Independent Practitioner

Fall 2026 • Volume 46 Number 4
division42.org

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The Summer of Advocacy – From CMS to Accreditation — Julie Wolter

Council of Representatives August 2026 Council Meeting Highlights — Dinelia Rosa

Media Advocacy Introducing…Our DIV 42 Media Advocacy Sub-Committee Initiative — Elaine Rodino

Independent Practitioner

Editor: Eileen A. Kohutis, PhD (2023-2028)
2 W. Northfield Road
Suite 209
Livingston, NJ 07039
(973) 716-0174
email: eileen@drkohutis.com

Associate Editor: Theresa M. Schultz, PhD (2022-2028)
630-323-3050 x12
email: doctmschultz@gmail.com

Magazine Staff

Patrick DeLeon, PhD, JD, *Opinions and Policy Contributing Editor*
David Shapiro, PhD, *Liability, Malpractice, and Risk Management Contributor*
Rick Weiss, *Layout Design Editor*

Division 42 Central Office
Jack Hutson, CAE
2400 Post Road
Warwick, RI 02886
(401) 732-2400
Email: div42apa@gmail.com
www.division42.org

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Submission deadlines: February 10 for Spring issue
May 10 for Summer issue
August 30 for Fall issue
November 15 for Winter issue

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President's Message

Presidential Update: What does it mean to be a professional psychologist today?

Bhupin Butaney

What does it mean to be a professional psychologist today? In particular, what does it mean to be a psychologist in practice? In my thirty years in psychology, I don't remember a time when new professionals entering our field faced this much uncertainty about their professional identity.

Within our own guild, the title "psychologist," protected by state licensing laws, is under pressure. A revised Model Licensing Act is expected to go before APA's Council of Representatives for a vote in February 2027. APA is advocating for anyone with a doctoral degree in psychology to be able to use the title "psychologist." Disregarding the legality or sanctity of a protected professional title raises real questions about professional identity. Does "psychologist" identify a profession with defined requirements beyond the degree, or does it simply describe someone's academic coursework?

Courts are testing these boundaries as well. In Louisiana, two licensed mental health professionals, a professional counselor and a clinical social worker, challenged the state board's restriction on using the word "psychological" in their business name. A federal district court granted a preliminary injunction in July 2026, finding that applying the statute to their descriptions of services raised First Amendment concerns. The plaintiffs were deemed to have training in psychological principles. This shows how restrictions tying ordinary words to the exclusive practice of psychology can be challenged, with implications for whether the public can tell who is licensed as a psychologist and who is not.

A related free-speech challenge succeeded in the District of Columbia. In Brokamp v. District of Columbia (2026), a Virginia-licensed professional counselor won her First Amendment claim against the District's requirement that she hold a D.C. license to provide teletherapy to clients located in D.C. The court treated the counseling services, essentially talk therapy, as speech and concluded that the licensing requirement, as applied to her, did not pass scrutiny. The court ruling scrutinized the line between regulated professional practice and protected speech when the service consists mainly of conversation.

There may be many arguments about why regulation or limits on regulation are warranted in a particular situation. But when the logic is pushed to its extreme, the result is less clarity, not more. Other disciplines and professions keep a clear boundary. You cannot call yourself a certified public accountant just because you have majored in accounting, and a law degree does not by itself permit use of the title "attorney" or permit one admittance to the bar. Although I am a psychologist who works in a hospital and holds a doctorate, I cannot call myself a physician, even when a physician and I both work to address pain symptoms associated with a physical problem.

In Michigan, a separate change concerns master's-level limited licensed psychologists, who have been required to work under the supervision of a doctoral-level psychologist. Legislation signed in October 2026 now provides for independent practice at the master's level, while retaining the title "limited licensed psychologist." The title stays the same even as the supervision requirement changes. How is the public supposed to distinguish a master's-level limited licensed psychologist from a doctoral-level licensed psychologist when both can practice independently with an almost identical scope of practice? The same lack of differentiation between master's- and doctoral-level practitioners exists in North Carolina following changes to its statutes regulating practice and scope.

Contemporaneously, bachelor's-level credentials are being created for behavioral health services. The University of Oregon's Ballmer Institute offers an undergraduate degree in child behavioral health with only 700 hours of supervised practice. Nevada has enacted related legislation, and Oregon has established a pathway to licensure for behavioral health and wellness practitioners. Oregon's practitioners will work under direct supervision, with a scope focused on promotion, prevention, and brief intervention. These efforts aim to expand access without a coordinated standard or preparation for the public.

Regardless of whether these changes are good or bad, they create confusion when differences in training and title are blurred. Someone entering the field as an early-career psychologist is left asking, "What, exactly, am I supposed to do, and what does my professional identity rest on?" APA is considering short online continuing education certificate programs that would offer credentials conferring specialty designations. How will the public know not to treat these credentials as evidence of more specialized training and education than a doctoral degree in clinical psychology? If a few hours of CE can lead to a credential that looks authoritative while a psychologist who has completed substantially more coursework and clock hours in the same area cannot claim a comparable designation, the whole concept of specialization and specialty becomes confusing.

So this brings me back to my original question. Why should we exist as a distinct profession? If we do not take up this question and create and fight for that answer, our professional identity will be watered down until it no longer identifies a particular preparation or set of responsibilities.

Language is alive and changes over time. People can have different reasons for supporting or opposing these shifts, including expanding billing capacity, drawing students into programs, or simply wanting more providers. Those interests are real. They do not, by themselves, settle what the public is entitled to know when someone uses a legal and protected title. Equal access to training pathways is one thing. Entitlement to the title without completing the pathway is another. If we do not clarify the difference, the term loses the capacity to mean anything specific. The outcome will be defined by what we are willing to define and defend and who gets to make these decisions.

Tomorrow may not be a bad world, but it will be a different one.

Warmest regards,
Bhupin Butaney, PhD, ABPP
President, Division 42

Practice Innovations

Call for Submissions

We are looking for thoughtful articles relevant to clinicians in practice.

For more information contact:

Jeff Zimmerman, PhD, ABPP
Editor
drz@jzphd.com

The Summer of Advocacy – From CMS to Accreditation to Medicaid

Julie Wolter

We are delighted to share this Advocacy Column for the Fall Issue of our Independent Practitioner, with thanks to Dr. Julie Wolter, Division Advocacy Partner for Division 42, for her Federal Advocacy and this issue's reminder of how important it is for us to be aware of current critical issues affecting our profession, and also to consider ways to support/participate in current advocacy efforts.

Dr. Eileen Kohutis, Editor &
Dr. Theresa M Schultz, Associate Editor

It continues to be a busy time for independent practice advocacy. Here is an overview of recent independent practice advocacy efforts, along with ways you can stay involved.

Centers for Medicare and Medicaid Services Physician Fee Schedule 2027

Each Winter and Spring the Centers for Medicare and Medicaid Services (CMS) meets with specialty societies such as the American Psychological Association (APA) and other stakeholders about specific policy, coding, valuation, practice-expense, or implementation issues in preparation for the Physician Fee Schedule (PFS). The CMS PFS proposed rule is then published every July. For independent practice, this is one of the key healthcare finance policy drivers. Insurance carriers often follow these rules set by CMS when deciding on their own reimbursement and coverage policies, including the fee schedules for practicing psychologists.

The comprehensive advocacy campaign by the APA's Office of Healthcare Finance and Health Policy (OHCF) is critical to advocacy for independent practice, as they provide your State, Provincial, and Territorial Associations (SPTAs) with templates for both comment letters to personalize and actions alerts that you respond to each year. Division 42 also submits comments for independent practice by editing the comment letter, so that it represents independent practice. Thank you to Division 42 leadership, the SPTAs and individuals who participate – the voices of psychologists, psychology students, and supporters of psychologists have, indeed, been acknowledged by CMS.

This year CMS responded to ongoing advocacy from various behavioral health organizations by addressing the practice expense challenges for behavioral health. CMS's Practice Expense methodology changes and phase-in of the 19% work increases resulted in increases for psychotherapy and health behavior codes of approximately 10-15%, depending on the code; for example, the average 90837 increases from $167 to $184.89 (11%), 90847 from $109.55 to $126.11 (15%) and 96158 from $73.82 to $81.77 (11%), though the actual amounts will vary depending on geographical location. Increasing reimbursement has been and remains an ongoing advocacy priority, with gains accomplished through our relationship building with CMS, dedicated participation in the American Medical Association's (AMA's) Current Procedural Terminology (CPT) process (including the CPT Editorial Panel meetings held three times each year), collaboration with SPTAs and APA membership, and collaboration with other stakeholders.

APA's CMS PFS comment letter will be available on the APA/APASI Response Center.

Some of the independent practice advocacy for the CMS PFS comment period included the following:

- Valuation of Adaptive Behavior Services, Biofeedback Training
- Supporting the Tobacco Cessation and Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services revised work relative value units (RVUs) and advocating for the need to use similar revisions for neurobehavioral, developmental, psychological, and neuropsychological assessment codes.
- Including behavioral health conditions, not just medical conditions, within the new code structure CMS has proposed for Health Coaching Services, to allow psychologists and other qualified healthcare providers to bill for these supervised services.

Department of Education's Proposed Rule Regarding Accreditation

The United States Department of Education's proposed rule is titled Accreditation, Innovation, and Modernization: The Secretary's Recognition of Accrediting Agencies: Institutional Eligibility Under the Higher Education Act of 1965, as Amended, Student Assistance General Provisions. As written, accreditation standards are weakened and oversight of accrediting agencies is minimized, ultimately impacting both our profession and public safety.

Accreditation of doctoral psychology education is rigorous, in order to ensure quality programs that meet the workforce needs to address mental and behavioral health in all communities, including veterans, youth, and rural and frontier. As noted in the APA action alert, HRSA's Graduate Psychology Education Program and Behavioral Health Workforce Education and Training Program could be impacted during a time of provider shortages. This would destabilize and confuse the current state licensing systems that currently protect the public by regulating practice through rigorous, peer-reviewed accreditation standards of educational quality, clinical training, competencies and skills, and internship and training experience to produce competent and ethical independent psychologists.

The comment period closed on September 21st; however, this is an ongoing advocacy effort. You can help. Please contact your Members of Congress, respectfully reminding them of the importance of our rigorous system of educating and preparing psychologists for practicing ethically, competently, and independently for serving all of the communities in your state.

HR1 and Medicaid – Advocacy Needed From All

We all need to speak up regarding the problematic changes to Medicaid as a result of HR1, regardless of political affiliation and whether or not you are a Medicaid provider. Why? All aspects of our healthcare system are interrelated. Reductions in Medicaid coverage, reimbursement, and eligibility can place greater strain and cost on hospital emergency rooms and community mental health centers, resulting in higher overall healthcare costs for all of us, as these unreimbursed costs are transferred to reimbursed services by health insurance. Individuals may delay medical visits or stop taking needed medication, which may result in either costly care that could have been prevented and/or longer delays in treatment, as healthcare establishments try to cut costs to account for uncompensated care.

APA has raised concerns about access to behavioral health care related to the reduced federal Medicaid funding and the new eligibility requirements. Medicaid finances about one quarter of the United States' behavioral health and substance use treatment, according to APA. The new 80-hours-per-month work or community engagement requirements, more frequent eligibility redeterminations, additional reporting and verification requirements, and the definitions and processes used to determine exemptions—including who qualifies as "med-

ically frail"—are critical areas for advocacy. Check with your SPTA on how you can advocate in your state, and to better understand what impact H.R. 1 is expected to have on your state's economy, budget, and taxpayers.

Finally, be sure to check out the APA/APSI Response Center, which contains the many areas that APA is advocating for psychologists, for psychological science, and for the public. Thank you for your continued advocacy efforts for independent practice!

Julie Wolter, Psy.D. is a RI and NH licensed psychologist in solo practice in North Kingstown, RI. She serves on the APA Coding Advisory Committee, is the Division Advocacy Partner for Division 42, is a Member-at-Large for Divisions 42 and 31, is the Director of Professional Affairs and Chair of the Behavioral Healthcare Advocacy Committee for New Hampshire Psychological Association and is the Federal Advocacy Coordinator for Rhode Island Psychological Association.

Council of Representatives

August 2026 Council Meeting Highlights

Prepared by Dinelia Rosa

The APA Council of Representatives (CoR) had a productive Summer meeting, with much of its work focused on practice-related issues. Your D42 Council Representatives, Drs. Erin Alexander, June Feder, Dinelia Rosa, and Theresa Schultz, were active and diligent before, during, and after the meeting. The following is a summary (i.e., key actions taken and decisions made) of the APA Council published meeting minutes* for your information and reference.

Proposed Ethnic Psychological Association Affiliation with the Association of Jewish Psychologists

The APA Board of Directors (BoD) endorsed the Association of Jewish Psychologists' (AJP's) proposal to establish a formal affiliation with the APA Council of Representatives (CoR). AJP's request to affiliate as an Ethnic Psychological Association (EPA) was referred to a Council Task Force, which will work with AJP to determine next steps. Together, they will develop a recommendation to support the shared goal of securing Jewish representation on Council for consideration at the February 2027 Council meeting. The path to recognition by Council as an EPA has historically been a multi-year process for groups that make that request. APA is committed to eradicating antisemitism and this is a high priority for the Association.

Human Rights and Well-Being Resolution on the Psychological Impact of Immigration-Related Enforcement, Detention, Forced Deportation, and Persecution

Council approved a resolution affirming the psychological and developmental harms associated with immigration enforcement, detention, family separation, and deportation. The *Resolution on the Psychological and Developmental Impacts of Immigration-Related Enforcement, Detention, and Forced Deportation*, grounded in established psychological science and consistent with prior APA policy, outlines recommendations for clinical practice, workforce training, research investment, and advocacy supporting humane, evidence-informed immigration governance.

American Psychological Association Seclusion and Restraint in Psychiatric Settings

Council approved a policy and position statement calling for the reduction of seclusion and restraint in psychiatric and other care settings. The policy cites scientific evidence showing that these practices lack an evidence base, cause significant harm, and are used disproportionately against people of color. It calls for state and federal advocacy, improved data collection, and expanded training in evidence-based alternatives, with goals of measurable reductions within five to seven years and further decreases within 10 to 15 years.

Addressing Health Across Sex and Gender: Eliminating Gender-Based Violence Against Women and Marginalized Populations

Council adopted a *Resolution to Prioritize the Elimination of Gender-Based Violence Against Women and Marginalized Populations.* The resolution notes that current reporting methods may underestimate the prevalence of sexual violence, particularly in high-risk populations, and calls for increased visibility of intimate partner violence resources in public spaces to support safer communities. It also urges funding and reauthorization of the Violence Against Women Act to strengthen federal structures that protect survivors of gender-based and intimate partner violence.

Presidential Task Force Report on Women's Health and Well-Being During Midlife and Menopause

Council voted to receive a report from the APA Presidential Task Force (TF) convened by 2025 APA President Dr. Debra Kawahara on expanding women's access to evidence-based, comprehensive, and culturally responsive health care during midlife and menopause. The report offers research-based and clinically informed recommendations to strengthen understanding of women's health and well-being during this life stage among policymakers, medical and behavioral health professionals, research funders, community organizations, and academic researchers, to improve medical and mental health systems.

Council also voted to receive a companion report identifying gaps in midlife and menopause research. Its recommendations include prioritizing studies on mental health conditions affected by the menopausal transition, conducting rigorous trials of pharmacologic and behavioral treatments to support mental health in midlife and menopausal women, and examining the positive aspects of midlife aging and menopause.

Task Force on Variations in Sex Characteristics

Council voted to receive a report from the APA Task Force (TF) on Variations in Sex Characteristics (VSC), which covers the psychology of individuals born with congenital differences in sex characteristics. The report is largely educational and guides psychologists working with this population.

American Psychological Association Guidelines for the Practice of Psychology Resolution on Family Caregivers

Council voted to update a resolution on family caregivers to help psychologists address the complex and evolving needs of caregivers across healthcare, community, and social service systems. The 2026 *Resolution on Family Caregivers* encourages policies and clinical training that strengthen psychologists' ability to support family caregivers, calls for expanded research on caregivers' experiences, and endorses the development of a national dataset to monitor caregiving as a public health measure.

Education and Training Competencies for Psychology Practice in Primary-Care

Council approved updated guidelines to help educators and training programs prepare students and trainees to deliver psychological services in primary care. Complementing other APA education and training guidelines, the updated APA Guidelines for Education and Training Competencies for Doctoral-Level Psychology Practice in Primary Care Settings outline 20

competencies essential for integrating behavioral health into a rapidly evolving primary care environment.

Diagnosing Intellectual Disability in Forensic Settings

Council unanimously adopted the *Professional Practice Guidelines for Intellectual Disability Evaluations in Forensic Settings*, including capital cases—the first APA guidelines on this topic. The guidelines address competence, ethical practice, assessment methodology, and interpretation of test results, including the handling of multiple IQ scores, cultural and linguistic considerations, and the challenges of retrospective evaluations in adult defendants. Grounded in established diagnostic standards from the DSM-5-TR and the American Association on Intellectual and Developmental Disabilities, they are directly relevant to Supreme Court decisions concerning intellectual disability in capital cases.

Proposed Industrial-Organizational Psychology Certification

Council voted to refer a proposed endorsement by the Society for Industrial and Organizational Psychology of a professional certification for industrial-organizational psychology practice to the Board of Professional Affairs (BPA), the Board of Educational Affairs (BEA), and the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) for further consideration and feedback.

American Psychological Association Additional Actions Updates on APA Accreditation

The Council received an update on APA accreditation status, highlighting recent actions by the U.S. Department of Education relevant to APA as a federally recognized program accreditor, including negotiated rulemaking, the advantages of federal recognition, and an upcoming hearing on re-recognition.

Expenditure

Council voted to approve an unbudgeted expenditure exceeding $3 million in legal fees and related costs for federal investigations, provided it receives quarterly reports related to the expenditure.

Bylaws Amendment

Council voted to forward a vote to all members of APA on an amendment to APA Bylaws Article IV, Section 3 that would require a majority of members of Council to approve a roll call vote.

Presidential Citations

APA President Wendi Williams, PhD, presented a presidential citation to Kensa Gunter, PsyD, for her exceptional leadership and sustained contributions to advancing mental health, well-being, and equity within psychology and professional sports. Dr. Williams also presented posthumous presidential citations to Frank H. Farley, PhD, and Florence Denmark, PhD, in recognition of their extraordinary leadership, scholarship, and lifelong service to psychology.

Thank for the honor of serving as your representatives!

Erin Alexander PsyD, June E. Feder, Dinelia Rosa PhD, & Theresa M. Schultz PhD MBA

*(Note: This report was generated from a report sent by Amber Roopan, Deputy Chief, Governance & Elected and Appointed Leadership, APA).

Book Review

Book Review: *Ethics for European Psychologists* (2nd Edition)

Review by Jonathan D. Wall

Reference

Lindsay, G., Øvreeide, H., & Koene, C. (Eds.). (2025). *Ethics for European psychologists* (2nd ed.). Hogrefe & Huber Publishers.

For those seeking a concise summary of the first edition of *Ethics for European Psychologists*, artificial intelligence (AI) tools such as ChatGPT can generate one in seconds. However, for this second edition, I have taken a more traditional approach. (Though, admittedly, I did use AI to refine my review).

This revised edition presents a sophisticated yet accessible exploration of ethical decision-making in psychology. The authors introduce the foundational Meta-Code, which serves as a guiding model for ethical frameworks across various European national psychology associations. They then expand on four core ethical principles: Respect, Competence, Responsibility, and Integrity.

Beyond Rigid Moral Absolutes

A central theme of this edition is its rejection of absolute moral frameworks. Rather than prescribing fixed ethical rules, the authors advocate for an ethics model that prioritizes human rights over rigid moral imperatives. Ethical decision-making, they argue, is not about identifying a singular correct answer but rather about navigating complexity with cultural awareness, professional experience, moral intuition, and legal obligations.

The Ethics of Intention and Power

One particularly thought-provoking section examines The Ethics of Intention, which the authors define as an ethical commitment, "solely aimed at the best interests of the Other, putting the client, not the psychologist, first" (p. 36). The book emphasizes that those with greater professional power bear a heightened ethical responsibility.

An illustrative case example describes a psychologist working within a child protection agency who sought to foster a child under their professional care. Despite their good intentions, the psychologist's dual role as both clinician and caregiver created an ethical conflict. When the court returned the child to their biological parents, the psychologist's actions inadvertently contributed to the child's distress. This case underscores a crucial ethical principle: even well-intentioned actions can constitute a misuse of professional power.

Navigating Conflicting Ethical Principles

A recurring ethical dilemma explored in the text involves conflicts between competing ethical principles. In the chapter on The Principle of Responsibility, the authors propose that the central goal in such cases is to minimize ethical harm while weighing competing obligations.

For instance, while young children cannot legally provide informed consent for psychological treatment, they can be invited to offer assent—an acknowledgment of their participation at a developmentally appropriate level. This issue becomes particularly relevant in cases of court-ordered reunification therapy,

where a child may resist treatment aimed at restoring their relationship with an estranged parent.

In my work, some children may have valid reasons to avoid contact with a parent, such as past experiences of abuse or neglect. On the other hand, a bitter divorce may lead to bitter children remaining loyal to one parent while shunning the other out of spite, or to coerce or to punish them. In these situations, ethical decision-making requires clinicians to carefully assess the child's needs while resisting rigid, one-size-fits-all solutions.

Ethical responsibility in this context is not about ensuring full reconciliation between parent and child; rather, it involves supporting small but meaningful progress. I ask family members to come to therapy to "manage expectations," with the aim to practice good self-regulation, negotiation, and assertiveness skills. I seek to enlist a child's assent by focusing on skill building that can help them in multiple relationships heading into the future. For some families, even when limited progress is made, this may mean fostering just a few positive interactions that may serve as a foundation for future healing when familial tensions subside over time.

The Role of Integrity in Ethical Decision-Making

"Openness to one's own motivations is perhaps the most important characteristic of integrity," the authors assert. The chapter on The Principle of Integrity explores the necessity of self-awareness in ethical decision-making. Psychologists must critically examine their own biases, personal motivations, and blind spots when resolving ethical dilemmas.

Through case vignettes, the authors illustrate how informed consent alone does not absolve psychologists of ethical responsibility. They highlight how even well-meaning interventions can have unintended ethical consequences, reinforcing the book's central message that ethical reasoning is an ongoing and reflective process, rather than a checklist of rules.

Conclusion

Rather than summarizing the book's structure in its entirety, this review has highlighted several key themes. *Ethics for European Psychologists* (2nd ed.) is a compelling read for professionals seeking an ethics framework that embraces nuance, complexity, and real-world dilemmas. I hope that my thoughts on reunification therapy provide a good example of ethical complexity in practice.

Ultimately, the authors emphasize that responsible psychological practice is not about rigid rule-following but rather about thoughtful, compassionate engagement with interesting ethical questions and vignettes. This second edition is a valuable resource for those committed to ethical excellence in psychological practice.

"I'm Crazy for Feelin' So Lonely..."

Pat DeLeon

The 134th APA Annual Convention: Approximately 9,000 colleagues, in person and virtually, attended the convention this year, which was held in our nation's Capital. Personally, it was very pleasant and quite uplifting with a wide range of interesting topics being addressed, including Artificial Intelligence (AI), the ever-changing (i.e., challenging) practice environment; and naturally, Diversity, Equity, and Inclusion (DEI). For those interested in psychopharmacology (RxP), it was especially exciting to hear Judi Steinman's report on Hawaii's success in becoming the ninth state to enact authorization legislation; Beth Rom-Rymer's fascinating international update; and perhaps most significantly, Stephen Gillaspy's discussion regarding APA's efforts advocating for the Centers for Medicare and Medicaid Services (CMS) to authorize E/M codes for prescribing psychologists. Such a policy change would clearly lead to similar coverage under most, if not all, public and private insurance plans. In our judgment, this latter development very nicely highlights the steady maturation of the RxP movement.

This year the Exhibit Hall was particularly active with enthusiastic long lines for the donated coffee/punch servings and tasty healthy snacks. There seemed to be so many students presenting intriguing poster sessions, not to mention the never-ending waves of colleagues representing the next generation. As always, former APA President Tony Puente could be seen shepherding his University of North Carolina, Wilmington students and even other students whom he did not personally know, especially if they appeared to be from another country and somewhat overwhelmed by the experience. CEO Arthur Evans' descriptions of APA 's increasing efforts to affirmatively become engaged with those individuals and organizations shaping AI were particularly intriguing. It was absolutely refreshing to learn of the profession's proactive approach to *bringing* psychological expertise to those who are on the cutting edge of making unprecedented societal change, rather than, as usual, sitting back and wondering why psychology has not been involved. Following up on this proactive orientation was the presentation on *Becoming an APA/APF Congressional Fellow* during which APF's Michelle Quist Ryder moderated the fascinating experiences of three of this year's Fellows, Natalie Anumba, Molly Below, and Rubi Gonzales.

Making a Profound Difference: HPA's Judith Steinman: "If we don't quit, we win! Hawai'i is now the ninth state to grant prescriptive authority for specially trained psychologists. Senate Bill 847 becomes law on or before July 15, 2026. The bill is not on the Governor's Intent to Veto list, which means he cannot veto the bill. SB. 847 becomes law with or without the Governor's signature. It is a limited, three-year pilot study conducted at federally qualified health centers (FQHCs) on the islands of Hawai'i and Kaua'i. Eligible psychologists will be able to treat adults (18-65 years of age) with a full psychotropic formulary under supervision by a psychiatrist or physician.

> "The principal architects were State Senator Joy San Buenaventura, Kauai Mayor Derek Kawakami, Jack Lewin – the Governor's

Medical Advisor – and HPA lobbyist Melissa Pavlicek. Alex Lichton (HPA LAC chair) and I (HPA RxP subcommittee chair) kept things moving forward. Thanks to our committee members who showed up for meetings, testified or wrote newspaper opinion pieces: Andrew May, Emma Thompson, Nancy Sidun and Sam Dutton.

"I'd like to point out that this is the first year in which two states passed RxP bills! We now have RxP from the east to the west! Hawai'i was the first state to introduce RxP legislation and I can finally say that we won't be the last to get it passed! Our colleague and longtime member of Division 55, Kathleen McNamara came back to the effort and made critically important community contacts. Kathy, along with HPA Executive Officer Ray Folen, share the distinction of having been part of the original Hawai'i efforts to bring RxP to the state back in the 1980s. They both deserve recognition.

"Our relationship with the Mayors of Kaua'i and Hawai'i and Senator Joy San Buenaventura really paid off this year. Senator Jarrett Keohokalole played a pivotal role in getting us out of the Senate and over to the House. Senator Dru Kanuha was pivotal in introducing RxP bills since he was a freshman legislator in 2018. House Chairs Gregg Takayama and Scot Matayoshi introduced severe limitations on SB. 847 but enabled us to get through the House and adjust the bill in Conference Committee. These legislators pushed in all the right ways. I had to learn to sit back, be very patient and respond when needed. There was a lot of 'hurry up and wait' this year.

"I also want to recognize our military prescribers and the psychiatrists, nurses and physicians who supported SB. 847. Sam Dutton, Emma Thompson, Nancy Sidun, Larry James, and Andrew May testified, wrote letters to the media and offered legislators the opportunity to know actual prescribers who care about the mental health of the citizens of Hawai'i.

"Back in late April, we were continually humbled as Committees on the House side whittled away at our bill to the point where we could only prescribe SSRIs and SNRIs at a single location on Kaua'i and only under the supervision of a psychiatrist. Believe me, we had our moments when we questioned the value of pushing the bill forward. The important thing was to get the bill to Conference Committee where important components such as formulary, supervisors and locations were added back in. We never would have made it without the wisdom and skill of our legislators, led by Senator San Buenaventura. The pilot will be a prospectively designed study that assesses safety and performance. The Board of Psychology will develop licensing rules this year and we will be implementing the study as soon as possible. There is still much to be done.

"I want to recognize the students for whom I spent the last 15 years of my life bringing this bill to life. As graduate students who have or will seek MSCP training, Teresa Juarez, Rachel Domgaard and Daniel Baon are our future. I was inspired every time I'd see their testimony submitted or they'd reach out to their fellow students to submit testimony. We could not have made it without our many supporters in Division 55. Jo Velasquez, Derek Phillips, Phillip Hughes, Joe Comaty, George Kapalka and Jax Gallios were always ready to submit written or live testimony. This short list is not to exclude the many other Division members who also were there when we needed your support, but this small cadre became my posse during the late hours of the night. Mahalo everyone for your good wishes!"

Ron Levant -- Reflecting on the Division 17 Elder Recognition Award Ceremony: "Every five years, Division 17 (Society of Counseling Psychology) selects a small group of elders '… whose lifetime contributions have had a profound and enduring impact on the field and the mission of the Society.' This year advances in technology allowed us to celebrate virtually. I was delighted to be among those who were recognized, which included two other former APA Presidents, Rosie Phillips Davis and Melba Vasquez.

> "We were each given a few minutes to discuss our life's work. I noted that I started on a path toward what became the new psychology of men in the early 1980's, when I was directing the Fatherhood Project at Boston University. A few of us with ties to the Society as well as to Division 29 and 42 began to meet at the APA Annual Convention with the goal of forming a new APA division, called the Society for the Psychological Study of Men and Masculinity. As we moved through our respective meetings, we encountered skepticism and even hostility from our colleagues. The skeptics asked: 'Isn't all psychology the psychology of men?' Of course they had a point: The iconic longitudinal studies that followed young children for decades had only males (and White males at that) as research participants. But that version of the 'psychology of men' was patriarchal and took the male as the proxy for the entire species. On the other hand, our psychology of men was profoundly influenced by feminism, as we stated in our original mission statement. The hostiles simply called us the 'castrati,' and we ignored them.
>
> "Our work was successful. Our petition to become an APA Division was on the agenda of the APA Council of Representatives. What was particularly memorable was that the then-President of Division 35, The Psychology of Women, the late Norine Johnson, spoke compellingly in support of our becoming an APA division. The vote was almost unanimous, save for one skeptic who voted 'no' and who is still fighting us. My colleagues and I have enjoyed the opportunity to formally rebut his critique. The Society for the Psychological Study of Men and Masculinity was welcomed as the 51st APA Division in August of 1995.
>
> "Over four decades have passed since we began our work. Today we have a healthy division, with a midwinter meeting and participation in the annual conference of APA, and a journal, *The Psychology of Men and Masculinities*, now in its 27th year, which publishes the best work of scholars and clinicians from all over the world. Our members are frequently quoted in the news media on topics related to boys and men (which has become very topical – it has been said that masculinity was on the ballot in the 2024 Presidential election)."

A Broader Public Health Perspective: Harold Koenig, former U.S. Navy Surgeon General, recently shared intriguing population-oriented findings from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington School of Public Health indicating "People are living longer, but spending more years in poor health." The morbidity gap – the number of years people live in poor health – widened in nearly all countries, with wealthier nations facing the largest numbers of unhealthy years. The U.S. had the largest morbidity gap, closely followed by Australia and Canada. Worldwide, people spent an average of 14.5% of their lives in poor health in 2023. The U.S. had a morbidity gap of 14 years, Australia had 13.9 years, and Canada had 13.7 years. Women consistently lived longer but spent more years in poor health than men. They lived an average of 12.1 years with disease and disability in 2023 (nearly three years more than men) despite having longer life expectancy. Musculoskeletal disorders, mental health conditions, hearing loss, falls and other unintentional injuries were driving most years lived in poor health worldwide. A small number of chronic, largely non-fatal causes were the primary contributors to the morbidity gap. "Progress in healthy aging should be measured not only in lifespan, but in healthspan" (IHME Director). "And I'm crazy for loving You" (Patsy Cline. *Crazy*).

Aloha,

Pat DeLeon, former APA President – Division 41 – August, 2026

Prescriptive Authority for Psychologists (RxP) Update

Derek C. Phillips

Autumn is here, my fellow Division 42 members! It's time for yet another update on the status of psychopharmacological psychology and the RxP movement, including a recap of 2026 and what is planned for 2027.

As I stated in my last column, 2026 has been a banner year for RxP! In addition to Vermont's RxP bill becoming law in April and becoming the 8th state to enact RxP legislation, Hawaii's RxP bill also became law (and accordingly, the 9th RxP state) in mid-July. Vermont's RxP law is most like the RxP statute in Illinois; however, they were able to negotiate for fewer medical rotations (five instead of nine) as part of the pre-licensure prescribing psychology fellowship, as well as securing an upper age limit for prescribing at 80 years instead of 65 years. Hawaii's bill establishes a pilot RxP program that applies only to Federally Qualified Health Centers (FQHC) on Hawai'i and Kauai islands for now. The pilot program will last for three years, after which a report to the legislature will make a recommendation about the future of RxP in Hawai'i. Finally, in my home state of Illinois, a bill to remove the prohibition to treat older adults (over 65 years) passed in May and was signed into law and became effective in late July. It is difficult to predict what will come to pass in 2027; however, suffice it to say that RxP will be advancing on several fronts at both the state and national level.

Regarding the American Board of Psychopharmacological Psychology (ABRxP), which is provisionally affiliated with the American Board of Professional Psychology (ABPP), ABRxP remains

in its "Monitoring Phase," during which we are tasked with certifying our specialty board's founding members plus examining at least an additional 30 candidates within two years. Since my last column, all seven founding board members (Drs. Lynette Pujol, Joseph Comaty, Melody Moore, Rebecca Richey, David Shearer, George Kapalka, and yours truly) have earned certification. The final founding member became certified on August 1st, after which the two-year clock began and ABRxP immediately began accepting applications from at-large applicants. Since then, we have received over 20 applications, which are currently in various stages of the certification process. You can read more about ABRxP on the ABPP website here. Please send any/all questions about ABRxP to ABRxP@abpp.org.

Please contact me at drderekphillips87@gmail.com with questions or if you are interested in becoming involved in the RxP movement or in becoming board-certified through ABPP.

Derek C. Phillips, PsyD, MSCP, ABMP, ABRxP
Licensed Clinical & Prescribing Psychologist (IL)
Founding President, American Board of Psychopharmacological Psychology
President-Elect, Division 42

Introducing…Our DIV 42 Media Advocacy Sub-Committee Initiative

Elaine Rodino

In the Fall of 2025, a group of members from our Division 42 Advocacy Committee formed a Sub-Committee to focus on enhancing awareness of advocacy issues for Psychologists in Independent Practice both within our psychology community and for the public at large.

What issues are driving our Sub-Committee efforts? As our members likely know, APA is currently working towards a licensure category for Masters-Level Therapists, with a plan to certify graduate programs that produce Masters-Level Psychology graduates, whose training would be viewed as relatively more desirable than that provided by other mental health masters-level programs (e.g., counseling programs). Division 42 Advocacy Committee and Media Sub-Committee are concerned that, as a result of this current focus, APA may not be attending sufficiently to the primary needs and priorities of Doctoral-Level Psychologists in Clinical/Independent Practice.

Division 42 has a history of responding to a similar concern about 25 years ago when APA created a national media campaign "Talk to Someone Who Can Help." At that time, APA had many paid ads in newspapers (e.g., USA Today) and national magazines (e.g., Newsweek), as well as radio ads that ended with the tag line "Talk to Someone Who Can Help." Division 42 leadership viewed this campaign message as too general for our profession and the public, in that the message didn't speak to the specific benefits of working with a Doctoral-Level Psychologist in Clinical/Independent practice. As a result, Division 42 mounted its own media campaign to promote these benefits. Brochures with the heading "Talking to a Psychologist"

were printed for psychologists to use and distribute widely. Further, a public relations firm was hired to create supportive messaging and materials that were then distributed monthly as formal Press Releases to over 350 national news outlets.

Now, more than 25 years later, we face a similar challenge: to amplify the benefits of Doctoral-Level Psychologists, on behalf of our largely Psychologist-member organization. This is one of the main reasons why our Sub-Committee was created. We are in the initial stages of generating more awareness, first among our members, and then the public. We have begun with an appeal to our Division 42 members to participate in a "tag-line" contest, in which you create a brief message (e.g., a "catchy" phrase or short sentence) that highlights the benefits of utilizing the services of a Doctoral-Level Psychologist, along with (if you wish), a short (anonymized) description of a situation in which a client/patient or community member shared their reason for choosing to work with a Doctoral-Level Psychologist and the benefits of so doing. We will award prizes to the best contest entries and we hope to generate additional enthusiasm and support for this and other projects, as well as for our profession.

The deadline for the contest is October 9th, but we encourage you to offer your suggestions thereafter, as they are always welcome, and can

support our continued messaging efforts. Specifically, our next step is to craft messages for various segments of the public and also determining where and when to place promotional ads and other content. Please consider participating. We really appreciate you giving voice to what you value about Doctoral-Level Psychologists in Independent Practice! Thank you.

To contribute, please email anyone on the Sub-Committee: Elaine Rodino, Ph.D. Chair (ElaineRodino@aol.com), Alan Entin, Ph.D. (dralanentin@gmail.com), Pauline Wallin, Ph.D. (doctorwallin@gmail.com), Madalina Yellico, Ph.D. (dryellico@gmail.com), and/or CPPO Liaison Jana Martin, Ph.D. (jnmpsy@verizon.net).

Forensic Psychology

Artificial intelligence and attorney-client privilege

David Shapiro

Artificial intelligence is multi faceted, and quite varied; In the world of mental health practice, we see the beneficial expansion of AI technology, regarding assessment, treatment, research, advocacy, training, supervision and consultation. From a more negative point of view, we see concerns about limited research, costs of technology, billing, data security, and informed consent. The American Psychological Association has promulgated guidelines for the use of artificial intelligence even commenting on various ethical issues.(2024). However, even the APA has not considered a number of the legal issues involved. These issues are quite complex. This paper, however will not deal with any of the details or intricacies of artificial intelligence; I am not an attorney and will not be dealing with intricacies of the law as well; rather I will focus on a recent legal challenge to material derived from AI, that had not been previously considered.

Prior to doing that , let me discuss some important differences between confidentiality and privilege. Confidentiality basically is an ethical obligation, incumbent on a therapist, to not disclose certain information; privilege applies in legal proceedings, and is a legal protection against being forced to testify. Confidentiality is more broad and is not restricted to legal proceedings. All privileged information is confidential, but not all confidential information is privileged. Please give an example that distinguishes the two terms. While that basic understanding is critical, it does not tell the entire story; confidentiality is not as complicated as privilege, when used in the context of mental health interacting with the law. Psychotherapist patient privilege has many exceptions, including but not limited to, mandatory abuse reporting, revealing records when the patient sues for mental or emotional damages, and what is sometimes called the "duty to warn". Attorney client privilege, is far more broad and more protective, with very few exceptions

The Southern District of New York recently handed down a judgment which may have important implications not only for attorneys but for psychologists who perform forensic evaluations at the request of an attorney. In a case called United States v. Heppner (S.D. N.Y. Feb. 10,2026) the federal judge ruled that a client who made prompts to a generative artificial intelligence system, and used documents generated by artificial intelligence to share with his attorney are not protected by the attorney-client privilege or by the work product doctrine.

Attorney client privilege protects confidential communications between a client and an attorney made for the purpose of obtaining legal advice. This is a very broad and extremely protective privilege with very few exceptions; Work product protects materials prepared in anticipation of litigation by a party or that party's representative.

The judge held that the defendant's conversations with a publicly available artificial intelligence platform and not made at the request of the defense attorney are not protected by attorney-client privilege or the work product document doctrine. This is the first decision that addressed whether a client's artificial intelligence chats are privileged. The judge ruled that these chats were not privileged.

Within the decision it was noted that legal analysis or correspondence with counsel or an expert into an open artificial intelligence system waived the attorney-client privilege, confidentiality, and trade secret protections. An example of a trade secret in the area of psychology might be the algorithms used in the scoring of certain psychological tests. The judge further noted that AI platforms were not attorneys, nor were they confidential, even when consumers used a paid account. The AI platforms terms of service generally allow for data review and disclosure to third parties. Communications with artificial intelligence that are not prepared by or at the direction of counsel do not ,according to the judge, qualify as attorney work product. The implication of this is that [[who??]]had the contact with an AI platform been made by the attorney, rather than the client,the outcome may well have been different. Sharing privileged information with an artificial intelligence system was regarded as sharing it with any third party, and therefore there was no attorney-client privilege.

What does any of this have to do with the functioning of a psychologist who is performing a psychological evaluation at the request of a defense attorney. The answer is a great deal. When a psychologist or any mental health professional, accepts a referral from an attorney that mental health professional is covered by the attorney's privilege. In other words, the very broad and very protective attorney-client privilege is applicable to the expert hired by the attorney. It is sometimes described as the psychologist operating under the "umbrella" of attorney client privilege. Those aspects of the expert's work that are used in anticipation of testimony, will also be covered as part of the attorney's "work product". Therefore it could be argued that if the psychological expert relied on artificial intelligence to score or interpret psychological tests, then those procedures might not be protected . To my knowledge, this has not been litigated as of the present time, but considering the nature of the Heppner case, it could well become an issue in the future.

References

American Psychological Association(2024). Artificial intelligence and the field of psychology.*https://www.apa.org/about/policy/statement-artificial-intelligence.pdf*

U.S. v. Heppner,2026 WL563456(S.D. N.Y. Feb.10,2026)

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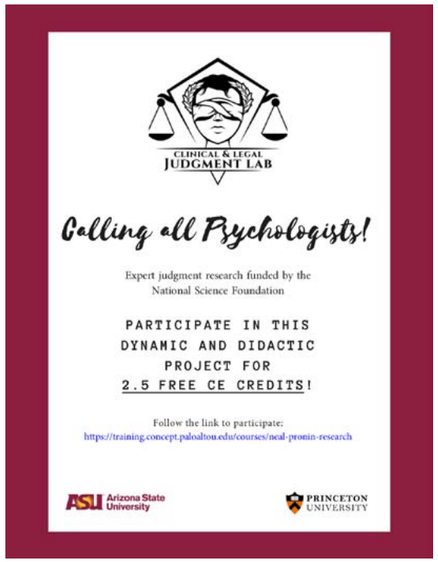

(2.5 APA- and CPA-approved credits)! This project, funded by the National Science Foundation, is being performed to better understand how mental health professionals come to conclusions and make decisions in evaluations in legally-relevant cases. It also includes personalized feedback to help you understand your own behaviors with a didactic portion with video instruction. First is a dynamic and interactive portion in which you read materials from a case and make judgments about the material, followed by tailored feedback about your performance and suggestions for how to improve your expert judgment. Then, a didactic portion with video content follows. Please click here for more information and to participate: https://training.concept.paloaltou.edu/courses/neal-pronin-research.

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