WVPA BEACON
West Virginia Psychological Association
Charleston, W.Va. Spring 2016 Vol. 38, No. 2

CONTENTS

Springtime: A Time for Change

As spring is in the air, I am reminded of the one constant in life: change. Over the past few months we headed out of a snowy winter and into a warm (and then wet) spring. We all knew change would come. We always hope change is for the better, but we know there are those times when change is unexpected, unwelcome, or even disappointing. At present, both on a national and more local level, change is afoot in the field of psychology.

As I attended my second APA State leadership conference in March, I was pleasantly surprised at the potential for change in mental health in this country. While the past couple of years have been difficult for the Association for obvious reasons, hope looms on the horizon. First, The APA Practice Organization (APAPO) is in full swing. Finally a separate practice based organization that will be able to represent clinical psychology properly with full monetary and lobbying resources. Second, I discovered something even more unique and amazing in today's world. Bi-partisan support in the United States Congress for comprehensive mental health reform. You heard that right, bi-partisan support. Several versions of legislation are being introduced in both the House and Senate with the hope of a final compromise bill ready for the President's signature by July. While the scope and breadth of these bills is too much to review in this article, all would increase funding and access for services in rural settings and would also help to enforce mental health parity laws already on the books.

From a local perspective, change is also in the air. We have a sequence of training law on the books. The Governor signed the legislation on the last day of this year's session.

A Time for Change
Continued on page 15

It's been an interesting decade

By WVPA Executive Director Diane Slaughter, CAE, APR, Fellow PRSA

All good things must come to an end, and so I end my decade of service to the West Virginia Psychological Association.

I assumed the role of Executive Director in October 2006, following in the footsteps of Jimelle Rumberg, PhD, CAE, when she moved to Ohio.

She interned with my firm for two years during her doctoral internship, so she shared the issues and structure of your association. In fact, I had been producing your newsletters for awhile before becoming executive director, so the issues were not new to me. She didn't fully prepare me for the people. There are many to whom I owe so much.

The late Dr. Carl Thomas of Lewisburg called to welcome me to the association after reading of my hiring in the newsletter. In my more than 30 years in the association management profession, he is the only non-officer member to welcome me to an association. He will always define "gracious" in my personal dictionary for that small act of kindness that cost him nothing, but meant the world to me.

Dr. John Linton is my hero. He had the sense, compassion and stubbornness to have me admitted to the hospital during our 2009 Spring CE Event. By the time of my release six days later, I had been diagnosed with serious heart issues. John is still gracious about taking the "blame" for saving my life. I'm grateful.

Marion "Mun" Kostka has also helped me walk that journey, serving as a guiding light. Also, he helped me navigate the maze of APA continuing education guidelines. Mun knows I won't miss filing those five-year reports!

Kathy Lynch at the West Virginia Board of Examiners of Psychologists is simply the best at what she does. She's made my job easier and I value her friendship.

Dr. Jeannie Sperry holds a special place in my life for her guidance, support and compassion. Mayo is lucky to have her.

My peers across North America are a fabulous group of professionals, always willing to help each other. They have been my secret weapon!

There are so many more of you I will miss. I have had the opportunity to work with outstanding individuals during their presidency, including Drs. Lynda Danley, Roy Tunick, Ruth Ann Panepinto, Amy Wilson Strange, Donna Midkiff, David Blair, Steven Cody, Jeannie Sperry, Martin Boone, Scott Fields and Jeff Boggess.

My one regret is the continuing division in the profession.

You are so much stronger together than apart.

While my company has grown into a national association management firm, you now need someone devoted only to you. I hope you will welcome Rose-Ann Prince as you welcomed me a decade ago. I've known and worked with her since before I joined you, and she is talented!

There are so many lovely memories and I wish you all the best. Thanks for the past decade,

Diane Slaughter

WVPA BEACON
is published four times a year by the
West Virginia Psychological Association, Inc.
Jeff Boggess, PhD, President
Diane Slaughter CAE APR, Executive Director
Jack Berkley, PsyD, Editor
PO Box 58058
Charleston, WV 25358-0058

WVPA reserves the right to determine suitability of advertisements and content. Correspondence regarding subscriptions and changes of address should be directed to:
WV Psychological Association, Inc.
PO Box 58058, Charleston, WV 25358
(304) 345-5805 • info@wvpsychology.org

APAPO: A crucial investment

By Kathleen Ashton, Ph.D., ABPP

Why not being an APA Practice Organization member is like not saving for retirement. . .

"Someone should do something about that. We need to be at the table when decisions are made. I need help figuring out how to handle all these healthcare reform changes. Why doesn't someone stand up to managed care companies?"

These are questions and comments I hear all the time from psychologists. **And I am concerned that the groups that I usually turn to when I have these types of issues—APA Practice Organization and my state psychological association—are not going to have the resources to best address the needs of professional psychologists.**

Why? There has been a significant drop in APA Practice Organization dues paying members—approximately 35%. The Practice Organization relies heavily on member dues to provide services (unlike APA that has multiple sources of income including real estate and publishing). Every possible area has been scrutinized to reduce the budget approximately $1.5 million dollars. There are significant cuts proposed to Practice Organization budget (not final until approved by the APA BOD) that will directly affect psychologists. **The biggest area of reduction proposed is in federal advocacy.** This includes significant reductions in federal lobbying, federal advocacy, grass roots advocacy, and healthcare financing work.

State advocacy is also being affected—including elimination of legislative and emergency grants (organizational grants that help small state organizations keep the doors open are still continuing at this time). These legislative grants were used in states for scope of practice issues, sequence of training bills, RxP, and more. The following is a good summary of the Practice Organization financials, as well as some of the important work the Practice Organization has been doing that is now threatened by the lack of financial support: http://apa-practicecentral.org/about/2016-annual-report.pdf.

Are you as a psychologist ready to lose these services? Can you afford to do it? **There is an expense to not being a member.** APA cannot do this for you as a nonprofit (c-3) organization. You need the APA Practice Organization (c-6) to provide advocacy and advice on professional practice changes.

If you are doing advocacy at the state and federal level yourself, then good for you. But the reality is, most of us depend on others to do this for us. We all know the principle of "diffusion of responsibility." **If not the APA Practice Organization, then who?**

It's an investment, just like you put money into your retirement account. It makes sense to invest in your future. For early career psychologists, it makes sense to invest for advocacy for your career that you have already invested so much in. For later career psychologists, it makes sense to invest to see psychology continue as a profession. If you are a professional psychologist, it makes sense to invest in a group who will advocate for you at the state level, federal level, and in the healthcare industry. It makes sense to use the national and collective resources for psychologists to have a seat at the table and monitor national trends. **It makes sense to be an APA Practice Organization member.** It's an investment in your future as a practicing psychologist. For membership renewal, check out this site: http://apapracticecentral.org/about/index.aspx.

APAPO makes sense

Continued on page 10

Highlights from the WVPA Spring Conference

By Executive Director Diane Slaughter, CAE, APR, Fellow PRSA

The WVPA 2015 Spring "Commitment to Excellence in Psychological Services: Doing It Right" conference was a great success. Planned by WVPA President-elect Dr. Keith Beard, each presentation had engaging speakers who covered key topics on ethics and supervision. In addition, we hosted a student poster session, normally done only at Fall Conference. The event was educational, exciting and engaging, with sessions averaging ratings of 4.34 on a 5.0-point scale.

Friday morning, conference goers attended *Ripples: Exploring Ethical Issues Raised By the Hoffman Report and its Aftermath.*

Our ethics panelists included Marty Amerikaner, PhD, with Jack Berkley, PsyD, Patrick Kerr, PhD and John Linton, PhD, ABPP. They presented and discussed a variety of ethical and practice issues associated with the Hoffman report and its repercussions. One participant said, "Very interesting presentation. I appreciated the information sent to us by Dr. Amerikaner before the conference. I learned from Dr. Linton's historical perspective and Dr. Kerr's presentation."

Members enjoyed time to visit with old friends and make news ones during morning and afternoon breaks and lunch.

The afternoon session focused on *Supervision: A Refresher Course.* Panelists included WV Board of Examiners of Psychologists (WVBEP) Chairman Jeffrey Hammond, PhD, with WVBEP Executive Director Jeff Harlow, PhD, and Board Secretary Kerri Linton, MA. One participant said, "Loved this session!. Drs. Hammond and Harlow both gave informative, thought-provoking presentations. Loved having the Board present. Great for people to get to interact with them and ask questions. Nice to meet them as 'real people.' Panel discussion was really helpful, too."

In an effort to provide more opportunities for our student members, WVPA hosted a student poster session, with prizes sponsored by Clayman & Associates, and had five poster submissions from Marshall.

Our poster presenters (shown here from left to right) were: WVPA President-elect Dr. Keith Beard, Christina Johnson, Jessica Elliott, Savanna Tickle, Heather Fry, Briana McCoy and WVPA President Dr. Jeff Boggess.

Members took the opportunity to visit with presenters and learn about the research during an extended morning break. Once the votes were tabulated, cash prizes were distributed to our winners, shown here (from left): WVPA President-elect Beard, first place recipient Jessica Elliott, second place recipient Heather Fry, third place recipient Savanna Tickle and WVPA President Boggess. We are planning another posted session for the Fall Conference.

Thanks go to President-elect Dr. Keith Beard for organizing this successful event. When asked what could be improved, several participants wrote, "Nothing.," with panel presentations receiving top marks. We would like to thank our conference sponsor, the The Trust, for its support.

What does the law reveal about CAPs?

by Advisory Committee on Colleague Assistance (ACCA) Co-chair Dr. Julio Rojas, Ph.D

As Chair of the Oklahoma Colleague Assistance program for the Oklahoma Psychological Association, I have been involved in helping establish a colleague assistance program over the past several years. A critical turning point in my efforts occurred while working clinically with other health care professionals. I began to examine the practice acts for various disciplines (i.e., medicine, nursing, pharmacy) and this led me to wonder how our psychology practice act compared. I determined six areas in which we differed significantly from our health professional peers in Oklahoma. I have posed these in the form of questions below. Even if you have a formal Colleague Assistance Program (CAP) in your state, it may be useful to review your state's practice act as it lines up with the workings of your CAP. It may help to obtain a copy of your state's psychology practice/licensing act as you read through the list.

1. **Does your practice act contain a reference to practicing with skill and safety that can be compromised by substance abuse and/or a psychiatric condition?** Does your state practice act go further to include medical conditions and neurocognitive conditions which can impair functioning? Language about impairment is fairly commonplace in practice acts, but knowing how impairment is defined in your practice act is important.

2. **What does your state practice act say about reporting an impaired colleague?** In Oklahoma, there is no explicit mandate in their licensing act for psychologists to report. Other professions in Oklahoma are explicit about a mandate to report impaired colleagues, and some professionals (e.g., physicians) are required to report across health profession lines. In some states, like Oregon, there is a requirement to make such reports within a specific time period, 10 days (ORS 676.150, signed into law January 1, 2010).

3. **Related to reporting an impaired colleague, does your state practice act grant civil and criminal immunity if the report is made in good faith?** In our Oklahoma psychology practice act, this is not addressed.

4. **Will your colleague know that you reported her/him to the licensure board?** In Oklahoma, the psychologist being reported to the licensure board will receive a copy of the Request for Inquiry (i.e., complaint form) that is sent to the board. This complaint form contains a description of what is being alleged and the name and contact information of the person making the report. Other boards in Oklahoma provide statutory protection of the identity of the person filing a complaint. This of course, lowers the threshold for reporting.

5. **Does your state practice act require you to answer questions upon annual renewal of your license regarding impairment, treatment, or current suitability to practice with skill and safety?** In Oklahoma, this is not addressed in the practice act. Other health professional boards do include a section in their practice act regarding continued suitability to practice with skill and safety. In addition, the licensee is required to complete an annual attestation about suitability or continued ability to practice with skill and safety, among other questions such as legal problems.

6. **Does your state practice act empower your state licensure board to create or affiliate with an entity that can aid in addressing impairment among psychologists?** In Oklahoma, though the ability to affiliate with a program was not explicitly outlined in the practice act, the state licensure board affiliated with our state medical monitoring program for physicians after receiving an

CAPs and the law
Continued on page 14

Who let that doggie on the airplane?

By Cassandra L. Boness and Jeffrey N. Younggren, PhD

Most people enjoy dogs and find great pleasure in having them around. All of that is fine, but there is a growing trend among those who want to be with their dogs that should be of particular concern for psychologists.

Psychologists are frequently being asked by their patients to attest to their need for an Emotional Support Animal (ESA) for mental health purposes, which allows that animal to be present in what previously would have been a restricted environment.

Theoretically, the presence of the ESA has positive psychological impact on the owner and reduces the impact of a diagnosed psychological disability from which the owner suffers. In order for an ESA to be classified as such, a mental health professional must write a letter stating that presence of the pet mitigates symptoms of that disability.

Most mental health professionals do not know the complexity of this area of regulation. Yet, many seem more than happy to certify their patients as being in need of an ESA. Under the law, ESAs are not the same as psychiatric service animals and they do not require the training that is necessary to certify an animal as an American's with Disabilities Act (ADA)-compliant service animal.

However, ESA status does allow the animals to be in otherwise restricted areas such as aircrafts and housing that otherwise prohibit pets. The Air Carrier Access Act (ACAA, 14 CFR 382, 2003) specifically requires airlines to allow service animals and ESAs to accompany their handlers in the main cabin of an aircraft at no charge.

While appropriate documentation from a psychologist does not allow the ESA access everywhere, it requires waiving a no-pet rule and also any related damage deposit in housing that does not otherwise allow pets. This is because, under the Fair Housing Act (FHA) (42 U.S.C. 3601), an emotional support animal is viewed as a "reasonable accommodation" in a housing unit that has a "no pets" rule for its residents and the imposition of a fee would be contrary to the purpose of the law (https://www.animallaw.info/article/faqs-emotional-support-animals).

Given this information, we make the following suggestions to psychologists who may find themselves in the situation where a client is requesting an ESA support letter:

- Such an activity is considered extra-therapeutic and is similar to providing disability statements for clients. Consequently, it is not without administrative risk and can significantly complicate therapy if not handled properly. This complication includes the development of role conflicts and related conflicts of interest that place the psychologist's job as a treating professional in conflict with the role as evaluator.
- The APA's Specialty Guidelines for Forensic Psychologists consider extra-office practices, like writing an ESA letter, to be forensic-like activities because they are providing administrative information to others to assist them in addressing the patient's psychological condition for a non-clinical purpose. Therefore, this is arguably not a clinical activity and frequently has nothing to do with treatment.
- Be mindful in writing ESA-support letters. It is a crime to fraudulently certify an animal as a service dog or an emotional service animal, putting the psychologist who does so in potential legal trouble. Further, should the special accommodations recommended in the letter written by the psychologist become a matter of legal dispute, they may be called

ESA letters
Continued on page 9

Looking outwards for a change

By former APA President Pat DeLeon, PhD

Early last year, APA systematically inquired with the leadership of its divisions and state associations as to what in their view were the major issues which the discipline of psychology would be facing in the next 5-10 years. Seven themes evolved, the first of which was Positioning for the Future. Under this topic were: Engaging and positioning psychology in integrated healthcare settings; Globalization and Internationalizing psychology; the Role of technology; and Telehealth/Telemedicine. APA President Susan McDaniel has been personally involved with these issues for the past several decades and thus her election to our highest leadership office could not have come at a better time for the association. She recently represented APA at the British Psychological Society and earlier, when we were both fortunate to have been invited to attend the Beach Boys' tribute to Barbara Van Dahlen's Give An Hour initiative – which has already provided over 185,000 hours of free care to our military and veterans communities -- she passionately described her contributions to the World Federation for Mental Health Congress in Cairo. I still vividly recall that when I was serving on the APA Board of Directors Ray Fowler constantly reminded us that American psychology represented only a small subset of psychology and that those of us who were active in the APA governance had much to learn from our international colleagues.

This spring, with great enthusiasm, Susan hosted her Integrated Primary Care Alliance Presidential initiative which, by all accounts, was a major success. Co-hosted by Institute of Medicine (IOM) (recently renamed the National Academy of Medicine (NAM)) member, family physician Frank deGruy, MD, the meeting occurred on the weekend of April 8-9th in the Tower Conference Room at APA. APA hosted a CEO and a leader in the Presidential cycle of 23 different health and mental health professional organizations that compose the integrated primary care team. This list resulted in over 80 participants (pediatricians, internists, family physicians, nurse practitioners, physician assistants, psychiatrists, social workers, clinical pharmacists, etc.). The objective for the weekend was to develop interorganizational goals to move the needle forward on integrated primary care. Panels of 4-6 experts provided five minute "lightening talks" to stimulate discussion in four areas: clinical innovation, interprofessional education, new methods of

research and evaluation, and needed policy and payment methods. After each panel, participants divided into five action discussion groups to discuss what policies these organizations might collectively agree to lobby for and what projects they might want to support. The participants left very energized by the opportunity to work together. To start, they already have three letters to Congress that all agreed to sign (e.g., one on giving psychologists access to electronic health records (EHR)). A number of other work groups have been established that need future attention.

Conference attendee Lucinda Maine, Executive Vice President of the American Association of Colleges of Pharmacy, reports: "I immediately responded 'yes' to Susan's invitation to attend the summit because I knew that 'integrated primary care' was central to our work on interprofessional education and practice. Yet it was not until I reviewed the preconference materials that I fully comprehended that it was behavioral health integration that we would be discussing. I suppose that

Looking outwards
Continued on page 12

Connecting ALL Psychologists to

Trust Sponsored Professional Liability Insurance

Coverage at every stage of your career... And no association membership required to apply!

Connect with The Trust whenever you're providing psychological services – as a student, in supervised post-graduate work, in research and education, in professional practice… In so many ways, we have you covered and connected to:

- Broad coverage at affordable rates
- Free risk management consultations
- Excellent customer service
- A variety of premium discounts
- Optional Business Office insurance

Move your coverage to The Trust. It's easy!

Simply apply and provide us with proof of current coverage. We'll do the rest.

✓ No gap in coverage (seamless transition)
✓ No costly tail (we pick up past years)
✓ 10% discount for switching coverage

Questions or concerns?
Call us at 1-877-637-9700

For Psychologists By Psychologists

THE TRUST

www.trustinsurance.com • 1-877-637-9700

* Insurance provided by ACE American Insurance Company, Philadelphia, PA and in some jurisdictions, other insurance companies within the ACE Group. The product information above is a summary only. The insurance policy actually issued contains the terms and conditions of the contract. All products may not be available in all states. Surplus lines insurance sold only through licensed surplus lines producers. Administered by Trust Risk Management Services, Inc. ACE USA is the U.S.-based retail operating division of the ACE Group, a global leader in insurance and reinsurance, serving a diverse group of clients. Headed by ACE Limited (NYSE: ACE), a component of the S&P 500 stock index, the ACE Group conducts its business on a worldwide basis with operating subsidiaries in more than 50 countries. Additional information can be found at www.acegroup.com/us.

ESA letters

Continued from page 6

upon to justify statements in a deposition or in open court.

The research evidence is limited. Very few controlled empirical studies support the conclusion that the presence of animals impacts loneliness and is actually longitudinally therapeutic. In fact, the empirical research on this topic is inconsistent and is clearly in the early stages of development (Ensminger and Thomas, 2013). While patients might want their animals to travel with them, and even feel that they need the animal to feel safe or better, there is questionable evidence that this does anything therapeutically.

Treating therapists have an important role in recommending that a patient has an ESA if that recommendation is part of a treatment plan. However, the psychologist must remember that the recommendation for an ESA could result in a permanent state of affairs that could carry potential legal consequences for the psychologist if that certification becomes disputed and the animal is no longer clinically necessary.

The easiest way to avoid the dilemma of being asked to provide an ESA support letter is to clarify the limited evaluative activities the psychologist is willing to perform as part of the initial informed consent. This type of clarification at the outset of treatment can go a long way in reducing problems that stem from patient requests for extra-therapeutic services.

Whether one agrees with the author's conclusion that these types of evaluations are forensic, one must agree with the conclusion that separating the treatment issues from those that are administrative in nature, avoids any potential role conflict and is in the best interests of the therapy. Remember, this is an official disability determination and not simply something designed to make the client happy.

Cassandra L. Boness is a graduate student in clinical psychology at the University of Missouri-Columbia. Her chief research interest relates to alcohol use disorder diagnosis and her clinical interests include ethics, treatment of deaf clients and dialectical behavior therapy. Her email address is: clmkdb@mail.missouri.edu.

Jeffrey N. Younggren, Ph.D., is a clinical and forensic psychologist practicing in Rolling Hills Estate, Calif. He is also a clinical professor at the UCLA School of Medicine. His email is jeffyounggren@earthlink.net.

Editor's notes: *This is a condensed version of a longer paper submitted to a peer reviewed journal. The longer version was also co-authored by Jennifer A. Boisvert, Ph.D.*

APAPO makes sense

Continued from page 3

I am confident that I have made a good investment in the APA Practice Organization by paying my dues, and I am hopeful other practicing psychologists will see the value as well to help the APAPO continue its crucial work for psychology.

Transparency and membership engagement are goals for CAPP—the Practice Organization's governing body. This blog is intended to be part of that communication to the membership to let you know what is going on in the APAPO; it is my own take on CAPP/APAPO and not an official communication. My goal is to help psychologists to be aware of current APAPO issues.

Here are my **Top 15 APAPO Action Items** on behalf of practicing psychologists in 2016:

1. Government Relations: working on the **Medicare Mental Health Access Act to include psychologists in the Medicare physician definition** (H.R. 4277/S. 2597) Rep. Noem & Rep. Shakowsky are sponsors; 20 cosponsors; Senate Bill sponsors: Sherrod Brown & Susan Collins: 2 cosponsors currently including Sen. Schumer. Looking at vehicles to get into law such as Medicare payment bills in house and technical in Senate, omnibus bill in December. This is critical to psychologists being eligible for incentives and reimbursement codes only open to "physicians" currently--i.e., bottom line reimbursement.
2. Government Relations: working on **legislation to reform federal mental health funding**, specifically the Helping Families in Mental Health Crisis Act (H.R. 2646) and the Mental Health Reform Act (S. 1945). Tim Murphy is the House sponsor; needs more bipartisan report. Senate sponsor is Lamar Alexander. The bill may stalled in election year politics and possible amendments related to gun control. The HIPPA provision is concerning to psychologists, in particular provision to modify privacy law to allow providers to communicate with family members of patients with SMI. APA shared concern but supported overall bill.
3. **Medicare Incentive Based Payment System** is being watched by APAPO advocacy staff. This is a new proposed rule from CMS; comments will be taken for 60 days "merit based incentive payment system." PQRS, meaningful use programs end this year; these reporting aspects will be included in MIBPS. For psychologists, MIBPS will start in 2019. A quality component will be 50% of the score; advancing care 25% (how clinicians use technology), clinical practice improvement activities (patient safety, coordinated care—8 options include behavioral/mental health care) 15%, and cost and resource use 10%. Psychologists have the option to try the system in 2017.
4. Government relations: working on an initiative to **engage psychology students in advocacy**, the TEAM Project. This would involve FACs mentoring APAGS students as advocacy leaders "Training and Engaging with Advocacy Mentors APAPO TEAM program.
5. Legal/Regulatory team worked to **resolve issues on use of 90837 vs. 90834 codes** with three different insurers.
6. Legal/Regulatory: Worked on **parity enforcement**, including filing complaints against Humana which appear to have stemmed the tide.
7. Legal/Regulatory: APAPO is **sponsoring multi-state summits on alternative practice models** in Washington DC May 20th and Chicago June 24th Topics will include. Registration significantly discounted for APAPO members/great member value. http://

APAPO makes sense
Continued on page 11

APAPO makes sense

Continued from page 10

www.apapracticecentral.org/update/2016/03-24/alternative-practice-models.aspx.

8. Legal/Regulatory is working on **Medicaid advocacy**: intern reimbursement (DC, TX, NC, CA), including psychologists in medical home, and in DC have partnered with Children's Hospital to work research on cost-effectiveness of psychological interventions.
9. APAPO provides **CE Opportunities at a discount for APAPO members** on topics such as HIPAA compliance: http://www.apapracticecentral.org/ce/courses/1370022.aspx.
10. APAPO provides **resources and information on business of practice**, HIPAA compliance, alternative practice models and more: http://www.apapracticecentral.org/business/alternative/index.aspx.
11. APAPO provides timely newsletters and updates such as **Good Practice Newsletter** and **Practice Update** to keep you informed on hot topics in practice: see latest edition with topics such as provider contracts and successful use of PQRS: http://www.apapracticecentral.org/good-practice/index.aspx and http://www.apapracticecentral.org/update/index.aspx.
12. **State Leadership Conference 2016**—brought 500 psychologists to Capitol Hill to advocate on your behalf.
13. **APAPO Organizational grants**—provided $250,000 to 26 small state organizations (including West Virginia Psychological Association) to help pay for lobbying for state issues and to keep small SPTA doors open.
14. **Educating the public about the value of psychological services**/marketing: APA Practice Directorate partnership with PhoneRover reaches approximately 87,000 primary care patients each month with messages about mental and behavioral health.
15. Public education campaign's **"Stress in America" survey** was released revealing the impact of discrimination on stress; many practicing psychologists engaged with media to discuss outcomes.

I think that's a pretty good list and pretty good value for APAPO membership dues. But what do you think? I would love to hear feedback from current, former and never APAPO members. Because in the end, any organization is only as good as its membership and the value it brings to members.

Remember to cast your vote for the WVPA leadership!

WVPA

West Virginia Psychological Association

Ballots are due by August 1, 2016

Looking outwards

Continued from page 7

should have been self-evident! That said, both the style and the content of the summit were powerful and the caliber of attendees was simply amazing. It will be a meeting that influences my thinking about patient care forever." As Susan reflectively summarized: "It is our hope that this effort has legs…."

An Expanding Definition of Health: Also this spring, the IOM released its report:, *A Framework for Educating Health Professionals to Address the Social Determinants of Health,* which highlighted that the World Health Organization (WHO) defines the social determinants of health as: "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." These forces and systems include economic policies, development agendas, cultural and social norms, social policies, and political systems. Educating health professionals in and with communities negatively affected by the social determinants of health can generate awareness among those professionals about the potential root causes of ill health; thereby contributing to more effective strategies for improving health and health care for underserved individuals, communities, and populations.

The IOM's review of the salient literature supports the need for a holistic, consistent, and coherent framework that can align the education, health, and other sectors, in partnership with communities, to educate health professionals in the social determinants of health. The outcome of its deliberations provides a framework for lifelong learning for health professionals in understanding and addressing the social determinants of health. To impact health equity requires the movement of knowledge into action, and this requires more than just accruing knowledge. Health professionals must develop appropriate skills and attitudes to be advocates for change. Governments, ministries, communities, foundations, and health professional and educational associations all have a role to play in how health professionals learn to address the social determinants of health. Transformative learning, together with partnerships and lifelong learning are fundamental principles from which the IOM built their framework. We would remind the readership that one of the fundamental elements of President Obama's Patient Protection and Affordable Care Act (ACA) is the furtherance of data-based, population focused health care. Our nation's health care and educational systems are undergoing unprecedented change.

An Inspirational Vision by Our Colleagues in Nursing: Over the past several years, we have become increasingly impressed by the public policy sophistication demonstrated by our colleagues in nursing. Fellow Purdue University graduate Angela McBride invited me to participate in the American Academy of Nursing's (AAN's) Institute for Nursing Leadership, which is in alignment with the Nurses on Boards Coalition (NOBC), a funded effort of the Robert Wood Johnson Foundation (RWJF). The NOBC, of which AAN is a founding member, has the express goal of placing 10,000 nurses on various policy boards, commissions, and councils by the year 2020 with the goal to position nurses to lead change to improve health and drive policy. NOBC's efforts emanated from the comprehensive recommendations of the 2010 IOM report The Future of Nursing: Leading Change, Advancing Health, chaired by former Department of Health and Human Services (HHS) Secretary Donna Shalala.

Similar to WHO, the Institute proffers a board definition of "health," including areas that impact health outcomes and population health. Three related efforts have been articulated: increase the appointments of their members, prepare their membership for serving, and continually evaluate the impact of these efforts. The AAN has three strategic goals: * Influence the implementation of healthcare reform with the goal of achieving the Triple Aim of

Looking outwards
Continued on page 13

Looking outwards
Continued from page 12

improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. * Lead efforts, in partnership with others, to address the broad range of factors that affect the health of populations. And, * Position nurses to lead change to improve health and health care and drive policy. Twenty-two organizations are now members of the NOBC, all working on similar efforts. One can find the latest "count" of nurses on boards by viewing the live thermometer on www.nursesonboardscoalition.org.

I was very pleased to have the opportunity to serve as a reviewer last year for the follow-up IOM report Assessing Progress on the IOM Report The Future of Nursing. Both of these visionary reports were sponsored by the RWJF and have resulted in several impressive national stakeholder conferences held in Washington, DC. Several of the highlights of the follow-up report: The passage of the ACA will require the U.S. health-care system to expand to accommodate a significant increase in demand for services, "particularly those needed to manage patients with chronic conditions or mental health illnesses or for basic primary care." Nurses are in a unique position to take on a leadership role in helping the nation attain this goal. "Nurses have a key role to play as team members and leaders for a reformed and better integrated patient-centered health care system." With approximately three million members, nurses make up the largest segment of the nation's health care profession.

The changing climate of health care policy and practice has sharpened the national focus on the challenges of providing high-quality and affordable care to an aging and increasingly diverse population. The priorities of this changed climate will increasingly require the collaboration of health professionals to provide patient-centered, coordinated, and community-based primary and specialty care services. We would emphasize that it is important for psychology to appreciate that one element of organized nursing's response – pursuant to numerous IOM reports – has been the launching of their Campaign for Action, in conjunction with AARP, to shepherd the various recommendations towards implementation at the national, state, and institutional level. Several of the key areas to be addressed are: removing scope-of-practice barriers, implementing nursing residency programs (a provision of the ACA), doubling the number of nurses with a doctorate by 2020, and building an infrastructure for the collection and analysis of interprofessional health care workforce data. Susan Hassmiller, Senior Advisor for Nursing at RWJF, spent two years on loan to the IOM as staff director for the initial report and currently serves as National Campaign Director.

"The Campaign has made significant progress in many aspects of this effort. In a short period of time, it has galvanized the nursing community through its work at the national level and through the 51 state Action Coalitions it has organized. The (IOM) found that the Campaign has met or exceeded expectations in many areas. However, given the changing health care culture and, in particular the increasing importance placed on interprofessional collaboration, the Campaign needs to engage a broader network of stakeholders. The present report also recommends addressing challenges in the areas of scope of practice, education, collaboration, leadership, diversity, and data. The (IOM) believes these contributions can change the impact of nurses on the health care system and on patient care and outcomes."

The original IOM report emphatically proposed that advanced practice registered nurses (APRNs) could help build the workforce necessary to meet the country's health care needs if permitted to practice to the full extent of their education and training. The follow-up report: "While there has been on-the-ground collaboration between medicine and nursing, opposition by some physicians and

Looking outwards
Continued on page 14

Looking outwards

Continued from page 13

physician organizations has been noted as a barrier to expansion of ARPNs' scope of practice. The health care environment continues to evolve and demand greater team-based and value-based care. There is growing evidence that new models of practice in which all health professionals practice to the full extent of their education and training offer greater efficiency and quality of services. Several studies have shown, moreover, that these care models enhance satisfaction among health care providers. This is an important contextual change since the release of the (initial) report, one that offers potential common ground for that report's goals regarding scope-of-practice expansion."

A senior colleague and I were recently admiring nursing's success in obtaining support from a number of foundations. For example, the Jonas Center for Nursing and Veterans Healthcare has the impressive accomplishment of supporting 1,000 Jonas Scholars, committing nearly $25 million in grants to nurses pursuing PhDs and DNPs. This is also evident in the nearly $20 million that the Future of Nursing Action Coalitions have leveraged from additional sources, including other foundations, to match the RWJF dollars that are supporting their efforts. Our nation's health care environment is, indeed, undergoing dramatic change.

CAPs and the law

Continued from page 5

interpretation of our board rules by the State Attorney General's Office.

Examining our psychology practice act in Oklahoma and comparing it to the practice act of our healthcare professional peers illuminated some stark differences. When I presented these differences at our annual state psychological association meeting several years ago it created strong momentum to make changes.

Two specific changes have already occurred. First, we are currently in our second year of an affiliation agreement with the monitoring program for physicians which is well respected and has been in existence more than 30 years. For 2016 licensure renewals, psychologists are now required to complete an attestation of continued suitability to practice with skill and safety; however, this requirement has not been added to the practice act to date. A third change that will require psychologists to report an impaired colleague is currently working its way through the legislative process required to amend our state practice act. This change also includes immunity from civil and criminal liability if the report is in good faith. In addition, a psychologist may be able to defer disciplinary action if he/she signs a voluntary agreement to participate in a treatment and monitoring program and successfully complies.

There are many obstacles to developing a colleague assistance program. In my experience these boil down to the four L's: Concerns about Liability, determining who has the Leverage to require providers to get help, Limited financial resources of state psychological associations and limitations imposed by (or lack of awareness of) one's state Licensure/Practice Act.

After reading your state licensure act with these six questions in mind, look to the licensure act of your peers in other disciplines and see how they have addressed these issues. It is also important to note that there may be practice requirements in your state that are not found in your practice act, but in state statutes that apply across healthcare professions. Nonetheless, you may find that most professions are much further along than psychology. It was the necessary spark to get us moving in a better direction! More importantly, it has given us a specific path for making changes to intervene, monitor and support our impaired colleagues.

A Time for Change

Continued from page 1

Dr. Jessica Luzier (Our WVPA Federal Advocacy Coordinator) worked tirelessly on this bill and provided a nice write-up on its specifics and potential impact on our state in our last issue of *The Beacon*. The bill will make our state more attractive and competitive for young psychologists looking to serve rural areas immediately after their internship year. And now, only meaningful licensure law change stands in the way of enhancing the attractiveness of our state to potential psychologists, as well as providing our much-valued masters level clinicians with a stable and predictable path toward professional service in our State.

But as we know, change is not always a joyous occasion. Dr. William Fremouw of West Virginia University and Dr. Martin Amerikaner of Marshall University, two "giants" in West Virginia psychology, will be retiring in the next few months. I have been fortunate enough to call both of these incredible psychologists colleagues, mentors, and friends. Dr. Fremouw was my primary advisor in the Doctoral Program at WVU and was the primary influence in my interest in clinical psychology (an undergraduate Abnormal Psych class that he probably never knew I took!). Dr. Amerikaner helped hire me at my first "go around" with Marshall University and was one of the driving forces behind the outstanding Doctoral Program now in place at MU. The lists of their accomplishments would fill page after page, but more importantly, their impact on so many psychologists (like myself) will be felt for generations to come. I salute you gentlemen! Enjoy your retirement.

Last, but certainly not least, we announce that Diane Slaughter, our long-time Executive Director, will be leaving us in June. Diane has served this organization for nearly ten years and we will miss her dedication and service to not only to psychologists but to psychology in general throughout this state. She has seen good times and bad times within this organization, but always maintained professionalism throughout. She sums her years up much better than I could in a related article in this issue.

Yes, it is springtime and change is in the air. Here 's wishing you and yours have a productive and hope filled season.

Roster of 2016 WVPA Board of Directors

President (2016)
Jeff Boggess, Ph.D.
Marshall University Dept. of Psychology
One John Marshall Drive
Huntington, WV 25755
304.696.3399
brudr@suddenlink.net

President-Elect (2016)
Keith Beard, Psy.D.
Marshall University Dept. of Psychology
One John Marshall Drive
Huntington, WV 25755
304.696.2781
beard@marshall.edu

Secretary (2016-2018)
Lisa Ryan, Psy.D.
(304) 647-6272
lisajoy1513@gmail.com

Treasurer (2015-2017)
Penny Koontz, Psy.D.
One John Marshall Drive
Huntington, WV 25755
304.696.2768
koontz7@marshall.edu

Past President (2016)
Scott Fields, Ph.D.
WVU SOM; Dept. of Family Medicine
3200 MacCorkle Ave., SE
Charleston, WV 25304
304.388.4649
sfields@hsc.wvu.edu

Representative-at-Large (2015-2016)
Pamela Dean, Ph.D.
Seattle VA Hospital
1600 S. Columbian Way, S-116-ATC
Seattle, WA 98108
619.929.1695
pamela.m.dean@gmail.com

Representative-at-Large (2016-2017)
Sarah Jarvis, Psy.D.
Ona, WV
304.416.2315
wilson148@marshall.edu

Student Representative (2016-2017)
Hannah Greenbaum
West Virginia University
Mrgantown, WV 26505
916.628.7886
hgreenba1@gmail.com

APA Council Rep (2016-2018)
Martin Amerikaner, Ph.D.
Marshall University, Dept. of Psychology
Huntington, WV 25755
304.636.2783
amerikan@marshall.edu

Parliamentarian (2016)
Neal R. Morris, EdD, MS, CBSM, ABPP
Mental Health Services of Moorefield
PO Box 553
Moorefield, WV 26836
304.530.6748
nmorrisedd@yahoo.com

Executive Director
Diane Slaughter, CAE, APR, Fellow
PO Box 58058, Charleston WV 25358
304.345.5805
info@wvpsychology.org
Alternate contact:
304.984.0308
homesteadcommunications@frontier.com