



WEST VIRGINIA PSYCHOLOGICAL ASSOCIATION
NEWSLETTER

Steven Cody, Ph.D.
President-Elect

Charleston, W.Va.

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President's Message

by C. David Blair, Ph.D.

It's finally Fall, and the big news is that we're in the midst of an historical movement toward unified licensure in psychology for West Virginia, one that brings us into the 21st century and provides for a greater number of providers at all levels.

We were pleased to act on behalf of the profession, after a number of West Virginia Psychological Association (WVPA) members communicated their desire that we offer a proposal that addresses both current and future needs. We did a horizon scan and saw that we were out of step with both the nation and the profession. We have been mindful of the importance of maintaining the special, if not unique, circumstances that have made West Virginia able to reasonably succeed in providing psychological services to a diverse population with multiple structural barriers such as geography, financial capacity, limited educational opportunities, reimbursement policy provisions, and the like, so there is a place for everyone.

No greater challenge nor greater opportunity has befallen any previous association president. Your Board and I are aware of the necessity to craft language that will allow the legislature to assure:

- An increased pool of psychological providers that are effectively trained and ready to provide needed services;
- An increased pool of licensed psychologists available to contract with behavioral health, nursing home, medical clinics, and judiciary-sponsored day treatment/substance abuse programs;
- A strong rationale for legislative insistence that change is warranted in existing DHHR policies that guide title eligibility for reimbursement of psychological and other health services;
- Emphasis that the WVPA board of directors is working on a comprehensive agenda to influence legislation to insure compensation for psychological services that follows scope of practice and will not discriminate based on licensure title.
- A strong legislative directive that all those having earned the title of Licensed Psychologist must bear no discriminatory treatment relative to participation or reimbursement (this has been a guidepost for our Board, from the beginning).
- An affirmation that our Association will not ignore West Virginia's demographic situation relative to the increasing Medicare and veteran populations, their need for psychological services, and the necessity of this discipline positioning itself to better address those needs with a licensure law reflective of the realities of provider credentialing;

*West Virginia
Psychological Association
is a vital, supporting
organization of
psychologists and
psychologists-in-training
which provides quality
professional education;
protects, promotes and
advances the science and
practice of psychology
in the educational,
legislative, legal and
regulatory domains;
in the community and
within the profession.*

President's Message Continued on page 8

From the Executive Director

by Diane Slaughter, CAE, APR, Fellow PRSA

I'm not sure where the year has gone! Last time I looked, the garden was growing and we had fresh flowers. Now, I'm late closing the garden.

Members have been showing they value the services and benefits offered by the West Virginia Psychological Association by renewing their dues for 2011! As of the end of October, dues collections were at 101.8% of budget, and five of our dues categories were above budget (full, full contributing, full sustaining, life contributing and life sustaining). Only life, student and supervised member categories were below budget, but they were close! Dues renewals will be available online and in the mail within the next few weeks, and I hope we can count on your support for 2012! Please take the opportunity to remain a part of this vibrant professional community representing psychology! Please encourage a friend, peer, colleague or coworker to join WVPA this year; our goal is 225 members! Those joining or renewing dues through March 1, 2012, will receive the 25% discounted member rate for the Spring CE Event on May 4, 2012, in Charleston.

Your association is also working hard to manage your money responsibly and grow the value of the association. The grants from the American Psychological Association Practice Organization (APAPO) that have helped us balance our budgets in recent years are in jeopardy due to the reduced number of APA members paying the practice assessment. These grants helps us achieve a balanced budget each year, without raising your dues and CE fees beyond economic possibilities. **For those of you who are APA members, please consider paying your practice assessment, since these funds directly fund the organizational grant we rely on each year.** See the article on page 3 for more information.

Thanks go to Program Chairman Steve Cody, Continuing Education Chairman Mun Kostka, the members of their committees and our speakers for making the Fall Conference a success! Additional details on that successful event are on page 5.

Make plans now to join us for the Spring CE Event on May 4, 2012, at the WVU building on the campus of Charleston Area Medical Center - Memorial Division. While you're making plans for 2012,

be sure to include the Fall Conference on October 12-14 at Pipestem State Park. More information will be forthcoming, but plan on joining us for these outstanding events including great networking opportunities, top-notch education sessions and more! In



order to keep our association growing for the coming years, we will once again urge you to "adopt a student" and allow the next generation of professionals to participate in our programs and fellowship.

Our online referral service has gone live and we urge all paid members to participate in that service, if at all possible, by updating your membership record to indicate your willingness to participate. Please let me know when you get a referral through this system.

I look forward to seeing you in Charleston on May 4, 2012!

Diane Slaughter

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APA Practice Assessment Important!

Basics about APAPO

The American Psychological Association Practice Organization (APA Practice Organization, or APAPO) is a companion organization to the American Psychological Association (APA). A legally distinct entity created as a 501(c)6 organization, APAPO is able to advocate free of restrictions and prohibitions that apply to activities of a 501(c)3 organization like APA.

The APA Practice Organization is dedicated to advancing and protecting the professional interests of practicing psychologists. APAPO is fighting for practitioners on Capitol Hill, in the courts and in the marketplace.

Members of APAPO pay the Practice Assessment, which funds the organization's numerous advocacy activities. Key efforts include:

- Challenging payment cuts for psychological services by Medicare and private sector health insurers.
- Supporting litigation against abusive managed care practices.
- Advocating for professional psychology as the federal health care reform law – the Affordable Care Act -- is implemented.
- Gaining support for pending federal legislation to include psychologists in the Medicare definition of physician.
- Confronting assaults on psychologists' scope of practice.

You can learn more about these and other activities at Practice Central, the APA Practice Organization website. Details are available at <http://www.apapracticentral.org/about/assessment-work.aspx>.

Who belongs to APAPO

Members of APAPO comprise licensed APA members who provide health or mental health services or who supervise practitioners who provide these services. The Practice Assessment paid to the APA Practice Organization is included in a separate section in APA member dues statements. As noted on the dues statement, the Practice Assessment for 2012 is \$140.

Why membership in APAPO is crucial

Psychology needs a strong collective voice in order to truly make a difference for the profession. The larger its membership, the more APAPO can do on

behalf of professional psychology. APAPO relies on the support of practitioners in all practice settings and at all stages of their career. The need for practitioners to stand united is greater than ever.

Every Practice Assessment dollar is an investment in the future of psychology. The Practice Assessment amounts to **less than 40 cents a day**, but it translates into a powerful voice for the profession all year long.

The partnership between APAPO and state psychological associations

APAPO and its Committee for the Advancement of Professional Practice (CAPP) collaborate closely with state psychological associations like ours. APAPO provides financial and consultative support for numerous advocacy activities at the state level. CAPP grants -- funded by Practice Assessment payments and totaling \$5.8 million dollars since 2001 -- have supported a variety of state legislative initiatives, organizational development and additional activities.

The state psychological associations are vital for achieving APAPO's legislative and other advocacy priorities.

How to pay the Practice Assessment

If you are an APA member who is licensed by the state board of psychology and haven't yet paid your Practice Assessment for 2012, you can do so online at my.apa.org. Log in using your APA user ID and password, and click on "Renew Your Membership for 2012." You also can call APA Membership Services at 1-800-374-2721.

Kostka Honored



Marion "Mun" Kostka was named an Emeritus Psychologist and inducted into the WVU Student Affairs Hall of Fame. He was honored during an induction ceremony and dinner on October 5

for his nearly 40 years of service to the University. He formally retired on May 15, but continues supervising graduate students at the Carruth Center and coordinating projects including the annual WVU Hypnosis Training Workshop. Of the honor, Kostka said, "What a way to transition into my new life."

Psychology Responds To 2012 Fees

By APA Government Relations Staff

As part of psychology's effort to fight for the interests of the profession through the ongoing challenges facing Medicare reimbursement, APA recently responded to the Centers for Medicare and Medicaid Services (CMS) proposed rule on the 2012 Medicare fee schedule with these comments:

- Following changes to the Medicare Economic Index (MEI) earlier this year that disproportionately penalized cost-effective psychological services to boost reimbursement for overhead-intensive specialties, CMS should consider alternative approaches to budget neutrality that more fairly apportion the burden among all specialties. When psychology raised this issue during the previous rulemaking and secured 22 members of Congress to send a joint letter calling attention to the harmful impact of the cuts on Medicare mental health services, CMS announced it would convene a Technical Advisory Panel (MEI TAP) to review the MEI going forward. CMS should ensure that the MEI TAP explores the issue of disparate impact.
- CMS should not adjust provider time as proposed for selected group service codes, which include three psychotherapy services (90849, 90853 and 90857) and the health and behavior group intervention (96153). Since group services are billed per patient, CMS has suggested dividing the codes by the typical number of patients per session, which CMS believes to be six patients. The proposal lacks an understanding about the nature of group services, which require therapists to manage the concerns and engagement of multiple individuals throughout the entire session.
- CMS should not impose any new timelines on the American Medical Association (AMA) Relative Value Update Committee (RUC) process that would involve revaluing the psychotherapy codes currently under review by the Current Procedural Terminology (CPT®) Editorial Panel. The CPT Editorial Panel develops the codes that are used to identify professional services provided by psychologists and other health care professionals and the RUC then recommends work relative values for the codes. CMS is suggesting that the

AMA RUC review by July 2012 a number of codes that have not been reviewed in the past six to ten years, including several psychotherapy codes (90801, 90805, 90806, 90808 and 90818). Because the CPT review is already underway, the psychotherapy codes should not be subject to an expedited RUC process.

- As CMS makes changes to requirements for annual wellness visits, CMS should indicate that upon identification or suspicion of mental illness, psychosocial risks or behavioral risks, primary care providers should refer beneficiaries to mental health professionals when necessary. As CMS works to expand coverage for preventive care at a time when most primary care settings have not yet integrated mental health professionals into primary care, it is important that primary care providers understand the need for, and are prepared to make, referrals to psychologists and other mental health providers.

The comment letter (PDF, 29KB) is available online at Practice Central. The final rule is expected in early November. Look for information about the final fee schedule later this year in the PracticeUpdate.

Medicare reimbursement remains a top priority of the APA Practice Organization (APAPO). As challenges and opportunities arise, APAPO will continue to press at both the legislative and regulatory levels for the professional interests of psychologists.

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**Join the
West Virginia
Psychological Association
by March 1
to get the member discount for
the Spring CE Event,
May 4, 2012, in Charleston!**

Fall Conference Great For All Attending

The 2011 Fall Conference, October 14-16, in Morgantown, featured an outstanding array of speakers and topics (*top left photo*). Over 80 members and prospective members participated in three days of CE sessions on a variety of key topics.

Participants had a variety of opportunities to visit with colleagues and friends old and new during breaks (*top right photo featuring Lawrence Richmond and Mari Sullivan Walker on left*), the awards luncheon (*second photo on right with Jeannie Sperry, Roy Tunick, Mun Kostka and Louis Nieuwenhuizen*) and annual (rained out indoor) cookout (*third photo on right with Jack Berkley, Joe Merz and Tom Stein*).

Future practitioners shared their research with current psychologists during the Poster Session (*bottom right photo*), and faculty and former students joined forces for the 7th Annual Psych Bowl (*bottom left photo including Sarah Jarvis, Marty Amerikaner, Penny Koontz, Sallie Richards and Lisa Ryan*). For a complete review of the Fall Conference photo gallery, visit www.wvpsychology.org.

Thanks to Program Committee Chairman Steve Cody, Ph.D., Continuing Education Committee Chairman Mun Kostka, Ed.D., and their committee members for producing an outstanding event!



Survey of Student Veterans Shared

Professional Psychology has scheduled an article for publication in a future issue on "Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk," by authors M. David Rudd, Jeffrey Goulding, and Craig J. Bryan. The following are excerpts of the article provided by Ken Pope.

"As nearly two million veterans return home from deployments overseas, the decade-long wars in Iraq and Afghanistan will have unanticipated impact on college and university campuses, with large numbers separating from military service and making use of available higher education benefits to return to campus (Ackerman, DiRamio, Garza, & Mitchell, 2009; Cook & Young, 2009; U.S. Government Accounting Office, 2011).

"As student veteran numbers grow nationwide, an important question emerging is whether or not campuses will be ready for the potentially unique challenges faced by student veterans as they assimilate to campus life; the first such transition for many.

"Over the past few years, increasing attention has been focused on the serious physical, psychological and emotional issues faced by student veterans following combat exposure and military service during wartime, with estimates that over 20% of recent veterans have struggled with posttraumatic stress disorder (PTSD) or depression and 19% have experienced some form of traumatic brain injury (TBI) Hoge, Auchterlonie, & Milliken, 2006; RAND Corporation, 2011).

"However, little discussion has emerged about how these issues are, or will be, handled on college and university campuses, not to mention the expected frequency, severity, and potentially unique nature of problems."

"Overall, suicide rates among active-duty military serving as a part of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan have doubled since the beginning of the wars (U. S. Army, 2010), with suicide now the second leading cause of death among U.S. military service members (Ritchie, Keppler, & Rothberg, 2003; U.S. DoD, 2010)."

"The American College Health Association's (ACHA, 2011) most recent national college health as-

Information provided by Ken Pope, Ph.D.

essment provides additional insight into the general college and university student population, although the data is not specific to clinical diagnosis. With respect to mental health findings (i.e., students reporting the problems within "the previous 12 months"), the report indicated that a total of

- 43.9% "felt things were hopeless"
- 83.6% "felt overwhelmed by all they had to do"
- 28.4% "felt so depressed it was difficult to function"
- 46.4% "felt overwhelming anxiety"
- 6% "seriously considered suicide"
- 1.3% "attempted suicide"
- 5.1% "intentionally cut, burned, bruised or otherwise injured themselves."

"The purpose of the current study was fairly simple and straightforward: to explore the emotional adjustment, psychological symptoms, and suicide risk in a national sample of student veterans.

"As the first study exploring these issues with student veterans on college and university campuses, results should provide a useful foundation for future research and hopefully help guide clinical service delivery.

"Although consistent with our original hypothesis, we were quite surprised by the frequency and severity of psychological symptoms and suicide risk in this sample, with almost 35% of the sample experiencing severe anxiety, 24% experiencing severe depression, and almost 46% evidencing significant symptoms of PTSD.

"Of particular concern, there are significant numbers of participants thinking about suicide (46%), with 20% having a plan, 10.4% thinking about suicide "often or very often," 7.7% making an attempt, and 3.8% believing that suicide is either likely or very likely.

"These numbers are alarming, not only in comparison to the modal college or university student, but also in contrast to VA clinical populations (e.g., Jakupcak et al., 2010; Pietrzak et al., 2010)."

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² Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.

President's Message

Continued from page 1

-- An affirmation of the unique differences relative to sister mental and behavioral health disciplines and particularly related to assessment services.

WVPA believes that these important initiatives will help insure that the highest quality of psychological services will continue to be provided in all areas of the state, bringing us into equal professional standing with the rest of the country.

Ushering in a new licensure law is but the beginning, and the legislature will look for sponsorship of the legislative "rules" that will implement the new law that emerges. While differences of opinion exist as to how best to move our state forward, few would think that the BOEP and the West Virginia Psychological Association don't genuinely aspire for the betterment of psychologist services for West Virginia's citizens. Thus, succeeding WVPA presidents and boards of directors must seek to work collaboratively, and in parallel, with the BOEP throughout the rule

making process and continue apprising the legislature of the views that this Association identifies that will enhance our profession and benefit our citizens, while protecting our own integrity and well being.

Although I was not born here, like so many others I have chosen West Virginia as my home. It has been an honor to serve the profession, particularly during this time of change. We are on it and will stay on it, because as Pat White has so accurately stated, "Once a West Virginian, always a West Virginian."

**Make plans to attend
Spring CE Event
May 4, 2012.**

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