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April/May 2016

Kentucky Psychological Association e-NEWS

Upcoming2016 CE Events

Wednesday, April, 27

Interactive Webinar: 12-1pm
EST

[Behavioral Health Interventions
for Veterans with mild TBI](#)

*Douglas Cooper, Ph.D.,
ABPP-CN
1 CE*

Wednesday, May, 18

Interactive Webinar: 12-1pm
EST

[Pain and Pain Management for
U.S. Military Veterans](#)

Robert Kerns, Ph.D., 1 CE

Friday, May 20

Live CE: Louisville, KY

[Assessment & Clinical
Management of Suicidal Patients](#)

*M.David Rudd, Ph.D., ABPP 6
CEs.*

Friday, June 10

Live CE: Louisville, KY

[Neuropsychology for the
Non-Neuropsychologist](#)

*Bradley Folley, PhD, ABPP
Rebecca L.H. Stilp, PhD 3 CEs.*

Wednesday, June, 22

Interactive Webinar: 12-1pm
EST

[Understanding and Treating
Sleep Disturbance: Lessons
Learned from Treating Veterans](#)

Adam Bramoweth, Ph.D., 1 CE

Thursday, September 15

Live CE: Louisville, KY

[Working with Gender and
Sexually Diverse Clients: A
Practical Guide to Understanding
Key LGTBQAI Issues](#)

*Tammy Hatfield, PsyD,
Warren Lambert, PhD
Christen Logue, PhD
3 or 6CEs.*

Complete details and
registration information
can be found on the [KPA](#)

Exciting News from KPA in April

Here's the April edition of the KPA e-NEWS, a regular e-newsletter, to enhance communication about psychology across the state. What follows is a sampling of psychology-related news and opportunities across the Commonwealth. Check out the column on the left for upcoming KPA Social and CE events, meetings, Kentucky Currents (member news items), and more. For more updates, visit the KPA website and join KPA on Facebook: simply click "Like" on the Kentucky Psychological Association Facebook page

Update from KPA Executive Director

by Lisa Willner, Ph.D., KPA Executive Director

When KPA began developing its strategic plan back in 2011, one of the identified priorities was to build advocacy capacity in preparation for the eventual retirement of our longtime lobbyist and champion of psychology, **Dr. Sheila Schuster**. Much as we would have liked to "clone Sheila," as several members recommended in a 2011 KPA Member Survey, we sadly realized that we lacked the technical know-how to accomplish that obvious solution. Instead, we had to look to other strategies.

It soon became obvious that there could be no single-person replacement for Sheila, and that building advocacy capacity within KPA would need to be a multi-pronged effort. And we have made great strides! Over the past several years, we have established a member-led Advocacy Committee (capably chaired by **Georgeann Stamper Brown, Ph.D.**), started a Political Action Committee (co-chaired by **Felicia Smith, Ph.D.** and **Joe Edwards, Ph.D.**), given the **KPA Board** a much stronger and clearer voice in establishing KPA's legislative priorities, designated a new Federal Advocacy Coordinator to work closely with APA for federal advocacy alerts and to attend the APAPO State Leadership Conference each year (again, **Dr. Georgeann Brown**), established in 2014 an annual KPA Legislative Day in Frankfort that has grown in reach and attendance each year, hosted regional legislator meet-ups (special shout-out to Central Region Rep **Jon Urey, Ph.D.**), contracted with McCarthy Strategic Solutions as lobbyists for KPA, and – fortunately for us – maintained a formal relationship with Sheila as KPA Consultant on a broad range of legislative and other advocacy issues. In addition, the **KY Psychological Foundation** and its committees have taken on a greater share of public advocacy to make resources available to the public and to spread the good word of psychology's role in building a healthy Kentucky and promoting healthy living.

During the 2016 Legislative General Assembly, we added an additional key piece to KPA's strategic framework for legislative advocacy for psychology and those we serve with a new Legislative Response Team. The team was led by Advocacy Chair Georgeann, and included KPA's Executive Director, Director of Professional Affairs **Laurie Grimes, Ph.D.**, and four KPA Past Presidents: **David Hanna, Ph.D.**, **Art Shechet, Ph.D.**, **Felicia Smith, Ph.D.**, and **David Susman, Ph.D.** While the KPA Board establishes KPA's legislative agenda, the work of the team was to monitor every piece of proposed legislation related to those priorities across a wide range of issues including mental and behavioral health, general health, insurance and reimbursement, managed care, scope of practice, and more. The group came to consensus about whether to support or oppose each bill, whether to continue to monitor, and tracked bills of interest as they moved through committee, were brought to a vote, moved between House and Senate, underwent revision, etc. As needed, team leader Georgeann sent Advocacy Alerts to the KPA membership and encouraged constituents of key legislators to make contact during the session. (On that note, thanks to our members for your work in the passage and signing into law of SB20! More on that later in the eNewsletter.) The group also met weekly by phone with KPA's primary legislative agent from McCarthy Strategic Solutions, Libby Milligan.

Event Calendar.
registration information
can be found on the KPA
Event Calendar.

With the session behind us, and in the spirit of continuing to develop advocacy capacity, the Legislative Response Team will soon re-convene to review what we've learned from this pilot year, identify areas for growth, and to begin planning for 2017.
As you can see, it takes a village to advocate for the science and profession of psychology! Your membership and support of KPA is critical to these efforts. If you have an interest in getting more involved with advocacy for psychology, please contact me at lisa@kpa.org.
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Kentucky Psychological Foundation News

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

2016 Spring Academic Conference Was a Success

BELLARMINE
UNIVERSITY
WAYNE INSTITUTE
FOR ADVANCED PSYCHOTHERAPY

The annual 2016 KPF Spring Academic Conference (SAC) was held on Saturday, April 2nd at the beautiful Georgetown College campus in Georgetown, Kentucky. The SAC gives undergraduate and graduate students from across the Commonwealth an opportunity to share their scholarship, dialogue with peers and faculty, and learn about graduate school and careers in psychology. This year's conference included students and/or faculty from 16 Kentucky Schools (plus Xavier from Ohio). Nearly 200 attendees enjoyed the one-day conference, which carried the theme: "Psychology for a Diverse World". Dr. Danelle Stevens-Watkins, from the University of Kentucky, provided a stimulating workshop on the necessity and challenges of conducting research with underrepresented individuals in forensic settings. Additional workshops included: "Negotiating your first salary"; "Getting into and succeeding in graduate school"; and "Problem-Based Learning: Strategies for faculty".

One of the highlights of the conference, as always, was the Psych Bowl competition. Perennial juggernauts Bellarmine University and Thomas More College faced off in the final round for the ninth straight year! Bellarmine won the competition for the 5th year in a row.

There were 24 Graduate Division posters and 49 Undergraduate Division posters entered in the poster competition this year - all competing for cash prizes totaling \$900. Graduate poster winners were Cassie Studler, Cassandra Walter, Richard Osbaldiston, Ph.D. (Eastern Kentucky University) for "Effectiveness of Employee Wellness Programs in the Workplace" and 2nd place went to Christine A. Lee, Richard Milich, Elizabeth Lorch, Steven W. Evans, Kate Flory, Julie Sarno Owens, & Lee Van Horn (University of Kentucky) for "Inferences as mediators between ADHD symptoms and social outcomes". Undergraduate poster winners were Nicholas Gregorich, Cory Moore, Jana Hackathorn, Ph.D. (Murray State University) for "Stressed the F@&\$ Out: The Relationship Between Profanity and Anxiety" and, tied for 2nd place were: Hunter Gatewood, Jennifer Price, Ph.D. (Georgetown College) for "The Divide Between Implicit and Explicit Transphobia: An Examination of the Role That Gender Role Beliefs Have on Levels of Transphobia" and Sydney Henderson, Wendy Williams, Ph.D. (Berea College) for "Don't Forget the Condoms: The Effects of Delivery and Social Norms in Prevention Programs on Healthy Sexual Behaviors". The winners of the Graduate and Undergraduate Mentor Awards were Dan Florell, Ph.D. from Eastern Kentucky University and Bethany Schneider Jurs, Ph.D. from Transylvania University.

The Spring Academic Conference represents a terrific tradition for KPF/KPA, and serves to meet the needs of students and academic members in the diverse association. The SAC

remains one of the largest academic conferences hosted by a state association in the country. Special kudos goes to the KPA staff and the committee who helped plan and execute the conference:

Pam Cartor, Ph.D. (Bellarmine University)
Norah Chapman, Ph.D. (Spalding University)
Megan Church-Nally, Ph.D. (Bellarmine University)
anet Dean, Ph.D. (Asbury University)
Gina De Arth-Pendley, Ph.D. (Midway University)
Courtney Keim, Ph.D. (Bellarmine University)
Sally Kuhlenschmidt, Ph.D. (Western Kentucky University)
Edie McClellan, Ph.D. (Midway University)
Melinda Moore, Ph.D. (Eastern Kentucky University)
David Olson, Ph.D. (Morehead State University)
Jennifer Price, Ph.D. - Chair (Georgetown College)
Jeff Reese, Ph.D. (University of Kentucky)
Gregory Smith, Ph.D. (University of Kentucky)
Lisa Willner, Ph.D. (Bellarmine University)

Additionally, the conference would not have been possible without the generous support of the following sponsors: [Georgetown College, University of the Cumberland, Spalding University, Murray State University, and Foundation for a Healthy Kentucky.](#)

Passport Health Plan Receives APA Psychological Healthy Workplace Award

Passport Health Plan, based in Louisville, KY was one of six national employers to receive the 2016 APA Psychological Healthy Workplace Award for promoting employee well-being and performance. Passport was a previous recipient of the KPF Psychological Healthy Workplace Award. Congratulations to Courtney Keim, Ph.D. and the KPF Psychology in the Workplace Network Committee for great work in their evaluation, and in supporting Passport's nomination for the national award. To read more, click [HERE](#).

Heads-Up Kentucky! Healthy Living Guides

The Kentucky Psychological Foundation has created brief, healthy living guides that cover a range of general health topics pertinent to adults, kids, and parents. To learn more and download copies of specific topics of interest, go to the KPF tab on the main KPA website and select Heads-Up Kentucky! Healthy Living Guides or click [HERE](#).

Research Colloquium Travel Award

The Kentucky Psychological Foundation has created an initiative to support the presentation of research colloquia by psychologists in academic or research settings within the Commonwealth of Kentucky. The purpose of this initiative is to foster inter-institutional networking between Kentucky academic or research institutions, promote the exchange of ideas, and provide career-development opportunities for academic and research psychologists within the Commonwealth. [Click here for details.](#)

[Help support the Kentucky Psychological Foundation by making a donation today!](#)

**New 2016 KPA Webinar Series:
Lessons from the Front Lines:**

Next KPA Board of Directors Meeting

June 3-4, 2016
KPA Leadership Retreat
Bowling Green, KY

[View the KPA Board of Directors](#)

KPA Book Corner

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

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

Community Bulletin Board

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

KPA Currents

A Snapshot of Events in the Lives of KPA Members

If you have any news you would like to share, please send an email to: kpa@kpa.org

Members in the Media

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

KPA Interest Sections

Joining KPA Interest Sections is free and participation on the listservs is an exclusive member benefit. Many ideas, resources, and requests for treatment recommendations and other opportunities flow through the KPA listservs daily. Here is an excerpt from a post on the KPA Clinical listserv: "Thank you to everyone who shared their

Extending Our Work with Veterans to General Practice

Moderated by Janet Dean, Ph.D.

Come spend an hour per webinar from February through May on the "front lines" with leading psychologists who care for our service members through their research and clinical work with veterans' mental health issues. And then, bring this expertise back into your own practice with your clients - both military and civilian. Much of what we have learned from extensive work with issues so prevalent in our military population- suicide prevention, sleep disturbance, family transition, traumatic brain injury and pain management - also applies to many of our other clients. Too often, however, we assume this research bears little on what we do, when, in fact, we can learn much that will benefit our clients much more broadly.

All workshops: Noon to 1 PM (EST/EDT as noted).

Location: In the comfort of your own office or study!

Intended audience: Psychologists, Physicians, Nurses, and other health-care providers. Click [HERE](#) to view the Webinar Schedule and to sign-up.

NOTE: These workshops are Live Webinars. You must be able to access the Internet during the webinar. (Broadband DSL or Cable preferred.) Valid email address required at registration in order to receive instructions and access codes.

APA Council Representative Report

by David Susman, Ph.D.

The APA Council of Representatives held its mid-winter meeting on February 18-21, 2016 in Washington, DC.

Council received an update from APA Interim CEO Cynthia Belar. The search committee for the new APA CEO has been formed and is now proceeding with its work. Similarly, the new commission to review and revise the APA Ethics processes has been selected and will soon be underway.

Council received an updated Financial Report from CFO Archie Turner which confirmed that the final expenses associated with the Independent Review (Hoffman Report) were \$4.99 million. While overall assets and net assets decreased in the 2014-15 budget year, APA remains in solid financial shape. Dues revenue has declined 31% from 2009 to 2015. Considerable discussion occurred about adjusting the way special projects and other large-scale multi-year items are budgeted.

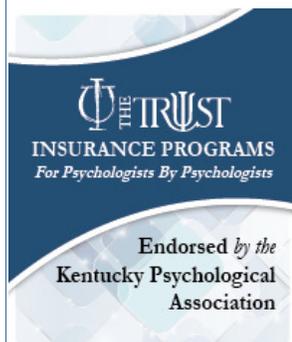
Most of the substantive business items addressed by Council had to do with Independent Review-related items that were not addressed at the August, 2015 meeting. The overarching theme of these items has to do with aligning APA's mission, values and processes to assure a central focus on ethics, human welfare, transparency, and appropriate organizational checks and balances. Specific Council actions included:

- 1) Council voted to establish a work group to develop aspirational civility principles and procedures for all forms of direct in-person communication and online messages and postings within and on behalf of APA.
- 2) Council voted to establish a work group to review best practices in order to develop APA organizational policies and procedures to address, but not be limited to:
 - Organizational checks and balances
 - Fiduciary duties of governance members
 - Appropriate oversight of governance members in the execution of their roles and responsibilities to ensure adherence to the highest standards of professional behavior
 - Application of established policies and procedures
 - Transparency of decision-making
 - Sensitivity to, and willingness to address, differences arising from power differentials
 - Consideration of effective governance and staff working relationships

- 3) Council voted to establish a work group to develop guidelines that will reduce bias, increase transparency, and promote diversity in the selection of individuals serving on APA

experiences with me. I was quite surprised at the variability of your responses.....Nice to have a community to call on for advice when such situations arise!" If you want to expand your resources and deepen your own sense of community within KPA, visit the KPA Interest Section webpage for instructions on how to join a KPA Interest Section.

[Listserv Details](#)



Join KPA on Facebook!

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 378 "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 search for "Kentucky Psychological Association" and review the KPA Social Media/Forum Policy.

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 Jan, March, May, July, Sept and Nov with submissions accepted at any time. Complete information and pricing details are available on the KPA Advertising webpage.

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task forces.

4) Council voted to approve amending the Guidelines for Council Resolutions to include the extent to which the resolution is consistent with APA's core values, and the extent to which it addresses human rights, health and welfare, and ethics.

5) Council voted to approve that the Board of Directors and Council of Representatives prioritize ethics, human rights and social justice in all aspects of the next Strategic Plan.

6) Council was provided with an update on the progress of the new Conflict of Interest Work Group. The group is revising APA's Conflict of Interest Principles and Procedures and hopes to present a motion to Council for approval in August 2016.

7) Council participated in a retreat facilitated by Malachi O'Connor, PhD. The retreat was punctuated by an emotional outpouring of comments from many of the ethnic minority members of Council and representatives from the affiliated ethnic minority psychological associations. The theme of their remarks was that they have felt invalidated and disenfranchised from Council and APA and that more attention needs to be given to inclusiveness, open communication, and diversity awareness.

KPA Communication Committee Seeking Nominations for KPA Newsletter Editor

After more than seven years as KPA's Newsletter Editor, Sean Reilley, Ph.D., is transitioning from that role due to family illness. KPA's Newsletter Editor is part of the KPA Communication Committee and works with the Board of Directors and Central Office to coordinate and edit submissions for the KPA e-newsletter series as well as the annual edition of the Kentucky Psychologist. Self and peer-nominations for the KPA Newsletter Editor can be sent to the Communication Committee chair, [Sarah Shelton](#) or KPA Executive Director, [Lisa Willner](#)

KPA 90837: Friend or Foe?

by Laurie Grimes, PhD, KPA Director of Professional Affairs

In 2013 the CPT codes were revised to include a 53-60 minute session, referred to in CPT-speak as 90837. This was a welcome addition to the coding repertoire, as previous options only covered sessions that lasted 50 or fewer minutes or ran 75 or more minutes. But not so fast, says Anthem Blue Cross Blue Shield. Anthem, through Equiclaim, is contacting their practitioners who use 90837 "more than average" for Anthem psychologists, which they define as more than 50% of the time. In letters sent to Anthem providers, which have been described as "intimidating," Equiclaim requested "medical records of members with the intention of identifying any improper coding and recovering associated overpayments." Though letter recipients were concerned about potential recoupment, APA has gotten assurance from Anthem that the letters are for "educational purposes without financial consequences." (See the article in the March 24 Practice Central: <http://www.apapracticecentral.org/advocacy/managed/equiclaim-letters.aspx>)

There was considerable discussion of this issue at State Leadership Conference (SLC), much of which centered on what constitutes a standard therapy session. It seems that views on 90837 vary, with some practitioners considering the 60-minute session a practice norm, and others using it sparingly for sessions with extenuating circumstances that merit extra time. While Anthem is the only company scrutinizing the use of 90837 to date, it is not clear if others will follow. Is it safe to use 90837? Are psychologists putting themselves at risk of audit and overpayment recoupment when using 90837? How should practitioners proceed? It is ultimately up to each provider to determine when/if to use 90837, but bear these points in mind as you consider the issue:

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- Be aware that the use of 90837 may come under scrutiny.
- Use clinical judgment guided by the therapeutic needs of patients to determine the need for 90837.
- Document well (see APA guidelines below)
- Review your contracts with insurance companies and be sure to follow each company's guidelines for 90837 (e.g., do they require special authorization?). (See Anthem's statement below)

Note these are NOT the same as the Risk Adjustment Audits (RA's) (Inovalon) required by the ACA (<http://www.apapracticecentral.org/update/2014/10-23/inovalon-risk.aspx>), and are NOT the same as traditional audits that focus on psychologists' record-keeping, billing practices, and medical necessity of patient care.

Statement from Anthem: As mentioned in our Behavioral Health newsletter 10/1/2015, we have specific documentation criteria that should be used when billing these services. Please reference the information below for additional guidance on documentation and billing of CPT codes 90832-90838. For claims payment of psychotherapy services, providers must document at a minimum:

- Date of service
- Time spent with the patient (start and stop times)
- Specific therapeutic maneuvers used (e.g., cognitive restructuring, behavior modification) to produce therapeutic change
- Clearly documented diagnosis: for each visit and related to treatment and therapy
- Periodic summary of goals, progress toward goals, and an updated treatment plan
- Progress or lack of progress toward the goals stipulated in the individual treatment plan
- Legible provider signature

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...

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

[Navigating the CPT Changes for 2013](#)

[KPAF Diversity Conference Home Study Courses](#)

[Clinical Applications of Neuroscience Research Home Study Series](#)

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

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

EquiClaim has reviewed data on our behalf to compare peers using these codes. If a provider bills a high level code greater than 50% of the time when compared to his/her peers we have asked EquiClaim to send a letter of the provider detailing the peer comparison and graphical depiction. This letter and graph serves as an educational outreach to bring Anthem's policy to the provider's awareness and offer the provider an opportunity to speak with one of EquiClaim's certified coders to further discuss documentation requirements and answer any questions they or their staff may have. There is no financial consequence associated with this notification. Rather, it is intended to be educational in nature so that providers become aware of the need to look at their documentation and codes they are billing for the services provided to our members. It offers them the opportunity to self-identify any issues and correct them as needed whether it be properly documenting the services provided or in the billing of claim. As always, we may choose to audit documentation in the future but not at this time. This is truly is an educational outreach to the providers.

APA 2013 Guidelines: "When billing a private insurer that does not require authorization for 90837 and has not indicated that this code should be used infrequently, you should bill this code if your session time falls into the 53-minute or more time frame that pertains to 90837. We recommend, however, that you record your exact session start and stop times in your clinical note (for example, 1:02 to 1:57) when billing the new codes, as Medicare providers must do. At any point, a company can ask you for appropriate documentation or explanations. Also be mindful that if you have historically billed a company primarily the 45-50 minute code and switch to primarily using the new 60-minute code, that company may ask you to explain this change."

KPA Legislative Advocacy Victory: SB20 is signed into law!

Senate Bill 20, sponsored by Sen. Ralph Alvarado, R-Winchester, gives Kentucky's medical providers a pathway to external, independent appeals of denied Medicaid managed-care claims. SB 20, which passed the Senate earlier in the session by a vote of 37-0, cleared the House on a vote of 99-0. It is similar to HB 118, sponsored by House

**Kentucky Psychological
Association**
120 Sears Ave, Ste 214
Louisville, KY 40207
502-894-0777
kpa@kpa.org
www.kpa.org

Speaker Greg Stumbo, which passed the House 92-0 earlier this session. SB20 was signed into law by the governor on April 8, 2016. Thanks for your advocacy!

New Members Needed – KPA CER Committee

The KPA Continuing Education Review (CER) Committee is currently seeking new members. We are in need of one fully-licensed doctoral psychologist (we currently lack representation from the Western, Central, and Northern regions) and would also like to invite a graduate student in clinical or counseling psychology to join.

The mission of the CER committee is to maintain the quality of KPA's Continuing Education (CE) program. We review and recommend approval/disapproval of all CE proposals submitted to KPA via the Continuing Education Program Development Committee and the KPA Convention Committee. Additionally, we evaluate and recommend approval/disapproval of appeals from individuals denied CE credit by KPA.

We conduct the bulk of our business by email and ordinarily only meet in person once per year at the annual convention. This committee is a great way to get more involved with KPA with a minimal time investment and is a great CV addition.

If you are interested, contact committee chair Matt Gilbert, PsyD directly at dr.mattgilbert@gmail.com.

Lean, Mean, and Clean: Do Your Notes Say Too Much?

By Laurie Grimes, Ph.D., KPA Director of Professional Affairs

Remember when session notes were detailed summaries of the therapeutic process complete with personal details revealed by the client and insights or interpretations jotted down by the therapist? If this describes your current practice of charting, are you aware of the controversy regarding keeping minimal vs. detailed records? The tension regarding what constitutes appropriate or preferred charting practices has intensified in the era of electronic health records (EHRs), the Affordable Care Act (ACA) risk adjustment audits (RAs), and HIPPA-inspired regulations. The issue is patient privacy. Lean (i.e., minimal) records provide more patient protection, which is preferable when records are sought by outside parties such as insurers and attorneys. The emergence of the ACA-generated risk audits has intensified the urgency around this discussion, and is the impetus behind encouraging – ok, imploring – psychologists to carefully examine their record-keeping practices.

What is a “lean” note? In brief, lean notes contain the minimum amount of information to meet standards for insurers, clinical guidelines, and regulations and are comprised of:

- Session start and stop times
- Medication prescription & monitoring
- Modalities and frequency of treatment
- Results of clinical tests
- Summaries of: diagnosis, symptoms, functional status, prognosis, treatment plan, progress to date
- Summary content of each session of evaluation, counseling, treatment, or other services, test results/other findings, including basic test data, copies of all reports prepared

Some practitioners who depend on or find value in maintaining detailed or sensitive notes have either kept combined notes, where all client information is held in the official chart, or have attempted to address these privacy issues by keeping psychotherapy notes separate from the client record. To illustrate the qualitative difference between the formats, the

following example is taken from the 12/18/14 Practice Update article on lean notes:

Detailed note: Documents that a patient is having trouble being sexually intimate with his partner and is instead compulsively watching pornography at work due to continued distress related to childhood sexual abuse.

Lean note: Indicates that the psychologist is working with the patient on interpersonal issues at work complicated by his diagnosis.

Most (probably all) risk management advice, including that from the APA Office of Legal and Regulatory Affairs, recommend keeping lean clinical records or at least keeping separate psychotherapy notes – particularly if you could be targeted for an RA. Thanks to the ardent advocacy of the APAPO staff, some insurers conducting RAs are allowing psychologists with combined records to cull their too-much-information records and extract the minimum necessary information for the audit. That's a win for patient privacy, but a time-sucking bummer for the psychologist. A lean or separate record would provide protection of the patient record and the practitioner's time (and sanity – depending on the number of records being audited, the culling process could be crushing).

There is no one-note-fits-all format; each practitioner must decide what is right for his/her practice and patients. As you struggle with how to proceed, what to leave in, and what to leave out, start by asking yourself these questions:

- Do you want/need detailed therapy notes in the first place?
- Assume the patient will eventually see the record, are you comfortable with him/her reading everything you have included?

And do ample research to educate yourself on what is at stake. These resources are a good place to start:

- Practice Update article 12/18/14 http://www.apapracticecentral.org/update/2014/12-18/detailed-lean-records.aspx?_ga=1.36072483.244245699.1420496784
- Kenneth Pope, PhD's article entitled, "Record-Keeping Controversies: Ethical, Legal, and Clinical Challenges that appeared in *Canadian Psychology/Psychologie canadienne*, Vol. 56(3), August 2015, 348-356. Copyright © 2015 by American Psychological Association and can also be found on his [website](#).
- [American Psychological Association's Record Keeping Guidelines](#)
- APAPO article, Practitioners: Take Note, outlines the Health Insurance Portability and Accountability Act (HIPAA) guidelines on how to keep separate psychotherapy notes that meet privacy standards and is more appropriate for sharing with third parties. Click [HERE](#) to access article (Accessing this link requires logging in to an APAPO member account.)

The answers are not always easy, and this discussion helps highlight how the importance and complexity of a seemingly mundane task – charting – cannot be overstated; it is rife with clinical implications, risks, and potential unintended consequences. The power of therapy notes can be profound, so psychologists have a critical responsibility to guard the privacy of patient information and avoid security breaches through vigilant management of records.

Contact me at laurie@kpa.org with questions.

The National Register of Health Service Psychologists and the American Psychological Foundation Team Up to Address the Internship Shortage

By guest columnist Raymond A. Folen, PhD, ABPP

The National Register of Health Services Psychologists has partnered with the American Psychological Foundation (APF) to create the Internship Partnership Fund (IPF). This endowment is dedicated to increasing the number of accredited internship positions by partnering with existing training sites to fund new positions.

The IPF was capitalized with a \$100,000 gift from the National Register, along with

generous pledges from the organization's Executive Officer and Board of Directors. The EO of the National Register, Morgan T. Sammons, PhD, ABPP, noted that "the National Register and its Board chose to make this contribution because we recognize that solving the internship gap is crucial to integrating more psychologists into the healthcare delivery system."

The internship gap has been a persistent problem for many years. Although in the past several years the overall gap has shrunk, the data show that a significant portion of the gains are due to a combination of fewer students entering the match, and an increased number of students placing in unaccredited positions. The backlog of students seeking placement in APA accredited sites remains high. For example, in 2015, there were approximately 1,000 more students seeking placement than available positions in accredited sites. Completing a non-accredited internship can have long-term implications, eliminating the possibility of working for the VA and other governmental agencies, and also creating barriers to licensure in some jurisdictions.

APA has attempted to address this problem by providing funding via the Board of Educational Affairs to assist unaccredited sites in the accreditation process, and the number of accredited sites has increased in recent years. However, the accreditation process is lengthy, leaving students who currently constitute the "gap" without accredited alternatives. The National Register has therefore decided to focus on increasing the number of placements in already accredited sites.

"By focusing on sites that have already achieved accreditation," says Sammons, "we can directly and quickly fund new internship positions. Since funding is generally the rate-limiting step in opening more training slots, we elected to pursue this avenue. We believe that the Internship Partnership Fund can provide partial funding to make more positions available in the short term, and those positions have the potential to 'stick' in the long term. To make a meaningful impact, we hope to raise at least \$500,000."

Sammons also commented that accredited internship programs should plan for this and similar flexible funding mechanisms. "The notion of 'crowdfunding' is an innovation that internship training programs might consider. If training programs partner with local mental healthcare delivery systems, charitable organizations that are interested in providing specific funding for positions aimed at unique populations such as the homeless, chronically mentally ill, or other groups, or even graduate programs that typically send interns to a particular site, this might lower the overall funding burden on the internship program. If several external funders cooperate to expand training capabilities in a particular program, everyone benefits."

Once the fundraising goal has been reached, the National Register and APF will begin considering applications for funding from internship sites. In keeping with the precepts of the fund and the mission of the National Register, preference will be given to internship sites that provide services to traditionally underserved groups, and sites that train psychologists in the delivery of services in integrated healthcare settings.

To contribute to the Internship Partnership Fund, please visit <http://www.nationalregister.org/scholarships-awards/internship-partnership-fund/> or contact Andrew Boucher at 202-783-7663 or andrew@nationalregister.org.

Raymond A. Folen, PhD, ABPP is Chair of the Board of Directors of the National Register of Health Service Psychologists. The National Register is the largest credentialing organization for psychologists. Established in 1974, the independent nonprofit organization is dedicated to improving healthcare by identifying psychologists who meet specific credentialing standards to consumers, healthcare organizations, and regulatory bodies. For more information, visit www.nationalregister.org.

KPA Member Benefits:

Resources from the October 1, 2015 event: Strategies to Reduce School Suspensions, presenter Ivory Toldson, Ph.D. Sponsored by the Kentucky Psychological

Foundation, Jefferson County Public Schools, Jefferson County Human Rights Commission and Louisville Metro Government. To download a variety of articles and checklists from the continuing education event, click [HERE](#).

Technology Resource - Dr. Dan Florell, presenter of the June 21st, 2013 KPA CE Workshop, Advanced Supervision: Influence of Technology, has been gracious enough to share an audio recording of his workshop with KPA members interested in the advancements of technology and their use in the field of psychology. Click [here](#) to learn more and to access the recording.

Clinical Psychology – Overview and Effectiveness

PowerPoint courtesy of KPA Member Eric Russ, Ph.D., University of Louisville. Click [here](#) to access the Powerpoint presentation.

Post-Ferguson Resources for Coping, Learning, and Teaching

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

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

Ethical Considerations: Obsolete Tests

By Lauren Kaplan, M.A., student member of Ethics Committee

I recently attended a didactic seminar reviewing the new Wechsler Intelligence Scale for Children-Fifth edition (WISC-V) and the Woodcock Johnson Tests of Achievement-Fourth Edition (WJ-IV). While the WJ-IV has minimal changes, the WISC-V is quite different from the previous version, having completely new subtests and indices. Given that psychological assessment is a crucial part of our profession, it is important to adhere to ethical guidelines.

As a student, I have access to a fully stocked test-kit center which automatically replaces outdated test versions with the new ones. Unfortunately I will not always be able to rely on this service and one day, I will be personally responsible for purchasing and updating any assessment measures. Therefore, it is important I am aware of the ethical responsibilities in regards to purchasing new assessment measures.

Standard 9 of the Ethics Code is solely dedicated to assessment. Psychological assessment is intended to serve the public by providing information to guide clinical decisions. These decisions not only affect the well-being of individuals, but also of families, groups, organizations, and institutions. Therefore, it is essential that psychologists draw their conclusions from information and techniques which are based on relevant and accurate scientific and professional knowledge. Obtaining information from data gathered through improper assessment techniques would harm the public and the profession of psychology, which would violate Principle A (Beneficence and Nonmaleficence) and Principle B (Fidelity and Responsibility) of the Ethics Code.

Standard 9.08 specifically addresses the issue of obsolete tests and outdated test results.

This standard prohibits psychologists from making evaluative, intervention, or treatment recommendations based on outdated data or test results. There may be some instances where it is appropriate to use outdated test scores as a basis for comparison to new test results, but it essential that the psychological report include the rationale for their use as

well as their limitations. Although buying new tests can be very expensive, psychologists should not seek to reduce expenditures by using outdated tests for services. The standard does permit psychologists to use obsolete versions of a test when there is a valid purpose for doing so. The psychologist should clarify to schools, courts, or others that may use the test results which version of the test was used and why that version was selected.

Ultimately, the Ethics Code does not delineate a specific time period in which psychologists should adopt a new version of the test. It is up to the clinician to determine which version is best suited for an examinee within the context of the specific purpose of testing. Psychologists should take caution about adopting a test publisher's recommendations for when they need to transition to a new version of a test. These recommendations do not have legal standing and tests developers have a financial incentive in encouraging the purchase of new versions. It is recommended that psychologists rely on research to determine if the use of a revised measure for a specific purpose or population is supported.

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

Contact the KPA Central Office or Sean Reilley, Ph.D., KPA e-newsletter Editor at dr.sean.reilley@gmail.com. Deadlines for submission are the 15th of the month the newsletter is scheduled for distribution (Feb, April, June, Aug, Oct and Dec).

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