Exciting News from KPA in August

Here’s the August edition of the KPA e-NEWS, a regular member 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

The 2014 KPA Annual Convention is coming up! Full details are on the KPA website (https://kpa.site-ym.com/?page=2014Convention), and early bird registration is available through September 26th. KPA is committed to bringing together the best researchers and presenters from around the state of Kentucky, as well as a featured national speaker for each day of our 3-day annual “family reunion.” In addition, the Kentucky Psychological Foundation annually sponsors a national expert presenting on themes of diversity, multiculturalism, and inclusiveness.

This year’s KPF speaker is Dr. Miguel E. Gallardo. Dr. Gallardo is an Associate Professor of Psychology at Pepperdine University’s Graduate School of Education and Psychology, where he teaches courses on multicultural and social justice, intimate/partner violence and professional development issues. Dr. Gallardo’s areas of scholarship and research interests include understanding the psychotherapy process when working with ethnocultural communities, and in understanding the processes by which individuals develop cultural awareness and responsiveness. He is the author of Developing Cultural Humility: Embracing Race, Privilege, and Power.

Thursday’s national speaker will be Eve-Lynn Nelson, Ph.D., of the University of Kansas Medical Center. Dr. Nelson will speak on ethical considerations regarding telepsychology with children and families. On Friday, we welcome Helen L. Coons, Ph.D., ABPP, joining us from Women’s Mental Health Associates in Philadelphia. On Friday morning, Dr. Coons’ presentation will focus on opportunities in Integrated Health Care for independently practicing psychologists, and her afternoon talk will focus on depression across the lifespan in women. Dr. Gerald Koocher of DePaul University in Chicago joins us on Saturday for a full day of ethics presentations. Until his recent appointment as Dean of the College of Science and Health at DePaul, Dr. Koocher served as chief psychologist at Boston Children’s Hospital and Judge Baker Children’s Center, and as executive director of the Linda Pollin Institute at Harvard Medical School. He remains affiliated as a senior associate in psychology at Boston Children’s Hospital and lecturer in psychiatry at Harvard Medical School. He has published and presented extensively on ethics.

Congratulations to the 2014 Convention Committee for their work in assembling a top-notch and diverse range of Kentucky and national experts. I look forward to seeing you at Convention as we all re-connect with one another, and welcome these distinguished experts to Kentucky.
For the last 25 years I have focused my efforts on matching psychologist’s education, training, expertise, and talents to the reimbursement system approved by the federal government’s Medicare system, and to the Current Procedural Terminology. Starting in the late 1980s, I worked for 5 years on developing health insurance codes in collaboration with the American Psychological Association (APA), and in 1992, when APA received a seat for a formal advisor. I began to represent psychology and APA. During the last 6 years I have served on the actual panel. More descriptive information on this panel is found at the AMA website– http://www.ama-assn.org/go/cpt.

Common Procedural Terminology (CPT), developed almost 50 years ago by surgeons and physicians, is the most widely accepted nomenclature used in reporting of health services under public and private health insurances. CPT is owned and copyrighted by the American Medical Association (AMA) and licensed by the Center for Medicare & Medicaid Services (CMS). These codes are maintained by the CPT Editorial Panel who meets three times a year to discuss issues associated with new and emerging health care practices, procedures and technologies. A new CPT code for professional psychological services is developed initially by a Health Care Professional Advisory Committee (also called HCPAC), all non-physicians, then is edited and researched by a selected CPT work group and finally moves to the CPT panel for review and possible approval. These ideas are often vetted simultaneously by a panel of experts convened by APA. This was done for the health and behavior, central nervous system assessment as well as the psychotherapy and applied behavior analysis codes. If successful, this process can take anywhere from two years to twelve years. If not successful, the results may be more clearly visible within two years.

Out of the approximately 8,000 codes around 60 are possible codes for psychologists to utilize. These codes fall within a few major categories including Psychiatric/Mental Health, Central Nervous System Assessment, and Health and Behavior. Miscellaneous codes also cover things such as preventative measures and telehealth. Psychiatric/ Mental health codes were added in the 1970s, testing codes 20 years later and Health and Behavior codes soon thereafter. In between biofeedback codes were modified as well as expanded and almost all codes currently used were significantly modified and re-valued.

Due to changes in practice patterns and increasing co-morbidities, codes established for psychotherapy have undergone major changes in 2013. More change is expected for codes used by our profession but the most extensive and recent changes are for psychiatric interviewing (diagnosis) and psychotherapy codes (intervention) with the end codes being more granular, sensitive to time, intensity, and the type of service.

Education on these changes is important for professionals using the codes so that they stay informed on their proper use. Improper use of the codes may lead to possible audits, fines, or even incarceration. At present APA is represented at CPT meetings (the part that involves determining what health care practices can be done and, generally speaking, how they are done) by Neil Pliskin, the RUC side (determining the relative code value) is represented by James Gourgoulakis and the Director of APA’s new Office of Healthcare Financing is Randy Phelps. This group is working on numerous projects including but not limited to studying the need for other psychotherapy and testing services. An increasing interest has been placed on integrative care as well.
In order to help individuals versed on CPT and professional psychological services, a website was established in order to disseminate information on the tsunami of change. If you are interested in the webinars or educational materials please visit www.PsychologyCoding.com for more information.

Rethinking the Core Aspects of ADHD
by Laurie Mount Grimes, Ph.D., Director of Professional Affairs

I’ve just returned from the APA annual convention where I took in a day-long seminar by Dr. Thomas Brown of Yale University and author of the Brown ADD Scales. His presentation, born from his most recent book entitled Attention Deficit Disorder: The Unfocused Mind in Children and Adults, focused on his relatively new model for conceptualizing ADHD that emphasizes executive functioning deficits as the underlying basis for attention problems and the critical role emotions play in attention, focus, and regulation.

To understand the tenets of this new paradigm, it is important to understand what Brown says ADHD is NOT: ADHD is not simply a behavior disorder with symptoms of excessive restlessness and distractibility, nor is it a problem of insufficient willpower. Brown emphasizes the dangers of the willpower assumption, as it leads to punitive, critical, and shaming statements and interventions. Comments such as, “You pay attention for hours playing your video games so I know you can do it. You just have to want to pay attention while you are doing your homework.” typify this error in understanding. The inconsistency in symptom presentation prompts erroneous assumptions and victim blaming which leads to internalizing negative self-attributions, self-loathing, and diminished effort on the part of ADHD sufferers. In order to appropriately treat ADHD, it has to be understood as a problem with the interacting dynamics of emotion, working memory, and brain chemistry.

Deficits in working memory - not short-term memory, but the dynamic action of holding information and actively processing it with information retrieved from long-term memory – is a core area in Brown’s ADHD model and has far-reaching effects. Working memory deficits can interfere with expressive and receptive communication, retrieval of learned information, reading comprehension, math, and written expression. Rather than lazy or unmotivated, people with ADHD are impaired in their ability to coordinate and integrate the multiple skills required for these learning tasks. Motivation plays a key role; it’s not unusual for people with ADHD to have trouble starting a task (e.g., writing a paper) or procrastinate until a crisis looms (e.g., due date) that provides the needed push to regulate, complete, and then Struggle with things in other settings. Competence in one area does not negate the significance of problems in other settings.

Brown’s ADHD model features an especially large role played by emotions. While not explicitly included in DSM diagnostic criteria, emotions play a critical role in prioritizing and starting tasks, sustaining or shifting interest, holding thoughts in active memory, and choosing to engage in or avoid tasks. Emotions are related to working memory impairments: the limited capacity to keep in mind and use multiple bits of emotionally laden information at the same time can lead to overreactions to small frustrations which take up all the emotional space in the brain in a kind of emotional flooding that inhibits the person from processing the event and moving on. Brown states, “The same chronic impairments that interfere with other aspects of their cognitive functioning also tend to interfere with their ability to manage and be adequately guided by their emotions.” People with ADHD experience the same emotions as others but differ in managing and responding to their emotions. These difficulties with self-regulation (i.e., monitoring one’s self and one’s context) hamper the performance of daily tasks due to getting distracted from tasks and getting flooded with feelings (frustration, enthusiasm, anger, affection, worry, boredom, etc.).
The Kentucky Psychological Association 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.
KPF 2015 Spring Academic Conference – Save the Date

The 2015 Spring Academic Conference will be held on Saturday, March 28th, 2015 at Midway College. Complete details coming in December/Early January!

An Update From the KBEP Complaint Screening Committee
by Sally L. Brenzel, Psy.D.

As my four year term on KBEP and assignment as chair of the Complaint Screening Committee comes to a close, I wanted to take the opportunity to provide the year end statistics for 2013 which are as follows:

Total of 28 complaints received in 2013:

- 20 initiated by the client or parent of the client
- 4 by KBEP
- 4 by another psychologist

- 19 Doctoral level
- 8 Master level
- 1 no degree

Actions taken: 19 dismissed (13 Doctoral, 6 Master), 3 are ongoing, 3 Private Admonishments and 3 Cease & Desist Orders have been issued.

Of the 28 complaints, the majority (12=43%) alleged negligence and/or incompetence, the others (range of 1-5 complaints) included licensing, misrepresenting as a psychologist, probated license violation, confidentiality, refusal to release a record, sexual relationship, impaired professional, and ethical issues. It was also of note 14/28 involved forensic clients/cases.

Range of time from receipt of the complaint to close: 1-8 months, with an average of 4 months.

I self-nominated for KBEP for several reasons; I wanted to learn that side of our business, to connect with other psychologists whose areas of interests and practice are different than mine, to hopefully bring an understanding of the often inherent adversarial dynamics that exist in forensic cases, and to share my view that the KBEP mission of protecting the public includes insuring competent, ethical practitioners are able to continue to provide services to clients without undue disruption. I’m grateful to have had the opportunity, and would suggest every practitioner consider a term for their own reasons.

New Research Network Forming

We (Tammy Hatfield, University of the Cumberlands, Patrick Pössel, University of Louisville) are interested in forming a small research network of faculty in KY with the aim to support each other to boost their research output. A particular aim is to connect faculty from more research-intense universities with faculty from less research focused universities. Our general area of interest at this time is mental and physical health of abuse victims and survivors. If you are interested, please email us at tammy.hatfield@ucumberlands.edu and patrickpossel@louisville.edu.
Dissertation Research Funding Opportunity

The American Psychological Foundation is seeking proposals for the 2014 Annette Urso Rickel Foundation Dissertation Award for Public Policy. This award supports dissertation research on public policy, which has the potential to improve services for children and families facing psychosocial issues such as prevention of child abuse, school programs for children with psychological issues, services for youth in the criminal justice system, healthy parenting, and math and science education, and contributing to the adoption of sound policy affecting children, youth and families.

Please see the following website for more information: http://www.apa.org/apf/funding/rickel-foundation.aspx

The deadline for proposals is November 1, 2014.

The Power (and Profit) of Focus

by guest Jim Ray, MBA

In my previous KPA article (April, 2014), I raised several points related to the profitability of your practice. One of these points dealt with your ability to generate a consistent stream of new patient intakes. More importantly, generating intakes of patients who are best suited for your type of practice. I referred to these as your “ideal patients.” Your success in this area is a key determinant of your long-term performance and profitability. Just how a practitioner does this depends on having a plan, not simply a “hope.” The power of focus is critical. Over the next few articles, I’m going to help you to develop your plan. Let’s consider a few tips you can use to increase your power and your resulting profit.

Your marketplace is crowded. Your competition grows each year. Carving out a niche and differentiating yourself in the minds of prospective patients may seem overwhelming, but when you break it into manageable pieces, it often comes down to consistency.

Believe it or not, there are many free resources already available to you. Many of these can help get the word out about you, your practice and those qualities that differentiate you. The number one question professionals should focus on isn’t how much to charge; rather, it’s effectively answering the question, "Why You?"

Before you worry about how to spread the word, spend time defining what those actual words are. Invest time in understanding your strengths and how you can communicate them, consistently. In a recent seminar, I discussed the power of a well-articulated elevator speech. The brevity forces you to focus on specific words to describe what it is that you actually do. The term “elevator speech” is based on a simple concept. Imagine you stepped onto an elevator with another person. The person asks, “What do you do?” You have a finite opportunity to inform them, but also to elicit a follow-up question, such as “That’s interesting. What types of patients do you treat?” Or maybe, “How long have you been practicing?”

Those questions may lead to the exchanging of contact information and possibly a follow-up discussion. You never know who may know your next, ideal patient. If you’ve practiced for any length of time, you already understand the value of a good referral.

So what’s your elevator speech? Mine’s quite simple, “I’m a business consultant. I work with attorneys, physicians and other professionals to help them run their businesses more effectively and more profitably.” It’s not fancy, but more often than not there’s always a follow-up question (objective #1 – achieved). Realistically, it may not be that individual who could benefit from working with me. Nevertheless, I’m always willing
to bet he/she could become a referral source. Paths cross for a reason.

If you haven’t already, take a few minutes to consider how you describe your practice. Ask some friends outside of your field to listen to your explanation. Would that description peak their interest? If not, focus and refine it. It’ll be worth the effort.

“No one Remembers Average”

I’m often surprised at how many professionals haven’t spent time considering the power of personal branding. How exactly do you begin to standout in the crowd? Find a way to effectively differentiate yourself from your colleagues, albeit in a positive way. Personal branding involves the steps you take to create that difference in the minds of potential patients and those who could impact your business.

William Arruda is a recognized expert in this area. He has a series of videos available for free on YouTube. To assist you in understanding your personal brand – and possibly crafting your elevator speech – click on this link to watch his video on Differentiation: https://www.youtube.com/watch?v=aD_oj1cCmTk.

Now that you’ve begun to think about how you describe your practice, test it and refine it. Set a self-imposed deadline and add it to your calendar. I’ve realized over the years that if I don’t actually put it on my calendar, it probably won’t get done. All of us can find multiple reasons to delay this foundational work. The key here is to simply start. Take one small step at a time and focus on the progress you’re making. Wow, does that advice sound familiar?

If you’ve made it this far down the page, I want to thank you for taking a few minutes to focus on your success. In my next article, I’m going to outline some specific free resources and low-cost ways to help you spread the word about your practice. Until then, feel free to visit my business consulting website and consider Liking my Facebook page (Jim Ray Consulting Services). Remember, you can improve the profitability of your practice through the power of focus.

KPA Member Benefits: FREE Consultation Resources

KPA members have access to free consultations with Director of Professional Affairs, Dr. Laurie Grimes, for questions and issues related to clinical practice, and to the KPA Ethics Committee for ethics-related questions and concerns. Click HERE to learn more, and to access an on-line consult request form.

Q&A on Current Issues in Ethics
by KPA Ethics Committee

Ethical Question:

The Ethics Committee was asked a question regarding adding coaching to a psychologist’s practice. It was stated that coaching is covered by the psychologist’s malpractice insurance and it was also stated that most coaching takes place telephonically. The psychologist asked what happens if a coaching client moves from Kentucky to another state, and the psychologist is only licensed in Kentucky? It was also asked whether there are ways to credential oneself to allow for coaching across state lines.

First, the Committee believes that this is primarily a question to be answered by the
Kentucky Board of Examiners of Psychology (KBEP). One question for KBEP is whether coaching is considered the practice of psychology. If it is, then according to KRS 319, a psychologist practicing across state lines must be licensed in KY and in the state where the client is located. KBEP might also advise the psychologist to contact the psychology board in any state where the psychologist wants to practice coaching, if it is the practice of psychology, and determine what the board requirements are for that state as well.

From an ethical perspective, the following applies:

Standard 2.01 (c) Psychologists planning to provided services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

It is beyond the purview of this committee to suggest what training or credentialing might be in order. However, it is believed that coaching has its own code of ethics, as set forth by the International Association of Coaching. This could be a resource for you. Also, APA has proposed some new guidelines for the practice of telepsychology which would also need to be considered in terms of a secure technical environment to ensure privacy, confidentiality, and informed consent.

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).