

Independent Practitioner

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*Change in Leadership for Division 42 —
Robin McLeod receives a new role at the
Practice Directorate*

Candidate Statements

*The Gray Area of Mandated Reporting for
Forensic and Clinical Psychologists
— David Shapiro*

Independent Practitioner

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President's Message -- Spring 2023

Robin McLeod

Greetings to my fellow psychologists,

As I sit down to write this message, your Division 42 leadership team is planning our upcoming mid-year meeting, the first in-person mid-year meeting since the start of the COVID-19 pandemic. By the time you read this message, that meeting will be behind us, and hopefully we will be on our way to operationalizing the decisions that were made.

I am going to be asking the elected and appointed leaders of our Division to think and plan strategically as we position Division 42 as an APA division that moves, not only independent practice, but our profession forward into a future that is predictable and unpredictable at the same time. I ask you all, as members of Division 42, to join me in thinking strategically into the future, beyond your specific practice and business. I believe that when we think strategically, we can act with intention in ways that lead to success. We will be strategizing and planning in three specific areas—in the behavioral health industry, within our division structures and processes, and within APA itself.

Behavioral Health Industry

As I've mentioned before, the behavioral health industry is experiencing intense change. We have a population experiencing emotional distress at levels not seen before in our lifetime, exceeding our capacity to meet our communities' demands for treatment using our traditional interventions. Venture capital and private equity have moved into the behavioral health space, changing the business structures that traditionally have supported the provision of care. And, advances in artificial intelligence have led to technologies becoming smarter so that digital therapeutics are rapidly becoming

a modality with efficacy.

Division 42 needs to pool our intellectual resources to develop and grow creative business models that keep independent practice viable. If we approach this problem by simply focusing on how to keep our current business models going in such an environment, I believe independent practice will decline. Instead, we need to tap creative thought, look outside of our current business structures, and be willing to take informed risks. We need to explore solutions from a macro-perspective, thinking beyond one-on-one delivery of services, beyond only healthcare settings, and beyond staying siloed, all the while preserving what is outstanding about the ways that we currently practice.

Division 42

In addition to positioning Division 42 as leaders in shaping the behavioral health industry, I believe we need to be intentional as we explore ways to re-shape the culture of our Division. Division 42 has approached the desire to increase diversity in our membership and leadership by asking the question: What do we need to do to bring in more diverse members and leaders? Asking this question has not led to increasing diversity in our Division. And so, I would like to change the question.

Let us begin asking, What do we need to do differently so that psychologists of color feel welcomed, connected, and supported in Division 42? What processes and structures are getting



in the way of making Division 42 a home for other psychologists who traditionally have been excluded? What aspects of Division 42's culture make our door look closed? How can we not only open that door in ways that can be trusted, but create a culture within our division that allows all practicing psychologists to feel a sense of belonging?

APA

Finally, as a Division, we need to identify the fundamental issues within APA that are most important for practicing psychologists and then focus with laser-like energy on those issues. Simply put, we need to pick our battles. If every controversial issue that comes before APA governance bodies is a battle we choose, we lose our collective power in impacting decisions that are vital to our Division.

Will you join me in...

- thinking creatively about the business of psychology so that we can be a prominent voice in the shaping of the behavioral health industry?
- We need interventions that address the

See announcement on page 13 about Robin McLeod's new position and the future leadership of Division 42.

national mental health crisis.

- We need to harness technology and identify the ways that technology must be directed by practicing psychologists.
- We need to develop and grow business models that preserve the quality of care while addressing the vast need for care.
- reflecting deeply on the culture within Division 42 so that we create a safe space where every member experiences belonging, and disagreement on issues leads to creative problem-solving rather than to impasse and disengagement?
- planning strategically so that Division 42 uses its energy and social power to pick the larger organizational battles that are most vital to the success of practicing psychologists?

I think that refocusing our energies on these areas will help set us up for a successful future, leaving a strong Division and APA for the leaders who follow us.

In Advocacy,
Robin McLeod, President

Focus on Forensics

The Gray Area of Mandated Reporting for Forensic and Clinical Psychologists

David Shapiro

Psychotherapist-patient privilege and attorney-client privilege are legal privileges rooted in the same principles of protecting the information shared within the confines of these important relationships. However, there are some significant differences between these two professional relationships. Psychologists who move from clinical practice to forensic practice (or straddle these two worlds) may encounter ethical/legal dilemmas related

to mandated reporting. Generally speaking, clinical psychology has gotten most of the gray area out of mandated reporting. However, the forensic world could not be grayer, so psychologists must know when they are required to act based on the information they hold.

While all states recognize psychotherapist-patient privilege, this privilege is not absolute.

Some exceptions to privilege are pretty consistent across the country, and one major exception is the mandatory reporting of child abuse and, in some states, elder abuse. The practitioner needs to be aware of the specifics in their state so they are lawfully offering services and breaching confidentiality only when allowable by the state in which they are practicing.

Common Exceptions To Psychotherapist-Patient Privilege

Since psychologists sometimes provide services in forensic settings, we must understand the standard exceptions to psychotherapist-patient privilege. Note that this list is not exhaustive.

Patient as Plaintiff Exception. If a therapist's patient puts their mental state into litigation (e.g., suing someone for mental or emotional damages), the opposing side may be entitled to relevant treatment records. The plaintiff and defense often argue about which records are relevant.

Disclosure for Involuntary Commitment. Clinically, we do our best to protect medical records from being released in open court; however, there are times when records must be released to a third party (e.g., police or a hospital) when a patient's safety is in jeopardy.

Use of Records in a Provider's Defense. Suppose a patient sues a provider or files a licensing board/ethics complaint against them. In that case, their medical record may be released in court to demonstrate that the provider offered a reasonable standard of care.

Duty to Warn/Duty to Protect. Breaches of confidentiality under the need to protect or warn an intended victim vary by state. If the state allows, breaching confidentiality may decrease risk (i.e., loss of life).

Criminal Defense Exception to Privilege. Though a minority, some states recognize the criminal defense exception to privilege. This exception allows the opposing counsel

(typically the defense counsel) to access part or all of the therapist's records when treating a survivor of a crime if a judge rules that the therapy notes are relevant to the case. In other words, if Dr. Mallo is treating a rape survivor, the alleged rapist's attorney may be granted access to Dr. Mallo's therapy notes.

While there are many exceptions to psychotherapist-patient privilege, based on the state, the rules can vastly differ in forensic psychology. Communication and notes are covered under attorney-client privilege if a defense attorney retains a mental health professional; this is a different kind of legal privilege.

Attorney-client privilege is vast and protective and has very few exceptions. The most commonly-known exceptions are fraud and aiding in the commission of a crime. One complicating factor is that, in some states, attorneys are also mandated reporters of abuse. All states have child abuse reporting statutes that apply to mandated reporters. However, 18 states and Puerto Rico require anyone who suspects child abuse to report it (regardless of profession). In these states/territories, attorneys would fall under the same reporting obligations as the general public. The other states/territories "permit" those who know about abuse/neglect to report it but do not legally require it. If an expert is working for an attorney and is covered by the attorney client privilege, there may be a conflict, depending on the state between that privilege and the state law which requires reporting of abuse.

A Review of State Laws

Consider the examples below that demonstrate the diversity of legal standards across our country.

New Jersey. "Any person who knowingly fails to report an act of sexual abuse against a child and who has reasonable cause to believe that an act of sexual abuse has been committed is guilty of a crime of the fourth degree." (NJS A9: 6- 8.14 B 2014)

Ohio. Revised Code 5101.63 (2018) man-

dates that an attorney who reasonably believes an adult is being abused, neglected or exploited shall immediately report that to the county department or job and family services.

Ohio Revised Code 2151.421(2018) requires that an attorney report abuse or neglect of a child under 18 or a person under 21 with a developmental disability to the public children's service or municipal or county peace officer in the county where the child resides or where the abuse or neglect took place.

California. A case in 2013 (Elijah W. v. Superior Court of Los Angeles County - 216 Cal. App.140, 2013) addressed the issue of whether mandatory reporting obligations applied to the psychologist since they were retained by a defense attorney in a juvenile court proceeding. The court ruled that attorney-client privilege superseded mandatory reporting obligations, stating, "We decline to read into the reporting requirements any statement that contravenes established law on confidentiality and privilege." What is unclear is whether this case set a precedent for all cases or just those in juvenile court.

Washington D.C. This jurisdiction's legal code (7-1201.01 to 7-1207.02) asserts that when an attorney hires a mandated reporter to provide a service to a client in a civil, criminal, family law, or delinquency case, the mandated reporter is not required to report child abuse/neglect. All expert services are regarded as falling under attorney-client privilege.

Louisiana. Language in this law seems to be contradictory. While attorney-client privilege is recognized as overruling mandated reporting, this exception does not apply if "the child's physical or mental health or welfare are endangered as a result of the abuse."

What's a Psychologist To Do?

A psychologist is contracted as an expert witness for an attorney in a state/territory where people who know of child abuse/neglect are

permitted to report, but not required. The information about abuse is protected under attorney-client privilege, correct? Nevertheless, what if the state where the psychologist is licensed requires a report?

Since they are in a state that requires reporting, does the psychologist report the abuse? Does the psychologist maintain the client's confidentiality under attorney-client privilege since they were hired by an attorney for the purpose of testifying, and the state in which the case rests does not require reporting?

More Complicating Information

In addition to psychology practice and legal layers discussed, we have another layer—the law profession. Notably, the laws and statutes of a state are separate and apart from the practice standards set by professional organizations like the American Bar Association, just like laws and statutes are separate from the professional standards set by the American Psychological Association.

The Board of Governors of the American Bar Association (November 2015) noted that, without client consent, an attorney might not report information about suspected child abuse learned during representation unless the lawyer believes that such reporting is necessary to prevent reasonably certain death or substantial bodily harm. The lawyer's duty of confidentiality generally supersedes a duty to report, but not in cases where the attorney makes a "common sense determination" that they must report to prevent significant harm or death. Of course, this creates subjectivity in determining that the abuse may result in substantial harm or death. Additionally, this assertion does not explicitly address the issue of emotional harm.

Summary and Recommendations

Laws regarding mandatory reporting of child abuse by attorneys and those working under their privilege are complex and often contradictory. It, therefore, raises several troubling questions and possible suggestions for change.

1. When practicing and working in a state that does not require mandated child

abuse reporting, attorneys and professionally-retained psychology experts only need to share this information when a severe risk to the child's safety (i.e., serious injury or death) is in play. That said, attorneys are not generally trained to perform risk assessments or assess what is "serious injury," therefore, we rely on the attorney's personal value system/moral code when we rest reporting requirements on their shoulders.

2. This is an area where psychologists and attorneys/law firms can work together to 1) assess risk to clients or 2) train attorneys to provide screenings that would help them determine if they need to involve a psychologist who can perform a risk assessment.
3. Professional organizations in psychology and law can work together to reformulate laws that pertain to child abuse/neglect (and perhaps elder abuse/neglect) so that

they are in better alignment.

4. In the absence of such reformulation of laws, our best course of action is to share our professional and legal obligations with the attorney and the client at the outset of the relationship. In this way, attorneys may decide whether it is in their client's best interest to proceed with this psychological consultant.
5. Given the complications and layers discussed, psychologists need to maintain clear boundaries in the forensic evaluative/expert role and the therapeutic role so that it is clear under which privilege they are operating. If they are operating as a forensic professional, all laws pertaining to attorney-client privilege are likely applicable. Of course, the opposite is true if they offer therapeutic services to a client at the attorney's request.

Book Review

Life-Enhancing Anxiety: Key to a Sane World

Schneider, Kirk J.

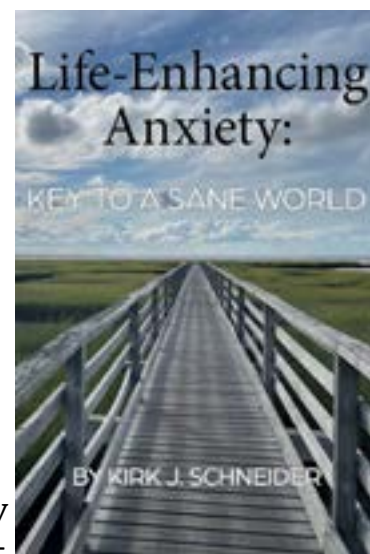
(2023) University Professors Press: Colorado Springs, CO. 149 pages

Reviewed by Lenore E. A. Walker

I approached reading Kirk Schneider's new book, *Life-Enhancing Anxiety: Key to a Sane World* with some trepidation, maybe even anxiety if I dared to have named it, knowing I was going to be reading about Schneider's existential anxiety theories. After all, my own study of anxiety is with women who experience interpersonal trauma facilitated by a racist and sexist society. It is not life-enhancing for them. But I was intrigued by the title and couldn't resist learning how anxiety can enhance my life and help me live in a sane world. It didn't disappoint but I confess it didn't really lessen my own anxiety nor help me figure out how to help my world become

sane. Nonetheless, it is a pleasant, well-written collection of essays that truly make the case for Schneider's belief that human connection gives the true meaning to life.

Schneider begins by describing his theoretical premise that the trauma of birth begins a lifetime of anxiety and terror because of the



disruption of connectedness. Some people will seek to repair the rupture by moving towards connecting with others, while others will allow that primal anxiety to prevent them from attempting connections for fear of another rupture. Warm, connected parenting and social communities can help move people forward towards personal growth, despite their angst, which Schneider says turns the despairing anxiety into life enhancing anxiety. He gives lots of examples of various societal conditions such as fairy-tale movies, and art that simulates the lure of excess material possessions in life that perpetuate the original anxiety in a variety of forms. Most revealing is Schneider's own history of being in psychoanalysis at the age of six after experiencing the illness and death of his older brother. Schneider had become withdrawn, behaviorally regressed, angry and rejecting of his mother who had withdrawn from him while caring for his brother. The inclusion of notes from the psychoanalyst during that period is a fascinating appendix demonstrating Schneider's claims that the analysis was life-enhancing for him and helped repair the rupture that occurred with his brother's death and mother's unavailability. In another essay, Schneider describes how emotionally restorative relationships can help resolve some of the social crises that we all face today. I could criticize Schneider's examples of interpersonal trauma which seem to lack some of the feminist connection and details that my work uncovered in gender violence, but Schneider is considering existential issues and not the bruised bones and complex psyches my clients have continuously experienced from alternating violence with loving behavior from intimate partners or others they've trusted.

Most interesting are Schneider's suggestions for psychotherapy to help people heal their trauma and turn their primal anxiety into that which will enhance their life. He criticizes the focus by those he calls narrow-band psychotherapists (probably CBT advocates) who only focus on cognition and insists that changing

someone's behavior is insufficient. Instead, Schneider strongly suggests that face-to-face, in-the-room therapy is necessary to reproduce human connection. Although Schneider does not use the language of Rogerian unconditional love in therapy, he recommends lots of listening, spirituality which he describes as 'enchanted agnosticism' and letting the client move at their own pace. Schneider says this will be emotionally restorative psychotherapy. His focus seems to be a combination of existential philosophy and interpersonal psychotherapy.

I found Schneider's model dialogue for Experiential Democracy Dialogues particularly interesting, especially in his use of curiosity, respect, and openness to achieve common ground with those with whom you disagree. He recommends establishing a National Corps of Psychologists to help facilitate such dialogues in our divided world today. I'm not sure I'm ready to enter into such a dialogue with those whom I've been unable to respect, but maybe others can do it and really help the world to become saner. Meanwhile, I heartily recommend reading Schneider's book to help you consider ways in which you might change your own anxiety to enhance your life and that of your clients.



Practice Innovations

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

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You Know How Hard It Can Be

Pat DeLeon

Burnout: In 1999, Herb Freudenberger received the APA Gold Medal Award for Life Achievement in the Practice of Psychology, highlighting his seminal contributions to the study and care of those experiencing Burnout. During our Uniformed Services University (USU) Health Policy seminar, Steve Ragusea skillfully addressed this critical issue for the military psychology and advance nurse practitioner students. Steve: “Burnout is now generally defined as long-term, unresolvable job stress that leads to a feeling of exhaustion, feeling overwhelmed, a sense of cynical detachment, and a lost sense of personal accomplishment. It always results from a compilation of experiences and never about a single event. Health professionals, administrators and others in the field want to pretend that serious burnout doesn’t exist. But the reality is that by the end of 2021, two years into the COVID-19 pandemic, the physician burnout rate dramatically spiked. The overall prevalence of burnout among U.S. physicians jumped to 62.8% compared with 38.2% prior to COVID. The suicide rate for physicians is currently higher than in the general population with an average of one physician committing suicide in our nation each day.

“There are similar research findings for other health care professionals. For example, according to a 2022 survey, half of nurses are considering leaving the profession. Too much workplace stress results in an overstimulation of the limbic system, which is the biological basis for burnout. Nurses, physicians, pharmacists, technicians, and others are not superhuman and they have surpassed their tolerance for never ceasing demands to increase productivity and ever multiplying requirements to document that

productivity. First, we need to acknowledge the crisis and then we need to recognize that it’s easier to prevent burnout than it is to treat it. Sometimes, over a year away from one’s profession is required before a burned-out professional can return to work, and sometimes they can never return. Let’s stop burying our heads in the sand and start facing reality. If you’re in healthcare, take care of yourself. Pay attention to your own needs and feelings. Even Mother Theresa ate a good breakfast, so she’d have the strength to feed others.”

This year the National Academy of Medicine (NAM) released its report *National Plan for Health Workforce Well-Being: Action Collaborative on Clinician Well-Being and Resilience*. Two of the collaborative co-chairs were NAM President Victor Dzau and USPHS Surgeon General Vivek Murthy. One of the key staff was psychologist Kimber Bogard. Many of the NAM messages parallel Steve’s underlying themes: Health systems do not exist in isolation. Political, market, professional, and cultural forces heavily influence health care delivery, workplace stress, and health worker professional well-being. For decades, health workers have been reporting a loss of meaning in work due to overwhelming job demands and limited supportive resources in the environment in which they operate.



Health workers who find joy, fulfillment, and meaning in their work can engage on a deeper level with their patients, who are at the heart of health care. Thus, a thriving workforce is essential for delivering safe, high-quality, patient-centered care.

The pandemic forced the nation to broaden its understanding of the external environment’s effects on health delivery and health worker well-being. Unfortunately, the public’s behaviors often seemed to be driven by political ideologies that led to tensions over masks and physical distancing. Trust and respect between the public and health workers eroded, ultimately threatening the health workforce’s contract with society – dedication to serving the interests of patients while maintaining the public’s trust and respect for health workers. The inequalities that were exacerbated by the pandemic extended to health care environments. Black and Latino/a health care workers reported the highest stress levels during the pandemic, when compared to White workers. While all health care worker groups experienced challenges during the pandemic, the emotional well-being of health workers of color were disproportionately affected by COVID-19 related workplace bias, discrimination; and harassment from patients, superiors, and co-workers. Before the pandemic, societal costs attributable to health worker burnout in our nation were estimated at \$4.6 billion; the costs will undoubtedly grow.

NAM’s underlying vision postulated: “Patients are cared for by a health workforce that is thriving in an environment that fosters their well-being as they improve population health, enhance the care experience, reduce costs, and advance health equity, therefore achieving the quintuple aim,” with its focus on health equity; clinician well-being; and the pursuit of better health, improved outcomes, and lower costs.

Health workers have been operating in a survival state for a long time, but the National Plan postulates that change is possible. The solution is to take a systems approach that recognizes that no single variable in the health system is

to blame for the problems of burnout. Leaders have tremendous responsibility and opportunity to address systems issues at the root of workplace stress and burnout. As a nation, we must redesign how health is delivered so that human connection is strengthened, health equity is achieved, and trust is restored.

The National Plan proposes seven priority areas, each focusing on the immediate and long-term needs of the health workforce with the intention that the goals and actions will enable a sustained state of well-being. These are: * Create and sustain positive work and learning environments and culture; * Invest in measurement, assessment, strategies, and research; * Support mental health and reduce stigma; * Address compliance, regulatory, and policy barriers for daily work; * Engage effective technology tools; * Institutionalize well-being as a long-term value; * And, Recruit and retain a diverse and inclusive health workforce.

It was further noted that stigma associated with seeking support for emotional and mental health and substance use is widespread in the general population. Negative perceptions, attitudes, and discrimination regarding help-seeking are entrenched in the health professions’ culture and training, as well as individual perceptions of and the actual expectations and responses of health systems, licensing bodies, and other governing forces. As such, many mental health programs, even when implemented, face resistance from health workers. Proposed actions must include individual health systems and training programs – both large and small – committing to a baseline understanding of burnout and distress in their workforce. Our nation must seize the COVID-19 crisis as a window of opportunity. While we have made progress, more commitment and investment are necessary for sustainable change. Improving health worker well-being is a societal issue – it is our ethical obligation to take action to protect those who care for all of us. NAM’s Plan was built on the foundation of six years of research and collaboration among their network of 200 organizations committed to reversing trends in health worker burnout. Its public feedback

effort resulted in nearly 2,000 comments. To date, 50 organizations have endorsed the final publication. And, NAM is developing a national changemakers campaign that allows everyone to come along and support health worker well-being across the U.S., either in their own institutions or by using their networks to engage others in commitments to one of more priority areas.

Presence, Persistence, and Relationships are Critical: Mamie Balajadia, Executive Director of the Guam Psychological Association, reports: “On December 30, 1998, the Guam Allied Health Practice Act gave Clinical Psychologists ‘Prescriptive Authority’ under a Collaborative Practice Agreement (CPA) with ‘a Guam licensed physician practicing in the area of specialty.’ When the first clinical psychologist submitted her CPA, she was rejected by the Guam Board of Medical Examiners because her CPA was not signed by a Psychiatrist, as interpreted to be a ‘physician practicing in the area of specialty.’ Forward to the present. As of December 28, 2022, Guam clinical psychologists are now given Prescriptive Authority, *without a CPA*, per Public Law 36-138. As of January 1, 2023, only 14 clinical psychologists have renewed their license. Licensure of clinical psychologists falls under the Guam Board of Allied Health Examiners, which I chair, that is comprised of 12 other health professions. The Board has been working on this legislation since 2017. Interestingly, when P.L. 36-138 was Bill 356-36, it took only 28 working days (minus holidays) from submission of the proposed bill (plus amendments) to the Speaker of the 36th Guam Legislature, to the final passage of the bill on December 2, 2022 unanimously.

“Also included in this legislation was a provision establishing the licensure of Licensed Psychology Associates. The purpose was not only to promote psychology but to place our educated and well-trained Master’s level psychologists in the community health arena. Lesson to learn today is ‘politics talks.’ Throughout our years of working with legislative leaders and other legislators gave us from head start to finish line.” Equally exciting, Jin Lee reports that the State of Col-

orado House Public and Behavioral Health and Human Services Committee just reported their RxP bill favorably, by a vote of 10-1.

Giving Psychology Away: In 1969, APA President and National Medal of Science recipient George Miller passionately urged psychology to “Give Psychology Away” and thereby share the field’s scientific expertise with the broader society. Steve Ragusea has been tireless in pursuing this challenge, especially by writing Op-Eds for the popular media. He has placed Op-Eds in: *The Daily Item*, Lewisburg; *The Centre Daily Times*, State College; *The Key West Citizen*, Florida Keys; and *Smerconsih.com*. 2005 APA President Ron Levant proposed “Making Psychology a Household Word” as his Presidential theme. Ron: “We psychologists are part of the educated elite in the U.S. and as such, we have an obligation to use our collective knowledge and skills to help solve society’s most pressing problems. One way we can do that is to share our knowledge with our communities. My experience is in the psychology of men and masculinities. Lately, I have focused on the fact that the vast majority of sexual and gun violence crimes are committed by boys and men; yet, most boys and men are not violent, and found that threatened masculinity is what seems to predispose some men to commit heinous acts of violence.

“I have been able to get Op-Eds placed on gun violence and related topics in a number of outlets. These include: Message About Aggressive Masculinity is Key to Sandy Hook Lawsuit Against Remington; Ending Gun Violence Isn’t an ‘Either/Or’ Question, It Must be a ‘Both/And’; The Masculine Ideal of Suppressing One’s Feelings Has All Kinds of Awful Repercussions; The Dangerous Culture of Masculinity Highlighted by Deshaun Watson Controversy; Father’s Day: Dads Should Let Sons Know There’s More to Being a Man Than Showing Toughness; and in *Newsweek*, Clarifying the American Psychological Association’s Guidelines for Boys and Men.

“I would encourage others to write Op-Eds on topics in which they have expertise. One good place to start is to write for your home-

town newspaper, as Steve does. Many newspapers will publish advice on how to submit an opinion article, including word limits (600-900 words is the range that I have found). You should also identify the Opinion Editor or other person to whom you can submit your Op-Ed. The most important thing is timeliness. There is a definite news cycle and if you miss it, you will miss out. Also do not shoot too high. I have lost some

opportunities by shopping my pieces at the *New York Times* or the *Washington Post*. For those types of outlets, I’d say unless you are an A-list celebrity, forget about it. Happy writing!” “The men from the press said. ‘We wish you success’ (The Beatles, *The Ballad of John and Yoko*). Aloha,

Pat DeLeon, former APA President – Division 42 – February, 2023

Robin McLeod takes new Position; Blaine Lesnick takes over as Division President

Division President Robin McLeod has been appointed to serve as the Inaugural Senior Director for Strategic Relations and Leadership for the American Psychological Association in the Practice Directorate.

In order to take this new position, it was necessary that she resign her position as President.

President-elect Blaine Lesnick will be stepping into the role as President and will continue into the next year in the role she was elected to last year.



May 4, 2023

Dear colleagues,

I am very pleased to announce that Dr. Robin McLeod will serve as the inaugural Senior Director for Strategic Relations and Leadership for the American Psychological Association (APA) in the Practice Directorate.

Dr. McLeod will lead the Association’s efforts to strengthen relationships and align strategies between APA staff and governance, practice communities, and practitioners. These efforts are ultimately expected to advance the work of psychologists, advocacy for the profession, policy and leadership development, and member engagement and belonging.

Dr. McLeod brings her experience and understanding of APA, affiliated groups (Divisions and SPTAs), and the practice and regulatory communities to this new role. She is a licensed psychologist, a well-known and respected leader, and an expert in psychology regulations and practice. She has recently served as President of Division 42 (Psychologists in Independent Practice), member of APA’s Council of Representatives, 2022 Chair of APA’s Board of Professional Affairs (BPA), member of the Minnesota Board of Psychology and Chair of this licensing board for the past four years (2019-2022), 2016 President of the Minnesota Psychological Association, member of the PSYPACT Commission, and several other roles.

Dr. McLeod received her PhD from an APA-accredited program in Counseling Psychology at the University of Minnesota, where she also completed her clinical internship at University Counseling & Consulting Services.

Dr. McLeod’s career has been dedicated to developing and implementing innovative business and practice strategies that enable psychologists to maintain viable practices within the evolving health care industry. Over the past 20 years Dr. McLeod grew her solo, independent practice into a group practice that served clients in six locations across the Twin Cities. Her practice set leading-edge standards of care for pediatric and immigrant populations, built strong relationships with payers to meet measurement-based quality standards, and embedded practicum, internship, and postdoctoral fellowship training experiences. These extensive, real-world experiences will help Dr. McLeod appreciate and give voice to the perspectives of practicing psychologists and trainees in order to collectively prepare the profession for the future.

Dr. McLeod will begin work in APA’s Practice Directorate on July 10, 2023. In anticipating how she will connect with psychologists, trainees, and groups such as APA Divisions and SPTAs and others, Robin reflected that, “As our profession evolves in response to the demands of a changing world, it is vitally important that psychologists work together and lead the way to have even greater impact on improving peoples’ lives. I look forward to continuing to collaborate with and support psychologists as we prepare the profession for the future.”

Please join me in warmly welcoming Dr. Robin McLeod to her new leadership role in APA.

Best Regards,

Jared L. Skillings, PhD, ABPP
Chief of Professional Practice, American Psychological Association

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?

Please note that the submission of candidate statement was voluntary, so not all candidates listed on the ballot will have a statement.

President-elect (one to be elected)

Lindsey Buckman, PsyD

I am honored to have the opportunity to serve Division 42 as President-Elect. I am passionate about independent practice and supporting the next generation of independent practitioners as they enter the field. We have passionate members with incredible wisdom in Division 42 and I am excited to explore new ways of disseminating this passion and knowledge to folks just coming into independent practice. I believe we can make use of technology and media to modernize our division. I also hope to expand our advocacy efforts to ensure our practices strong and healthy. I have served Division 42 previously as an APA Council of Representatives Member, Diversity Member at Large, Diversity Committee Co-Chair, Student and Early Career Psychologist Coordinator for the Mentorshoppe program, Co-Chair of the Social Media Team, and member of the Advocacy and Membership committees. In addition,

I previously served as the President of Division 31 and was the Chair of Committee of the Advancement for Professional Practice (CAPP). I have also served as a member of the Board of Professional Affairs.

I look forward to reengaging in service to Division 42 and would greatly appreciate your vote.



Treasurer (one to be elected)

James Bray, PhD

Division 42 is a vibrant and important group within APA and I am honored to stand for Treasurer. I am currently a member at large of the Division. As a former APA President, division Treasurer of five APA divisions and chair of the Finance Committee of the International Association of Applied Psychology, I have the skill set, interest and energy to manage the finances and increase our visibility and impact for independent practitioners. Our current Treasurer, Dr. Gerry Koocher, has done a fantastic job and I will follow in his footsteps to provide detailed oversight of the finances and transparency in

all of our spending. I appreciate your **#1 vote** and look forward to serving you in this important role.



Sidney Trantham

I am honored to be nominated and considered for the role of Treasurer for Division 42. I have been a member of APA for nearly 30 years and have been more active in Division 42 over the past two years; I have served on a Division 42 Presidential Task force and currently participate in two committees of Division 42 (Diversity Committee and Advocacy Committee). Over the past two years I have regularly contributed to the work of our Division, including attending monthly meetings and board meetings as they relate to my committee work.

As a psychologist in independent practice who also teaches in a master's and doctoral counseling psychology program, I bring a unique perspective to the role of treasurer. In my academic role, I have been a department chair twice during my career (most recently 2017 to 2020); this role required me to manage the department budget including tracking expenditures, approving expenses, and regularly monitoring financial situations to adjust the department's budget based on real time changes in institutional resources. I have been a sole practitioner since 2007; I am responsible for managing all

of my practice expenses and budget, including generating monthly billing reports for clients, managing practice taxes, as well as dealing with insurance companies and other agencies regarding financial matters.

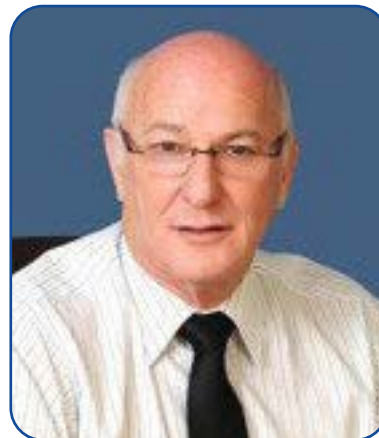
I believe my experiences have helped prepare me to become Treasurer. I ask for your vote to have the opportunity to serve Division 42 and its members in a greater capacity in the coming years.



Craig Fabrikant, PhD

Hi all...I am asking for your vote for the Division 42 Member at Large. I have been a member of APA and the Division since 1984. I am also currently the President of the Florida Psychological Association and have held numerous leadership positions in FPA and in other professional organizations. I am looking forward, if elected, to representing all as a member of the Division 42 Board. I plan to be actively involved

in Division 42 as we progress. Again, thank you for your vote and support in my endeavor.



Julie B. Wolter, PsyD

I am grateful for the opportunity to be a candidate for Division 42 Member-at-Large position. Most of my experience is with SPTA Boards – I am currently the Federal Advocacy Coordinator for RIPA and Director of Professional Affairs, Chair of the Behavioral Healthcare Advocacy Committee (NHPA BHAC), and President of the Educational Foundation for NHPA. As a member of Division 42’s Advocacy Committee, I am humbled by the committee’s dedication to important national changes to mental health practice, including scope of practice, venture capital investment into mental health, and Federal legislation such as the No Surprises Act.

and changing CMS rules – it’s a lot for an independent practice to keep up with! Division 42 helps navigate these changes with innovative ideas, collaboration on the listserv, town halls with APA, and advocacy. Division 42’s dedication to keep our small businesses thriving, advocating for important access to quality care and reducing health inequities, while providing a wealth of resources is a Board to which I would like to bring my experience. Thank you for your vote!



Being in solo independent practice in RI after having a two-person independent practice in NH, for a total of 17 years, I’ve learned how essential membership in Division 42 is to stay on top of a rapidly changing landscape for independent practice. They provide resources to keep on top of practice innovations, alternative payment models, acquisitions such as United Healthcare purchasing Refresh, new CPT codes

Rebecca Babcock Fenerci , PhD

Rebecca Babcock Fenerci is a licensed psychologist in the States of Rhode Island and Massachusetts. Dr. Fenerci received her PhD in Clinical Psychology from the University of Denver in 2016. She completed her predoctoral internship at the CAARE Diagnostic and Treatment Center at UC Davis Children’s Hospital, and a postdoctoral internship at the Center for the Protection of Children at Penn State Hershey Children’s Hospital. Dr. Fenerci is the owner of Compassionate Healing, a private group practice in Pawtucket, Rhode Island that provides telehealth therapy services to children, adolescents, adults and families using compassionate, evidence-based approaches. Dr. Fenerci is also an Assistant Professor in the Department of Psychology at Providence College where she teaches and mentors undergraduate Psychology majors, and conducts research on the cognitive and interpersonal consequences of child maltreatment with the goal of elucidating mechanisms that increase risk for or protect

against the intergenerational transmission of maltreatment from parent survivors to their children. As an early career psychologist, Dr. Fenerci specializes in cognitive-behavioral and acceptance-based treatments for traumatic stress across the lifespan and behavioral parenting interventions, including: PCIT, TF-CBT, ACT, and CPT among others. Dr. Fenerci is running for the Division 42 ECP board position to join the Division’s efforts to promote independent mental health practice and access to scientifically-based mental health services across the United States.



Student Representative to Council (One to be elected)

Tiffany Parisi, MPH

I am honored to be a candidate for the Graduate Student Representative of Division 42’s Board of Directors.

As a Latina and first-generation college graduate, I understand the importance of mentorship, leadership development, and advocacy in cultivating inclusive and diverse spaces for growth. The mentorship and guidance I have been fortunate to receive have inspired me to pursue independent practice after graduation and licensure.

As a graduate student, I have dedicated myself to service roles that draw from my personal experiences and expertise in public health, anthropology, and psychology. In the past, I have served as the Chair of APA’s Graduate Student Committee (APAGS) and a Graduate Student Member of the APA Council Leadership Team (CLT). Currently, I serve as the Graduate Student Representative for the APA Board of Directors and the Past-Chair of APAGS. As a leader, I approach problem-solving and community

building in a layered and intersectional manner that facilitates challenging conversations to reach places of mutual understanding, respect, and growth.

Since 2020, we have faced increasingly complex challenges to independent practice. We have a unique opportunity to engage graduate students who want to develop expertise in building successful practices. I am ready to serve and will be dedicated to working alongside Division 42’s Board of Directors to develop, promote, and engage graduate students in critical discussions and reflections on topics that impact our identities as future psychologists in independent practice. Please vote for me to represent our graduate students in our community. Thank you for your consideration.



Krystal Robles, MA, LPCC

As a second-year doctoral student at the University of Denver, with a Master of Arts degree in forensic psychology, I would like to express my interest in being a student representative for Division 42 - Psychologists in Independent Practice. After obtaining my Bachelor's in Psychology from the University of West Texas A&M, I worked as a caseworker with child protection for five years and worked with children, youth, and families in many capacities. I currently have externship at two private practices; Front Range Psychological Services, a private practice in Arvada, CO and Kimel Psychological Services in Aurora, CO. I have gained lots of great clinical and assessment experiences through these independent practices and they have given me the passion and desire to have my own practice in the future. I would love to

be a student representative with Division 42 to learn more about independent practice in the world of psychology as well as give insight as a current student and young professional. It would also be nice to connect and support other psychologists within the field and to build leadership skills during my time as a representative.



Division Representative to Council (One to be elected)

Bhupin Butaney, PhD

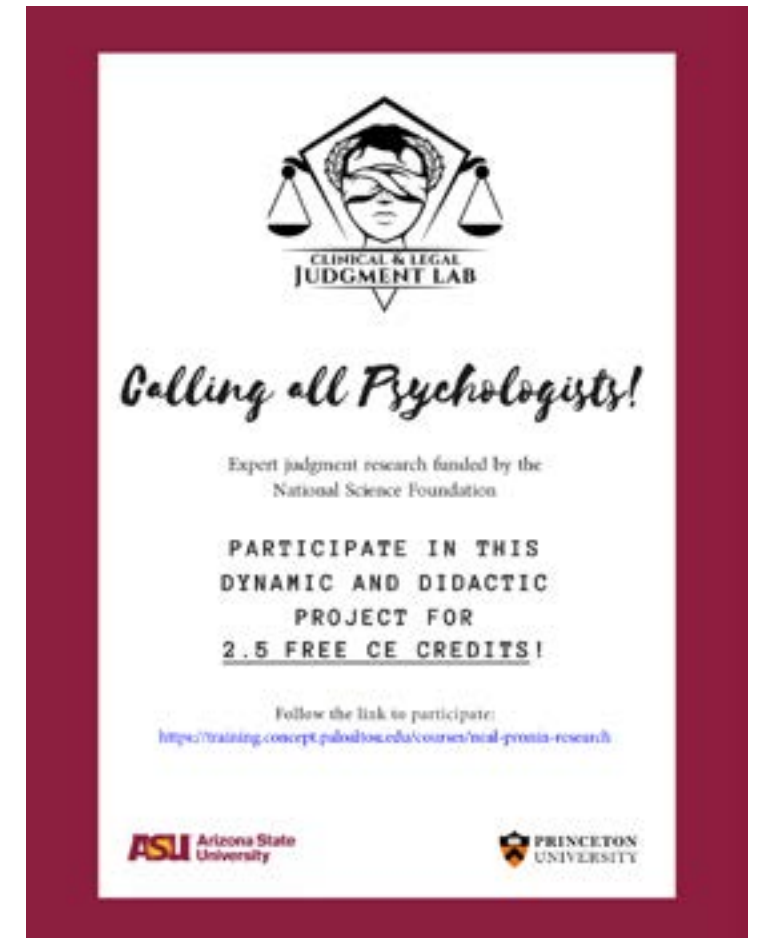
I have enjoyed being a member of Division 42 and serving to advance the interests of independent practice through the Advocacy committee and as Chair of the Diversity committee. Assuring that the needs of independent practice are integrated into APA's larger mission to promote and communicate the utility of independent practice is vital. Independent practice, as evidenced during the recent pandemic, offers the flexibility and bandwidth, as compared to traditional hospital-based settings, to respond to population needs and the widespread well-being and mental health crisis. I see our professional challenge as the need to demonstrate and communicate to the public the clinical utility of independent practice and how we can bring equity and inclusion to meet the wellbeing needs of all individuals and society by offering a flexible and contextualized approach to practice and science. We must advocate for more flexibility and an open conceptualization to define prac-

tice to improve the lives of all people, and not simply strive for symptom management. We must develop, substantiate, and advocate for approaches that foster resiliency and individual growth. Supporting practice needs within APA, therefore, is critical. I would be honored to serve as Council Representative and advocate for greater professional autonomy and flexibility in professional practice.



Free Continuing Education (CE) Credits for Psychologists

(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.paloalto.edu/courses/real-pronin-research>.



Free new resource for psychologists: Special issue

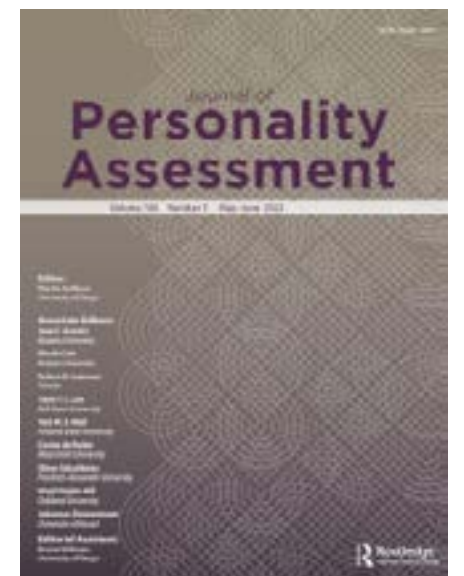
New! Free resource for attorneys, judges, psychologists. FREE special issue on Psychological Assessment in Legal Contexts in the Journal of Personality Assessment.

Comprehensive, credible reviews and critiques of psychometric evidence & legal status of commonly-used psychological & personality assessment measures used in forensic evaluations. 11 papers & a summary intro & editorial analysis. Entire free issue here: <https://www.tandfonline.com/toc/hjpa20/104/2>

These articles offer clarity about strengths & weaknesses of a number of instruments to inform psychologists' preparation for expert testimony, lawyers' preparation for direct and cross-examination, judges' evidence admissibility determinations, and scholars' future research.

Articles on the Rorschach/R-PAS, MMPI-3, PCL-R, MCMI-IV & MACI-II, PAI and PAI-A, SIRS-2, HCR-20V3, TSI & TSI-2, & MacCAT-CA, ECST-R, and CAST*MR are included. To increase visibility, accessibility, & impact, published as free access, meaning available to download without charge.

We hope these articles will be widely read and useful to scholars and practitioners in both psychology and law. Please share to spread the word with your network in the hopes that people who can make use of this great resource become aware that it exists!





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