a former international student and having been through the adjustment process myself, I feel I can effectively provide students with a supportive space where they can explore issues of adjustment, identity, and acculturation.

Working at a counseling center, I have the opportunity to engage in a variety of activities, such as individual therapy/personal counseling, group therapy, outreach, supervision of trainees, liaison collaborations, professional development trainings and conferences, and career personality/testing. This prevents burnout and encourages creativity and flexibility. Finally, I enjoy the opportunity to work in a team of caring clinicians and engage with other staff in a collaborative environment.

**What has been the best moment in your career as a psychologist so far?**

It is hard to pick one specific moment as I have had a lot of great and rewarding moments since entering the field. Most of the moments involve witnessing and celebrating clients' successes as a result of their hard work. If I had to choose only one, becoming licensed for the first time in Virginia in 2013 was a significant moment in a symbolic sense; that after multiple years of dedication and hard work, I became a professional psychologist.

**What do you see ahead for the field of psychology?**

I have a bright vision of the field of psychology in the future as I see the profession changing and becoming more inclusive. I see the profession growing, becoming more diverse by valuing multiculturalism and difference, and providing greater opportunities for qualified underrepresented populations and minorities to make contributions in the field. I also see telehealth and computer-assisted

therapy services continuing to expand in the field of psychology. Finally, I see the increased need for the field of psychology in responding to contemporary challenges, such as opioid abuse, suicide, and violence in schools and the workplace.

**What benefit do you most appreciate from being a KPA member? Especially as an ECP?**

I am proud to be a KPA member, especially as an ECP and this year chairing the ECP committee. KPA membership offers many benefits such as collegueship, education, career development, and where appropriate, political influence. Membership offers the ability to get to meet other psychologists in the region through different functions such as conferences and networking events, and fosters a sense of solidarity and belonging, especially for ECPs. In addition, attending workshops and conferences sponsored by KPA gives us the opportunity to be on the cutting edge with the latest research, trends and treatments in our rapidly changing field. In terms of career development, attending/presenting at conferences and being a member of KPA tells prospective employers that one is active in their career. Finally, participating in Professional organizations like KPA give members a voice so that the Board can represent and influence policies when deemed appropriate.

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## **KPA Annual Convention Planning**

*Marianne McClure, PhD, KPA Annual Convention Chair*

The 2018 KPA annual convention, entitled “**Meeting at the Intersection: Connections in Psychology**” will be held November 1st-3rd at the Marriott Griffin Gate Resort in Lexington.

Our featured diversity presenter is Dr. Wendi Williams, who is the associate dean of Academic Affairs at Bank Street College of Education. Dr. Williams’ academic interests focus on the effect of race, gender and class to intersect and shape the experiences of all human beings. Dr. James Furrow and Dr. Elizabeth Brestan-Knight will also be featured presenters.

Dr. Furrow is a recognized leader in the development and practice of Emotionally Focused Therapy and is a professor at Fuller Theological Seminary. He will be presenting on Emotionally Focused (EFT) Couples Therapy. EFT grows from an attachment model and is used for working with attachment dynamics in primarily

adult romantic relationships. The workshop will be relevant for working with diverse couples who are in committed relationships.

Dr. Brestan-Knight has conducted projects focusing on the dissemination and implementation of Parent Child Interaction Therapy (PCIT) to front-line mental health therapists throughout the United States and World. She is a professor of psychology at Auburn University, works with families at the Auburn Psychological Services Center, and has over 14 years of experience in direct provision of PCIT, training therapists, and supervising students in PCIT. Dr. Brestan-Knight will be providing a morning and afternoon session on PCIT, which is an evidence-based treatment for young children with emotional and behavioral disorders that emphasizes improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Over the course of the summer and fall, additional information will be provided about each of our featured presenters along with more details about their workshops. We also are fortunate to have a variety of local presenters (many of whom present nationally and internationally) who graciously volunteer their time and expertise to enhance our convention experience and in this and future newsletters; I plan to highlight some of these speakers.

Dr. Candice Hargons will be presenting a workshop on Sex Therapy Basics for Psychologists. Dr. Hargons' workshop is designed to introduce psychologists to sex therapy in an accessible and fun way. She will address including sex-related questions in an initial interview, managing discomfort about discussing sex-related topics, and intervening on DSM-5 sexual dysfunctions from an intersectional perspective. Dr. Hargons is an assistant professor of counseling psychology at the University of Kentucky and a licensed psychologist who specializes in sex therapy and healing racial trauma. She has presented about sex at several universities and national conferences.

The annual convention will provide three days of excellent training by a variety of local presenters and by our featured presenters. Additionally, there will be time to socialize, network, and reenergize. Be sure to mark your calendar for November 1st- 3rd and continue to read your emails and review the KPA website for updated information.

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## Ethics and Scope of Practice

*A Special Consult with the KPA Ethics Committee*

The Ethics Committee received a consult regarding the administration of the MMPI-2-RF by a non-psychologist mental health professional (LPCC) as part of a pre-bariatric surgery evaluation. The conclusion of the committee was that non-psychologist mental health providers may administer psychological tests under certain circumstances. Relevant ethical and legal guidelines which address this issue are cited below:

**APA Ethical Guidelines:**

**9.07 Assessment by Unqualified Persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

**Kentucky Revised Statutes:**

**LAWS AND REGULATIONS RELATING TO LICENSURE AS A PROFESSIONAL CLINICAL COUNSELOR**

335.525 Licensing requirements -- Fees.

(1) (c) Has received a master's, specialist, or doctoral degree in counseling or a related field from a regionally accredited institution;

(d) Has completed a minimum of sixty (60) graduate semester hours in the following:

5. Assessment, appraisal, and testing of individuals;

7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;

**Additional Information:**

Aaron Norton, Administrator of the Non Profit National Board of Forensic Evaluators, posted the following on the NBFEE website on August 15, 2016 (Please view website for more information about this organization):

"The National Board of Forensic Evaluators (NBFEE) adopts the position that appropriately trained licensed mental health counselors may administer and interpret psychological tests, a viewpoint consistent with various state licensure boards including Florida, the state the NBFEE is headquartered in, which declared that licensed mental health counselors, clinical social workers, and marriage and family therapists "may administer and interpret such tests as long as they have received the appropriate training, and thus, are qualified to perform such procedures." 1 We support the efforts of organizations such as the National Fair Access Coalition on Testing that advocate for "the protection and support of public access to professionals and organizations who have demonstrated

competence in the administration and interpretation of assessment instruments, including psychological tests.” 2”

**Committee Discussion:**

1. This is a national issue with which many state licensing boards are grappling. The Kentucky Licensing Board has sent Cease and Desist letters in the past, but ultimately, have very little control over someone else’s practice from another profession.
2. The Ethical Standards clearly state that assessors must be qualified. KRS, as well as NBFEE, states that non psychologist mental health professionals can administer psychological exams if properly trained.
3. However, the specific requirements of the training are not specified in the law. It is unclear if assessment training in other mental health professions meets the rigorous training that psychologists must undergo. It appears to be up to the other training programs to define what qualifies as sufficient training in assessment.
4. Non psychologist mental health practitioners are bound by their own ethical code and not by the APA code. If a practitioner can demonstrate appropriate training, Kentucky law permits the use of assessment instruments. Unfortunately, psychology licensing boards do not have the necessary authority to determine what accounts for appropriate training.
5. A consultation with Laurie Grimes, Ph.D., KPA’s Director of Professional Affairs, may be informative in order to learn more about how this issue is handled in Kentucky.

Upon consultation with Dr. Grimes, the committee received her helpful remarks:

While I see why this KPA member thought first of ethics, this is actually an issue determined by state statute. A few years ago KPA worked hard on tweaking the regulatory language around psych testing to protect our scope of practice - mostly due to encroachment from LPCCs. The crucial ground gained was that many tests - including the MMPI - were designated as psychological tests and therefore only practitioners licensed under our board can administer them. This is the Kentucky-specific situation. Counselors have more leeway in others states (like the Florida example your committee cited).

I would say the ethics part comes in with what the psychologist does with the information about the LPCC. The recommended action would be to make a report to KBEP about the LPCC encroaching on psychological practice. KBEP

would then send a "cease and desist" letter. There is a limit to the teeth of the action (especially since there is that ambiguous clause "or who meet the formal academic training and experience qualifications"), but nonetheless what should be done to help protect our scope.

I think this is consistent with the committee's recommendations.

**201 KAR 26:115. Definition of psychological testing.**

RELATES TO: KRS 319.010

STATUTORY AUTHORITY: KRS 319.032(1)(b)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 319.032(1)(b) requires the Board of Examiners of Psychology to promulgate administrative regulations to establish and define the scope of practice within the field of psychology. This administrative regulation establishes parameters of psychological testing.

**Section 1. Definition.** "Psychological testing" means the use of one (1) or more standardized measurement instruments, devices, or procedures including the use of computerized psychological tests, to observe or record human behavior, and which require the application of appropriate normative data for interpretation or classification and includes the use of standardized instruments for the purpose of the diagnosis and treatment of mental and emotional disorders and disabilities, the evaluation or assessment of cognitive and intellectual abilities, personality and emotional states and traits, and neuropsychological functioning.

**Section 2. Psychological Tests.** Psychological tests may include:

(1) Individual tests for the evaluation of cognitive and intellectual abilities, examples of which are:

- (a) The Wechsler series;
- (b) The Stanford-Binet; and
- (c) The Kaufman Assessment Battery for Children;

(2) Individual, objective, and projective tests of personality and emotional states and traits, examples of which are:

- (a) The Minnesota Multiphasic Personality Inventory; and
- (b) The Millon Clinical Multiaxial Inventory;
- (c) The Millon Adolescent Clinical Inventory; and
- (d) Projective techniques including:

1. The Rorschach Ink Blots;
2. Thematic Apperception Test; and
3. The Holtzman Ink Blots; and

(3) Individual tests of neuropsychological functioning, examples of which are:

- (a) The Halstead-Reitan Battery;
- (b) The Luria-Nebraska Battery;
- (c) The "Lezak or Kaplan Battery"; and
- (d) The NEPSY.

**Section 3.** Services that are described as "psychological testing" shall only be administered and interpreted by persons credentialed by this board or who meet the formal academic training and experience qualifications described above and who are otherwise exempt by statute.

(1) Persons credentialed by this board, as well as other licensed or certified professionals, may also use tests of language, education, and achievement, as well as tests of abilities, interests, and aptitudes. With the exception of the test categories and psychological tests listed in Section 2 of this administrative regulation, the use of these other tests is not exclusively within the scope of this administrative regulation.

(2) Members of other professions shall not train or supervise any person in performing psychological testing.

(3) The practice of psychology shall be construed within the meaning of the definition contained in KRS 319.010(7) without regard to if payment is received for services rendered.

(4) Services that are described as "psychological testing and treatment" shall be administered to minor children only upon the notification of and the granting of written permission by the parent or legal guardian, unless otherwise required by the courts subject to specific state or federal law. (20 Ky.R. 671; Am. 931;eff. 10-21-93; 28 Ky.R. 1455; 1799;eff. 2-7-2002; 37 Ky.R. 1511; 1976;eff. 3-4-2011.)

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## Virtual Meeting Etiquette

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

Meeting with colleagues is no longer an exclusively in-person endeavor. To accommodate busy schedules and minimize the time and expense of travel,

virtual meetings are becoming the norm. APAPO's Committee for the Advancement of Professional Practice recently posted these guidelines for virtual meeting etiquette to help make cyber meetings efficient and productive.

### **Meeting Participants**

1. Participants should be prepared. Get online early and make sure the technology is working on your device. Be ready to start on time. Set aside dedicated time. Make sure just like any other meeting you have time to "get there" and then transition back to another activity. It's tempting to fit in virtual meetings in tight time slots but it's difficult to transition back and forth.
2. If you have concerns about your technology working try to test the system and resolve the problems prior to the meeting. Consider a back-up plan should your primary technology fail.
3. Find an appropriate location where you won't be disturbed so you can focus on the meeting and avoid interruptions and distractions as best you can. Consider turning off phone and computer notifications, and telling your receptionist to hold your calls. If you are home, let your family members know what you will be doing, and ask your children and pets to be quiet and not to interrupt you.
4. Try to be in a location that will not cause distraction for others. If you're driving, a dog is barking, or children are crying in the background, it's going to be hard for you and others to concentrate on the meeting.
5. If you have technical difficulties, use the organizer's requested method to communicate with them (chat option or text/email, SMS) instead of taking time from the meeting to resolve your difficulty.
6. Use the mute option when you are not talking. Mute yourself until you plan to speak to cut down on background noise.
7. Use a headset (headphones with a microphone) or a directional microphone to help reduce background noise.
8. Introduce yourself before speaking, every time. It can be difficult for other participants to recognize your voice and this can cause confusion.
9. Consider turning on your camera. Video helps you to connect to other participants' nonverbal communication and feel more connected. If it is a larger meeting (one where all participants cannot be seen at once)

consider turning on your video when you want to speak, and off when others are speaking.

10. If you use your camera be aware of your on screen behavior and how you are dressed. Remember others can see you if you decide to eat your lunch, etc.
11. Consider using screen sharing so that everyone can view the relevant information at the same time Putting documents on the screen helps the whole group to see what you're referring to as you speak.
12. Use chat options. Chat on virtual meetings is like passing a note or whispering to your neighbor. It helps you to connect with others more informally even when you're not speaking to the whole group. Some platforms have chat features that allow you to send comments to the group or particular people without interrupting the conversation.
13. Avoid multitasking during the meeting. It's easy to become distracted with other work or diversionary activities during virtual meetings. Give the meeting your full attention (or as much of your full attention) as you would if you were there in person. Be respectful of other participants. If something outside of the meeting grabs your attention, think long and hard before sharing that in the meeting.
14. It's difficult in a virtual meeting to realize when other people would like to talk, so make sure you are giving others room to voice their opinions. Some platforms have options to raise your hand virtually when you want to speak which can help with speaking order.
15. If you have to step-out or leave the meeting or attend to something else during the meeting, tell the organizers by the means they have asked to be notified.

#### **Meeting Organizers**

1. Meeting organizers should select a software platform that will meet the need of the meeting for attendance capacity, and audio and visual functions.
2. Meeting organizer should send out directions for how to access the meeting, agendas and materials ahead of the meeting time.

3. Meeting organizers should inform participants how to ask to speak (i.e. “raise hands”) and how to contact them if they have difficulty with their connection.
4. Everyone should expect meetings to start and end on time.
5. When using a new meeting platform or adding new members, organizers should offer an opportunity for attendees to try out the platform ahead of the meeting.
6. Organizers should sign on-early (10 minutes?) so that people can connect and fix problems. This could be a time for informal social conversation.
7. Organizers should include reasonable breaks. If the virtual meeting is longer than one hour, people may need to get up and move around, use the restroom, etc. just like any other meeting. Let the group know when breaks will occur.

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

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