



March 2018

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Exciting News from KPA in March

We hope you enjoy this March 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](#).

An Update from KPA's Executive Director

Lisa Willner, Ph.D., KPA Executive Director

As part of KPA's mission to promote psychology as a science and profession, we **advocate** for our field in a variety of ways. This includes **educating the public about the value of psychology in their daily lives, spreading the word about the value of psychological research and services, bringing a psychological perspective to current issues through publicly published op eds or position papers, lifting up the accomplishments of individual psychologists, educating and standing up with members on practice issues,** and more.

At this particular time of the year, though, while the KY Legislature in session, our primary advocacy focus is in the legislative arena. Over the

9. [Psychology Training Expands in Kentucky: A Series](#)
10. [KPA-PAC](#)
11. [Responsibility for Client Care](#)
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[KPA's Executive Director in the news](#)

<http://www.marshallcountydaily.com/2018/03/02/rep-will-coursey-files-bill-to-create-safe-and-secure-schools-by-increasing-access-to-mental-health-services/>

<http://www.wkyt.com/content/news/Marshall-County-alum-now-lawmaker-files-mental-health-bill-475695333.html?ref=333>

If you have a highlight you would like to share with the KPA office please email us at kpa@kpa.org!

[KPA 2018 Legislative Priorities](#)

At the state level:

[Support state funding and legislation that increases access to behavioral health services and supports a positive climate for psychological providers.](#)

past several years, KPA's legislative advocacy has become increasingly participatory – a sign of great growth in the development of our organization.

We have established a Legislative Committee - comprised of experienced KPA leaders representing a broad range of professional background and experience - that reviews every bill filed that is related in any way to behavioral or mental health, public health, health insurance, access to treatment, and more.

We have institutionalized our annual KPA Legislative Day in the Capitol, with a larger turnout each year. Now in Year 5, our members are increasingly comfortable and skilled at having conversations with legislators that affect our practices and our work in universities, the future of the field for our students, and access to mental health services that have an impact on the people we serve.

We have increased the number of KPA members who serve as the go-to resource for their legislators on mental health issues. Legislators cannot be expected to be experts in all areas, and must rely on their constituents' expertise. With the increased advocacy engagement of our members, KPA is making great strides in positioning psychologists to be those go-to experts.

KPA has established a Political Action Committee – funded solely by [member contributions](#) - that gives psychology a collective opportunity to support candidates who value psychology, psychological research, and share KPA's values of health and well-being, care and compassion, and equity and inclusiveness across our state.

KPA members respond to **Action Alerts** in response to issues at both the federal and state levels.

Through the work of KPA's lobbyists, **KPA has increased its influence in shaping legislation** that affects our work as psychologists, the lives of those we serve, and the psychological and public health of all Kentuckians. (For one example of KPA's influence, take a look at [HB604](#), a bill related to school safety. This was filed by State Representative Will Coursey in response to the tragic and senseless school shooting in Marshall County, and was developed in consultation with KPA from conceptualization to filing.)

Association research tells us that, as a general matter, members don't initially join professional associations in for advocacy, but are more likely

Rationale/examples: Require uniform credentialing and prompt payment by Medicaid MCOs and other insurers; Support expanded services to address the Commonwealth's opioid crisis; Provide financial help to sustain CMHCs' operations as part of the state's retirement system.

Support legislation maintaining psychologists' role in licensing, regulating, and overseeing the practice of psychology.

Rationale/examples: Maintain the autonomous functioning of the KY Board of Examiners of Psychology.

Uphold public protection by opposing legislation allowing non-psychologists to deliver services which are clearly defined as the practice of psychology.

Rationale/examples: Seek revision of bill language which, if not modified, would infringe on the practice of psychology by those seeking licensure in another field.

Increase psychology's voice in decisions affecting behavioral health.

Rationale/examples: Establish a Palliative Care Interdisciplinary Advisory Council within the Cabinet for Health and Family Services with one or more psychologists on the council.

to join for networking and training opportunities. It appears that new members to KPA may fit this general trend, but we are seeing increasingly that KPA's efforts to include and engage our members in ALL types of advocacy for our field are paying off and that **we are increasing the visibility across the state of who we are, what we do, and what psychology has to offer.**

Thanks to all of our valued members who are leading the way in making KPA's advocacy efforts more visible, inclusive, and welcoming to all who wish to get involved – and a huge thank you to the many of you who are accepting the invitation to participate!

Standing with you and standing up for psychology,
Lisa

Mass Violence and the Role of Psychologists: “What Can We Do?”

Sarah Shelton, PsyD, MPH, MSCP – KPA President

“The only thing we have to fear is fear itself.” These iconic words were uttered by President Roosevelt in 1932 (the same year KPA was founded) and have resonated with Americans for decades since. However, in the recent wake of mass violence, that famous phrase may seem incongruent with reality.

When I began writing this article, it was in partial response to the shooting at Marshall County High School in Benton, Kentucky, in which eighteen students were injured and two students were killed. While this event does not technically meet the strictest definition of a mass shooting, historically defined by the Federal Bureau of Investigations (FBI) as four or more individuals killed in a single event, it is difficult to argue that the horrific events of that day would not qualify.

Indeed, broader definitions of mass killing have since been adopted, including the killing of three or more individuals (2013 US Congressional Act), or the injury but not necessarily death of four or more individuals (Gun Violence Archive). Statistics are more difficult to capture than one might imagine, due to these differences in terminology and certain exclusions that sometimes occur, such as gang activity, war, and

[Support legislation that improves health equity for historically underserved populations.](#)

Rationale/examples: Add health supports to reduce gaps in health services; Reimburse peer support specialists in both the mental health and substance use disorder arenas; Take actions to decrease social isolation in vulnerable populations which erodes health quality; Create community health workers to link Kentuckians with appropriate health care services.

[Support legislation designed to improve population health outcomes in Kentucky.](#)

Rationale/examples: Support anti-smoking measures; Fund health literacy programs across the state.

[Maintain Medicaid coverage to all Kentuckians below 138% of the federal poverty level with full benefits and without barriers.](#)

Rationale/examples: Protect coverage of the approximately 440,000 Kentuckians on the Medicaid rolls under the Medicaid Expansion, many of whom access substance abuse services.

[Support legislative priorities adopted by the KY Mental Health Coalition.](#)

Rationale/examples: Biennial budget which at a minimum maintains current funding for health and education; protects SMI individuals from the death penalty; assures

domestic violence related events. Also, "mass shootings" are a form of "mass killings" and "mass violence" but do not constitute exclusive representation of those numbers. Therefore, the definitions relied upon vary across authoritative agencies and sources which contributes to various counts cited in research and discrepancies in statistics heard or read in the news.

Yet, before I could even conclude writing this article, which stemmed from the Marshall County High School shooting, tragedy struck again at a high school in Parkland, Florida. This time seventeen lives were cut short in the attack, clearly surpassing any technical arguments between the various aforementioned definitions.

Regardless of definitions and statistical nuances, surely everyone can agree that these are recent examples in a too long and too easy to compile list of tragedies faced by our state and our nation.

Psychologists, just like others, can become bogged down (if not more so, because of our professional quest to understand human behavior) in trying to answer the seemingly impossible question, "Why?"

Psychologists, criminologists, politicians, celebrities, and everyone else in between scramble to find answers (none of which would ever be adequate or comforting). Some will focus on mental illness. Some will focus on guns. Some will focus on bullying. Some will focus on school security. Some will blame the parents. Some will engage in existential debates about forces of good and evil.

However, what little we know about perpetrators of mass violence, such as mass shooters, suggests that it is never one thing in isolation that drives the behavior. Rather, it is a set of ingredients that creates a recipe for this type of deadly acting out. This is not to say that the question of "Why," is not a valid or worthwhile one to pursue. Psychologists, specifically, are skilled at understanding human behavior and have much to contribute to the search for answers in this regard. This will likely be a very long process and wait.

However, psychologists also have skill sets that can be used now. We are experts in helping people to understand and navigate the complex array of emotions that they (like us) are likely experiencing in relation to these events. Grief, fear, and anger comprise a powerful emotional triad. Our communities, state, and country are in need of any help we can be

access to prescribed medications;
protects victim's right

At the federal level:

Require all health plans to:

Maintain Essential Health Benefits, including coverage of mental health and substance use disorder services and behavioral health treatment

Apply parity requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicaid and Medicare and to all plans in the individual, small and large group markets

Establish an array of basic insurance protections, including prohibiting pre-existing condition exclusions, annual/lifetime coverage limits, discrimination based on health status

Require guaranteed renewal of coverage, network adequacy, age and gender rating restrictions, an effective appeals processes

Extend Medicaid coverage to all Americans below 138% of the federal poverty level with maximum benefits and minimum barriers.

Support the Medicare Mental Health Access Act, H.R. 1173/S.448, which would add psychologists to Medicare's "physician" definition and remove

in assisting them with processing and managing these strong and overwhelming feelings.

As an alumna of Heath High School where a mass shooting occurred in 1997 and as a psychologist who has a practice in that community of Paducah, the Marshall County High School tragedy – just thirty minutes away - affected me, and others, personally and professionally. Individuals affected 20 years ago by the first tragedy found their wounds suddenly ripped open again with another school shooting so close in proximity.

I, along with many of you, have grappled with the question, "What can I do?" The problem seems so big, so complex, and so...scary.

We all have a role to play, if we will, in using our knowledge, skills, and professional identities to bring about healing to those suffering from these events, whether affected directly by a specific tragedy or indirectly and cumulatively by the series of similar tragedies we have recently vicariously witnessed. The role we play and how we play it is ultimately determined by us at an individual level. Some may take on an activist role in the political or legislative arena. Some may volunteer or give pro bono therapeutic services to affected communities. Some may write articles or agree to be interviewed in the media. Some may engage in research to better understand thus decrease the likelihood of future tragedies of a similar nature.

While we may feel helpless in the face of mass tragedy, there is surely one thing that each one of us, as psychologists, can do, should do, must do to offer our education, training, experience, and resulting expertise to help combat mass violence and its effects. I challenge myself and every KPA member to identify - and then do - one thing towards this goal.

There are almost 900 psychology professionals within KPA's membership. If each one of us acts, in whatever way that feels right to us, to bring about positive change in the face of these tragedies, what kind of impact can we achieve together?

DPA Update

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

physician oversight and referral requirements under Medicare that would make it easier for patients to access behavioral health services.

KPA Advocacy Benefits

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

2018 KPA Bill Watch

- [HB 12: AN ACT relating to telehealth.](#)
- [HB 69: AN ACT relating to service delivery improvements in managed care networks.](#)
- [HB 124: AN ACT relating to enhanced standards and criteria for substance use disorder treatment and recovery services and programs and declaring an emergency.](#)

Has your practice had a check-up lately?
Are your security measures up-to-date?
Have your HIPAA documents been revised?
Will your record keeping practices help lower your risk in an audit?

Times are changing and so should your business practices. Each year there are tweaks and updates that are needed to keep your business ethically sound, clinically strong, and administratively efficient. Keeping policies and procedures updated will also help psychologists stay relevant and informed as the health care industry moves towards population health, fee for service gives way to pay for performance, and integration of services and telehealth become typical service delivery models.

This Practice Checkup series is being disseminated as a podcast with three installments that you can listen to when convenient. Each episode will overview critical aspects of practice that should be reviewed and revised each year. Each section is brief - like a screener that helps practitioners scan for trouble spots - and then provides resources so that the listener can remediate deficient areas as needed. The three topics are:

1. HIPAA (17 minutes)
2. Recordkeeping and Audits (14 minutes)
3. Digital communication and planning for the future (9 minutes)

Look for these to come out soon. This is a new format for sharing information, so send me feedback at laurie@kpa.org.

National Currents

Eric Russ, Ph.D. – KPA President-Elect

It is a particularly exciting time to be a psychologist. The healthcare landscape continues to change in ways that create additional challenges and opportunities for psychologists as healthcare providers. We are also learning to more effectively communicate the value of psychological science outside of our clinical work. This current of change has been fertile ground for national conversations about what it means to be a psychologist. I'll highlight a few of these areas below.

- [HB 218: AN ACT relating to insurance coverage for autism benefits.](#)
- [HB 258: AN ACT relating to conversion therapy and declaring an emergency.](#)
- [HB 604: AN ACT relating to developing trauma-informed schools.](#)
- [SB 51: AN ACT prohibiting tobacco use on school property.](#)
- [SB 107: AN ACT relating to mental illness.](#)
- [SB 112: AN ACT relating to telehealth. \(A companion bill to HB 12\)](#)
- [SB 149: AN ACT relating to patient quality of life.](#)

2018 KPA Event Calendar

Register today!

Mar. 19, 2018- Louisville

FEATURED WORKSHOP
[Shame and Self-Loathing in the](#)

Training Issues: Especially relevant for students and early career psychologists are conversations about the course of training. The earlier timeline of the EPPP Part 1 and the addition of the EPPP Part 2 will change the flow of graduate training going forward. APA is at long last taking up the issue of Masters level psychology training. I'm happy to say that the APA CEO Dr. Evans had a productive discussion with KPA members about our work on this issue when he was here for convention. Dr. David Susman, our APA Council Representative continues to carry our voice into this national conversation. APAs Committee on Early Career Psychologists is also pushing to expand the number of states that count pre-doctoral hours for licensure, another area where Kentucky has helped lead the national conversation. Prescriptive authority for psychologists and the role of board certification remain active areas of discussion nationally that we need to keep thinking about how to engage with locally.

Integrated Care: Psychologists are increasingly partnering with physician colleagues to provide integrated care in a variety of settings from primary care to oncology. This is sometimes cast as the new model for psychology, an existential threat to independent private practice. Having worked at the VA, which has an excellent continuum of care, I see this more as an expansion of the role of psychology. We have a critical role to play in the full continuum of mental health care, from short term behavioral work on sleep problems or smoking cessation to long term psychodynamic treatment of personality disorders.

Evidence Based Practice: The recent release of clinical practice guidelines from APA (and other groups) for PTSD with a plan to release additional CPGs has brought discussions of how to define evidence-based practice to the fore. While these recommendations typically involve recommended treatment manuals, psychotherapy outcome research continues to define evidence-based care more broadly. We continue to work towards being able identify empirically based principles of change. Regardless of theoretical orientation, a key component of evidence-based treatment is using measurement based care and deliberate practice to consistently improve the services we deliver. We have an opportunity as both scientists and practitioners to move psychology toward a more integrated understanding of what works in psychotherapy.

Citizen Psychologist: I am excited about APA president Dr. Jessica Henderson Daniel's Citizen Psychologist initiative. KPA as an organization and KPA members are using our voices to advocate on the broad range of issues which psychological science gives us guidance.

[Treatment of Trauma](#)

Presented by Janina Fisher, Ph.D.

April 7, 2018 -Richmond

[KPF Spring Academic Conference](#)

Eastern Kentucky University

Apr. 24, 2018- Louisville

[KPF Diversity Conference](#)

Keynote Speaker: Tony Puente, Ph.D.

*Additional presenters include:
Candice Hargons, Ph.D., Warren E. Lambert III, Ph.D., Lali D. McCubbins, Ph.D, and Mary Beth Diener McGavran, Ph.D.*

April 27, 2018- Lexington

[Cognitive Behavior Therapy for the Treatment of Eating Disorders, 3 CE](#)

Presented by April R. Smith, Ph.D.

May 18, 2018- Louisville

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

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

June 22, 2018-Louisville

AM WORKSHOP

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

Psychologists can offer an important voice in community conversations around violence, education, social determinants of health, among many others. Not only will stronger participation in our communities broaden the impact of our work, it helps establish us as the healthcare experts we are in the eye of the public.

I am always happy to see so many KPA members engaged in these issues and am excited for the future of psychology!

A Bad Budget Proposal Looms Over Kentucky

Sheila A. Schuster, Ph.D.

The biennial budget proposed by the Governor of Kentucky and adopted by the Kentucky General Assembly is our most important policy document enacted every two years! It states the priorities of the elected officials of our state government, just as the budget that you live by in your home sets your priorities as to how your available monies will be spent and invested.

Unfortunately, the 2019-2020 budget that Governor Matt Bevin has proposed puts pensions above all other priorities...included the needs of Kentuckians. It requires an investment in pension to such a degree that nearly every other aspect of government suffers because of it. In the end, the people of Kentucky will suffer, if the Governor's budget is adopted.

The Governor has argued that the pension crisis – which came about after years of executive and legislative branch officials not making the required contributions for employees and retirees, making poorly-conceived investments and not inadequately monitoring the situation – must be fixed in this budget. With that in mind, he has instituted cuts across all aspects of government to put all available dollars into the pension system. He is also recommending that agencies known as “quasi-governmental” should make an employer contribution for each employee of 83.43% back into the retirement system! By contrast, these agencies were paying 11.6% for their employer contribution just eight years ago.

These quasi-governmental agencies make up the fabric of what we call our public safety net – those services which the government needs to be providing for the health and welfare of its people. These agencies

Presented by Scott Salathe, Ph.D. & Brigid Kleinman, Ph.D.

PM WORKSHOP

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

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

Save the Date!

Sept 21, 2018-Lexington

AM WORKSHOP

Adolescent Substance Abuse
Assessment and Treatment: Best
Practices for Better Outcomes
*Presented by Geoff Wilson, MSW,
LCSW, CADC*

PM WORKSHOP Assessing
Appropriateness for Chronic Opioids
and Risk for Abuse
*Presented by Amanda Merchant,
Ph.D., ABPP & Jonathan Cole,
Ph.D., ABPP*

Nov. 1-3, 2018- Lexington

KPA Annual Convention

include the community mental health centers (CMHCs), the public health departments, the rape crisis centers, domestic violence shelters, and the children's advocacy centers. Would you want to live in a community that did not have access to these services?

And yet, the Governor's required contribution increase of 69% for each of the agencies to make is impossible, and will likely force most of these agencies to reduce staff and programs and perhaps some to close. For the CMHCs, that increase is an additional \$29M each year...money that they do not have.

The "fix" for the pensions needs to be done more gradually, and our legislators need to come to grips that Kentucky needs more revenue! The state gives away in tax loopholes and incentives more than what it takes in on the revenue side (\$13B vs. \$11B). Closing loopholes is a great place to start. Raising the cigarette excise tax by \$1 per pack would generate \$266M/year and have the added benefit of stopping kids from starting to smoke and reducing tobacco-related health care costs. We need to urge lawmakers to significantly revise the Governor's budget, to phase in the pension fix and to take action on tax reform to generate new sources of sustainable revenue for the Commonwealth!

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Kentucky Psychological Foundation News Bringing Psychology to the Public through Media and School Relations

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

The Public Education Committee (PEC) of the Kentucky Psychological Foundation (KPF) has recently been successful in engaging with local educational institutions in educating Kentuckians about psychology.

The PEC partnered with Howell Elementary School's YMCA/21st Century After School Program to offer a free parent engagement presentation for any interested participants. The event entitled, "The Science and Practice of Happiness" consisted of an informational presentation by Dr. Christen Logue on evidence based ways to cultivate positive feelings. The discussion focused on behaviors such as acting like an optimist and practicing mindfulness as a means to increase happiness. The event was held on Wednesday, January 31, 2018 at Howell Elementary School in Erlanger, KY. It was attended by several parents of Howell Elementary students.

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.



[KPA Member Benefit Highlights](#)

Free Practice Consultations

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

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

2018 KPF Diversity Conference

Gina DeArth-Pendley, Ph.D. & KPF Diversity Committee

Create affinity and awareness, show your support for health equity, and strengthen your cultural competencies by attending the Kentucky Psychological Foundation's 2018 Diversity Conference, "**Courageous Conversations: The State of Diversity in 2018**". The Diversity Conference will be held on **April 24, 2018** at the Hilton Garden Inn in Louisville, Kentucky from 8:45 am – 4:45 pm. You can also earn up to 7 continuing education hours by attending the full-day conference.

We are honored to have Dr. Tony Puente, the current APA President, as the featured plenary speaker. Dr. Puente will provide an update on the APA ethical guidelines and standards pertaining to cultural competencies. Dr. Brandy Kelly-Pryor, Director of the University of Louisville/Louisville Metro Center for Health Equity, will give a 1-hour lunch talk where she will give an update on the state of health equity in Louisville and behavioral health issues in Kentucky.

Four afternoon sessions will provide attendees a choice of workshops to attend. Presenters at these workshops include:

- Candice Hargons, Ph.D. is an Assistant Professor in the Counseling Psychology program at the University of Kentucky. She has also developed the "Psychology Students of Color Workshop Series" at UK and will present, "Cultivating an Anti-Racist Mindset".
- Lali McCubbin, Ph.D. is an associate Professor and Director of Training in counseling psychology, is an indigenous/multiracial scholar (Native Hawaiian/Japanese/European American) at the University of Louisville and will present, "Multiracial and Multiethnic Identities: Challenges, Family Processes and Resilience"
- Mary Beth McGavran, Ph.D. is a licensed psychologist and Associate Professor of Psychology at the University of Kentucky. She serves as Associate Director of Clinical Training for the graduate training program in clinical psychology. She has been doing volunteer clinical work with people who are refugees at the Survivors of Torture Recovery Center in Louisville since 2014.

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you



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website
and make
the call

Free Ethics Consultations

Have an ethical concern or question? Request a consultation from the KPA Ethics Committee by completing the Ethics Consult form available under the Members Only section of the website. How it

She will presenting on helping people who are refugees address mental health needs.

- Warren Lambert, Ph.D. is an Assistant Professor of Counseling and Human Development at Lindsey Wilson College. In addition, Dr. Lambert has a private practice in Louisville, KY where he specializes in psychotherapy with LGBTQ* populations. His presentation is entitled, "Working with Transgender, Gender Non-conforming and Gender Non-binary Adolescents".

For information on registering, please visit www.kpa.org or click on the following link: [KPF 2018 Diversity Conference](#). I look forward to seeing you at the conference!

Spring Academic Conference!

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

KENTUCKY PSYCHOLOGICAL FOUNDATION
2018 SPRING ACADEMIC CONFERENCE:



**CELEBRATING PSYCHOLOGY
AS A SCIENCE**

APRIL 7, 2018
EASTERN KENTUCKY UNIVERSITY
RICHMOND, KY

CLICK HERE FOR ADDITIONAL INFORMATION + REGISTRATION

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!

The annual 2018 KPF Spring Academic Conference will be held on Saturday, April 7th at Eastern Kentucky University. The Conference provides a unique opportunity for graduate and undergraduate students to present their research in juried competitions, attend workshops, develop practical skills, and network with fellow students from across Kentucky.

Students are encouraged to nominate a faculty member as the Outstanding Graduate or Outstanding Undergraduate Mentor. Faculty members are invited to participate in the Conference as judges, mentors, and coaches. Undergraduate students have the opportunity to talk with graduate students about "how to get into graduate school," and graduate students may also serve as judges for the undergraduate poster competition. There will also be a Faculty/Student Luncheon that is included with your registration. The 31st Annual Psych Bowl will be a featured event, with undergraduate teams vying for the top slot as 2018 Psych Bowl Champions!

We are always in need of judges for the poster competition and psych bowl, so please sign up today!

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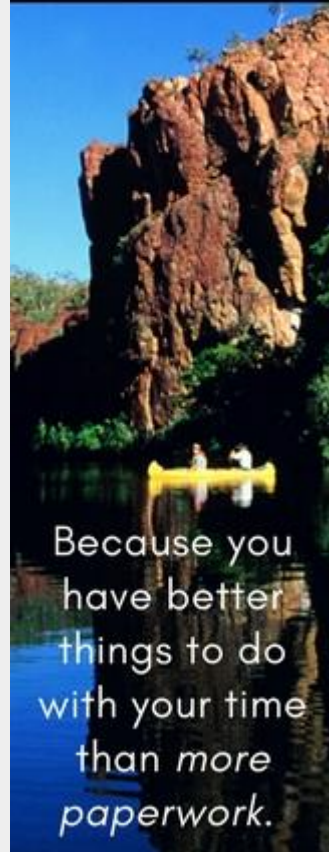
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Psychology Training Expands in Kentucky: A Series

Beth Moore - KPA Communications Committee

The Communications Committee is excited to bring you a series of articles on the expansion of Doctoral Psychology Programs in the Commonwealth. The state's three newest programs will be featured in the next three newsletters. Afterward, we will take a look at each of the established Doctoral Programs as well. The order of presentation was chosen at random.

KPA CE
REGISTRY
JOIN
TODAY!



Eastern Kentucky University



Thank you to **Dr. Dustin Wygant of Eastern Kentucky University (Dustin.Wygant@eku.edu)**. Dr. Wygant is the Program Director of the Doctor of Psychology at EKU in Richmond, Kentucky. EKU submitted the initial Self-Study in May of 2017. It was reviewed and a site visit took place on November 9 and 10, 2017. The feedback from the site visit was positive. EKU will be on the schedule for accreditation review by the APA Commission on Accreditation in spring of 2018. The doctoral program started in 2015 and was built on an existing M.S. program. Currently, EKU has 50 students across 5 cohorts. The most advanced cohort of 6 students is currently completing internships in Kentucky, Ohio, and Colorado. Those students are on schedule to graduate in December of 2018.

1.) Currently, there are 6 doctoral programs for psychology in Kentucky. That number has doubled from just 3 programs in the last 5 years. Given that future psychology graduate students have more choices now than ever before in the Commonwealth, what would you like to highlight about your university's program that is perhaps unique or sets it apart from the other programs available?

I would like to highlight that our program is focused on training clinicians

to deliver quality mental health services to rural and underserved populations in our state. As many are aware, Kentucky has a real shortage of mental health providers in rural areas of the state. We are

trying to address the need by training psychologists prepared to meet the challenges facing rural Kentuckians. Our program has several required courses in line with this focus, including a course specifically designed to cover issues facing rural populations (Rural Mental Health), additions (Psychology of Addictions), and suicide (Understanding

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Suicide). These courses, in addition to our other courses and clinical practicum, will prepare students to work with individuals from rural part of the state.

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

I love that my position at the DCT allows me to get to know each student in our program very well. I feel that I play an important role in the development and transition of our students from graduate students to professional psychologists. I teach every student in the program (Psychopathology, Personality Assessment, Forensic Psychology) and serve on many committees with students. I also love working with my colleagues in the department to prepare our students for future positions as psychologists. I couldn't ask for a more dedicated team of professions committed to the development and growth of our students.


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

There is increasing overlap between psychology and related mental health fields. I think its important for our field to look at what separates us from these other fields. We need to play to our strengths and be prepared to engage in the activities that set us apart from these other professions (e.g., clinical assessment/testing, supervision, research). Psychologists need to be increasingly aware of the changes to the behavioral healthcare landscape, particularly with respect to managed care.

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


I think its important for students to know that the field of psychology is changing. Students considering this field should have a realistic understanding of what they will be doing in light of these changes. I think there are great opportunities for psychologists to have a lot of impact in the field of behavioral healthcare, but students must be prepared to know the role that they will play as psychologists. As indicated in the previous response, students should be prepared to play to our strengths as a unique field.

5.) Is there anything else that you would like for potential doctoral students to know about your university or program that may be



Psychology License Defense
& Mental Health Law

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Mark R. Brengelman
Attorney at Law PLLC

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important to them in making their decision about if and where to begin their doctoral studies?

We accept students to begin in the next fall cohort. Our applications are due January 15 and require a personal statement, CV, 3 letters of recommendation, transcripts, and GRE scores. If any potential student has a question, feel free to contact either myself as the DCT (Dustin.wygant@eku.edu) or our Director of Admissions, Dr. Theresa Botts (Theresa.botts@eku.edu). Detailed information about our program can be found at <http://ekupsyd.eku.edu/>



Joseph Edwards, Psy.D. - Co-Chair of KPA-PAC

Why must political giving matter to psychologists?

The Commonwealth of Kentucky is now preparing for another round of political campaigns. This year all 100 seats in the House of Representatives and 19 of 38 seats in the Senate are up for election in 2018. This means that political action committees (PACs), representing a variety of healthcare professions (medicine, dentistry, nursing, optometry, etc.) and those in the healthcare industry, will be out advocating for their members. During the last election in 2016, KPA-PAC had just re-formed but was able to quickly rally making bipartisan contributions to legislators who had demonstrated their commitment to psychology, psychologists, and to mental health issues we value. Compared with other PACs in Kentucky, our PAC ranked 7th out of 24 healthcare PACs in 2016. While not a bad start, it is the just beginning. WE must work hard in 2018 to become a STRONG voice in Frankfort!

Why contribute to the KPA-PAC?

Kentucky psychologists are directly impacted by laws developed and by funding allocated by our elected officials. The financial support provided by KPA-PAC helps to elect more candidates supportive of our values and agenda. Our PAC contributes to candidates and incumbents who believe in access to psychological services for everyone in Kentucky. Campaigns are expensive and PAC contributions assist candidates in their election or re-election efforts, keeping legislators friendly to mental health issues in office.

What are the top reasons to give?

- Ensure mental health issues and psychology are valued as legislators decide what to fund, at what level to fund, and what is cut from the budget
- Some healthcare profession(s) will be **heard** by legislators, will it be PSYCHOLOGY?
- How can WE, as a profession, NOT be marginalized? A few key issues that have, or could, arise in our Commonwealth: to ensure our input is heard when proposed funding cuts threaten access to behavioral health services and understand the impact that could have, to ensure that our licensing law remains strong in protecting consumers and psychologists, to ensure that funding of mental health services is available to all, especially in underserved areas and populations. etc. (For more info on 2018 KPA Legislative Priorities see the PAC website listed below). To not be marinated we need to back up our words with contributions to state leaders who support our values!
- We need **YOUR help, as together, especially in large numbers, we can make a difference!**

How to Contribute?

Either by personal check or personal credit card - For details on mailing a check or submitting an online contribution please go to <https://www.kpapac.org>

Responsibility for Client Care

A Special Consult with the KPA Ethics Committee

The Ethics Committee received a consult regarding the ethical principles concerning a supervisee who was dismissed from a practicum site and the transition of care for the supervisee's clients. The supervisee felt it necessary to file a hostile work environment claim against a practicum site supervisor, who then subsequently terminated the student supervisee's employment with the agency and did not allow the student supervisee to meet with clients to provide transition of care services. The university course instructor was also providing clinical supervision for the supervisee's cases since the agency did not have a licensed psychologist. The instructor had concerns about the agency not allowing the student supervisee to appropriately terminate with the clients and also his/her own ethical obligations to make sure they were consistent with ethical guidelines. The committee identified relevant ethical principles to be considered in the practitioner's decision making.

Ethical Standards 10.09, 3.12, and 10.10 have to do with the interruption and termination of therapy. Standards 10.09 and 3.12 call for "reasonable efforts" in providing for the appropriate resolution of responsibility for client care when employment ends, with "paramount consideration" for the welfare of the client. The course instructor was in the process of making those "reasonable efforts." If, despite these efforts, an ethical violation occurred that put the welfare of a client at risk, then the following standards would apply: 1.02, 1.03, 1.04, and 1.05. If efforts at informal resolution failed, and the harm to the client was substantial, then filing a report to the appropriate licensing board could be in order.

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard **3.12, Interruption of Psychological Services.**)

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological

services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations. (See also [Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.](#))

According to Celia Fisher's *Decoding the Ethics Code*-4th edition, (p.166), "the phrase reasonable efforts reflects awareness that some events are unpredictable and even the best-laid plans may not be adequate when services are interrupted. The unless otherwise covered by contract recognizes that there may be some instances when psychologists are prohibited by contract with a commercial or health care organization from following through on plans to facilitate services." It would be helpful to review contracts with practicum sites for any stipulations regarding follow-up care for clients in the event that a student becomes unable to complete his/her practicum.

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) *Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.*

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also **Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.**)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under **Standard 1.04, Informal Resolution of Ethical Violations**, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also **Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.**)

In addition, the instructor was appropriately concerned about his/her own ethical obligations to "make sure they are consistent with the ethical guidelines." The following standards fall under the Human Relations section of the code, and as a university course instructor who is a psychologist who is also serving as the clinical supervisor at the site, this

likely involves multiple relationship issues, which can potentially compromise client care and outcomes. While not inherently unethical, multiple relationships are the responsibility of the psychologist to demonstrate that beneficence is maintained.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also [Standards 3.04, Avoiding Harm](#), and [3.07, Third-Party Requests for Services](#).)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also [Standard 4.05, Disclosures](#).)

KPA Annual Convention Planning

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

The 2018 KPA annual convention will be held November 1-3 at the Marriott Griffin Gate Resort in Lexington. The convention committee is hard at work planning a convention that we hope will you will find exciting, educational and enjoyable. If you have been thinking about a workshop that you might like to present, please feel free to submit a proposal via the link on the KPA website. The committee would be delighted to consider your proposal for inclusion at this year's convention. The working title for this year's convention is Meeting in the Middle: Intersections in Psychology. We look forward to seeing you in November for the 2018 Annual Convention.

Check out our [eNewsletter Archives](#) for past issues

Have an Idea or Contribution for the KPA e-newsletter?

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