



Nevada Psychological Association

NPA News

The Voice of Psychology in Nevada

Upcoming CE Events:

- **November 15th, 2019**
Bipolar Disorder in Youths
Eric Youngstrom, Ph.D.
Las Vegas • 6 CE Credits
- **April 3rd, 2020**
Clinical Approaches to Suicidality
Noelle, Lefforge, Ph.D.
Reno • 6 CE Credits
- **May 1st, 2020**
NPA Annual Conference
Suicide-specific Risk Assessment & Intervention
Thomas Ellis, Psy.D., ABPP
Las Vegas • 6 CE Credits
- **September 18th, 2020**
The Legal & Ethical Game Show Challenge
Clifton Mitchell, Ph.D.
Las Vegas • 6 Ethics CE Credits
- **October 16th, 2020**
Developing Expertise in CBT-I
Gregg Jacobs, Ph.D.
Las Vegas • 6 CE Credits
- **November 12th, 2020**
Ethics & Risk Management in Complex Clinical Conundrums
Daniel O. Taube, J.D., Ph.D.
Reno • 6 Ethics CE Credits

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2019 Fall Newsletter

IN THIS ISSUE....

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

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

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

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

(for more details, see Page 11)

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

- **Update from our 2019/20 President, Dr. Noelle Lefforge**
- **Update from our Legislative Committee & NPA Lobbyist**
- **Update from our APA Council Rep**
- **Column by Dr. M. Sammons: Of Hypes and Highs, Pages 8-9**
- **2019 & 2020 Continuing Education Calendars**
- **Article by Dr. J. Cahill: Guidelines for Diagnosis of Munchausen by Proxy, Page 13**
- **Are your 2019/20 NPA membership dues current?**

Check the lists on Pages 18-19. If your name is not on the list, you still need to renew your dues for 2019/20.

~ ~ ~ An Update from our President—Noelle Lefforge, PhD. ~ ~ ~

What does it mean to you to be a psychologist? I recently participated in a leadership development program outside of our profession. I kept frustrating my trainer with my introduction, which always began, “I’m a psychologist.” She is an exceptional trainer, very passionate and skilled. She would say, “That’s what you do, not who you are!” Each time, I would laugh inside and think, “That’s right, you aren’t routinely surrounded by psychologists.” For me, being a psychologist says a lot about who I am, not just what I do.

For me, being a psychologist has a lot to do with being an agent of change. I was initially drawn to the profession because I was intrigued with the process of psychotherapy. I wanted to be able to help people in the way that all my favorite therapists from the textbooks did. Later, I fell in love with science as the foundation for this change, and that’s what really hooked me. I still love psychotherapy and am routinely in awe of the change it can facilitate. However, I have come to think about all the ways that psychologists are agents of change. We publish studies that change the way others view the world. We engage in advocacy, which changes policy and saves lives. We train the next generation to be better than we could imagine. We help heal our own families and communities by embracing compassion. We serve in so many capacities, whether it be through NPA, our national organizations, non-profit boards, our school boards, our homeowner’s associations, elected office, and so on. Psychologists truly are remarkable agents of change for the better throughout the world.

I see Nevada Psychological Association as an agent of change. This year, we updated the strategic plan. We embraced change by adding a very important strategic objective to our existing slate – embedding diversity and inclusion into NPA culture. This year has very much been about ensuring that these are not just words on paper, but really a guiding light for what we need to do. NPA needs to lead the way in ensuring an inclusive space for all and addressing structures that contribute to inequity throughout society. Along these lines, we are in the process of renaming our Diversity, Equity, and Inclusion (DEI) Committee, updating our bylaws to be more inclusive, increasing legitimate student representation in our governance, and creating policy to ensure we are able to address any experiences of exclusion that occur within our organization. I was thrilled to see us launch our first annual participation in PRIDE (thanks, Dr. Chapple). Allyship is a verb, not a noun, and NPA will continue striving to be an ally.

This issue is filled with updates on all the other amazing activities our Executive Board, Regional Boards, and Committees are doing to enact positive change in Nevada through our Strategic Plan and 2019/20 Strategic Business Objectives:

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

We need your ongoing support to be the agent of change our organization strives to be. Please consider joining one of our Boards or Committees (<https://www.nvpsychology.org/about/committees/>), we are a welcoming group of volunteers! Feel free to contact any one of us or email us at admin@nvpsychology.org. We know many of you are stretched thin with your time, and may be better able to provide support financially. Either way, NPA doesn’t exist without your support. It’s a true honor serving as your President this year. Exceptional agents of change who represent NPA well surround me.

Noelle Lefforge Ph.D., MHA, CGP, 2019-2020 NPA President

NPA Legislative Committee/Lobbyist Update (Fall 2019)

The 80th Session of the Nevada Legislature came to a close in early June. It was a record-breaking session for Nevada and for NPA. We cannot possibly cover everything Nevada and NPA accomplished in a single, readable newsletter page, but here is a quick summary of the session “by the numbers”.

A lot happened during the session, and behavioral/mental health issues featured prominently. For the most part, the goal of legislation impacting behavioral/mental health was to address Nevada’s mental healthcare crisis by increasing access to care. Legislation which would limit patient access to care and/or threatened psychologist practice was successfully stopped or amended (with the notable exception of AB 285 and Third Party Observations).

1st Ever: Nevada is home to our nation’s first female-majority legislature; first female-majority high court, and first African-American Attorney General.

1,102 Bills Introduced: And, the NPA Legislative Team read, at minimum, a detailed summary of every single bill; these bills included an historic number of bills related to behavioral/mental health.

100+ Detailed Review Bills: Directly and indirectly related to behavioral/mental healthcare and/or psychologists underwent detailed review by at least two members of the NPA Legislative Team.

70 Monitored Bills (up from just 33 in 2017): Directly impacting behavioral/mental healthcare and/or psychologists were closely monitored by the NPA Legislative Team.

39 Action Bills (up from just 14 in 2017): NPA Legislative Team took action in response to these bills.

NPA Legislative Action Matters: NPA advocacy during the legislative session impacted the everyday work of psychologists. A **short** list of accomplishments include:

- NPA supported increasing access to treatment for those with severe mental illness while successfully protecting **psychological testing** within psychologists' scope of practice (SB 37)
- NPA supported revisions to the Legal 2000 process to **ensure access to care** while **protecting patient rights** (AB 85)
- NPA successfully prevented threats to ban pre-employment **screening conducted by psychologists** (AB 132)
- NPA supported increased accountability and **patient protections** for **health insurance** (AB 170)
- NPA supported establishment of the Nevada Interagency Advisory Council on **Homelessness to Housing** and worked to ensure that psychologists will be “at the table” (AB 174)
- NPA helped initiate legislation to address **psychologists' paneling issues** - now insurers must provide reasons for panel denial to the provider and the Division of Insurance for annual aggregate reporting (SB 234). NPA’s work on this topic continues, and NPA leadership has applied for an APA grant to support our ongoing efforts.
- NPA lead the opposition and helped defeat legislation that would have required **informed consent of all legal guardians** prior to the provision of any type of behavioral (not medical) services to a minor (SB 247)
- NPA navigated the complex legislative space surrounding **Third Party Observation** of independent medical evaluations (IME), and will continue to closely follow the issue (AB 285)
- NPA supported the establishment of a Task Force to examine the **relinquishment of children** into protective care due to unmet (behavioral) healthcare needs (AB 387)
- NPA advocated for and supported the creation of the **Patient Protection Commission** (SB 544)

(continued on Page 4)

NPA Legislative Committee/Lobbyist Update (Fall 2019) continued

(continued from Page 3)

As we turn our attention from the past legislative session to the current interim, NPA is focused on several fronts.

Historically, the biggest inter-session focus for NPA is the **Legislative Committee on Health Care**. Nearly all major health related issues are either telegraphed or taken up during this statutory legislative committee. The '19-'20 interim promises to be no different. The composition of the six person committee reflects the Democratic membership dominance in the Legislature. Four lawmakers—including the chair and vice-chair—are Democrats. The other two members are Republican. Interestingly, they're also doctors:

- Assemblywoman Lesley E. Cohen, Chair
- Senator Julia Ratti, Vice Chair
- Senator Joseph (Joe) Hardy, M.D.
- Senator Joyce Woodhouse
- Assemblywoman Connie Munk
- Assemblywoman Robin L. Titus, M.D.

It's a busy interim committee, all eight meetings have already been scheduled with the first calendared for Wednesday, November 20 at 9 am. Currently, no agenda is available.

Another trio of interim committees we'll be keeping an eye on are the **Regional Behavioral Health Policy Boards**. The Washoe Board is headed up by Senator Julia Ratti, the Southern Nevada Regional Board is chaired by Assemblyman Greg Hafen and Senator Pete Goicoechea leads the Rural Board. Each of these boards is set-up to **include a psychologist**, and NPA will be following up on this.

Several bills passed during the last session took effect on the first of October, the remaining bills become law on January 1. It may take months, or longer, but we will begin to see how the new laws play out affecting psychologists around the state. And you'll find no better judges than **you, licensed psychologists and members of NPA**. Let us know what you see and hear. Good or bad. Did the changes work as designed? If not, we need to know. Who knows, what you report back to us may become the genesis of a bill next session.

Finally, NPA will continue to offer recommendations to Governor Sisolak's office to **fill vacancies on the Board of Psychological Examiners and the Commission on Behavioral Health**. We recently followed up with the governor's staffers tasked with vetting and suggesting appointments. The openings need filling by qualified licensed psychologists. We continually make our voices heard.

Respectfully submitted,

Adrianna Wechsler Zimring, Ph.D., Legislative Committee Chair, Southern Region
 Bryan Gresh, NPA Lobbyist, The Gresh Group LLC

NPA Advocacy Benefits

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

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Update from our Northern Region ECP Committee

The north region ECP committee is hosting the final ECP gathering for the year on Thursday, 10/17. This month, Reno Behavioral Health will present an introduction to their services and the new mental health facility. For the first time, we have extended the invitation beyond psychologists to include MFTs, CPCs, LCSWs, and psychiatrists. We look forward to fostering a more connected community of mental health providers. Thank you to the offices of Theory and Practice for providing the location for this month's gathering.

Chauncey Parker, Ph.D.

2019-2020 Northern Region Early Career Psychologist (ECP) Committee Chair

Update from our Southern Region ECP Committee

Southern Early Career Psychologists have been busy this year! Not only has our Southern committee quintupled in size, we've also hosted four ECP events in 2019 and look forward to many more in 2020. I would like to offer a warm welcome to Dr. Lauren Chapple-Love, Dr. Rhiannon Rager, Dr. Michelle McGuire, and Holly Summers, M.S. to our committee. In March, Dr. Chapple-Love shared her expertise leading a discussion on *A Sex Positive Approach* to clinical and theoretical services. Only a couple months later, in May, Dr. Whitney Owens taught us about *Mindful Self-Care*, provided us with a *Helpers Bill of Rights*, and facilitated a gentle yoga exercise to help us put theory into practice. Paul Backofen was instrumental in helping our ECP committee organize our second *Wealth Management* event, hosted by WestPac Wealth Management Services and led by Brennan Drew, in June. Paul and Brennan are both Financial Advisors and spoke about their approach to addressing student loan and business debt, as well as tax efficiency and saving money. During our most recent event, in August, while hopefully not the last of the year, Dr. Rhiannon Rager led an insightful discussion regarding *Strategies for Navigating the Education System and Meaningfully Supporting Young Clients' Educational Needs*. She provided a review of key special education terms, disability categories, components of different academic areas, as well as advocacy strategies to increase our students' access to academic support. I am also happy to announce that Dr. Rager will be stepping into the ECP Co-Chair South position, as I apply to the APA Committee for Early Career Psychologists. Thank you Dr. Rager for your willingness to serve dual roles (Secretary and ECP Co-Chair) within NPA and dedicating your time to educate us about special education advocacy!! And thank you to Dr. Chapple-Love, Dr. Owens, Paul and Brennan, and everyone else who has volunteered your time to support Nevada's ECPs!

Bree Mullin, Psy.D., 2019-2020 Southern Region Early Career Psychologist (ECP) Committee Chair

Update from our Northern Region Board

The Northern Region Board has been actively coordinating efforts with the Northern Region ECP Representative to set up a series of opportunities for psychologists in our community to network and discuss the needs of our community. The Board recently hosted our annual Fall Social which was well-attended by a wide range of community members including students, newly licensed psychologists, and psychologists working in private practice, state agencies, and the VA system. We are continuing to gather information about services members would wish to see as well as discussing ways to increase membership and involvement in regional activities.

We look forward to continuing to co-host networking opportunities and CE events through 2019-2020 and encourage anyone who is interested in becoming involved to contact any one of our board members.

Laurie Drucker, Psy.D.

2019-2020 NPA Northern Region President



Update from our Diversity Committee



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

We Welcome Your Involvement!

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

The NPA Diversity Committee has dedicated much of its efforts this year to offering education in our continued efforts to advance and represent Psychology as a science and a profession. Our committee members have spent the year educating our peers on multiculturalism-focused issues across a number of themes. Local clinicians spoke at Wakandacon in Chicago, IL on the the positive effects of exposure to Afro-futurism on Black children. Area mental health professionals lectured and presented research on sex positivity, safer sexual practices, and Autoerotic Asphyxiation practitioners at the Society for the Advancement of Sexual Health national conference in Saint Louis, MO this past month. Most recently, the Diversity Committee participated in the Las Vegas area PRIDE Parade. This fun event was a way for us to engage the community, show support, and flex our creative muscles by decorating a NPA vehicle for the parade. The APA offers useful tips and guidelines on how to better serve gender diverse students, clients, and friends. We have included one such guide below.

<https://www.apa.org/apags/governance/subcommittees/supporting-diverse-students.pdf>

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

2019-2020 Diversity Committee Chair

Update from our Southern Region Board

On October 17th, we kicked off our Fall Social with bowling and costumes. This was a fun event that allowed psychologist to come together to network in a fun atmosphere. We are also looking forward to planning a spring event with the Nevada Psychiatric Association. More details will be announced in winter/early spring of 2020.

If anyone is interested in planning socials with the Southern Regional Board, please contact Dr. Tara Borsh at tara.borsh@boystown.org. We meet the first Friday of the month at 12noon.

Tara Borsh, PhD

2019-2020 NPA Southern Board President



Column by Morgan Sammons, PhD, ABPP

Of Hypes and Highs—The CBD Craze Has Arrived

Morgan T. Sammons, PhD, ABPP

Executive Officer of the National Register of Health Services Psychologists

Long before governments got into the business of regulating how people get high, cannabis was recognized as a potent medicinal and psychotropic agent. The written record dates back several millennia to China, where herbalists and surgeons described its beneficial effects as an anesthetic and anxiolytic, but its use as an intoxicant and medicine undoubtedly stretch well into prehistory. Because harvesting cannabis, opium, or coca leaves does not involve the type of collective planful action needed to produce alcohol (it literally does take a village to brew a beer, and some have speculated that humans transitioned from hunter-gatherer to agrarian societies primarily to be able to transform grain into alcohol), it is quite likely that plants or fungi containing psychoactive compounds (of which there are many, including not only cannabis, opium, and coca, but ayahuasca, kava kava, kratom, betel, ephedra, nightshades, psilocin-containing mushrooms, and many more) were for millennia what humans turned to in order to induce altered states of consciousness. Some of these plants had a principally ritualistic role (drug-induced religious experiences, or the so-called ecstatic visionary shamanism, meant to provide divine guidance or inspiration), others had medicinal uses, but probably more often than not they also were used for what we quaintly call today “recreational” purposes. The use of opium can be traced to prehistoric times in what is now modern Iraq. Homer referenced it in the Iliad. That its use was for nonmedicinal purposes can be divined from its Sumerian name *hul gil*, which literally meant “plant of joy.”

Often mixed with alcohol or other sedatives, cannabis also has a long history in Western medicine. Extracts of hemp were mentioned in Robert Burton’s 17th century *Anatomy of Melancholy* as a potential treatment for depression; it was highly prescribed in psychiatry and medicine in the U.S. throughout the 19th and early 20th century. In combination with metallic salts like potassium bromide, alcohols like chloral hydrate, or other sedative substances, numerous cannabis-containing preparations were used as nonspecific sedatives, anxiolytics, and pain relievers, and these were a significant component of the pharmacopoeia until 1930 when a Treasury Department official named Harry Anslinger, perhaps sensing the end of Prohibition and seeking renewed job security, launched the first American “war on drugs.” By the mid-1930s, cannabis had largely vanished from the U.S. pharmacopoeia, and in 1937 it was listed by the U.S. Internal Revenue Service (then the government overseer of dangerous drugs) as a “narcotic.” By the time the first edition of Goodman and Gilman’s classic text *The Pharmacological Basis of Therapeutics* was published in 1941, cannabis, although still clinging to a listing in the official U.S. Pharmacopoeia as a therapeutic agent, was dismissed by Goodman and Gilman: “Cannabis has no rational or indispensable uses in modern medicine. While it was formerly employed empirically in migraine, insomnia, neuralgia, and many other syndromes, it is now no longer prescribed.” (p. 185 of the 1941 edition).

So there you have it. The arbiters of therapeutic drug use in the 1940s had nixed the use of cannabis as a useful drug in medicine or psychiatry, ironically for the same clinical syndromes that cannabis in the guise of “medical marijuana” is frequently used today., That is, as a nonspecific pain reliever, anxiolytic, or antidepressant. The Drug Enforcement Agency (a part of the U.S. Department of Justice) continues to list cannabis as a Schedule I drug (one that has no medical value and has a high potential for abuse). Because the U.S. government is impervious to irony, this listing persisted even though the FDA has long approved dronabinol, a synthetic version of the psychoactive compound in cannabis, delta-9-tetrahydrocannabinol, as a prescribed agent for treating AIDS-related weight loss and chemotherapy-induced nausea and vomiting. The drug, marketed as Marinol, continues to be available today, as a Schedule III drug (one that has potential for abuse but has recognized therapeutic benefit).

Cultivation of hemp, the major source of CBD, was made legal by the 2018 Farm Bill, and this has led to an explosion in the availability of CBD in multiple formulations (CBD-containing cocktails? Order one up from your friendly neighborhood bartender). This in spite of the fact that it is technically still illegal to put CBD in food for humans or animals. [Former FDA commissioner Scott Gottlieb](#) has called for a timeout, warning that CBD remains relatively poorly studied, particularly in humans, and for most commercial claims an evidentiary base is simply not there.

Column by Morgan Sammons, PhD, ABPP

Of Hypes and Highs—The CBD Craze Has Arrived continued

But rather than focusing on legal constraints, let's look at some more practical aspects of CBD usage. In general, CBD use is probably unwise at present, simply because there are no regulatory mechanisms in place to ensure that what you consume is actually CBD (which it very well may not be) and if it is, how much of it you're getting. Like most herbal or alternative medicines, regulatory processes are sketchy, and many if not the majority of herbal agents do not contain what the label says they do. Absent government oversight, the ability to detect adulterants or contaminants in the manufacturing process simply doesn't exist. Readers are likely familiar with a [well-known DNA analysis](#) that found even in well-established commercial venues in the U.S. and Canada less than 50% of the supplements for sale contained the authentic product, over 60% had incorrect labels, and substitutions, contaminants, and undeclared fillers were common. Since the publication of that study, herbal marketing groups have promised to improve their practices, and perhaps they did, but without effective regulatory control there is no way of verifying this.

Perhaps more importantly, at the present time we really don't have a clear picture of what CBD actually does, in part because the government's classification of cannabis as a dangerous substance with no therapeutic value has severely limited our ability to research its actions and effects. In a nutshell, though, CBD has been claimed to lack the psychotropic effects of THC, but is said to be useful as an anxiolytic, potential antidepressant, antiseizure, and anti-inflammatory agent. (As a not-too-technical aside, please note that while CBD has been claimed to lack *psychotropic* properties, if it is an anxiolytic/antidepressant it is by definition a psychotropic agent. It may not be psychogenic, but that is a discussion for another time.)

Bear with me, because to understand all this a little bit of science is needed: Humans, like many if not most living creatures, have endogenous cannabinoid receptors (even invertebrates as basic as sea squirts possess some type of cannabinoid receptor). Since endogenous cannabinoid receptors are so highly evolutionarily conserved, it makes sense that they play some kind of role in regulating essential but incompletely understood homeostatic processes. Humans possess two known cannabinoid receptors, CB1 and CB2 receptors. CB1 receptors seem to be where THC binds and exerts most of its activity. CB2 receptors, like CBD, are less well understood (for a great, if technical review of endocannabinoid receptors [see Bow & Rimoldi, 2016](#), who noted that CB2 has been called a "receptor with an identity crisis").

[CBD does appear to have lesser affinity for CB1 receptor binding, and its action at CB2 receptors may suggest an anti-inflammatory action, among others.](#) While its mechanism of action is incompletely understood, CBD may serve as a competitive antagonist at CB1 receptor binding sites, and its role in epilepsy has been ascribed to a down-regulation of excitatory neural activity.

CBD in prescription form exists. Epidiolex was approved 2018 to treat Lennox-Gastaut or Dravet syndrome—two very rare seizure disorders that appear in infancy or early childhood. Dravet syndrome is generally marked by febrile seizures and is associated with hyperactivity and deficits in motor, speech, and social functioning. It may progress to status epilepticus. Likewise, cognitive, motor, and social difficulties are often present in Lennox-Gastaut syndrome, which generally begins ages 3–5 and is associated with tonic (muscle contraction) seizures.

So if you have read this far, you can see that our story is full of ironies (an undeclared filler in this column). Adding to the ironic quotient, if someone wants to consume a cannabinoid, rather than using nonprescription CBD they are far better off seeking out plain old cannabis in a state that has legalized the use of medical or recreational marijuana, because those states have regulatory mechanisms to determine things like total THC content and growing and sales of cannabis have some degree of oversight. Of course there are plenty of good reasons to use cannabinoids that are free of the psychoactive or intoxicant actions of THC. But until we have a better understanding of exactly what CBD does, it's likely better to use it only for the purposes that have been best studied. And like all herbal substances, unless we really know what we (and the substance itself) are doing, it's probably best that we recommend patients don't use them.

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This article was originally published on www.nationalregister.org.*

2019 Continuing Education Calendar

Not all that blows up is Bipolar: Evidence-Based Assessment and Treatment for Bipolar Disorder in Youth and Young Adults

Eric Youngstrom, Ph.D.

Friday, November 15th ~ Las Vegas ~ 6 CE Credits

2020 Continuing Education Calendar

Clinical Approaches to Suicidality: Collaborating with Patients to Make Life Liveable

Noelle Lefforge, Ph.D.

Friday, April 3rd ~ Reno, NV ~ 6 CE Credits

29th NPA Annual Conference

Suicide-specific Risk Assessment and Intervention: Not Business as Usual

Thomas E. Ellis, Psy.D., ABPP

Friday, May 1st ~ Las Vegas, NV ~ 6 CE Credits

The Legal and Ethical Game Show Challenge: Are you Smarter than a Fifth Grader?

Clifton Mitchell, Ph.D.

Friday, September 18th ~ Las Vegas, NV ~ 6 Ethics CE Credits

Developing Expertise in Cognitive-Behavior Therapy for Insomnia (CBT-I)

Gregg Jacobs, Ph.D.

Friday, October 16th ~ Las Vegas ~ 6 CE Credits

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

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

Friday, November 13th ~ Las Vegas ~ 6 Ethics CE Credits

For More Details visit our website:

www.NVPsychology.org/workshops



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

THE APA APPORTIONMENT BALLOT—DOES IT MATTER?



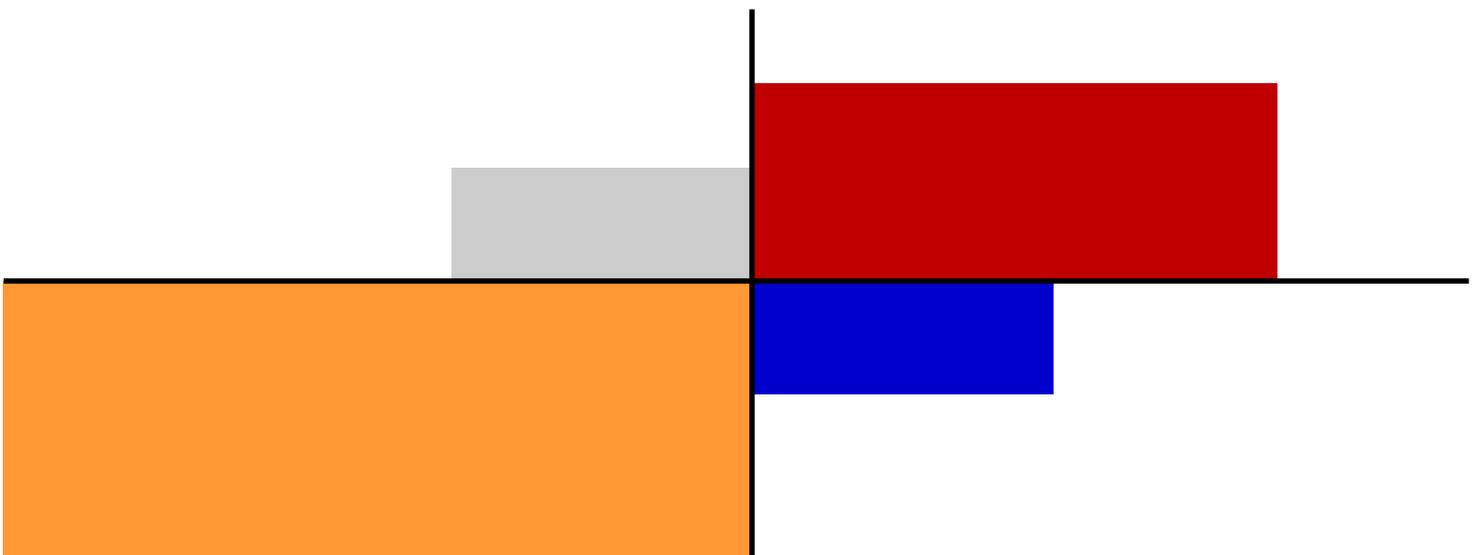
!!!! YES IT DOES !!!!



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

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

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



APA Council Update—Dr. Noelle Lefforge

Council of Representatives met on August 7 and 9, 2019. It is wonderful to see APA continue to transform under the [new strategic plan](#). Leading up to the meeting, I sent out a survey on the major issues to elicit your input. Here are the major issues that were debated and decided:

Voting Privileges and New Membership Category for Graduate Students - APA Council approved a new membership category for graduate students, eligible for voting privileges after 1 year of membership. To align the other membership categories, APA Council also approved revisions to allow Affiliate Members to vote after 1 year of membership (previously 5 years of membership). This issue was framed as largely about inclusion. Other organizations have given their students the right to vote, recognizing them as the future of the profession. This vote passed by 74%, which was the closest vote on any issue during our meeting. These changes consist of bylaws changes, which require approval by the membership - you'll see this on your next APA ballot.

- APA Council approved **APA Policy Statement on Immigration**
<https://www.apa.org/advocacy/immigration/>
- APA Council approved **Guidelines for Psychological Practice for People with Low Income and Economic Marginalization**
http://apacustomout.apa.org/commentPracGuidelines/Practice/LIEM_Guidelines.pdf
- APA Council approved **Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity**
<http://apacustomout.apa.org/commentPracGuidelines/Practice/Race%20and%20Ethnicity%20Guidelines%20For%20Open%20Comment%20V2.pdf>
- APA Council approved Amendments to Association Rules to **Change the Composition of the Board of Professional Affairs (BPA)**, which creates 4 positions on BPA that are needed with additional responsibilities of BPA now that CAPP has sunset.
- APA Council approved Amendments to Association Rule 60-1.2: **Council Leadership Team (CLT)**, which allow a current Member-at-large or Early Career Representative member of CLT whose term on CLT is expiring, and who is not currently serving on Council, to be eligible to run for the position of Chair-elect.
- APA approved the creation of a **task force to study increasing hate, discrimination, and racism**, and funding of a public education campaign to disseminate its findings.

You may have seen my announcement that I am running for Member-at-Large on CLT. If I win, I will be in a stronger position of leadership to ensure that APA is responding to Nevada psychologists' concerns. If I do not win that election, I am slated to run for one of the new BPA seats. Time for some campaigning!

Thank you to everyone who reaches out to me to discuss what is going on for psychologists in Nevada. I am always open to listening so that I can help APA work better our communities.

Noelle Lefforge, Ph.D., MHA, CGP, APA Council Representative

Article: New Guidelines for the Diagnosis of Munchausen by Proxy (aka Factitious Disorder Imposed on Another) by Janet Cahill, Ph.D.

Munchausen by Proxy is a serious and sometimes deadly mental illness where a caretaker is deliberately overtreating or inducing symptoms for children in their care. These cases are often lurid and fascinating. Cases sometimes make their way into the media. A recent example is the case of Gypsy Rose Blanchard (HBO- Mommy Dead and Dearest, HULU- The Act). There's also the case of Lacey Spears, who murdered her five-year-old son, Garrett, by giving him fatal dosages of salt through a feeding tube he didn't need.

It is very difficult for anyone to understand how a parent, usually the mother, could deliberately and systematically cause them harm. But these cases are out there, and psychologists need to be able to diagnose, or at least raise concerns about the possibility of the disorder when necessary. Psychologists involved in these cases would rule in or out the diagnosis of Factitious Disorder Imposed on Another (FDIA). This diagnosis is in the DSM 5. Other professionals might use the diagnosis of Medical Child Neglect, or Abuse by Pediatric Condition Falsification (APCF). However, the most commonly used term remains Munchausen by Proxy (MBP).

These cases are very difficult to diagnose because, by definition, the perpetrator is being deliberately deceptive. However, there are two resources, one relatively new, that provide best practice guidelines for this disorder and are very helpful to psychologists.

The first of these is the DSM 5. Unlike prior versions of the DSM, FDIA is a formal diagnosis with clear criteria. Specifically, "Falsification of physical or psychological symptoms, or induction of injury or disease, in another, associated with identified deception." (DSM 5, p. 325). Note that FDIA can be diagnosed with psychological symptoms. My practice is in child protection and I have had a number of these cases. A common scenario I see is a parent providing false symptoms that result in the child being diagnosed with autism or other behavioral disorders. The DSM 5 also indicates it is no longer necessary to prove that the motivation for the parent's behavior is some type of secondary gain. The diagnosis does not require a clear conclusion about the motivation of the caretaker. Instead, objective proof of falsification is the basis for the diagnosis. This means psychologists do not need to prove why the caretaker is exaggerating or fabricating symptoms in order to make the diagnosis FDIA.

The second resource is a set of best practice guidelines from the American Society on the Abuse of Children (APSAC). These were released recently and are extremely useful for understanding and responding to MBP. The Guidelines provide information regarding the history of the disorder, common characteristics, diagnostic criteria, and treatment guidelines for the perpetrator and the victims. A reference for these guidelines is given below. These guidelines provide a clear process to rule this disorder in or out. An excellent companion piece is the article on treatment also referenced below.

One of the most tragic aspects of MBP (which is also child abuse by definition) is that the victims have usually been seen by many professionals for extended periods of time without red flags being raised. Professionals involved with child protection believe many of these cases go undetected and are more common than is widely believed. These resources are very useful for psychologists and other professionals to better understand this disorder and intervene when necessary.

References:

APSAC Taskforce Munchausen by Proxy: Clinical and Case Management Guidance 2017 The American Professional Society on the Abuse of Children (APSAC) **Retrieved from:** <https://www.apsac.org/guidelines>.

Sanders, Mary J., and Brenda Bursch. "Psychological Treatment of Factitious Disorder Imposed on Another/Munchausen by Proxy Abuse." *Journal of Clinical Psychology in Medical Settings*, 2019, doi:10.1007/s10880-019-09630-6.



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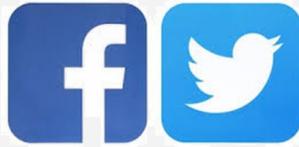


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