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### Exciting News from KPA in December

We hope you enjoy this December edition of the KPA e-Newsletter, a regular e-newsletter aimed to enhance communication about psychology across the state. What follows is a sampling of psychology-related news and opportunities across the Commonwealth. Check out the column on the left for upcoming KPA Social and CE events, meetings, Kentucky Currents (member news items), and more. For more updates, visit the [KPA website](#) and follow KPA on social media on [Twitter](#) and [Facebook](#).

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### Update from KPA Executive Director

*Lisa Willner, Ph.D., KPA Executive Director*

A Central Office Look Back at 2018... and Onward to '19!

This has been a momentous and change-filled year for the KPA Central Office!

We've overseen a major reorganization and re-alignment of our sister organizations, the Kentucky Psychological Association, and Kentucky Psychological Foundation. We've moved out of our office space of nearly 30 years (!), and into a newly constructed office suite that provides a much more welcoming space for committee meetings and member visits, and a much healthier environment for KPA staff. Under the leadership of **Eric Russ, Ph.D.**, we've undertaken KPA/KPF's first-ever Capital Campaign to cover the expense of the move and purchase of the office and have collected payments and pledges totaling over 50% of our \$50,000 goal. We've said farewell to **Joy Kaplan**, KPA's tenacious operations manager since 2015, and welcomed **William Summy** as our

To support the purchase of a new home for the Kentucky Psychological Association & Kentucky Psychological Foundation – an office condo in a brand-new building – we have launched our first-ever Capital Campaign!

We are going to need the support of ALL of our KPA members – YOUR SUPPORT – to make this campaign successful! Please click [here](#) to contribute & to learn more about our capital campaign.



administrative assistant and newest member of the KPA Central Office family. We've re-aligned and re-designed job descriptions and responsibilities, with **Sarah Burress** and **Samm Collins** both moving into the new roles of office manager (Sarah), and marketing and membership coordinator (Samm).

We're excited for **Laurie Grimes, Ph.D.**, as she heads to Italy for a new clinical practice adventure and thank her for her service for several years as KPA's Director of Professional Affairs (DPA). Laurie worked closely with APA and with her DPA colleagues across the country to provide invaluable practice information and a national perspective to KPA members.

And we enthusiastically welcome **Katie McBride, Ph.D.**, as KPA's incoming DPA beginning in January of 2019. Katie brings with her a broad, deep, and current knowledge of KPA's mission, priorities, and organizational structure, having served on KPA's executive committee for the past three years as president-elect, president, and past president, and on the KPA Board of Directors as Jefferson County Regional Rep prior to that. Katie also brings many years' experience in private practice, as well as a passion for supporting others doing this work.

And then we have my legislative campaign adventures. I've learned so much in the past year during my run for the Kentucky House 35<sup>th</sup> district seat. I received so many opportunities in the course of the campaign to talk about psychology and psychologists, and the people who benefit from the practice, science, and teaching of psychology. The campaign brought me in contact with lawmakers and policy experts who I likely would not otherwise have met. I've gained new insights and understanding of the political and legislative processes. (And there is still **so much** learning yet to do!) I truly don't have the words to express my deep gratitude for the tremendous support I received from KPA members, friends, and colleagues, from KPA leadership. The campaign owes so much of its success to all of you.

Looking ahead to 2019, I will be sworn into office on January 8<sup>th</sup> and I will continue to serve as KPA's executive director. The election victory does bring some changes to my KPA roles and responsibilities. While we anticipate that these changes will have no effect on your experiences as a KPA member, I do want to keep you informed. Acting on counsel from the Legislative Ethics Commission, the KPA board has approved a new executive director job description which results in the transfer of several advocacy-related responsibilities from the executive director to the Director of Professional Affairs. Professional activities which I am no



A heartfelt thank you to **Dr. Laurie Grimes**, for her years of service as the KPA Director of Professional Affairs. Best of luck in Italy, Buon Viaggio!



**Sarah Shelton, Psy.D., MPH, MSCP**, KPA President Elected Chair of the National Register of Health Service Psychologists.  
Read more [here](#).



longer performing include participation on KPA's Legislative Committee, overseeing the work of KPA's lobbying team, involvement in developing KPA's legislative priorities and strategies, and serving as KPA's liaison to the Kentucky Board of Examiners of Psychology. I will continue to oversee and support the work of the staff, play an active role in supporting the work of KPA and KPF's boards and other committees, oversee member educational programs and services, and facilitate KPA's ongoing work in organizational and leadership development.

While we've undergone many Central Office changes in 2018 with more still ahead in 2019, the big items remain constant. These constants include our gratitude to you for your commitment and contributions to KPA, KPF, and psychology in Kentucky; our commitment to serving the greater good by promoting psychology as a science and a profession; and a promise to stand with you and stand up for psychology.

Wishing all of you a peaceful close of the year, and a happy, healthy, and prosperous 2019!

*Lisa*

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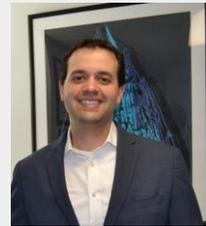
## New Testing Code Follow-Up

*Laurie Grimes, Ph.D. – Director of Professional Affairs*

Reactions to the seminar on the new testing codes at KPA convention last month ranged from angst to incredulity. The next iteration of information was released this week in a webinar. I have excerpted a few key items below that relate to questions posed at convention, and have included the FAQ's published by APA. (The link for the webinar was provided in a recent DPA Blast.) There is one more Q&A webinar on December 19. Tune in yourself or send me your questions and I will submit them.

1. The cornerstone of this system is **differentiating cognitive from technical work**. If you don't document your cognitive work, you will not reap any benefits of the new system. Examples of cognitive work and in-the-moment decision-making that were taken for granted and not necessarily captured as discrete tasks before but must be now include:

**David Susman, Ph.D.**, has been elected for an At-Large seat on the APA Council Leadership Team (CLT).



**William Stoops, Ph.D.**, has been appointed to the New Advocacy Coordinating Committee. Read more [here](#).



**Blanka Angyal, M.A., Ed.M., Ed.S.**, KPA Graduate Student Member has been elected to be the next APAGS Chair-elect. Read more [here](#).



Congratulations to **Lisa Willner, Ph.D.**, KPA's Executive Director on winning the House seat for

a. patient for any reason is less functional than anticipated (e.g., less literate, more combative, less lucid) and the battery has to be adjusted during the test session

b. psychologist who meets with technician who reports behavioral presentation or symptom onset that contra-indicates battery and psychologist must make clinical decisions and adjust in order for the technician to continue

c. psychologist needs to intervene to manage behaviors or symptoms that compromise test progress

d. when patient arrives psychologist determines that level of literacy, language proficiency, or cultural factors dictate need for battery adjustment

e. data collected determined invalid due to low effort, distractibility, mood lability, or other factors and clinical decisions are made to determine how to continue

f. nuanced changes in high performing patient that are recognized by highly trained QHP and lead to battery being altered concurrently

All these examples of clinical expertise/cognitive work/professional time must be documented to account for clinical decision-making. This time cannot be given away! It has to be captured and recorded in order for 3rd party payers to understand the services provided.

2. How do we **document** the various portions of the testing process?

It is **VERY** important to document this process thoroughly. This is going to be a huge shift from current practices. It's laborious and time-consuming yet essential to reflect the types of work completed for reimbursement. If discrete tasks are not documented, the opportunity to incorporate cognitive work into the process will be lost. Under this new paradigm, COGNITIVE work is estimated to constitute 52% of the reimbursement dollar. Clinical decision-making is the foundation of reimbursement, and the documentation supports the activity. So if the work isn't documented, it can't be billed. What is currently lumped into 96101 will now be reflected in itemized increments of time (e.g., 3 hours of evaluation may be comprised of 30 mins reviewing records and referral question and planning the battery, 45 mins interpreting data one

District 35! She will be sworn in on January 8th, 2019.

*If you have a highlight you would like to share with the KPA office please email Membership & Marketing Coordinator, Samm Collins at [samm@kpa.org](mailto:samm@kpa.org)*

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**In Memoriam**

**Steven Riggert**  
1952-2018

**Brenda Brandon Estes**  
1939-2018

**Stephen Paul Mann**  
1942-2018

**Kim Alan Naugle**  
1954-2018

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afternoon, and 1 hour 45 minutes of data interpretation and report writing on another day).

APA recommends a **log** that lists dates and total times for each activity (i.e., scoring, clinical decision-making). An example is provided on the slide deck. It may be cumbersome to record all start and stop times – those might need to be included in a separate start/stop time log that is kept in the chart – but include a summary table with cumulative documented time at the end of the report. **Remember – if you don't record it, don't bill it.**

3. Can testing be **billed over several days**? What if feedback can't be given for a few weeks? What if your agency requires billing within a certain number of hours of the service?

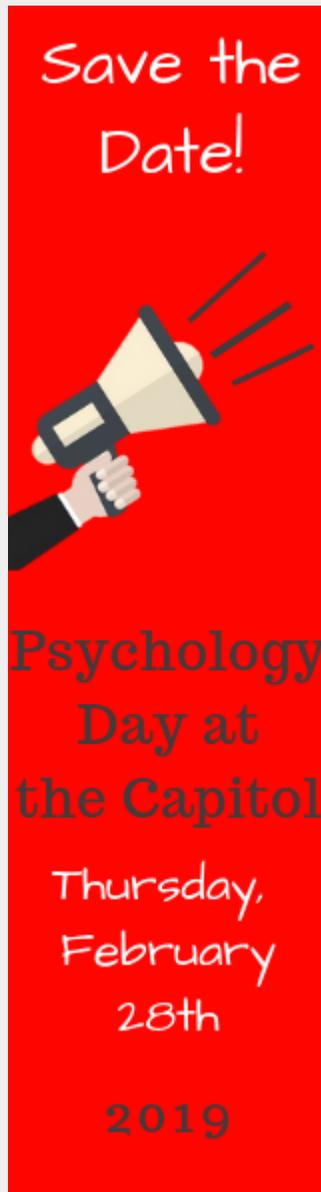
- Yes! Multiple day billing is allowed. Base and add-on codes can be billed on separate days, meaning there will be days when add-on codes are billed on a day without a base code.
- Yes! The feedback session can be billed later. If there will be a significant break between the testing work and the feedback session, bill all-but the feedback session and then bill the add-on code for the feedback session when it occurs. This highlights the need for the documentation log! See the FAQ sheet attached.
- Yes! Follow your agency billing requirements. If your agency requires billing within a certain number of hours of service, bill what has been completed at each billing juncture. Again – keep that log so that it is clear the process of the testing process as a unit.

4. What are some examples of the appropriate use of 96146?  
See this question addressed on the FAQ's below.

5. If possible, start with a clean slate on 1/1/19. Complete AND BILL all 2018 testing before 1/1/19. Testing cases that straddle the transition period will be problematic and may require a new authorization on 1/1.

**APA provides responses to the most commonly asked questions by psychologists on the changes to the neuropsychological and psychological testing codes effective January 1.**

**How are students or postdoctoral trainees who provide test administration and/or scoring services while supervised by licensed psychologists treated in the new coding structure?**



**Upcoming Events**

***Open for Registration!***

Specific guidance for assessment provided by unlicensed trainees under the supervision of licensed psychologists and neuropsychologists is not addressed by the new coding structure. This is something that is decided by Medicare, Medicaid and other third-party payers.

The Centers for Medicare and Medicaid Services (CMS) has specifically stated that under the Medicare Physician Fee Schedule there is no payment for services performed by students or trainees. Accordingly, Medicare does not pay for services represented by CPT codes 96102 and 96119 (the current technician codes) when performed by a student or a trainee. This position will not change with implementation of the new testing codes.

**Are these the procedure codes to use for all insurance companies?**

Yes. Beginning Jan. 1, 2019, Medicare and private insurers will provide reimbursement for testing services utilizing the new coding structure. Because the codes are new, we expect some delays in processing of claims that use the new codes.

**How should we handle testing cases that are being scheduled or are already scheduled for the end of 2018?**

We strongly recommended completing all work on 2018 cases by Dec. 31, 2018. If 2018 work is not completed, any patient authorized for services will need to be re-authorized in 2019 because of the entirely new coding structure.

**Can interactive feedback be conducted over the phone or are the codes for face-to-face use only?**

Interactive feedback should be billed using the evaluation services codes and only when the service is provided face-to-face.

**If both the psychologist and the technician (under the supervision of the psychologist) provide test administration and scoring services during the evaluation, can both Test Administration and Scoring codes 96136-96139 be used to document the time spent by each?**

It is a common practice for both psychologist test administration and technician test administration to occur in the same patient. Even when utilizing testing technicians, many psychologists and neuropsychologists have incorporated test administration of at least several tests into their evaluation protocol. Therefore, both the psychologist and technician test administration and scoring codes can be used together.

**Jan 14-** [Effective Advocacy - Every Voice Counts!](#)

**Mar 8-** [Anxiety Disorders in Kids and Teens: Recognizing and Treating the Emerging Epidemic, 6 CE](#)

**Feb 15-** [#MeToo and other Social Movements: Creating a Culture of Gender Justice Offline and Online](#)

**Feb 15-** [School Refusal: Children Who Can't or Won't Go to School](#)

**Online registration opening soon!**

**Apr 26-** Cyberbullying in Schools

**Apr 26-** Therapy and Professional Practice Using Mobile Apps

**May 10-** Topic: Eating Disorder Treatment

**June 21-** Topic: Advanced Supervision

**June 21-** Topic: Ethics

**Sept. 20-** Topic: Outcome Measures

**How should we bill for services that take place over multiple days?**

It is typical for psychologists to provide Testing Evaluation Services 96130-96133 and/or Test Administration and Scoring services 96136-96139 across multiple dates of service. This could include multiple testing sessions with test scoring, non-face to face time engaged in professional services, and interactive feedback sessions. When a service is spread out over multiple visits, it is recommended that all codes be billed together on the last date of service when the evaluation process is completed. Additionally, a base code should only be submitted for the first unit of service of the evaluation process, and only add-on codes be used to capture the services provided during subsequent days of service.

If an institution, agency, or practice requires that a bill be submitted prior to completion of the entire evaluation process, then it is recommended that a note be submitted on the date of each service that indicates the number of hours of service provided and billed on that day "with evaluation ongoing and report to follow". Final report documentation should include all dates billed corresponding to services provided.

**What about the scenario where you complete the testing but can't meet with the family for feedback for a few weeks? Would they bill everything except for the feedback session and then bill it later? If so, what if my agency requires billing within 10 days of service?**

Using the methodology described in the second paragraph of #4 above, billing and report would not have to wait for the feedback session, which would be billed as an add-on code and documented separately with a note indicating that feedback is tied to the original evaluation.

**What is the recommended way to track how testing time is accumulated? For example – if you ultimately bill 3 hours for evaluative services, those may happen 30 mins planning the battery and reviewing records and referral question, 45 mins interpreting data one afternoon, and 1 hour 45 minutes of interpretation and report writing on another day. How is the clinician to track these cumulative minutes?**

It is absolutely essential that all of the Testing Evaluation Services and Test Administration and Scoring services provided by the psychologist/neuropsychologist and technician are documented in a comprehensive and transparent way. This should include a table within the report listing dates and total times for each activity, (including scoring

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the four  
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makes you eligible  
for a 15% savings  
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consecutive  
renewals at your  
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DURING  
REGISTRATION!

### [KBEP Elections Results](#)

In accordance with [KRS  
319.020](#) the Kentucky

and clinical decision making), as well as a log sheet with clear start/stop times in the clinical chart.

#### **Just to clarify, in order to use the Testing Evaluation Services codes (96130-96133), must the psychologist first perform Test Administration and Scoring services (96136-96139)?**

No, some elements of test evaluation services will always be performed by the professional prior to test administration. Indeed, the “pre-service work” associated with test evaluation service codes includes things such as preliminary test selection and clarifying the referral question. These would be standard activities that would occur before test administration and scoring services would take place. Therefore, test evaluation services must be performed by the professional prior to test administration, but this includes preliminary activities typical to the practice of psychologist when conducting testing.

#### **What if we administer only one test? What if it has many subtests like the Wechsler Intelligence scales?**

The psychologist is required to give 2 or more tests in order to utilize the Test Administration and Scoring codes 96136-96139. A single standalone test, even a multifaceted one, would not represent a neuropsychological evaluation or psychological evaluation service.

#### **For 96146, do you bill this code twice if you give more than 1 automated test?**

No. The bill code can only be used one time.

#### **Could you provide any examples of what types of testing would typically be considered billed under 96116 and 96121?**

96116 and 96121 are the CPT codes for Neurobehavioral Status Exam. The neurobehavioral status exam is a clinical interview examination that might include use of some briefer behavioral measures to determine the individual’s mental status. It typically does not involve administration of formal neuropsychological tests which would be subsumed under the testing codes.

#### **Could you explain the difference between 90791 and 96116?**

When conducting a psychological evaluation, it would be typical to utilize 90791 for the psychiatric diagnostic interview portion of the comprehensive \*psychological\* evaluation process. Depending on the referral question, when conducting a neuropsychological evaluation, it would be appropriate to use 96116/96121 for the neurobehavioral status

Psychological Association is charged with conducting the nomination and election process for the Kentucky Board of Examiners of Psychology. KPA sends nomination and election material to all licensed psychology professionals, regardless of their membership status with KPA. The top 3 names are submitted to the Governor for selection of licensing board members.

Here is a update on open KBEP board seats:

**Doctoral Seat - Gerald A. Walker, Psy.D. - Term expired 3/11/2018**

1. Brenda Nash, Ph.D.
2. Allison From-Tapp, Psy.D.
3. Gina DeArth-Pendley, Ph.D.

***Awaiting Governor selection***

***KPA will be conducting an election for a KBEP doctoral seat in late 2018 - early 2019. Details will be emailed to ALL doctoral level psychologists in the coming days.***

If you have any questions about KBEP elections, please contact us at [kpa@kpa.org](mailto:kpa@kpa.org)

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examination/clinical interview that typically accompanies \*neuropsychological\* testing.

**I administer/interpret both the WAIS and Wechsler Memory Scale, so could be both psychological test evaluation services (96130) and neuropsychological test evaluation services (96132). How does this affect coding the time for interactive feedback?**

When administering these measures in the context of a psychological evaluation, then use the add-on code 96131 to capture the interactive feedback portion of the evaluation services provided by the psychologist. Similarly, you would use the add-on code 96133 for interactive feedback provided in the context of a neuropsychological evaluation.

**If a first test (e.g., MMPI-2) is invalid and a second administration of that test is needed, can the repeat administration be billed as a new test?**

The time the psychologist and/or technician spends engaging in test administration and scoring services of psychological/neuropsychological tests is captured by new codes (96136-96139) that are separate and distinct from the delivery of psychologist evaluation services (96130-96133).

If a patient's performance renders a test invalid, the psychologist or technician has still engaged in test administration and scoring services. If there is a clinical justification for doing so, then any time spent administering and scoring the same test again should also be captured along with clear documentation as to why the test was given again. Regardless of test results, evaluation services by the psychologist (96130-96133) would still be required for test interpretation, integration of clinical and test data and report creation.

**If a clinic double-scores test protocols for accuracy, can the time for the second score be billed?**

No. The professional or the technician can be paid only one time for scoring services.

**Can you bill more than one unit of 90791?**

No. 90791 is not a time-based code. It is an event code that is billed one time.

**How would I code the administration of the Rorschach alone?**

This test would be coded as 96136/96137, as long as there is at least one more test administered by the psychologist which is required in order

As you are faced (inundated may be more apt these days... sigh) with situations in the public discourse, have you ever said to yourself or your colleagues, **“Wonder what KPA is doing about that?”** or think that your particular background and expertise could make a useful contribution?

Please take advantage of the interface under the **ADVOCACY** tab above to submit issues of interest to you to the newly formed:

**Public  
Issue  
Response  
Committee  
(PIRC)**



#### **KPA Advocacy Benefits**

Remember that KPA's advocacy efforts are supported by your membership in KPA. KPA's advocacy benefits all psychology professionals, not

to utilize the Test Evaluation Service codes for interpretation/integration/report creation (96130/96131).

**OPEN CALL**  
**We are accepting**  
**Proposals for**  
**Continuing**  
**Education Events for**  
**the 2019 Convention**  
**& 2020 Calendar**

**Click here to Submit**

**Deadline for proposals: Friday, February 15, 2019**

#### **KPA 2019 Legislative Priorities**

*At the state level:*

**Support legislation maintaining psychologists' role in licensing, regulating, and overseeing the practice of psychology.**

Rationale/examples: Maintain the autonomous functioning of the KY Board of Examiners of Psychology.

just those who belong to KPA.  
We thank you for continuing to  
support the future of psychology  
and those we serve through  
your active membership in KPA!



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### **KPA Member Benefit Highlights**

#### **Free Practice Consultations**

KPA's Director of Professional Affairs, is available to consult with KPA members concerning a range of practice and advocacy issues, including HIPPA, third party reimbursement, and state regulations, and can tap resources and practice

#### **Support legislation to strengthen minors' access to mental health treatment and advocacy services.**

Rationale/examples: Current law permits physicians to provide mental health counseling to minors without parental consent but does not specifically allow licensed mental health professionals to do so, nor DV & rape crisis centers to provide advocacy services to minors.

#### **Support legislation addressing school safety issues by improving school climate and culture and increasing the availability of mental health services to students.**

Rationale/examples: The recent spate of school shootings –including the deadly incident in Marshall County – has caused the state legislature to examine possible responses, ranging from more metal detectors, police presence and arming teachers to providing resources for trauma-informed schools and increased school-based mental health services and supports.

#### **Support legislation that increases access to behavioral health services & supports a positive climate for psychology providers.**

Rationale/examples: Require uniform credentialing & prompt payment by Medicaid MCOs & other insurers; Support expanded services to address Kentucky's opioid crisis; Provide financial help to sustain CMHCs' operations as part of the state's retirement system.

#### **Uphold public protection by opposing legislation allowing non-psychologists to deliver services which are clearly defined as the practice of psychology.**

Rationale/examples: Seek revision of bill language which, if not modified, would infringe on the practice of psychology by those seeking licensure in a profession other than psychology.

#### **Increase psychology's voice in decisions affecting behavioral health.**

Rationale/examples: Establish a Palliative Care Interdisciplinary Advisory Council within the Cabinet for Health and Family Services with one or more psychologists on the council.

information from APA to help members resolve issues.

Have a professional/ practice question? KPA Members log in to the KPA website and access the consultation form under the Members Only section!

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Kentucky  
Psychological  
Association's  
Colleague  
Assistance  
Program  
is here for  
you



Check the  
website  
and make  
the call

**Support evidence-based legislation designed to improve population health outcomes in Kentucky.** Rationale/examples: Support anti-smoking measures; Fund health literacy programs across the state.

**Support legislation that improves health equity for historically underserved populations.**

Rationale/examples: Add health supports to reduce gaps in health services; Reimburse peer support specialists in both the mental health and substance use disorder arenas; Take actions to decrease social isolation in vulnerable populations which erodes health quality; Create community health workers to link Kentuckians with appropriate health care services.

**Maintain Medicaid coverage for all Kentuckians below 138% of the federal poverty level.**

Rationale/examples: Protect coverage of the approximately 440,000 Kentuckians on the Medicaid rolls under the Medicaid Expansion, many of whom have substance use disorders.

**Monitor and respond to changes in the tax reform measure passed hurriedly in 2018 with no time for public input.**

Rationale/examples: The tax reform measure now taxes non-profit organizations in their fundraising, makes the tax system more burdensome on low-income Kentuckians and may include efforts in the future to impose a tax on health care providers, including psychologists and other behavioral health providers.

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### Free Ethics Consultations

Have an ethical concern or question? Request a consultation from the KPA Ethics Committee by completing the Ethics Consult form available under the Members Only section of the website. How it works...Your request will be forwarded to the current KPA Ethics Committee Chair, Dr. Pat Burke, who will consult with the entire ethics committee and review ethical guidelines prior to issuing a response. Response time averages around 10 days depending on the depth of the consultation request.

*KPA Member Only Services!*



## KPA-PAC FINDS SUCCESS IN 2017-18 ELECTION CYCLE

*Ben Birkby, Psy.D. KPA-PAC*

Thanks to your support the KPA-PAC found continued success in advancing political awareness and concern about the future of psychology in Kentucky. Below you will find a summary of the KPA-PAC's results.

### KPA-PAC 2017-18 Election Summary

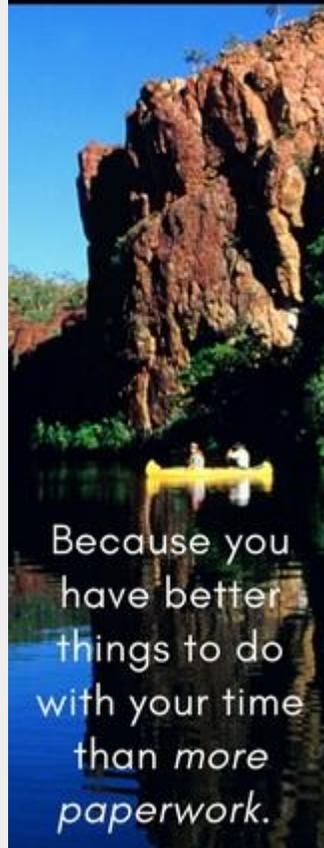
- Donated to 21 candidates
- 81% won their elections (17 of 21)
- 73% of donations went to Democratic candidates
- 27% of donations went to Republican candidates
- Donated \$8,300 to individual candidates in the general election
- Donated \$3,000 to the D/R caucuses in the general election
- **Total KPA-PAC donations for 2017- 2018 Election Cycle: \$11,300**

*For more detailed 2017-18 election results please visit <http://www.kpapac.org> and click on News.*

The KPA-PAC is the only political action committee speaking for psychologists in Kentucky's political process. Decisions made in Frankfort impact matters, such as psychology licensure, insurance reimbursements, and our very identity as psychologists. KPA-PAC is a bipartisan political action committee of the Kentucky Psychological Association. KPA-PAC conducts legislative and political advocacy on

KPA CE  
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TODAY!



behalf of practitioners and educators who are members of the Kentucky Psychological Association.

***Raise your voice for psychology! Help advance and protect your profession! Learn more about the KPA-PAC or make a contribution at <http://www.kpapac.org>***



## Kentucky Psychological Foundation News

### Don't Let the Holiday Blues Get You Down

*Christen Logue, Ph.D., & KPF Public Education Committee*

For many people, the holiday season is a time of celebrations and cheer but, for some, this season can bring more misery than merriment. With high expectations around gift-giving, decorating, feasting and family gatherings, feelings of disappointment, sadness, fatigue, frustration or being overwhelmed are not unusual.

Psychologists point out that there is a difference between the holiday blues, which are often temporary and go away once the season ends, and more serious conditions such as depression, seasonal affective disorder and anxiety disorders.

*"If people are already experiencing stress or sadness in other areas of their life, they may be especially vulnerable to these feelings during the holidays," Dr. Chrissy Logue, psychologist and chair of*



Psychology License Defense  
& Mental Health Law

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FOR MORE INFORMATION](#)



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the Public Education Committee, said. “However, the holidays can be a great opportunity to enhance psychological well-being.”

**The KPF Public Education Committee and the American Psychological Association offer these tips to combat the holiday blues:**

**Take time for one’s self** — There may be pressure to be everything to everyone. But remember that there are a limited amount of hours in a day. So it’s important to prioritize. Take care of the activities and traditions that are the most important and remember that sometimes self-care is the best thing people can do. Individuals should go for a walk, spend time with a friend, watch a movie or take time out to listen to music or read a new book. Everyone needs time to recharge their batteries — by slowing down, people will actually have more energy to accomplish their goals.

**Volunteer** — Find a local charity, such as a soup kitchen or a shelter where families can volunteer together and support their community. Not only is giving back a great way to spend time with loved ones during the holidays, but helping others has been shown to reduce stress and improve overall mood.

**Have realistic expectations** — No holiday celebration is perfect. View inevitable missteps as opportunities to demonstrate flexibility and resilience. A lopsided tree or a burned brisket won’t ruin the holiday; rather, it will create a family memory. If the children’s wish lists are outside the budget, talk to them about the family’s finances this year and remind them that the holidays aren’t about expensive gifts.

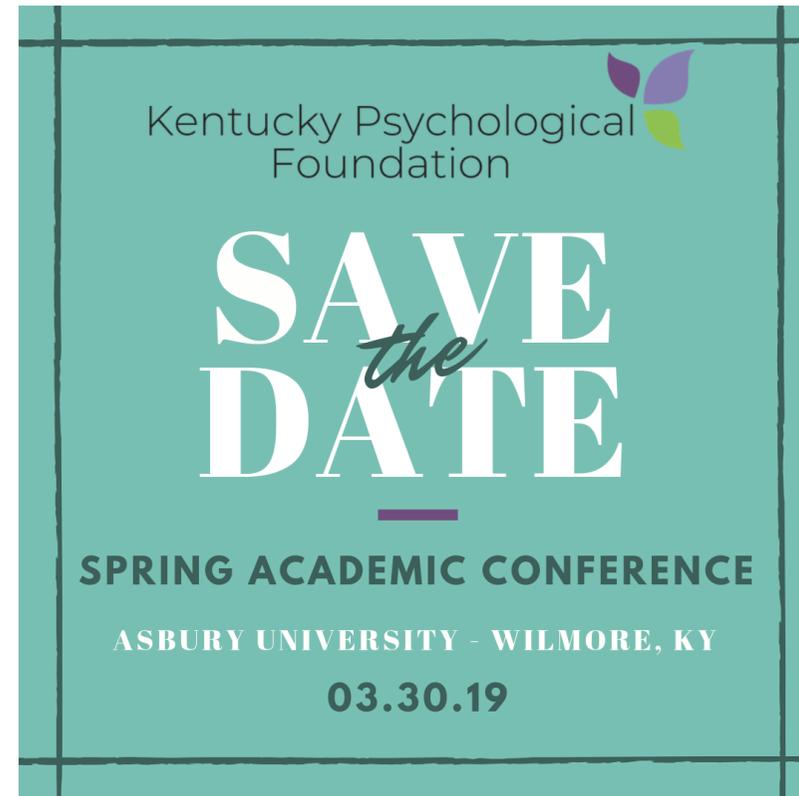
**Remember what’s important** — The barrage of holiday advertising can make people forget what the holiday season is really about. When the holiday expense list is running longer than the monthly budget, scale back and be reminded that what makes a great celebration is loved ones, not store-bought presents, elaborate decorations or gourmet food.

**Seek support** — *Talk about the anxiety, stress or sadness with friends and family. Getting things out in the open can help people navigate their feelings and work toward a solution for the holiday blues. If these feelings persist, consider seeing a mental health professional such as a psychologist. Psychologists are uniquely trained to understand the connection between the mind and body.*

They can offer strategies on adjusting goals so they are attainable as well as help change unhealthy behaviors and address emotional issues.

To learn more about mind/body health or holiday stress, visit [www.apa.org/helpcenter](http://www.apa.org/helpcenter) and follow on Twitter at [@APAHelpCenter](https://twitter.com/APAHelpCenter).

Current members of this busy committee include: Sarah Flynn, Shelby Burton, Brittany Zins, and chair, Chrissy Logue.



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## Ethics in Psychology

*Lee Look, Ph.D. for KPA Ethics Committee*

My name is Lee, and I am a member of the KPA ethics committee...

And please don't tell the rest of the committee, but I'm not qualified to serve on it.

The Preamble of the Ethical Principles:

*It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.*

This committee receives requests for guidance when clinicians in the community have questions of an ethical nature; our committee reviews the requests, researches the relevant topics, and then crafts a response, guiding the person through the maze of codes and statutes, to come to a decision.

And I'm terrible at this.

I can't get away from wanting to ask questions and gauge the effect of whatever direction we guide the clinician toward. If we guide the clinician to 'report' something, what happens to the person that was reported? If we guide the clinician to tell their client to report something, what is the potential danger to the client? As I have been told by other committee members, we aren't here to investigate.

I haven't found that 'repercussions' are part of the ethics code.

This process is probably 'ethical'; but is it what is 'right'?

Clinicians write into the committee; and here's the question I keep coming back to:

Is the writer struggling with an ethical dilemma to protect a client and the public (as the code professes to exist for), or to protect him/herself?

We live in a society that considers someone 'naïve' if they don't cover their ass with every professional/personal interaction one has. Body cameras; cell phone cameras; HR policies; malpractice insurance; attorneys for clinicians; attorneys for attorneys; security cameras in hallways, and elevators, and parking lots; non-slip surfaces in hotel bathtubs; it's everywhere.

I used to think the mental healthcare profession was a little more noble than this. I know now, it is most assuredly not.

Full disclosure: I've utilized the ethics committee for guidance. And I am grateful that it exists.

What I see, in general, isn't clinicians, struggling with difficult decisions about how best to help their clients. What I see are clinicians making sure they do what they need to do to keep themselves out of a courtroom. It is absolutely why I wrote to the committee years ago. I needed to make sure that I could protect myself, in a situation that had become potentially damaging for me. I had gone to great lengths to protect and serve my clients, but along the way, I had perhaps exposed myself to professional harm. And that's when I needed 'ethical help'. Not when serving my clients, but when serving myself.

I don't blame clinicians. The ethics code can get us wrapped up in knots, trying to figure out if we did the right thing, for the right reason, for the right person.

But what a shame that this is where we are.

It's almost a 'hierarchy of needs', or an 'airplane safety speech'. We as clinicians can't very well help our clients unless our basic needs are met. My mother tells me constantly, that I can't help someone else 'unless I've secured my oxygen mask first'.

But wouldn't it be great, as clinicians, if there was a way to 'always be wearing our oxygen masks'? To trust that the code of ethics, while written explicitly to protect clients from harm, also provided a measure of trust and honor for clinicians?

Have any thoughts on this issue? Please write to Lee, at: [leelook@gmail.com](mailto:leelook@gmail.com), to continue the conversation!

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## Convention Wrap-Up

*Marianne McClure, Ph.D., KPA Annual Convention Chair*

The 2018 KPA/KPF Convention offered psychologists the opportunity to receive quality training from highly skilled professionals. Throughout convention, workshops focused on advocacy, diversity, updated research, evidence-based practice, assessment, prevention, human development, and more. We offered training to help participants meet CE requirements including supervision, ethics, and domestic violence and elder abuse. Convention also offered the chance for colleagues and old friends to reconnect and for new professional relationships and friendships to be forged. I am so grateful to be a part of the team that worked throughout the year to bring you the 2018 KPA Annual Convention: **Meeting at the Intersection: Connections in Psychology.**

For each of you who chose to attend this year's convention, I hope that you will join me in recognizing the KPA staff for their tireless efforts to help each of us maximize our conference experience. Thank you to **William, Sarah, Samm, Joy, and Lisa**, our Executive Director for their hard work, patience, knowledge, kindness, and incredible helpfulness throughout convention.

Additionally, I would like to extend my deepest appreciation to my extraordinary convention committee comprised of **Alissa Briggs, Ph.D., Jardin Dogan, M.Ed., Ed.S., NCC, Zach Dschaak, M.A., Melinda Ashworth French, M.A., Maria Grazia Levin, Psy.D., Andrea Omidy, Ph.D., Marilyn Robie, Ph.D., Cay Shawler, M.S., William W. Stoops, Ph.D., Steve Stratton, Ph.D., Timothy Thornberry, Ph.D., and Lisa Willner, Ph.D.** They are a group of imaginative, intelligent, caring, and hardworking individuals who dedicated an enormous amount of time to ensuring that Convention would be innovative, educational and fun. While each of the committee members was involved throughout the planning process, I am particularly indebted to **Alissa Briggs** who was involved in every aspect of planning the social event. **Alissa** also co-presented our **CE & Social Event: Applied Neurogastronomy: Experience the Brain's Creation of Flavor Through the Senses.** This was an entertaining, interactive, experiential learning event that was held at the University of Kentucky Boone Center.

Next, I would like to thank all of the local presenters who volunteered their time and expertise to provide training and CE opportunities for those who attended their workshops. It is a huge commitment to prepare and present a high-quality training for a group of peers. We are especially

fortunate, as a profession, to practice in Kentucky, where so many of our colleagues are willing to provide timely, applicable, and empirically based training on a wide array of topics.

In addition to our remarkable local presenters, I am appreciative of our featured presenters' willingness to come to Kentucky and speak at convention. **Dr. Wendi Williams, Dr. James Furrow, Dr. Elizabeth Brestan-Knight, and Dr. James Walker** each presented outstanding workshops were easy to work with and were genuinely delightful people.

I would also like to thank our sponsors who helped to cover the costs of convention, keeping the price reasonable for attendees. I am appreciative of the KPA office staff and **Melinda Ashworth-French** who helped to contact those sponsors by email and phone.

This year's Silent Auction that benefits KPF was a great success. Thank you so much to everyone who procured or donated an item or multiple items. Thank you to **Andrea Omidy** who got the Silent Auction in motion and to **Jennifer Price, Marilyn Robie, Pat Burke, Cay Shawler, Ken Lombart** and everyone else who helped to set up and put the finishing touches on the Silent Auction. I would also like to offer appreciation to everyone who bid on and purchased items from the Silent Auction. Your generosity provided funds to KPF and helped make the event successful. Thanks also to the student volunteers and the wonderful KPA office staff for all of their help with Silent Auction.

Finally, I would like to thank my colleagues who chose to attend the 2018 KPA Convention, **Meeting at the Intersection: Connections in Psychology.**

With heartfelt appreciation,

Marianne McClure, Ph.D.  
Licensed Psychologist  
2018 KPA Convention Chair

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Have an Idea or Contribution for the KPA e-newsletter?

Contact the KPA Central Office or Brandon Dennis, Psy.D., KPA e-Newsletter Editor at [brandoncdennis@gmail.com](mailto:brandoncdennis@gmail.com). Deadlines for submission are the 15th of the month the newsletter is scheduled for distribution (Feb, April, June, Oct and Dec).