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A dear friend and trusted mentor has told me repeatedly that we create our own futures. Indeed, he has given me a lot of valued advice over the years, but the verse I’ve heard him come back to most often is that one—we create our own futures. I used to silently argue with him—silently, out of respect for him; argue, because—well—it was in my nature and it was consistent with my training as a scientist and lawyer. Over time, though (as he predicted, as if he was reading my mind when I was silently arguing with him), I found my arguments less persuasive and his simple statement seemingly more accurate—we create our own futures. To be sure, I don’t believe it is entirely accurate that we create our own futures. Surely there are disease processes, circumstances, natural disasters, and other influences on our lives and futures over which we have little or no control. At the very least, however, we can impact our futures which, in effect, results in us creating our futures. And if we can create our futures on an individual level, I believe we can create our futures on an organizational level. And I believe we, individually and collectively, can create the future of the discipline of psychology. That is, we’re not passive recipients of what the future brings to us, but, instead, we are active creators of what is to come. As such, we have an awesome responsibility—not just to ourselves and those we know and impact in our personal and professional lives, but to each other, to our organization, and to the future of our discipline.

Influencing the future requires each of us to take personal responsibility and to persevere in order to succeed. Harland David Sanders, perhaps better known as Colonel Sanders of Kentucky Fried Chicken, had his famous chicken recipe rejected 1,009 times before a restaurant accepted it. Walt Disney was once fired by a newspaper editor because he “lacked imagination and had no good ideas.” Oprah Winfrey was fired as a television reporter because she was “unfit for TV.” Whether it’s at the individual level, the organizational level, or even a broader level on behalf of the field of psychology, it is by taking personal responsibility and persevering in the face of adversity and continuing despite the presence of naysayers that individuals, organizations, and professions move into future frontiers.

Influencing the future also requires taking risks. This is particularly challenging because the human brain is wired to be risk averse. Therefore, as the accomplished author and Forbes magazine contributor Margie Warrell has pointed out, it is much easier to settle for the status quo and keep our mouths closed and our heads down rather than make a change, take a chance, or speak up and engage in what she calls a “courageous conversation.” We do this, she has pointed out, for four main reasons. First, we over-estimate the risk of something going wrong—we magnify the potential in our imaginations to the point it freezes us into inaction. Second, and relatedly, we exaggerate the consequences of what might happen if our over-inflated risk of a negative outcome comes to fruition. In other words, we tend to “catastrophize,” ignoring the likelihood that if things were to go less than perfect, we have the ability to intervene and ward off more catastrophic results. That leads me to the third point: we under-estimate our ability to handle the consequences of risks. Finally, we discount or deny the cost of inaction. We generate excuses for maintaining the status quo and “playing it safe,” not fully acknowledging what we’re missing out on by maintaining the status quo.

While creating the future requires personal responsibility, perseverance, and taking risks, we must also be true to ourselves. In order to do so, we must...
first be clear about what we believe in and what our values are; that will define who we are. OPA, for example, has four core values: championing human rights and mental well-being for all; modeling diversity and inclusiveness; striving to be a role model for support of environmental sustainability; and working in collaboration with other organizations and leaders. It is when one finds concordance between what one believes in on the one hand and what one does on the other, that one is true to himself or herself. We create our futures by actively exploring our beliefs and values; and regularly taking an inventory of the concordance between our beliefs and values on the one hand and our actions on the other.

As OPA gears up for its annual convention, this year addressing Future Frontiers, I challenge each of you to embrace the reality that we will create our futures—individually, organizationally, and as a discipline. In doing so, each of us needs to take personal responsibility for the future of our discipline; we must persevere in the face of challenges, nay-sayers, and setbacks; we must take some risks, trusting we have the ability to stay off devastation if things don’t go exactly as planned; and we must remain true to who we are as individual psychologists, as an organization, and as a discipline. As Abraham Lincoln once said, “The best way to predict the future is to create it.” I’m excited that the OPA Education Committee has selected “Future Frontiers” as the OPA Convention theme this year. There is a lot changing in health care, which means there is so much opportunity and potential for psychologists and psychology. To borrow a quote from Charles Darwin, “It is not the strongest or most intelligent who will survive, but those who can best manage the change.” We create our own futures. If you haven’t already done so, join in!

WE are OPA.
Together We Are Making A Difference!

OPA REVIEW 2016 OPA CONVENTION: FUTURE FRONTIERS OF PSYCHOLOGY

April 28, 29 & 30 - Quest Conference Center in Columbus, Ohio

CONVENTION HIGHLIGHTS...

OPA’s Education Committee and staff have been working hard to create a convention that you won’t want to miss! In fact, three new CE tracks will launch, each with an initial session, at the 2016 Convention including:

• Cognitive Behavioral Therapy Track- led by Kevin Arnold, PhD, ABPP
• Practice Management Track - led by Tom Swales, PhD, ABPP
• Bureau of Workers’ Compensation Track - led by David Schwartz, PhD

OPA’s 2016 Convention provides the perfect opportunity for you to meet your CE requirements for the biennium. The All Inclusive Convention Package offers 18 CE credits, all meals, and a coupon good for up to 5 CE credits of OPA Webinars which allows you to obtain your entire biennium’s worth of 23 credits.

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A few weeks before we went off to the APA/APAPO State Leadership Conference we got a letter about looming financial problems facing the APAPO. We got much more detailed information at the conference. It definitely impacts in OPA in a big way.

Few people understand the distinction between APA and APAPO. APA is a 501 (c) (3) organization. That non-profit classification has stringent limitations on lobbying. APA likes to say that is focus is on “psychology”...the big picture...the scientific and educational components of the profession.

APAPO is a 501 (c) (6) organization. This non-profit classification is allowed to do advocacy/lobbying. APAPO is all about “psychologists”, protecting the scope of practice, lobbying for insurance reform, working to make Medicare more practical for practitioners. This is your guild organization as practitioners. Advocacy is key to what APAPO does. Many of the issues you face in your practices, public sector work and consulting can be impacted by advocacy and legislation. You need what APAPO provides.

APA dues support APA, which is also supported by publishing and what it earns from its properties in DC. It is reasonably stable financially. Membership in APA is down about 5% and it is working to increase its membership.

APAPO is supported almost entirely by dues....what used to be called the “Special Assessment” or “Practice Assessment”. For a variety of reasons APAPO’s membership is down over 35% and will probably be around 40% before all is said and done. I understand that people are angry and feel they were deceived. The impact is that this loss of members is forcing serious budget cuts. Important programs and services are being cut.

Bobbie Celeste and I depend on APAPO Legal and Regulatory Affairs staff for help with your insurance problems. We work closely with APAPO’s Government Relations staff on legislative issues and support their work on Medicare, Mental Health Access and Mental Health Reform. The annual State Leadership Conference has long been a cornerstone of our leadership development efforts to develop skilled leaders, who are also seasoned advocates. Some staff cuts are anticipated at APAPO and cuts in the State Leadership Conference are being discussed. Participation of leaders from the Practice Divisions of APA was discontinued for this year’s SLC.

Over the years I have been at OPA we have applied for grants from APAPO through the Committee for Advancement for Professional Practice almost every year. I calculate that during that time we have received over $215,000 in grants. Here are some of the highlights or our APAPO support.

- A CAPP grant helped us get the startup money to create Bobbie Celeste’s Director of Professional Affairs position. This has proven to be a tremendous service to our members and I can’t imagine OPA without someone in this role. We’ve been fortunate to have Bobbie Celeste, winner of the 2016 APA State Leadership Award!!
- CAPP funded our insurance advocacy work through Project FAIR in the early days of that program. We won some big battles with Magellan, Anthem, and others thanks to Glenn Karr and this focus on insurance advocacy that has become one of our most important member services.
- Most of the support for our work on mental health parity in Ohio came from CAPP/APAPO, including having access to an actuary to run the numbers on the impact of parity. While parity didn’t go as far as we wanted, we made progress and won over some key legislators who remain friends of psychology and mental health.
- OPA was a key member of the coalition that passed the Prompt Pay Bill and APAPO funds made that possible. The data we collected on the slow payment practices of insurers provided compelling support.
for the need for this legislation. When I started at OPA my phone was ringing constantly, and most of the calls were members with payment issues that were 30, 60, 120 or more days old. Those calls are rare anymore.

- Our work on Sequence of Training legislation would not have been possible without APAPO support. That was an important accomplishment for our students and early career psychologists.
- APAPO has supported our work on prescriptive authority in past years. This idea gets mixed reviews I know, but it is becoming a serious access issue for those with mental illness.
- APAPO support has enabled us to maintain a relationship with a lobbyist, who has worked on a variety of issues and monitored the legislature on your behalf. This has helped us with certification of Applied Behavior Analysts, court ordered outpatient treatment, BWC PTSD treatment for first responders, scope of practice issues, and so much more.

Next year APAPO will not be giving any legislative grants. It will continue to fund smaller state associations who need support to keep their doors open and there will be a small pool of emergency grant funds for very special circumstances. Losing the option of APAPO legislative grants is a serious blow.

When considering payment of your APAPO dues, and I hope you will consider this carefully and thoughtfully, think about some of the things above as great reasons to pay it! Ohio has really benefited from the support we’ve gotten because of the dues you all have paid in the past.
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The Strategic Plan of the Ohio Psychological Association (OPA)

OPA’s Strategic Plan is a goal–based model built upon OPA’s mission, vision, values and organizational goals. It provides a foundation and subsequent roadmap for OPA priorities and activities.

The development of the most recent strategic plan was a collaborative effort under the leadership of several former OPA presidents, including Cathy McDaniels-Wilson, Cathy Gaw and John Rudisill.

In 2009, an initial step in this multi-year process was to revise the OPA mission statement. After extensive discussion, the following mission statement was adopted by OPA:

To advance the creation, communication and application of psychological knowledge to benefit society and to improve people’s lives in Ohio.

Following the revision of the mission statement, OPA distributed surveys to and conducted focus groups with various OPA stakeholders, including OPA members, Board of Directors, other state psychological and professional associations, members of the media, coalition partners—including consumer groups and Ohio legislators.

In 2011, former OPA president, David Hellkamp was retained as a planning consultant and facilitator of the strategic planning process. One of the recommendations that emerged from this planning process was the need for a stronger focus on Early Career Psychologists (ECPs). In particular, it was agreed to establish a voting ECP seat on the Board of Directors.

In 2012, OPA committees began working together to develop strategic goals, informed by the vision and mission of OPA. In addition, committees were charged with developing metrics with which to evaluate strategic goals.

In 2013, committees were assigned to each goal with the intent of fostering more collaboration between and among committees. In the past, committees, task forces and regional associations functioned as mostly independent silos. It was hoped that incorporating the need for collaboration into each strategic goal would begin to break down the barriers between and among committees, task forces and regional associations.

The six goals of the Strategic Plan are to:

1. Advocate for public policies that promote psychological services, the field of psychology and a psychologically healthy Ohio.
2. Make psychology more visible to Ohioans by providing psychological resources, scientific knowledge, public education and referrals.
3. Support the personal and professional lives of psychologists throughout their lifespan, from student status through retirement.
4. Create and sustain an environment of diversity and inclusion, while holding cultural competence for Ohio Psychologists as a high priority.
5. Create and maintain a number of income streams to make membership more affordable while continuing to provide priority services that members want and need.
6. Provide a psychologically healthy and safe work environment for OPA employees and volunteers that supports their career and personal growth, and values their contributions, professionalism and ideas.

The Strategic Plan is the foundation upon which the work of OPA is based. Each committee, subcommittee, task force and regional association works on one or more aspects of the Strategic Plan as an integral part of their individual and collective responsibility as OPA leaders.
Since implementing the Strategic Plan, our accomplishments have included:

- Establishing a standing ECP seat on the OPA Board
- Reducing the ECP dues structure
- Establishing the Marketing Task Force and Health Care Reform Task Force.
- Developing non-dues income streams (e.g., consultation workgroup, marketing, updated professional practice toolkit)
- Surpassing social media goals in 2013
- Recognizing Psychologically Healthy Workplace award winners at APA State Leadership Conference (SLC) in 2012, 2015, 2016
- Maintaining stability in membership despite national downward trend in most other associations
- Realizing a significant bump in student memberships following annual internship workshop
- Hosting annual diversity brunches throughout the state
- Developing multicultural competencies
- Hosting a dinner and swearing in of newly licensed psychologists at annual convention
- Establishing a governance restructuring task force (2012-2014) and model development task force (2014-2016) to evaluate OPA’s current governance structure and to develop a more effective and efficient governance model consistent with the Strategic Plan goals.
- Enhancing orientation of OPA Board members as part of the Fall Retreat
- Expanding leadership development focused on ECPs, ethnic and cultural diversity, diverse identities (LGBTQ) and physical diversity through the newly developed Leadership Development Academy (LDA)
- Scheduling regular calls to discuss each strategic plan goal.
- Increasing public education by releasing position statements regarding issues with significant psychological impact.

The Strategic Plan is a living document which requires strong and active engagement among the Board, committee chairs and regional representatives. The following are some of the on-going tasks/projects that have emerged out of the Strategic Plan:

- Continuing enhanced Board orientation
- Updating and distributing the Professional Practice Tool Kit
- Developing new tool kits for distribution to OPA members (e.g., marketing, retirement)
- Regularly distributing health care reform information to members
- Increasing the number of webinars, home study courses, training videos, etc. available for MCE credit
- Redesigning the OPA web site to be more user friendly for OPA members, Board and staff
- Engaging students and ECPs as soon as possible
- Focusing on benefits and services across the professional lifespan (student – retirement)
- Focusing on professional transitions (e.g., student to post-doc to ECP to mid-career to late-career to retirement)
- Building and developing an expansive and robust leadership pipeline
- Increasing diverse representation on Committees, Board and EC
- Recognizing the impact on staff when new committees, task forces are created and governance changes are made. All require some level of administrative support/involvement
- Expanding OPA’s reach into underserved areas in Ohio (e.g., rural areas)
- Developing more effective strategies to reach members

As mentioned previously, the OPA Strategic Plan is a living document which is under on-going evaluation and scrutiny. We must continue to ask ourselves key questions:

- Do goals need to be modified in order to be as responsive as possible to major professional and social issues?
- Do the metrics underlying the Strategic Plan need to be updated?
- Are there other stakeholders who need to be involved in the discussion, development and/or modification of goals?

Together We Are Making a Difference
If You’re Not at the Table, You’re on the Menu!

I’m at the table for the Behavioral Health Re-design Stakeholders Meetings at the Ohio Department of Medicaid, and it already has made a difference. I was able to speak up about the need for psychological testing and assessment in community mental health services.

As Medicaid “re-designs” how the community mental health center services are reimbursed, the absence of psychological testing codes was noted. Under current Medicaid community mental health policy, psychological testing is billed as part of the CPT code 90791, psychiatric assessment. There is a limit of 4 hours per year for this service. Children were allowed to have additional hours of psychological assessment because the federal government requires that state Medicaid services provide children with all Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Limiting assessment hours continues to be an issue for adults, especially for forensic evaluations.

On behalf of Ohio psychologists, I recommended that psychological testing be included as one of the designated services (in addition to 90791) and that they be paid at Ohio Medicare rates. There was widespread support around the table for psychological testing, assessment, and reports done by psychologists. We are needed and appreciated by the community mental health agencies. Medicaid staff who are not clinicians are not as clear on why this testing is necessary. It remains to be seen what the final rates and coverage will be, but I will be at the table representing you. Meetings are held every two weeks between now and July 1, 2016 when some changes will be initiated (during the first year, agencies can chose to see the handout I prepared, go to our website under Professional Issues and Resources-Medicaid-Behavioral Health Re-Design.

To follow the changes being proposed at Medicaid for behavioral health services, go to and sign-up for the regular newsletters and information for providers and patients. http://bh.medicaid.ohio.gov/About

Why I Support Prescription Authority for Psychologists...

Senator Bill Seitz is introducing a bill in the Ohio Senate that will permit specially-trained psychologists to write prescriptions for their patients in consultation with physicians. Representative Kyle Koehler is introducing a similar bill in the Ohio House. I am a big supporter of both bills. Here’s why...

It might surprise you, but my support is not about strengthening our profession or allowing us to charge higher fees. (I think our profession would be strengthened more if psychologists focused on bringing our services to the legal and corporate worlds where we can charge higher fees and not have to hassle with insurance companies.) My support for psychologists who get special training and prescribe is all about our patients. It is also about those Ohioans who never get any psychological treatment because there are not enough providers to serve them. It is also about foster kids who are often prescribed as many as 6 psychotropic medications. It is also about the over prescribing of medication to the elderly. In other words, we need more well-trained mental health prescribers who also have great non-medication tools in their tool box.

• There are 104 mental health shortage areas in Ohio representing 72 out of our 88 counties.
• Over 250,000 new individuals with unmet mental health needs are seeking help now that they have Medicaid health insurance.
• While many patients improve with psychotherapy only, and all patients benefit in the long term from therapy, for some mental health disorders, psychotropic medication is essential for effective control of symptoms.
• Patients in cities and rural areas can wait 2-3 months for appointments with psychiatrists.
• When patients see a psychiatrist, they often have to pay totally out of pocket because over 70% of psychiatrists accept no insurance.
• Because of the long wait, primary care physicians, with limited training and experience in mental health treatment, prescribe about 80% of psychotropic medications.
• Many physicians ask psychologists for suggestions re medication for their patients.
• Patients get prescriptions from other non-physicians whom they see, advanced practice nurses, dentists, optometrists, chiropractors, and podiatrists.
• Psychologists have been prescribing psychotropic medication to their patients for over 10 years in New Mexico and Louisiana with no adverse effects.
• Psychologists have wonderful non-medication tools and knowledge and rely less on medication.
• Untreated mental illness leads to great suffering on the part of the individual, their family, and the community.

**APA STATE LEADERSHIP CONFERENCE HIGHLIGHTS**

Kathy Ashton, PhD, ABPP, Rep. Jim Renacci & Bob Stinson, PsyD, JD, LICDC-CS, ABPP

Bobbie Celeste, PhD accepts State Leadership Award.

Kathy Ashton, PhD, ABPP, Rep. Marcy Kaptur & David Hayes, PhD

Joyce Jadwin, PsyD & David Hayes, PhD

Former Ohio Governor and psychologist, Ted Strickland

Donnika Hawkes-Saundrs Legislative aide for Congresswoman Beatty meets with Ashley, Roshni and Bobbie to discuss access to psychological services.
“The New Normal 7 Things To Know As You Care For And Love A Child With Special Needs” is the exact title of a lovely, remarkable, and highly useful collection of parents’ reflections on different stages of their psychological adaptation to the needs of their children with disabilities. The author, Dr. Nancy Musarra, and her daughter, Giana, who’s special needs include parental management of a rare seizure disorder and co-occurring developmental problems, make every effort to emphasize that loving parenting of highly disabled children involves personal growth, insight, and rising to the occasion emotionally. I am aware that I have just introduced the word disability.

My use of the word disability, with its negative connotation, deviates somewhat from the positive message of the author. However, as a reviewer, I feel the word is necessary to understand what the book is based upon. The basis of the book is mainly accounts obtained from parents of children with severe and multiple developmental difficulties that impact basic life functions such as mobility, feeding, and cognition that require the parent provide careful medical management. Additionally, there are several accounts from a smaller number of parents whose children have more circumscribed problems, such as the total absence of hearing (until receiving cochlear implants) or Autistic/Asperger’s ‘spectrum syndromes. Regardless of degree or type of disability, the author’s point is that the parents’ own development is part of the loving parenting process. Her work offers to the reader the opportunity to learn about the stages or facets of change, awareness of evolving strength, and new ways of coping as experienced by parents.

As a way to think about and organize her findings, the author has grouped the parents’ narratives into seven topics. These are Acceptance, Learning About You, Understanding What your Child Can and Can’t Do-Yet, Feeling Alone, Loving this Child as a Couple. Listening to the Tone of “We,” Responding to Other People and the Shocking Things They Do or Say, and Embracing the Good and Those Who Care. I believe that many parents of special needs child will likely find these topics reflect their experiences. Seeing their own journey paralleled in the narratives will help them to feel that their inner and relational transformations are valid. Parents who are not psychologically minded, not in itself a flaw, or who are in the very early stage of “Acceptance” may not experience that identification and may not cozy up to the book. In contrast, I can predict with certainty that clinicians themselves will likely find that this book is helpful in broadening and deepening their understanding of the ways in which parents raising children with severe disabilities grow psychologically. The “7 THINGS TO KNOW” can serve as a list of areas that merit exploration in the course of providing services to parents of children with any type of disability. We often accept the task of evaluating children and at that point think mainly about providing a diagnosis or contributing to an IEP or treatment plan. But, this book can help us do something more, to be open to the varieties of parent experience. If we know what to listen for, we can make our assessment processes more relevant to the parenting process.

While I recommend the book for the above reasons and purposes, it must be noted that the work is lacking in providing a framework and specifics that would be helpful in grasping the context and understanding of the validity of the seven topics as a working model. We are offered almost nothing about the circumstances of the “interviews.” Were they part
of a workshop, a research project or a treatment package? We also do not know if the narratives were recorded and transcribed, put together from notes or written responses to questionnaires. We know little about the parents since we are not given basic information about their ages, their education or their cultural backgrounds. The field of psychology has a number of established methodologies for documenting first person accounts. It may sound harsh, but it is an unfortunate omission that the method by which the narratives were obtained and analyzed is not described. The author’s work would be taken more seriously if she had provided a description of how the data was collected. Knowing more about the sample of parents and children would also add to our understanding of the generalization of the findings. We do also not know if the model originated from analysis of the narratives, or if the narratives were used to refine or test an existing model or theory. This is fundamental to careful thinking. Beyond the culture of scholarship, there is a value in providing descriptions of the how, the who, and the why (epistemologically speaking). Had the author provided details of the scientific aspect of this work, however flawed it might or might not have been, it would have helped form a foundation for activities such as grant applications and service delivery. Had the author included copies of the instruments that she used, such as a questionnaires or structured interviews, clinicians and parents could more easily step onto the path of enlightenment and at the same time contribute data on the topic.

So in understanding “The New Normal 7 Things To Know As You Care For And Love A Child With Special Needs,” one must accept that it is not a scholarly work. And, it is also lacking in basic editing, for example, the title is missing punctuation; there are some aspects of the graphics that are confusing, and there are other errors of “mechanics” that it would be too nitpicky to list. It is however a rich collection of narratives and thoughtful editorial comments. It presents a framework that, unquestionably, can be useful for sensitizing the clinician to understanding the growth of the parents of children with special needs. It has certainly been useful to me. For example, on conferring about an intervention for a developmentally disabled patient, I paused to consider the extent to which teaching the caregiver the technique would be empowering or overwhelming at the present time. My response, “We need to ask, especially about the timing”. In a similar vein, in a session with another client who seems to side-step focusing on her own self-care, I was able to listen with greater fidelity to how adapting to the changing needs of her developmentally disabled son is rewarding and also a block to her making specific plans for taking care of herself. Had I not just read “The New Normal...”, perhaps my ears would not have been tuned so precisely to this frequency. The book itself also provides a way to reach out to parents. I can attest to that too. I asked two clients to glance over my review copy and tell me what they thought, and both asked where they could obtain their own. And there is an out-of-office value to this book– I also found myself engaging in an extended (maybe more than I really wanted) and somewhat one-sided conversation with a young man with obvious but non-specifiable difficulties all about his experience with bottled water. He rolled off when his bus was in sight and graciously bid me a good day and a great life! I felt I picked up a little positive energy in that exchange.

So in sum, I would suggest that you read this book. You will find yourself offering words of encouragement to strangers, looking for ways to be more supportive to your clients, and thinking about growth and development of special needs parents. The personal development of parents of special needs children is important; they are the key care givers and case managers; they are role models for the care of others; they exemplify the undefined sacrament of parenting. We have much to learn from them. Read this book. Enter their world and be better for it.

ADDITIONAL NOTE FROM REVIEWER:
By way of disambiguation and the history of the expression the “new normal”:

“New Normal is a term in business and economics that refers to financial conditions following the financial crisis of 2007-2008 and the aftermath of the 2008–2012 global recession. The term has since been used in a variety of other contexts to imply that something which was previously abnormal has become commonplace.” (https://en.wikipedia.org/wiki/New_Normal_(business) 3/3/2016 9:57 am).

There is also a provocative webtoon by the pseudonymous author and artist, Youngpaka, called “New Normal” or “New Normal-Class8,” which interestingly is about a classroom in “Rainbow High School” in which the students with deformities and special talents struggle with their differences and find their own ways of coping. Depending on your viewpoint, it is either offensive or sensitizing. For a cross-cultural and cross-generational view of disabilities, this is worth viewing. Find it at http://www.webtoons.com/en/comedy/new-normal-class-8/ep-0-prologue/viewer?title_no=100&episode_no=1

Many readers may also know about the short-lived 2012 NBC sitcom “The New Normal” which pushed the limits on popular ideas about family.
The National Register of Health Service Psychologists and the American Psychological Foundation Team Up to Address the Internship Shortage

Raymond A. Folen, PhD, ABPP

The National Register of Health Services Psychologists has partnered with the American Psychological Foundation (APF) to create the Internship Partnership Fund (IPF). This endowment is dedicated to increasing accredited internship positions by partnering with existing training sites to fund new positions.

The IPF was capitalized with a $100,000 gift from the National Register, along with generous pledges from the organization’s Executive Officer and Board of Directors. The EO of the National Register, Morgan T. Sammons, PhD, ABPP, noted that “the National Register and its Board chose to make this contribution because we recognize that solving the internship gap is crucial to integrating more psychologists into the healthcare delivery system.”

The internship gap has been a persistent problem for many years. Although in the past several years the overall gap has shrunk, the data show that a significant portion of the gains are due to a combination of fewer students entering the match, and an increased number of students placing in unaccredited positions. The backlog of students seeking placement in APA accredited sites remains high. For example, in 2015, there were approximately 1,000 more students seeking placement than available positions in accredited sites. Completing a non-accredited internship can have long-term implications, eliminating the possibility of working for the VA and other governmental agencies, and also creating barriers to licensure in some jurisdictions.

APA has attempted to address this problem by providing funding via the Board of Educational Affairs to assist unaccredited sites in the accreditation process, and the number of accredited sites has increased in recent years. However, the accreditation process is lengthy, leaving students who currently constitute the “gap” without accredited alternatives. The National Register has therefore decided to focus on increasing the number of placements in already accredited sites.

“By focusing on sites that have already achieved accreditation,” says Sammons, “we can directly and quickly fund new internship positions. Since funding is generally the rate-limiting step in opening more training slots, we elected to pursue this avenue. We believe that the Internship Partnership Fund can provide partial funding to make more positions available in the short term, and those positions have the potential to ‘stick’ in the long term. To make a meaningful impact, we hope to raise at least $500,000.”

Sammons also said that accredited internship programs should plan for this and similar flexible funding mechanisms. “The notion of ‘crowd funding’ is an innovation that internship training programs might consider. If training programs partner with local mental healthcare delivery systems, charitable organizations that are interested in providing specific funding for positions aimed at unique populations such as the homeless, chronically mentally ill, or other groups, or even graduate programs that typically send interns to a particular site, this might lower the overall funding burden on the internship program. If several external funders cooperate to expand training capabilities in a particular program, everyone benefits.”

Once the fundraising goal has been reached, the National Register and APF will begin considering applications for funding from internship sites. In keeping with the precepts of the fund and the mission of the National Register, preference will be given to internship sites that provide services to traditionally underserved groups, and sites that train psychologists in the delivery of services in integrated healthcare settings.

Learn More...
For more information or to contribute to the Internship Partnership Fund, please contact Andrew Boucher at 202-783-7663 or at andrew@nationalregister.org. Or visit the website at http://www.nationalregister.org/scholarships-awards/internship-partnership-fund/

About the Author:
The author is Chair of the Board of Directors of the National Register of Health Service Psychologists. The National Register is the largest credentialing organization for psychologists. Established in 1974, the independent nonprofit organization is dedicated to improving healthcare by identifying psychologists who meet specific credentialing standards to consumers, healthcare organizations, and regulatory bodies. For more information, visit www.nationalregister.org.
Ohio Patient-Centered Primary Care Collaborative (OPCPCC) Annual Conference Summary

After accepting an invitation from the Ohio Psychological Association (OPA), I attended the Ohio Patient-Centered Primary Care Collaborative (OPCPCC) Annual Conference.

The conference began by highlighting the County Health Rankings Model which illustrates the relatively small role that clinical care plays on health outcomes. The presenters highlighted the importance of looking at the social determinants of health (educational, health, environmental, social and economic opportunity).

The keynote speaker was Katie Adamson, Senior Director of Health Partnerships and Policy for the YMCA of the USA. She gave an impressive overview of the work the YMCA does as a community partner to improve health outcomes. Ms. Adamson shared that YMCA serves 22 million people every year. The programs that the YMCA supports focus on preventing chronic disease and increasing access to healthy food, physical activity and water safety. Ms. Adamson spoke in detail about the cost-effectiveness of their Diabetes Prevention Program. She argued that more than 1.3 billion dollars could potentially be saved in health care costs by engaging individuals with prediabetes in programs that offer physical activity, healthy eating and individual counseling.

David Norris, a senior researcher at the Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University, shared the Kirwan’s Opportunity Index which clearly illustrated positive and negative neighborhood influences on an individual’s well-being. Maps of different areas in Ohio showed the impact of social determinants on multiple issues, including infant mortality, life expectancy and hospital admissions for Type II Diabetes. He pointed out that areas where most African American reside are disproportionately impacted by poverty, lead exposure, toxic waste release, sub-prime loan rates, higher infant mortality and lower life expectancy. Mr. Norris’ premise was that “Good health extends beyond the individual choices we make.” He proposed that health providers can positively impact these patients by looking beyond the usual clinical care and connecting them to the resources they need.

Johnnie (Chip) Allen, MPH Director of the Office of Health Equity at the Ohio Department of Health offered a presentation that highlighted the root causes of health inequities and made the case for a collective response to achieve health equity. Mr. Allen explained that health inequities are health disparities that result from the systematic and unjust distribution of social determinants. He spoke about healthcare providers’ collective responsibility to achieve health equity. He encouraged attendees to increase their cultural competence and read the National Healthcare Disparities Report released in 2012 by the U.S. Department of Health and Human Resources.

The last speaker was Judith Warren, CEO of Health Care Access Now (HCAN). Ms. Warren spoke about the pivotal role that community health workers can play in reducing health inequity. She described the impact that community health workers have on improving birth outcomes, connecting patients to PCPs, reducing the use of ED services and improving medication management. She argued that the HCAN program has the potential of reducing ED visits by 50% among 1,100 patients, which could result in more than 1.25 million dollars in health care costs savings.

About the Author:
Maria Espinola, Psy.D. is an Assistant Professor in the Department of Psychiatry and Behavioral Neuroscience at the University of Cincinnati. She completed her doctoral training in clinical psychology at Nova Southeastern University, her pre-doctoral internship at Boston University Medical School, and her post-doctoral training at McLean.
Three Ohio Companies Receive National Psychologically Healthy Workplace Award

In recognition of its efforts to create a healthy, high-performing work environment, three Ohio employers recently received the American Psychological Association’s (APA) 2016 Psychologically Healthy Workplace Award. The winners are Certified Angus Beef, Grants Plus, and Chillicothe and Ross County Public Library.

Certified Angus Beef’s quarterly integrative health goal for employees, offers optional online stress assessment and lets employees develop an action plan with an on-site wellness coach or psychologist. Ergonomic evaluations, yoga, company-provided Fitbits and blood pressure checks also help keep employees at the top of their game.

Grants Plus’ nontraditional company structure is built on a foundation of flexibility, as the work is often completed by employees in their homes and on their own schedules. All employees, even those who work as few as 20 hours per week, receive paid time off. Supervisors award quarterly prizes for employees who exhibit exceptional performance.

The Chillicothe and Ross County Public Library makes every effort on behalf of employee well-being to offer a benefits package, vacation and a sick leave. Since it remains open evenings and weekends, the library offers flexibility in scheduling. The library’s “Well Wishes” peer-to-peer recognition program lets staff members send kudos to a fellow employee.

Each organization excelled in its efforts to foster employee involvement, health and safety, employee growth and development, work-life balance and employee recognition. Their respective organization’s comprehensive wellness program, flexibility, team-building and education opportunities and peer-to-peer recognition program are several examples of the workplace practices that helped each earn a 2016 award.

Ko and Whitman Named 2016 Michael Sullivan Diversity Scholarship Recipients

The Michael Sullivan Diversity Scholarship Fund committee has selected two winners for 2016. They are Stacy Ko of Iowa State University and Chassitty Whitman of the City University of New York.

Stacy Ko’s study tests a moderated mediation model in examining the link between family appearance-focus, perfectionism, and body image dissatisfaction in the South Korean college student population. The results from this study serve to specifically delineate the development and intensification of body image dissatisfaction among Korean college students, thus having the potential to contribute to interventions that might mitigate the impact of factors contributing to body image concerns.

Ko is a Korean-American student in the Counseling Psychology Department at Iowa State University.

Chassitty Whitman’s research seeks to elucidate the complex processes of gender identity development among non-binary and gender non-conforming individuals. In addition, her project seeks to understand relationships between experiences of gender-based discrimination and/or victimization and mental health (flourishing, grit) and psychopathology (depression, anxiety) among individuals who identify as transgender or gender non-conforming.

Whitman is a doctoral student in clinical psychology at City University of New York.
IN MEMORIAM

MICHAEL DISTELHORST, JD

Michael Distelhorst passed on Wednesday, February 17, 2016. Mike was a graduate of Capital University; he received his BA degree in 1971 and attained his JD degree from Capital University Law School, Summa Cum Laude, in 1976. Mike was a Life-Fellow of the American Bar Foundation. He was a distinguished law professor at Capital University since 1980. He served on the Ohio State Board of Psychology as a consumer advocate for a term ending in 2008. He is survived by his beloved wife of nearly 45 years, Barbara Distelhorst and many other relatives, colleagues and neighbors.

WILLIE S. WILLIAMS, PhD

Dr. Willie S. Williams, a teacher, coach, counselor, and mentor, passed on February 19, 2016. He was born in Prattville, Alabama, in 1932, son of the late Eddie, Sr. and Iona Scott Williams. He graduated from Cincinnati Public Schools and went on to receive a BS from Wichita State University, MS from Xavier University, and Ph.D in Psychology from Michigan State. He married Marva Flowers in 1959 in Hamilton, Ohio, had three children, Kevin (Judy), Keith (Susan), and Karla (Timothy), and six grandchildren, Austin, Samantha, Grant, Elizabeth, Peter, and Jacob. He moved to Shaker Heights in 1974 to become an Assistant Dean and Assistant Professor at Case Western Reserve University School of Medicine. Dr. Williams later formed W.S. Williams, Ph.D, Inc, and served others through education, private practice and consulting in the Cuyahoga County court system. He served on various boards, and community and social organizations. He leaves behind his wife of 56 years, children, grandchildren, brother, Dr. Robert Williams (Joyce), and sisters Ann Hall and Mildred Page (John, deceased), an aunt, Ida Barnes, host of cousins, nieces and nephews and close friends. His infectious smile will be remembered by all he met. Donations can be made to the Kappa Scholarship Fund, or Antioch Baptist Church Scholarship Funds, or United Negro College Fund, in his name.

OPA REVIEW  CLASSIFIEDS

CAREER OPPORTUNITIES

PSYCHOLOGY POSTDOCTORAL FELLOW position available in a private practice setting in Mt Lookout/Hyde Park area of Cincinnati. Primarily adolescents/young adults – though opportunities for psychotherapy with all ages. Private office and flexible hours. Supervision available for therapy, testing, consultation, and the business of private practice. If interested, please contact Brian D. Riker, Psy.D. at 513-297-4511 or bdriker@doctorriker.com for more information.

PEDIATRIC PSYCHOLOGISTS - Dayton Children’s Hospital in Dayton, Ohio, is recruiting pediatric psychologists to staff the hospital’s Center for Pediatric Mental Health Resources, joining a staff of 11 child psychologists. This is an exciting opportunity to work with multidisciplinary medical teams to provide assistance with treatment adherence and coping with medical conditions. Responsibilities include consultation to identify psychological factors related to the child’s condition, providing care to address issues related to medical conditions as well as general child clinical concerns. We are also recruiting for a psychologist to provide evaluation and treatment of child abuse victims. The positions are full time and offer a competitive salary, incentive pay and comprehensive benefit package. A Doctoral degree, Ohio licensure and specialization in child psychology are required. Experience in a health care setting is preferred. Dayton Children’s is a 155-bed, freestanding children’s hospital with more than 35 pediatric specialties. We serve a pediatric population of 510,000 from a 20 county region of central and southwestern Ohio and eastern Indiana. Construction on a new, eight-story, 260,000-square-foot patient care tower in the center of the hospital’s current campus began in August 2014 and is scheduled to be completed in 2017. Also, a major expansion of the Springboro Outpatient Care Center and Urgent Care will include a medical office building for pediatric specialists and primary care physicians, a 16-room pediatric emergency department and an outpatient surgery center with four operating rooms. Known as the birthplace of aviation, Dayton offers big-city amenities coupled with Midwestern friendliness and charm. The region is home to some of the best private and public schools in the state with one school district ranked among the best in the country. Dayton also has a very

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vibrant arts and entertainment community with a philharmonic orchestra, theater, Broadway performances, many museums and minor league baseball. With a beautiful system of parks, trails and river corridors, the region provides opportunity for year-round recreation. A diverse and innovative business community keeps Dayton and its surrounding communities thriving. For additional information, contact: Cyndy Emerson, FASPR, PHR, SHRM-CP, Physician Recruitment Manager at Dayton Children’s Hospital, One Children’s Plaza, Dayton, Ohio 45404-1815 or at 937.641.5307 (office); 937.641.6353 (fax); emersongc@childrensdayton.org www.childrensdayton.org

FULL TIME PSYCHOLOGISTS: As Weinstein & Associates, Inc. referral sources have continued to grow so, too, has our need for quality providers. We are looking to add full time psychologists to our clinical staff. We will consider part time applicants, who are not employed elsewhere, on a case by case basis. Established in 1978, Weinstein & Associates, Inc. is a private mental health group with 19 Ohio offices. Our areas of practice include evaluations, testing and treatment to injury victims. W&A employs 24 clinicians (psychologists, counselors, social workers) and 10 support staff. We are rehabilitation oriented within a cognitive behavioral context. Although you will work fairly independently, you have the support of our Clinical Director, peers, administrative staff, all who bring extensive experience to your training and support. Our positions require some consistent, local travel to one of our 19 offices on a fixed schedule. Daytime, evening and weekend appointments are available at most of our offices. JOB QUALIFICATIONS: Ph.D./Psy.D.-licensed, prior clinical and/or forensic experience is preferred, adult assessment and therapy experience, ability to provide high quality care, and maintain timely documentation on a consistent basis utilizing our EMR, willingness to travel locally, computer proficiency as all work is completed on laptop. Learn more: www.weinsteinandassociates.com Please email cover letter and current CV to Sean Lyons sean@allypro.net.

INDEPENDENTLY LICENSED PSYCHOLOGISTS/THERAPISTS
- Mill Run Psychological Services, LLC -Hilliard, OH seeking independently licensed psychologists/therapists to join our team and fill our expanding needs. Part or full-time positions available. We are able to help with insurance panel credentialing and offer competitive reimbursement rates. Please submit your CV to Sharon Murphy, Ph.D. atsmurphy@millrunpsych.com.

INDEPENDENTLY LICENSED THERAPIST (LISW, LPCC, IMFT, PhD, or PsyD) needed for well-established private practice in suburban Dayton, Ohio. Full time or part time positions available. We are especially interested in finding a therapist who has training and experience in eating disorders and/or EMDR, or who is willing to get the training. We give preference to therapists who are on insurance panels already. Fax resume to 937-424-5749 or email to pjh500@sbcglobal.net.

ASSISTANT PROFESSOR, SCHOOL OF PROFESSIONAL PSYCHOLOGY: Wright State University WSU-SOPP is seeking outstanding candidates at the Assistant Professor rank to start July 1, 2016. The successful candidate will join our diverse and innovative faculty to teach and provide clinical supervision to doctoral-level students in our APA-accredited doctoral (Psy.D.) program. Required: Applicants must have a doctoral degree from an APA-accredited institution, demonstrated ability to teach practitioner students, and be licensed in Ohio as a psychologist or be able to acquire licensure in Ohio within six months of appointment. Applicants must also have a broad commitment to the practitioner model of professional education and the School’s mission of integrating diversity into all aspects of our program. All candidates must have documented quality performance in the areas of teaching, scholarship and service. Preferred: While we welcome diversity in specialty areas, we are particularly interested in candidates with strong teaching, clinical experience, and scholarly activities focusing on pediatric psychology and behavioral health consultation in integrative primary care or other medical settings. Applicants should possess skills and experience in assessment, therapy and supervision, and demonstrate evidence of scholarship. Work location is the Duke Ellis Human Development Institute in Dayton, Ohio. For additional requirements and to apply, go to http://jobs.wright.edu/postings/9598. Wright State University: AA/EOE/M/F/ Vet/ Disability.

OFFICE SPACE

CLEVELAND SUBURB AREA- Vibrant and diverse group practice in a near western suburb of Cleveland offers office space to rent for an independent and motivated licensed clinician. Our practice offers a collaborative and collegial environment along with a strong referral base and a well established reputation in the community. Please direct inquiries to Dr. Marjorie Hoelker atdrmhoelker@gmail.com

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