



## July 2017 E-Newsletter

### The Latest News from KPA

Here's the July 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](#), like KPA on Facebook, [Kentucky Psychological Association](#) page, or follow us on Twitter [@KYPsychAssoc](#).

#### Upcoming 2017 KPA CE Events

Aug 1, 2017

**[CE ROADSHOW - Domestic Violence and Elder Abuse: Overview and Legal Updates, 3 CE](#)** Presented by **David Hanna, Ph.D.** This workshop will meet the requirements of KRS 194A.540 requiring training on domestic violence and elder abuse and will cover the dynamics of each, risk factors, treatment considerations, and legal aspects. **This workshop will provide a critical overview of the mandated reporting and other changes to the law passed by the 2017 General Assembly and is approved for Psychologists, Social Workers, Art Therapists, and Licensed Professional Counselors.** Skill Level: Intermediate.

### Update from KPA Executive Director

*Lisa Willner, Ph.D.*

This month started out with the annual KPA Leadership Retreat, held over a 2-day period each summer, in order to take a deep dive into one of our Association's strategic priorities. This year's retreat focused on advocacy and, in particular, on when and how KPA as an organization takes a stand on issues.

When KPA talks about advocacy as a board or to our members, most of us think immediately of **Dr. Sheila Schuster**, and the tremendous amount of work she has done over the years and continues to do in the legislative arena on behalf of psychology and mental health access. As an organization, we have worked diligently over the past five years to leverage Sheila's expertise and to engage more and more of KPA's leaders and general membership in advocacy for psychology. In doing so, we've begun to recognize advocacy as less monolithic and as a more multi-faceted endeavor encompassing not only governmental advocacy (itself comprised of legislative, regulatory, and executive branch aspects at both the state and federal level), but also advocating for practice and training in numerous arenas, spreading public awareness of the value that psychological knowledge brings to everyday lives, and applying psychological knowledge in order to develop positions - to take a stand as an organization - on a wide range of public interest issues.

Before launching into the work of developing a policy on when and how KPA takes a stand, KPA's leadership took time during the retreat to explore and identify our shared organizational values. While the final values list or statement remains to be approved formally by the board, the draft list developed at the retreat includes Psychological Science as a basis for decision-making, Social Engagement, Integrity, Care & Compassion, Health & Well-Being with Access

**Sept 15, 2017**  
**[Borderline & Narcissistic Personality Disorders: Assessment, Treatment and Practical Skills](#)**

**Workshop 1: Assessment and Treatment of Borderline and Narcissistic Personality Disorders: Empirical Evidence and Clinical Practice, 3 CE**  
Presented by **Eric Russ, Ph.D.**  
This workshop will review models of understanding and assessing personality pathology with a focus on clinician driven assessment. Current treatment research on and BPD and NPD will be discussed, emphasizing practical clinical tools and strategies to improve your outcomes when working patients living with these conditions. Skill Level: Intermediate

**Workshop 2: Application of DBT Skills for Treatment of Narcissistic and Borderline Personality Disorders, 3 CE**  
Presented by **Allyson Bradow, Psy.D.** and **Amy Taylor, Psy.D.**  
This presentation will review diagnostic criteria and symptom presentation of Narcissistic and Borderline Personality Disorders. We will present DBT theory, tenets and specific skills modules to focus treatment for respective disorders. Skill Level: Intermediate

**[KPA 2017 Annual Convention](#)**

**November 2-4**

for All, Equity and Inclusiveness, and a respect for the Inherent Worth & Dignity of All Persons. Once finalized, the values will be used as a foundation to guide KPA's leadership in developing positions.

In addition to guiding decision-making, other goals of a new policy on When KPA Takes a Stand is to bring greater transparency to how KPA as an organization arrives at a position, to provide greater access for individual KPA members to bring issues forward for consideration, and to strengthen and amplify the collective voice of psychology in Kentucky.

KPA leaders will be continuing to work through the details of a new policy over the next few months. As always, feel free to contact me or to reach out to your elected board representatives with any thoughts and questions!

Standing with you and standing up for psychology,

-Lisa



## **Kentucky Psychological Foundation News**

### **Work Related Stress, Politics, and Well-being**

*Courtney Keim, Ph.D. & Christen T. Logue, Ph.D.*

Anyone who has held a job has felt the pressure of work-related stress. Unfortunately, such long-term stress is all too common. According to the 2016 American Psychological Association's (APA) annual Stress in America Survey, 58% of Americans cited work as a source of stress.

Any job can have stressful elements, even if people love what they do. For these reasons, maintaining well-being at work is not always easy, but add the most contentious political season in recent history, and many workers are left feeling overwhelmed.

## Marriott Griffin Gate

Lexington, KY

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

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## Next KPA Board of Directors Meeting

### DATE

Friday, September 8, 2017

### [View the KPA Board of Directors](#)

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## KPA Book Corner

The KPA Book Corner highlights books written by KPA Members and those recommended by KPA speakers, including those from the Annual 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](mailto: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!)

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In fact, a recent survey from APA says that many Americans are feeling stressed and cynical specifically from political talk in the workplace. This stress has increased since the presidential election. APA says that, "26% of full-time and part-time employed adults said they felt tense or stressed out as a result of political discussions at work since the election, an increase from 17% in September 2016." That stress and tension can make the workplace uncomfortable, or even hostile.

Heated political discussions can and do happen in the workplace. **Dr. Courtney Keim**, Chair of the Kentucky Psychological Foundation's (KPF) Psychology in the Workplace Network says, "The important thing is for employers to create a supportive workplace where employees feel valued no matter their political leanings or any disagreements that may arise."

This starts from the top of the organization. Keim says, "Executives, directors, and supervisors can't pretend political conversations aren't happening and they shouldn't be afraid to talk about relevant political issues. In fact, the way organizational leaders communicate about politics sets the standard for how others in the organization should follow."

Of course, not all workplaces have supportive and open organizational cultures, which can cause stress to workers. When work stress becomes chronic, it can be overwhelming — and harmful to both physical and emotional health. Fortunately, KPF and APA offer tips to manage stress at work.

Track stressors. Keep a journal for a week or two to identify which situations or people create the most stress. Taking notes can help you find patterns among stressors and reactions.

Figure out what you can change. Once you determine if there are any patterns to when you feel stressed at or about work, you might be able to identify areas that you can change. Perhaps you can change your immediate work environment or avoid situations or people who tend to bring up conflictual discussions or topics.

Talk to management. Healthy employees are typically more productive, so bosses have an incentive to create a work environment that promotes employee well-being. Employees should start by having an open conversation with their supervisor. The purpose of this isn't to lay out a list of complaints, but rather to come up with an effective plan for managing the work stressors, so employees can perform at their best on the job.

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

Take time to recharge. To avoid negative effects of chronic stress and burnout, take time to replenish and return to pre-stress levels of functioning. This recovery process requires "switching off" from work, including emails and maybe even all forms of electronic media. When possible, take time off to relax, unwind, and unplug so you can come back to work feeling reinvigorated and ready.

Seek support. Accepting help from trusted friends and family members can improve one's ability to manage stress. Employers may also have stress management resources available through an employee assistance program (EAP), which might include online resources or referrals to mental health professionals, if needed. If you continue to feel overwhelmed by work stress, you may want to talk to a psychologist. Psychologists are trained to help people better manage stress and change unhealthy behaviors.

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

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# Public Education Committee 2017

KPA has always been an organization that works to be inclusive of all psychologists in the state. Kentucky Psychological Association is officially on the popular social networking site, Facebook.com, and currently has over 800 "friends". All you need to do to join [the Kentucky Psychological Association on Facebook](#) is to select the "Like" button after finding our group on Facebook. Please be sure to review the KPA Social Media/Forum Policy

[Follow KPA on Twitter](#) too!

#### Advertise in the KPA e-Newsletter!

The bi-monthly editions of the KPA e-Newsletter, are distributed to over 1100 KPA members. The eNewsletter is sent via blast email at the end of Feb, April, June, Aug, Oct, and Dec with submissions accepted at any time. Complete information and pricing details are available on the KPA Advertising webpage.

Advertisements:

## Taking a Technology Based Approach

*Christen Logue, Ph.D. & the Psychology in the Workplace Network*

The Public Education Committee (PEC) of the Kentucky Psychological Foundation has recently undergone significant changes including a transition in the role of chair from Jennifer Price, Ph.D. to **Christen T. (Chrissy) Logue, Ph.D.** Dr. Logue is a member of the core faculty in the clinical psychology doctoral program at University of the Cumberland and is passionate about outreach, service, education, and using psychology to improve the lives of Kentuckians. "My hope is to lead the PEC in utilizing technology and innovative means to get the word out about how helpful psychology can be in everyday life," says Dr. Logue.

In addition to this change, the PEC has been highly involved in several projects designed to utilize technology as a means of information dissemination. The [Kentucky Psychological Foundation's facebook page](#) continues to be an outlet along with the newly created Twitter account, [@HeadsUpKentucky](#). Please like/follow both and tell others about these helpful sources of information.

Other significant projects include the revision or creation of several brochures on psychological topics for the general public by Dr. DeDe Wohlfarth and her students at Spalding University. Of the 29 brochures, 13 are general, 5 are children's, 4 are for parents, and 7 are not yet classified. The modern and user-friendly brochures cover topics such as: supporting healthy grief in children and teens, teaching children mindfulness, and the ABCs of LGBTQ. Many agencies have already expressed interest in having access to these materials, and the PEC is currently researching funding opportunities for printing. Once completed, the brochures will also be available on the KPF Facebook page and website.

Finally, three op-eds have appeared in local publications including a print version of the article, "[Talking to Kids When They Need Help](#)" which appeared in the Union Recorder along with an online version of the same article in the Louisville Courier-Journal.

Another op-ed entitled, "[Mental Illness Common, Often Untreated](#)," by **Drs. Brigid Kleinman, Eric Russ, and Christen T. Logue** appeared online in the Lexington Herald Leader.

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

**- SAVE THE DATE -**

**Kentucky Psychological Association's 2017 Annual Convention:**

  
**PSYCHOLOGY  
 LICENSE DEFENSE  
 & MENTAL HEALTH LAW**  
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**Mark R. Brengelman**  
*Attorney at Law PLLC*  
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## ***A Balancing Act: Innovation and Keeping the Heart of Psychology***

**November 2-4, 2017 - Griffin Gate Marriott, Lexington, KY**

Featured alongside our talented local presenters are:



Arthur Evans, Ph.D.



Ty Tashiro, Ph.D.



Ryan Vandrey, Ph.D.



Sandy Shullman, Ph.D.

- [Dr. Arthur Evans](#), CEO of the American Psychological Association
- [Dr. Ty Tashiro](#), Author of *AWKWARD: The Science of Why We're Socially Awkward and Why That's Awesome* and *The Science of Happily Ever After*
- [Dr. Ryan Vandrey](#), Associate Professor of Psychiatry and Behavioral Sciences at Johns Hopkins Bayview Medical Center

### Members in the Media

**Shelia Schuster, Ph.D.**, was on [Kentucky Tonight](#) June 26th, 2017 discussing State tax reform. Dr. Schuster was also honored by APAPO for her advocacy in the passing of Tim's Law...[read more](#)

### KPA Home Study Opportunities

Under revised KRS CE regulations, you can now earn up to 12 credits per licensure cycle for home study courses. See what KPA has to offer...

[Families and Couples in Transition: Lessons Learned](#)

[Pain and Pain Management: Lessons Learned from Treating Veterans](#)

[Behavioral Health Interventions](#)

[- Mild Traumatic Brain Injury: Lessons Learned](#)

[A Transforming Partnership for Health Care,](#)

[Multicultural Ethics for a Diverse World, 3 CE](#)

[Religiosity and Spirituality Among Psychologists, 1 CE](#)

View the [KPA Home Study Page](#) for additional options.

- [Dr. Sandy Shullman](#), Current Chair of the APA Leadership Institute for Women in Psychology, co-author of Performance Appraisal on the Line, and Managing Partner of the Executive Development Group- Columbus Office.

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## Details of License Renewal

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

Along with our new license numbers in 2016 came a new online platform and process for license renewal. Even though the renewal schedule is essentially unchanged, there has been some lingering confusion about renewal versus expiration dates. I've worked with Chessica Nation at KBEP to provide this information to help set the record straight for active licensees (inactive or temporary licensees do not have grace periods so their renewal and expiration dates are the same).

1. The **RENEWAL** date is the anniversary date of licensure and is the intended and preferred date to renew. This used to be what licensees saw as expiration dates on their licenses.
2. The **EXPIRATION** date marks the end of the three-month grace period following the renewal date KBEP allows before the license goes inactive. The KBEP system now shows the expiration date (so it is three months after the renewal date) in the system.
3. Both dates can be seen when the licensees click View Individual Profile in their eServices accounts that can be accessed at <https://oop.ky.gov/Eservices/Default.aspx>.

- But if a licensee (or member of the public) looks up their information on the verification tool on the Board's website ([http://oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx)), only the expiration date will be shown.

4. Renewal notices are sent via email now (no more post cards); a letter will be sent to licensees with no email address provided. The notices are sent approximately 90 days prior to the licensee's renewal date and clearly outline the date distinction. Here's how they read:

*"The renewal date for your Licensed Psychologist license is 03/14/2017. Your current license will expire on 06/14/2017, which includes a grace period if applicable. Failure to renew your license shall constitute sufficient cause for termination of licensure. Licenses not renewed by 06/14/2017 will terminate and you are hereby advised at such time you shall not practice as a/an Licensed Psychologist in Kentucky."*

5. Why observe the renewal date if the real-deal is the expiration date? Even though there is no financial penalty yet, there will be one soon (late summer) if the amendments filed by the Board are approved. Also, the farther past your renewal date you go, the higher the risk that the process for approval will not be completed in time and your license will expire. (The Board will notify all licensees of any changes such as late fees.)
6. Chessica notes that the safest approach is to submit your renewal materials prior to the Board meeting that occurs before your renewal date. (The hope is that, when all renewals are submitted online, the Board will be able to have rolling reviews throughout the month rather than relying on one review per month.)

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# Kentucky Psychological Association

# Political Action Committee



The KPA-PAC is our voice for psychology in Kentucky's political process. Decisions made in Frankfort impact matters, such as psychology licensure, insurance reimbursements, and our very identity as psychologists. With your support, the KPA-PAC will continue to advocate for psychological health and psychology practice in Kentucky. The KPA-PAC needs you!

## What is KPA-PAC?

- KPA-PAC is a bipartisan political action committee of the Kentucky Psychological Association.
- KPA-PAC conducts legislative and political advocacy on behalf of practitioners and educators who are members of the Kentucky Psychological Association.

## Why is support of the KPA-PAC so important?

- KPA-PAC provides a voice for psychologists and their priorities in Frankfort – the greater the number of contributors to the KPA-PAC, the more effective it will be.
- The KY State Congress is making decisions now that will affect psychologists for years to come. Your support of the KPA-PAC is critical if we hope to advance psychology priorities within KY.
- Through the KPA-PAC, we can all play an active role in the KY election process and have our voices heard.
- By supporting the KPA-PAC, we are advancing political awareness and concern about the future of psychology.

## Who will the KPA-PAC support with my contribution?

- Pro-psychologist candidates
- Incumbents and challengers
- Democrats and Republicans
- KY House and Senate members on key committees
- Leadership in the KY House and Senate

## How can I help?

- Get to know your state legislators and educate them on the priorities that are important to psychology.
- Inform the KPA-PAC of relationships you already have with members of the KY House and Senate and candidates for state office.
- Learn more about the work of the KPA-PAC and make a contribution at <http://www.kpapac.org>.

# SB 91 – Assisted Outpatient Treatment (AOT) – Tim’s Law

*Sheila A. Schuster, Ph.D.*

As promised in the last KPA e-News, I would like to provide information on the criteria for Assisted Outpatient Treatment (AOT) and the procedures which must be followed in order for the Court to order AOT.

The goal is to create a new procedure for a narrowly-defined number of individuals to access outpatient treatment under a court order without having to again be involuntarily committed.

The new sections of KRS Chapter 202A create a process for District Courts to order “assisted outpatient mental health treatment” after receiving a petition, examining the petitioner, ordering an examination of the individual and setting a hearing date.

The petition to District Court for assisted outpatient mental health treatment for an individual may be filed by a qualified mental health professional, peace officer, county or Commonwealth’s attorney, spouse, relative, friend or guardian of the individual or by any other interested person.

After gathering the information described above, the Court may dismiss the petition if there is no probable cause to believe the individual should be court-ordered to assisted outpatient treatment (AOT).

## **Tim’s Law establishes eligibility criteria which include:**

- presence of a serious mental illness;
- having been involuntarily committed at least twice in the past 12 months;
- symptoms of anosognosia (failure to recognize serious mental illness in him or herself);
- finding by the qualified mental health professional that the individual is unlikely to adhere to voluntary outpatient treatment;
- determination that court-ordered assisted outpatient treatment is the least restrictive alternative mode of treatment available.

## **Tim’s Law establishes procedures which include:**

o Proceedings for AOT shall be initiated by filing a verified petition in District Court by a professional, peace officer, relative or person familiar with the individual.

o Prior to the hearing, require a mental health examination and the development of a treatment plan by a qualified mental health professional, with opportunities for the individual and others requested by the individual to participate in the development of the plan. Treatment providers are required to follow any advanced directive for mental health treatment the individual may have, and to use defined evidence-based practices.

o Establishing the process for a hearing, including the individual’s right to have an attorney present, as well as a peer support specialist or other support person and to present evidence, call witnesses and cross-examine adverse witnesses.

- o A qualified mental health professional shall testify at the hearing, state how the individual meets criteria and present the treatment plan that is essential to maintaining the individual's health or safety.
  - o The court may dismiss the petition and the proceedings if it does not find by clear and convincing evidence that the individual meets the criteria for court-ordered assisted outpatient treatment.
  - o If the court finds by clear and convincing evidence that the individual meets the criteria for ordering assisted outpatient treatment, it may issue such an order for a period not to exceed 360 days.
  - o Require that the courts report every order for assisted outpatient treatment to the KY Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders and Dual Diagnoses ("HB 843 Commission") established in KRS 210.502.
  - o Require the court to appoint a multidisciplinary team provided by agency approved by the Cabinet to monitor and report on the individual under each order. Require that the team is available for crisis intervention 24/7 and is adequately trained.
  - o Authorize a 72-hour emergency hospital admission for an individual who fails to comply with a court order for assisted outpatient treatment.
  - o At any time, the person under the order may move the court to stay, vacate, or modify the order.
  - o Provide for a process to change a treatment plan upon recommendation of a qualified mental health professional. This may be done without a hearing if the individual agrees.
  - o Permit an additional period of treatment to be ordered, provided certain criteria are met, including following the identical procedures utilized in the initial hearing. The individual shall be represented by an attorney in responding to the petition for additional treatment time under the court order.
  - o Require that services provided to the patient under an assisted outpatient treatment order be covered by Medicaid, if the patient is Medicaid-eligible.
  - o Implement the AOT program as adequate funding becomes available. Funding may come from local, state or federal sources, or from grants, donations, or gifts from private resources. [Note: The Substance Abuse/Mental Health Services Administration (SAMHSA) awarded grants last year to new or innovative AOT programs across the country; they are likely to issue a new round of those grants in the coming year with funding from The21st Century Cures Act, passed in December of 2016.]
- SB 91 will become law on June 26, 2017; however, it will not be implemented until additional funding is identified and secured. I will keep you updated as implementation is rolled out. The full text of the bill can be found at: <http://www.lrc.ky.gov/recorddocuments/bill/17RS/SB91/bill.pdf>

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## Show Me The Money - Part 5

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

You made it! The final installation is here of the Show Me the Money series - the time-limited, multi-part, highly important collection of information that has an impact on your profession and on your pocketbook. The APAPO article, "How insurers and Medicare set reimbursement rates" is reprinted below, but for those short on time, patience, or interest, I've included some summary bullet points:

- From time to time APA (or KPA) members may get a survey regarding services you provide and costs associated with those services.

- This RUC survey data will be used by the AMA RUC committee to help CMS set reimbursement rates for psychological services.
- RUC surveys are the main vehicle for specialty health organizations like APAPO to recommend relative values/advocate for payment rates for psychological services in the Medicare fee schedule (\*\*which is the basis or benchmark for payments to psychologists in most commercial and federal programs – not just Medicare) – so the more surveys completed, the more robust the data.

The full calendar of this series is below. Let the time and print I have devoted to this topic represent its importance. Refer to past Show Me the Money articles (available on the KPA website) if you receive a survey, and be sure to complete it! Maybe there will be a Part 6 in the future where I can channel Family Feud's Richard Dawkins to proclaim, "Survey SAYS....."

## **Up to code: How insurers and Medicare set reimbursement rates**

*By APA Office of Health Care Financing Staff (Practice Update, May 18, 2017)*

At times, members of the American Psychological Association will receive an email from the Practice Organization asking psychologists to complete a survey about the health care services you provide and the costs associated with those services. Why is completion of this survey important? The American Medical Association's Relative Value Scale Update Committee (AMA RUC) will use the data from your responses to help the Centers for Medicare and Medicaid Services (CMS) set reimbursement rates for procedures psychologists perform (see the recent PracticeUpdate article on how to complete a RUC survey). RUC surveys issued by AMA are the primary vehicle by which specialty health care societies like the Practice Organization advocate for appropriate payment values in the Medicare fee schedule.

The Medicare fee schedule is the basis for payments to psychologists and other health practitioners in the federal health program. This schedule is frequently used as the benchmark for commercial insurers and other federal insurance programs. So, even if you aren't a Medicare provider, the fee schedule can still impact your reimbursement rates from other insurers (For more information about Medicare's influence, please see the "[Who Sets Psychologists' Payment Rates?](#)" article from April 20, 2017).

CMS makes the final decision on Medicare payment rates. However, the relative values for psychology's Current Procedural Terminology (CPT®) codes are shaped by data collected from APA and Practice Organization members through the RUC surveys.

Data from RUC survey responses become the basis of the Practice Organization's recommendations to AMA for adjusting the relative values for psychology's CPT codes. A more robust RUC survey response rate from psychologists makes for more robust survey data. This data will serve as a foundation for appropriate relative values and reimbursement rates for current psychological services.

The Practice Organization is always concerned that psychologists receive appropriate reimbursement for their work with Medicare beneficiaries. We send representatives to all AMA RUC meetings each year to advocate for psychology's tangible value to the Medicare system. In addition, the Practice Organization regularly comments on proposals and new developments in the overall RUC process and in the Medicare fee schedule process. The RUC survey instrument is designed by AMA, and cannot be modified by the Practice Organization. If you have questions about the RUC process or about the Medicare fee schedule, contact the Practice Organization.

### **Additional resources**

Prior Up to Code articles covered:

- anticipated changes to psychological and neuropsychological testing CPT codes
- how changes will affect your future payments
- how to complete a RUC survey properly so that CPT codes are assigned the appropriate values

**Also available online:**

- slide presentation on the RUC process
- more information about Medicare reimbursement and APA Practice Central's [Complete Guide to Medicare for Psychologists](#)

**Show Me the Money Series Calendar**

<b>March 23</b>	APAPO Practice Update published a quick poll on reimbursement and codes about problems and challenges using CPT codes for billing.
<b>April 3</b>	DPA blast: Show Me the Money: Part 1
<b>April 6</b>	APAPO Practice Update Up to Code Column: <b>Keep Current with Coding</b>
<b>April 7</b>	DPA blast: Show Me the Money: Part 2
<b>April 20</b>	APAPO Practice Update Up to Code Column: <b>Who sets payments</b> as well an infographic on quick poll results taken in March
<b>April 21</b>	DPA blast: Show Me the Money: Part 3
<b>May 4</b>	APAPO Practice Update Up to Code Column: <b>RUC Process</b>
<b>May 5</b>	DPA blast: Show Me the Money: Part 4
<b>May 8</b>	Webinar with APA President Dr. Tony Puente "Getting Reimbursed for Psychological & Neuropsychological Testing"
<b>May 18</b>	APAPO Practice Update Up to Code Column: <b>AMA RUC Survey</b>
<b>May 22</b>	DPA blast: Show Me the Money: Part 5

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**Stand Up, Kentucky!**

*Joni Caldwell, Ph.D. & KPA Ethics Committee*

The evidence is mounting that sitting for prolonged periods of time is bad for us. "Sitting is the new smoking!" The absence of muscle contraction during long, uninterrupted stretches of inactivity can unlock a cascade of negative biochemical reactions. Sedentary bodies are not good at breaking down blood sugar and cholesterol, which of course are the chief culprits in diabetes, heart attacks and strokes. Sedentary folks have higher levels of triglycerides and lower levels of HDL (good) cholesterol, increasing the amount of calcium and fatty buildup inside the heart's arteries. Although certainly not alone, psychologists are among those who may be especially vulnerable to the "sitting disease," given that our days are typically dedicated to psychotherapy, test

administration, note writing, report writing, not to mention consultation, long commutes, etc! So, under the aegis of our ethical mandate for self-care, members of the KPA Ethics Committee decided to pool resources and find help for the sitting psychologist.

**First, here are some links to the problem, symptoms, and strategies to combat the “sitting disease”:**

- [Do you have sitting disease? \(2012\)](#)
- [The risks of a sedentary lifestyle: Stand up for your health! \(2012\)](#)
- [Sitting at your desk is eating your muscles. \(2013\)](#)
- [Sitting Disease: Moving Your Way to a Healthier Heart \(2015\)](#)

Are the interventions recommended in these popular news features effective in counteracting the potential for chronic disease? The literature in this area is growing as well.

Shrestha & Bhaumik (2015) provided a systematic review of workplace attempts to address symptoms of an overly sedentary lifestyle and workstyle. They found that engaging in recommended levels of physical activity during free time was not enough, but that the risk for chronic disease remained if individuals sat for prolonged periods at work. The most effective workplace interventions were shown to be as follows:

- Sit-stand desks: reduced sitting time by 2 hours per 8-hour workday
- Computer prompts: reduced sitting time in one study 55 minutes; none in another study
- Information & counseling: reduced sitting time by 28 minutes
- Walking strategies (eg walking during breaks): did not reduce overall sitting time

Green et al (2016) provided an empirical evaluation of a behavioral intervention to reduce bouts of prolonged sitting in the workplace. These researchers found that providing information alone (eg, instructions to take short breaks every 30 minutes) was not as effective as a treatment package consisting of tactile prompts, feedback, and goal setting. The tactile prompt was a vibrating watch to remind participants to stand every 30 minutes. Feedback consisted of information at the end of each day regarding the number of hours the participant spent sitting greater than 30 minutes (eg, “you had six bouts of sitting greater than 30 minutes”). Finally, the participant was encouraged to set a goal for improvement the following day, and was reminded at the beginning of each day of the goal. Results showed a significant decrease of prolonged sitting longer than 60 minutes, which is the duration beyond which health risks increase. In a follow-up social validity questionnaire, participants reported that the devices were comfortable, and that their overall productivity did not decrease (Green et al, 2016).

The idea that prolonged sedentary behavior is unhealthy is neither new nor surprising. What may be surprising is that a few minutes of daily exercise may not be enough to compensate for all those hours seated at a desk! The current guidelines from the American Heart Association recommend 150 minutes of moderate exercise per week (30 minutes x5). However, 150 minutes of exercise per week accounts for only 2% of the average adult’s waking time. It’s not enough but it’s certainly a start. The literature is finding that increases in activity throughout the day – whether at work or at home – can significantly improve the risks associated with a sedentary lifestyle. Sit less. Stand more. Move. Feel better. Live longer.

## References

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## ECP Spotlight

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



This edition of the ECP Spotlight focuses on **Norah Chapman, Ph.D.**, who recently won the Outstanding Graduate Mentor of the Year, and was kind enough to let us get to know her for the Spotlight.

Tell us about your path from graduate school to the job you have now?

I became incredibly passionate about graduate training during my time in the Counseling Psychology program at the University of Kentucky. I had the great opportunity to practice supervising, teaching, and mentoring students first entering the program during my program of study. Although I enjoyed clinical work, there was a special place in my heart for passing along the high quality instruction I received from mentors and supervisors at UK and on internship. I sought out academic appointments for my first job during my postdoctoral internship year and learned that Spalding University was hiring for instructors. I was grateful to begin getting solid mentorship in teaching and academia from my colleagues there. I can say without hesitation that this position allows me to pass along the training I received and is highly fulfilling personally and professionally. From this position, I have met incredible professionals who have nurtured my growth as a psychologist and support me in developing my professional identity as an ECP.

**What made you want to become a psychologist?**

I have been an observer in my personal life for as long as I can remember, often watching groups of individuals interact. I often felt curious about relationships and how people navigated connections, conflict, etc. My parents owned the book "How to Win Friends and Influence People" by Dale Carnegie. I skimmed through it growing up, soaking in what I thought were novel concepts at the time. I remember feeling fascinated that how we respond and listen matters to how people feel by themselves and in relationship to others. In short, listening and supporting one another offered people a place to open up and be who they are in relationship to others. From then on, I became interested in listening to others and learning their stories, connecting with people who had no one else in their lives to listen to them. Although psychotherapy and our clients are certainly more complex, I am always taken aback by clients who say "this is the only place I have to be myself" or "you're the only person who listens to me in my life." Amidst all the excitement and validity to evidence based psychotherapies, it is also at my core from early on that connecting, relating, and building a safe space for clients to "be" is an important value I have always held.

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

Challenges to this point have been learning to navigate my role as an academic psychologist. Many of us find ourselves in different and overlapping roles. As an academic psychologist, I have the opportunity to have my hand in a number of areas, including supervision.

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

Watching students "get it" in my teaching role or learning something new in supervision that helps unlock a new framework of thinking that serves their client and their training at the same time. Seeing student learning come through in how they think on assignments and in their questions.

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

The best moment in my career so far is when students nominated me to be the Outstanding Graduate Mentor of the Year for 2017. I could not be more grateful students see me in this way.

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

From state and national conversations, policies, and research, I believe we will see more cross discipline collaborations to serve those with whom we work whether that be in clinical work, research, and/or teaching. Funding sources are often gearing their announcements towards multiple disciplines. I think this is an exciting time to collaborate and get to know others who offer different perspectives from what we know in our field.

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

Connections with colleagues, bar none. I believe those whom I have met in KPA as an ECP have been pivotal to feeling as though I am not alone in navigating the newness of my career and all the questions, hurdles, and challenges that can come along with that. Leadership opportunities offered through KPA have also helped me hone skills I may not otherwise have involvement in as an ECP.

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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.

**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.

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

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

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