Caring for Ourselves and Our Patients

by Cathy McDaniels-Wilson, PhD, ABPP

Greetings members, I am honored to serve as President of Division 31. We as individuals and as an association have a significant opportunity to impact policy on both state and federal levels. We can be more successful on the national level as more people gain advocacy experience at the local level. I feel it is important for Division 31 to be part of any decision-making process that will yield a formula that makes it fair and equitable for STPAs, from the very large to the very small, to be represented on a national level.

One of my primary presidential initiatives will focus on increasing awareness of the Colleague Assistance Program across STPAs. Having served as the BPA Liaison to APA’s Advisory Committee on Colleague Assistance, I am committed to raising awareness of the need to restore professional functioning and to protect client welfare. Research has shown the importance of recognizing the significant hazards of the work we do as mental health providers. As a result, there may be times when we find ourselves in

President’s Message
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Nominations Wanted!!!

Nominations are wanted for Division 31 Annual Award of Outstanding Psychologist. Nominations and supporting materials should be sent to Division 31 Awards Chair Angela Herzog, PhD, by June 15, 2014, at aoherzog56@aol.com.

The award for Outstanding Psychologist honors a psychologist whose distinguished contributions might include:

A. Demonstrating outstanding leadership in state, provincial or territorial psychological associations.

B. Advocating for psychology through state, provincial or territorial psychological associations.

C. Impacting psychology and our clients through distinguished service.

D. Serving as a role model for active participation in organized psychology.

E. Being a volunteer SPTA member (required).

For additional information go to http://www.apadivisions.org/division-31/awards/psychologist/index.aspx.

Deadline is June 15, 2015.
Division 31 President-elect Candidate Statements

**Linda K. Knauss, PhD, ABPP**

I have been actively involved in state psychological association affairs, serving at almost every level of governance in the Pennsylvania Psychological Association. Positions include: President of the Association, President of the Foundation, Board Member of the Political Action Committee, Chair of the Ethics Committee, Clinical Division President, and Professional Affairs Board Chair. I am currently the APA Council Representative from Pennsylvania and also served in this role from 2000 to 2006. Throughout that time, I was a member of the Executive Committee of the SPTA Caucus. I received the Distinguished Service Award from PPA in 2004.

I have also served on the Division 31 Membership Committee. Within APA, I am the Vice-chair of the APA Ethics Committee and have been a member of the APA Commission on Accreditation. I also served on the Implementing Workgroup of APA Council to operationalize the recommendations of the Good Governance Project.

I would like to lead Division 31 in its efforts to improve communication and collaboration among SPTAs and to advocate for SPTA interests within APA. Another important goal is to assist SPTAs with legislative advocacy. Additional goals include increasing membership and participation of students and early career psychologists in Division 31 and SPTAs through mentoring, financial support, and career resources; increasing diversity membership and leadership in Division 31; continuing the Division’s efforts to provide healthcare reform information to members and SPTAs; and making Division 31 the home for SPTAs within APA.

My experiences within PPA and APA as well as my professional and clinical experiences as a university professor, internship director, psychologist in a state hospital for children and adolescents, and private practitioner will bring valuable perspectives to lead the division.

It would be an honor to serve as the President of Division 31.

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**Donald McAleer, Psy.D., ABPP**

I am both pleased and honored to be nominated for President – Elect of Division 31. Please support my candidacy by giving me your number one vote. Throughout most of my professional career I’ve been deeply involved in state association affairs, notably as President of the Pennsylvania Psychological Assn (PPA) 2001, as a member and then Chair of its PAC (2003 – 2007). I served two terms on CoR as a representative from Pennsylvania where I also served as the Treasurer and then Chair of the State Caucus. I have received a number of professional awards including the 2009 Ethics Educators Award, and the 2009 Distinguished Service Award, both from PPA. In 2008 I received the Karl F. Heiser Presidential Award for Advocacy. I am a fellow of Division 31 and a member of Divisions 12, 40, 42 and 55.

I believe as a division we need to motivate to advocate, both internally and externally. State associations are at the forefront of the implementation of APA policy and must remain strong and viable. As APA pursues reorganization, we need to advocate for the states so their voice remains loud and relevant. Externally, state associations struggle for relevance and membership. We must assist state organizations, large and small, rural and urban, to remain strong in their advocacy for our profession. Lastly, the future of practice depends not only on engagement with legislators, but in advocating with and exciting young professionals and students about State Association membership. I ask for your vote.

Thank you.
Greetings!

I am thrilled to provide an update on the ECP Delegate programming during the recent State Leadership Conference. Over 30 ECPs from various SPTAs attended the orientation and other networking events including our financial planning workshop and the social hour between the Board of Directors and the ECP delegates. Here is a list of those who participated and photos of the group in action:

- Ruddy Taylor, Alaska
- Lindsey Buckman, Arizona
- Karisa Barrow, California
- Julia Somody, Canada
- Stephanie Field, Connecticut
- Scott Siegel, Delaware
- Nekeshia Hammond, Florida
- Kendra Westerhaus, Idaho
- Sarah Honaker, Indiana
- Eric Russ, Kentucky
- Thomas Cooper, Maine
- Linda Herbert, Maryland
- Catherine Perry, Massachusetts
- Heidi Woodland, Minnesota
- Paul Korte, Missouri
- Rita Billow, Montana
- Robyn Hardie, Montana
- Sarah Ahmad, Nevada
- Daniel Sheras, North Carolina
- Milo Wilson, Ohio
- Timothy Doty, Oklahoma
- Jesse Matthews, Pennsylvania
- Aleyne Eatman, Tennessee
- Natalie Heidelberg, Tennessee
- Jennifer Kasey, Tennessee
- Jamie Brass, Utah
- Jennifer Blair Beard, Virginia
- Sarah Jarvis, West Virginia
- Emily Selby-Nelson, West Virginia

This quarter, I would like to highlight Dr. Jennifer Kasey, an ECP Delegate who is doing great work for the Tennessee Psychological Association (TPA). Dr. Kasey became the ECP delegate in 2013 and works full-time as a Staff Psychologist at the Department of Veteran’s Affairs Medical Center in Nashville, TN. During her tenure as ECP delegate, Dr. Kasey has worked diligently to advocate for fellow ECPs and establish programs and networking opportunities for continued professional development. Dr. Kasey worked with the TPA board to advocate for lower dues for ECP’s at a graduated rate, given expenses typically incurred with obtaining licensure, getting established and paying off student loan debt. Dr. Kasey also participated in the implementation of an ECP tract at the 2014 TPA Annual Convention. Dr. Kasey submitted a personalized mailing to ECP’s encouraging them to attend the conference and highlight specific programming for ECP’s, including a breakfast and luncheon for ECPs, poster presentations and workshops on topics that impact ECP’s such as mentorship, work life balance and building a private practice. Dr. Kasey also presented at the TPA Annual Convention on the importance of mentorship for ECPs at the convention. Additionally, Dr. Kasey has worked with the board on the development of the first, and hopefully annual, ECP Boot Camp that is slated for May 2, 2015. The ECP Boot Camp will be a day-long workshop designed to present myriad topics that impact ECP’s. Future goals of Dr. Kasey include the coordination of a mentorship program as well as an ECP subcommittee. In sum, Dr. Kasey looks forward to continued opportunities to work with her local SPTA on the creation of diverse and practical efforts for recruitment and retention of ECP’s.
What a whirlwind adventure! There were meetings most days from 7:30 am to well into the evening, whether they were council meetings, discussions, caucuses or after hours pow wows. And all the while, President Anton kept his good-humor, grace and skillful leadership in negotiating our new governance structure as well as some sticky wicket issues.

Because of the new governance structure, the meetings began with caucuses discussing how they will now fit into this new model. It was proposed that certain caucuses that deal with practice issues merge into one larger caucus in some manner that will still allow individual caucus identities. And two caucuses even sunned, including the Very Small SPTA Caucus and the Assembly of Scientist/Practitioner Psychologists. The issue of caucuses’ purposes will most likely become more evident as the new governance structure unfolds and changes will probably be made accordingly.

As part of the new responsibilities of Council, the first day of meetings was dedicated to our Strategic Issue Discussion. The topic was “Translating Science into Policy.” To prepare us for discussion, we were given reading assignments prior to Council so that the representatives could come prepared with a basic level of knowledge about the topic. The plenary session format was changed to include the Honorable Brian Baird speaking on “Council as a Policy Making and Disseminating Body” and there was a panel discussion on Friday morning on the topic of “Real World Examples of Translating Science into Policy.” Friday afternoon we broke out into work groups choosing one of three variations on translating science. These three variations included:
1) Science/Research Perspectives,
2) Advocacy and 3) Educating the Public. After these discussions, the entire Council then reconvened and we all received group reports on the top priorities chosen in each group.

What was missing was any discussion about the next steps and how Council will make use of the priorities chosen. I’m assuming that our newly formed Council of Leaders Team (CLT) that is supposed to replace the Board of Directors as Council’s new Executive Committee will give us guidance as to how Council will follow-up on our mega-issue discussions. Unfortunately, this follow-up never happened with our first mega issue discussion last year on the topic of Integrated Health Care.

The rest of the Council meeting was more typical of our business as usual. Moving tributes were given to the memories of our own Drs. Charles Faltz and Maddie Cantor to honor their lives, work and outstanding contributions to APA. Probably the issue that most directly relates to SPTAs involved the new structure of Council. We were informed that the Council Structure Workgroup decided that the issue of changing the composition of Council should be postponed until changes to governance can be assessed with special attention to cost, efficiency and diversity. However, Council never voted on this recommendation.

Council was informed that, despite the Board of Directors approval of a planned deficit of nearly $1,000,000, the association finances are quite healthy. The deficit was the result of substantial new expenses that were thoughtfully and thoroughly deliberated. Despite this deficit, the Association Rule requiring a positive operating margin over a rolling three-year period will still be met.

The follow were among the agenda action items approved:
• Resolution to Support Education and Implementation of the ICD.
• Professional Practice Guidelines: Guidance for Developers and Users
• Resolution on the 2015 White House Conference on Aging
• Association Rule Change: Inclusion of ECPs on APA Boards and Committees
• Making APA into a Data-Driven Organization
• Competencies for Psychology

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Midwinter Meeting of Division 31 Board of Directors

The Division 31 leadership gathered for the Midwinter Board of Directors Meeting. Highlights include honoring Angela Herzog, PhD, for her leadership in 2014 (lower right), the transition to the presidency of Cathy McDaniels-Wilson, PhD, ABPP (right), and the working nature of the board throughout the year (below).

Council Report
Continued from page 4

Practice in Primary Care
• Standards of Accreditation in Health Service Psychology
• Helping International Colleagues with the Declaration on Research Assessment

Please see the unabridged version of this report posted on the Division 31 listserv for more details about these various items. If you have any questions about Council, please do not hesitate to contact me at LRGROSSMAN@AOL.COM.

Advertise With Division 31

Focus on 31, the newsletter of APA Division 31, State, Provincial, and Territorial Psychological Association Affairs, would like to invite you to consider advertising in our newsletter. Published three times annually for Division members, we reach decision makers and budget handlers in Psychology throughout the country, provinces, and territories.

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Opportunities in Clinical Health Psychology: Outside the Box

by Helen Coons, PhD, ABPP

Psychologists across the country have worked in academic health centers, community medical practices and hospitals, and health systems for decades. Health, pediatric, family, rehabilitation, and neuropsychologists, for example, routinely provide clinical services; interprofessional education; program development, evaluation, and research; and communication skills training in a broad range of in- and outpatient medical settings. With the passage of the 2010 Patient Protection and Affordable Care Act, or the ACA, colleagues working independently and in groups are now asking pressing questions about new practice and reimbursement models in and outside of traditional health centers. Fortunately, health care reform brings an impressive range of opportunities in clinical health psychology for the practice community—especially if you think outside of the box!

The ACA prioritizes the triple aims to increase access to comprehensive, coordinated health care for children and adults across the life span; improve patient outcomes; and reduce costs to the nation’s health-care budget. The legislation highlights the importance of integrated services, including behavioral health in primary care. Consequently, health systems in public (e.g., VAs and federally qualified health centers) and private sectors are hiring psychologists and other behavioral health providers as part of integrated care teams. The ACA also emphasizes health promotion and prevention initiatives to reduce the incidence, burden, and costs of chronic physical conditions. This article highlights practice opportunities in primary care, specialty, and community medical settings; health promotion and prevention; as well as innovative ideas for health psychology services in community and corporate locations.

As you contemplate new practice and business options in clinical health psychology, consider the following questions: Do you have the clinical and professional competencies to provide care and collaboration to patients in medical settings (Belar et al., 2001; McDaniel et al., 2014)? Are health care practices the right place for you (Kelly & Coons, 2012)? Do you currently have the collaborative relationships with health care providers to locate your health psychology practice in (or integrate into) medical, community, or business settings? If you are planning to transition to a health care setting as an independent contractor under a rental agreement or as a practice partner, have you consulted a health law attorney with expertise in regulatory, legal, and contractual issues in health settings (Coons & Gabis, 2010)?

If you already provide clinical health psychology services, consider getting out of your traditional practice office. Establish whether you are interested in transitioning to primary care or specialty medical settings or prevention and wellness programs. Another option is to bring clinical health psychology services to community organizations, settings, and businesses. Primary care sites typically include family practice, internal medicine, obstetrics/gynecology, and pediatrics and are considered the de facto mental health system because most patients receive their mental health care from physicians and advanced practice or midlevel providers (i.e., nurse practitioners and physician assistants) in these settings.

Click here (http://www.apadivisions.org/division-31/news-events/blog/health-care/index.aspx) for Dr. Coons’ unabridged full length article.

Helen L. Coons, PhD, ABPP, is a board-certified clinical health psychologist in integrated primary care at Denver Health and Hospital Authority and president of Women’s Mental Health Associates. From 2000 to 2014, her practice rotated to multiple primary care and specialty medical practices in the Philadelphia area. She routinely presents at the national level on competencies, collaborations, and contracts for psychologists interested in transitioning their individual or group practices to primary care and specialty medical settings. Dr. Coons may be reached at 215-370-2342 or hcoons@comcast.net. Her website is www.womensmentalhealthassociates.com.
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State Leadership Conference in Pictures

Above, the Oregon Psychological Association receives recognition for the organization’s efforts in the area of diversity.

Left, Division 31 President Cathy McDaniels-Wilson, PhD, ABPP, had the honor and privilege of presenting awards on behalf of the Division.

Below, members of the West Virginia Psychological Association receive national honors, and a big check, for their work with APAGs members and students in the association.
State Leadership Conference in Pictures

Above, the Illinois Psychological Association earned outstanding SPTA honors for 2015 for its tremendous efforts in successfully passing prescriptive authority legislation, among other activities during the year.

North Carolina’s Carol Kulwicki, near right, was excited and surprised to be named outstanding SPTA staff person. The well-deserved award was presented by Division 31 President Cathy McDaniels-Wilson, PhD, ABPP (far right).

Below, the Arkansas Psychological Association earned accolades for its work with early career psychologists.
President’s Message
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need of care. Helping STPAs become increasingly aware of the need for early intervention, prevention and the most important principles of self-care is crucial. This year, Division 31 will be partnering with ACCA to develop trainings and to provide to members of our Division with materials that will provide guidance on developing a colleague assistance program as well as resources for its members.

In addition, providing mentorship and leadership guidance to our early career psychologists and student representatives will remain an integral part of our mission. Looking ahead, we will continue to nurture our future talent pipeline. Our division ECPs and students will utilize social media to increase the awareness and education of other ECPs and students about the benefits of becoming involved with their STPAs as well as Division 31. Their collaborative efforts, along with APAGs and Committee of State Leaders, will highlight the importance and relevance of developing advocacy skills and knowing the strength behind the development of strong legislative agendas within their STPA.

Lastly, this is a time of change, and our Division promises to be a conduit of information, resources and support across STPAs. Such support includes providing guidance on healthcare integration, health disparities reduction, professional practice issues and colleague assistance programs, just to name a few.

Cathy McDaniel Wilson is the Director of University Counseling and Health Services at Capital University in Columbus, Ohio. She is board-certified in clinical psychology through the American Board of Professional Psychology. Dr. McDaniel Wilson also maintains a small independent practice in the Columbus area.

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