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Exciting News from KPA & KPF

We hope you enjoy this 1st quarter 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](#) and KPF [Twitter](#) and Facebook

Update from KPA Acting Executive Director

A Wonderful New Year with KPA

Katie McBride, Ph.D.

2020 has begun! After adapting successfully to a series of major unexpected changes over the course of last year, KPA is poised for a strong year ahead. In December we had our orientation for 2020 Board of Directors and our final board meeting of 2019. KPA BoD has now transitioned to the newly restructured districts: Appalachian, Bluegrass, Ohio River, and Western-Central, along with its two new "At Large" Seats. Representatives remain for Academic, Early Career, Masters, Diversity, Graduate Student, and APA Council. Our bylaws state that the five Interest Sections with the highest numbers of members each year have voting seats: Child & Adolescent, Clinical, Education & Training, and Rural seats

6. [Nuances of Multiple Relationships](#)
7. [KPA Leadership Academy Update](#)

are all filled for 2020. I am looking forward to working with such a full and robust working board starting in March!

Our **Legislative Advisory Team** is working hard reviewing every bill in the House and Senate deemed relevant to KPA's legislative priorities. Thank you to **Drs. Amanda Merchant, Georgeann Brown, and Felicia Smith** for continuing their service, and welcome to **Ms. Cay Shawler** and **Dr. Pam Cartor** for agreeing to join the fray! Over the last few years, the capabilities of this LAT have solidified and the BoD decided to downshift our formal arrangement with the lobbying firm. Dr. Sheila Schuster has agreed to re-enter as our legislative advisor and lobbyist and work with the team as they make decisions as to how to engage on specific bills and advocate accordingly. This volunteer group works nearly every day during the session (January-April) to read bills carefully as they get filed, make suggestions for desired changes, discern the congruence with KPA's legislative priorities, and decide whether KPA should support, abstain, or oppose. **If you read about a legislative bill or general issue of interest to you, be sure to submit your idea to KPA's Public Issue Response Committee (PIRC located on the first page of kpa.org)! We seek opportunities for psychology to offer a strong, clear, and reasoned voice at the table!**

Our delegation to **APA-Practice Organization Practice Leadership Conference (PLC)** will be heading to Washington, D.C. March 6-10. I will be wearing two hats this year—attending the annual meeting for all Directors of Professional Affairs, and as well as connecting with other Executive Directors during that meeting. PLC Diversity Delegate **Dr. Lali McCubbin** and Federal Advocacy Chair **Dr. Georgeann Brown** will return in their respective roles. Congratulations to KPA President-Elect **Dr. Rachel Buehner** for her acceptance into APA's new Leadership Development Cohort, with special programming during this conference and wonderful supports and learning opportunities throughout the year (Only 9 applicants were selected for this prestigious group!). KPA President **Dr. Steve Katsikas** will be attending a pre-conference day workshop, The Role in Psychology in Addressing Pain and Related Opioid Dependence. KPA Past President **Dr. Eric Russ** will be presenting on the development of KPA's new Leadership Academy, (In Frankfort on January 13, the **Leadership Academy** launched its 2020 inaugural class of 15 fellows from across the state-Appreciation to all the mentors, to **Eric** and **Dr. Andy Meyer for leading the morning, and to Dr. Sheila Schuster for including them in her afternoon of advocacy training!**)



Let your
voice be
heard!

**2020 KPA
Psychology
Day
at the
State
Capitol**

**Tuesday,
January 28th**


The **Spring Academic Conference** (March 28) will be held at Bellarmine University. The committee, chaired by **Dr. Steven Kniffley**, has re-worked the programming to better reflect the needs of the graduate and undergraduate students and should be a valuable day for everyone. Please consider volunteering for this wonderful day connecting students and professional psychologists—you can contact the office at kpa@kpa.org!

Planning for **2020 KPA Convention** is beginning, with a committee taking shape (thanks to those of you who have agreed!) and a theme identified. The convention this year will be in Lexington at the Campbell House November 12-14 and will have a trauma-informed theme. A call for proposals will be out to membership soon - Be on the lookout!

Our 7th Annual KPA Psychology Day: Let your voice be 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. This is a great opportunity for you to be an advocate for the field of psychology and mental health treatment, meet with legislators who can promote psychology and mental health in Kentucky, and network with colleagues. KPA members who attend this event keep coming back every year, saying it is a great experience. Students are welcome as well. We will train you beforehand and brief you on the talking points, and KPA members are able to go in groups/pairs.


Event Highlights: You will have the opportunity to:

- Participate in individual or group meetings with your legislators
- Meet legislators who have worked closely with KPA
- Watch committee meetings and stay afterward to watch the legislative session
- Learn more about how the legislative process works and how you can be an effective advocate



Psychology License Defense
& Mental Health Law

**CLICK HERE
FOR MORE INFORMATION**



Mark R. Brengelman
Attorney at Law PLLC

*Committed. Connected. Focused.
Knowledge of the Field is Power.*



MEMBERHIGHLIGHTS



Rachel Buehner, Ph.D., was selected to the APA Leadership Development cohort. Only 9 Early Career Psychologists were selected for this prestigious position.

- Help increase awareness among policy-makers about KPA, the science and practice of psychology, and issues that affect psychologists and the Kentuckians we serve

Location

Capitol Annex, Room TBD – Frankfort, KY

8:30 am – 2:00 pm EST (Time is flexible)

Schedule for Legislative Day, January 28th:

- 8:30am – 9am: Meet in Capitol Annex Room 113 for Orientation, Schedule Pick-up, Tips on Legislative talking points
- 9am to 11am: Meet and Greet breakfast with Legislators/Psychology Public Education Fair
- 9am to 1:30pm: Individual or group meetings with your legislator, as available. You will be accompanied by another KPA member experienced with advocacy if desired. KPA members may also attend Committee Meetings
- 11am to 2pm: Legislators will come talk to the KPA group informally; Lunch on your own in the cafeteria

Recommended Training Calls before event:

Members attending the event are encouraged to call in to hear more about the talking points, KPA's Legislative Agenda, up-to-date information on the status of bills we are following, and tips on how to talk to legislators

***Sunday, January 26th @ 7:30 pm to 8:30 pm EST**

OR

***Monday, January 27th @ 7:30 pm to 8:30 pm EST**



Sarah Shelton, Psy.D., MPH, MSCP, was interviewed on Youth and Terroristic Threatening in Schools. [Click here to see the interview.](#)



Shambra Mulder, Ph.D., was appointed to the Transportation Cabinet transition team by Governor-Elect, Andy Beshear. [Click here to read more.](#)

***Please register by January 20th**, but the earlier the better to schedule meetings with legislators. Thank you!

Questions?

Questions about the event can be sent to **Dr. Georgeann Brown**, Psychology Day Chair, dr.georgeannbrown@gmail.com or the KPA Central Office at kpa@kpa.org

- Katie (Contact me any time: edkatie@kpa.org)

Update from KPA President

Steve Katsikas, Ph.D.

My clinical identity is as a child clinical psychologist. Prior to moving to Kentucky, I worked directly with children, adolescents, and families in a large public health system. I recall how the economic challenges facing many of these families had a profound and lasting impacts on their children and their own health. I saw resilience and I saw the struggle.

I have been thinking quite a bit about the KPA Convention Workshop I attended with APA President Dr. Rosie Phillips Davis. Her discussion of “deep poverty” struck a chord with me, solidified by the very challenging poverty simulation she asked participants to complete. Coupled with her presentation was the publication of a timely issue of *The American Psychologist*, a Special Issue on Psychology’s Contributions to Understanding and Alleviating Poverty and Economic Inequality (September 2019, Volume 74). I would highly recommend reading it. Much of the special issue makes reference to the effects of economic hardship on children and families.

In the special issue, Hostinar and Miller (2019) review the effects of poverty on children and present some sobering facts. Approximately 21% of American children live below the poverty level. Poverty is strongly associated with a myriad of behavioral and health challenges as well as a markedly increased likelihood of coming in contact with the justice system. The negative effects of poverty do not go away when family income inches over the “line”, and multiple negative effects



Sheila A. Schuster, Ph.D., was appointed to the Cabinet for Health and Family Services transition team by Governor-Elect, Andy Beshear. [Click here to read more.](#)



Tammy Hatfield, Psy.D., while traveling in the Northern African country of Mauritania this summer, I happened upon a serendipitous find. Driving through the capital city of Nouakchott, I

have been noted for children who are identified as “low income” (i.e., within 200% of the poverty level). When this definition is used, 43% of American children are living in economic conditions that create tremendous challenges to accessing affordable housing, child care, adequate nutrition, transportation, and many other basic needs.

The news for Kentucky’s children and families is even more dire, with more than half of young children living in low-income families (http://www.nccp.org/profiles/KY_profile_8.html). Furthermore, 79% of Kentucky’s African-American children and 75% of Hispanic children live in low-income families. Kentucky is in the top 5 poorest states in the country, but these disparities persist everywhere.

Given the tremendous toll that economic insecurity has been shown to take on the well-being of children and families, psychologists need to redouble our efforts to be advocates for social safety net programs and mitigate the negative effects of poverty while also promoting programs that allow caregivers and families to emerge from poverty and earn a legitimate living wage. As the American Psychologist issue suggests in another article by Reynolds et al (2019), prevention services delivered to preschool-aged children through third grade can make a dramatic impact on children and families, creating positive outcomes that result in higher educational achievement, lower levels of behavioral and mental disorders, and better long-term health problems. Investment in children is one of the most effective and affordable (in the long run) ways we can impact all of our futures.

I am reminded of a statement by Dr. King, “I have the audacity to believe that peoples everywhere can have three **meals** a day for their bodies, education, and culture for their minds, and dignity, equality, and freedom for their spirits.” I agree. We most assuredly can do better and must do better for the children and families in our Commonwealth.

Kentucky’s legislative session is going to be an active one. I encourage all our members and all child advocates in the commonwealth to keep track of legislative alerts and be ready for full-throated advocacy for the kinds of measures that can improve the lives of Kentucky’s families. **I hope you join us for Psychology Day at the Capitol on January 28th.**

passed a building with a large green sign that read "Centre SAADA counseling" and listed the name of a psychologist, Dr. Wiam Mohamed Elmamy. [Click here to read more about this meeting and to see the counseling center.](#)



David Susman, Ph.D., was highlighted in the recent issue of the American Psychological Association's Monitor. [Click here to read.](#)

If you have a highlight you would like to share with the KPA office please email Marketing & Membership Coordinator, Samm Ownby at samm@kpa.org

Upcoming Events

**Open for
Registration!**



KPA - PAC Updates for 2020

Melissa Leath, Ph.D.

Greetings and Happy New Year to all Members!

Here's hoping you had a wonderful and healthy holiday season spent with family and loved ones. And 2020, no less! How did we get to the beginning of the THIRD decade in the century so quickly? (I realize this is controversial: Does a new decade begin with a "zero" year or a "one" year? Personally, I am going with Prince on this subject, who I assume thought the new decade started with a zero, else why did he want us to "...party like it's 1999!". Zero year = new decade. Final answer!)

Regardless of the decade (end of second or beginning of third), we are facing a new year with a number of interesting/serious challenges; a crucial ELECTION year actually with all 100 of the House seats and 19 (i.e., one half) of the Senate seats up for election in this year's primaries and general elections. But why so important, you may ask? We just had the Governor's race this past November. An important reason is this: The General Assembly sitting and/or elected in November of 2020 will have the responsibility of redistricting based on the 2020 national census.

Some general information on redistricting... Redistricting happens every 10 years following the completion of the US census. The US Census Bureau will complete the 2020 census by December 31, 2020. Kentucky legislators will then receive by April 1, 2021, the "counts" for the purposes of "redistricting" (i. e., the process of drawing new congressional and state legislative district boundaries which a) are to have equal populations and b) are not to discriminate on the basis of race or ethnicity).

Tuesday, January 28th - [2020 KPA Psychology Day at the Capitol](#)

Friday, February 7th- [Research and Relationally-Informed Treatment for PTSD and Related Disorders, 3 CE](#)

KPF Featured Presentation with Dr. Ken Levy, 6 or 12 CE

Thurs., February 27 & Friday, 28th

- **2/27: Workshop 1:**[Evidence-Based Treatment of Borderline Personality Disorder: Clinical and Ethical Considerations, 6 CE](#)
- **2/28: Workshop 2:**[Transference-Focused Psychotherapy \(TFP\): An Evidence Based Therapy for Borderline Personality Disorder, 6 CE](#)

Friday, March 20th - [2 CE](#)
[Events: ADHD in Children, Adolescents, and Young Adults, 3 or 6 CE](#)

- **AM Workshop:** ADHD and the Transition to Adulthood: Assessment and Management of Late Teenagers and Young Adults., 3 CE
- **PM Workshop:** Understanding, Assessing, and Treating ADHD in Children & Adolescents, 3 CE

Saturday, March 28th - KPF Spring Academic Conference - [Vision 2020](#):

Besides generally needing to elect fair-minded individuals to the legislature in the next election cycle as they will be charged with redistricting, how do the upcoming elections and the legislative process, in general, relate to psychologists? Although we finally have one of our own in the legislature (Lisa Willner, Ph.D., who by the way is one of the 100 House members up for re-election. Let's keep her there!), few other members in the House or Senate have a background in psychology and/or healthcare. Nonetheless, our legislators are often faced with making policy decisions that affect BOTH the practice of psychology and the behavioral healthcare of Kentuckians. This is where the KPA-PAC and YOU come in!

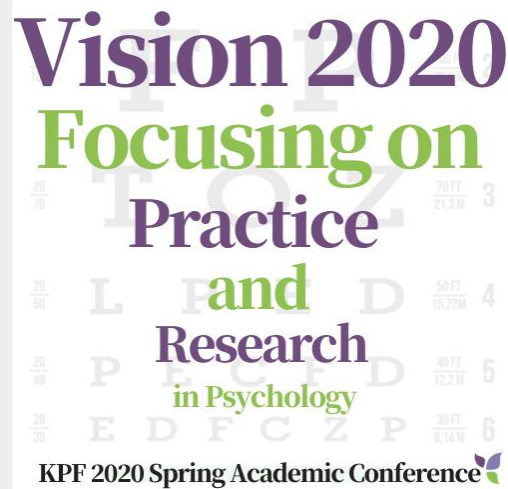
The KPA-PAC was developed to increase psychology professionals' access to policy matters by providing the opportunity to educate legislators on issues that matter to all of us. The KPA-PAC diversifies KPA's advocacy efforts to include political giving as a mechanism to building stronger relationships with policymakers. These RELATIONSHIPS increase the likelihood that legislators will be able to hear information about our association, our skill sets, and our value to behavioral healthcare. Psychology and mental health are NON-PARTISAN topics, requiring advocacy and representatives across all parties. The KPA-PAC allows us to communicate that psychologists want to be engaged in the decision-making process, that psychologists want "a seat at the table".

In 2018 the KPA-PAC gave over \$11,300 to 21 candidates. The KPA-PAC donated to those candidates friendly to KPA's priorities and to the mental health policies that we support. By giving to these legislative campaigns, the KPA-PAC is helping to get psychology-friendly legislators elected (Over 80% of the candidates supported financially by KPA-PAC were elected.) and gives KPA name recognition while distinguishing KPA as an organization that wants to work with politicians to improve mental health care in Kentucky. In short, we believe that giving to legislative campaigns affords psychologists in Kentucky the opportunity to have conversations with legislators about policies. It also helps Dr. Sheila Schuster, our lobbyist, have more of a voice with them.

So here's the "ask" and it's a two-parter:

Part 1. The KPA-PAC is asking psychologists for donations of ANY amount to replenish our coffers depleted by our 2018 giving. Primaries will be upon us very soon (May 2020), and we need funds in order to be able to make contributions to critical races. Beyond the primaries, we will then have the general election in November when we will, hopefully, be making additional campaign

**Focusing on Practice and Research
in Psychology**



**Online registration
opening soon!**

Friday, April 17th - 9:00 am - 4:45 pm -
Advanced Supervision, 3 CE and
Domestic Violence, 3 CE in Louisville,
KY

Friday, May 15th - 9:00 am - 4:45 pm -
Topics Covering Gerontology, 3 CE or 6
CE in Louisville, KY

**Tuesday, June 2nd - 8:00 am - 5:00
pm** - KPF Diversity Conference, in
Louisville, KY

**Jennifer Kelly, Ph.D., ABPP is the current
APA President-Elect.**, who will be coming to
Kentucky in June of 2020 to deliver a
presentation on pain management. In light of

contributions. In order to know what money the PAC has to work with (and to make decisions about how to divide it among candidates), your contribution is needed now! Please go to kpapac.org for information on how to make a donation, and thanks in advance for your financial support!

Part 2. SHOW UP! What we do as a profession DOES matter to people. However, all too often we, as psychologists, have failed to educate people as to why they need us, as to how we can be helpful. And we do this by NOT "showing up". We often get caught up in our busy daily schedules. We forget how important it is AND the message we send when we make the effort to have meaningful conversations with people outside of our practice about our skill sets, our expertise in helping to relieve suffering in people who struggle with mental health and addiction issues, our ability to help create and shape policy in the areas of access to and need for mental health services across the state. While giving money is important, sometimes donating is the easiest thing to do. It may be harder to carve time into our schedule to "show up". During this election cycle, demonstrating that we care about and value our profession and what we do by participating in dialogues with candidates and elected officials is every bit AS important as any monetary contribution. Maybe we just don't know how or what to do in order to be part of such conversations. What might psychologists do to "show up"? One answer is: We can participate in Psychology Day in Frankfort!

The good news is KPA's Psychology Day is, in fact, just around the corner! It is on Tuesday, January 28th from 8:30 am to 2:00 pm at the Capitol Annex in Frankfort. Please register by January 20th so that a schedule can be prepared for you, you can be briefed, etc. Questions about the event can be sent to Dr. Georgeann Brown, Psychology Day Chair, dr.georgeannbrown@gmail.com or the KPA Central Office at kpa@kpa.org. Participants in Psychology Day will have the opportunity to sit in on individual/group meetings with their specific legislators; meet legislators who have worked closely with KPA; watch committee meetings and stay afterward to watch the legislative session; learn more about how the legislative process works and how to be an effective advocate; help increase awareness among policymakers about KPA, the science and practice of psychology, and issues that affect psychologists and the Kentuckians we serve. Please join us! Get together and come with a colleague! WE NEED EACH ONE OF YOU!

the opioid crisis and the devastating toll it has taken in Kentucky, this is a workshop you will not want to miss. Her talk will also review gender and ethnicity, and how they are associated with treatment for pain.

September TBD - Focusing on Assessment, 3 CE or 6 CE, in Louisville, KY



In closing, let me remind you of the Three T's... Time, Talent and Treasure. EVERYONE has at least one of these. We at the KPA-PAC are betting you have two! Thanks for reading. We hope to see you in Frankfort on the 28th! Cheers!

A graphic with a blue speech bubble on a yellow background with a chevron pattern. The text inside the bubble reads: "OPEN CALL We are accepting Proposals for Continuing Education Events for the 2020 Convention & 2021 Calendar". Below the bubble, the text "Click here to submit your proposal!" is written in red.

OPEN CALL
We are accepting Proposals for Continuing Education Events for the 2020 Convention & 2021 Calendar

Click here to submit your proposal!

Updates from the Legislative Committee

Georgeann Brown, Ph.D.

The Legislative Committee is gearing up for a 60-day Legislative Session in Frankfort, which started on Tuesday, January 7th. Every session, there are

On-Demand Continuing Education Webinars

Completing one of
the four
Ethics and Risk
Management
Webinar
Sequences and its
exam earns you 6
CE credits and
makes you eligible
for a 15% savings
on your Trust
Sponsored
Professional
Liability Insurance
premium for two
consecutive
renewals at your
next policy
renewal.

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DURING
REGISTRATION!

hundreds of bills filed, and we monitor legislation daily to see if it relates to KPA's legislative priorities, as voted on by the board at our December 2019 meeting. As 2020 is a budget year, we will also be closely monitoring the budget to make sure mental health services continue to be funded and are a priority, including resolving the pension crisis with Community Mental Health Centers and establishing a funding source for mental health professionals in schools.

Several hundred bills have been filed during the first week of the legislative session. Some of the bills we will be supporting and monitoring closely include: HB 110, sponsored by Reps. Walker Thomas and Lisa Willner, which establishes the psychology inter-jurisdictional compact, which would allow psychologists to practice telemedicine in states in which they are not licensed that are also part of the compact; HB 199, sponsored Rep. Lisa Willner and multiple co-sponsors, titled the Mental Health Protection Act, that prohibits the dangerous practice of conversion therapy in individuals under 18; HB 213, sponsored by Reps. J. Jenkins and D. Meade, that would amend KRS 214.185 to establish that any qualified mental health professional may provide outpatient mental health counseling to any child who is age 16 or older and is an unaccompanied youth, joining other medical professionals included in this statute. HB 237, sponsored by Rep. C. McCoy, which would add a diagnosis of serious mental illness to the disabilities which prevent execution for persons convicted of capital offenses. We are also looking at a number of bills that will improve Medicaid, as well as bills that would support best practices, including establishing the Kentucky Mental Health First Aid Training Program or similar program to be administered by the Cabinet for Health and Family Services (HB 153, sponsored by Reps. Moser, Sheldon). We are also supporting a bill establishing the Kentucky Eating Disorder Council in the Cabinet for Health and Family Services (SB 82, sponsored by Senator Raque Adams).

As we monitor bills, we determine if they are aligned with the following 2020 KPA Legislative Priorities:

KPA Proposed Legislative Priorities 2020 (Approved 12/13/19)

At the state level:

- **Support funding of SB1 (2019 Regular Session) to enable licensed mental health professionals to provide services in schools.**

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

Rationale/examples: SB1 (2019 school safety bill) referenced qualified mental health professionals in schools, but provided no funding. A change in Medicaid funding coupled with language changes in the law could provide a solution to that problem.

- **Support legislation that increases access to behavioral health services & supports a positive climate for psychology providers.**

Rationale/examples: **PSYPACT**; Provide financial help to sustain CMHCs' operations & other quasi-governmental agencies as part of the state's retirement system, Require uniform credentialing & prompt payment by Medicaid MCOs & other insurers; Support the creation of a state-level Eating Disorder Council. Support expanded services to address Kentucky's opioid crisis

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

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

- **Increase psychology's voice in decisions affecting behavioral health, including support for evidence-based treatments and opposition to treatments found to cause harm**

Rationale/examples: Oppose conversion therapy approaches; Oppose corporal punishment in schools; Juvenile Justice reform; Psychologists placement on boards/task forces in which they have expertise

- **Support legislation designed to improve population health outcomes in Kentucky.**

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

- **Support legislation that improves health equity for historically underserved populations.**

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



KPA Member Benefit Highlights

Free Practice Consultations

KPA's Director of Professional Affairs, is available to consult with KPA members concerning a range of practice and advocacy issues, including HIPPA, third party reimbursement, and state regulations, and can tap resources and

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

• Maintain Medicaid coverage for all Kentuckians below 138% of the federal poverty level.

Rationale/examples: Protect coverage of the approximately 440,000

Kentuckians on the Medicaid rolls under the Medicaid Expansion, many of whom have substance use disorders.

At the federal level: Maintain the Affordable Care Act

- Maintain Essential Health Benefits, requiring coverage of mental health & substance use disorders and behavioral health treatment
- Apply parity requirements under the Mental Health Parity and Addiction Equity Act (MHPAEA) to Medicaid and Medicare and to all plans in the individual, small and large group markets
- Establish an array of basic insurance protections, including prohibiting pre-existing condition exclusions, annual/lifetime coverage limits, discrimination based on health status
- Require guaranteed renewal of coverage, network adequacy, age and gender rating restrictions, and effective appeals processes

At the federal level:

- **Support the Medicare Mental Health Access Act, H.R. 884**, which would add psychologists to Medicare's "physician" definition and remove physician oversight and referral requirements under Medicare that restrict psychologists from providing needed services to Medicare patients (individuals 65 and over, and those with significant disabilities).

practice information from APA to help members resolve issues.

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

• **Support H.R. 1301, Mental Health Telemedicine Expansion Act**, which would make it easier for older adults to obtain mental health care in their own home by removing current-law restrictions on the use of telehealth services. A growing population of older adults are suffering from depression, anxiety disorders, and related conditions, and are at risk for suicide and addiction.

Please feel free to be in touch if you have any questions about the information above and we will be delighted to tell you more about how our advocacy is making a difference in Kentucky and beyond.

Psychologists as Community Advocates

Shambra Mulder, Ph.D. - KPA Diversity Representative

For years, I thought that it was best to align myself with non-profit or community organizations that focus on social justice issues in education, mental health, and criminal justice. However, in an effort to impact integral policies, I have recently become more involved in political activities. In fact, I ran an unsuccessful campaign for a local school board office that taught me that our psychology training and experiences provide a unique perspective to politicians and policymakers (e.g., knowledge of human development, motivation, communicating, listening, and research skills). More importantly, I was able to use my professional experiences with vulnerable populations within the community to inform policymakers.

The 2019 American Psychological Association (APA) President Dr. Rosie Phillips Bingham's began an "Initiative on Deep Poverty" that challenge psychologists to use our training, skills, and position to address deep poverty in our communities. Deep poverty is defined by the federal government as living with an income of approximately \$12,000 (or 50 percent of the income threshold set by the U.S. Census of approximately \$25,000) for a family of four. According to the National Center for Child in Poverty (NCCP), 25% of Kentucky families in 2018 were living in deep poverty compared to 19% nationally. The panel of experts at the APA "National Conversation on Deep Poverty" spoke about how deep poverty affects brain development, it costs the country \$800 billion to 1.2 trillion in lost productivity, healthcare cost, and over-incarceration) and that children who live in poverty earn less than 3% of college degrees. Not to mention some of the

Kentucky
Psychological
Association's
Colleague
Assistance
Program
is here for
you



Check the
website
and make
the call

Free Ethics Consultations

Have an ethical concern or question?
Request a consultation from the KPA
Ethics Committee by completing the
Ethics Consult form available under the

psychological effects of poverty like learned helplessness, lack of exposure to other environments and social networks, and loss of dreams.

Dr. Bingham as the 2019 APA President challenged us to get outside of our professional work to use our personal voice to become advocates for people, combat fear, and change the narrative about people living in poverty that “nothing can be done”. Three ways suggested include collaborating with experts to understand structural poverty, raising awareness among key stakeholders with psychological science about the effects of poverty, and elevating the role of psychology in addressing societal issues surrounding poverty by reshaping the narrative and policies that contribute to it.

The great news is that APA has armed psychologists with research-based evidence to meet the challenge of the “Deep Poverty Initiative” by encouraging us to:

- 1) Examine our own biases and attitudes toward people in deep poverty (e.g., classism, racism, sexism and other forms of systemic oppression).
- 2) Engage people in deep poverty and create partnerships with community organizations that advocate for people in deep poverty.
- 3) Empower people in deep poverty to have a voice in their community and advocate for systemic change.
- 4) Everyone can make a difference, whether the actions are small and intermittent or large and sustained.

Notes and Next Steps:

1. Watch the APA “**A National Conversation on Deep Poverty**” <https://youtu.be/krijv6XZLTok>
2. Use the resources provided in the **APA’s 2019 Presidential Deep Poverty Initiative and Toolkit** <https://www.apa.org/pi/ses/resources/indicator/2019/12/deep-poverty-initiative>

Members Only section of the website. How it works...Your request will be forwarded to the current KPA Ethics Committee Chair, Dr. Vicki Van Cleave, 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!

3. Attend an upcoming KPA “**Advocacy - Every Voice Counts!**” training presented by Sheila Schuster, Ph.D. Upcoming dates and time will be available on the KPA website.
4. For state-specific data on poverty. See the **National Center for Children in Poverty** website: <http://nccp.org/topics/childpoverty.html>



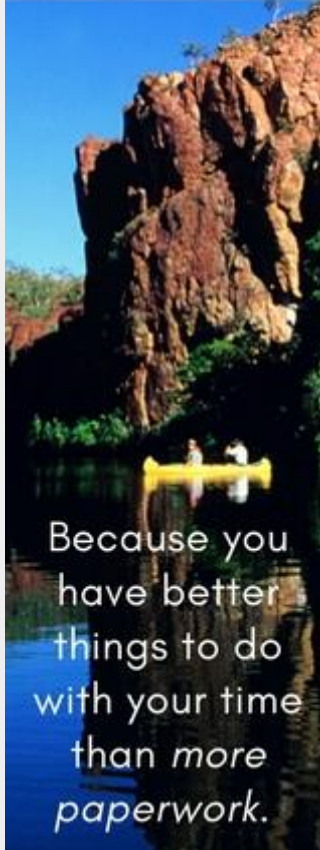
Efforts to change sexual orientation contribute to negative psychological outcomes. A chance for advocacy in Kentucky.

Warren Lambert, Ph.D. - KPF Diversity Chair

Despite major shifts in the cultural landscape for LGBTQ+ people over the past 10 years (marriage equality, increased visibility in the arts, and a gay-identified presidential candidate for a major political party, as a few examples), this community continues to experience marginalization in their daily lives that impact their mental health. It is our responsibility as psychologists to be aware of how these experiences impact our LGBTQ+ neighbors and what our roles are in providing support and improving quality of life. In 2018, The Trevor Project (the

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world's largest suicide prevention and crisis intervention organization for LGBTQ+ youth) surveyed over 34,000 LGBTQ+ youth to help us gain insight into what this community experiences in their day-to-day lived experience. Forty-seven percent (47%) of youth surveyed received psychological or emotional counseling from a mental health professional, emphasizing that we can have a critical role in promoting healthy outcomes and affirming LGBTQ+ identity.

Looking more closely at the results of the survey, we should take note of the overall psychological vulnerability of LGBTQ+ youth.

- Over 18% of LGBTQ respondents attempted suicide in the past twelve months
- 29% of transgender and non-binary youth respondents attempted suicide
- 76% of the sample felt that recent politics impacted their mental health or sense of self
- 71% of respondents reported feeling sad or hopeless for at least two weeks in the past year
- 39% of LGBTQ+ respondents seriously considered attempting suicide in the past twelve months
- More than half of transgender and non-binary youth seriously considered suicide.

Even more concerning is that in the survey 2 out of 3 youth reported that somebody had tried to convince them to change their sexual orientation or gender identity (often referred to as sexual orientation change efforts, or *SOCE*). The efforts alone were associated with a 15% increase in suicide attempts than over those youth who had not been pressured to change.

The most serious version of SOCEs is “conversion therapy.” In a 2018 report from The Williams Institute, it is estimated that 698,000 adults have received conversion therapy in the United States. It was estimated that if their state has not banned the practice, 20,000 LGBTQ+ youth (ages 13-17) will receive “conversion therapy” from a licensed mental health professional and 57,000 youth will receive it from a spiritual or religious advisor before they turn 18. In the Trevor Project report, 57% of transgender and nonbinary youth who have

undergone conversion therapy report a suicide attempt in the last year. ***Overall the suicide risk for LGBTQ+ youth that have gone through conversion therapy showed an increase of 25% from those that have not on the Trevor Project survey.***

While these findings suggest a serious need for increased attention from mental health communities, there are hopeful details too. Seventy-six percent (76%) of youth respondents indicated that they would be “somewhat to extremely likely to reach out via text or chat when they feel they are in a crisis.”

In this legislative session in Kentucky, legislation has been filed to ban the use of conversion therapy with minors (the primary sponsor is the only psychologist in the legislature, Dr. Lisa Willner). These are critical steps toward resolving the concerns outlined above; however, we must be mindful that continued work and focus will be necessary to build healthier communities and families for LGBTQ+ youth. I hope you will join KPA’s Psychology Day at the Capitol on January 28th in Frankfort to advocate for this important issue!



Psychology Practice Checkup: Thinking ahead to estate planning

Katie McBride, Ph.D. - Director of Professional Affairs

A couple of months ago I needed to respond to a highly distressed call to the KPA office from the widow of a psychologist. This KPA member had a psychology practice and had died unexpectedly, and the widow of course was overwhelmed with what to do. Consulting with KBEP and APA resources to and assembling all the relevant recommended next steps reminded me-as the owner of my own practice- of the importance of making this a part of estate planning. In the event of sudden death or disability, these are best practices for client care

and will go a long way toward ameliorating the emotional burden on our family and close colleagues.

1. Draw up a professional will that will outline specific instructions for the management of your clients and records. This document should be signed by you and witnessed, and multiple copies made and distributed (to executor, specific colleagues, spouses, estate attorney).
2. Identify a professional Executor-ideally a colleague with whom you can reciprocate this service. This person's role will be to guide the process as you have recommended and outlined. Identifying 1-2 alternatives is a good idea in case the primary person is unable to fulfill the duties, and they may be of support to the primary person.
3. Your written plan should be shared with your personal will executor and include the following:
 - Name(s), phone numbers, email addresses, and physical addresses of executor and alternates.
 - **Statement** that the executor has the authority to act on your behalf and to delegate responsibilities.
 - **Contact information** for your estate attorney, accountant, financial planners, billing services, insurance carriers, answering service, and practice consultants
 - **Office information**, including the full address of your practice and additional locations for client records and other practice-related documents. Describe the specific location of keys for offices, filing cabinets and storage units, as well as client charts (both paper and electronic), appointment books and software, billing and financial records
 - **Instructions for accessing** all e-mail addresses, voicemail and computer files. Include usernames, IDs, passwords and PIN codes.
 - **Instructions for contacting clients**. Generally, it is recommended that current clients be contacted by phone before their next appointments and former clients by mail or phone. For both current and past clients, both written and phone communication should occur and include clinical referral sources and information for accessing their records. See below for more on record management.
 - Instructions for **continuity of client care**. Make a list of clinicians whom you believe may be good fits for your range of clientele. Creating a running list of current clients that includes special notations for referral/special clinical needs can be of benefit.

- **Managing Records.** Written consent must be obtained from clients in order to transfer records to another provider. Identify either the executor or another qualified mental health provider to retain custody of non-transferred records (in Kentucky, records must be retained for 6 years). A reasonable fee should be authorized to administer the records---handling record retention, release, and appropriate destruction.
- **Instructions for notifying** your state licensing board(s), insurance carriers and professional organizations. List contact information for each that includes your policy #s, license #(s), membership IDs, and provider numbers.
- **Financial issues.** Instructions should be given to both your professional and personal Executors to coordinate the practice's receivables and outstanding bills. Arrangements can be made for your Executor and other retainors of your records to receive financial compensation.

Of course, an annual review and update are always recommended to ensure the most current and relevant information is being used at the time of unexpected death or disability. I hope this helps to inspire you to take some of these steps sooner rather than later...toward more peace of mind for all involved.

<https://www.apa.org/monitor/2008/06/prepare>

<https://www.apa.org/practice/guidelines/record-keeping>

Nuances of Multiple Relationships

Sharon Turpin, M.S., and the KPA Ethics Committee

The Ethics Committee received a consult regarding a psychologist (A) who specializes in treating patients diagnosed with Obsessive-compulsive disorder. The psychologist (A) and a coworker (B) co-lead a therapy group for people with OCD, anxiety, and depression. One of the psychologist's (A) individual clients is married to the client of the coworker (B). The psychologist (A) feels that the therapy group would be beneficial for his client; however, the situation is complicated by the fact that the group's co-leader (B) is also the

individual therapist of the psychologist's (A) spouse. The ethical dilemma presented was whether to have the psychologist's (A) client join the therapy group given the co-leader's (B) therapeutic relationship with his (A) client's spouse.

The Committee discussed that while it is not technically unethical to see a client's spouse in group therapy in and of itself, it may cause other ethical issues to arise, which neither therapist may readily identify or anticipate. The most ethically conservative approach or course of action would be for the spouse not to be seen by the co-therapist in the group, and consideration of another referral. There are several Ethical Standards to consider:

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04(a).

3.05 Multiple Relationships

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

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

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

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

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized

person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patients or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

KPA Leadership Academy Update:

Eric Russ, Ph.D. - Past-President

The KPA Leadership Academy has officially launched. We have an amazing inaugural class of Leadership Fellows and Mentors. We spent our initial workshop getting to know each other and learning about the Leadership Challenge, which has been adopted as KPAs formal leadership model. The Fellows also participated in Dr. Shuster's advocacy training in preparation for meeting with legislators on Psychology Day!

Our teams have developed some amazing projects. They will be developing their leadership skills working on these projects throughout the year and present their work at KPA Convention. I'm excited about the work that's happening and hope you will join us at Convention in November to talk to these amazing leaders about their projects!

<u>Leadership Fellows</u>	<u>Mentor</u>
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Tim Thornberry, Ph.D.	Steven Kniffley, PsyD, MPA, ABPP
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Project: Community leadership in rural settings

Natalie Hewlett, B.A.	Jessica Beal, PsyD
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Project: Mental Health Access in under-resourced neighborhoods

Hannah Heitz, B.A.	Eric Russ, Ph.D.
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Project: Leadership Narratives from Kentucky Psychologists

Tiffany Slone, Ph.D.	Melinda Moore, Ph.D.
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Project: Suicide Prevention in Rural School Settings

Amy Young, PsyD	David Susman, Ph.D.
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Project: Developing Student Leaders

Sydney Black, M.S	Amanda Merchant, Ph.D. ABPP
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Project: Physician Education of Integrated Care in Rural Settings

Chris Dewhurst, M.A.

Cheryl Hall, Ph.D.

Project: Psychologists Role in Corrections: Improving Awareness and Impact

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Have an idea or contribution for the KPA e-newsletter?

Contact the KPA Central Office or David Pascale Hague, Ph.D., KPA e-Newsletter Editor at david@claritylex.com. The e-newsletter is scheduled for distribution in the first month of every quarter (January, April, July, October).