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About the Independent Practitioner

Submission deadlines: February 10 for Spring issue
May 10 for Summer issue
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Submissions:

All submissions (including references) must be formatted in APA style (with the exception that abstracts should be omitted) and emailed as an attached Word file to the Editor and Associate Editor. If you do not have attached file capabilities, mail the disc to the Editor. Hard copies are not needed. Please write two sentences about yourself for placement at the end of the article and provide contact information you would like published (e.g., address, phone, E-mail, web page). Photos are appreciated and should be sent directly to the Central Office. Most submissions should be limited to approximately 2,500 words (6 double-spaced pages), although longer submissions will be considered at the Editors' discretion.

All materials are subject to editing at the discretion of the Editors. Unless otherwise stated, the views expressed by authors are theirs and do not necessarily reflect official policy of Psychologists in Independent Practice, APA, or the Editors. Publication priority is given to articles that are original and have not been submitted for publication elsewhere.

Advertising:

Advertisements are accepted at the Editors' discretion and should not be construed as endorsements.

Table of Contents

President's Column

Dear 42 Colleagues and Friends

Laney Ducharme

2021 has certainly started with a bang that has not always been what many of us were hoping for. However, I want to assure you that your 42 community remains available to you. It is a warm, supportive home for your professional needs. I would also add that 42 has supported many of us with good thoughts and prayers as we have coped with personal issues during these challenging times.

The biggest news is that our beloved Division Administrator, Jeannie Beeaff, will be retiring in January 2022. After being an amazing asset to this entire division, keeping track of all 42 business, helping the Board know what to do and when, and being our historian for 33 years, she has become a dear friend to all who have had the honor of working with her. Her retirement is so well deserved and she will be sorely missed! A search committee has been formed and I will keep you posted.

Since my last message your Board has been hard at work. Our membership and marketing committees are joining forces to be certain we are attracting new members while meeting the varied needs of our current members. I am very hopeful that we will be approved for providing CE's for distance learning. This is a very exciting project. We are also considering reaching out to our international counterparts to gain increased understanding of how psychologists in other countries are managing their practices and how we might learn from each other.

At this time we are still not certain what APA convention will look like in August. However, we are excited that 42 will be offering a number of excellent presentations. APA has assured us that any virtual programs will be managed and navigated with far more ease than last year when the entire convention had to be moved online in an incredibly short period of time.

I was pleased to see a great turnout at our Zoom support meeting right after the Presidential election. About 30 of our members gathered to discuss feelings of fear, frustration and worries about the current world situation and what to do with their practices as we go forward. Although I had planned for another meeting at the beginning of February, I had to cancel that due to a family emergency. However, I will be rescheduling that and hope to have periodic zoom check-ins with our members.

Hope is on the horizon. The vaccine is here and hopefully when you read this many will have received at least one if not both shots. In addition, spring is coming and just being able to get outdoors will be a great boost for all of us. Please feel free to reach out to me or any of our Board members with questions or comments and let us know if you are interested in becoming more involved in division activities.

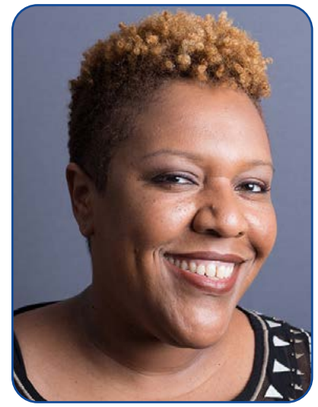
Fondly,

Laney

Focus on Diversity

Reflections on the Psychological Toll of Political Unrest for BIPOC

Krystal Stanley



Last summer I was feeling emotionally exhausted in the wake of another shooting of an unarmed Black man- Jacob Blake- at the hands of police officers. At the time I was unable to tap into my own feelings so I decided instead to share the words of Black, Indigenous, and People of Color (BIPOC) Americans and our allies in the form of social media posts that expressed our feelings of exhaustion and distress (Stanley, 2020). It was comforting and cathartic to see my own feelings expressed by others and to know that I was not alone.

I originally wrote most of this article two weeks after the Presidential Election and a few days after the Million MAGA March, which took place on Saturday, November 14, 2020 in Washington, DC, the place that I have called home since 2009. At the time I was feeling overwhelmed with the task of writing an article for the Fall edition of the Independent Practitioner on the heels of a highly charged presidential election. I could not, however, have imagined that I would be writing an article at a time when the country was split on whether the election was legitimate or not and directly after a gathering of thousands of voters who believed that the election was rigged.

The idea of the Million MAGA March caused me quite a bit of trepidation. The week prior, the mental images I had of thousands of mostly White, likely angry people protesting the outcome of an election that had been called by all of the reputable news outlets a week prior conjured up images similar to that of the protests in Charlottesville, VA in 2017, as well as images of protests during the Civil Rights era. Existing in a Black body in the United States often feels precarious due to historical and present violence enacted on Black bodies, and I imagine that there exists a collective unconscious of sorts for American descendants of slavery. Intimidation in the form of violence or threats of violence was a tool largely used by the Klu Klux Klan to control Black Americans during Reconstruction (e.g., the period directly after enslaved individuals were freed) and the Civil Rights Era in this country. It is no mistake that lynchings were public affairs; they served as a warning of what might happen to Black Americans who "stepped out of line" (White Supremacy and Terrorism, n.d.). Although I am a few generations removed from my relatives who were enslaved, my grandparents were alive during the era of Jim Crow and my parents grew up in and experienced the effects of segregation. I grew up viewing images of White individuals protesting integration and other rights for Black Americans in history books, and although the stated purpose of the Million MAGA March was to support the President and protest the outcome of the election, it was difficult for me to not to think of this march as reminiscent of the ones in my history books.

A couple of days prior to the Million MAGA March, Stewart Rhodes, the leader of a militia group comprised of former law enforcement and military leaders called the Oath Keepers, stated that in addition to members of his group being at the rally, they would "also be on the outside of D.C., armed, prepared to go in, if the president calls us up." (Johnson, 2020).

Although I was safely at home all day, several miles away from the location of the march, I felt very anxious about how the day might go. The next day I learned that there was destruction of property at Black Lives Matter Plaza (e.g., commemorative art and signs were ripped down by the protestors), there were several scuffles between the two sides, and the night ended in at least one stabbing and multiple arrests for unlawful weapons possession (McEvoy, 2020).

Being Black in America feels to me like being a canary in a coal mine who is gaslit into believing nothing is wrong when you sense danger. Prior to and after the Million MAGA March there was chatter of another civil war among some militia groups, and while I didn't actually believe that would happen, I was afraid that pockets of violence would kick up around the country, especially when the full transition of power occurred for the President Elect. Regarding this transition of power, Stewart Rhodes stated, "It's either President Trump is encouraged, and bolstered, [and] strengthened to do what he must do or we wind up in a bloody fight. We all know that. The fight's coming." (Johnson, 2020). You may be thinking that this attitude is isolated and this person is a very fringe voice, but in September 2020 Facebook removed over 6500 pages and 300 groups that they identified as "militarized social movements" such as the one that Rhodes represents (Bell, 2020).

What I did not anticipate- what caught me completely off guard- was the Insurrection that occurred on January 6, 2021 at the United States Capitol. About a week prior to the proceedings DC residents were instructed by the Mayor to stay home the day before and after the event as there would be a demonstration at the Capitol. I recall feeling some of the same trepidation that I experienced prior to the Million MAGA March, and also frustration that the city where I live would again be subjected to chaos. I think that people forget that, in addition to being the seat of the US Government, DC is home to over 700,000 Americans. I certainly understand that I choose to live in Nation's Capital, but it is frustrating when protestors who do not live in DC don't regard the District as the home of fellow Americans.

I hadn't consumed news for several months prior to the 2020 Election in an effort to try to manage my anxiety, but I tuned in on January 6th to watch the Electoral College Certification proceedings. The news outlet I was watching showed footage of a very large crowd of mostly White individuals who had gathered outside of the US Capitol, and I became alarmed when I heard the first reports that the Capitol had been breached by the protestors. I was glued to my TV for the remainder of the evening watching as the insurrectionists overpowered and abused police officers (e.g., one man beat an officer with a hockey stick, another man used a riot shield to pin an officer against a doorway, and yet another knocked an officer unconscious; Tillman, 2021), used force to enter areas of the Capitol that are generally off-limits to visitors (e.g., Nancy Pelosi's office), and defaced Capitol property (e.g., breaking windows, removing the speaker's podium from the House floor, and smearing feces on various surfaces inside the Capitol; Tillman, 2021). Our elected officials were forced to go into hiding in the Capitol for their safety due to the insurrection, and we later learned that at least one man was seen carrying plastic zip-tie handcuffs, seemingly with a plan to take captive members of Congress (Tillman & O'Connor, 2021). Additionally, insurrectionists outside of the Capitol hung a noose and chanted about hanging Vice President Pence (Wagner, 2021).

As I watched the Insurrection unfold, I recall feeling surprised that there was not adequate law enforcement coverage in anticipation of this demonstration and I kept wondering why the National Guard was not called in to help control the crowds and protect the Capitol once the insurrection started. After the Insurrection it was reported that both federal intelligence officials and law enforcement agencies were informed that there would likely be violence directed towards members of Congress, but there was a breakdown in communication that resulted in the Capitol being vulnerable to the attack (Cheney, 2021). The FBI even warned security officials on January 5th that based on intelligence gleaned from social media far-right extremists were planning a "war" on the Capitol (Wagner, 2021). Learning this was upsetting as I couldn't help but think back to how peaceful protestors were treated last summer in DC and across the country. Last summer in DC peaceful protestors were subjected to rubber bullets, tear gas, heavily armed officers, and low-flying helicopters. Additionally a tall fence/barrier was erected around the White House to prevent protestors from entering the plaza in front of it. There was a time during one of the earlier DC protests where people were corralled to detain them and a gentleman opened his home to them; they spent all night in his home as officers stationed outside all night planning to arrest anyone who came outside. Last summer the National Guard was called in to help "manage" the crowds (Wagner, 2021). Regarding the difference in response to the insurrectionists and protestors last summer, Clint Watts, a research fellow at the Foreign Policy Research Institute stated:

> *"That miscalculation may have been enhanced, Watts suggested, by unconscious bias. The attendees weren't people of color, but mostly white- so some in authority may have viewed them as less threatening. 'This is a Blue Lives Matter crowd,' Watts said, referring to a pro-police slogan. 'I think that kind of gave (security officials) a disorienting way to think about it.'"* (Wagner, 2021)

The insurrection was what I feared would happen in November of 2020 post-election, and I spent the next few days after the insurrection processing my anger and sadness about the stark differences in how the insurrectionists were treated compared to the protestors last summer. The people who breached the Capitol during the insurrection were allowed to leave the grounds and return back to their hotels and later their homes. Many of those who have been identified as participants in the insurrection have yet to be charged for their crimes and have even been granted permission to wait out their trials at home even though they are clearly threats to national security (Tillman & O'Connor, 2021). To add insult to injury, this week the Washington Post published an article entitled "A majority of the people arrested for Capitol riot had a history of financial trouble" (Frankel, 2021) in which the author attempts to "understand the motivations for the attack". I refuse to read the article as it further perpetuates the fact that White criminals are often humanized by news outlets after committing crimes while BIPOC individuals are often dehumanized by news outlets.

My purpose for sharing my thoughts and feelings is to provide a window into how BIPOC may be feeling during this time of unease post-election and during this transition of power. While I focused only my experience as a Black American, I believe that the idea of a collective unconscious regarding violence against non-White bodies may be common to all BIPOC. As Psychologists, here are a few ways that we can support BIPOC individuals during this time:

- Hear out your BIPOC clients: do not dismiss their fears around uprisings that have the potential to compromise their safety
- Understand that your BIPOC colleagues, friends, family members may be carrying a lot emotionally during this period of unrest
- Remain vigilant, and call out, not dismiss, the threats of violence from militias as fringe

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Focus on Clinical Practice

Compassion Fatigue and Burnout: Providing Care during a 'New Normal'

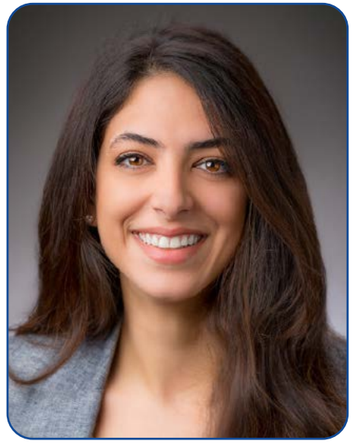
Mona A. Robbins, Afsoon Gazor, & Tori K. Knox-Rice

Over the past year, mental health providers were "called to action" in ways that have subsequently, and extensively, affected their own physical and emotional well-being. Many clinicians were met with an overwhelming caseload of patients seeking support during a vulnerable time for the entire world. What initially started as an emergency response with temporary modifications became a now year-long experience. This event will permanently remain in all our memories. The transition was also compounded by a new wave of racial reckoning in the United States and a heightened sociopolitical climate. As providers of support and comfort to others, we are equipped with skills to mitigate or dampen the effects of difficult experiences such as de-escalation, anxiety reduction, and resource seeking. However, the influx of mental health requests in the 2020-year left even the most seasoned and well-trained clinicians wondering when the relief from heightened mental health referrals would arrive. Nevertheless, we persevered! We provided the highest level of care we could muster, to as many as we could, and all while adjusting to a "new normal"- perhaps at the cost of our own well-being. Our routines have started to re-regulate and some of our patients are more hopeful about the months ahead. Yet, the uncertainty of what may come still looms in the back of our minds while we try to jumpstart this year. As we raise our heads and take inventory of all we have survived, we are left with the assessment of our battle wounds to consider the toll this experience has taken on us…even when we may not have noticed.

Compassion fatigue is a type of stress that develops from helping or wanting to help those who are traumatized or under significant emotional duress, often referred to as the "cost of caring" (Boyle, 2015). Compassion fatigue is characterized by physical and emotional exhaustion and can be negatively associated with productivity (Smart et al., 2014). Mental health providers, medical first responders, social workers, teachers, and law enforcement officials tend to experience higher rates of compassion fatigue due to their roles (Cocker & Joss, 2016)a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment. Professionals regularly exposed to the traumatic experiences of the people they service, such as healthcare, emergency and community service workers, are particularly susceptible to developing CF. This can impact standards of patient care, relationships with colleagues, or lead to more serious mental health conditions such as posttraumatic stress disorder (PTSD. In comparison, burnout is a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment. Professionals regularly exposed to the traumatic experiences of people they serve, such as healthcare, emergency and community service workers, are particularly susceptible to developing compassion fatigue. This can impact the standards of patient care, relationships with colleagues, or lead to more serious mental health conditions such as post-traumatic stress disorder (PTSD; Simpson & Starkey, 2006). Similar to burnout, compassion fatigue can have individual or group level effects depending on how it is managed and populations of focus (e.g., chronic medical conditions; Figley, 2002). At the point of burnout, a person may have so little energy – often lacking the passion and drive that once inspired them to carry on their obligations – that they leave their field completely (Brill, 1984; Stefanovska-Petkovska et al., 2020). Hence, burnout can be thought of as gradually emerging over time, whereas compassion fatigue is the more immediate response that can contribute to burnout. Compassion fatigue, when identified early, can allow for a faster recovery and decreases the likelihood for experiencing burnout (Gentry & Shockney, 2018).

In our conversations with colleagues, we have found that many people experience symptoms of both compassion fatigue and burnout, but may feel embarrassed about sharing these concerns with others. After all, how do you as "the helper" admit that *you* may now require help, especially when others are counting on you to be a "rock star" at a time when needed most? Discussions about burnout have been quite popular over the past year, as mental health providers openly acknowledged reaching the capacity of their cognitive reserves (Joshi & Sharma, 2020). The idea of self-care has been promoted everywhere you look. Presenters within the field and even news anchors have encouraged the use of relaxation apps and "mindful moments" to ease the tension we all have been feeling. However, we have noticed that burnout tends to be discussed as a concept to *avoid* with strategies in place to offset its occurrence. Unfortunately, people are people (even mental health providers) and sometimes even the best-implemented strategies cannot protect you from feeling as if you are drowning in your work. Before you know it, you are no longer motivated and have no idea how you got there. Therefore, in our field, we think it is best to consider compassion fatigue and burnout as expected states you may likely experience during your career. Instead of focusing on prevention, focus on identification and treatment of this experience. To better understand and identify these signs of compassion fatigue and burnout, it is helpful to consider some of the primary settings in which we may

Mona A. Robbins



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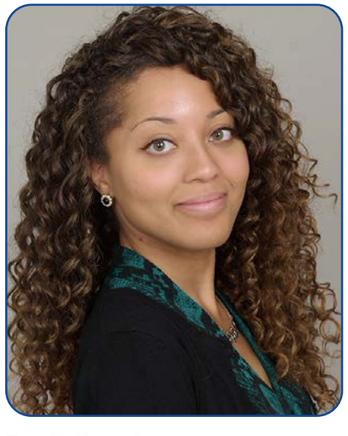

Tori K. Knox-Rice

experience these symptoms.

In the context of 2020 and all that it encompassed, mental health workers have provided support for patients' typical presenting concerns in addition to patients' worries about health and safety of themselves and family members. They also expressed fear about the effects of the internal and interpersonal sociopolitical climate and strife, and often conveyed a general state of hopelessness and worry given the unprecedented "unknowns". Thus, providers have noted exacerbations of pre-existing symptoms with their patients, which in turn challenged us to become more creative in developing or discovering new techniques and interventions to aid our patients. Additionally, many practices have shifted to utilize a virtual or tele-health platform. Given that much of our work is rooted in the therapeutic space (quite literally), providers may feel the need for "over-emoting" or "trying harder" to increase rapport with patients and apply strategies and techniques most easily implemented in-person (e.g., using an interactive chart or diagram). In the end, the compassion fatigue experienced by attempting to help those in distress is compounded by a perception and question to the efficacy of providing care via a virtual platform. This can result in providers feeling ineffective and discouraged, as well as exhausted from attempting to use new techniques and engage at a higher level than previously standard.

Although these are only brief examples of the context in which compassion fatigue have been experienced in the last year, we highlight signs of compassion fatigue and burnout that include (Boyle, 2015; Simpson et al., 2019):

- Avoidance or dreading work
- Reduced ability to feel empathy towards others
- Frequent use of sick days
- Detachment
- Sadness and grief
- Fatigue
- Somatic complaints
- Cynicism
- Sleep disturbance

So how can we help ourselves when we identify that we are experiencing compassion fatigue and burnout? Prior to the pandemic, many of the techniques we once offered to our patients and clients involved increasing social support, engaging in more physical activities, and establishing routines; these are also methods often described as a way to decrease our own distress. However, these have largely been challenging to implement due to the current pandemic. We propose the following strategies for providers to apply in the context of limited social contact and increasing safety for health and well-being:

- **Stay in touch with your signs and symptoms.** Using questionnaires or brief inventories, such as the Professional Quality of Life Scale (PROQOL) (Strahm, 2009), can be helpful for you and your colleagues to identify compassion fatigue and burnout earlier.
- **Set boundaries with work** - one of the most difficult battles we experience as mental health providers. However, neglecting this is often a cause of compassion fatigue or burnout. Examples can include establishing boundaries around work-related times (e.g., turn off phone after X time or over an entire weekend), notification styles (no sounds for emails, 'do not disturb' features), or being realistic about your case and workloads.
- **Pursue your own therapy or supervision!** Mental health providers can benefit from addressing their own mental health in a professional setting. Imagine you were giving advice to yourself. How might you practice what you preach in terms of seeking out support? It is also important to distinguish symptoms of compassion fatigue and burnout from depression or anxiety that might warrant a different treatment approach.
- **Make time for self-expression**. Write in a journal, get involved with an art or musical activity, or pursue meaningful conversations with a colleague or loved one. After a year of living in a "pandemic period," you may have to get more inventive with how you spend your free time (e.g., finding virtual art classes). Stay involved in activities that motivate you and provide an outlet.
- **Re-evaluate your self-care plan**. Whether that is mindfulness meditation, finding time for yourself, making time for intentional activities, or attending to other healthy behaviors (e.g., exercise, relaxing activities) – take time to see what works and be realistic with what fell to the wayside. Don't feel guilty for this – set realistic expectations and goals for what you can do (e.g., don't try to go on a morning run if you are a 'night owl').
- **Be intentional about social experiences!** There are many virtual support groups available, but virtual games (and game nights) and 'happy hours' have also become more frequent within social circles or workplace settings. Be sure to establish boundaries here again. Don't over-commit or take part in something that will cause you *more* stress, and be weary of "taking on" the role of a therapist in your personal relationships. This experience has become more common in the last year due to the heightened emotional responses experienced by people close to us.
- **Don't think there is one "quick fix".** Be patient and remember that techniques to combat compassion fatigue and burnout are an on-going practice. Remember, we are truly all in this together and everyone is trying to make the best out of a bizarre situation. Techniques that worked for you last year may be different from what works this year.

If the last year has taught us anything, it is that we can adapt and overcome adversity even in the midst of a life-changing event. Given our professions, there must be a deliberate focus on how we care for ourselves. We can lighten the load of compassion fatigue by reducing sources of stress within our control, finding ways to access positive experiences, and strengthening the skills that allow us to stay centered and remain effective in the work we do. No one truly knows how much longer the global pandemic will continue to affect us both personally and professionally, so an ongoing adjustment to this "new normal" is vital. Adversity breeds innovation, and sustainable self-care is what it will take to endure and overcome.

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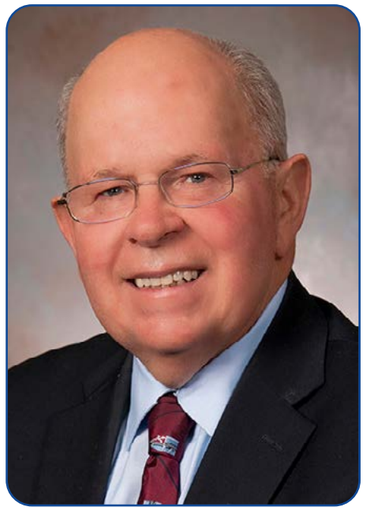
"Climb Ev'ry Mountain, Ford Ev'ry Stream"

Pat DeLeon

A very nice evolution for RxP: Beth Rom-Rymer, who is running for APA President: "When we talk about prescriptive authority, we are often asked about insurance reimbursement. At least two insurance entities in Illinois, Blue Cross Blue Shield and Optum Health have now added licensed prescribing psychologists to their reimbursement protocols. With Blue Cross Blue Shield, we are grateful to our colleagues at the Illinois Psychological Association for their assistance in this matter. The first step of recognition of the prescribing credential, with commercial insurers, has, therefore, been achieved. Our next step is to focus on levels of reimbursement. As prescribers, we are asking for parity with psychiatrists. Some psychologist prescribers in Illinois, and in other prescribing states, are already receiving reimbursement parity. Others are not. We will want to systematize parity for all psychologist prescribers. For prescribing psychologists to be fully integrated into the healthcare delivery system in Illinois, they will need to be recognized by Medicaid and will need to be reimbursed, by all insurers, at levels appropriate to their education and training.

"In 2021 and 2022, we are lobbying to remove any age constraints from our Prescriptive Authority statute. Currently, we are constrained from prescribing to children under the age of 17 and adults over 65 years of age. We have significant community support because of our partnership with several of the prominent social service healthcare agencies and nonprofit organizations that serve the most vulnerable populations in our state. We hope to be successful! When engaged in legislative advocacy, it's critical to continue to make legislative changes, even as we mature as prescribers under the current statute."



Psychologists Making a Difference: Heather O'Beirne Kelly recently joined the U.S. House of Representatives Veterans' Affairs Committee after 21 years at APA, where she directed the military and Veterans' health policy efforts. Representative Mark Takano, VA Committee Chairman, approved Heather working with the U.S. Capitol Police and VA following the January 6th attack on the Capitol to set up two VA Mobile Vet Centers on the Capitol Grounds to provide free counseling to Capitol Hill officers, reporters, National Guard members, Hill staff, and Members of Congress. This effort once again vividly demonstrates how Veterans and the VA continue to step up and serve their community, not just their fellow Veterans.

The Increasing Availability of Quality Professional Presentations: With the nation striving to responsibly socially distance in response to the COVID-19 pandemic, creative visionaries have adapted to utilizing their technological expertise to successfully reach targeted audiences – often with amazing, if not unprecedented, success. Early this year, I watched the American Psychological Foundation (APF) Home Webinar featuring APF President Terry Keane and former APF and APA President Dorothy Cantor reflecting upon "In times of tumult – the role of APF in 2021." One of the benefits of serving as APA President is that I then got the opportunity to serve on the APF Board, where the phenomenal impact that the Foundation has upon all of psychology and the nation became so evident.

Terry and Dorothy described the remarkable transitions made during 2020 to address the two most critical societal issues facing our nation: the SARS COVID-19 pandemic and Black Lives Matter. Terry: "In March of 2020, APF announced the availability of two Visionary Grants ($20,000 apiece) and by the end of April, more than 200 applications were submitted. With the urgency of the situation, APF Board Members served as the reviewers of all these grants and by the middle of May, the two grants were awarded. By June, the funds were in the field. Tanisha Hill-Jarrett of the University of South Florida School of Medicine is studying the neuropsychological consequences over time of contracting SARS COVID-19; while Jonathan Comer of Florida International University is examining the psychosocial impact of the pandemic on a cohort of children and adolescents. These two studies will contribute to new knowledge and to our understanding of the health impact of this deadly viral outbreak.

"To further inform policy and practice on issues of racism following the murder of George Floyd, the APF Board of Directors announced the creation of the Envision Ending Racism campaign at the August Zoom meeting of key APF stakeholders. That night more than $20,000 were raised and since August, the amount raised is approaching $100,000 which will likely support four or more empirical Visionary grants on antiracism. The implementation of these two programs in such a short period of time highlights the importance of APF's capacity to quickly and effectively respond to current societal crises and thereby contribute new knowledge to the issues of the day.

"Finally, I was pleased to be able to speak of the new bequests from APA members to the APF in support of early career psychologists. Lorraine Eyde, who worked for decades in the Office of Personnel Management in the Federal government, left funds to establish grants examining the appropriate and ethical use of psychological testing across the broad range of practice. Richard Moreland left a bequest to establish a dissertation award for the study of small group processes. The generosity of these psychologists will influence the work of our profession for decades into the future."

And, following a ZOOM online presentation by Hillary Rodham Clinton and former U.S. Senate colleague Stephanie Schriock, I read her fascinating book *Run to Win: Lessons in Leadership for Women Changing the World*. Stephanie is the President of EMILY's List and has been most gracious in inviting students and faculty from the Uniformed Services University (USU) to share her vision. EMILY's List has been in the forefront of shaping society's (r)evolution in appreciating the contributions of female professionals. For those interested in an insider's

Good Books!

Read any good books, lately? Was it engaging? Or old wine in a new bottle? Was the book about a new technique? Ground-breaking? A big yawn? We, at the IP, would love to know what you thought about it. Why not write a book review?

For more information, contact Eileen A. Kohutis at eileen@drkohutis.com.

view of the public policy/political process, I enthusiastically recommend her book.

On a personal note, my mother was the second female attorney in the State of Connecticut. She failed the bar examination the first time she took it. The letter informing her when and where her oral examination was scheduled showed up 40 years later. Near the end of her life, she shared: "If I had been a male, they would have asked me where I was. Instead, they failed me." She passed on her second attempt. As Stephanie reflects, personal experiences such as this shape our own vision, value systems, and journeys, especially when engaged in the policy process.

Highlights: Dedicated to every woman who is working to change the world for the better. If you're willing to learn, deal with some tough circumstances, feel uncomfortable once in a while, and, above all, work hard, you can do it! You have power that you haven't tapped into. The fundamentals of winning campaigns don't ever really change. As of the writing of this book, less than one quarter of the voting members of the United States Congress are women. Things are better on the state legislative level, but barely. The Old Boys' Club is a very real thing. One needs Integrity, Passion, Commitment, and Energy. The unwritten rule -- rule breakers are the brave women who become the firsts. Be yourself. Tell your story and build your team. A loss is just a part of your journey. Celebrate liberally. Show them what you can do; get to work – with joy. Early Money Is Like Yeast – it makes the dough rise.

Christy Anne Velasquez (Major, USAF, NC), a graduate student in the USU School of Nursing, also attended Stephanie's presentation. "Her book provides a recipe on how to be an impactful leader. Astonishingly, the ingredients align with the military core values of the U.S. Air Force -- Integrity, Service before self, and Excellence in all we do. Fulfilling these three values already puts one who serves their country in a position to lead, manage, and influence the world for the better. Female Veterans such as Senator Tammy Duckworth, Representative Chrissy Houlahan, and Representative Mikie Sherril are elected officials in Congress who decided to bring their military leadership skills and expertise to Congress, raising awareness on issues that deeply affect them. It was particularly inspiring to hear about female Veteran MJ Hegar who campaigned in Texas. She did not fit the preconceived image of a female politician with neatly trimmed short hair and a pant suit. She had tattoos on her arm and rode a Harley-Davidson; it was her tattoos that caught the public's attention. She shared the story of how her tattoos covered the injuries received during a deployment to Afghanistan. It was this story that taught me how you look does not affect your capacity to be a leader. Through these great examples, it is possible to see that all people have something valuable to contribute. Successful leaders have a story. Every story is essential, whether it be happy or tragic, and sharing that story is critical because it emotionally connects us with others. As future leaders, we owe it to the people we serve to be more than a leader and manager. We must also inspire and motivate them through personal stories and relationships formed in order to change the world."

Remembering The Larger Picture: With the intense national elections and the COVID-19 pandemic, it is tempting to forget why most health care professionals originally entered the field. In 2013, the then-Institute of Medicine (IOM) reflected upon the critical issues of the day, almost all of which are still highly relevant today and for tomorrow. The IOM (currently the National Academy of Medicine) was established in 1970 as the health arm of the National Academy of Science. In recognition of the breadth of expertise that bears upon health, by charter, at least one-quarter of its members must come from outside traditional health professions – scientists, engineers, humanists, lawyers, administrators, and others who contribute to improving health. It is an independent, non-profit organization dedicated to advising the nation to improve health, including by sponsoring high-level discussions to create tangible impact. In addition to conveying important health information to policy makers and public health leaders, the IOM strives to communicate its messages effectively to the public.

The fundamental issues highlighted in *Informing the Future: Critical Issues in Health* (2013) seem especially relevant today. Even with the enactment of President Obama's Patient Protection and Affordable Care Act (ACA) and an explosion in knowledge and innovation, the nation has fallen short in quality, outcomes, cost, and equity. An across-the-board commitment will be needed to transform the health care system into one that "learns" by capturing and broadly disseminating lessons from every health care experience and research discovery. The report called for organizations and clinicians to affirmatively embrace new health information technology (IT), including telehealth services. The IOM opined that Best Practices, Clinical Effectiveness Research, and Value Incentives are the future.

The aging of the workforce of well-educated and well-trained health care professionals vividly highlighted the growing need for geriatric mental health and substance use services. Addressed as a priority was the need for improving Health Literacy, with approximately 80 million adults in the United States possessing low health literacy; i.e., a limited ability to obtain, process, and understand basic health information. How can there be patient-centered care, if basic instructions and explanations are not understood? Also featured was what many would consider today's top priority -- Promoting Equity and Reducing Disparities.

With two-thirds of adults and almost one-third of children in the nation being overweight or obese – a public health issue that affects young and old, urban and rural, and all ethnic and racial groups – this growing epidemic of excess weight is associated with major causes of chronic disease, disability, and death. Key recommendations included: integrating physical activity into people's daily lives, making healthful food and beverage options available everywhere, and making schools a gateway to maintaining healthy weight. Psychologist Kimber Bogard was instrumental in urging that Concerted efforts should be made to Build a Healthier Future for Children. This definitely would include protecting children from violence and maltreatment, with few matters being as compelling as protecting them from abuse, neglect, and other harms. Over the past 20 years, there has been an explosion in research which has allowed for a better – though still incomplete – understanding of the consequences of child abuse and neglect for the children involved, their families, and society.

For those colleagues concerned about the well-being of our nation's military and Veterans, the IOM called for advances in treating PTSD, Traumatic Brain Injury, and exploring the health effects of Exposure to Burn Pits, noting the special needs of those exposed to the Gulf War and Agent Orange. There was also a call for a population-oriented, integrated public health and primary care approach, especially emphasizing community-based prevention efforts.

As if anticipating the future, workshops explored the potential of an influenza pandemic: "Influenza pandemics can overwhelm health systems with large numbers of sick patients, as well as people who are worried they might be sick. In such a scenario, the distribution and dispensing of antiviral medications will need to begin as early as possible and persist long enough to treat multiple waves of the pandemic." "Developing and effectively delivering vaccines to prevent infectious and other diseases is a priority for global health, especially in countries where these diseases frequently emerge or reemerge and where health care resources are often limited." "Follow ev'ry rainbow, Til you find your dream" (Sound of Music). Aloha,

Pat DeLeon, former APA President – Division 42 – February, 2021

Trends in Malpractice Litigation

David L. Shapiro

Accuracy of data regard- ing malpractice claims is complicated by several difficulties in finding complete claims records. There are multiple insurance carriers and some do not provide clear claims information. Especially difficult is obtaining reli- able data on such claims as sexual misconduct. Also, practitioners who work for State and Federal agencies may not have claims against them reported, since many of these agencies are self-insured. In addition, it is often difficult to delineate these catego- ries precisely and obtain exact percentages for each type of malpractice case. The premiums psychologists pay, of course, reflect the cost of insurance companies defending not only legitimate claims but, on occasion, spurious ones.

As a result, while there is some agreement on the major categories in which malpractice occurs, people writing about it may combine them in different ways. The follow- ing list, then, is not intended to be exhaustive, nor does it account for all of the categories in which malpractice actions are noted.

Negligent Diagnosis

Negligent diagnosis occurs not when there is merely a misdiagnosis, for anyone can misdiagnose a client or patient. It occurs when the diagnosis is missed because of a serious departure from accepted diagnostic techniques. For example, if a patient presents to a therapist complain- ing about severe headaches and that therapist fails to do a diagnostic workup which includes referral to a medical provider or to a neurologist, and the client subsequently becomes ill due to some neurologically-based illness.

While this scenario is not that frequent, psychologists often put themselves in a position

of negligently diagnosing, by attempting to "cut corners", failing to administer a psychological test completely, doing rather slipshod scoring, no scoring at all, or interpreting test results in a manner inconsistent with the test manual. Were this to lead to some harm, this could be the basis for a lawsuit based on negligent diagnosis.

Wrongful Involuntary Commitment

While most therapists would take the concept of invol- untarily committing an individual very seriously, there are some cases in which a client asserts that they were committed for a less than adequate reason. In light of the over-concern about violent patients, there was a period of time, especially in the 1970's and early 1980's, when there were large numbers of unnecessary involuntary commit- ments because therapists were over-reacting to clients when the clients would share angry or violent fantasies. Nevertheless, the wrongful involuntary commitment con- stitutes a relatively small number of malpractice claims.

Negligent Release

These cases seem to occur more frequently, especially in an era of managed care, when hospitals and therapists are not able to provide the extent of care which they believe clinically is necessary. Were a client to act out, for instance, in a violent manner, and review of the record reveals that there was inadequate treatment or that the individual was not, according to the standards of the profession, ready for release, then such a lawsuit could ensue. It is very important, therefore, especially for clini- cians working in a hospital setting, to cover within their discharge planning all of the issues that were raised in the initial treatment recommendation, such as, violent acting out based on delusional thinking. A classic example of this occurred in the State of New York many years ago when an individual ultimately killed his wife following lengthy documentation of a delusional system in which he believed that his wife was a witch. The individual had merely learned to "keep his mouth shut" while he was hospitalized, was transferred from a maximum security to a minimum security facility, and was given a weekend pass, during which time he killed his wife.

Breach of Confidentiality

The actual issue here is a breach of confidentiality when there is no compelling need for such a breach of confiden- tial communications. The typical cases involve a breach of confidentiality when a review of the clinical records reveals no evidence of violent or self-destructive tenden- cies, and it appears that the therapist was over-reacting to something which the patient may have said. This, of course, underlies and highlights the need for very careful assessment procedures when and if such statements are made.

Sexual Misconduct

Sexual relationships with current clients is, of course, prohibited by the A.P.A. Ethics Code. However, more problematic are the sexual relationships which involve former clients. Earlier versions of the A.P.A. Ethics Code did not make a distinction between current and former clients, but since 1992 there has been a careful discus- sion of this. Cases in which psychologists had sexual relationships with former clients, prior to the 1992 Ethics Code, at times resulted in difficulties pursuing them and several psychologists, in fact, sued their own Boards of Psychology successfully because of the lack of clarity in the definitions. In response, several states have, in fact, defined the therapeutic relationship as existing "in perpe- tuity" and therefore sexual relationships with any client, current or former, are prohibited. Other approaches, for instance in those states that merely adopt the A.P.A. Ethics Code, endorse the so-called "two-year rule" in which there is no intimate contact with a former client for at least two years following the termination of therapy.

Even then, it is not a license to engage in such activities, for the therapist must bear the burden of proving seven points enumerated in the A.P.A. Ethics Code, which basically show that there is absolutely no exploitation of the client whatsoever. This becomes, of course, virtually impossible, since the client will be alleging that there was exploitation. In short, this two-year rule is really a prohi- bition without being called a prohibition.

Injuries Resulting From Non-Traditional Therapies

These cases are relatively rare but do involve claims by individuals who have been involved

in what may be called "cutting edge", innovative or out of the mainstream kinds of therapies. This would include such areas as the hot

tub therapies, immersion tanks, primal scream therapies and bioenergetic treatments. While many traditional therapists would frown at the use of such treatments, if a therapist decides to use them, there must be an exceedingly careful and well thought out informed consent, indicating the lack of scientific basis to the treatment and the fact that the treatment is basically experimental.

Failure to Obtain Informed Consent

While therapists have become more sensitive to the issues of informed consent in recent years, it has been observed that many practitioners still do not really think through what the issues in an informed consent must be. The Ethics Code certainly addresses this but practitioners are well-advised to also consult relevant legal documents.

Essentially, the concept of informed consent is made up of three areas: competence, voluntariness and sufficiency of information. The therapist must determine and docu- ment first that the client is competent to understand the parameters of treatment; secondly, that they consent to the treatment or diagnostic procedure voluntarily; and third, that sufficient information is provided to them so that they can make an informed choice. The information provided must include who the practitioner was, what the nature of the referral was, what the nature of the intervention will be and any limits to the confidentiality that might be involved. Further dimensions, such as fee arrangements and other financial matters, such as whether or not an individual will be charged for missed sessions, should also go within the informed consent document. Of course, the document must be clearly written, such that a client would be able to understand it. Unfortunately, many practitioners have an attorney develop their informed consent form and it becomes very complex, involved and unable to be understood by most people. Therefore, it needs to be comprehensive, yet understandable, and the therapist or diagnostician needs to take time to discuss the matters in the consent form in an adequate manner.

Failure to Take Precautions Against Suicide

It is an unfortunate observation that some clients or patients do, in fact, make suicide attempts, some of which are successful. However, the mere fact that a client commits suicide does not automatically make the therapist negligent or liable. The suicide has to have been "rea- sonably foreseeable" and reasonable foreseeability is determined by the totality of circumstances and whether or not the therapist did a careful enough evaluation to make a decision whether or not self-destructive behavior was reasonably foreseeable. Therefore, a great deal of this litigation has to do with the adequacy of the clinician's assessment for suicidality. If there is a comprehensive assessment and nothing in that assessment would suggest the potential for suicidal behavior, then it cannot be asserted that the practitioner deviated from any estab- lished standard of care. The standard of care refers to the adequacy of the assessment, not to whether or not it was ultimately accurate in predicting behavior.

Abandonment

While this area is quite straightforward, in that we should not abandon clients, there arise situations in which the issues are very complex. For instance, if a therapist has a severely disturbed, borderline individual, who is constantly acting out, and demanding 100% attention from the therapist, and perhaps even threatening the therapist, the therapist can certainly withdraw from the treatment, but there has to be evidence that the therapist attempted to work with the individual and when it was determined that such work was not feasible, there be a careful termi- nation and/or transfer plan in effect. Unfortunately, some therapists merely refuse to see an individual when a bill is in arrears. There should, of course, be a carefully worked out fee arrangement as part of the informed consent to avoid claims of abandonment.

Duty to Protect Third Parties

This discussion comes at the very end of this paper because, in fact, it occurs very infrequently. Despite the media hype around such cases, they are quite rare and it is only because of the sensational nature of some of the violent behavior that there is a great deal of public misperception about it. In fact, such cases constitute less than 2% of the cases seen by malpractice insurance car- riers. Once again, as in suicide, the key is doing a careful assessment and basing the treatment plan on the results of that assessment. Psychologists are not expected to be prophets, nor are they expected to accurately predict the future. However, what will be closely scrutinized is the adequacy of the assessment and whether or not assess- ment instruments that have been validated for evaluation of the potential for future violence have been used.

In this brief summary, I have attempted to cover some of the major areas of malpractice litigation. As noted above, authors will divide the topics in different ways. For instance, Bennett, et al. (2006) presented data indicating that the most frequent area of malpractice litigation is "ineffective treatment, failure to consult and failure to refer, about 29% of cases." Clearly, there are many sub-areas included within this broad area. Another one which is listed specifically in Bennett's analysis is child custody evaluations, which are sometimes included in negligent diagnosis and sometimes in a category called "loss from evaluation". Inadequate supervision also appears on this list and may well come under other categories, depending on the way the cases are divided.

One final issue is worthy of note. While these figures used to list sexual misconduct as the single highest area of malpractice litigation, it is now down to only about 9%, according to Bennett's analysis. The reasons for this drop from the former figure, which had been approximately 23%, is unclear. There has not been any careful analysis to determine the reasons but some authors have spoken about the fact that in several states patient-therapist sexual relationship has been criminalized, and others point to the greater number of women in the workplace since women are far less likely to engage in sexual relationships with male clients than the other way around.

References

Bennett,B., Bricklin,P., Harris,E., Knapp,S., VandeCreek,L., and Younggren,J.(2006) *Assessing and Managing Risk in Psychological Practice*, Washington,D.C.: A.P.A.

Correspondence regarding this article should be addressed to David Shapiro, Ph.D. at psyfor@aol.com.

Candidate Statements

The Division asks its candidates to answer the following questions within the statement.

1. What has been your history of service to Division 42?
2. What experience have you had relevant to the position you are seeking?
3. What are the most critical issues confronting independent practitioners?
4. How do you propose that Division 42 address these issues?

President-elect (one to be elected)

Terrence Koller, PhD

History of Service to Division 42

I am honored to be nominated for the position of Division 42 president-elect. I have been the Division's Publications and Communications Chair since 2015. In that position I have the privilege of working with the Journal Editor, Newsletter Editors, Website Administrator, Listserv Managers, and Social Media Chairs. I chaired the Search Committee that recommended our current *Practice Innovations* Journal Editor to the Board.

Experience Relevant to the Position I am Seeking.

I served two terms as the APA Council Representative from Illinois andwas Chair of the Association of Practicing Psychologists Platform Committee.I attended nearly 30 State, now Practice Leadership Conferencesin my roles as President, Federal Advocacy Coordinator, and 23 years as Executive Director of the Illinois Psychological Association. As IPA's Legislative Liaison I advocate to protect and expand opportunities for independent practice.

Critical Issues Confronting Independent Practitioners

Although psychologists are involved in social justice issues, business, politics, and other areas too many to mention, we must never relinquish, to lesser trained individuals, our independent practitioner roles and what we bring to society. We provide quality and personalizedtreatment to people who want to engage in a therapeutic relationship that is lasting and effective.

How Division 42 can address these issues.

Division 42 canwork with both APA and the States to provide intellectual support and Leadershipensuring that independent practice is protected.We can alsoprovide members with outstanding continuing education programs so that they remain the top mental health providers.

Robin McLeod,PhD

At this time in APA's history, Division42 must lead in advocacy for independent, doctoral-level psychologists.

My service to **Division42** (Member-at-Large, Advocacy Committee chair, ContinuingEducation Committee pastchair), to **APA** (Minnesota Council Representative, Board of Professional Affairs member, Division 31 Secretary, Committee of State Leaders Chair), to **the Minnesota Psychological Association** (2016-President, PrivatePractice Division Chair, Membership Committee Chair) and to **my state** (licensure board Chair) provides foundational leadership experience that I bring as President-Elect of Division42.

I am a psychologist who has dedicated a career to building a thrivingindependent practice and developing business models that allow psychologists to maintain viable independent practices within our evolving health care industry.

Our Division 42 must speak with a strong, united, persuasive voice. With exponential growth of master's-level professionals, and APA moving forward to accredit health service psychology master'sprograms, Division 42 must communicate a persuasive advocacy position that clearly defines the value of the doctoral degree and keeps independent practice strong.

Your vote would bring to Division 42 governance a psychologist dedicated to *keeping independent practice viable and vital*. As President-Elect of Division 42 I will work to:

- grow membership for a stronger voice within APA and the greater community of psychologists in independent practice;
- advocate in support of independent practice when APA or government policies result in barriers; and,
- create avenues that keep members well-informed about what is needed to survive and thrive despite economic barriers impacting independent practice.

I want to be a change agent for Division 42, and I am asking for your vote.

Secretary (1 to be elected)

Derek Phillips, PsyD

Previous service to Division 42 includes:member of the Strategic Planning Committee, Student Representative to the Board of Directors, Co-Chair of the Student/ECP Committee, member of the Nominations and Elections Committee and Communications Work Group, and Co-Chair of the Listserv Moderation Team. Current service includes the incumbent Division 42 Secretary since 2019. I also chair the Task Force on Structure & Function and maintain the Division's social media platforms and website.

Relevant experience inpsychology leadership: 2021 President of Division 55 (Prescribing Psychology) and Treasurer-elect of Division 44 (Sexual Orientation & Gender Diversity). I am also a member of the APA Board of Convention Affairs. Previously, I was the inaugural student member of

APAPO'sCAPP and represented Division 55 on the APA Council.Additionally, I ama member of the Illinois Psychological Association Council of Representatives and a member of the Board of Directors of the Illinois Association of Prescribing Psychologists.

In the current health care climate, there are many issues facing practicing psychologists. Some examples arestagnant or declining reimbursement rates from third party payers, potential loosening of the doctoral standard, continued exclusion from the Medicare definition of "physician," as well asinfringement from other mental health disciplines into psychologists' scope of practice.

Division 42 is poised to develop and implement pragmatic and effective solutions.For example, the Division should partner with other practice divisions, APA Practice, and the Advocacy Coordinating Committee to ensure that the needs of independent practitioners are maintained within the psychology community.

Theresa M. Schultz, PhD

This is a remarkable time of change and uncertainty.Yet, this too is a time of unique opportunityto highlight the breadth, depth and complexity of our interests/concerns, and to offer our diverse/rich skill sets as psychologists who serve others as clinicians, advocates, educators, scholars, consultants, public servants, and passionate champions for human welfare. Specifically, Independent Practitioners must be represented "at the table" of every relevant local, state, regional, and national conversation about prevention, intervention, psychological and physical wellness, human rights, and equity. As Board Secretary, I willrepresent/communicate our Div42 members' priorities/needs to all constituents, so that we are both wholly informative and well-informed.

I am Div42's *Independent Practitioner* Associate Editor and a member of the APA's Continuing Education Committee (CEC) and Leadership Institute for Women in Psychology (LIWP). I work (since 2013) on the Illinois Psychological Association's (IPA's) Health Care Reimbursement Committeeand serve as IPA's North Region Representative. I co-founded *The LodeStone Center for Behavioral Health*, a pioneering, collaborative multi-site clinical practice-with 30 clinical/administrative staff. Specialty areas include trauma due to sudden death, developmental disorders (including ASD), complex neurocognitive problems (e.g., Tourette Syndrome), and physician wellness. I have a PhD in Developmental and Clinical Psychology and an MBA (Leadership Concentration), teach at a local university, and provide leadership consultation for business owners and health care professionals. I am Executive Director/Board President for Chicago's(501c3) *"C21,"*an auditioned women's choral ensemble devoted to music that resonates with universal themes/calls for peace, social justice, respect, diversity, and love.

Member-at-Large (2 to be elected)

June Feder, PhD

What has been your history of service to Division 42?

I have been a member of Division 42 for five years. During that time, I advocated strongly for independent practice particularly in my role as the APA Council Representative from New York from 2014-2020. I worked closely and collaboratively with Division 42 representatives on policy issues significantly related to independent practice. These included challenge of the APA Clinical Practice Guidelines that severely restricted 'approved' treatment modalities to those based on randomly controlled trial studies leaving out widely used evidence-based treatment approaches and deep involvement in Council efforts to facilitate its functioning as an effective representative body for all psychologists including independent practitioners. I have recently joined the Division 42 Advocacy Committee.

What experience have you had relevant to the position you are seeking?

For many years, I have worked through my state association NYSPA as well as APA on issues related to advocacy for practice and the profession. Over five years, I have served as the Chair of NYSPA's Insurance Committee where we have helped members navigate the often treacherous insurance company terrain. During COVID, we oversaw the implementation of regulations related to the public health emergency including telehealth provisions, waiving of co-pays, facilitating interstate practice for New York psychologists. I recently introduced a legislative initiative for our association to change the provisions of our telehealth law to include audio-only psychotherapy.

For seven years, I served as chair of NYSPA's Legislative Committee where I oversaw the legislative agenda for our association containing vital pro practice provisions such as passage of New York's Telehealth law providing mandatory coverage for telehealth services,

What are the most critical issues confronting independent practitioners?

- Facilitating the post-COVID clinical practice transition to support needs of independent practitioners for parity for telehealth and in-person practice, fair and viable reimbursement rates and other vital supports.
- Promoting advocacy for independent practice through APA and state associations
- Defining and highlighting distinctions between doctoral and master's level psychology training in support of viability of doctoral level education and practice

How do you propose that Division 42 address these issues?

- Highlighting intensely expanding needs for mental health services nationwide along with unique training and capabilities of doctoral level psychologists
- Robust advocacy for APA's representation of independent practice

Nancy McGarrah, PhD

I am pleased to be nominated for Member at Large for Division 42. I am running for re-election, and I hope to continue the important work of the board on behalf of members. My "home" in APA is Division 42, and I became a Fellow in 2011. My career has been in private practice in Atlanta, and I previously completed two terms on the Council of Representatives, representing Georgia. This experience demonstrated how crucial divisions are to governance. I also have served on the APA Ethics Committee and worked on APA Public Education initiatives.

In Division 42, I have enjoyed mentoring, have written for Practice Innovations, and received the publication award. I chaired the "ETIPS" program and am activeon the list serve. I serve on the membership committee, which is working on projects to attract new members and serve current members. Continued efforts in mentoring students and emerging psychologists will lead to increased membership in the division.

This is a critical time for private practitioners. Our division needs to be a strong presence atdiscussions about Master's level therapists. I also am open to broadening the definition of private practice to include more types and settings of practices.

A strong board of directors can lead the division in facing our ongoing challenges. We must remain active in APA regarding issues important to the practice of psychology.

Thank you for considering me for the Member at Large position to continue the important work of the board.

Amy VanArsdale, PhD

What has been your history of service to Division 42?

I've been volunteering for the S/ECP Mentorshoppe Program since 2014, wherein I've matched 75 mentoring pairs and restructured the Program. I've served as the Division 42 Chair of the 2020 and 2021 APA Conventions, working closely with the Division President to develop quality programming. From 2018-2020, I served as the Division 42 Board S/ECP Member-at-Large.

What experience have you had relevant to the position you are seeking?

In my current role as 42's Convention Chair, I've developed relationships with APA staff and Chairs from various APA Divisions. These interactions have given me insights into APA as well as strategies Divisions are using to increase member engagement.

As a 42 Board Member, I served on the Membership Committee and the Re-Envisioning Task Force. I've also led in other roles, including as President of the Washington Society for Psychoanalytic Psychology (2014-2017).

What are the most critical issues confronting independent practitioners?

Many IPs struggle with income stability, and S/ECPs are burdened with student loans that prevent them from entering independent practice. I supervise doctoral psychology students, who tell me they're discouraged from entering private practice. IPs may also feel isolated compared with psychologists working within larger systems.

How do you propose that Division 42 address these issues?

Division 42 serves as the professional home for IPs, as well as S/ECPs interested in pursuing private practice. We need to enhance our focus on recruiting S/ECPs to our Division. The Re-Envisioning Task Force identified financially feasible and useful tools such as practice development toolkits; CEs; and business consultation that will benefit current members and recruit new members.

Diversity Member-At-Large (1 to be elected)

Bhupin Butaney, PhD

I am honored to be considered for the open Member-at-large position on Division 42's Board of Directors. Over the past year and a half, I have served on the Division's advocacy committee, working alongside other division members to advocate for independent practice within APA and state and national organizations. The growing emphasis on manualized treatments and the advent of a licensable Master's level psychology degree pose significant challengesforindependent practice over the next couple years.

As APA shifts its focus to make psychology relevant to the public health sector, larger hospital settings, and community mental health facilities, independent practicemay be losing its voice and seat at the table where important policy and practice decisions are made. Understanding the role independent practice plays in meeting a large portion of the public health needs (e.g., the role it has playedin responding to the significant increase in service demand due to Covid-19) must be systematically communicated and voiced in circles where policies that impact the entire profession are being made.

I currently serve as the Associate Program Director for Midwestern University's clinical psychology program.I recently served on the Executive committee of the National Council of Programs and Schools of Professional Psychology (NCSPP). In this role, I liaised to the Board of Professional Affairs (APA) and the Association of State and Provincial Psychology Boards (ASPPB)and advocated for professional psychology training needs. With these experiences, Ihope to bring afresh and meaningful perspective to Board discussions and initiatives.

Samantha Slaughter, PsyD

I knew when I entered graduate school that I wanted to work in private practice and to eventually create a group practice. Now, I lead a successful group practice in Seattle, WA.

What has been your history of service to Division 42?

I admit I have very little history of service with Division 42. In 2017, I presented for the Virtual Learning Hour on politics and psychotherapy. My focus is typically at the state level. However, this nomination gives me the chance to bring my skills and expertise to the national level.

What experience have you had relevant to the position you are seeking?

Leadership:

- Board Member, Washington State Psychological Association (WSPA)
- Board Member, Women in Psychology for Legislative Action (WPLA)
- Assistant Director, Fremont Community Therapy Project

Business and Practice of Psychology:

- Advocacy as WSPA member and private citizen
- Presenter and private consultant
- Advocacy for WSPA as Director of Professional Affairs (DPA)

What are the most critical issues confronting independent practitioners?

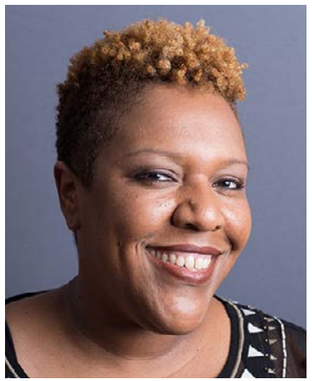
a. Navigating the ever-changing healthcare system, especially psychologists in solo and small group practices
b. Defining our role in healthcare and to the public

How do you propose that Division 42 address these issues?

Division 42 can address these issues by offering practical information to members, sharing the most up-to-date information about independent practice, and continuing its mentorship program.

Krystal Stanley, Ph.D.

I am the current Division 42 At-Large- Diversity board member, and I previously served on the Division 42 S/ECP committee. I joined Division 42 in 2010 as a newly licensed psychologist who was plunging head-first into private practice and I have found tremendous value as a member of the division, particularly as I've transitioned from an ECP to a Mid-Career Psychologist. My experience as a board member has been invaluable as a Psychologist in full-time independent practice. For the past 10 years I've been running a group private practice in Washington, DC, and as a board member I have had the opportunity to participate in advocacy for practice issues that impact Psychologists such as myself. Over the past two years as a Division 42 board member I have enjoyed participating in various committees, such as Advocacy and the Walfish Award committees, and writing quarterly articles for the Independent Practitioner.



An ongoing and critical issue confronting independent practitioners is how to maintain aspects of the traditional models of private practice while also preparing for changes. Individuals in independent practice are often strained to balance the business of practice while also remaining abreast of changes in the practice landscape. I've been pleased to be a part of Division 42's efforts to support the needs of Psychologists in independent practice and look forward to continuing to serve as a board member.

A Big Thank You to our Sustaining Member Donors!

One of the perks of long-term membership in APA is that after 25 years of paying dues and reaching age 65, you become a dues-exempt "Life Status" member, which extends to divisions as well. Division 42 currently has about 750 Life Status members, who are no longer obligated to pay division dues.

However, many of our Life Status Members are still working, and do want to continue supporting division initiatives and activities. A big thank you to the following dues-exempt Life Status members, who recently made voluntary contributions to Division 42 – our Sustaining Member donors:

Larry Beer

Laney Ducharme

Gary Emanuel

Tibor Jukelevics

Nancy McGarrah

Richard Moser

Judith Patterson

Kent Rude

Caroline Sedlacek

David Shapiro

Jeffrey Zimmerman

The Community for Psychologists in Independent Practice
WWW.DIVISION42.ORG

New Member Resource Area on Division website

Do you have a favorite Form, or practice Template that you would like to share with your colleagues. How about an online resource that you frequently utilize?

You are invited to contribute forms, templates and other documents to share with colleagues, and to download documents that others have contributed.

You are also invited to submit annotated links of books, movies, TV series and other media that you have found helpful in your work, or that you have enjoyed in your leisure time.

If you would like to share a resource or take advantage of what others have shared, log in to the Division website and go to the Member Resource page under the Resources tab.

Disclaimer: The resources and links below are provided by individual members of Division 42. They are not produced or endorsed by Division 42 or by APA. To ensure compliance with the laws and ethics in your jurisdiction, you are advised to consult with your own attorney and/or insurance risk manager prior to adopting them for your practice.