President’s Perspective
Michele McKinnie, PsyD, President

On Friday August 8, 2014, members of the MPA Board, including committee chairs and our Executive Director, got together in Helena for an all-day retreat to discuss and consider the current and future direction of our Association. We reviewed our Strategic Plan from 2010 and worked together to sketch out some current strategic goals for the next 3-5 years. Over the course of the day we shared our experiences as MPA members and our hopes and visions for MPA and Montana Psychologists. We discussed current and anticipated challenges that we, as psychologists, are likely to face in the coming legislative session and beyond. We also shared stories, laughter, and genuine enjoyment of spending time together with one another. Before I go into some of the details of our discussion and update you on current opportunities I would like to thank all of the board members for making the MPA retreat a priority that day. We are all volunteers and many of us opted out of a day of work or a day with family to attend and participate in what was a very productive meeting.

To provide you with more specific information about what we accomplished (or initiated) during the meeting, here are a few highlights: 1) We adjusted the MPA mission statement slightly – the meaning has not changed but the order of the wording was adjusted to reflect the scientific foundation of the field, 2) We amended the list of values to make them less redundant (and therefore easier to remember and communicate to others!), 3) We brought up issues related to membership dues, legislative relationships, committee activities, and opportunities for engagement around the state (more on this in a moment), and 4) We developed working strategic goals and identified steps to succeed with those goals. We will share more about the goals once we have a final working plan – please know that these goals reflect the importance placed on building and sustaining relationships within our association and between our association and other groups around the state. The changes will be presented to the membership at the next membership meeting on Saturday September 27th at noon in Bozeman and will be put to a vote by the membership.

Exciting things are happening these days!!! There has been a lot of activity leading up to and following the board retreat. From my perspective, MPA’s activity and vitality are growing – this is a very exciting time to be/become involved in the association! I will update you briefly on the currently active committees and I encourage you to join in.

ECP Committee (Chair: Robyn Hardie, Psy.D. – Glasgow): Robyn and her committee provided a thorough report to the board and recommended action in the areas of developing mentoring relationships and enhancing the MPA.

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President’s Perspective (continued)
Michele McKinnie, PsyD, President

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website (among others). I like the mentoring idea and once we formalize a structure for this I will follow up with members about participating in mentoring Early Career members. For anyone who has ideas about enhancing the website please identify yourself to Marti or me – we are interested in your input.

Integrated Care Committee (Co-Chairs: Earl Sutherland, Ph.D. – Crow Agency & Pat Van Wyk, Ph.D. – Helena): We are very excited about this newly formed committee! The co-chairs are currently seeking committee members and welcome contact from interested MPA members. They are working on identifying priority issues and will also be focused on developing relationships with “interested parties”, including legislators. For those of you currently working within an integrated care setting, this committee might be a great introduction to leadership within the association. Please consider contacting either Pat or Earl to get more information.

Psychologically Healthy Workplace Awards (Mary Kay Bogumill, Ph.D. – Helena): This inspiring program is a well-structured package from APA that helps state associations work with interested local businesses who submit an application to be considered as a “psychologically healthy workplace”. There are state and national awards available. I have attended the national award ceremony at SLC in Washington, DC and can tell you these businesses are inspired and deeply honored to receive these awards. Mary Kay is interested in starting the process here in Montana and we are very interested in recruiting her committee to make this meaningful opportunity a reality in our state. Look for additional information in (this or coming) newsletters and at the upcoming membership meeting.

Suicide Prevention Task Force: While attending the State Conference on Suicide Prevention in June 2014 I connected with a local (Bozeman) pediatrician who is about to start her term as president of her state association. She is very interested in partnering with MPA to develop an initiative to address youth suicide within our state. She and I have a meeting planned in early September to begin to flesh out some directions and brainstorm ideas about how to coordinate efforts between our associations over the coming 2 years. I will have more information to share with members at our membership meeting at the end of September. This is an important opportunity for MPA on many fronts, not the least of which is the very real possibility of positively impacting the devastating issue of youth suicide in our state. Please watch for information about this partnership and let one of our board members know if you are interested in participating.

As you can see, there are some good opportunities to provide support or leadership within the association. Of course there are other committees that are open to members’ contributions. The more committee members we have, the easier it will be to share the load and achieve our goals, making a difference not just with one another or the association but clearly with the people we serve in our state. The following committees in particular could really benefit from some member participation: Membership, Legislative and Continuing Education. We also invite members to submit articles for publication in The Montana Psychologist.

You will notice in this newsletter the introduction of two new Coordinators on the board. These positions are appointed by the MPA President and are voting positions on the MPA Board. First I would like to thank both Gyda Swaney, Ph.D. (Missoula) and Duncan Campbell, Ph.D. (Missoula) for serving so well in these positions over the past years. Dr. Swaney will transition to the position of APA Council Rep. in January 2015. She graciously filled in for Dr. Bill Patenaude (Missoula) at the COR meeting in August of this year. Dr. Campbell is the Nominating Committee’s recommendation for President-Elect. Elections will take place at the upcoming membership Meeting in Bozeman on September 27, 2014. The board is very pleased to announce that Dr. Rita Billow (Libby) has been appointed the new Diversity Coordinator and that Dr. Cameo Stanick (Borntrager) (Missoula) has been appointed the new Academic and Scientific Coordinator. Both of these women bring vitality and experience to the board and we are excited to have them join us!

I feel it is important to include a short note about this month’s newsletter and the absence of a CE test. We had a number of “newsy” items for this
month’s newsletter and as such did not have the content appropriate for a CE test. We apologize for any inconvenience this has caused. You can anticipate the return of the CE test in our next newsletter. For those of you seeking CE credits, a great CE event is taking place in Bozeman later this month! If you have been on the fence about attending please lean toward us and register. The education promises to be interesting and useful. In addition, we will be having a social gathering on the Friday evening – these social events have become a regular part of the MPA-CE weekend routine and have been enjoyed by all who attend.

In closing I will re-state my comments from the most recent newsletter: “Your experience of MPA hinges heavily on what you make of it. As with most things in life, the more we participate in something the richer our experience tends to be. If you have been feeling less than satisfied with membership in MPA I challenge you to consider investing more in the association rather than less.” MPA’s vitality is increasing and there are growing numbers of opportunities for involvement that span varied and relevant issues. I encourage you to join in – I predict that you will find your efforts are rewarded. Please feel free to contact me directly at michelecatherine@hotmail.com.

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Campus Dispatch: An Internship Match Update and Transitions on Campus  Duncan Campbell, PhD, Academic/Scientific Coordinator

The end of summer is giving way to the start of another Fall semester at university and college campuses across the state and country. Personally, I find this time of year to be energizing, with its intoxicating mix of anxious excitement and anticipation for the academic and practical experiences that will unfold in the university’s classrooms and the community’s. The Fall is also a time when the graduate students, faculty and staff here in the Psychology Department at the University of Montana notice with bittersweet pangs the absence of those students who have left the fold for a year of clinical immersion on internship. This past Spring, the University of Montana was very pleased to match 12 students in APA-accredited predoctoral internship training sites. Nine students from the Clinical Psychology doctoral training program and three students from the School Psychology doctoral program left Missoula and have begun the hard work of the next phase of their training.

With match rates this past year of 90% for UM’s Clinical program and 100% for the School Psychology program, we are delighted that both continue to outpace the national average for predoctoral internship placements for programs across the US and Canada. According to summary statistics published by APPIC (available at APPIC.org), for example, the Clinical program at the University of Montana placed 87% of applicants between 2000 and 2010, while all programs from the US and Canada matched approximately 74% of students on average. Although just short of our goal of 100% success in the match, it is important to note that APPIC statistics regarding matching success rates combine accredited and non-accredited training sites. Keeping this in mind, UM’s performance looks even better when compared to the average rates. Indeed, over the years every intern from UM’s School Psychology program has matched at an accredited site; only one or two of the 70 successfully-matched students from UM’s Clinical program over the past 13 years completed a non-accredited internship.

Although the imbalance between the number of applicants and the number of available predoctoral training sites continues, there have been some recent promising developments locally and beyond. As Dr. Donna Ryngala foreshadowed in a Montana Psychologist newsletter column last year, the VA Montana Health Care System just welcomed its first class of predoctoral interns this year. With the development of the VA site, Montana now has two separate options (MSU Counseling Services and the VA) for predoctoral internship training. Nationally and beyond, APA has invested in internship training site development and the investment appears to be paying off. For example, APPIC reports an increase in 2014 of 332 predoctoral positions, 237 of which are accredited by APA or the California Psychological Association (CPA). As a result, 2014 witnessed a substantial reduction in the number of unplaced applicants (20% in 2014 compared to 29% in 2012). Overall, 60% of applicants in 2014 matched to an accredited position (APA or CPA), and 20% matched to an unaccredited position.

Following is a brief accounting of UM’s most recently matched students and their placements:

Clinical Doctoral Candidates: Our nine Clinical students matched at sites spread widely across the country. Ms. Laura Boucher will complete her predoctoral internship training in the Behavioral Medicine/Neuropsychology track at the University of Washington in Seattle. Ms. Leslie Croot will complete training in the Community Psychology track at the joint training program of the Medical College of Georgia and the VA Medical Center in Augusta, GA. Mr.

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Campus Dispatch: An Internship Match Update and Transitions on Campus  Duncan Campbell, PhD, Academic/Scientific Coordinator

(Continued from page 3) Daniel Dewey is also headed south, where he will engage in training in the traumatic stress emphasis at the Charleston Consortium in Charleston, SC. Mr. Robert Enoch will continue his clinical training with a specific emphasis in LGBT health at the Centre for Addiction and Mental Health in Toronto, ON. Ms. Meghan Gill matched at the Southwest Consortium in Albuquerque, NM, a collective of three training institutions, including the New Mexico VA Health Care System, the Indian Health Service-Albuquerque Service Unit, and the University of New Mexico Hospital. Mr. Christian Herwitz left Missoula for his home state of Massachusetts, where he will train with the VA Central Western Massachusetts Health Care System in Leeds, MA. Ms. Tory Kimpton, a native of Billings, MT, will focus her internship experiences on neuropsychology at the Central Arkansas VA Health Care System in Little Rock, AR. Mr. Zed Kramer, our only child-clinical student this year, moved to Gresham, OR, where he will intern for Morrison Child and Family Services. Finally, Ms. Molly McDonald will complete her training at the University of California-Santa Barbara’s Counseling and Psychological Services.

School Psychology Doctoral Candidates: Mr. Brandon Rennie and Mr. Ian Stephens both matched at the Nebraska Internship Consortium. Brandon and Ian will complete different tracks within the consortium, with Brandon training at the Munroe-Meyer Institute of Behavioral Pediatrics and Ian training at Boys Town in Omaha. Finally, Ms. Jaime Long matched at the Illinois School Psychology Internship Consortium and will complete her training at Niles Central Therapeutic Day High School in Skokie, IL.

Finally, before I close, I want to introduce the membership and psychologists across the state to the most recent faculty member in the UM Psychology Department. Dr. Jacqueline Brown joins the School Psychology faculty this Fall. Dr. Brown completed her Bachelor’s degree in Psychology from Dalhousie University in Halifax, Nova Scotia. She then completed an MA in School Psychology from the University of British Columbia in Vancouver and earned her doctorate from the combined program in Counseling, Clinical, and School Psychology at the University of California-Santa Barbara. Dr. Brown completed her predoctoral internship training at Boys Town at the Nebraska Internship Consortium in Professional Psychology. She has an active and productive research program with numerous peer-reviewed publications in several areas and primary research interests in international school psychology and crisis prevention/intervention. The department is delighted to welcome her aboard!

Author note: I want to thank Jennie Mitschke, Adelle Graham and Anisa Goforth for their contributions to this column. As always, please feel free to contact me directly (duncan.campbell@umontana.edu) if you have any questions or commentary about the content above or if you would like additional information about what is going on in the Psychology Department at the University of Montana.

Treasurer’s Report
Hallie Bornstein Banziger, PhD, Treasurer

In the words of our executive director, MPA’s financial situation does “not look bad.” Which, as many of you know, although it does not sound overly positive it is quite refreshing and unique for our association. Our finances continue to move in a positive direction; however, clearly more work needs to be done. In a time when anxiety is so prevalent in our society I will not frighten you with a tirade about all of the horrible things that we as a profession are up against in the upcoming legislative session and why if we don’t prepare ourselves financially to fight against numerous adversaries, our profession, as we know it may be forever changed. I won’t do that. However, clearly it is better to be prepared financially for anything that comes our way than to be unprepared. Although the aforementioned scenario will not likely come to fruition wouldn’t it be great if we could possibly advocate for ourselves from a less defensive stance? Yes, things really are looking up!

MPA gets it money from 3 primary sources: membership, continuing education conferences, and a grant from APA. The CE conference coming up in September 2014 is a nice way to learn new information, support MPA, network and catch up with colleagues, and earn continuing education units all at the same time. It’s a win all

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Hello! What is the PEC?
Karen Kietzman, Ph.D.

I am Karen Kietzman, Ph.D., a Licensed Psychologist in private practice in Billings, MT. I am currently serving as the Public Education Coordinator for MPA – an APA position that facilitates public education about psychology and psychological services. I was honored to accept this position from Dr. Sandra Micken. I stand on strong and tall shoulders! I am just getting my feet wet with the ins and outs of this new position. I will be passing along the resources the PEC has for you, the local psychologist.

The following paragraphs are from the APA website that describes the PEC mission:

“Our current campaigns are how APA members can volunteer to educate the public about the value of psychology and deliver campaign messages about resilience, stress, lifestyle and behavior, and disease prevention through community outreach and media interviews. The Mind/Body Health campaign uses national and local outreach activities to educate the public about the connection between psychological and physical health. The campaign also promotes psychologists as health providers trained and educated to help people with behavior changes such as stress management. APA members can use these materials to educate people in your communities about the mind/body health connection and promote psychology. APA provides all the tools you need to give presentations to the public or do media interviews. This toolkit offers guidelines on organizing community outreach activities and working with the media, including PowerPoints, fact sheets and event signage. Although this is not a referral campaign, many PEC members say that the increased visibility of doing grassroots outreach has provided them with the kind of recognition that has proved helpful in marketing their practice.”

The recent suicide of comedian Robin Williams is an example of what we can do to put resources you need for your community and your patients into your hands quickly. The MPA website has the APA response to this tragic event. We also have resources that help the media responsibly report sensational suicides such as this. Please feel free to contact me if you would like any particular resources for your patients or presentations.

Also, if you do have any public service (Continued on page 6)
activities such as presentations or volunteer on boards or community fairs, please let me know this as well. APA would like to keep track of any

activities that psychologist do in their communities.

You can contact me by phone: 406-248-4153 or email: drkarenjk@gmail.com.

I will do my best to get the resources you need in a timely fashion.

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**BREACH! Can This Happen to You?**

Karen Kietzman, Ph.D.

April 22, 2012, 9:35 a.m.

It was a sunny day…

We were late for church and we forgot to lock the van in our hurry to get inside. We then stayed around afterwards and chatted with friends. By the time we got out to our van, it was about 11 a.m. When we came out to the van, I noticed that the pictures that the five year olds had drawn for me the night before, when I was teaching Sunday school, were on my seat. They had been under the console, between the seats on the way to church. Then we noticed that the car was in disarray and many items were missing, including the garage door opener. On that hurried drive home, we noticed that the insurance and car registration were also missing from the glove box. I called the police, but it was too late. The robbers had come and gone. They stole all of our jewelry, mail, and all of the moveable electronics, including my laptop, iPad and possibly the memory stick. What started out as an ordinary day erupted into a traumatic event that became the nightmare of the last 2 ½ years. It ended August 7, 2014 with a 4 day erupted into a traumatic event that

But my trauma also made me vulnerable and I became the accused. My lack of preparedness put me in jeopardy of criminal prosecution, a large fine and possible jail time, depending on my responses to the lawyer from the Office of Civil Rights (OCR) or as I affectionately called her, the HIPAA lawyer. She made this clear from the first phone call. She is not my advocate, she is my adversary, a prosecutor. The minimum fine for non-compliance - $100 per person. I could have been fined at least $71,000. Montana could have also fined me in addition to the federal government. That would have put me out of business and in bankruptcy. As a side note, the HIPAA lawyer mentioned that one of her colleagues thought they should investigate all Montana psychologists for compliance issues. She talked them out of it. She thought putting us all out of business in a state with the highest suicide rate would not be prudent. I was more alarmed by her casualness in telling me this than what their actions might have been! I don’t mean to alarm you but I have unfortunately put us on their radar. I am very sorry for that!

Of the many calls that my husband and I made that first week, one of the first was to my malpractice insurance, APAIT. Dr. Harris told me I had to do three things within 60 days of the break in: first, call HIPAA to report myself because my laptop was not secured. I had just upgraded both my Operating System and my billing software and had not yet put the passwords back on them. If more than 500 persons information are lost, you are required to report. I had almost 1000 patient records. I could access 710 of these records. I learned the first of many new acronyms that day - PII and PHIL. Personal Identity Information and Personal Health Information. Personal identity is comprised of 3 entities: name, birthdate and social security number. Personal Health Information is, of course, diagnosis and treatment information. If I had had a breach protocol in place, I would not have had to make this call. I would have known what to do!

The second action: I had to contact all of my current and former patients with a letter describing what had happened, what information had been compromised, what I was doing to mitigate (another term I would become intimately familiar with) the damage and what I could do for them. Since I did not have the finances to fund identity theft coverage for the 710 possible families at risk (a possible minimum of $5680 a month), I gave them an information sheet of the 3 credit bureaus with contact information as well as the name and contact information of All Clear ID. All Clear is a company that will not only manage identity theft but can go online and purge any health or identity information that goes viral. I also apologized sincerely and with deep regret about the damage I may have caused them. The lawyer liked this part of the letter! My sister, bless her heart, helped me with the daunting task of “MERGING” the letters and addresses. My letters were sent on the 60th day following the break in. I received at least 50 percent of them back. My data went back to 1997. Obviously many of my addresses were out of date. I re-sent those with
Member Spotlight: Dr. Cameo Stanick

We are delighted to introduce Dr. Cameo Stanick (formerly Borntrager) to the membership. Cameo will serve the association’s Board of Directors as the new Academic/Scientific Coordinator. Cameo was born in Indiana and attended college at Indiana University, where she earned a bachelor’s degree in Psychology. Shortly after completing college, she moved to Tulsa, OK, and enrolled in the Clinical Psychology doctoral program at the University of Tulsa. As a graduate student Cameo specialized in Child Clinical Psychology and traumatology. Following her predoctoral internship at the Medical University of South Carolina’s National Crime Victims Research and Treatment Center in Charleston, SC, Cameo and her partner moved to Honolulu, HI, so Cameo could complete a postdoctoral fellowship with a focus on children’s mental health at the Center for Cognitive Behavioral Therapy at the University of Hawai‘i at Mānoa. Since her arrival at the University of Montana in 2009, Cameo has distinguished herself as an expert in implementation science and the use of evidence-based therapies for children and adults. She is an exceptionally productive researcher with an extramurally-funded research program and nearly 30 published technical reports, peer-reviewed papers, and other publications. Her expertise is in high demand nationally, as evidenced by her leadership roles for the Association of Behavioral and Cognitive Therapies and her service as a peer-reviewer for multiple high impact journals, including, for example, the Journal of Traumatic Stress, Implementation Science, Cognitive & Behavioral Practice, The Journal of Child Abnormal Psychology, and Behavior Therapy. Members of MPA will remember Cameo for her outstanding presentation on Trauma-Focused CBT at an MPA Continuing Education conference a couple of years ago. In her free time, Cameo enjoys running, making music, skydiving, and spending time in the great outdoors with her partner, Chris, and their dog, Leila.

BREACH! Can This Happen to You? (Continued from page 6)

forwarding addresses. I received several phone calls, only one that was angry. I sent one follow up letter to a former patient to address her particular questions. Montana law advises us to also contact them via email and phone. The OCR lawyer told me, on the very last of more than a dozen phone calls between she and I, that I had done far more than I needed to. But I did not feel that way at the time.

The third action: to publish it in my local newspaper, a substitute notification. I took my letter describing the incident to the Billings Gazette. They were not interested in my story. I then took it to the Billings Times and paid for an article to be published in their newspaper. The Times announces legal actions. It is not a standard newspaper. I found out a few months later from the HIPAA lawyer that the local paper was not enough. I then sent out emails with all of the information to every state and local newspaper all across the country. I researched anywhere I could verify that a former patient might have lived. I think I sent out at least 50+ of those emails. I sent it out as a press release. The final conversation with the HIPAA lawyer revealed that I didn’t have to put the announcement in the Times either. If the local papers were not interested in my press release, that was enough. The final substitute notification was on my website. The HIPAA lawyer told me I had to put the breach notice on my website immediately. I left that up there for the last 2 years. It only needs to be on your website for 90 days.

Dr. Harris advised me that, unless one of my patients sued me, any other need for a lawyer would not be covered by my APAIT policy. If I needed legal advice about my risk or liability, that was on my dime. So, not having a budget for $300 an hour, I started my recovery journey on my own. I did have some ‘off the books’ help. Bill Mercer, a family friend, graciously gave me the Montana statutes for HIPAA compliance as well as an educated shoulder to cry on. The HIPAA lawyer begrudgingly and surreptitiously gave me a link that helped me start the journey. The APAIT folks talked a lot about scalability. The HIPAA lawyer did not care about that. I had to comply with all of the regulations, fully, even as a solo private practitioner. (Continued on page 8)
BREACH! Can This Happen to You?
Karen Kietzman, Ph.D.

(Continued from page 7)
I put off notifying the press and my patients until the end of the 60 days. My rationale was that I didn’t want to alert the thief to what they had stolen: a gold mine of information! Also, within the 60 day window, I attended the MPA risk management conference put on by APAIT. I must admit that my ability to attend and comprehend this information went into high gear. I went from the attitude of “that will never happen to me” to “now what do I still need to do to protect myself and my patients?” And, as thorough as that seminar was, it did not give me all the tools I would need to put this breach to rest. I was only able to achieve that goal after many emails, many attempts at documenting my knowledge and paper trail to prove that I had all the pieces in place to show my patients and HIPAA/OCR that I am compliant on all counts. When this breach occurred I was sorely out of compliance and in shock.

So I will end this part of my story with several questions for you.

- Do you know if you are a covered entity?
- Do you know the definitions of the Privacy Rule and the Security Rule?
- Have you done a risk analysis on your office and your practice? How secure is your confidential information, both electronic and paper; from fire, flood, terrorist attack, theft, hacking? You may think I am joking! I had to assess my risk for over 50 different scenarios.
- Do you know what a Business Associate (BA) is or who is considered a BA? Do you know what the final rule says about a BA’s responsibility for HIPAA compliance? Have they been fully trained in HIPAA compliance? Are you responsible if they commit a breach?
- Do you have a detailed action plan set in writing if a breach were to occur?
- Do you have a detailed action plan in writing for your passwords?
- Have you signed and dated all of your action written protocols?
- If you have a website, do you have your complete HIPAA policy easily accessible on the website somewhere?

Prior to April 22, 2012, I had a one page HIPAA information sheet that I had “borrowed” from my physician’s office in 1996. I now have a four page HIPAA information document that I send home with all my patients as well as a detailed poster about all HIPAA rules on my office wall. I included my one page HIPAA outline of what I would do for a breach with my first letter of compliance to the lawyer (she laughed, at least!). I now have 2 manuals filled with information for my compliance as well as another manual for training my filing clerk. My last round of documents to the OCR was 30 pages long, filled with all of the things I now do to protect my patients PII and PHI. This final product was the third attempt to comply. I still had a fourth set of documents that I submitted, but that was the final polished form with the fewest changes.

Here are the three places where I found information that was the most helpful. The first one is HIPAACOW.org. It is an overwhelming website which gives all of the documents and risk analysis procedures for a large corporation. It is a start. I used the policy and procedures template. And I gave them full credit! No plagiarizing here!

The second step was taking all of the APA courses and contacting APA Practice Directorate. I paid the APA practice assessment that year with my dues and continue to pay the higher dues because of the personal help that Dr. Alan Nessman gave to me during this time. My one major frustration with the APA Practice Directorate is, because their resources are stretched so thin, they have not updated their Security and Privacy Rule CE’s. The Security and Privacy Rules were changed and updated in 2012 and 2014. The APA CE is dated at 2005. However, those CE’s gave me the framework for my manuals, so I do recommend that you take those to get started if you haven’t already. Plus, for practice members (those who pay the assessment every year), they post updated articles about HIPAA. I visit often. The Directorate also provided me with a HIPAA Compliance Resource for Montana psychologists. It is called the “Explanation of the Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Patient’s Health Information.”

The third resource is the government website. The HIPAA lawyer used the “HIPAA-simplification-201303” document. It is the “simple” version of HIPAA compliance - only 115 pages! I had to make my documents compliant with all of the statues, using this document as my guideline. Just google the simplification term and you will get a pdf file. It is also found on http://

(Continued on page 9)
My last question to you: **Does every electronic device that you own have PII and PHI encrypted?** Even if I had put the passwords back in place on my computer and software program, that would not have been enough. I would have had to go through the exact same process, even if I had done what I thought at the time would be most protective - passwords. **IF MY LAPTOP, IPAD, AND MEMORY STICK HAD BEEN ENCRYPTED, I WOULD NOT HAVE HAD TO REPORT MYSELF NOR DO ANY OF THE THINGS I HAVE SHARED WITH YOU.** I would not be in a position to write this article! You may have taken HIPAA much more seriously than I had, so have more knowledge and documentation than I did. I had to start from scratch. It has been a long and arduous learning curve for this dinosaur who learned her craft in the 80’s. Back then, the only legal debate in which we engaged was whether to keep process notes to protect our patients if we were called to testify in court. I hope you are more prepared than I was. If you have learned nothing else from this article, please remember this: **ENCRYPT, ENCRYPT!**

My laptop has a military grade encryption that came with the computer. My iPad doesn’t have any protected information on it and my phone is also encrypted. Thank you Apple!

Karen Kietzman, Ph.D. is a Licensed Psychologist in private practice in Billings, MT. She is currently serving as the Public Education Coordinator for MPA – an APA position that facilitates public education about psychology and psychological services. You may look forward to additional HIPAA-related articles from her in upcoming MPA newsletters.

**Psychologically Healthy Workplace**

*Mary Kay Bogumill, Ph.D.*

Greetings. I am Mary Kay Bogumill, Ph.D. I am a practicing clinical neuropsychologist in Helena, Montana but this article is not about me. I am the Montana representative of the Psychologically Healthy Workplace Awards Program that is part of the APA Psychology in the Workplace Network. Phew. That’s a mouthful.

Have you or anyone you know personally, professionally or clinically ever had workplace issues or stress? OK. That’s a rhetorical question. Of course the answer is yes. Can and do psychologists, through research, education or service provision, assist individuals and organizations with work related issues and stress? Again, another rhetorical question. Because workplace issues affect so many, and because we as psychologists in many capacities are instrumental in rectifying them, this program should be of interest to all of us.

I will provide information about the program. Before I do, however, let me ask you to help. A committee is needed to develop an awards program in our great state to help 1) educate employers and employees about the benefits and “how to-s” of a psychologically healthy work place and 2) illuminate the professions of psychology’s role in helping.

Apparently some time back a brave lone psychologist from Billings tried this before. He could not enlist a committee to help. It is NOT a one-person operation, so the effort failed. Montana failed. Ouch. Not acceptable. We can do better than that. Please consider helping by volunteering to be on the committee. The work is organized and all supports needed are provided through APA but personal power is necessary. It can be enjoyable and educational and it really does apply to us all. Thanks, fellow MPA members. I look forward to hearing from you! You can contact me at 406-439-9217, through my email at mbkogs@gmail.com, or through MPA directly.

*Excerpts from the APA information*

The Psychologically Healthy Workplace Program (PHWP) is a public education initiative from the APA designed to help employers optimize employee well-being and organizational performance. The PHWP includes an award component, along with many online resources. The awards program will not only provide recognition of organizations that are making efforts to create positive work environments but will also: 1) raise the profile of psychologists and the MPA, 2) provide opportunities to build ongoing relationships with organizations, 3) attract greater attention to broader issues of concern to employees and families (job stress, family issues, etc.) and increase awareness of the impact work stress has on employees and the organization’s bottom line and 4) promote an understanding of how psychologists can help organizations develop programs and policies to enhance both employee health and organizational performance.

Want to know more? Want to help. I hope so. Please join me.
Family history: a therapeutic look at shame and potatoes

Michele Martin A. Phillips-Hing, Ph.D., R.Psych

As psychologists we might regularly encounter distressing family situations. I recently dealt with two situations—from different ends of the age spectrum—which highlighted the importance of early family relationships.

First, a colleague requested assistance with a 10 year-old client who was becoming increasingly agitated, aggressive and destructive during a supervised visit with his mother. A number of interventions were attempted; however, the situation eventually escalated to the point of requiring police involvement. In short, a 10 year-old boy was forcibly removed from his visit with his mother by a police officer, because he didn’t want to be separated from her and return to his group home. He was carried out, pleading for his mother not to leave him. His mother has addiction issues and his father is not involved. This incident was emotionally distressing for most of us in attendance.

The second situation occurred in a correctional treatment group, during which participants were asked to complete a one to two page autobiographical timeline. One group member—a 58 year-old First Nations male—came back with a 14 page, single-spaced, handwritten autobiography in which he described the effects of his residential school experience. He reported shutting down his emotions in order to not get beat up or ahave his food stolen. He stated, “I still don’t know how to behave in happy gatherings like Christmas or birthdays when people are laughing”—as he had never experienced celebrations as a child. He said, “I had to teach myself how to pick-up my daughters and kiss them and tell them I love them.”

Dealing with maladaptive family systems, current or historical, often reminds me of Carl Rogers’ (1977) famous potato analogy. Rogers describes the potatoes in a box in his family cellar, a minimally conducive potato-growing environment, as striving to reach their potential by growing thin sprouts towards the distant window. However, if compared to potatoes provided with optimal growing conditions—e.g., nutritious soil, ample water, and sun—the end results are dramatically different. Yet, despite never having achieved its full potential, the potato in the cellar manifested its ‘actualizing tendency’. That is, it did the best it could given the environment available. Unfortunately, many people with impoverished early childhood environments, either physically, emotionally, or socially, go through life personalizing the negative experiences and experiencing shame. Perhaps resulting in a pattern of shaming internal dialogues—‘I’m a failure’, “Why try, I will never amount to anything”. Shame can be a formidable obstacle to change.

I have found that one of the most therapeutic things someone can say to themselves is that they ‘did the best they could given their circumstances’. Further, most people would have likely struggled under similar circumstances. Finally, it can be helpful to view a current maladaptive coping strategy (e.g., emotional detachment, aggression) as having been, at one point in time, an adaptive response to a negative situation, such as abuse or neglect. Over time, if shame can be reduced, there is likely to be a greater chance of therapeutic change.

The 58 year-old above appears to be on a healing journey from his past. He exhibited significant positive changes in his approach to life, leading up to and during the treatment group. Sadly, the 10 year-old appears to be only beginning his journey and hopefully one day will realize that he ‘did the best he could given his circumstances’.

References


Introducing Rita H. Billow, PhD

Gyda Swaney, Ph.D., MPA Diversity Coordinator (2014-2016)

As the out-going Diversity Coordinator I am delighted to introduce Dr. Rita Billow to the membership of the Montana Psychological Association. Dr. Billow has generously agreed to serve as the Diversity Coordinator of the Board of Directors for a 2-year term (2014-2016). Please join me in extending Dr. Billow a warm welcome.

Dr. Billow is a licensed clinical psychologist and she is currently practicing at Northwest Community Health, Libby, MT. She is part of an interdisciplinary team of health professionals providing health care in a rural community health center.

Dr. Billow completed her clinical psychology training at the University of Montana – Missoula. Her thesis, Perceived Discrimination and Mental Health Outcomes in Native American Older Adults, and her dissertation, A Qualitative Investigation of the Strategies Used by a Sample of Native American Older Adults to Cope With Racism-Related Stressors, explored the racialized experiences of older adult Native Americans in Montana. She completed her pre-doctorate Internship at the Counseling Center on the Southern Illinois University campus in Carbondale, IL. She returned to her hometown to participate as a Professional Psychology Resident at St. John’s Lutheran Hospital in Libby, MT.

During her tenure at the University of Montana, Dr. Billow taught Introduction to Psychology and Abnormal Psychology, served as a student clinician at the Counseling and Psychological Services (CAPS), and facilitated several groups: Self Over Substance (SOS) Moderation Group, the Mood Management Intervention for Smoking Cessation Group, and the Stress Management Seminar. She also facilitated a YWCA Children’s Group for children who had witnessed or experienced domestic violence.

Past presentations include:


APA Council or Representatives

Gyda Swaney, PhD

August 6-8, 2014
Washington, DC

Please join me in extending a huge thank you to Dr. William “Bill” Patenaude for all his good work representing the Montana Psychological Association at the APA’s Council of Representatives (COR). Dr. Patenaude was not able to attend the last meeting of his term of office; however, as your newly elected Council Representative I agreed to attend the Thursday morning meeting.

The Council of Representatives quickly resolved to include early career psychologists on Board and Committees. APA, like MPA, is struggling with maintaining its membership and it is hoped that this strategy will encourage early career psychologists’ involvement and develop their interest in APA governance. In (Continued on page 12)
addition, the Council of Representatives is also highly committed to encouraging new talent in APA governance. To that end, the Council is asking that all new candidates self-identify as having never before run for office.

The Council was asked to adopt as APA policy the Resolution on Interrogations of Criminal Suspects. Law enforcement officers often close their investigation and deem the crime solved when a confession is obtained. Prosecutors, after learning of a suspect’s confession, tend to charge suspects with the highest number and types of offenses, set bail higher, and are far less likely to initiate or accept a plea bargain to a reduced charge. Many adults with mental disabilities and younger adolescents are limited in their understanding of the Constitutional rights to silence and to counsel, lack the capacity to weigh consequences of a rights waiver, and are more likely to waive their rights. Lengthy interrogations often include the presentation of false evidence, include implicit or explicit promises of leniency, and increase the likelihood of obtaining false confessions. Innocent persons have falsely confessed to committing offenses of which they have been accused only later to be exonerated. Confessions are particularly potent forms of evidence that jurors and others do not fully discount—even when the confessions are judged to have been coerced. Jurors and other triers of fact have difficulty distinguishing true and false confessions—in part because false confessions are highly counterintuitive and often contain vivid and accurate details about the offense and victim and facts that were not in the public domain. Videotaping interrogations in their entirety provides an objective and accurate audio-visual record of the interrogation. Interrogations video recorded from a “neutral” camera perspective—one focusing attention equally on suspects and interrogators—produce less prejudiced judgments or interpretations of suspects’ statements and behaviors. The above findings are the product of established research methods and as a scientific and educational organization, the American Psychological Association’s mission is in part to promote the application of sound research findings to advance the public welfare.

The APA recommends:

- Interrogations be video recorded in their entirety and with a “neutral” camera angle
- Recommends that law enforcement agencies consider placing limits on the length of time that suspects are interrogated
- Recognizes the risks posed to innocent subjects by interrogations that involve the presentation of false evidence and interrogations that involve minimization “themes” that communicate promises of leniency
- Recommends that particularly vulnerable suspect populations be provided special protection during interrogations in the form of the mandatory presence of either an attorney or professional advocate.

- Recommends that those who conduct interrogations receive special training regarding the risk of eliciting false confessions from individuals who are young, cognitively impaired, have a psychological disorder, or in other ways are vulnerable to manipulation. (References provided on request.)

The Council of Representatives participated in Diversity Training on Sizeism and Body Image.

As you know the APA Council of Representatives is in the process of “developing a more nimble, efficient, and responsive governing system” as part of the APA Good Governance Project. (For additional details, see the June 2014 issue of The Montana Psychologist.) As planned, the Council considered a change in its structure at the Thursday morning meeting and could not achieve a 2/3rds majority vote for any of the motions proposed. The Council of Representatives was (by vote count) more in favor of representation than it was in favor of apportionment. The discussion is continuing on the listserv and representatives are at a loss as to how to break the deadlock. As your Council Representative, I have voted for representation and I have voted against apportionment.

References

There is a growing need for all psychologists to have a basic understanding of the psychology of aging. People 65 years old and older are the fastest growing segment of the U.S. population and by 2030 will account for 20% of our nation’s people. As discussed in the American Psychologist article, “Aging and Mental Health in the Decade Ahead: What Psychologists Need to Know,” the demand for psychologists with a substantial understanding of later life wellness, cultural, and clinical issues will expand in future years as the older population grows and becomes more diverse (Karel, Gatz, & Smyer, 2012). The recently updated APA Guidelines for Psychological Practice with Older Adults (2013) note that the demand for psychological services for older adults is expected to rise as Baby Boomers become old, and will continue to increase as cohorts of middle-aged and younger individuals—who are receptive to psychological services—move into old age.

Even if you did not begin practice with the intent of working with older adults, clients do age and their needs often change. Additional issues specific to mid and late life may arise. Also, age-related issues may arise in work with younger clients, e.g., those caring for aging parents, grandchildren being raised by grandparents. Finally, even if you do not work directly with older adults or their families or caregivers, we are all aging. Becoming informed of the science of the psychology of aging will prove useful at a personal level—for ourselves and our families.

In terms of psychological practice with older adults, opportunities abound. The number of psychologists who work with older adults is not keeping up with and will not meet the anticipated need. The decade ahead will require an approximate doubling of the current level of psychologists’ time with older adults. The need for services is particularly anticipated to grow in primary care, dementia and family care giving services, decision making capacity evaluation, and end-of-life care (Karel, Gatz, & Smyer, 2012). However, only 4.2% of respondents of the 2008 APA Survey of Psychology Health Service Providers reported that geropsychology was their current focus and work (APA Center for Workforce Studies, 2010). This workforce shortage is not limited to psychology. The Institute of Medicine report, The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands (2012) described the dire need for health providers across professions to address the mental and behavioral health needs of older adults. It found that although the aging population continues to grow in number, diverse, and mental health needs, the geriatric mental health workforce is disconcertingly small and is dwarfed by the pace at which the population is growing.

The APA Office on Aging, and the Committee on Aging and its working groups have developed a wealth of resources that we believe all psychologists will find useful, for the reasons described above, to prepare for the EPPP, and to earn continuing education credit in aging. The main source of information is the Office on Aging website. It has resources and tools including: the APA Family Caregivers Briefcase; reports and fact sheets that provide guidance on how psychologists can work in interprofessional teams across health settings with older adults; resources on multicultural aging; strategies for promoting healthy aging across the lifespan; handbooks on capacity assessment; and professional practice guidelines for the aforementioned psychological practice with older adults and the Evaluation of Dementia and Age-related Cognitive Change. One document of note, What Mental Health Providers Should Know about Working with Older Adults, summarizes the guidance offered in the APA Guidelines for Psychological Practice with Older Adults and provides links to educational resources for each guideline. There are also consumer education materials and links to other geropsychology websites. Finally, we have developed a fact sheet, Resources for Psychological Practice with Older Adults and Their Caregivers that provides an overview of these available resources for distribution to your colleagues and students.

The APA Offices on Aging and Continuing Education also offer online continuing education programs including Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists (4 CE credits), Blueprint for Change: Achieving Integrated Health for an Aging Population (2 CE credits), and What (Continued on page 14)
Psychology and Aging: Resources for an Ever-Growing Population’s Needs
Deborah A. DiGilio, MPH, Director, APA Office on Aging

(Continued from page 13)

Psychologists Should Know About Working with Older Adults (7 CE credits). APA Publications offers twelve Psychotherapy Training Videos specific to older adult practice issues (search by subject: aging). If you would like ongoing information about psychology and aging issues, you can also subscribe online to our free, semi-annual e-newsletter, APA Aging Issues Newsletter.

For practitioners who wish to specialize in professional geropsychology, more detailed guidance regarding the “Pikes Peak Attitudes, Knowledge and Skills Competencies for Practice in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls & Duffy, 2009) and the corresponding competencies assessment tool is available on The Council of Professional Geropsychology Training Programs website.

For more information about aging at APA, please contact me at: ddigilio@apa.org or 202-336-6135. To request additional copies of the resources fact sheet, please contact Martha Randolph at mrandolph@apa.org.

References


Seeing the Person in Personality Disorders
There are growing concerns among mental health professionals regarding descriptive psychiatry's (i.e., DSM IV & 5) exclusive reliance on a symptom-based approach to both assessment and treatment of psychological disorders. Psychodynamic approaches to psychotherapy address the person first and place symptoms into the context of the whole person. While the recognition of the whole person is essential to the practice of psychotherapy, it is especially critical in unraveling the complex interpersonal puzzle of personality disorders. This workshop is designed to put the person back in personality disorder.

Presenters - F. Barton Evans, Ph.D. is a clinical and forensic psychologist in Asheville, NC. He is a Fellow of the American Psychological Association’s Society of Clinical Psychology (Division 12) and the Society for Personality Assessment as well as Clinical Professor of Psychiatry at George Washington University School of Medicine. He has presented nationally and internationally on such topics as borderline personality disorder, psychological trauma, personality assessment, and forensic psychology. He is the author of two books and over 30 articles and book chapters.

William Ryan, Ph.D. is a clinical psychologist practicing in Bozeman, MT. His early training in psychodynamic therapy was as a Clinical Fellow at the Mt. Zion Children’s Hospital Psychiatric Department affiliated with the San Francisco Psychoanalytic Institute. Further training took place at the Graduate School for Marital and Family Therapy, the Colorado Center for Modern Psychoanalysis, and the Northern Rockies Psychoanalytic Institute.

Hilton Garden Inn Bozeman
2023 Commerce Way, Bozeman, MT 59715; phone (406) 582-9900. Room rates start at $119 plus tax. Reservations need to be made directly with the Hilton Garden Inn by September 4, 2014 to receive the discounted rate. Be sure to mention you are with MPA. Or, book online at www.montanapsychologicalassociation.org.

EASY Online Registration at: www.montanapsychologicalassociation.org

SCHEDULE

FRIDAY, SEPTEMBER 26, 2014
8:30-9:00 am  Registration
9:00 am-Noon  Personality Disorders in Modern Practice
              Review of Psychodynamic Models
Noon-1:30 pm  Lunch on Your Own
1:30-5:00 pm  Neuroscience and Attachment
              Structural Organization and Dynamic Patterns

SATURDAY, SEPTEMBER 27, 2014 (CONTINUATION OF DAY I)
8:30-9:00 am  Registration
9:00 am-Noon  Assessing Personality Patterns and Disorders
Noon-1:30 pm  MPA Membership Luncheon (MPA members only)
              or Lunch on Your Own
1:30-5:00 pm  Psychodynamic Psychotherapy
If I become disabled and can’t work, who will pay the bills?

Take care of yourself and your family with Trust Income Protection (disability income) Insurance.

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★ Choice of benefit Waiting Period (28, 90, or 180-day)
★ Residual benefits to ease your return to work
★ Guaranteed Insurability Option
★ Benefit Booster, which prevents inflation from eroding the value of your benefit
★ Additional dollars to replace retirement plan contributions with Lifestyle 65-Plus plan

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Editor: Executive Director - Marti L Wangen, CAE

Calendar of Events

MPA 2014 FALL EDUCATION
Seeing the Person in Personality Disorders
September 26-27, 2014
Hilton Garden Inn, Bozeman

Presented by F. Barton Evans, PhD & William B. Ryan, PhD
♦ Personality Disorders in Modern Practice
♦ Review of Psychodynamic Models
♦ Neuroscience and Attachment
♦ Structural Organization and Dynamic Patterns
♦ Assessing Personality Patterns and Disorders
♦ Psychodynamic Psychotherapy

EASY online registration available at: www.montanapsychologicalassociation.org

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