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Kentucky Psychological
Association

e-NEWS

Feb/March 2017

Upcoming 2017 KPA CE Events

February 27

[Navigating Suicide Assessment and Intervention: A Roadmap for Providers. 6 CE](#)

Presented by Nicole Siegfried, Ph.D., CEDS

ONSITE REGISTRATION AVAILABLE!

Suicidality is rated as the most feared clinical presentation that clinicians treat. However, the majority of clinicians receive less than 2 hours of training in suicide assessment and intervention. Clinicians require repeated, high-level training in suicide assessment and intervention to achieve competence in this area. This dynamic didactic/experiential workshop will provide the latest advances in best-practice interventions for suicidality. This program fulfills the KRS 210.366 requirement for Suicide Prevention Training. Skill Level: Intermediate

March 21

[Shame and Self-Loathing in the Treatment of Trauma. 6 CE](#)

Presented by Janina Fisher, Ph.D.

Shame has an insidious impact on our traumatized clients' ability to find relief and perspective even with good treatment. Feelings of worthlessness and inadequacy interfere with taking in positive experiences, leaving only hopelessness. This workshop will introduce participants to understanding shame from a neurobiological perspective that helps

Exciting News from KPA in February

Here's the February edition of the KPA e-NEWS, a regular e-newsletter 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 "like" KPA on Facebook..

KPA Announcement: New Web Platform Coming Soon...

The KPA central office will be "going live" with a new website platform within the next week. We have heard and responded to the many complaints about our current system and have found a more user friendly option. Please note our web address, www.kpa.org will remain unchanged. All KPA members will receive a welcome email from us with instructions on how to login and update your password for our new and improved site.

This has been a huge undertaking at the KPA central office. We request your patience as we continue to work out any issues. If you have any questions or concerns, please contact us at joy@kpa.org or sarah@kpa.org.

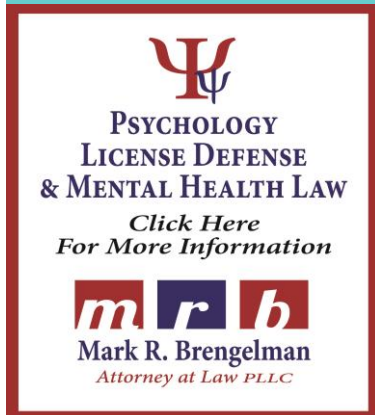
Thank you.

Joy Kaplan
KPA Operations Manager

clients relate to their shame with greater curiosity, discriminate the cognitive, emotional, and physiological components of shame responses, and transform shame-promoting cognitive schemas. Skill Level: Intermediate

Complete details and registration information can be found on the KPA Event Calendar.

Advertisements:



Next KPA Board of Directors Meeting
March 17, 2017
Public Library, Frankfort, KY

[View the KPA Board of Directors](#)

KPA Book Corner

The KPA Book Corner highlights books written by KPA Members and those recommended by KPA speakers, including those from the 2013 Convention. [Click here to take a look at our current listings.](#)

If you have presented for KPA or are a KPA Member author, please send your suggested items to kpa@kpa.org. (If you order Book Corner recommendations or other items through Amazon, remember to access the Amazon site by clicking on the Amazon link on the KPA home page - Amazon donates a small percentage of these purchases back to KPA!)

From the President's Desk

Katie McBride, Ph.D.

As I begin my year as your president, KPA anticipates much activity with some potentially steep learning curves for me this first quarter. January ushered in swift political change at both state and national levels, surprising to both parties. We KPA members may have differing political views, and as such may face many of the state-level decisions with sense of excitement, dread, overwhelm, or hopefulness. I choose to increase my engagement, identifying these opportunities for KPA to strengthen as an organization, bolstering the profession of psychology in Kentucky:

1. Our ever-growing legislative advocacy forces will mobilize and become more active and visible in Frankfort.
2. As other state associations have done in response to possible change to government divisions, KPA will remain vigilant to ensure preservation of control over our licenses to practice, and protect psychologists' scope of practice. We will highlight the important role KPA committees play in advocating that psychologists manage and direct psychologists.
3. The nature of social, political, economic, and legal issues that arise have the potential to galvanize more psychologists and other psychology professionals and students into action. This can serve to attract new members, as well as offer an opening for existing members to invite their colleagues to join KPA! To quote our bipartisan lobbying firm, "We are the psychology party," regardless of political affiliation.
4. With Kentucky's real epidemics of drug addictions and gun-related violence, the profound impact of chronic generational poverty, and increased overwhelm in school systems—to name just a few areas receiving recent attention--there are avenues for us to have significantly greater impact. Psychology represents the best educated and trained mental health providers in Kentucky; we must continue our work to educate and differentiate ourselves in the minds of decision-makers. The more people understand who we are and what we know and do, the more we are seen as go-to resources. Our goal is to be contacted BEFORE focus groups are organized, laws are passed, rules are changed, or consultants are hired.

KPA has an incredibly busy start to this year.

1. A just-added 6 hr CE on suicide prevention February 27th. I strongly encourage anyone who did not meet the new Kentucky licensing requirement by the 6/30/16 (yes, 2016!) deadline take advantage of this CE!

2. APAPO's Practice Leadership Conference in Washington D.C.

Community Bulletin Board

A forum is available to any KPA member who would like to post information that the psychology community may find interesting or helpful or for which psychology input is requested. Visit the [Community Bulletin Board](#) to view current messages or to post a new message.

KPA Currents

A Snapshot of Events in the Lives of KPA Members

Congratulations to KPA Developmental Disabilities Interest Section Representative **Dee Werline, M.A.** on her new position as Deputy Commissioner of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities.

Congratulations to KPA President-Elect, **Sarah Shelton, Psy.D., M.P.H., M.S.C.P** on her re-election to National Register of Health Service Psychologists Board of Directors... [Read More](#)

Congratulations to KPA Executive Director **Lisa Willner, Ph.D.**, for her recent election as Vice Chair of the Jefferson County Board of Education. Lisa was also selected by her board colleagues to represent the school board on Louisville Mayor Greg Fischer's Cradle to Career Cabinet. In related news, Lisa was honored to receive recognition by the Kentucky Alliance Against Racist and Political Oppression for her service on the school board.

Please send your announcements to kpa@kpa.org so that your news may be shared with the KPA membership.

KPA Interest Sections

Joining KPA Interest Sections is free and participation on the listservs is an exclusive member benefit. Many ideas, resources, and requests for treatment recommendations and

where our Kentucky delegation gets to interact with state psychology association delegates from all over North America including U.S. Territories—very cool to network that broadly with psychologists, hear parallel concerns facing our profession, as well as innovative undertakings from a variety of state associations!

3. KPA Legislative Day March 1. Especially if you are trying to identify ways to “plug in”, please consider joining us for this day of conversation (and observation!) with our legislators. (See **Georgeann Brown’s** article below—I hope to see you there!)

4. **Janina Fisher, Ph.D.** is returning March 21!! Dr. Fisher is one of those presenters whom you leave with deep respect for her depth and breadth of knowledge and also newly equipped to engage more fully with your most challenging clients. Her presentation in 2014 was a completely full house, and this year’s Shame and Self-loathing in the Treatment of Trauma is sure to be rewarding.

I am looking so forward to serving as your president this year. Please don’t hesitate to email me, and if you see me at any of the KPA events I just highlighted, I would love to meet anyone face to face!

from KPA Executive Director

er, Ph.D., KPA Executive Director

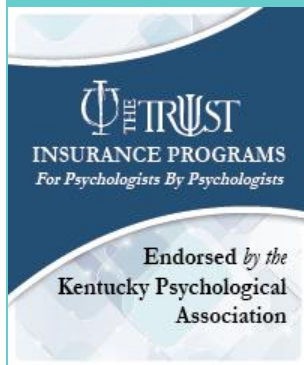
cBride notes in her President’s column, there are a lot of changes happening – many with the potential to change the practice and teaching of psychology for applications for researchers as well. I believe that there has never been a more important time to be a member of KPA, and to bring together our collective voice in advocating, and promoting psychology across the state. Your KPA membership is a process to important information and updates about legal, statutory, and regulatory changes that affect psychology.

Continuing Education Training. One important change in the practice of psychology is the requirement for continuing education when a piece of 2013 legislation was enacted, requiring regular training in [suicide risk management, and treatment of suicide risk](#). As soon as the law was announced frequently and through various channels about the new requirement, KPA offered a number of trainings designed to meet the requirement within the initial statutory time frame. Very recently, the psychology listserve received its own notification of the requirement, and added an “amnesty” period by March 31 of this year. In response, the KPA CE Program Development Committee, under the strong leadership of **Katy Bradley**, moved quickly in order to provide a training opportunity to meet the requirement prior to the new deadline. (I encourage you to provide evidence of your attendance that KPA provides.)

As a result of the recent communication from KBEP about the suicide training requirement, the listserve was FLOODED with calls from non-members, stating that they had questions, and wondering if KPA could provide information about training

other opportunities flow through listservs daily. Here is an excerpt on the KPA Clinical listserv: "Thank everyone who shared their experience. I was quite surprised at the your responses.....Nice to have a call on for advice when such situation arise!" If you want to expand your and deepen your own sense of within KPA, visit the KPA Interest webpage for instructions on how Interest Section.

[Listserv Details](#)



Join KPA on Social Media!

Facebook: <https://www.facebook.com/KPsychAssociation>

Facebook (PHWN): <https://www.facebook.com/PHWN>

Twitter (Advocacy): <https://twitter.com/KPAAdvocacy>

Advertise in the KPA e-Newsletter

The bi-monthly editions of the KPA Newsletter, are distributed to our members. The eNewsletter is sent via email at the end of Jan, March, May, and Nov with submissions accepted. Complete information and rates are available on the KPA Advertis

opportunities. Others called to say that they only knew about the requirement and KPA's workshop because they had learned about it from colleagues who do belong to KPA. Please encourage your non-member colleagues to join KPA! Their membership is needed to strengthen the voice of psychology, and to support the important work that we do.

License Renewal vs. License Expiration Dates. KPA has also made a sweeping effort to communicate to members changes on the KBEP website regarding the published license renewal date. Since there has continued to be some confusion on this issue, I will take this occasion to remind you that the date showing up on the KBEP website as your license expiration date is actually the date that your license will be CANCELED by the licensing board. Your renewal date is 90 days prior to the published expiration date. Please note that the Psychology Board is one of only a very few that does not levy a late fee for license renewals submitted after the renewal date, but prior to the expiration date. KBEP has begun discussions of making regulatory changes that would impose such a fee in order to encourage on-time renewals. While that has not yet been enacted, I would like to encourage you to submit your renewals prior to your renewal date, rather than waiting until the 90-day period between renewal and expiration. We've also recently been made aware that some agencies that employ psychologists do not recognize the KBEP "grace period" between renewal and expiration and reserve the right to suspend practice within the agency until renewal is complete. One more reason to be timely about submitting your renewal fees and proof of requirements in advance of your renewal deadline!

Regulation of the Practice of Psychology by Psychologists. One of the big changes we have seen in Frankfort recently has been the re-organization, elimination, and consolidation of several boards. While this has not (yet) had a direct impact on the regulation of psychology, there has been a re-organization by Executive Order of the Governor affecting the Division of Occupations and Professions. For many years, the office of Occupations and Professions has provided administrative support to KBEP and other independent boards. The office of O&P has been abolished, and re-established as a new governmental Department of Professional Licensing. Although we haven't yet seen any process changes as a result of the re-structuring, the reorganization does place the regulation of the profession of psychology under the jurisdiction of the Commissioner of the Department of Professional Licensing, rather than directly under its own independent board. The worst case scenario from the re-organization would be efforts in Kentucky like those currently underway in Ohio (and formerly in North Carolina and Rhode Island) to dissolve independent mental health boards and to restructure them as "super boards" where professions other than psychology would be responsible for regulating our profession – a move which we believe would impede professional practice and put the public at undue risk of harm. In other states that have fought this battle, the super boards have been promoted as a savings of tax dollars, even though the independent licensing boards are funded by professional licensing fees, not by public dollars.

KPA is closely monitoring this situation and we will keep you apprised. If we find ourselves in a situation like that facing our colleagues in Ohio, we will be delivering calls of action to the full membership.

Bill Monitoring and Legislative Advocacy. KPA's Legislative Advisory Team has been kept very busy throughout the current legislative session, with an unprecedented number of bills filed during the 30-Day "short session" that is typically a relatively quiet time for the KY General Assembly. For their extraordinary service to psychology and psychologists in Kentucky, I want to express my deep appreciation to the Legislative Advisory Team coordinator **Georgeann Brown**, Director of Professional Affairs **Laurie Grimes**, and the four

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KPA Home Study Opportunitie

Under revised KRS CE regulations now earn up to 12 credits per license for home study courses. See what offer...

[A First Step in Understanding the Care Act and Its Potential Impact and Mental Health of Kentuckians](#)

[Assessment of Religiousness and Clinical Practice, 1 CE](#)

[KPAF Diversity Conference Home Courses](#)

[Religion, Spirituality, and Clinical Practice Webinar Home Study Series](#)

View the [KPA Home Study Page](#)

KPA Past Presidents who make up the team: **David Hanna, Art Shechet, Felicia Smith, and David Susman.** (For more details on legislative activity, please see Georgeann's Advocacy Committee Chair report below.)

Thank you for supporting psychology and KPA with your membership! This is a critically important time to be a member of KPA. The landscape is changing quickly, and - now more than ever - it is absolutely vital for psychology in Kentucky to have a strong voice in Frankfort. Thank you for your continued membership in KPA. If you have colleagues who are not current members, please help spread the word that this is a crucial moment to join or return to KPA.

Standing with you and standing up for psychology,
Lisa

Kentucky Psychological Foundation News

The Kentucky Psychological Foundation's mission includes educating the public on a broad range of health, mind-body, and behavioral topics in order to build a psychologically healthy Kentucky. More information can be found at <http://www.kpa.org/KPF>

I Love My Job Campaign

Courtney Keim, Ph.D.

To celebrate the application of science in the workplace, the Psychology in the Workplace Network (PWN) for the Kentucky Psychological Foundation wants you to share your stories about the place that you love to work! This month is when many people express their love and appreciation for those they care about, so what better way than to show your appreciation for the great job that you have than to share it with us!

We want to hear about the reasons why you love your job so much by sharing your stories, pictures, or even videos. What about your job do you enjoy? Is it the work environment, the chance to impact others, the people, or maybe even the potential to advance your career?

Why is loving your job so important? The American Psychological Association recently found that employees who love their jobs (i.e., have a higher levels of job satisfaction) are more likely to feel that they are treated fairly and to be motivated, which leads to more a more healthy and productive workforce ([APA's Work and Well-being Survey](#)).

I Love My Job submissions are welcome through the entire month of February. To find out more, check out our website, or email us your stories at kpa@kpa.org, or post to one of our [social media outlets](#). Our favorites will be sent prizes and featured online!

Want to know more about how you can help highlight psychological science in the workplace? The PWN committee is currently accepting new members, so if you are interested then send us an email for more information. We would be happy to have you!

for additional option



Members: (L to R) Austin Chitwood, Kate Stottmann, Devin Payne, Dr. Courtney Keim, Kendall Woods, Phillips

Colloquium Travel Award

The Kentucky Psychological Foundation has created an initiative to support the costs of research colloquia by psychologists in academic or research settings within the Commonwealth of Kentucky. The purpose of this initiative is to foster inter-institutional relationships between Kentucky academic or research institutions, promote the exchange of ideas, and provide career-development opportunities for academic and research psychologists within the Commonwealth.

[Support the Kentucky Psychological Foundation by making a donation](#)

ECP Spotlight

Beth Simon, Psy.D., ECP Chair

In each edition of the newsletter, we interview one of the many outstanding ECPs in Kentucky. This Spotlight gives readers the chance to get to know Liz Cash, Ph.D., a Licensed Clinical Psychologist, an Assistant Professor in Otolaryngology-Head & Neck Surgery, and an Adjunct Professor in the Departments of Psychological & Brain Sciences, and Family & Geriatric Medicine at the University of Louisville School of Medicine — not to mention an active KPA ECP member! - Beth Simon, Psy.D.

Tell us about your journey from your interest in psychology to your current work.

I always knew I wanted to be in healthcare, but when I observed how frustrated physicians became with patients who had difficulty managing medications or adhering to dietary or exercise recommendations, I realized they were

not addressing a very important aspect of care: behavior change. I saw how training in psychology could allow me to fill this much-needed gap in patient care, and the rest is history.

What challenges have faced early in your career?

Being housed within a surgical subspecialty means there is no “structure” or “predesigned” idea of what a psychologist’s day-to-day will look like. While initially I missed the structure that grad school and internship provided, the flexibility allowed me to define what the balance between research and clinical work would be. It is also challenging to maintain your identity as a psychologist when surrounded by professionals from varied training backgrounds, while still being able to blend in.

What excites you most in your work?

I love a challenge, and there is certainly no shortage of those working in a medical school. The faculty collegiality here is also very rewarding.

Can you tell us about the best moment in your career so far?

Tough to pinpoint just one moment, but I have to say that finding faculty position where I was given the freedom to determine how I would devote my time is hard to top.

What do you see in the future of the field of psychology?

Greater collaboration with the medical community, with more opportunities to participate in and contribute to interprofessional education.

What benefits of KPA membership appeal to you most, especially from the standpoint of an ECP?

My favorite part about KPA membership is the networking opportunities, which have helped me find support and grow my professional social network. The CE offerings and annual convention are also key to keeping my clinical skills sharp. KPA helps keep me grounded in psychological science and practice while working so closely with medical professionals.

**Be an Advocate: The 4th Annual KPA
Legislative Day
Let your voice be heard!**

Georgeann Brown, Ph.D. & KPA Advocacy Committee

Registration ends tomorrow, Feb. 24th!

Please join us on Wednesday, **March 1st for the 4th annual KPA Legislative Day in Frankfort, from 8:30 to 3 pm** (with option to leave earlier if needed). We need to have a huge turnout to make sure psychologists are heard. KPA members are invited to gather in Frankfort to raise awareness among our legislators about important issues affecting mental health and the profession and practice of psychology. Register for free on-line at: <http://www.kpa.org/events/EventDetails.aspx?id=909590>
You will have the opportunity to:

- Participate in individual or group meetings with your legislators
- Participate in a public education fair about the practice of psychology in conjunction with the KY Psychological Foundation
- Meet legislators who have worked closely with KPA
- Watch committee meetings and stay afterward to watch the legislative session
- Learn more about the legislative process and how you can be an effective advocate
- Help increase awareness among policy-makers about KPA, the science and practice of psychology, and issues that affect psychologists and the Kentuckians we serve
- To help you prepare for the day, a voluntary, but recommended training call will take place on Monday, Feb. 27th at 8 pm

Please send questions to KPA's Advocacy Chair, Georgeann Brown, at dr.georgeannbrown@gmail.com

Taking Care of Business

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

Are you taking care of your business? With all the demands of managing a private practice, it's easy to focus solely on what it takes to care for our patients while ignoring the broader context and structure that our profession operates in. It can be tempting to rest on our clinical training as adequate for running a practice, but state and federal laws and regulations have significant impact on our practice. How about requirements for domestic violence reporting? And responsibilities for duty to warn? How about mandated services for the SMI population? We learned standards

of clinical care for these issues in graduate school, but practice regulations vary by state, so knowing Kentucky laws/regulations and following proposed changes to laws/regulations directly impacts your work. Even those who work in agencies need to stay up on legislative issues, because issues pertinent to the organization may not encompass psychology-specific matters and interests. It's up to each of us to know our professional issues and protect our license.

The tricky thing is, these things are always changing or are at risk of changing. The good thing is that KPA curates this information for members and distributes the information in DPA Blasts, advocacy posts, and messages from the federal advocacy APA office. But busy practitioners are pressed for time and sometimes ignore these messages (whaaat?!). One example is with the suicide CE regulation that went into effect last year. There were numerous announcements, blasts, and newsletter articles outlining the requirement, yet the information slipped by some members. The Kentucky Board of Examiners (KBEP) is now observing an amnesty period to allow licensees to meet the requirement without penalty, so I urge all practitioners who have not yet met the suicide CE requirement to act now – your license depends on this! This pertains to ALL KBEP LICENSEES.

The health care industry is changing, which opens the door for threats to our scope of practice as well as to potential opportunities for our profession. Take care of your business - in addition to honing and sharpening clinical skills, add awareness and advocacy as necessary components for an ethical and responsible practice.

THE TIME FOR ADVOCACY IS NOW! HERE ARE A FEW TIPS FOR YOU

Sheila A. Schuster, Ph.D., KPA Legislative Consultant

→ Frankfort and D.C. will happen whether you are there or not. You can choose to be a victim of it, or you can choose to influence the system.

→ Be positive. Be polite. But always be persistent.

→ Your calls matter. If a state legislator gets 25-30 calls on an issue, they think it's a tsunami, a big deal. The Legislative Message Line in Frankfort works. **1-800-372-7181**. Call now and call often!

– If you haven't raised your voice, then you have no one to blame but yourself.

– It is your responsibility to call your legislator when you have an opinion. It's the only way democracy works. It is your legislator's responsibility to listen to you. That makes democracy work.

– Remember what Margaret Mead observed: "Never forget that a small group of thoughtful people can change the world. Indeed, that's all that ever has."

National Trends in Prescriptive Authority for Psychologists: A 2017 Update and Reflection

Sarah Shelton, PsyD, MPH, MSCP – KPA President-Elect

Last year, Iowa became the fourth state to adopt legislation extending prescriptive authority to properly trained psychologists. Today, the Department of Defense, Indian Health Service, the U.S. territory of Guam, and the states of Iowa, Illinois, New Mexico, and Louisiana have adopted law, process, and procedures that promote prescriptive authority for psychologists who have also completed the required psychopharmacology training.

While the number of states who have prescribing psychologists are still obviously in the minority of the Union, there has been slow but more recently steady progress in the prescriptive authority movement. For example, the first state to adopt prescriptive authority was Louisiana in 2002 followed by New Mexico in 2004. Then, despite efforts nationwide, nothing happened for another decade. This caused some to believe the quest for prescriptive authority had been largely unsuccessful and was effectively over. Then, in 2014, Illinois became the third state to adopt legislation allowing psychologists to prescribe followed by Iowa in 2016. A common trend, in the decade that saw no apparent progress, was for these bills to pass, sometimes unanimously, through the House and Senate only to be vetoed by the Governors under lobbying pressure from the American Medical Association, a large and powerful entity, who officially opposes the advancement of psychology's scope of practice in this regard. One such state that recently experienced this outcome was Oregon in 2010.

This year, there are approximately fifteen states with legislation that has been introduced and is in various stages of movement through their respective Houses and Senates with Hawaii, Texas, and Ohio among others, appearing to have significant momentum. If Ohio's bill is ultimately successful, Kentucky will be bordered by two states with

legislation allowing psychologists to prescribe.

Today, a relatively small but growing number of psychologists (hundreds) have been safely prescribing for more than twenty years. This is not a matter of opinion but a matter of fact that is evidenced by no known adverse outcomes. Even the opposition has been forced to acknowledge this reality.

While the prescriptive authority movement faces opposition externally, there is also a lack of consensus internally within the field. Proponents of prescriptive authority often find this lack of consensus and support from psychology colleagues confusing and surprising. In the personal experience of this author, this is often based on misinformation and misunderstanding about what such legislation requires and allows and usually centers around three themes.

The first tends to be a lack of understanding about who, among psychologists, would be afforded prescriptive authority in states lacking legislation at this point clarifying this issue. What is required in all states is that the psychologist 1.) Be a doctoral level provider, 2.) In addition to the doctorate, hold a Postdoctoral Master of Science Degree in Psychopharmacology, 3.) Pass a national board exam called the PEP, and 4.) Completed extensive supervised clinical training hours prescribing (sometimes defined by state legislation by number of hours, number of cases, or number of months but is typically the equivalent an additional internship or fellowship year) before being awarded independence to prescribe. While the quality of the postdoctoral education is painted by some as uncertain, this is far from the case. The American Psychological Association actually designates programs that successfully meet the rigorous curriculum requirements as outlined by APA. Today, there are five APA designated prescriptive authority programs, including University of Hawaii - Hilo, Fairleigh Dickinson University, University of New Mexico State University, and California School of Professional Psychology with other programs in the process of seeking designation or being reviewed.

The second theme of opposition tends to be a position widely held among psychologists that psychotropic medications are already overprescribed and that, by increasing the number of prescribers, we are contributing to this problem. What is important to understand, however, is that the power to prescribe is synonymous with the power to not prescribe or to un-prescribe unnecessary, inappropriate, or excessive psychotropic medication.

The third theme of opposition seems to be a fear of belief that, should psychologists adopt the role of prescribers, that psychotherapy would become extinct. This is, in the opinion of this author, the most unfounded mindset of all. The parallel argument would be that, because the field of medicine allows for a specialty in Oncology, that all health conditions will be treated with chemotherapy and radiation. Just like not all physicians will choose to obtain the additional training and expertise in oncology, not all psychologists will choose to obtain

the additional training in psychopharmacology. There will be plenty of psychologists who do not elect to provide that service, and no psychologist will ever be forced to provide that service. Additionally, psychologists universally accept the documented benefits of psychotherapeutic interventions that often match and can even exceed the benefits of psychopharmacology. While there may be some prescribing psychologists whose careers evolve into a primary or exclusively prescribing practice, logic would indicate that psychologists became psychologists first and foremost because they value and believe in the evidence of improved health outcomes via psychotherapeutic treatment modalities. This is most likely the reason why prescribing psychologists did not choose to become psychiatrists in the first place but, instead, chose to add psychotropic medication management competence to their already existing repertoire of skills in psychotherapy.

A related and relevant issue is that the majority of psychotropic medications are actually not dispensed or managed by psychiatrists. Rather, primary care physicians and even mid-level providers such as nurse practitioners and physician assistants are the most commonly accessed resource for psychotropic medication. Psychologists who complete the required education and training to qualify for prescriptive authority indisputably possess more education and training than these professionals in mental health assessment and treatment and even in psychotropic medication management, specifically. While this may seem a bold claim, it is factually accurate. While the path of training for a prescribing psychologist is a different model than the traditional model of medicine, different should not be confused with inferior.

Support for properly trained psychologists' ability to prescribe is far from novel and should not, in the opinion of this author, be controversial. Prescriptive authority for psychologists has been endorsed by the APA since 1995, when the APA Council of Representatives adopted an explicitly and formal supportive position for the practice of psychology to include prescriptive authority for those psychologists with proper training. Today, the APA, the APA-PO, the National Register of Health Service Psychologists, and many State Psychological Associations have official statements of support for properly trained psychologists seeking prescriptive authority.

Kentucky does not currently have any prescriptive authority legislation being proposed or introduced. KPA members have not, as of the most recent polling of members, identified the quest for prescriptive authority as a priority for KPA to actively invest in and pursue. However, Kentucky psychologists should be aware of the trend in this movement across the nation, as it is highly relevant to the professional identities of psychologists, scope of practice definitions, and provision of much needed quality and comprehensive care for mental health patients particularly in underserved populations.

Legislative Happenings

Georgeann Brown, Ph.D. & KPA Advocacy Committee

Part two of the Kentucky Legislative session is in full swing, from Feb. 7 to March 30th. KPA's Legislative Advisory Team is working diligently to review bills and has reviewed over 30-40 filed legislative bills (as of Feb. 15) that are related to health, mental health, provider protections, protections for those we serve, and KPA's legislative priorities. Many more bills are expected to be filed during this session, so we are reviewing bills everyday. Some of the bills we are tracking and supporting include:

- Legislation related to improvements in **SPMI outpatient care**, or "Tim's law," and both the senate and the house have similar pieces of legislation on this, including HB 79 and SB 91. This bill attempts to reduce the hospitalization rate for the severely mentally ill and to provide more outpatient services.
- KPA is actively supporting a **smoke-free school campus (K-12)** bill, SB 78 and HB 247, as well as improved **insurance coverage for smoking cessation treatment**, SB 89.
- KPA is supporting changes to the mandatory **domestic violence reporting** to the Cabinet, SB 86, so that the client has more "choice" in reporting, but it includes mandatory education and resources by the provider to any client experiencing domestic violence in any relationship; mandatory reporting is still required for children, vulnerable adults, and elders.
- We are continuing to monitor provider protections bills and legislation related to intrusion on our scope of practice. We are working with several licensure boards to protect psychologists' expertise in providing **psychological testing** from intrusions from other disciplines.
- We are monitoring bills that might lead to discrimination, particularly with the LGBTQ population, and should these bills gain traction, KPA will testify in opposition and contribute an op-ed on the **harmful psychological effects of discrimination**.

Please stay tuned for **action alerts** on these important issues...the more KPA members that call in with advocacy alerts, the more effective we can be about advancing our legislative priorities.

Questions? Please contact KPA's Advocacy Chair
at dr.georgeannbrown@gmail.com

Ethical Concerns in New Telemental Health

Alexandria Boswell, M.A., KPA Ethics Committee Member

With new generations comes new technology and different ways to communicate and interact with each other. As therapists, our role has been to sit face-to-face with clients in order to get a feel for them as a person. This has allowed us to see their body language and physical reactions to therapy. However, people are communicating more and more through digital media and psychological services are starting to take advantage of this.

Some services have capitalized on the ease and convenience of text communication. For a monthly fee, a person can sign up and be matched with a therapist who specializes in their presenting problem and the person is able to text the therapist to communicate. This is very appealing to many people, however, many therapists are uncomfortable with this idea.

This new system comes on the heels of the introduction of telemental health which has had many benefits to its users. People in rural communities are able to reach specialists including psychologists when they would usually not have access to therapeutic services. Telemental health also has helped people who are unable to make it into an office due to a disability or severe anxiety. This allows a psychologist to begin the ever-important process of building trust and rapport. This process has been adopted in many therapeutic and medical facilities and the American Psychological Association has published guidelines to help therapists navigate this new technique. Telemental health does not come without its drawbacks, however. It is more difficult to pick up on body language and nonverbal cues.

There may be technical difficulties that cause interruptions in the session. There also may be issues regarding the safety of the client, for example, if they are suicidal. Taking this a step further, some of the new text-based services have created an environment where the therapist may never see the client's face and vice-versa. Many ethical considerations come into play with the introduction of these services. Because these services are so new, psychologists have to be aware of and navigate these ethical considerations largely on their own or with the help of their cohorts.

Psychologists are licensed by state with each state having individual regulations. Online services may match a therapist to a client who lives in a different state. Not only do therapists need to consider this matching aspect, but they also need to make sure the service they use does not match people by current geographical location (often obtained through IP address). Imagine traveling out of your current state and suddenly being matched with new clients who you cannot legally work with. Some of these services do their due diligence and obtain permanent addresses as well as therapist licensure information in order to make

appropriate matches between client and therapist. However, individual services may be different so psychologists need to continue to be aware.

The question also arises: Are some psychological issues more suited and appropriate for telemental health than others? Perhaps a psychologist feels comfortable working with someone who has an anxiety disorder through telemental health but not with someone who has depression because they are at higher risk for suicide. Imagine they are matched with a client diagnosed with GAD who lives one hundred miles away and therapy has been going very well but suddenly something traumatic happens and the client develops depression. The psychologist is placed in an ethical dilemma. Do they refer to someone closer who is more appropriate to work with the client? What if they do not have personal, professional connections in the area? Does the client prefer telemental health and want to continue using it? As with many ethical problems, there are many considerations to be made.

Finally, consideration needs to be made about the safety of health information, especially when information is transmitted through to someone's phone or personal computer. An office computer can be monitored and kept locked, but data always needs to be protected from third parties. This can create situations where people can look at saved information against the wishes of the client. For example, if a teenager wishes to have their information kept confidential from parents, but the parents confiscate their computer or phone and gain access to the information anyway. Many times situations like these can be unexpected.

Telemental health can be a very powerful tool used to reach many people who otherwise would not have the benefit of therapeutic services but special consideration needs to be made to the ethical conflicts that arise. In the new era of widespread technology, this knowledge and skill becomes vastly more important to every therapist.

American Psychological Association. (2013). Guidelines for the practice of telepsychology. *The American Psychologist*, 68, 791-800.

Open Call for CE Proposals for 2018 KPA CE Calendar

If you are interested in presenting a Continuing Education workshop during the 2018 calendar year, please complete a CE proposal form by clicking the [CE Open Call link](#).

KPA Member Benefits:

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Professional Issues Consultation - KPA's Director of Professional Affairs, **Dr. Laurie Grimes**, is available to consult with KPA members concerning problems with third party reimbursement and will work with KPA members to bring these issues to the attention of insurers, regulators such as the KY Department of Insurance, and, in coordination with the KPA lobbyist, with legislators. She will also communicate as necessary with KY Board of Examiners of Psychology concerning legislative and regulatory issues which affect KPA membership and their ability to provide and be reimbursed for psychological services. Click [here](#) to fill out a request.

Clinical Psychology – Overview and Effectiveness PowerPoint courtesy of KPA Member **Eric Russ, Ph.D.**, University of Louisville. Click [here](#) to access the Powerpoint presentation.

Post-Ferguson Resources for Coping, Learning, and Teaching

Resources courtesy of the Georgia Psychological Association. [Click here](#) to access the webpage with listed resources.

Ethics Resource - The KPA Ethics Committee has developed a list of resources for KPA members aimed to help psychologists find resources about self-assessment, self-care and the development of skills, relationships, and personal qualities that will allow them to be less vulnerable to ethical breaches and "slippery slopes" in their professional careers and foster ethical awareness that leads to optimal practice. The posted resources define and discuss the stress—distress—impairment continuum, and the vulnerability at any point along the way to an ethical violation. They touch on topics such as risk factors, prevention of impairment, intervening with an impaired colleague, treatment options and the national movement toward establishing colleague assistance programs. Click [here](#) to fill out an Ethics Consult Request Form.

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

Contact the KPA Central Office or Brandon Dennis, Ph.D., KPA e-newsletter Editor at brandondennis@gmail.com. Deadlines for

submission are the 15th of the month the newsletter is scheduled for distribution (Feb, April, June, Oct and Dec).