

To advance psychology as a science, a profession, and a means for promoting human welfare in Alaska



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From the Board President

Karen Ferguson, PhD

WELCOME to the first edition of the **AK-PA E-Newsletter**. It is our hope that this quarterly update will keep you informed and connected to the accomplishments and offerings of your Professional Association. This first edition will introduce you to the work of the AK-PA board. The board is made up of a range of clinicians representing your interests. We have individuals who teach at both APU and UAA, we have clinicians in private practice, in group practices and we have individuals who work in non-profit agency settings. We strive to have a board that represents the diversity of clinicians who practice in Alaska, including rural residents, Alaska Native clinicians, clinicians from other ethnic groups and graduate student representatives. This is a dedicated cadre of individuals who volunteer their time for this work. AK-PA has nine committees and each newsletter will bring relevant and timely information from many of them. The committees represent our local focus and our connection with the national American Psychological Association aims. Through sharing committee news, we hope you may be inspired to join an event, activity or committee group. And most importantly you will have a good idea of how we are putting your membership dollars to work. In future editions, we plan for the AK-PA E-Newsletter to be a forum for highlighting the accomplishments of local clinicians – a way for us to learn more about our professional community. If you have an article you wish to share, you are welcome to submit it to AK-PA. Perhaps you want to write about your own experiences in rural Alaska, or bring attention to the work of a colleague. Perhaps you have an opinion piece you wish to share, or an ethical issue we could feature. We welcome your submissions and suggestions. Meanwhile, we hope that as a board, the information we have provided here and in the future will help you feel more connected and “in the know” about AK-PA and the efforts being made locally and nationally in the field of psychology. Enjoy the read and let us know your thoughts.

From the Executive Director

Tonie Marie Quaintance, PhD Candidate

Greetings from the Alaska Psychological Association (AK-PA) Board of Directors. If you've kept up with AK-PA through updates from the AK-PA listserv, the AK-PA facebook page or website, then you are aware that your Association is vibrant and busy. It's likely that you also know that your Association's leadership has been engaged in a strategic planning process to help AK-PA set priorities and goals that will allow us to best meet your professional needs. Restructuring AK-PA involves the following initiatives: implementing a strong committee focus, with members actively engaged in projects to further committee goals; tracking outcome measures on a new AK-PA dashboard to give membership a meaningful and transparent tool for understanding the organization's progress; and enhanced networking through a quarterly e-newsletter and a calendar of Continuing Education events. Thank you for your participation in our association. Please feel free to contact me with your ideas, questions, and concerns.



"A genuine leader is not a searcher for consensus but a molder of consensus."

~ Martin Luther King, Jr.

Membership Committee

Jennifer Beathe, PsyD & Mike Blakey, MS

Welcome New Members!

Thank you for investing in your state professional association. We are grateful for your membership and look forward to meeting and interacting with you at upcoming AK-PA functions. We are very excited about the direction AK-PA is headed and we invite you to become as involved as you wish. AK-PA is a terrific platform for psychological professionals including graduate students and early career professionals! Please consider attending a Board meeting or joining any of our active committees! The greater our membership, the greater our impact and we are delighted to have you join us. Together, we will advance the practice of psychology in Alaska.

Disaster Response Committee

Susan LaGrande, PhD

The Time is Ripe!

In 1991, the American Psychological Association (APA) and the American Red Cross signed a memorandum of agreement to join forces in disaster response. The APA views this as a gift that psychology gives back to the American people in the form of service during times of disaster. Prior to this agreement, little was available to help individuals or communities manage the psychological consequences of a disaster occurrence. Psychologists from around the country provided hands on as well as planning expertise. After 9/11, while maintaining the primary mission, many Disaster Response Network (DRN) members expanded their focus and research. Many graduate programs began specializing in the psychological consequences of disaster and a marked increase in research projects occurred. Then along came Katrina. Many states became very aware of the need for coordinated Red Cross, state and federal agencies effort. Here in Alaska two of our student members are conducting related research. The municipality is increasing their educational as well as physical (in the form of shelters) capacity to respond. I have learned recently that there is possible grant money available to develop disaster response information in the schools. Georgia has an active committee and one of their projects is a disaster response kit for counseling offices. How cool would it be if we could offer this to our members relevant to Alaska needs and to then develop a kit to offer small businesses? The purpose of the kit is a "what to do" toolbox to use if a disaster occurs during time of business. Contact the DRN if you wish to participant more in these activities.

Continuing Education

Patt Sandberg, PhD

Upcoming CE Dates for 2012!

January 28-29: **Continuing Education Conference**

March 23-25: **Stahl & Landry - Mindfulness Based Stress Reduction**

May 19: **Ron Levant, EdD, ABPP - Alexythymia**

Ethics Committee

Suzanne Womack Strisik, PhD & Linda Webber, PhD

Practical Ethics for Rural Psychologists

Jeffrey E. Barnett, PsyD, ABPP

Citizens of rural areas often experience significant difficulties accessing needed mental health care due to a relative dearth of psychologists practicing in these areas. But, as more psychologists move to rural locales to address this growing need they will find a significant differences from how they function as professionals in urban and suburban areas. A wide range of clinical and ethics challenges exist that rural practitioners must effectively navigate if they are to practice competently and ethically. Representative issues are reviewed and practical suggestions are provided to enhance ethical and effective practice.

The Rural Community

While there is no one rural community profile, there are a number of features many rural communities have in common. Many rural communities are very tight knit and residents display a unique combination of independence and interdependence (Moon, 2001). Residents often live in isolated locales with limited resources. As a result they often must be self-reliant and independent. But, they also may tend to help each other, provide mutual support, and generally 'know each others' business.' Additionally, as Schank and Skovholt (1997) point out, many residents will be engaged in a range of overlapping simultaneous personal and professional relationships. Psychologists living and working in these communities will not be immune to these forces. The Center for Mental Health Services report that "fifty five percent of U.S. counties are not served by a psychologist, psychiatrist, or social worker and all of these counties are rural/frontier" (as cited in APA, 1999, p. 10). Additionally, a majority of impoverished counties is found within rural areas (APA, 1999). Also, many residents will have limited financial means, lack adequate (or any) health insurance, and face very limited economic opportunities.

Competence

Psychologists in the rural setting must be generalists first. The lack of a range of treatment options in many communities also means limited opportunities for referral to specialists. Psychologists serving their local community's mental health needs will need to fill a wide range of roles. Those with highly specialize practices will likely find themselves with very few referrals and a community whose needs go relatively unmet. Possessing solid generalist skills will provide a foundation for addressing the wide range of issues likely to present in one's practice. It is true that no psychologist can be competent in all areas of practice and some clients may have treatment needs that exceed the rural psychologist's scope of practice. The APA Ethics Code (APA, 2002) addresses this possibility in Standard 2.01 (d), Boundaries of Competence, which states:

When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make reasonable effort to obtain the competence required by using relevant research, training, consultation, or study. (p. 1064)

This standard allows the rural practitioners to utilize their generalist training and skills to provide needed services to community members when not to do so would result in the client not receiving needed help. It also requires making ongoing efforts to increase one's competence such as through professional reading, continuing education activities, and consultation with experienced colleagues. For those in remote locales the use of the internet to participate in continuing education activities and the use of telephone, e-mail consultation with colleagues, and professional association e-mail lists may prove invaluable.

Cultural Competence

Rural communities are rapidly diversifying. Gone are the days of relatively homogenous farming communities populated predominately by individuals of largely similar heritage, religion, and values. Psychologists living and working in these communities must be aware of and sensitive to these and related issues. Not only is the U.S. populations increasing in diversity overall, in many regions minorities now make up the majority of the population (U.S. Census Bureau, 2000). Rural clinicians will need to educate themselves about, and respect, the values and beliefs of members of their communities. They also must understand residents' diverse and often unique needs to include the impact of their unique background, identity, and experience on presenting difficulties. Formal education and consultation with representatives or leaders of diverse community groups is essential for developing this competence which should be seen as an ongoing activity. Also, it may include incorporating an client's indigenous beliefs and healing practices into treatments provided. For example, a rural psychologist serving a Native American community may consult with a tribe's spiritual leader, support their involvement in the client's treatment, and even integrate traditional healing activities into treatment such as the use of a sweat lodge or a healing circle.

Boundary Issues and Multiple Relationships

Due to living and working in the same small community the likelihood of out of office extra-therapeutic contacts and multiple relationships is great. Interacting with clients, former clients, and their families in the community is unavoidable. And if it was possible, it is certainly not desirable. What potential client would want to receive treatment from a psychologist who never interacted with community members and never participated in the life of the community? Many residents will seek out a psychologist's services because of other ongoing relationships where comfort and trust are developed. It is essential to address extra-therapeutic contacts and multiple relationships as part of the informed consent process. Discussing them openly and reaching an agreement on how the client wishes to handle contacts in the community as well as how to keep various roles separate are of vital importance. Barnett and Yutzenka (1994) recommend compartmentalizing roles and relationships. Each is kept separate and while the both exist, efforts are made to not allow one to impact or influence the other. (Cont. on p.5)

AK-PA Dashboard

AK-PA now tracks quarterly outcome measures to assess how well we as a board are meeting our fiscal and general outcome goals. 2011 was a healthy year for AK-PA financially. Given higher than anticipated revenue from Continuing Education events plus lower than anticipated expenses, we ended the year with a net gain of \$12,250! Thus, AK-PA is heading into 2012 with more than \$50,000 in the bank. This savings allows AK-PA to take risks on continuing education, such as bringing in a "big-name" speaker in the future. Goals for the Finance Committee for next year include trying to further reduce expenses such as credit card processing fees and exploring investment options with higher interest rate returns.

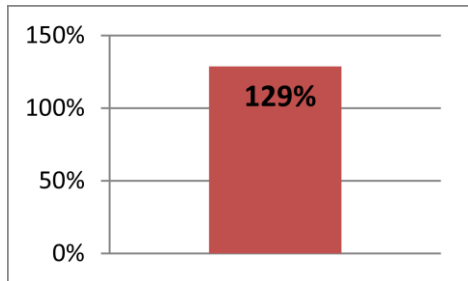


Figure 1 Continuing Education Revenue

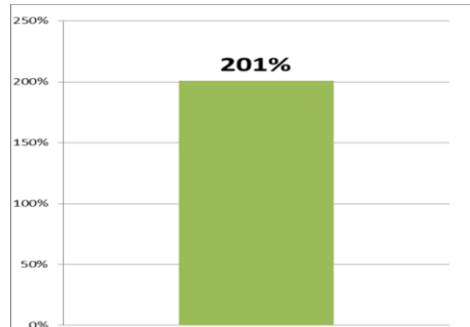


Figure 2 Membership Revenue

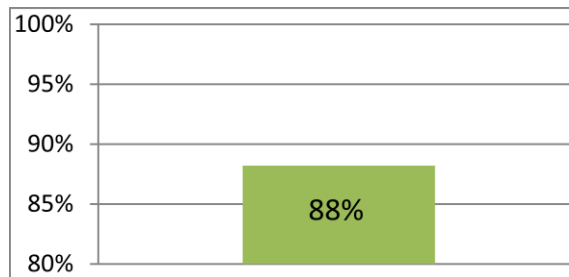
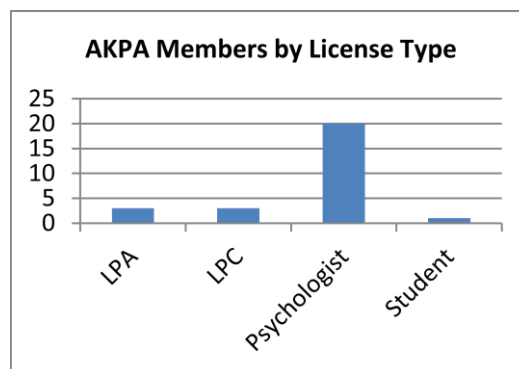
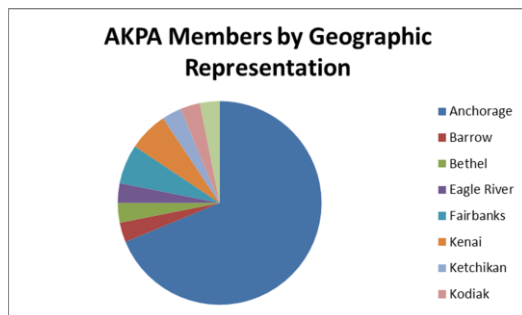


Figure 3 Percent of Budget spent in 2011

A second area tracked is Membership. We are off to a slow start this year, 2012. Our goal is to have more than 100 Members each year. This year, to date, only 32 individuals have completed membership registration. Here is data on these members:



As 2012 progresses we will present you with dashboard measures for Continuing Education as well.

(Continued from p. 3) The APA Ethics Code (APA, 2002) cautions psychologists to avoid all multiple relationships that could reasonably be expected to cause impaired objectivity or judgment for the psychologist or place the client at risk of exploitation or harm (Standard 3.05, p. 1065). It also states that all multiple relationships are not unethical. But, for the rural psychologist regularly faced with a myriad of multiple relationships it will be a challenge to decide which multiple relationships are appropriate and which are not. Younggren and Gottlieb (2002) pose a series of questions that may assist the rural practitioner in making these decisions that include:

- Is entering into the secondary relationship necessary, or should I avoid it?
- Can the multiple relationship potentially cause harm to the client?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
- Is there a risk that the secondary relationship could disrupt the therapeutic relationship?
- Can I evaluate this matter objectively?

A relevant issue when making such decisions is the ability to refer a client to another professional when responding to these questions. Psychologists must think broadly and utilize a wide range of professionals and paraprofessionals in these situations. Even if another psychologist, a psychiatrist, or a social worker are not in the local area other types of counselors, primary care physicians, and the clergy may be of value. To further address this issue as well as the competence issue addressed above Holaday and Greene (1997) suggest the possibility of establishing a collaborative relationship with a psychologist in another community, switching offices with each other one or two days each week. While individual clients may not find it feasible to drive a significant distance for a single session, professionals may easily do so for an entire day of clients.

Confidentiality

As a result of the very nature of rural communities respecting each client's confidentiality may be a significant challenge. Since community members often know each other's vehicle having a home office is not recommended. Having an office in a multipurpose professional building is considered more appropriate (Moon, 2001). Further, great care must be taken in selecting and training office staff to ensure that confidential information is never shared outside the office. Further, compartmentalizing roles as describe earlier is important. Clinical issues should not be discussed in community settings and should best be addressed during actual treatment sessions.

Financial Issues

Many rural clients may lack insurance coverage or financial resources for treatment but do have goods or services of value they may wish to barter for the psychologist's professional services. Additionally, many rural residents may be accustomed to the use of barter in many business transactions. The APA Ethics Code (APA, 2002) addresses this in Standard 6.05, Barter With Clients, which allows barter if it is "not clinically contraindicated" and "not exploitative" (p. 1068). Any use of barter should be addressed fully in the informed consent agreement, a specific value of each good or service should be agreed to in advance, and any concerns or difficulties should be discussed openly as they arise during the course of treatment. While one should always consider options and alternatives when facing difficult decisions, at times the use of barter may be the only way a client may be able to afford needed mental health services.

Summary

Ethical practice in the rural setting can be a very rewarding experience. The rural psychologist can be an integral part of the community and still adhere to our profession's ethics code by giving thought and attention to the issues raised in this article. Additionally, some helpful resources include:

- National Rural Health Association: <http://www.nrharural.org/>
- National Association of Rural Mental Health: <http://www.narmh.org/pages/memframe.html>
- NIMH Office of Rural Health: <http://www.nimh.nih.gov/ormhr/index.cfm>
- Health Care in Rural America: http://www.wws.princeton.edu/ota/disk2/1990/9022_n.html
- University of Montana Rural Mental Health Ruralfacts: <http://rtc.ruralinstitute.umt.edu/MentalHealth.htm>

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Jeffrey E. Barnett, PsyD, ABPP is a licensed psychologist in private practice in Arnold, Maryland and an Affiliate Professor in Psychology at Loyola College in Maryland. He is a Diplomate in Clinical Psychology and in Clinical Child and Adolescent Psychology of the American Board of Professional Psychology. He has previously served two three-year terms on the ethics committee of the Maryland Psychological Association with one term as Chair and presently is a member of the American Psychological Association's Ethics Committee. The opinions expressed in this article are solely those of the author.



Federal Advocacy Coordinator

Robert Lane, PhD

The month of January is a busy one for advocacy, at least as far as administrative work goes. In order to employ a lobbyist, AK-PA has to annually register with the Alaska Public Offices Commission (APOC) and file quarterly lobbying reports. So in January every year I see that AK-PA gets properly registered, take my on-line lobbying ethics training as the Association's representative, and file the fourth quarter lobbyist employer's report for last year. I'm pleased to say all those activities have been completed and that AK-PA is in compliance with APOC regulations. I would like to acknowledge the American Psychological Association Practice Organization (APAPO) whose grant funding through the Committee on the Advancement of Professional Psychology (CAPP) helps make it possible for AK-PA to have a lobbying presence in Juneau and on Capitol Hill in Washington D.C.

By the way, APAPO in part and CAPP in whole are funded through the special assessment fees that most of us pay as part of our annual dues to APA each year. It is nice to know some of that money we all pay comes back to Alaska to assist us in practicing professional psychology.

This year we have a quiet agenda related to in-state lobbying. At this time we have no legislation we need to craft or lobby for passage. So most of our lobbyist's activities this legislative session should be in monitoring legislation and providing the association notice of and information about pending legislation related to providing services within a psychologist's or psychological associate's scope of practice or mental health related services in general.

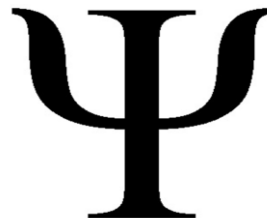
Phil Baker, the AK-PA State Legislative Liaison, and I do plan to visit Juneau in February on behalf of the Association where we will schedule meetings with targeted members of the House and Senate that are not likely to be affected by elections in this coming November. This allows us to further our relationships with legislators by offering to serve as a resource based on our expertise and knowledge of mental health service provision (while not having ulterior motives of seeking support for specific legislation) so that in the future when we do go to Juneau with specific requests we already have established relationships.

On the Federal level, it never seems to be a quiet year. Given the climate in D. C., I suspect you can expect a number of requests to send lobby messages to our delegation there related to specific legislation in the Senate or House. Various aspects of Medicare legislation are likely to continue to take center stage. Medicare ends up being a driver for the emphasis state's place on their Medicaid expenditures and directly effects private insurance in a big way.

So I hope you will consider taking the two minutes it takes to send lobbying messages this year when I forward "Action Alerts" on from the APAPO's Government Relations division. APAPO is thought to have one of the premier grassroots lobbying organizations in the country and it's all because thoughtful, involved, and concerned individuals like you are willing to take that two minutes and tell our elected officials how you would like to be represented through their votes. Regardless of how you might feel about any or all of our delegation members in Washington, AK-PA has had remarkable success in obtaining their votes to support the professional practice of psychology.

*"Faith is taking the first step
even when you don't see
the whole staircase"*

~Martin Luther King, Jr.



Diversity Committee

Christine Sam, MA

On November 2, 2010 the Board of Psychologist and Psychological Associate Examiners responded to a request from AK-PA that a Diversity credit be required for renewing licensure. The Board denied the request explaining that "While the Board recognizes the significant importance of Psychologists and Psychological Associates being aware of and sensitive to diversity issues in the provision of professional services, unlike ethical competency which must be practiced at the highest level in all areas of professional practice, a clinician can avoid providing professional services to individuals or populations with which they are not familiar. From this perspective, seeking training and/or supervision related to diversity issues would be consistent with the ethical requirement to only practice within one's area of competency."

I disagree with the Board's view, in particular the statement "a clinician can avoid providing professional services to individuals or populations with which they are not familiar." Diversity training consists of a great deal more than simply gaining an understanding of populations which we may not be familiar. We tend to think about diversity training as being the means by which we as clinicians can become knowledgeable about how to effectively engage with people who are of a different race, ethnicity, religious background or sexual orientation than ourselves. These are the most frequently thought of categories. However, diversity training can also include political opinions, socioeconomic class as well degree of disability and even gender.

My observation is that most psychotherapists in Alaska are Caucasians as are most of their clients, especially if we exclude the Alaska Native Health System. Numerous reports regarding Mental Health Services in this country suggest that minority groups are less likely than whites to access services, and that in general the mental health services that they do receive are of lesser quality than those received by whites, although the rates of mental health problems are similar among white and non-white communities.

I believe that most clinicians try hard to be sensitive to differences between themselves and their clients but biases are generally unconscious. Members of "minority groups" have frequently suffered real trauma as victims of discrimination. This is often invisible to a therapist who belongs to the majority group. It may be difficult to be aware of one's own part in societal biases in the therapy process.

Diversity training would shine a light not only on the differences between ourselves and our patients but also sensitize us to the psychological impact of being a member of a group that does not identify with the majority culture. Diversity training provides clinicians with tools, which when used effectively can enhance our ability to better understand anyone's story. That is why Diversity training should be required for license renewal.



*"Everything that we see is
a shadow cast by that
which we do not see"*

~Martin Luther King, Jr.

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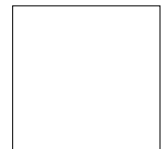
Mark Smedley, EdD

As the Public Education Coordinator (PEC), I participate in regular teleconferences with the American Psychological Association. APA offers numerous resources for psychologist and mental health providers that can be used to increase the understanding and value of the psychology profession to the general public. Many of these tools are in the form of brochures that can be used as handouts for your clients. Current publications include information on resilience, stress, and mind/body health. You do not need to be a member of APA to obtain these at www.apa.org/helpcenter/brochure-request.aspx. Additional information to provide presentations to the general public on current issues (brochures, Powerpoint presentation, discussion guidelines) is also available for APA members at www.apa.org/practice/programs/campaign.aspx.

About Our Organization

The Alaska Psychological Association (AK-PA) is a non-profit organization founded in 1963 as a professional organization representing the interests of psychology professionals throughout the state. The purpose of the Association is: to advance psychology as a science, as a profession, and as a means of promoting human health and welfare; to work with state, community, civic, educational, and religious groups in promoting human health and welfare; to foster and maintain high standards of practice in the field of psychology; to make available to the public information regarding psychology as a science and a profession; and to represent the scientific and professional interests of psychologists in Alaska to APA.

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We're on the Web!
See us at:
<http://www.ak-pa.org/>