Insight

President’s Message

Dear RIPA Members,

Happy fall! I am thrilled to take this opportunity to tell you about many exciting things that have been happening within RIPA over the past several months. We have welcomed a number of new members, and I hope our ECP’s and Student Affiliates will consider responding to Dr. Jeffrey Hughes’ recent request for increased involvement.

Our committees have been extremely active in their community outreach and have accomplished a great deal. Our beautiful new website and our listserve are both up and running, and have proven to be valuable resources for our members. Our PEC committee has established a strong presence at several local community events and organized a running team, and several members of our DRN committee have volunteered their time and effort following recent disasters. Our CE committee has a full and engaging slate of events, and both our Ethics and Colleague Assistance committees have been providing support, assistance, and education to our members in the areas of ethics and peer support. Our Insurance and Managed Care Committee and Legislative Committee continue to lead efforts to address significant changes made by Blue Cross, including their implementation of the Alerthe measure, and meetings with other insurance representatives are also in the works. Our Healthcare Task Force meets regularly as we move toward the implementation of Healthcare Reform, and we continue to collaborate with other mental and behavioral health disciplines through COMHRPPI, our multidisciplinary coalition. In addition, I am pleased to have been invited to join a Special Joint Commission co-chaired by Senator Joshua Miller and Representative David Bennett to study the integration of disciplines through COMHRPPI, our multidisciplinary coalition.

Finally, as this is our final newsletter of the year and the end of my term as your President, I want to thank you all for allowing me the opportunity to serve on your behalf. I am truly grateful for the experience and feel very fortunate to have been able to work with such a talented, involved, and engaged group of individuals. I wish you the best and hope to see you at our next Meet-and-Greet.

Lisa Rocchio, Ph.D.
RIPA President

Disaster Response Network Update

By Mary C. Moore, Ph.D.

The DRN would like to recognize two psychologists making a difference. Dr. Ann Adler volunteered with the Red Cross for ten days, providing Psychological First Aid to the the Boston/Waverlytown community affected by the Marathon bombings as well as to first responders. Dr. Henry Lesieur just returned from two-week deployment with the Red Cross assisting in Colorado with communities affected by the severe flooding. Dr. Lesieur reported that the use of very brief mindfulness/relaxation exercises, especially with FEMA volunteers who had witnessed so much devastation, was very well received. Thank you to Dr. Adler and Dr. Lesieur.

The DRN committee is open to new members. It is not necessary to be a Red Cross volunteer to join. Our mission includes serving as subject matter experts in the area of Disaster Mental Health and trauma and providing resources to the community. Contact Mary C. Moore, DRN Committee chair, for more information. mcmkdd@gmail.com

Colleague Assistance Committee

By Megan Spencer, Ph.D.

The colleague assistance committee was recently recognized in the Colorado Psychological Associations (CPA) newsletter as an innovative model of colleague assistance. In particular, the CPA cited the RIPA colleague assistance efforts to establish a database of peer support groups, business consultation resources, and mental health referrals, as well as collaboration with the Ethics Committee in providing past CEU events. Look for the professional will/executor service offered through CPA next year, providing clinicians an opportunity to register the name of an executor in the event an emergency, such as sudden illness or death, which renders them unable to manage their practice.

Ethics Committee

By Leslie Feil, Ph.D.

The RIPA Ethics Committee is a free resource available to RIPA members who have questions about ethical issues in their work. To access a consultation from the Ethics Committee, call Jack Hutson (401-736-2900) and ask for the on-call Ethics Committee member. Your question will then be considered anonymously by members of the committee. Your question will then be considered anonymously by members of the committee. For more information about ethics issues, see past Insight articles and other resources on the Ethics Committee page of the RIPA website.

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For more information about ethics issues, see past Insight articles and other resources on the Ethics Committee page of the RIPA website.

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The APA council meeting in August 2013 took historic action to make APA governance more effective. The Council of Representatives, following a three-year period of assessment, research and engagement with members, voted to approve most of the changes recommended by the association’s Good Governance Project. The project was formed to increase the alignment of the association’s governance with APA’s strategic plan, to enhance nimbleness of governance and to increase member engagement.

The changes endorsed by council will focus its time and expertise on the mission-focused issues that confront the discipline, according to the GGP project leaders. The hope is that these changes will allow council to devote more time to issues members are most concerned about. The changes endorsed by the council call for:

- Enhancing the use of technology to expand communication among governance members and between governance and the general membership.
- Developing a program that would create a new pipeline for leadership in APA governance.
- Creating a triage system that would enable governance to work efficiently and nimbly on new issues, without duplicative efforts.
- Expanding the council’s scope to focus on directing and informing major policy issues and ensuring policy is aligned with APA’s mission and strategic plan.
- Delegating responsibility for budget and internal policy matters to APA’s Board of Directors for a three-year trial period.
- Changing the composition of APA’s Board of Directors to be more representative of APA’s membership. The board would include six members-at-large elected by and drawn from the membership, with the candidates selected based on a needs assessment following an open nominations process.

Council voted that a substantive change in its structure is needed to improve the body’s effectiveness and asked that an implementation work group be appointed to further develop two proposed change models in addition to other implementation issues. One model calls for modifying the current constituent-based model by providing one unit/one vote for each division and state, provincial, territorial psychological association (SPTAs) and adding seats for other perspective groups/affiliated organizations; the other model would include some elements from the first model, including one unit/one vote for divisions and SPTAs, and may add discipline/mission based seats (e.g., education, science, public interest practice and health) and diversity representatives (such as ethnic-minority psychological associations, early career psychologists, members of the American Association of Graduate Students). Both models would result in a smaller Council. The working group will begin to share its recommendations with council at its February meeting.

Any changes to the Board of Directors or Council’s structure must be approved by the membership through a bylaws amendment. The bylaws proposal is expected to be sent to members for a vote next year, once the council has given approval for structural changes. The other changes approved by the council do not require a bylaws change.

Quality in Psychology Education

The council adopted three measures to strengthen psychology teaching and training across the continuum of psychology education. At the undergraduate level, council adopted revised guidelines for the psychology major, updating those APA adopted in 2006. The new guidelines build on the success of the original set, but now include new teaching tools as well as student learning and benchmarking measures.

At the graduate level, the council adopted a resolution on accreditation for programs that prepare psychologists to provide health services. The APA policy now states that to practice as an independent health service psychologist, candidates must graduate from an APA/Canadian Psychological Association accredited doctoral program and internship or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of education and training programs that prepare students for entry into professional practice. The resolution gives unaccredited graduate programs five years to become accredited and seven years for internship programs to gain accreditation. (This policy will not impact students currently in the pipeline and allows for grandparenting of those graduates from unaccredited programs who are now licensed providers.) At the professional development and continuing education level, the council adopted a resolution that details and codifies quality standards, including a call for evidence based continuing-education methods and program content.

Psychologists’ work in national security settings

The council adopted a resolution that reconciles APA’s policies against torture and other forms of cruel, inhuman or degrading treatment or punishment and those related to psychologists’ work in national security settings.

The new APA resolution does not create new policy but makes existing policy in the area more internally consistent and comprehensive.

In other action, the council:

- Recognized sleep psychology and police and public safety psychology as specialties in professional psychology.
- Approved continuing recognition of counseling psychology and school psychology as specialties in professional psychology.
- Recognization of biofeedback, applied psychophysiology as a proficiency in professional psychology was extended for a period of one year.
- Recognition of clinical psychology as a specialty in professional psychology was extended for a one-year period.
- Approved guidelines for the practice of telepsychology.
- Adopted revised standards for educational and psychological testing.
- Adopted guidelines for psychological practice with older adults.
- Approved a 2014 budget plan including a spring revenue estimate of $111 million as outlined to serve as the revenue framework for the development of the 2014 Budget.
- Elected 146 APA members to fellow status.

Public Education Committee in Action (cont.)

The PEC is also working on an initiative to have a kind of “speaker’s bureau,” where we will connect organizations wanting someone to speak on a psychological topic with psychologists who are able to make such presentations. We were able to connect a library that wanted a presentation on children’s social and emotional development with a child psychologist knowledgeable in the area. We will continue to work on identifying organizations in need of speakers and psychologists with expertise in different areas. If you know of any companies or nonprofit organizations that might be interested in having a psychologist present, please let us know (BenJohnson@RICBT.com).

There are a number of ways of conveying the value of psychology to the public. Please feel free to share if you have additional suggestions or would like to get involved. We look forward to reporting on a number of other initiatives as they develop.

The Healthcare Task Force, Legislative Committee and COMHPR Address Healthcare Reform

Our Healthcare Task Force members are attending a multitude of healthcare reform meetings. There are a number of competing proposals from both government and private groups. We recently provided formal comments State Innovation Health Plan (SHP) proposal. The plan was pilot program. The proposal recognizes that behavioral health is important, but it does not give sufficient thought to how to implement the breadth of services that will be needed. We are working to bring behavioral healthcare to the surface in all these discussions.

Behavioral health is one focus of discussion at the “Joint Commission to Study the Integration of Behavioral health and primary care.” President Lisa Rocchio, Ph.D. is our representative on that commission.

The Legislative Committee is developing the legislative agenda for 2014 to address our immediate needs and changes in state laws that will be required for the effective implementation of healthcare reform.

COMHPR is continuing to address issues with Blue Cross’ plan to use Value-Option’s quality improvement measure. Our members have concern about the scientific credibility of the measure and Blue Cross’ intentions for using the measure.

www.ripsych.org

By Mary C. Moore, Ph.D.