



Nevada Psychological Association

NPA News

The Voice of Psychology in Nevada

Upcoming CE Events:

- **November 13th, 2020**
Ethics and Risk Management in Complex Clinical Conundrums
Daniel O Taube, J.D., Ph.D.
Virtual • 6 Ethics CE Credits
- **February 19th, 2021**
Self Care
Christopher McCurry, Ph.D.
Live virtual • 3 CE Credits
- **April 9th, 2021**
Telepsychology & PSYPACT
Alex Siegel, Ph.D., ABPP
Live virtual • 3 CE Credits
- **April 30th, 2021**
Annual Conference/Diversity
Evelyn Burrell, Ph.D.
Live virtual • 6 CE Credits
- **May 21st, 2021**
Telehealth
Sean Dodge, Ph.D.
Live virtual • 4 CE Credits
- **September 10th, 2021**
Substance Abuse Disorder
Shane Kraus, Ph.D.
Live virtual • 6 CE Credits
- **September 24th, 2021**
Self Care
Whitney Owens, Psy.D.
Live virtual • 3 CE Credits

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2020 Fall Newsletter

IN THIS ISSUE....

THE APA APPORTIONMENT BALLOT - What it is and why you shouldn't just throw it away!

What is it? The Apportionment Ballot is used to determine the makeup of the **APA Council**. All APA members have ten votes that they can allocate to different divisions within APA. The ballots will arrive in early November.

What is the APA Council? It is the APA's chief governing body and it is the final decision making body. The APA Council votes on multiple issues that affect the practice of psychology everywhere, including here in Nevada. The APA Council votes on key issues such as budgets for state associations (like NPA), policy documents and guidelines that impact professional practice.

What should I do? First of all, don't throw away the ballot. In the event that you are not sure how to allocate your votes, please keep in mind that [NPA Needs Your Votes](#) and that you can allocate all ten votes to your state organization! We want to keep a strong voice on the council so that NPA and Nevada psychologists are appropriately represented.

(for more details, see Page 11)

Also, take a look inside to receive the latest information on topics relevant to Nevada

- **Update from our 2020/21 President, Dr. Sara Hunt**
- **Update from our Legislative Committee & NPA Lobbyist**
- **What's New with PSYPACT?**
- **Update from our APA Council Rep**
- **2020 & 2021 Continuing Education Calendars**
- **Article: Psychological Practice During the Pandemic**
- **Are your 2020/2021 NPA membership dues current?**

Check the lists on Pages 18-19. If your name is not on the list, you still need to renew your dues for 2020/2021.

~ ~ ~ An Update from our President—Sara Hunt, PhD. ~ ~ ~

“At what point can we just start using 2020 as a swear word?” Maybe you’ve seen that meme going around this summer. It goes on to give examples like, “That’s a load of 2020” or “What in the 2020?” I hope you’ll forgive my irreverence in starting off my update like that, but I wonder if you share the same sentiment. Since I last wrote to you in the spring newsletter, so many incredibly momentous things have occurred in the span of a few months that have impacted us personally and professionally. We have lost a staggering number of lives to COVID-19, APA President Sandra Shulman highlighted a “[racism pandemic](#)” in May, we are facing one of the most important elections in the history of our country, many educators and families are navigating virtual learning, and there are continued concerns of the economic impact of the pandemic on many in our communities, just to name a few. It’s a lot of 2020 and the impact of it on the mental health of this country has been captured by APA in [three volumes](#) of their annual Stress in America™ survey.

In last year’s fall newsletter, then Nevada Psychological Association (NPA) President Noelle Lefforge wrote beautifully about the versatility of psychologists being agents of change. To respond to 2020, NPA has had to change our mode of operations to continue fulfilling our mission and service to our members, and that has inspired creativity. For example, since our annual business meeting was canceled in May due to public health restrictions on social gatherings, we were not able to hold our student poster session. The Executive Board felt that it was important to still provide a way to feature and reward student scholarly work this year so we have adapted to virtual poster presentations and will announce a winner at next month’s ethics training. Change and creativity have also brought opportunities to partner with community organizations to offer CE trainings, increase collaboration between NPA committees, expand our use of technology to build our education library, and more.

This issue is filled with updates on all the other amazing activities our Executive Board, Regional Boards, and Committees are doing to enact positive change in Nevada through our Strategic Plan and 2020/21 Strategic Business Objectives:

- Improve financial stability
- Provide high quality service to members
- Develop and support leadership
- Advocate for psychology as a science and profession
- Embed diversity and inclusion into NPA culture

Looking ahead to 2021, I draw your attention to the 81st Session of the Nevada Legislature that starts February 1st. NPA’s Legislative Committee is hard at work preparing to track and respond to a number of bills that are expected to address telehealth, licensing, mental health service delivery, and other topics important to our members. They need your help to optimize NPA’s advocacy impact so I ask that you read their update below and sign up to assist. Also in 2021, I hope you will join me in attending our annual conference at the end of April and take advantage of the exciting training opportunities that the CE Committee has lined up for us. Finally, as I wrote this spring, there is a need for psychologists more than ever to respond with our knowledge, our skills, and our advocacy to support our communities, each other, and the profession of psychology. Please consider joining one of our committees (<https://www.nvpsychology.org/about/committees/>) or email us at admin@nvpsychology.org to learn more about NPA. Be healthy. Be safe. Be connected.

Sara Hunt Ph.D., 2020-2021 NPA President

NPA Legislative Committee/Lobbyist Update (Fall 2020)

Co-Chairs Dr. Christina Patterson and Dr. Laurie Drucker are excited to be working together and preparing for the 2021 legislative session. We are grateful to guidance from Dr. Noelle Lefforge and the participation of all our committee's volunteers. We encourage anyone who has an interest in legislative affairs and advocacy for psychology in Nevada to reach out to us. We have need for all levels of involvement and expertise! The committee is meeting monthly with our lobbyist Bryan Gresh. We have finalized our PAC donations and endorsements for candidates to the Assembly and Senate. In addition, we are planning for a Legislative Retreat to be held in November 2020. Be on the lookout for updates! As a committee, we are preparing for an interesting legislative session next year. We are already tracking the early release of upcoming bill drafts (BDR's) from multiple agencies that pertain to psychology and mental health care in Nevada. We anticipate a busy session with issues pertaining to access to care, statewide mental health delivery systems, as well as the scope of practice issues we traditionally follow. As we look to the future, the legislative committee is seeking to expand our advocacy for psychology and mental health care in Nevada by addressing the needs of diverse and often underserved communities in our state. We believe by expanding our advocacy voice, we will align with the NPA mission, the ethics of our field, and with APA more broadly.

Laura N.V. Drucker, Psy.D., Northern Region Legislative Chair
Christina Patterson, Ph.D., Southern Region Legislative Chair

Editor's note:

NPA lobbyist Bryan Gresh offers the following look ahead to the all-important November 3 General Election.

For the NPA Legislative team, all eyes are down ticket on the Nevada state Senate and Assembly races. The outcome will determine the makeup of both chambers and help your legislative team in positioning the NPA agenda for the upcoming Nevada Legislative Session set to begin February 1 in Carson City.

Currently, Assembly Republicans are on the (very) short end of a 29-13 superminority. GOP leadership is, wisely, not talking about 'winning' the Assembly, but they are optimistic they can pick up enough seats to graduate to the minority. That's important, because superminority status relegates the caucus to the bleachers, unable to stop any bill requiring a two thirds vote (think taxes). A two seat R pickup is all that's needed in the lower house.

In the state Senate, the Democrats, meanwhile are looking at expanding their simple majority to the same supermajority their Assembly colleagues now enjoy. Today, Democrats hold a 13-8 advantage in the upper house, meaning just a one-seat pickup will give them that impenetrable hold in the Senate. Seems easy enough, but it's not. In fact, the Senate R caucus is trying to flip a seat or two themselves to make it a more competitive 12-9 or 11-10 Democrat plurality.

Remember, YOUR vote matters. In the 2018 election just 24 Nevada voters decided whether Senate Democrats would enjoy supermajorities in both houses. That's right, only 24 votes. That was the margin of victory for Republican Senator Keith Pickard in his District 20 win over Democrat Julie Pazina. *Two dozen voters decided the make up of the state Senate and changed history.* Proof positive everyone needs to get out (or stay in) and VOTE.

NPA Advocacy Benefits

NPA's advocacy efforts are supported by your membership in NPA. NPA's advocacy benefits all psychologists, NOT just those who belong to our organization. We thank you for continuing to support the future of psychology and those we serve through your active membership in NPA!



Professional Liability Insurance Become a Part of The Trust Community

For Psychologists, By Psychologists!

It's easy to see why The Trust is chosen by more psychologists than any other provider to protect themselves and their careers.

Our policy and supporting programs are tailored to meet your specific needs and to cover you whenever you provide psychological services.

When you're with The Trust, you're more than a policyholder. You're part of a community of like-minded peers with a common goal of making the world a better place, one patient at a time.

In so many ways, we have you covered — *because we're more than just insurance.*

Complete Protection Throughout Your Career

- Affordable claims-made **and** occurrence policy options
- Free unlimited and confidential risk management consultations
- Free unrestricted ERP or 'tail' upon retirement, death or disability
- Prior acts included when switching from a claims-made policy
- Unlimited defense for sexual misconduct allegations
- Medicare and Medicaid payment audits
- HIPAA privacy violation investigations & licensing board defense
- Case review process for adverse claim or underwriting decisions
- Premises liability, advertising injury and personal injury
- Solid reputation - carrier rated A++ (Superior) by A.M. Best
- Discounts on CE courses and products through TrustPARMA

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PSYPACT WHAT'S NEW WITH

THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

PSYPACT STATES

D.C.
GUAM
P.R.
U.S.V.I.

Arizona
Colorado
Delaware
Georgia
Illinois
Nebraska
Missouri
New Hampshire
Nevada
Oklahoma
Pennsylvania
Texas
Utah
Virginia*
North Carolina*

PSYPACT COMMISSION

The PSYPACT Commission is the governing body of PSYPACT responsible for oversight of the compact and for writing the Bylaws and Rules that govern PSYPACT. Each PSYPACT state has appointed a representative to serve as their state's Commissioner.

Since its formation, the PSYPACT Commission has convened for five meetings. For more information about the meetings as well as future meeting dates, please visit the Scheduled Meetings page at www.psypact.org.

* Virginia becomes effective 1/1/2021 and North Carolina becomes effective 3/1/2021.

PSYPACT APPLICATIONS ARE NOW OPEN

On July 1, 2020, applications to practice under the authority of PSYPACT officially opened. There are two ways to practice under PSYPACT. As a psychologist licensed in a PSYPACT state, you can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states.

VISIT WWW.PSYPACT.ORG TO START YOUR APPLICATION!

FEEES FOR PSYCHOLOGISTS

TELEPSYCHOLOGY	FEE	TEMPORARY IN-PERSON, FACE-TO-FACE PRACTICE	FEE
Authorization to Practice Interjurisdictional Telepsychology	\$40	Temporary Authorization to Practice	\$40
E.Passport Application Fee*	\$400	Interjurisdictional Practice Certificate (IPC) Application Fee	\$200
E.Passport Annual Renewal Fee	\$100	Interjurisdictional Practice Certificate (IPC) Annual Renewal Fee	\$50

PSYPACT COMMISSION TIMELINE

- July 22-23, 2019** Inaugural PSYPACT Commission Meeting held (in-person)
- October 9, 2019** PSYPACT Commission Meeting held for Proposed Rules from July 2019 Meeting (via teleconference)
- November 21-22, 2019** PSYPACT Commission Meeting (in-person)
- January 28, 2020** PSYPACT Commission Meeting Scheduled (via teleconference)
- February 27, 2020** PSYPACT Commission Meeting held for Proposed Rules from November 2019 Meeting (via teleconference)
- November 19-20, 2020** PSYPACT Commission Meeting (via teleconference)

*ASPPB has temporarily waived the E.Passport application fee of \$400 until 12/31/2020.

2020 Winner of Alfred M. Wellner Lifetime Achievement Award for Research Excellence

The National Register of Health Service Psychologists is proud to present the **2020 Alfred M. Wellner Lifetime Achievement Award for Research Excellence** to David O. Antonuccio, PhD, ABPP, of the University of Nevada, Reno School of Medicine.



This award is named in honor of the National Register's first Executive Officer, Alfred M. Wellner, PhD. The Wellner awards, offered for research and clinical excellence, are the highest honors bestowed on a Registrant to commemorate numerous and significant contributions to psychology during a distinguished career.

The National Register's Awards Committee selected Dr. Antonuccio for the Wellner award based on his numerous professional accomplishments, dedication to advocacy, and leadership in psychology. Among these many accomplishments, Dr. Antonuccio testified in the 2004 FDA hearings on the increased suicide risk of antidepressants in children, testimony that contributed to the black box warnings on antidepressant use in children. He has published and presented extensively on the efficacy of antidepressants and on the behavioral treatment of smoking cessation.

Upon receiving the award, Dr. Antonuccio said, "Clinical research is essential to the development of effective treatments. This award for excellence in research means the world to me because it is given by an organization that represents health care providers, the group of psychologists with which I most identify. I love doing psychotherapy. The tools we have as psychologists are powerful and we know that because of clinical research evaluating treatment outcomes. It has been said that 'you can give a person fish and feed him for a day, or you can teach him how to fish and feed him for a lifetime.' In my view, psychotherapy is the equivalent of teaching someone how to fish. Clinical research has shown us how to do that most effectively."

Dr. Antonuccio is a Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at the University of Nevada, Reno School of Medicine, where he taught for 32 years. Concurrently, he worked for 24 years at the VA Medical Center in Reno. He has also had a private practice for more than 35 years. He served on the Nevada State Board of Psychological Examiners from 1990 to 1998. His clinical and research interests include the behavioral treatment of depression, anxiety, and smoking. He was named Outstanding Psychologist in 1993 by the Nevada State Psychological Association (NSPA), received an Award of Achievement from NSPA in 1999 for his work on depression, was named the 2000 recipient of the McReynolds Foundation Psychological Services Award for "outstanding contributions to clinical science", and received the APAHC (Association for Psychologists in Academic Health Settings) Bud Ogel Award for Distinguished Achievement in Research in 2006. He was named the 2011 recipient of the Ira Pauly Award for outstanding residency teaching in psychiatry at the University of Nevada School of Medicine. His articles on the comparative effects of psychotherapy and pharmacotherapy have received extensive coverage by the national media and are models of careful scholarship. He is author or coauthor of over 100 publications.

Dr. Antonuccio has been credentialed by the National Register since 1984. This announcement will also be featured in the National Register's *Journal of Health Service Psychology*.

Update from our Diversity Committee

2020: A Year of Practicing Allyship

2020 has been a challenging year for Diversity, Equity, and Inclusion (DEI). The onset of the changes that came from COVID-19 presented unique barriers in our ability to connect with one another. Given the immense expertise held by Nevada psychologists, DEI committee members offered trainings and discussions on the impact of COVID on our community. The demonstrations across our nation demanding recognition of the long understood racial and equity disparities in our systems shed light on the ways in which we can all be involved in DEI, not just for our clients but for our community as a whole. Allyship, the concept of contributing to a community that one does not identify with, requires active participation and growth. Psychologists and psychologists-in-training have a responsibility to actively engage in the ongoing work that encompasses allyship. This work can often be difficult as it requires vulnerability and confronting our own and others' biases. The research on this subject is clear: training alone, without continued internal challenging, does not promote lasting change. Through continued education and introspective work in the ever changing climate brought by COVID-19 we psychologists are able to serve the communities in which we live.

L.E. Chapple-Love, Ph.D.

2020-2021 Diversity, Equity & Inclusion Committee Chair

**Are You Interested in
joining an NPA Committee
or Regional Board?**

We Welcome Your Involvement!

Send us an email at
admin@NVPsychology.org
so we can get you
connected today!

Update from our Northern Region Board

The Northern Region Board members have returned for a second term with Dr. Laurie Drucker as President, Dr. Dan Gunnarson as Vice-President, Dr. Leeanne Hemenway as Treasurer, Dr. JP Crum as Secretary, and Ali Molaei as UNR's Campus Representative. In addition, Dr. Chauncey Parker who serves as ECP Co-Chair and Adrienne Chong from UNR who is serving on the Executive Board as the Northern Region's State Advocacy Coordinator are joining in our monthly meetings. We have developed some new initiatives which include: increasing outreach and opportunities for collaboration with students and faculty at UNR; offering one or two-credit CE programs that offer both learning and networking for members; and exploring ways to interact with other mental health programs or services in our community. We will be sending out a survey to all students and psychologists in the northern



region asking for input on other ways the Northern Region can offer programs or services that would meet members needs. Finally, we hope to reschedule our Annual Social in 2021 if conditions allow for larger in-person gatherings again. We hope everyone stays healthy and well during these challenging times.

Laura N. V. Drucker, Psy.D.

2020/2021 Northern Region President

APA Council Update—Dr. Noelle Lefforge

For the first time in history, APA Council met virtually from August 4-6. I could not be more impressed with how APA President Shullman led this meeting, an unwieldy task given the size of Council, the importance of debate, and the multiple remote platforms utilized.

In case you are unfamiliar, the Council of Representatives is the legislative body of APA and has full power and authority over the affairs and funds of the association within the limitations set by the certificate of incorporation and the Bylaws. As the highest governing body of APA, Council has the power to review, upon its own initiative, the actions of any board, committee, division or affiliated organization. Here is a summary of the important work that APA Council completed during its last meeting:

- Voting Rights for Ethnic Minority Psychological Associations (EMPA) Representatives on APA Council – This was a particularly important issue with a painful, traumatic history. Most EMPAs (AAPA, AMENA-PSY, NLPA, and SIP) currently send delegates to APA Council, but they do not have a voice and they must be excused when Council goes into session until Council votes to have them re-enter. The equity issues are painfully clear. Council has overwhelmingly support voting rights for EMPAs and approved bylaw changes accordingly three times in the past. All three membership has defeated them. The toll this active exclusion has taken cannot be overstated. It is part of the history that has led ABPsi to sever ties with APA. The current bylaw changes enact voting rights for EMPAs who chose to utilize them, while preserving their right to send a non-voting delegate or no delegate. Council approved the bylaw changes (98.2% support) and declined to include a pro/con statement on the ballot because no opposition points were raised. ***If you are an APA member, watch for your ballot to vote on these bylaw changes.*** I strongly encourage you to vote in favor of these changes. More work is ahead; for example, we expect to see a proposal that would change current requirements for EMPA delegates to be APA members. However, this is a necessary first step toward inclusion.
- Voting Privileges for a New Membership Category for Graduate Students – APA Council revisited this item from last year, which membership voted down by the membership. The new item disentangled student voting from masters level voting and Council approved with 73% of Council in support. There was more debate about whether or not a pro/con statement should be included on the ballot, given the ample research that shows that these statements often induce bias and favor voting to retain the status quo. Others felt that these statements are necessary to provide education to the voter. It is possible that some Council members who opposed graduate student voting supported inclusion of the pro/con statements to reduce the likelihood it will pass when again presented to the membership. Although 65% of Council wanted to remove the pro/con statement from the ballot, it need 2/3 vote to pass and thus failed. Therefore, you will see an pro/con statement on this item when it is presented to membership. ***If you are an APA member, watch for your ballot to vote on these bylaw changes.***
- Personally, I support voting privileges for students. I see this as in equity issue in which students become fully enfranchised voting members of the organization. This is very much related to other equity issues; for example white people account for 91% of APA full members are white, as opposed to 70% of graduate students in psychology. To survive and thrive, APA needs to do a better job of bringing in the next generation of psychologists, and that is not happening with the status quo. ***If you are an APA member, watch for your ballot to vote on these bylaw changes.***
- Approved Policy Statement - [Psychology's Understanding of the Challenges Related to the COVID-19 Global Pandemic](#)
- We were presented with several videos that demonstrate the work of APA. You can view the [APA Year \(so far\) in Review](#), [APA: Coping with COVID](#), [APA International Work](#), and [COVID-19 Self-Care Resources for Healthcare Professionals](#).

APA Council Update—Dr. Noelle Lefforge

Council will meet again in February, 2021. We can anticipate more work on the following:

- Implementing recommendations from the Work Group on Enhancing Council's Effectiveness as a Policy-Making Body
- Modernization of the APA Bylaws and [Reenvisioning APA Council](#)
- Comprehensive review and revision of the [APA Ethics Code](#)
- Updates from the [Advisory Steering Committee for Development of Clinical Practice Guidelines](#) and [APA Guideline Development Panels](#)
- Updates from the [Task Force to Delineate Competencies for Students Completing Masters Level Programs in Health Service Psychology](#)

Please let me know if you would like any additional information about any of these issues. As always, I love hearing from you all and representing your voices!

Noelle Lefforge, Ph.D., MHA, CGP

ATTENTION APA MEMBERS.....Your APA Apportionment Ballot will be sent out electronically on **November 1st**. Don't Throw Away Your Voice at the National Level!!!

THE APA APPORTIONMENT BALLOT—DOES IT MATTER?



!!!! YES IT DOES !!!!



WHY??? The Council of Representatives is APA's chief governing body and is charged with legislative and oversight responsibilities for the entire Association. Council's function is to develop and implement policies and programs..."to advance psychology as a science and profession and as a means of promoting health, education and human welfare."

While policy development begins with APA's boards and committees, and the Board of Directors, the final decision-making body is the Council. The Council votes on MANY items that impact state associations and the professional practice of psychology. In 2013, SPTAs composed 53% of the organized entities that make up Council, but had only 40% of the representatives and votes. The good news is that SPTAs have gained 5 seats since 2007, but you need to vote to help NPA gain more seats.

NPA Needs Your Votes! The number of votes obtained in the Apportionment Ballot process determines which SPTAs and Divisions get the additional seats past the one per entry. APA Members are given 10 votes to use as they wish—you can allocate all of your ten votes to your state (or split them up amount your SPTA and Divisions) to ensure that NPA, and all state associations, continues to have a voice on the APA Council. Because Divisions can draw from large pools across the country, many end up with multiple representatives on Council, whereas states typically can only muster enough votes for one seat.

Center for Sexual Health and Wellness



Announcing the new practice of licensed psychologist Dr. Jordan Soper focused on providing sexual and mental health treatment to adults. In-person and telepsychology appointments now available.

Phone: 702.587.1573

Email: Receptionist@TheCSHAW.com

Address:
880 Seven Hills Drive
Suite 250
Henderson, NV 89052

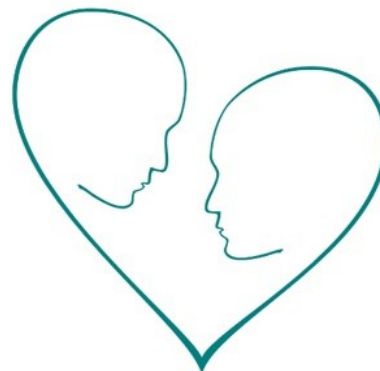
Concerns Treated:

Sexual Health & Functioning

- Desire/Interest
- Arousal
- Performance
- Orgasm and ejaculation
- Satisfaction
- Pain
- Exploration
- Communication
- Infidelity
- Medical co-morbidities
- Education
- Out of control sexual behaviors (“sex addiction”)
- Gender and sexual identity concerns

Anxiety & Trauma

- Generalized Anxiety Disorder (GAD) and worry
- Obsessive Compulsive Disorder (OCD)
 - Sexual obsessions
 - Sexually violent obsessions
- Social Anxiety & performance anxiety
- Panic Disorder and panic attacks
- Phobias
- PTSD



Article: Psychological Practice During the Pandemic

Psychological Practice During the Pandemic: Results of Two National Surveys

Morgan T. Sammons, PhD, ABPP, and Jana N. Martin, PhD



In March, 2020, the National Register of Health Service Psychologists (the Register) and the American Insurance Trust (the Trust) surveyed their combined memberships in an effort to determine the effects of the pandemic on psychological practice. Our first survey was accomplished very soon after COVID19 had been declared a national public health emergency. Subsequently, we surveyed our memberships again in

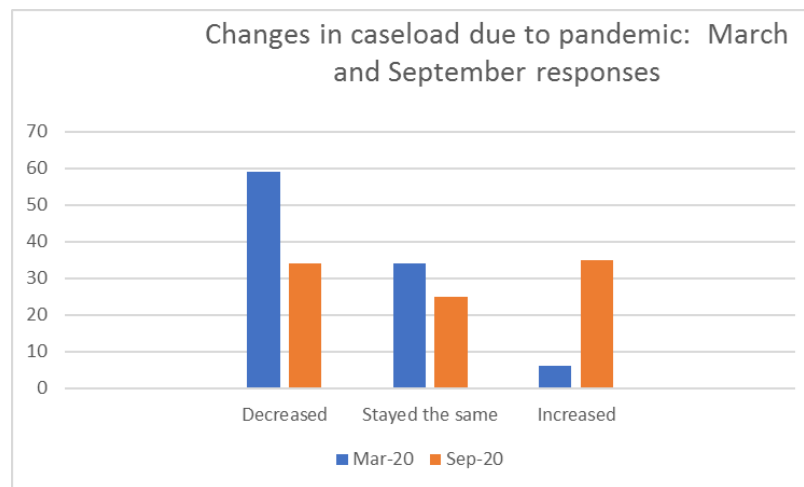


September, approximately 6 months into the pandemic. Our results are both instructive and in certain respects encouraging regarding the future of psychological practice. A full description of our March survey results can be found in Sammons, VandenBos and Martin (2020), and our most recent survey results appear as Sammons, VandenBos, Martin, and Elchert (in press). I summarize our results in this short article.

First, a word about our method. We used a convenience sample of members of the Register and Trust Insureds. We had an excellent response, with over 3000 psychologists responding to each survey. Response rate to both surveys was 13.6%, which is reasonable for a rapid-response survey of this nature. We were encouraged in that our findings largely mirrored those of other surveys of psychologists performed during the pandemic (e.g., Pierce, et al., 2020), so we are fairly confident that they are an accurate reflection of psychological practice.

In March, many psychologists saw a significant decline in caseload – our survey showed that approximately 60% of respondents reported such a decline. By September this situation had improved (see Figure 1).

Figure 1. Changes in caseload, March and September 2020.



While around one-third of respondents continued to report a decline in caseload, equal numbers saw an *increase* in patient numbers. This may reflect increased comfort with using telepsychology by both provider and patient, it may also reflect an increased demand for psychological services as we continue to grapple with the ongoing crisis.

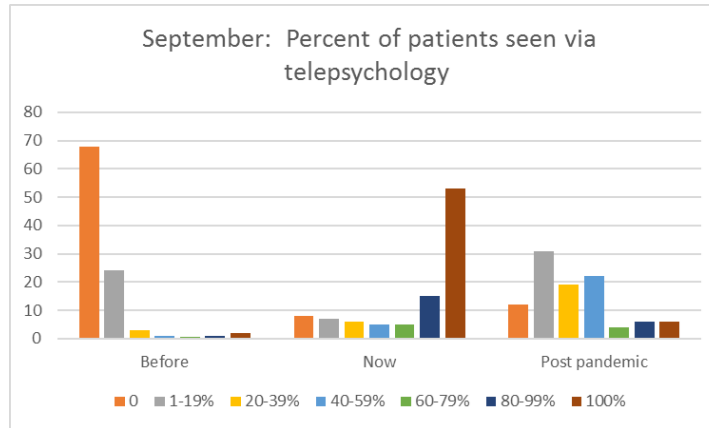
Our September survey also demonstrated how directly psychologists had been affected by the pandemic. Forty-five percent knew of individuals who contracted the disease, 13% knew someone who died of the disease, and 2% reported contracted the disease themselves. We did not ask our respondents how significantly their patients had been affected, but it is undoubtedly the case that many patients have experienced the illness or loss of family members.

Within a few weeks of the onset of the pandemic, overwhelming numbers of psychologists had switched at least part of their practice to telepsychology – around 85% (as noted above, this number was validated by similar findings emerging from other surveys). More senior psychologists with over 26 years of practice seemed to have done so with the same alacrity as less experienced providers. Regardless of seniority, the majority of psychologists felt prepared to make this switch, likely a reflection of the many years of discussion about telepsychology that the field has engaged in. According to our September survey results, the transformation to telepsychology has solidified and seems to represent a permanent change. Over 60% of respondents were seeing (*continued on Pg 12*)

Article: Psychological Practice During the Pandemic (continued)

at least three-quarters of all their patients online, and the majority anticipate seeing as much as half of their caseload online after the pandemic ends (see Figure 2).

Figure 2. Percent of patients seen via telepsychology.



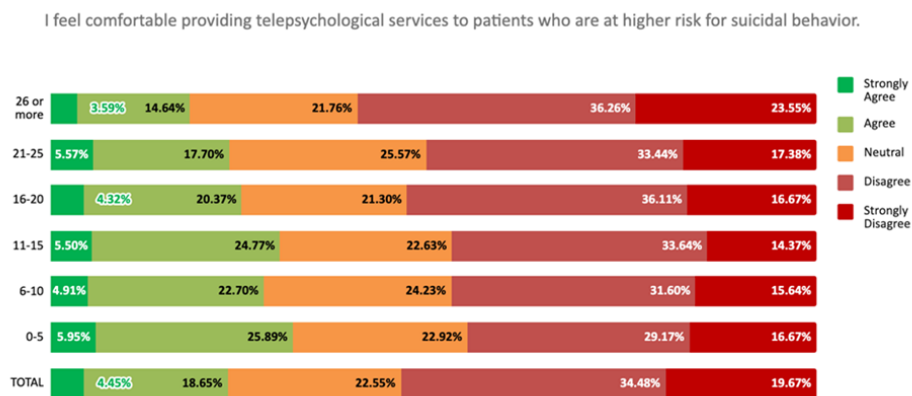
Very few respondents anticipated resuming in-person services until a vaccine is made available. At the same time, respondents reported greater confidence in using telepsychology, which perhaps can be ascribed not only to increased familiarity with the technology but to the many hours of instructional material the National Register and other organizations rushed to provide.

We did not survey the attitudes of patients directly, but in both September and March we asked psychologists to estimate the receptivity of their patients to telepsychology. Here too we have seen a change towards acceptance of this relatively new technology. In March, almost all respondents noted that at least half of their patients didn't seem to like telepsychology. By September, over 50% of respondents noted that the majority of their patients were as accepting of telepsychology as of in-person services.

We did find that psychologists reported that as many as 20% of their patients did not use telepsychology because they had difficulty accessing the technology. This confirms the existence of a digital divide separating those with access to telepsychology from those without. Our methodology did not, however, allow us to determine if this divide was based on age, income, ethnicity or other factors that have previously been reported as perpetuating lack of access to internet services and technology.

In addition to this digital divide, we found that most psychologists reported that they are uncomfortable providing telepsychology services to patients at risk for suicide as Figure 3 illustrates.

Figure 3. Respondents' comfort and patients with suicide risk.



(Please note the Register presented an outstanding webinar on the topic with Dr. David Jobes which you can [access here](#)). This is understandable, but it also uncovers a gap in clinical training, regardless of delivery modality. We do not generally incorporate systematic training in suicide intervention into our *(continued on next page)*

Article: Psychological Practice During the Pandemic (continued)

educational curricula. This makes it probable that an intern confronted with a suicidal patient has not received any evidence-based instruction in managing suicidal patients prior to that encounter. This is not an acceptable scenario, and the Register has taken a specific step to remedy the problem by developing a series of [clinically oriented training seminars for graduate students](#). We must improve our training for suicide interventions regardless of service delivery modes. The same can be said for patients with psychotic spectrum disorders and other severe forms of mental illness. Systematic training in treating severe mental disorders should not be relegated to trainers, it should be a component of the graduate curriculum.

Cybersecurity risks are amplified using telepsychology, of course, so we must not stint in our efforts to provide more secure platforms and ensure that our patients understand the risks involved. Numerous surveys have demonstrated that providers are far more concerned about security and confidentiality than patients are. This is as it should be, and providers and regulators need to continually ensure that patients' confidence is not misplaced. Not a week goes by without a report that a hospital has seen its electronic infrastructure, sometimes including patient records, hijacked by ransomware. With the electronic health record a reality, all of us must redouble our efforts to stay ahead of nefarious actors.

In this regard, our survey found that psychologists who had been in practice for more than 26 years were more likely to use the telephone to provide therapy rather than video-based platforms. We also discovered that more senior psychologists were significantly more likely to use WhatsApp in providing video-based services. While this number overall was small (around 16% of those in practice more than 26 years), we noted that WhatsApp may not be an entirely HIPAA compliant platform, as its parent corporation, Apple, does not provide Business Associates Agreements.

Many obstacles remain. Most psychological tests have not been normed for remote administration, and it is daunting to consider how to perform assessments of psychomotor functioning using telepsychology. But our colleagues in neuropsychology and psychometrics are working on adaptations, and I anticipate that creative solutions to these problems will be rapidly forthcoming.

Similarly, regulations must keep pace with evolutions in practice. Agencies that continue to insist on in-person evaluation must balance their requirements against the risk of infection. The wheels of government grind slow, but this is a problem that requires immediate solution. Within the profession, it is clear that interjurisdictional practice will be more frequent in the future. PSYPACT is a step forward, but it is time that our licensing boards looked collectively at their requirements for practice. Patients expect the same standards of care, regardless of their location. That practitioners are beholden to widely varying standards of training and education from state to state is a problem that required fixing long ago.

To sum up, we discovered that psychologists responded to the pandemic by rapidly shifting their service delivery online. Although it is too early to tell, it is notable that at this point an uptick in legal or malpractice actions against providers regarding telepsychology-based breaches of privacy, security and practice standards has not been observed. This situation bears monitoring as telepsychology becomes more common.

The pandemic has created numerous challenges, some that must be urgently addressed. Insofar as we now have pressure to fix problems that have long cried out for solutions, this is not a terrible predicament. Likewise, in the despair created by COVID-19, there are elements worth salvaging that may indeed be beneficial in the long run. Some may be apparent now, some will only be shown to be beneficial in retrospect. Multiple problems will strain our creativity to find optimal solutions, and in many instances there will be no 'right' answers. But we know that there is one answer that will not work. Like the coronavirus, wishful thinking won't make them go away.

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2020 Continuing Education Calendar

“Last Chance Ethics” - Sequence IX: Ethics & Risk Management in Complex Clinical Conundrums

Daniel O. Taube, J.D., Ph.D.

Friday, November 13th ~ Live, Virtual Webinar ~ 6 Ethics CE Credits

2021 Continuing Education Calendar

Self Care

Chris McCurry, Ph.D.

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Telepsychology and PSYPACT

Alex Siegel, Ph.D., ABPP

Friday, April 9th ~ Live, Virtual Webinar ~ 3 CE Credits

29th NPA Annual Conference: Diversity

Evelyn Burrell, Psy.D.

Friday, April 30th ~ Live, Virtual Webinar ~ 6 CE Credits

Telehealth

Sean Dodge, Psy.D.

Friday, May 21st ~ Live, Virtual Webinar ~ 4 CE Credits

Substance Abuse Disorder

Shane Kraus, Ph.D.

Friday, September 10th ~ Live, Virtual Webinar ~ 6 CE Credits

Self Care

Whitney Owens, Psy.D.

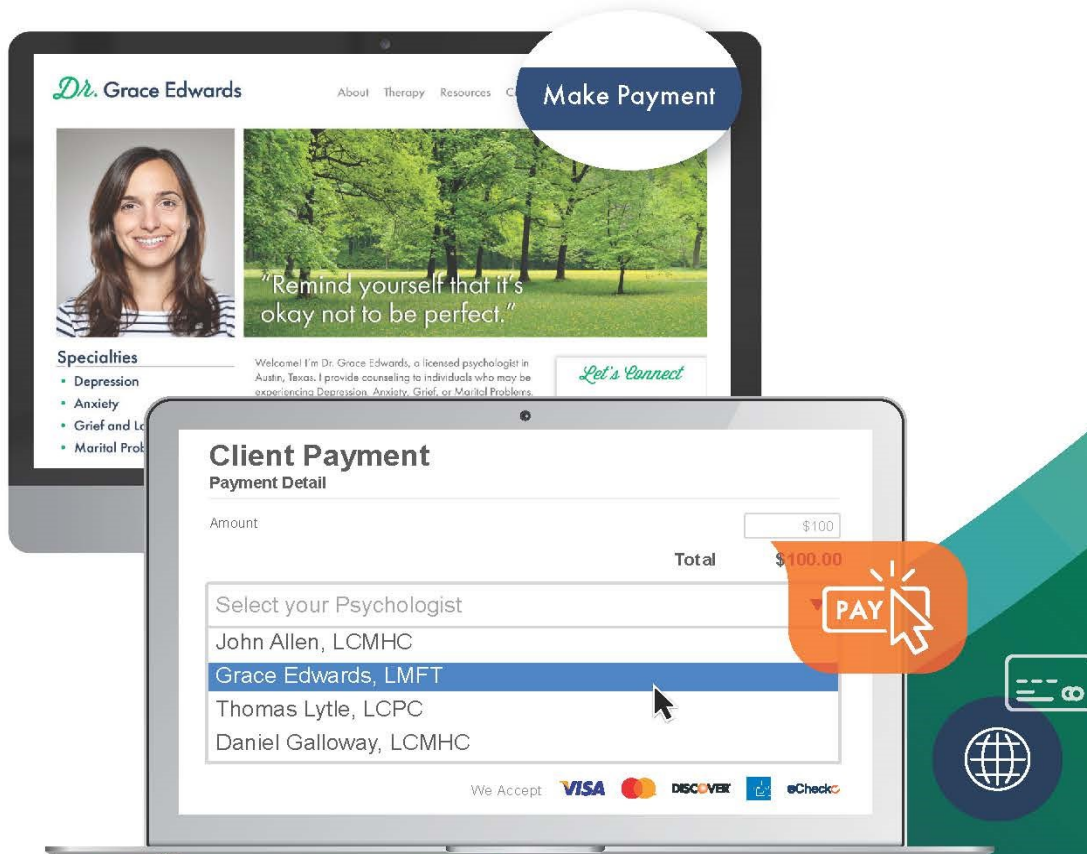
Friday, September 24th ~ Live, Virtual Webinar ~ 3 CE Credits

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