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Exciting News from KPA in November

We hope you enjoy this October 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.

Update from KPA Executive Director
Lisa Willner, Ph.D., KPA Executive Director

Lots of changes here in the KPA-KPF Central Office!

As you've no doubt heard or read by now, we have recently moved from rented offices on Sears Avenue in Louisville - our home base for the past three decades! - to a newly constructed office condo just down the road. After years of facility "issues," it's wonderful to be in a brand new building, and to have space that is much more welcoming, open, and accessible. The office space provides a comfortable conference room for KPA committee meetings, and a layout that is much better suited to the day-to-day activities of the staff. Finally, we are hopeful that the new building will provide long-term financial security for KPA as we have the opportunity to build equity by owning our own office. I want to express my gratitude to KPA's leadership for supporting the move. Special thanks to KPA President Elect Eric Russ, Ph.D. for heading up the KPA-KPF Capital Campaign in order to secure our future in this beautiful new workspace, the capital campaign committee members, and the many KPA members who have already contributed or pledged to the capital...
8. Psychology in the Workplace Network

9. Psychologists Participate in City Wide Suicide Prevention Effort

10. Psychology Training Expands in Kentucky: A Series

11. Greetings from the Kentucky Psychological Association’s Political Action Committee!

12. Hot Topics in Ethics in the World of Psychology

campaign. Thank you for investing in the future of organized psychology in Kentucky!

Shortly after our move, our staff was shocked and saddened to learn of the sudden death of our longtime landlord, Chef Dean Corbett. KPA had a very positive relationship with Chef Dean over the years and, like so many in the Louisville community, we will miss him. We send our condolences to his family. (Read more about the advocacy and professional generosity of Chef Dean [here](#).) While there were already multiple reasons for us to move, the uncertainty of our old building’s future is just one more reason to be thankful that we were able to move when we did.

In addition to the physical move, we also have some moving parts within the KPA Central Office staff. Joy Kaplan, our operations manager for the past three and a half years, will be leaving KPA, making her transition out over the next month or so. Joy has been a very dedicated and responsible staff member, and we will continue to benefit from many of the operational changes she has instituted. She will be with us throughout convention, and will remain available to us for consultation as needed. Every time we have a transition in staffing, our goal is to make the experience as seamless as possible for our members, so that you experience no disruption in responsiveness or services. As Joy departs, I'm happy to report that our very capable and talented KPA team members Sarah Burress and Samm Collins will both assume some new responsibilities currently under Joy's direction. We are feeling very excited by a new addition to our KPA Central Office team, William Summay who came on board just last week as our new administrative assistant. Many of you had an opportunity to tell Joy goodbye, re-connect with Samm and Sarah, and meet William at our Annual Convention. One of the things our staff likes best about Convention is the opportunity to connect face-to-face with our members, so thank you for taking a moment to visit with us!

Ending on a personal note, I want to thank KPA's leadership, members, and staff for your tremendous support throughout my campaign for State Representative. The campaign journey, going on for nearly a year now, has been a challenging experience physically, mentally, emotionally, and professionally. I have always perceived Kentucky's psychological community to be supportive of one another, and committed to nurturing each other's personal growth. Throughout my campaign, I have experienced that support and commitment from you time and again, and in multiple ways. Whatever the outcome on November 6th, I cannot thank you enough for being with me on this path.
The Impact of Psychology In Primary Care: Success Stories of Integration

Sarah Shelton, Psy.D., MPH, MSCP
KPA President, Clinical Coordinator Integrated Behavioral Health Scholars Program

Truman Harris, MS, 4th Yr Psy.D. IBHSP Trainee
Kayla Nichelson, MS, 4th Yr Psy.D. IBHSP Trainee

The Integration of Psychology into Primary Care is perhaps one of the most significant shifts in the practice of psychology and medicine. While still considered innovative and cutting-edge as opposed to the standard norm, integration of Psychologists into Primary Care clinics has already established itself as an effective, efficient, and economical way to bring behavioral health care to populations who may not otherwise have access due to factors including stigma, financial limitations, lack of resources, and other barriers.

Last year, Steve Katsikas, Ph.D., of Spalding University's School of Professional Psychology, received a HRSA grant that funds Spalding's Integrated Behavioral Health Scholars Program. This program is designed to bring needed behavioral health services to impoverished and disenfranchised minority communities in urban Louisville while simultaneously equipping Psychology doctoral trainees with experience and skills in the delivery of Integrated Behavioral Health Interventions.

Integrated Primary Care Psychology is a unique skill set that is quite different than traditional assessment and psychotherapy, although it certainly draws from standard psychological principles. A Psychologist integrated into Primary Care functions as a Behavioral Health Consultant (BHC) and typically provides 15-30 minute interventions. This is often mistaken for a “mini therapy session,” but it is actually something qualitatively different. A truly integrated Primary Care Psychologist sees all of the patients receiving services not simply those reporting mental health symptoms. In this vein, the approach is wellness-focused vs. pathology focused. The parallel to this role is that of a primary care physician whom...
one would see more often when sick but also see when well for “check-ups.”

Because Integrated Primary Care Psychology is so different from what the majority of healthcare providers, patients, and even psychologists conceptualize psychological intervention to be, BHCs are often asked the following question. “What can you really do for someone in just 15-30 minutes?” While the IBHSP trainees admit asking themselves this same question initially, half-way through their year of training, their answer now is a resounding, “Plenty!”

The five Spalding IBHSP trainees are placed at three different primary care sites in Louisville. In this article, two of the IBHSP trainees placed at a primary care site in West Louisville share success stories of integrated care from their personal experiences.

Story 1: Truman Harris – Shawnee Christian Healthcare Center

“What Does a Swollen Foot Have To Do With Trauma?”

Jung defined synchronicity as a set of seemingly unrelated variables converging into a meaningful event. In my short time as a behavioral health consultant (BHC) at the Shawnee Christian Healthcare Center, I have observed something related to this many times. Integrated Primary Care conceptualizes a person holistically. It takes into account the effects of environment and biology, and how the weight of both of those concepts can either lead to dysregulation, or how they can both be adaptively utilized to prevent the advance of pathology. However, sometimes professionals adept at treating either aspect of a fully functioning human being can succumb to error, and miss a vital variable in an incredibly expansive clinical picture. That was the case in one of my more memorable experiences as a BHC.

It was a busy day at the clinic, which is the norm rather than the exception. I saw a patient on the schedule who was presenting with a swollen foot. So, I thought that it would be a quick and uneventful check-in. After all, what does a swollen foot have to do with psychology, right? She was being seen to adjust her blood pressure medication, which was reasonably believed to be linked with her swollen foot from a purely medical perspective. However, my clinical training in psychology led me to ask a few medically untraditional questions during my consult with her. Recognizing that stress is also associated with hypertension, I asked some simple questions about life stressors. All of a sudden, the pieces began to fit together in a slightly different way. My patient was struggling to
KPA Member & Diversity Intersection Representative, Shamba Mulder, Ph.D., is seeking to serve all kids on the Fayette County Public School (FCPS) Board. Click here to read more...

KPA's Member Highlights

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

cope with the immense pain of losing both of her grandsons in a short time span - one to illness and the other to community violence. Upon further assessment, she actually met the criteria for PTSD. No one would have known, if myself as the BHC had not pursued additional possibilities to explain her elevated blood pressure. The point of this story is to emphasize that even in a structured environment, such as a healthcare clinic, seemingly unrelated events can converge into something meaningful, and sometimes someone’s overall health can depend upon asking the right questions that may seem somewhat “out of the box” in the context of their identified medical problem.

Story 2 – Kayla Nichelson – Shawnee Christian Healthcare Center

“The Invisible Triangle: Asthma, Insomnia, and Depression”

“Jasmine,” a thirty-six-year-old African-American woman presented at the clinic for high blood pressure. After obtaining initial vitals, I was up next as part of the healthcare team to complete the Behavioral Health Consult. Jasmine’s chart indicated a history of insomnia and depression. So, I decided to begin the visit by briefly assessing current symptoms as they related to her health. I stepped into the exam room and introduced myself and my role as the BHC. Several minutes into our conversation, it became clear that Jasmine was unknowingly mismanaging her asthma, and this was negatively affecting both her sleep and mood. This, in turn, was also likely exacerbating the negative impact of her asthma on her physical functioning. After the discovery of the active symptoms of depression and insomnia along with the unintentional adherence issues Jasmine was having with her asthma self-care, the primary care physician and I had a huddle. After a productive conversation that synthesized the patient’s experience and concerns as well as our clinical perspectives drawn from our respective expertise areas, we were able to determine a care plan moving forward to address all three components of the issue and achieve better clinical outcomes for this patient across all three domains.

These stories are just two of dozens that could be shared illustrating the benefits of integrating Psychology into Primary Care. Future articles will share more of these success stories experienced by the other Spalding University IBHSP trainees at their assigned primary care sites in metropolitan Louisville.

Check out APA Practice Organization's latest Practice Update! Excellent story on our own Executive Director, Lisa...
Willner’s run for the Kentucky House...

Dixie Moore Ph.D., semi-retired Lexington psychologist, was the leading volunteer advocate in the KY Legislature for 3 years working for a safer passing law for bicycles. Dr. Moore contacted numerous groups statewide, asking their members and interested individuals to contact their legislators. In 2018, HB 33 sponsored by Rep. Jerry Miller, Louisville, was finally passed. The law says that vehicles should give 3 feet of clearance when passing a bicycle and makes allowances for crossing a yellow line to pass a bicycle. Remember the motto: Slow Down, Go Around!

Photo - Left-Right: Rep. Jerry Miller, HB 33 sponsor; Dr. Dixie Moore; and William Gorton, Chair of the KY Bike and Bikeway Commission

New Testing Codes Countdown
Laurie Grimes, Ph.D. – Director of Professional Affairs

Two months and counting. That’s how long we have to prepare for the new psychological and neuropsychological testing codes and procedures. Out with 96101, 96102, 96118, and 96119 on December 31, 2018, and in with a new coding family on January 1, 2019. These changes were prompted by concerns by CMS (Center for Medicare Services) that they were paying twice for testing services. There was confusion about work done by psychologists vs. technicians, billing across multiple days, coding feedback sessions, and other ill-defined aspects of the current coding set. Cuts in reimbursement rates of up to 45% were proposed, but thanks to intensive advocacy efforts, the new coding system – which is consistent with the coding systems of other medical specialties – actually have a modest pay increase for some testing services.

The core priority is to distinguish the unique, professional work based in clinical decision-making of a psychologist from the data-gathering, administrative work of a technician, and to preserve those differences for psychologists who do all their own testing work (i.e., without the use of technicians). The new system is based in two types of codes - base and add on – for three types of work (pre-service work, intra-service work, and post-service work). The documentation process will vary by the type of work that goes into psychological and neuropsychological testing.

Information is still trickling out. To get the most up-to-date information access the following APA resources:

- August 23 issue of APAGO’s Practice Update, Up To Code: Understanding the New Testing Codes
- October 4 issue of APAGO’s Practice Update, Up to Code: Testing Code Changes are Here
- December 5 APA’s free webinar on the final rule and implementation of the new testing codes
- Soon to be revised: Reimbursement tab on APAGO’s website to include updated Testing Codes and a crosswalk with codes and units and talking points for psychologists to take to compliance officers/billing & contract staff.
- 2019: Tear-out sheet in Good Practice magazine with old versus new testing code information and additional webinars and other training materials on implementing the new codes as needed.
Price Sharing vs. Price fixing: How Antitrust and Licensure Laws Apply to Psychologists

Mark R. Brengelman, JD, MA

A newly licensed psychologist sets out to start his own private practice. Being new in the area, the psychologist does not know how much practitioners typically charge in order to operate and to keep their business going. The young psychologist asks a mentor, but is concerned the information might not be the norm in the area. So, simply wanting to be competitive, the new psychologist posts his question on a professional forum and consults the psychology laws from the Board of Examiners of Psychology, which contain no meaningful guidance on individual pricing.

The psychologist believes he has a good idea for a competitive pricing structure. Having this new-found confidence, the psychologist takes this pricing question one step further and decides to make an agreement with others on the forum to charge uniform minimum prices for many common services. Furthermore, in order not to price oneself out of the market, the psychologist suggests everyone adhere to a maximum pricing scheme as well. The communications and agreement come to the attention of the Federal Trade Commission, which decides to investigate if this behavior classifies as an antitrust practice and thus unlawful conduct under federal law.

Antitrust is the act of agreeing with others, in the same or similar field of business, on a pricing scheme, like a minimum amount to charge for services. Antitrust law ensures free trade and competition in respective markets in a capitalist economy. See Antitrust Law, Bouvier’s Law Dictionary; The Wolters Kluwer Bouvier Law Dictionary, Desk Edition 2012. The goal is to prevent a monopoly power among otherwise separate business entities, which can also be classified as anti-competitive behavior. Id.

Antitrust laws view actions as to whether they create an unreasonable restraint of trade. As with many areas of the law, this is not necessarily a well-defined examination, and will be viewed with the perspective of the totality of the circumstances. So, if certain business actions do not unreasonably restrict trade when looking at all that is involved in the situation, there is no violation of antitrust laws.
To determine what is prohibited activity, one must evaluate applicable statutes and administrative regulations of the Kentucky Board of Examiners of Psychology. KRS 319.082 and 201 KAR 26:145 give some guidance for pricing psychological services. KRS 319.082 prohibits the “gross overcharging” for professional services, but without defining what that specifically means or what actual dollar amounts might violate this law. The administrative regulation requires the “disclosure of cost of services” and requires the credential holder to not misrepresent affiliations. See 201 KAR 26:145 §§ 9 and 10. The “fee arrangement” is one of the mandatory record-keeping requirements psychologists must comply with. See 201 KAR 26:145 § 5(6)(a)(2).

To give a real example of what actions are prohibited, the Supreme Court of the United States addressed antitrust actions of attorneys in Goldfarb v. Va. State Bar, 421 U.S. 773 (1975). In that case, a group of Virginia lawyers followed a pricing scheme provided by the state bar association. The state bar association backed up this pricing scheme suggesting that disciplinary action may be sought if anyone deviated from the prices, specifically, for charging too much. This challenge to lawyer pricing arose when a homeowner could not find an attorney who provided services under the recommended pricing scheme; the homeowner sued and won.

The Supreme Court held in Goldfarb that since there was a threat of disciplinary action against those who did not follow the pricing scheme (whether by charging too much or even by charging too little), there was, in fact, a pricing floor implemented that no attorney could charge less. This action violated the antitrust laws because it affected competition in the market when the lawyers were under a fixed pricing scheme, the violation of which subjected them to licensure disciplinary action.

To summarize what activity is clearly permissible, a pricing list for professional services shared between friends, mentors, and others in the profession is not an antitrust violation. The violation only comes when there is an agreement, or concerted action suggesting agreement, to enforce a pricing scheme that would affect competition and potentially monopolize the area of affected business.

In the example given with the new psychologist, he was legally able to do all the actions described before he asked his colleagues for an agreement to adhere to and to enforce specified pricing. He was even able to ask his state and national association for feedback on competitive and reasonable pricing. The psychologist and these organizations would be in violation of the antitrust laws only if they tried to enforce a pricing scheme as a
requirement, or if psychologists in his local area banded together in agreement to adhere to fixed pricing. While health insurance companies will use their volume pricing to leverage reimbursement rates to psychologists who contract with them, psychologists may otherwise set fees for private pay clients for what the market will bear.

Mark R. Brengelman, JD, MA, practices health care law in Frankfort where he is the Chair of the Health Law Section of the Kentucky Bar Association. He has successfully represented psychologists in Kentucky and out-of-state as well as other licensed health care professionals.

His e-mail is Mark@MarkRBrengelmanPLLC.attorney.

**Everything You Need to Know to Vote on November 6th**

*Sheila Schuster, Ph.D. - KPA Policy Consultant*

NOW is the time for psychologists to get active on the election side of the political arena! Nothing could be more important than playing a role in deciding who the legislators will be in 2019 and 2020! They will be making decisions that affect the psychological community.

In the Kentucky General Assembly, 89 of 100 House seats are on the ballot, and 18 of 38 Senate seats will be on the ballot. These are critical elections to determine who YOUR Representative and Senator will be in the upcoming Kentucky General Assembly sessions. Talk to the candidates and vote for those who will support your issues. The voices – and votes – of all of us in the psychological community – our colleagues, families, clients, and students – can make a BIG difference.

**Voter Resources**

Not sure where you vote or who you’ll be voting for? Click below:

- [Read a sample ballot for your county](#)
- [Find your voting location](#)
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

**Awaiting Governor selection**

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

YMCA in Burlington, KY. Dr. Logue and her students shared information about low cost/easily accessible mental health services in the local community and dispersed free information related to psychological topics.

Dr. Tammy Hatfield (KPF Board Member) was one of many Kentucky psychologists who participated in Bold Moves Against Suicide - a large scale effort to train participants in Question, Persuade, Refer (QPR) and build awareness around suicide prevention.

Finally, Dr. Chrissy Logue provided the following op-ed. It was posted on the KPA/KPF social media outlets and is available on the KPF website: https://www.kentuckypsychologicalfoundation.org/educational-material

**It's Never Too Late or Too Early to Start Planning for Retirement: Kentucky Psychologists Offer Tips to Save for Retirement**

It is never too late, or too early, to start planning for retirement. Many people underestimate how much they can or should be saving, and often postpone putting aside money for retirement because it seems far into the future. Beliefs and attitudes about money are often developed early in life and struggling with financial avoidance or denial can lead to stress and unhealthy behaviors. But money matters are too important to ignore.

The American Psychological Association's (APA) most recent Stress in AmericaTM survey found that 62 percent of Americans reported money as a very or somewhat significant source of stress. Workers can overcome this fear by thinking about what they're saving for, and determining ahead of time how much they will need for living expenses during retirement.

Many Kentuckians, in particular, have felt the pressure recently as pension systems have been significantly reduced or even abolished. Kentucky psychologist, Dr. Christen Logue, suggests, “Get ahead of the game. Don’t rely on your employer or the state to provide for you in retirement. Giving away that control and responsibility may be tempting in the short term, but often leads to stress and strain in the long term.”

Kentucky psychologists offer tips to better save for retirement:

**Make saving a priority.** If you receive a regular pay check set aside some amount of money for retirement as well as for unexpected expenses like car repairs or health emergencies. It doesn’t have to be a large amount, it just needs to be something. Even starting with $5 per week towards each...
fund can help build a habit of saving. Over time you can increase the amount according to your income.

**Identify financial stressors and make a plan.** Take stock of your financial situation and what causes you to stress over money. Write down specific ways to reduce expenses and save more. Then commit to a specific plan and review it regularly. Although this can be anxiety-provoking in the short term, putting things down on paper and committing to a plan can reduce stress in the long run. For example, if you pack your lunch four days a week, you could save $40 per week. That’s more than $2000 per year extra that can go into savings. Also, the one day you eat out each week might feel more like a treat.

**Make it easy on yourself.** Use automated systems as much as possible. Arrange to have a portion of your paycheck automatically deposited into your savings or retirement account. It’s a lot easier to save when you don’t have to think about it. You can set up automatic transfers into your savings account when you get paid or on a predetermined day of the week or month at most banks.

**Take advantage of employer contribution match.** Many companies offer to match retirement contributions up to a certain percentage of an employee’s salary. By taking advantage of this benefit, you can double your retirement investment. If you don’t, you’re effectively turning down free money.

**Stay motivated.** It can be hard to save money because there is not always an immediate reinforcement. You may not see a reward for your saving for some time, but it’s important to remind yourself what you are saving for. It might be that you incorporate small rewards, such as taking yourself out to lunch if you’ve met a monthly saving goal or allowing yourself to spend a little extra at the store. This does not have to be extravagant, but something small to help you stay motivated.

**Talk to an expert.** Just like people schedule an annual checkup with their doctor or meeting with their accountant, make an appointment with a financial planner to talk about your savings goals. Financial planners can help you devise a savings plan. If you are overwhelmed by stress, talk to a psychologist who can help address the emotions behind financial worries.

“Just like with everything else, creating a plan and sticking to it may seem tedious at the outset, but usually leads to less stress and a better pay off down the road,” says Dr. Logue.
As you are faced (inundated may be more apt these days...sigh) with situations in the public discourse, have you ever said to yourself or your colleagues, “Wonder what KPA is doing about that?” or think that your particular background and expertise could make a useful contribution? Please take advantage of the interface under the ADVOCACY tab above to submit issues of interest to you to the newly formed:

Public Issue
Response Committee
(PIRC)

KPA Advocacy Benefits

Remember that KPA’s advocacy efforts are supported by your membership in KPA. KPA’s advocacy benefits all psychology professionals, not just those who

Current members of this busy committee include: Sarah Flynn, 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

Update from the KPF Diversity Committee

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

The KPF Diversity Committee is happy to share updates from the 2017 recipients of the Multicultural Professional Development Awards. Dr. Andri Yennari, who was awarded the Professional award, reported that funds were used to support the series of five educational seminars on crosscultural adjustment that benefited 156 international students and some faculty and staff. Jessica Flores, the recipient of the student award was able to cover a portion of the cost for the University of Kentucky’s Shoulder to Shoulder Global Brigade (STSG) to Ecuador. Ms. Flores stated that the award provided her with the unique opportunity to serve an underserved, Spanish-speaking population in Ecuador within a clinical context and to work in a multidisciplinary team that included other students, doctors, nurses, community liaisons, and health providers.

Congratulations to our 2017 award recipients! Diversity Committee members are busy reviewing applications for the 2018 Multicultural Professional Development Awards, which will be presented at the 2018 KPA Annual Convention.

Psychology in the Workplace Network

Courtney Keim, Ph.D.

The Psychology in the Workplace Network (PWN) for the Kentucky Psychological Foundation will be presenting about Psychologically Healthy Workplaces at the 2018 Kentucky Nurses Association Annual Conference. The PWN promotes psychological wellness for workers by educating the public on the research and best practices of organizational wellness and how organizations might improve their workplaces.

Members of the PWN will give a presentation on psychologically healthy workplace and its key components, including employee involvement in
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 Benefits

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 HIPAA, third party reimbursement, and state decision making, work-life balance for all employees, employee growth and development opportunities, a focus on physical and mental health and employee safety, and formal and informal recognition of employees’ good work.

The presentation will also speak to the specific issues on implementing psychologically healthy workplaces in healthcare settings and speak to the extensive burnout and emotional exhaustion experienced by healthcare workers.

Finally, the PWN committee members will showcase a recent winner of APA’s Psychologically Healthy Workplace Awards from the healthcare industry and discuss successful implementation of these healthy programs and practices.

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In August, members of the KPF PWN conducted an organizational site visit of Indiana Health Group. The site visit was part of an assessment for the American Psychological Association’s “Psychologically Healthy Workplace Honors”. The Honors replace the previous state-level awards and serve as the precursor to APA’s national award winners.

Indiana Health Group (IHG), a premier behavioral healthcare provider located in Indianapolis with over 50 mental health providers, places an emphasis on employee autonomy and provides a family-like work atmosphere. Part of the site visit included lunch at the newly renovated employee break room called, “The Diner”, a place where all employees gather to greet each other, seek advice, or decompress during their workday. (picture below)
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!

The PWN committee members met with employees at all levels of the organization and completed a thorough analysis of the organization, which was provided to APA as part of the assessment of the program. In September, APA announced that Indiana Health Group received the distinction of a “Psychologically Healthy Workplace Honors.”

Psychologists Participate in City Wide Suicide Prevention Effort

David Hanna, Ph.D.

Several KPA members, including Dr. Tammy Hatfield, Dr. Joseph Bargione, and Dr. David Hanna, participated in the Louisville Health Advisory Board’s (LHAB) city-wide effort to raise awareness about suicide and train hundreds of individuals in QPR, an evidence-based suicide prevention intervention. During the week of September 9 – 15, 2018, over 2200 people were trained in the Question, Persuade, and Refer, i.e. QPR, intervention.

QPR trainings were held in a wide range of community locations including several businesses who set aside time for their employees to be trained. Typically, 15-30 people attended each hour and a half training which helps participants to recognize the warning signs of suicide risk, engage with at-risk persons, and raise the question of suicidal thinking or plans.
Free Ethics Consultation

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

Participants also learn skills in persuading people to accept referrals for help and receive information on resources for intervention.

Coinciding with World Suicide Prevention Day on September 10, the week of free training was designed to give community members the skills to effectively intervene when having contact with an at-risk person. Dr. Bargione and Dr. Hanna made media appearances in the days leading up to the trainings to raise community awareness. They discussed factors contributing to suicide, stressing that people find hope in caring outreach by others in their lives. Dr. Hanna and Dr. Hatfield, along with many other volunteers, conducted multiple community QPR trainings. Attendees included professionals, workers with extensive public contact, and concerned family members.

The LHAB began focusing on suicide prevention two years ago after the LHAB’s Behavioral Health Subcommittee learned that Louisville ranked 11th among similar peer cities for suicide. The LHAB is a cross-sector group of community organizations and leaders working to improve physical, mental and social well-being where residents of Kentuckiana live, work, worship, learn and play. The Behavioral Health committee is a part of this board, and its mission is to design and implement a community-wide, evidence-based and data-drive program to eliminate suicides in Louisville.

Psychology Training Expands in Kentucky: A Series

Rachel Buehner, Ph.D., KPA Communications Committee

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

University of Louisville Counseling Psychology

Thank you to Dr. Lali McCubbin of University of Louisville (laurie.mccubbin@louisville.edu). Dr. McCubbin is Director of Clinical Training and an Associate Professor at the University of Louisville.
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!

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

First and foremost, our doctoral program is in Counseling Psychology and we recently received 10 years of APA accreditation. Our program provides students with training working with diverse populations across age, gender and sexual identities, race and ethnicity, religion, socioeconomic status, nationality and (dis)ability. Students gain experience working with immigrants, veterans, people of color, LGBT identified clients, lower socioeconomic groups in rural and urban areas, children, adolescents, families, couples, and adults. We have a variety of practicum settings including VA hospitals, in-patient and residential treatment facilities, community mental health, high school, correctional facilities, youth detention, integrated medical care centers and college counseling centers. We have a high number of alumni in academic positions and leadership positions in VA hospitals and integrated health care settings. Our students are trained in advanced research methodologies and consistently publish in peer-reviewed journals and present at local, national and international conferences. We have had great success in securing funding for our doctoral students. Our program has two clinics (the Cardinal Success Program) in west Louisville, one at the Academy@Shawnee and our community mental health clinic at the Nia Center.

2.) What do you find to be the most rewarding thing about serving in the role of Chair/Training Director of your program?
The most rewarding aspect of being Director of Training is seeing our students grow and develop as researchers, clinicians and advocates.

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

The intersection of multiple demands on psychologists, media, social justice, and self-care—helping students to find their voice as advocates related to social justice initiatives while also managing self-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?

It is important to consider the amount of time and commitment in getting a doctorate in psychology and understanding the training involved prepares students for the multiple roles associated with being a psychologist including (but not limited to): researcher, clinician, assessment provider, advocate, and member of an interdisciplinary health care team.

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

We are deeply committed to our doctoral students.

Greetings from the Kentucky Psychological Association’s Political Action Committee!

Melissa Leath, Ph.D., KPA-PAC
If you are like I am, you are both relieved that it finally feels like fall is in the air, while also being a bit in disbelief that we are entering the last quarter of 2018. This being the case, two things come to mind this time of year relating to psychology in Kentucky: 1) KPA’s annual convention, which took place this past weekend and, 2) midterm elections. While I do not feel a need to speak out about the convention, as I’m sure you’ve been following its details via KPA emails, etc., I do want to update you on what your KPA-PAC has been doing in the last few months.

With elections in Kentucky occurring on an every two year cycle, Kentucky’s only political action committee speaking for psychologists (KPA-PAC) is watching with great interest the upcoming elections. This year (2018) all 100 seats of the Kentucky House of Representatives and 19 of 38 seats in the Kentucky Senate are up for election. The KPA-PAC makes financial contributions to lawmakers and candidates who are advocates and champions of issues that are important to Kentucky’s psychological community. The KPA-PAC operates from the belief that psychological issues are non-partisan and, therefore, require advocacy with lawmakers across all parties.

So how does the KPA-PAC determine to which candidates and to what extent political contributions will be made? Clearly, the PAC is working to support lawmakers who are pro-psychology so that psychologists can have a “seat at the table” when decisions are being made that affect our profession and/or the mental health of Kentuckians. The PAC has been looking at the level of support incumbent political candidates have made to issues regarding mental health, behavioral health care, and other “psychological” issues as well as to what extent candidates have made mental health issues a priority in their campaigns.

This year the KPA-PAC has made political contributions to 21 candidates, a number which is up from 14 candidates to whom the PAC contributed in 2016. The PAC has contributed to both Republicans and Democrats, to both incumbents and challengers. The PAC supports candidates because of their values, and in the case of challengers, in hopes of building for the future.

None of this would have been possible, however, where it not for those of you who have made contributions to the PAC. Because of you, the KPA-PAC has been able to cast a wider net than it did two years ago, giving more money to more candidates, thus hopefully making psychology relevant to even more Kentucky lawmakers.
Please consider making a contribution to the KPA-PAC today if you have not recently contributed. It is critical that we refill our coffers in order for our political action and advocacy efforts to continue. It is our belief that together WE can make a difference by supporting those who value mental health and the issues near and dear to KPA legislative priorities. You can make a donation by writing a personal check or by credit card. Information about making donations is listed on our website—www.kpapac.org.

With your help we can have a STRONGER voice in Frankfort in 2018 and beyond. Lest you think the PAC is only interested in your financial donations, let me remind you that we each have at least one of the “three T’s” to contribute: Talent, Time and/or Treasure. While donating to the KPA-PAC is important, advocacy comes in many forms and psychologists have a role to play. Whether it is attending a candidate event, going door-to-door in support of your favorite candidate, helping with voter registration or getting out the vote, please let this serve as a CALL TO ACTION to all of you. We need to be involved… So pick a “T” and get going!

As always the KPA-PAC thanks you for your consideration and support. See you at the polls!

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Hot Topics in Ethics in the World of Psychology

KPA Ethics Committee

The APA Code of Ethics serves as a guide in our decision making about our behavior in relation to our clients. Most of it is common sense and straightforward. Who can argue that respect for confidentiality, professional boundaries, competence and the many other principles are necessary in working for the best interest of our clients? However, the Code is also filled with statements such as ‘if appropriate’, ‘be reasonably familiar’, ‘make reasonable effort’, ‘that may interfere’, and many other qualifying statements. These statements insure that we have the latitude to use our clinical judgment to decide how these guidelines fit with each client and their specific circumstances, with colleagues, supervisees, and presenting ourselves to the public. From the first ethics class in graduate school to the seasoned professional clinical office, it is evident that how to respond in many situations is not clear at all. This has always been true and it seems even more so today as the complexity of our culture increases. The prevalence of weapons and drugs in our society, as well as clinical adaptations for using the internet, and the public emergence of
alternative lifestyles are both controversial and intricate and complicate our decision making.

If you have faced any of these situations in your clinical work, you are invited to attend this year’s ethics presentation at the KPA convention. Psychologists specializing in risk management, clinical use of the internet, navigating alternative life styles, and treating substance abuse will be there to identify and help with problem solving in each of these areas. The format will include small group discussions of a scenario involving ethical dilemmas from each area. This will be followed by a general discussion of the decision making process involved for each scenario so that each participant will be exposed to all areas of discussion. The discussion will occur on Saturday morning, November 3, 2018. Reserve your spot today.

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).