LEGISLATIVE & LEGAL ISSUES in Psychology

Integrated Health Care and Professional Psychology

It Pays To Say THANKS!

Are You Really Focusing on THE Ethical Issue?

Have a Cup of Coffee… With your Legislator

GPA Member Spotlight Martine Sylvain, Ph.D.
Member Attendees: Frances Carroll, Psy.D., Sheena Carter, Ph.D., Laura Dilly, Ph.D., Carli Reis, Ph.D., June Kaufman, Ph.D., and Betsy Gard, Ph.D.

GPA’s Pro Bono Committee sponsored a Dine and Discover event at the Good Samaritan Health Center on February 4, 2013. Karen Rose, Director of Development, provided a tour of the Good Samaritan Health Center for psychologists interested in viewing the facility, learning about referring patients to health center, and/or hearing about volunteer opportunities.

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July 25, 2013

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Publication of References GPA did not publish references for this issue of the magazine due to space constraints. Yet, GPA members can submit a written request for references by emailing Amy Dietrich at amydietrich@gapsychology.org. The Georgia Psychologist is not a scientific journal for empirical studies and reviews, yet GPA occasionally publishes this type of material.

Georgia Psychologist is an exclusive benefit for current GPA members.

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Guidelines and advertising rates for the Georgia Psychologist are posted on the Association website at www.gapsychology.org.
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Member Spotlight
Each year the American Psychological Association (APA) conducts a State Leadership Conference (SLC) to help train state leaders in advocacy and share the latest issues facing psychology. I saw two patterns emerge as I met leaders from around the country in Washington, D.C. in March. One pattern was a fear based response. This group included people who had often gotten used to a traditional way of doing things and were anxious about the potential of change. The Affordable Care Act, Electronic Health Records, new methods of reimbursement, Medicaid expansion and Integrated Care were all frequent phrases at SLC. The second pattern was a “Let’s get this to work for us” response. This was by no means a belief that we should give up all that we have learned; nor was it a capitulation. It was more a sense that there may be some opportunities that lie ahead for us if we make sure we have a seat at the table and participate in the discussion on the direction in which we would like for change to occur while also maintaining our core values.

We do not have to be frightened. With the horrendous violent reminders of the potential of tragedy in our own communities in recent months, Washington, D.C. is abuzz with talk about the importance of mental health. Again, by having a seat at the table, we can remind legislators that the vast majority of mentally ill are not violent as well as the fact that most people with guns are not serial killers.

Psychology plays an important role in informing society about alienation, remediation, bullying, parenting, self esteem, addiction, depression, anger and more issues that have more to do with violent acts than a blanket labeling of the mentally ill. We do the research, run the programs, identify risk factors, and can help to identify where and when to intervene. We are clearly perceived as important by legislators.

Our challenge at this point is to learn about our options, and to be willing to innovate. In writing about this, I am not advocating anything specific. The models do not exist for many of us yet. Currently, models are being created in hospitals, clinics, primary care practices and other health care settings. Models for private practice under Health Care Reform are only beginning to emerge. One of the challenges that we have is to empirically show proof of our effectiveness. We know that many of our clients benefit from our work. One strategy is to find ways to prove this. Practitioners who can document that they have measurable outcomes may be ahead of the game in the future when payers ask for this type of information. I wish that the roadmaps to these strategies were present, but we are just creating these maps. Dr. Katherine Nordal, Director of the APA Practice Organization, characterized this as a marathon, not a sprint. This work will be evolving for quite awhile.

The idea of grasping at change and not being afraid of it has strong implications.
for GPA itself. We are in the process of revising our governing structure to make it a leaner, more nimble mechanism for decision making and healthy change. This project has been shepherded by our President-Elect, Dr. Andrea Kozak-Miller, and included a diverse committee of GPA members to gather input from across a wide range of psychologists. This comes on the heels of a revision of the GPA Policies and Procedures and Bylaws, a task that occurred over many months. Yeoman’s work was completed by Past-President Dr. Jennifer Stapel-Wax, Dr. Gayle Spears, Dr. Linda Campbell, Dr. Joanne Peeler and Executive Director Kathie Garland.

I would like to propose a challenge to my fellow Georgia psychologists. I would like for us to be involved with the creation of models for the roadmap towards change. Health Care Reform is upon us. For some members, this will mean very little difference in the ways they participate in the profession. For others, however, they could choose to embrace change. We do not know what the change will look like, but that is why I am asking you to create the models and share them.

I am suggesting that we come up with new methods of reimbursement and practice with which we can go to the insurance companies or government payers and be able to say, “This is what works for us,” or “We’ve got the data to show how this approach is cost effective, yet allows us to make a living.” What if clinicians put some thought into, “How can I best prove my effectiveness in a cost effective and time efficient manner?” What if academics collaborated with clinicians to initiate research in this area? Academic psychologists could certainly be helpful in identifying measures of success and data analysis. Academicians interested in pursuing such a line of research can feel free to contact me. Not only will I work to get you connected with a clinical practice, it may even be my own.

In an effort like this, many of us do not really know where to begin. To start, here are some of the ideas that were discussed at the State Leadership Conference:

a) Reimbursement based on outcomes rather than number of sessions:
Let’s say that you have developed a strategy for addressing ADHD that takes six sessions of intervention following the assessment. Let’s say that the average psychologist takes 10 sessions of intervention post assessment. You may be able to negotiate an arrangement with the payer that would be a set fee that would be the equivalent of eight sessions post assessment, though it typically only takes you six sessions. The payer will be happy, in that they are paying for two less sessions than they typically need to pay for and you are getting paid the money you would make for eight sessions, but only needing to conduct six.

b) Increased integration with primary care physicians: Multiple examples exist of individuals who have different levels of coordination with physician groups. SLC attendees consistently reported that physicians were more than happy to be working with psychologists as they do not have the time or expertise to deal with many of the mental health issues that arise with their patients.

c) Others: Who do you include in sessions for different diagnoses? Is the 45-60 min session really the best model? What about in-vivo interventions? The limits are our own creativity.

As I mentioned previously, many practitioners will not need to change at all. For those ready to take the bull by the horns, however, the above concepts are only a few of the many options that could exist. If we face our fear, positive change can happen. Let us be involved in the discussion.
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The 2013 Annual Meeting gave Georgia psychologists a chance to escape to a serene resort just 20 minutes outside of Atlanta for networking, socializing and education. Over 375 psychologists attended the GPA Annual Meeting at the Stone Mountain Marriott Evergreen Resort on April 18-21. A 36 hole golf course, a 1,686 foot mountain, spacious conference rooms and a beautiful lake provided an ambiance of relaxation and comfort.

GPA hosted a pre-conference series which featured William Doverspike, Ph.D., ABPP’s DSM-5 workshop and Louis McLeod Ph.D.’s Imago Relationship Therapy workshops. After two very successful pre-conference workshops, attendees were invited to view research posters from over 20 students from universities across Georgia. Winners were announced in both undergraduate and graduate categories, and GPA welcomed all graduate winners with a free Daniel Rogers, Ph.D. presenting the first place undergraduate student poster session award to Benjamin Johnson from Emory University.

Julie Boyd from the University of Georgia was named first place winner in the graduate category of the student poster session.
membership to the Association. The pre-conference ended with a thought-evoking video, the ‘Happy Movie,’ which related to the Annual Meeting’s theme, the “Pursuit of Happiness.”

As the 2013 conference began, registrants participated in many workshops including ethics and bereavement, diversity, a psychologically healthy workplace, prolonged exposure therapy and working with veterans. During breaks, attendees enjoyed continuous break stations that offered treats such as popcorn and trail mix. Visiting with exhibitors enabled registrants to obtain raffle tickets for prizes such as a Crate and Barrel or Home Depot gift card or a two night stay at the Evergreen Marriott resort.

On Friday, April 19, the GPA Annual Business Meeting was held during lunch. The business meeting gave attendees the opportunity to learn more about GPA and the recent activities of the Association. Announced during the meeting were newly elected Fellows, recognition of the 2012-2013 Board of Directors and the Presidents Awards. David Schwartz, Ph.D. and Andrea Miller, Ph.D. received the Presidents Awards.
for their leadership and support of
the Association. Jennifer Kelly, Ph.D.,
ABPP and Nadine Kaslow, Ph.D.,
ABPP were also recognized for their
volunteer support and leadership at
GPA and APA. This year, GPA had
the privilege of recognizing the 2012
Psychologically Healthy Workplace
winners with David Ballard, Psy.D.
from the American Psychological
Association. The winners were
Southeast Regional Research Group,
Tribe, Inc., and PBD Worldwide.

Also during the Business Meeting,
Past President Jennifer Stapel-Wax,
Psy.D. gave the Nominating Committee
Report. Dr. Stapel-Wax announced
that through votes by the membership,
Jennifer Smith, Psy.D. will assume
the office of President-Elect, Kamieka
Gabriel, Ph.D. was elected as Secretary
and Aynsley Corbett, Psy.D. will
serve as Treasurer. Steven Perlow,
Ph.D. presented the gavel to the
incoming President, Andrea Miller,
Ph.D. Dr. Perlow gave a Year in
Review speech and Dr. Miller shared
her goals for the future. Dr. Miller’s
father, a psychologist from Texas,
Thomas Kozak, Ph.D., had the honor
of introducing his daughter as the
incoming president.
Friday’s agenda closed with the New Member reception. New members and first time Annual Meeting attendees were recognized and everyone was encouraged to participate in an icebreaker. For those who were interested, an Early Career Professionals Networking dinner was held immediately afterwards in Stonewall’s Lounge.

Saturday morning, April 20, began with Todd Kashdan, Ph.D.’s Keynote Address. He gave an invigorating presentation on the benefits of emotional levity that span social neuroscience, interpersonal violence in couples and the study of combat veterans with and without post-traumatic stress disorder. Dr. Kashdan also presented a workshop titled ‘Developing Our Strengths and Tolerating Pain: The Role of Curiosity’ immediately following.

During Saturday’s Networking Lunch, participants were encouraged to mix and mingle with their colleagues. Attendees learned about proposed changes to CE requirements during a presentation by Marsha Sauls, Ph.D., President of the Georgia State Board of Examiners of Psychologists.

Continued on next page
After attending workshops about serotonin, assessments, teaching, working with transgender clients, and practicing in rural communities, psychologists had the option to participate in a Dine Around with colleagues or have dinner on their own.

The meeting concluded on Sunday, April 21 with workshops featuring sexuality in aging, DBT, psychotherapy, writing, Pro Bono service and the APAIT risk management workshop with Jeffrey Younggren, Ph.D., ABPP.

Overall the 2013 GPA Annual Meeting was a tremendous success with cutting-edge workshops, a restful setting, ample conference space, hospitable hotel staff and opportunities for networking. Many members expressed their satisfaction with the program and agenda structure. Deep appreciation is extended to the GPA staff and Annual Meeting Committee for their dedication and work which encompassed several months. A special thank you is also extended to the meeting attendees for their participation and involvement in GPA’s 2013 Annual Meeting.
The 2012-2013 fiscal year marks the beginning of many changes for the Georgia Psychological Association. In order to operate at a professional level and to better serve Georgia psychologists, GPA’s Executive Committee, Board of Directors, a Policies and Procedures Task Force and a Strategic Plan Quick Action team directed their attention toward making the governance and operations of GPA more timely, flexible and efficient.

The first step in this process was the revision and approval of a new Policies and Procedures Manual in the last quarter of 2012. The Policies and Procedures revisions led to legal review and updates for the association By-laws. The updated By-laws were ratified by the GPA Board of Directors and the membership via an online electronic vote in the first quarter of 2013.

Following an energizing presentation by Bob Harris, CAE, at the August 2012 Board Retreat, a Strategic Plan Quick Action Team was appointed to review GPAs strategic plan to provide a roadmap for the association’s future. In today’s environment, issues facing the association are more complex; there is pressure to be relevant and responsive; competition has increased for the time and attention of talented volunteers; there are new and changing expectations from members; and GPA experiences the need to do more with less.

Strategic planning is critical to all organizations, but even more so in the current economic climate. A considerable challenge for GPA is working with a revolving door of volunteer leaders. The strategic plan is the glue that binds the changing leadership to a set of common goals. Additionally, the strategic plan confirms the association’s mission to advance the profession of psychology.

By planning collaboratively for change, GPA is empowered to serve generations of psychologists and meet their expectations. All volunteer leaders and staff members involved in the task forces and quick action teams dedicated their time, talent and energy toward making GPA more relevant and nimble.

The planning process for these changes took many months of face-to-face and teleconference meetings. Special appreciation is extended to Jennifer Stapel-Wax, Psy.D., Gayle Spears, Ph.D., Linda Campbell, Ph.D., and Joanne Peeler, Ph.D. for serving with me on the Policies and Procedures Task Force. Kudos to the Strategic Plan Quick Action Team for conducting research, delving into GPAs history and for being forward thinking in their recommendations for a revised Strategic Plan. The quick action team included the following members: Steve Perlow, Ph.D., Andrea Miller, Ph.D., Jennifer Stapel-Wax, Psy.D., Rachel Kieran, Ph.D., Nancy Bliwise, Ph.D and Kathie Garland.

While some changes will be noticeable, others will not. GPA always seeks feedback from members. One method of providing feedback will be to respond to the member survey which will be distributed by e-mail next quarter. The information gleaned from the survey will assist in making data driven decisions going forward. Your input is important as the leadership of GPA strives to meet the challenges of a changing environment.

In closing, have you thought about participating in GPA leadership or serving as a member of a Council or committee? If not, please volunteer. It takes a great deal of coordination along with staff and volunteer hours to execute GPAs activities. Our resources are limited, but your gift of time could have a direct impact on GPA, the profession of psychology and your colleagues across the state.

If you have comments or concerns about GPA as an organization, please feel free to contact me at the Central Office. Your investment in the future of GPA is appreciated and your support is welcomed.
GPA was well-represented at the 2013 APA State Leadership Conference in Washington D.C. by the following delegates: Angela Londono-McConnell, Ph.D., J. Kip Matthews, Ph.D., Nadine Kaslow, Ph.D., ABPP, Jennifer Kelly, Ph.D., ABPP, Andrea Miller, Ph.D., Kathie Garland, James Purvis, Ph.D., and Steven Perlow, Ph.D. Not pictured: Nancy McGarrah, Ph.D. and Joni Prince, Ph.D.

Congressman John Lewis of Georgia’s Fifth Congressional District met with GPA representatives in Washington, DC to discuss fixing the payment formula and replacing the SGR for Medicare, adding psychologists to the Medicare “physician” definition and making psychologists eligible for electronic health records incentives.

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The Public Education Committee, in collaboration with the Ethnic Minority Affairs Committee, hosted its third Mind/Body Health Fair at Norcross High School on Saturday, February 16. The event was targeted to Norcross and the surrounding communities and gave participants the chance to learn about the inter-relationship between physical and mental health. By providing individuals and families with psycho-educational information, they are better positioned to effectively manage their stress and to make better lifestyle choices.

Events such as this are a great opportunity for people to engage and interact with trained professional psychologists. Too often, there is a stigma associated with seeking psychological services, creating a barrier for many to access much-needed help. These Mind/Body Health Fairs serve to provide psychological information to those who may be hesitant to seek help. GPA hopes that this will make it more likely for individuals to utilize professional psychological services across the area.

GPA member psychologists were an integral part of this event. In fact, 28 psychologists and 11 graduate students volunteered to be a part of this venture. By participating in these types of events, past surveys and anecdotes indicate the networking opportunity as a major member benefit. Being able to learn about each others’ practices and specialties brings our members closer together. This year, that was certainly true as our members exchanged emails, twitter handles, and practice information. Without the support of our psychologist and student volunteers, GPA would not be able to bring psychology to the doorsteps of our community members.

The event was co-sponsored by the City of Norcross and GPA was delighted that the Mayor, Mr. Bucky
Johnson, opened the Mind/Body Health Fair. Additionally, the Fair was sponsored in part by Norcross High School, the City of Norcross, Trader Joe’s, the Norcross Whistle Stop Farmers Market, Argosy University-Georgia School of Professional Psychology, and the Dolphin Project. We would like to extend our appreciation for their donations and monetary support.

Dr. Tiffany Hughes-Troutman engages with attendees about the importance of mental health.

Norcross Mayor Bucky Johnson is photographed with Drs. Nancy McGarrah and Steven Perlow.

Dr. Andrea Burgio-Murphy conducting one of several workshops.

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The use of integrated care models has dramatically increased over the last decade in both public and private health care sectors. This trend is especially apparent in primary care settings such as family practice and internal medicine, pediatrics and women’s health, although integrated teams routinely provide care in specialty practices as well. Integrated care is in marked contrast to the more traditional approach to patient care, where providers across the health disciplines operate on their own with consultative relationships.

The Institute of Medicine defines integrated care as health care that is comprehensive, continuous, coordinated, culturally-competent and consumer centered. The organization, delivery, and management of services are brought together for the purpose of improving diagnosis, patient care, rehabilitation and health promotion.

Kodner and Spreeuwenberg view the integration model as a step in the process of the health care delivery becoming more complete and comprehensive. The Institute of Medicine defines integrated care as health care that is comprehensive, continuous, coordinated, culturally-competent and consumer centered. The organization, delivery, and management of services are brought together for the purpose of improving diagnosis, patient care, rehabilitation and health promotion. Kodner and Spreeuwenberg view the integration model as a step in the process of the health care delivery becoming more complete and comprehensive.

There are a broad range of benefits associated with integrating behavioral health care in primary care and specialty settings related to decreasing the complexity of care while improving both access and satisfaction. First, mental health issues are routinely treated in primary care and specialty settings. In addition, in our busy world with competing responsibilities, “one stop” care is quite convenient for many patients. One coordinated and efficient visit, for example, can readily include a routine check-up, a follow up visit with the nutritionist to address appropriate food choices, and a brief session with a psychologist to identify strategies to improve adherence to medications and exercise. Individuals across ethnic groups and class are often reluctant to seek mental health treatment. However, when a patient is introduced to a psychologist as a “member of the team” by a provider with whom they already have a trusting relationship, they may be more receptive to a consultation in this setting compared to making an appointment with an unknown mental health provider at an unfamiliar location. When mental health, substance abuse and health psychology services are delivered in an integrated care setting, patients can consequently avoid the stigma all too often associated with traditional outpatient mental health/psychiatric settings. When integrated healthcare teams are in the same community as patients, there are also often fewer geographic, cultural and linguistic barriers which further reduce health disparities in receiving mental health care.

Levels of Collaboration and Integration in Health Settings

According to Doherty, McDaniel and Baird, while the goal of integrated care is ultimately to provide effective, seamless, coordinated care to patients across the life span and their families, levels of collaboration and integration in health settings vary greatly among psychologists and other health care providers. Most psychologists in independent or group practice have not been co-located or integrated into health settings, and often have little to no routine communication with referring health care providers. Off-site collaboration with health providers involved in the care of mutual patients may include routine communication via phone, consult letter and/or email. More recently, psychologists in independent practice have started to co-locate in medical settings in the private sector, although their services and roles are rarely fully integrated into the system. Finally, psychologists may be fully integrated into: the interprofessional team for patient assessment and
treatment; communication during onsite patient encounters and through both electronic medical records and team meetings; program development and outcomes evaluation; health professional education; organizational leadership; and numerous other roles and responsibilities.

Collaboration and Communication in Integrated Care Settings
The models of mental health and behavioral health care in integrated care settings are quite different than traditional psychotherapy in outpatient or inpatient settings. In integrated care settings, referrals and shared evaluation and treatment may take place with any member of the health care team. In some integrated settings, all patients are routinely seen by the psychologist as part of a comprehensive physical and psychosocial assessment. Colleagues on the team may see the patient, couple or family with the psychologist, provide a brief introduction and do a “warm hand off” so that the psychologist continues the evaluation and immediately initiates treatment. In many integrated care settings, patients are routinely screened with validated assessment tools such as the Patient Health Questionnaire (PHQ) to assess for depression and anxiety disorders; alcohol screening tools such as the Alcohol Use Disorders Identification Test (AUDIT), and numerous other evidenced based, problem specific measures to screen for behavioral health issues and track clinical outcomes.

While patients are routinely seen for the 45-50 minute hour in traditional mental health settings, in integrated care settings, the treatment model is quite different. Often times, the teams use the 5A’s model to care or the SBIRT approach to care. The 5A’s refer to assess, advise, agree, assist and arrange. SBIRT is the standard abbreviation for Screen, Brief Intervention, and Refer for Treatment. These models emphasize rapid assessment, brief, problem focused psychological intervention, and referral as necessary. Assessment and treatment sessions may last only 15 to 30 minutes for 3-5 sessions or just when the patient returns to follow-up with another member of the interprofessional team.

It has been estimated that primary care physicians prescribe 60 percent of psychotropic medications, and 43 percent of patients that psychologists treat take psychotropic medications. Psychologists are increasingly being consulted by primary care physicians on psychotropic medications, and it is believed that with increased training in psychopharmacology, psychologists will be of even greater value to the treatment team.

Integrated care settings frequently involve increased use of technology such as Electronic Medical Records (EMRs) to facilitate clear and effective communication with other members of the treatment team as well as outside collaborating providers.

Accountable Care Organizations (ACO’s) and Patient Centered Medical Homes (PCMH’s) emphasized in health care reform focus on interprofessional teams, prevention of disease as well as outcome evaluation such as improvement in health status, screening and prevention rates, patient satisfaction ratings and reduced costs. Consequently, Psychologists in integrated care settings will have the opportunity to take leadership roles in team development, design, implementation and evaluation of evidenced based prevention programs, as well as outcome evaluation and health systems research.

Is Integrated Health Care a Good Professional Fit?
If you are considering applying for a position as a psychologist in integrated

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care settings, engage in a careful self-assessment and self-study to make sure the professional setting is right for you, and that you have the competencies to function effectively in a team based health practice. Are you comfortable with differences in the culture of clinical medicine; differences in communication and confidentiality; shorter, problem focused assessment and treatment; less control over when and where you see patients, couples and families, etc.? How will you feel if you are the only psychologist on site? Are you ready to work under a different payment structure? Do you have the clinical competencies necessary to work as a clinical health psychologist in integrated primary care or specialty health settings?

**Culture and Language of Integrated Care Settings**

It is important to ask yourself if you will enjoy a patient care setting which is problem-focused with concrete, goal driven recommendations. Specific, action oriented recommendations are made such as medications, cognitive-behavioral techniques, relaxation or mindfulness training, and/or a referral to physical therapy, etc. Discussion may or may not focus on underlying factors contributing to stress, and the patient may be referred to an outside mental health provider for ongoing treatment of complex psychosocial issues such as trauma, domestic violence, ongoing caregiving challenges, etc. Furthermore, treatment and communication are problem focused to rapidly reduce symptoms and improve well-being.

The language of health settings is also remarkably different from mental health settings. Providers across disciplines typically speak to each other using technical words in a succinct manner with abbreviations and rapid communication to the team and outside providers via the phone, email, electronic medical record or dictations that are quickly disseminated (the same day or within a few days).

**Physical Environment in Integrated Care Settings**

It is important to ask if you have a strong need to have control over your professional environment when working with patients. In addition, are you comfortable working with children and adults across the life span with acute, chronic, life threatening and end stage physical conditions, including infectious diseases?

In integrated health settings, you may see patients in examination rooms instead of consultation rooms. You may have minimal input into how the office is set up or decorated, how treatments rooms will look, etc. Furthermore, health settings are fast paced and may be fairly noisy, depending on the practice location. Inpatient integrated care settings typically have bright lights, with routine messages on overhead speakers. In pediatric settings, you may hear children crying. These fast paced environments are exciting for many but can be stressful for other psychologists.

**Do you have the Clinical Skills to Work in Integrated Health Settings?**

Working effectively in integrated care settings requires the fund of knowledge and clinical competencies necessary to provide high quality, evidenced-based assessment, treatment and prevention interventions within an interprofessional team. Core training in clinical health psychology; supervised experience in the specific integrated site; highly developed communication skills to work as part of an interactive team with providers from varied disciplines; health and mental health outcomes assessment, etc. are, at a minimum, essential as core training. It is also essential for psychologists to have the cultural competence necessary to work in both public and private integrated care settings. While core competencies in clinical health psychology are available, many professional organizations developed competencies for interprofessional practice and workforce development in primary and behavioral healthcare integration.

Psychologists in independent practice have fewer formal options to develop the competencies to provide services in integrated settings. Some individuals will choose to apply to a one or two year fellowship in integrated settings such as family practice, obstetrics and gynecology, pediatrics, neuropsychology, oncology, etc. While attending day long continuing education workshops on integrated care are excellent opportunities for introductory training, they do not provide sufficient depth or onsite training to effectively work in these settings. While the certificate programs on integrated primary care do not typically require clinical supervision in the practice settings, some psychologists have arranged to shadow colleagues on a limited or regular basis to learn...
about brief models of assessment and treatment, interprofessional team communication, and documentation, among other roles and responsibilities. Bray, Frank, McDaniel and Heldring provide comprehensive information on training opportunities in integrated and primary care. Additionally, students can check the Association of Psychology Postdoctoral and Internship Centers (APPIC) directory to locate internships and postdoctoral programs with primary care experiences.

Making the Transition to Integrated Health Settings

Psychologists who are serious about making the transition to integrated settings are encouraged to engage in a formal self-assessment and self-study over a year or two to obtain the necessary competencies to function effectively and contribute to interprofessional team care in this practice environment. If you are new to the health setting, you will likely need to establish competencies in both clinical health psychology and integrated primary or specialty care so that you can deliver evidenced based services as part of an interprofessional team. Day-long continuing education workshops and ongoing certificate programs in integrated primary care are available in person and on line. In addition, contact colleagues in integrated health settings to discuss the possibility of shadowing them, and perhaps establishing a formal supervisory relationship for six months to a year.

If you are considering co-locating or integrating your work in a health setting, establish a formal contract with the medical practice or parent organization. Psychologists have established various agreements with providers and/or organizations. For example, some individuals become formal employees of the practice while others are independent contractors. In both of these employment models, integration is more likely with shared use of patient records, fee schedule and billing of services. A number of psychologists have been paid by foundation grants to provide services on site. Some early career psychologists are also employed by and serve on integrated care teams in Federally Qualified Health Centers and receive loan repayment.

A small but growing number of psychologists are co-located in primary care settings but are self-employed or work for a mental health group. Irrespective of the employment or independent model, it is essential to clarify expectations of the providers and administrative staff, secure a contract, and collaboratively develop the agreement. At the very minimum, the contract should address the following: roles and responsibilities; the time frame spent on site; where patients will be seen; whether you will be able to chart in the practice’s paper or electronic medical record (EMR); who will do billing; access to computers, internet and copy machines; property and malpractice insurance; details related to signage, public relations/advertising and proprietary issues; and the terms of the agreement. Furthermore, if you are co-locating but are either self-employed or employed by another organization (but not the medical practice), the contract should include formal lease arrangements, cost of the space as well as all the issues listed above. In addition, the contract should include grievances processes and the quality assurance or evaluative requirements.

It is important to note that contractual and payment issues for psychologists working on integrated care teams in ACO’s and PCMH’s will differ from the arrangements for psychologists who are integrated or co-located in health settings with different fiscal structures. ACO’s and PCMH’s will have different financing and reimbursement structures because care for individuals is capitated. States also differ in regards to whether psychologists can partner with physicians to contractually establish interprofessional practices. Obtaining legal counsel from a health law attorney is essential if you are considering the co-location model or partnership in an integrated care practice.

Summary

As health care reforms are implemented across both public and private health systems, and the integrated care model becomes more common for the delivery of mental health, the future of traditional small and independent mental health practice becomes unclear. Some psychologists will no doubt continue to provide fee for service mental health care to some sectors of the population. In addition, psychologists with specialty practices (e.g., forensic psychology and executive coaching, etc.) are likely to continue to work in their private models, although others such as some sports psychologists may be employed by orthopedics/sports medicine settings.

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*In addition to the appropriate premium for a new professional liability policy.

Has the cost of “tail coverage” prevented you from switching your professional liability insurance?

Protecting your “tail” shouldn’t cost an arm and a leg...

New PRIOR ACTS Coverage from CPH & Associates

An Affordable Solution:

Rather than buying expensive “tail coverage” from your claims made policy carrier, you can now purchase a new professional liability policy with Prior Acts Coverage. This will protect you for future claims related to events occurring back to the retroactive date of your expiring policy.

Lifetime Protection

CPH & Associates’ occurrence form policy provides lifetime coverage for incidents that occur during your policy period. Our goal is to provide the most comprehensive coverage available at the most affordable price.

Other Coverage Highlights

- $35,000 State Licensing Board Defense Coverage
- $10,000 per Deposition/$35,000 per year - Deposition Expense Coverage
- $1,000 per day / $35,000 per year - Defendants Reimbursement Coverage
- And more!
Integrated settings are defined by the diverse range of health providers with the shared goals of evidenced based, collaborative and effective care.

With proposed Federal and State changes in the delivery, financing and payment of health care, as well as private and public sector shifts to comprehensive care models, more patients will be receiving their care in integrated settings. A portion of psychologists are already well positioned in these practices as key members of effective and efficient interprofessional health care teams. Although there may be challenges associated with the integrated care model to health care, it clearly has numerous advantages, such as providing a more coordinated and less fragmented approach to patient care. The data underscore that this practice approach is being embraced by public and private organizations. It is up to the individual practitioner to determine if it is the right approach and professional home for them.

### Comparison of Integrated Behavioral Health Care (IBHC) and Traditional, Non-Integrated Psychological Services

<table>
<thead>
<tr>
<th>Level of Collaboration</th>
<th>Integrated Behavioral Health Care (IBHC)</th>
<th>Traditional, Non-Integrated Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Work collaboratively as a team</td>
<td>• Limited or no collaboration with referring health care provider</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>Integrated Behavioral Health Care (IBHC)</th>
<th>Traditional, Non-Integrated Psychological Services</th>
</tr>
</thead>
</table>
|               | • Communication during onsite patient encounters, through paper or electronic medical records, and team meetings | • Vary from communication via phone to consultation letters and emails
|               | • Usually do not share records or send periodic updates |

<table>
<thead>
<tr>
<th>Physical environment</th>
<th>Integrated Behavioral Health Care (IBHC)</th>
<th>Traditional, Non-Integrated Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Located within primary care setting</td>
<td>• Independent or group practice located away from medical setting</td>
</tr>
<tr>
<td></td>
<td>• Multiple health care providers on site</td>
<td>• Solo or group practice</td>
</tr>
<tr>
<td></td>
<td>• Space designed and overseen by practice, hospital or health system</td>
<td>• May design own space</td>
</tr>
<tr>
<td></td>
<td>• Fast paced</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Assessment and Treatment</th>
<th>Integrated Behavioral Health Care (IBHC)</th>
<th>Traditional, Non-Integrated Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Provide assessment and treatment while patient is on site</td>
<td>• Patient is given appointment based on opening on provider's schedule</td>
</tr>
<tr>
<td></td>
<td>• Often use 5 A's model to care: assess, advise, agree, assist, and arrange</td>
<td>• Patient seen for psychological evaluation, usually consisting of intake interview and testing</td>
</tr>
<tr>
<td></td>
<td>• SBIRT approach to care: screen, brief intervention, refer to treatment</td>
<td>• Recommendations are based on evaluation results and the patient is scheduled for follow-up appointments</td>
</tr>
<tr>
<td></td>
<td>• Rapid assessment: Brief, problem focused</td>
<td>• 45-50 minute sessions</td>
</tr>
<tr>
<td></td>
<td>• 15-30 minute sessions</td>
<td>• Treatment may or may not be evidence based</td>
</tr>
<tr>
<td></td>
<td>• Number of sessions often limited</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Treatment to be evidence based</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Treatment and prevention focus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Curbside consults with providers across health disciplines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Crisis management sessions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer for longer term care</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Skills</th>
<th>Integrated Behavioral Health Care (IBHC)</th>
<th>Traditional, Non-Integrated Psychological Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Competencies in health psychology and primary care work</td>
<td>• Expertise in health psychology preferred but not required</td>
</tr>
<tr>
<td></td>
<td>• Competencies to assess and treat patients from biopsychosocial perspective</td>
<td>• Knowledge in psychopharmacology and medication issues</td>
</tr>
<tr>
<td></td>
<td>• Competencies to work on interprofessional team</td>
<td>• Knowledge in crisis management</td>
</tr>
<tr>
<td></td>
<td>• Competencies in brief psychotherapy sessions aimed at treatment and prevention</td>
<td>• Supervision skills</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of psychopharmacology and medication issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Knowledge in crisis management</td>
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I had the privilege of going to the Georgia State Capitol on March 7th with GPA’s 2013 Leadership Training Class to learn about advocacy and lobbying from GPA’s lobbyist, Rebecca DeHart. As someone who had never been trained to lobby state legislators, it was intimidating to learn that I was expected to greet my representatives later that morning.

Upon arrival, Rebecca and her assistant, Alla Raykin, greeted us and provided an overview of Lobbying 101. Rebecca also explained the importance of getting acquainted with our state legislators and expressing appreciation to them for their support of Senate Bill 211 which defines psychological testing and directly affects GPA’s member psychologists.

Senate Bill 211 was a major focus of our discussions on March 7th. Rebecca explained that Senator Chuck Hufstetler of Rome, Georgia holds an undergraduate degree in Psychology and as such has a special interest in the profession. Senator Hufstetler’s daughter is also currently working on her doctorate in Psychology at Georgia State University which also gave him another reason to support GPA’s stance on this legislation. As a result, when DeHart and Senator Frank Ginn of Athens spoke to Senator Hufstetler about GPA’s interest in introducing a bill on psychological testing, he agreed to author the bill as a freshman Senator. Additionally, Senator Ginn along with Representative Bill Ligon of Savannah and Representative Nan Orock of Atlanta signed on in support of Senate Bill 211.

DeHart explained that the role of a legislator is important, but that they find talking with constituents to be important too. Legislators are elected by their constituents. “They are our neighbors, farmers, bankers, attorneys, pharmacists and everyday people. When they are not in a legislative session, they go back to their home district and lead ordinary lives,” said DeHart. Repeating that statement in my head helped me

It Pays To Say Thanks!

by Amy Dietrich
Manager of Communications and Continuing Education
to develop the courage to meet my legislators.

As our Lobbying 101 session ended, we walked to the Senate side of the Gold Dome together. I observed that the psychologists from the Leadership Training Class were as tense and unsure as I was about greeting their legislators. We were encouraged to complete a request slip and deliver it to a page to see if the Senators would step out of session to speak with us on Crossover Day. As Senators filed out, I saw relief on the faces of the psychologists as they shook their legislators’ hands and introduced themselves. It was especially gratifying to observe our Executive Director, Kathie Garland, and a few other GPA members express their appreciation to Senator Hufstetler for authoring Senate Bill 211.

I thought to myself, “The Senator deserved a personal thank you.” GPA has attempted to get a psychological testing bill authored for many years and a state legislator who studied psychology gave his time and support to get the ball rolling in 2013. This taught me a valuable lesson...to always express my appreciation to the state legislators who are working on my behalf and on behalf of the psychologists that I come into contact with on a frequent basis as a GPA staff member. Most constituents contact their legislators when there is an issue of concern or when things are not going the way they hoped they would. Yet, there are legislators like Senator Hufstetler who ‘have your back’ and it is very important to communicate with them at that time as well. If we express our gratitude to those who represent us, it makes it much easier to speak with them about supporting future issues while developing personal relationships.

Rebecca DeHart made this experience a positive one by suggestion that the Leadership Training Class and I simply shake their hands, express our appreciation and offer our assistance as a resource in case they ever need information on mental health issues of the profession of psychology. Nan Cooley, Psy.D. explained that Senator Ginn (co-author of Senate Bill 211) “was as nervous as I was [yet] he was very receptive. He spoke about Medicaid expansion and stated that legislators need psychologists to explain the mental health aspects of the gun bill along with other proposed legislation.” Mesha Ellis, Ph.D. described the experience as “informative and enlightening.” She also said that it helped her demystify the process of meeting her state legislators.

I’d like to take this opportunity to encourage all GPA members to contact their legislators and thank them for authoring or signing onto Senate Bill 211. Since the bill was delayed until next session, members can also contact their legislators to ask for their support of the bill in the 2014 legislative session. You can contact your legislators by visiting http://www.capwiz.com/apapractice/ga.

Leadership Training Class members attending the March 7th day at the Capitol were Nan Cooley, Psy.D., Laura Dilly, Ph.D., Decia Dixon, Ph.D., Robin Casey, Psy.D., Mesha Ellis, Ph.D. and Nadya Hollahan, Ph.D.
This past legislative session, GPA introduced Senate Bill 211 (SB 211), defining psychological testing. Over the next year, we will need all the members of GPA to meet with their local legislators to help ensure its passage.

The members of GPA have an incredible amount of expertise, research and experience-based knowledge at their fingertips. State legislators do not always have this, yet they are expected to be an expert on absolutely everything from taxes to healthcare, from transportation to criminal justice. While it is simply not possible to know everything about every single bill that is written and deliberated under the Gold Dome, it is possible for legislators to build relationships with constituents who they trust for advice on particular issues.

That is where you come in. GPA needs you to engage locally with your state legislator.

Successful associations and other special interest groups all know the big secret for legislative success: the best way to build political capital is to do it the old fashioned way, build relationships on the local level. Build relationships that, over time, really matter. The ultimate goal would be for every legislator to have the personal cell phone of a constituent who is a member of GPA, someone they can turn to when a bill dealing with mental health services or insurance coverage comes about. Sure, this may sound like a lofty goal, but it is not that hard. It begins with you.

Take a moment this summer and invite your State Representative and State Senator out to coffee. Next year, invite them out to coffee twice. Then the next year, try to make it a quarterly thing. In other words, become a fixture in your legislator’s life by building a relationship. Make sure when your legislator sees you, they know exactly who you are, that you are a member of GPA and that you are there to help.

Furthermore, we have dozens of new faces in both the Senate and the House, and many of them are young. This is a prime opportunity for GPA to build relationships with the people who will be leading our state for years to come. It is better to work towards becoming sources of knowledge for these folks now, rather than meeting them for the first time when you disagree on something.
Here are some tips to help guide you through your charge:

1. Don't know your State Senator or State Representative? Simply visit www.capwiz.com/apapractice/ga and find out who represents you.

2. Next, prepare for your meeting. Take a moment and visit the General Assembly website (www.legis.ga.gov) and click on your legislators’ pages. Read their bios, and see if you have anything in common. Then look over SB 211, the psychological testing bill. If you need help, reach out to GPA's LLC Chairman, Dr. David Schwartz.

3. Once you are prepped, it is time to deliver your message to your legislator. Set up a meeting in the district. It can be at their work, a coffee shop or even the local Waffle House—anywhere convenient and in the district.

4. During the meeting, stay positive. Talk to your legislator as though you were talking to a friend of a friend, even if you know he or she is against your position. No one likes an argument and your legislator is no exception.

5. Keep it short that first meeting—thirty minutes tops.

6. Let them know you will follow-up before session. Do not forget to give your legislator your phone number and email address.

Remember, do not feel that you have to be an expert on everything about GPA's legislative agenda. If you do not know something, say so. Then offer to look into the question and let him or her know you will be providing the information. This offers an excellent opportunity to stay in touch and create an ongoing dialogue with their office. Also, after the meeting, be sure to send a note or an email thanking your legislator for his or her time.

Finally, let your LLC Committee know about your interaction. Even knowing you met with your legislator can be incredibly useful information to the team under the Gold Dome.
During my years of service on the GPA Ethics Committee, I have been part of many vigorous and informative conversations and a myriad of ethical dilemmas faced by our colleagues. As the conversations evolve, we often find ourselves struggling to discern the ethical issue(s) that need to be addressed. We often get caught up in the details of each situation and can easily get distracted by tangential issues. When we find ourselves ‘lost’ in the details, we often remind ourselves of the wisdom of Dr. Stephen Behnke’s strategy for sorting through details and focusing on the ethical issue(s).

Stephen Behnke, JD, Ph.D., Director of the APA Ethics Office, provides a framework for considering ethical issues. He advises that psychologists answer the following questions:

*What is Clinical?*

*What is Legal?*

*What is Ethical?*

What Dr. Behnke is saying is that very often all three facets are embedded in the case, and the challenge is to separate them and respond accordingly. So, what does that mean?

To explain, let’s consider a fictional therapy case. Dr. B has an adolescent client, Bill. Bill’s mother, Dorothy, died from cancer about a year ago and Bill’s father, Charles, is now struggling to meet Bill’s needs and takes him to see Dr. B. Charles recognizes that Bill’s grief is interfering with Bill’s academic performance, and Bill and Charles are engaging in frequent conflict over Bill’s friends, curfew, rules, etc. Bill’s grief is complicated by the fact that since his mother’s death, he has had minimal interaction with his maternal grandparents (Frances and Gene). Charles’s relationship with the grandparents is strained because Frances and Gene believe that Charles did not pursue all options for Dorothy’s treatment, and that Dorothy died because she did not receive adequate care. Frances and Gene wish to have a relationship with Bill but have lessened their contact with the hope that their reduced involvement will make it easier for Bill.

Dr. B requests that Charles have a joint session with Frances and Gene to help relieve some of the stress among them and create a stronger support system for Bill. With Charles’ approval, Dr. B calls Frances and Gene and invites them to a joint session; they agree, and an appointment is set. The session goes well, and all parties agree to another session. During the second session with Charles, Frances and Gene, Charles becomes very distressed and feels betrayed by Dr. B because Dr. B does not fully support him in the conflict with Frances and Gene.

During a third joint session, Gene becomes enraged at Charles and accuses Charles of “abusing” Bill, stating Bill reported to Gene that his father had used physical violence during a recent disagreement about his curfew. Charles becomes outraged at the suggestion that he was abusive toward Bill. Charles expresses the view that he is paying for the sessions, and Dr. B should be supporting him in his interactions with Bill, Frances, and Gene.

At this point, Dr. B calls the Ethics Committee for a consult and poses these questions:
• If Charles stays upset with me and ends his relationship with me, would this constitute abandonment of Bill?
• Should I refund the fees for the three sessions I had with Charles, Frances and Gene, so that the money is not the issue in how I manage the relationship issues among the three of them?
• Can Charles make the decision to take Bill out of therapy just because he is mad at me?
• Do I have to file a report with Child Protective Services, even though I believe that Gene made the claim out of frustration and anger, and I don’t believe Charles uses corporal punishment with Bill?

While it is easy to see that Dr. B made decisions that he believed were in the best interest of his client, Bill, the clinical relationship has become complicated. For the sake of this brief article, it is not possible to discuss and elaborate on all possible clinical, ethical and legal issues that this case scenario illustrates. However, the case can be used to illustrate the strategy of separating out the issues for consideration.

LEGAL:
• Does the requirement to report allegations of abuse of a minor child apply in this case?

CLINICAL:
• Who is the client?
• How has the original & primary therapeutic relationship (with Bill) been compromised by the expansion of therapy provided by Dr. B to Charles, Frances, and Gene?

ETHICAL:
• Have guidelines related to providing collateral services been followed?

• How do guidelines related to billing inform our answers to the psychologist’s questions about refunding fees?
• Is the issue of “abandonment” of a client relevant to this case?

Separation of the issues into these three categories provides a framework for considering the issues and helps the psychologist to develop a response and/or plan of action. When a psychologist finds him/herself in the midst of a complicated case, and the emotions of the psychologist and the parties are running high, this framework is a great tool for clarifying and prioritizing actions that need to be taken –and those that should not be taken. When accusations and threats are swirling within the therapy relationship, it can be very hard to focus and regain a sense of control and professionalism.

When a case has a legal issue, the psychologist has several options for courses of action that should be taken quickly. If you have paid the fee (as part of your GPA membership dues) for legal consultation, you can contact Rob Remar for consultation. A psychologist can also contact their malpractice insurance carrier for a legal consultation. However, the GPA Ethics Committee will not give legal advice, and a psychologist should be very cautious about taking “legal advice” from a colleague.

Regarding the ethical issues, a psychologist has several options. Consultation with colleagues and researching the issue within the context of the Ethics Code are two good courses of action. It is not advisable to post the question/issue on a listserv. Dr. Behnke and others have commented on the dangers of this strategy several times. The GPA Ethics Committee is available for immediate consultation. A member of GPA can simply call the GPA office and talk with Amy Dietrich, who will in turn refer the issue to a panel that is best prepared to respond. The consultation will be duly noted for future reference. While consultations are confidential (beyond the direct conversation between the calling psychologist and the member of the Ethics Committee who is responding to the call), there is a system of numbering case files so the Committee can provide documentation that the psychologist sought consultation. Having a copy of the APA Ethics Code immediately accessible is a very good habit.

Once the legal and ethics issues have been identified and an approach for handling the issues has been formulated, then the psychologist is challenged to sort through and make clinical decisions. Again, consultation with colleagues, research on relevant therapy issues, and thoughtful consideration of how actions will impact outcome are all valuable options.
Mentoring is a critical tool used to enhance the professional development of psychologists in training or transition. Through mentorship, psychologists in GPA can serve an important role in preparing new psychologists in the field. Mentoring serves dual purposes in that it helps facilitate the professional growth of the mentee, but it also allows psychologists to learn about new developments in the field (Johnson & Higley, 2004).

A mentor is an individual with expertise who can help develop the career of a mentee. First, a mentor is a coach who provides advice to enhance the mentee’s professional development. A mentor is also a role model and support system for the mentee. Both functions provide lessons related to professional development as well as general work–life balance (APA Presidential Task Force, Centering on Mentoring, 2006).

Mentoring is important for psychology graduate students and emerging professionals not only because of the knowledge and skills that are shared, but also because of the many other aspects of professional socialization and personal support that are needed to facilitate success in graduate school and beyond. Mentoring is beneficial because 1) It supports advancement in research activity, conference presentations, publication, and grant-writing; 2) The experiences and networks of professional contacts help to improve prospects of securing professional placement; and 3) Constructive interaction with a mentor and participation in collective activities can promote engagement in the field.

Many ethnic minority students have insufficient knowledge about, or access to, resources (Allen-Sommerville, 1992; Hill, Castillo, Ngú, & Pepion, 1999). Mentoring provides ethnic minority students with entrance into a world of unwritten rules and etiquette they are otherwise not privy to (Kram, 1985). It is important to consider that: 1) Ethnic minority students may have a difficult time finding faculty whose background and experiences have been similar to their own; 2) Ethnic minority students sometimes find that their perspectives or experiences do not fit comfortably into the current academic paradigms; and 3) Ethnic minority students and junior faculty can feel particularly isolated or alienated from others in their departments. Mentors can provide connection, support, and advocacy.

In Dr. Jennifer Kelly’s 2009 revision of the Diversity Handbook: Implementing a Diversity Initiative in State, Provincial, and Territorial Psychological Associations, the establishment of a mentoring program in SPTAs was strongly encouraged. The APAGS Resource Guide for Ethnic Minority Graduate Students (APAGS, 2010) also highlights different strategies that would help ethnic minority graduate students such as joining APA and state psychological organizations and expanding networks by attending conferences.

GPA established a professional mentoring program in 2012 aimed at serving the needs of student members, early career members, and members in transition. GPA members are encouraged to make a difference by joining our professional mentoring program. Many students, early career psychologists, and transitioning psychologists need the guidance and support of those with specialized expertise. If you are interested in becoming a mentor or mentee, please complete the application form on the GPA website and email it to Martha Turner at mturner@gapsychology.org.
Martine Sylvain, Ph.D. experienced the varying benefits of counseling and support networks during her own journey in becoming an educational psychologist and inspirational speaker. Born in Canada, Martine’s native language is French and she is also fluent in Creole. Not only did she have to quickly learn English as a primary language, but also adapt to a very different culture upon moving to Florida during grade school. She quickly learned of many others who shared her feelings of fear and isolation associated with such a major life change. While in high school, Martine began attending motivational events and sessions that lifted her spirits and provided fuel to her drive to succeed and help others.

“During my senior year in high school, my friend took me to see several motivational speakers, such as Betty Shabazz, which would change my life forever. Each speaker gave me a richer perspective on how to become successful. Their experiences gave me more courage to never give up.”

Dr. Sylvain realized the enormous uplift and energy she gained from learning how others conquered personal and professional obstacles to achieve their goals. This inspired her to pursue a degree in education. She received her B.S. in Education from Oakwood College in Huntsville, Alabama where she met new friends and was mentored by compassionate and humble professors who inspired a desire in her to pursue her education further. “The way my friends, professors, and college staff supported and cared for me made my journey more manageable” she recalls.

After earning an M.S. in Psychology from Alabama A& M University, Dr. Sylvain attended Capella University in Minnesota, where she earned her Ph.D. in Educational Psychology. The support she received while pursuing her Ph. D. further validated her deep-rooted passion that people are capable of overcoming enormous obstacles and achieve their life passions by complimenting their internal drive and determination with support and inspiration from others. “During my graduate studies, I will never forget how Dr. Ben Carson spoke of his own journey as he mentioned that his mother who had been illiterate was later able to earn her GED and later graduate from junior college. This amazed me and a few years later, I too was able to earn my doctorate at Capella University.”

Dr. Sylvain is employed with the DeKalb County School System. She provides seminars on topics related to the betterment of life and has been a speaker for several events for churches, conferences, universities and rehabilitation centers. She has provided professional counseling in various areas for teenagers and adults and served as puppeteer for “Kids on the Block”, an innovative program that provides a forum to discuss and learn about various subjects that may be difficult for some to openly discuss such as divorce and bullying. She is a new member of GPA and a member of the American Psychological Association and Toastmasters International.

Dr. Sylvain’s motto is “A setback is a setup for a comeback. The path I took to arrive at this point was a long, winding, road that included human resources, interpreting, and teaching. Those fields helped me gain a richer understanding.” When asked about her interest in becoming a psychologist, she shared “the field of psychology is very intriguing to me because the human mind is very interesting to me. I am passionate about learning the underlying reasons why people do the things they do. It brings me great satisfaction to help individuals better understand themselves as well as others. I also believe that I have what it takes to help individuals to better themselves and to gain some insights about themselves as well as others.”
Ethical Risk Management: Guidelines for Practice (2nd Edition)

Author: William F. Doverspike, Ph.D., Sarasota, FL: Professional Resources Press with references and subject index, 141 pages

You’d think, wouldn’t you, that reading a book on ethics would be a crashing bore. Well, not so with this magnificent book by Dr. William Doverspike. It reads more like a fascinating thriller as he goes through the twists and turns of ethical decision-making in everyday practice.

Based on his collaboration over time with his colleagues on the ethics committee at the GPA and on the Georgia Board of Examiners of Psychologists as well as his lawyer brother, David, Dr. Doverspike focuses more “on what to do rather than on what not to do,” what he calls “Ethics 101.” The three rules that will get you through your career with fewer ethical problems are simple: “use good communication with clients, consult regularly with colleagues, and document … interactions with clients.”

The book begins with a letter to you, the reader, an invitation from the Board’s Investigative Committee to an interview where you “may appear with or without an attorney.” Does that get your attention? The overriding theme of this book, claims Doverspike, is that “it is easier to avoid an ethics complaint than it is to defend one.” Basic common sense is the message. Some of the interesting topics: practicing within your area of competence; getting informed consent; maintaining clear boundaries and avoiding slippery slopes, such as bartering; and how to respond when you get an “invitation” from the Board.

With his unexpected (in such a book) nurturing style, Dr. Doverspike writes with a warm, informal humility which makes reading the book a distinct pleasure. He shares occasional humor, anecdotes his friends shared with him, and a common-sense approach that makes ethical decision-making so obvious. Troubled about an ethical issue? Call a colleague for a serious discussion. Unclear about the right approach to a questionable issue? Imagine explaining it to your attorney or a judge sometime in the not-too-distant future. What stance to take with patients? Be transparent about your treatment plans.

The issue of bartering arrangements is complex. Consider the cultural context, suggests Doverspike, as well as the best interests of the client. Bartering for goods is one thing, while for services is quite another, leading to the slippery slope of dual relationship. Ultimately, opines the author, ethics “is about skillfully thinking through the shades of gray in a decision-making paradigm.” This means wrestling with intuitive moral judgments as well as with critical-evaluative principles.

What about post-therapy relationships? One model is based on three dimensions: the power differential between therapist and client, duration of the relationship, and clarity of termination when such matters can be discussed. This last step, writes Dr. Doverspike, “involves obtaining consultation from a colleague.” When dealing with this and similarly complex issues, there are six overarching moral principles to consider: Autonomy, beneficence, non-maleficence, justice, fidelity, and veracity. In a nutshell, act honestly and respectfully with good intention.

So, when all is said and done, or written and published, Dr. William Doverspike offers a very friendly guide for staying on the right road with no slippery detours that might lead to that dreaded “invitation” from your Board. They don’t want it and certainly you don’t either. With the threat of significant increases in legal suits across the board, manage the ethical risks in your practice by reading this book. You’ll feel better, and your clients will appreciate you more in the long run.

Dr. David Ryback (David@EQassociates.com) is the author of ConnectAbility (McGraw-Hill) and is struggling with his first novel, Beethoven in Love, due out later this year.

Update Your GPA Member Profile!

Updating your profile allows GPA members to find you when searching for referrals with the online membership directory. Also, GPA mails and emails legislative announcements, event information and of course, publications such as the Georgia Psychologist. Ensure that GPA has the correct contact information in your online profile by logging into into the GPA website, www.gapsychology.org/login.
**Job: Threat Assessment Consultant.** A psychological consulting firm that specializes in providing threat assessment and crisis management services to corporate clients is looking for a Licensed Psychologist to help with our casework on a contractual, fee-for-service basis. In this role, this individual must have the necessary skills and comfort level to 1) quickly assess fast moving, high-risk, and often ambiguous events that typically involve a risk of violence, 2) operate as a consultant addressing the business needs of clients, and 3) engage with high-risk individuals who are often in crisis. The ability to think creatively, strategically, and flexibly is a must. Further, the applicant must have a relatively flexible schedule, with the ability to respond to crises; while much of the work is remote and telephonic, it will occasionally involve travel. Our firm is growing rapidly and provides a relatively unique service that requires a unique skill-set. As such, we are looking for someone who has a long-term interest in developing expertise in this area. The applicant will undergo a training program as part of the contractual arrangement, and will be initially supervised. The firm is also in need of someone to assist with training occasionally, so experience in that area would be a bonus. If you have any interest, please send your resume to mail to: psychologist.opening@gmail.com. Lisa Millisor (Email Only)

**Licensed Therapist.** Eating Disorder Treatment Center in Athens, GA is seeking a licensed therapist (Ph.D., Psy.D., LMFT, LISCW) to join our multidisciplinary treatment team. Experience in group work and working with Eating Disorder patients preferred. Excellent private practice opportunity. Interviewing for full and/or part-time positions. Send letter of intent outlining experience and C.V. to Ann Weitzman-Swain, Ph.D. at eatingdisorderrecoveryathens@yahoo.com.

**A message from Beth-Ann Buitekant, Psy.D., BSN:** I have recently "retired" from my long time work as School Counselor at The Friends School of Atlanta to focus on my psychotherapy private practice. I work with individuals, couples, families, and children with a particular interest in teens. A Family System's perspective informs my work while taking advantage of other theories including Humanistic, Behavioral and Mindfulness with the meta view of the wholeness of mind, body and spirit. My history as a Registered Nurse and cancer survivor enhances my practice from a biopsychosocial perspective. My office is in a prime location near the corner of Clairmont and N. Decatur Roads. I look forward to your referrals and thank you in advance. Contact information: bbuiekant@gmail.com, 404-818-6073.

**GPA offers a warm welcome to the following New Members who joined the Association between December 1, 2012-April 3, 2013.**

Diana Concepcion, Ph.D.
Erin Elliott, Ph.D.
Heather Futral, Psy.D.
Shital Gaitonde, Ph.D.
Jonathan Gross, Psy.D.
Kensa Gunter, Psy.D.
Maya Hayes, Ph.D.
Margaret Hodges, Ph.D.
Daniel Kirschenbaum, Ph.D.
Robert Montgomery, Ph.D.
Stephanie Northington, Ph.D.
Lydia Odenat, Ph.D. MPH
Julie Pace, Ph.D.
Carla Santiago-Barbosa, Psy.D.
Sara Shepard, Ph.D.
Andrew Smith, Psy.D.
Andrew Stochel, Ph.D.
Laura Thompson, Ph.D.
Odell Vining, Ph.D.
Tara Weiszer, Ph.D.

Tina Abdalla
Sonny Age
Natalie Balkema
Cassandra Belford
Julie Boyd
Alaina Conner
Kristin Hunter
Adrian Israel
Michael Judd
Courtney Lake
Jason Mayotte-Blum
Robyn Maxwell
Spencer Midkiff
Paul Miner

Angela Montfort
Cynthia Morris
Camara Murphy
Anna Packer
Synita Pryor
Brittany Rader
Allison Ramsay
Sanjay Shah
Odetta Smiley
Brandi Smith
Imani Stargell
Melissa Turansky
Joy Welcker
Oyinlola Winfunke

Student Members

Tina Abdalla
Sonny Age
Natalie Balkema
Cassandra Belford
Julie Boyd
Alaina Conner
Kristin Hunter
Adrian Israel
Michael Judd
Courtney Lake
Jason Mayotte-Blum
Robyn Maxwell
Spencer Midkiff
Paul Miner

Angela Montfort
Cynthia Morris
Camara Murphy
Anna Packer
Synita Pryor
Brittany Rader
Allison Ramsay
Sanjay Shah
Odetta Smiley
Brandi Smith
Imani Stargell
Melissa Turansky
Joy Welcker
Oyinlola Winfunke
TIME FOR RENEWAL

(Your 2013-2014 GPA Membership Dues!)

Renewal Period
May 1-August 1

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