

HAWAII PSYCHOLOGIST

NEWSLETTER

Fall 2015

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DIVERSITY CONFERENCE

**SATURDAY
APRIL 23, 2016**

save
the
date

A MESSAGE FROM OUR PRESIDENT



**Marie Terry-
Bivens, Psy.D.
HPA President**

ALOHA MEMBERS ♪ As I reflect on my year as President of HPA, one thing is abundantly clear: It has been a very active year for HPA and psychologists in general. I feel honored to have served as your President and look forward to working with incoming President Lesley Slavin. She has plenty to carry forward in 2016. In 2015, RxP gained important sponsors and allies and was passed in the House (HB1072). HPA psychologists were also instrumental in the passage of Luke's Law, which makes ABA services for autistic children reimbursable by insurance. During the 2015 State Leadership Conference in Washington DC, HPA members did some important lobbying to ensure that psychologists continue to be included in Medicare and the Affordable Care Act as these programs evolve.

♪ PLEASE SEE *PRESIDENT'S MESSAGE* CONTINUED ON PAGE 15



The mission of the Hawaii Psychological Association is to enhance the quality of life for the people of Hawaii by encouraging, integrating, applying, and communicating the contributions of Psychology in all its branches. HPA seeks to strengthen public relations, advocate for a psychologically healthy community, develop solutions for mental health care, be responsive to the multiple cultures in Hawaii, promote the highest standards of professional ethics and to diffuse psychological knowledge through meetings, conventions and publications.



Follow us on our **NEW** Facebook page



HPA WEBSITE





**Nancy M.
Sidun, Psy.D.,
ABPP, ATR**
HPA Past
President

A MESSAGE FROM OUR PAST PRESIDENT

It's only fitting that I am sitting down to write this on Thanksgiving Day.... a day for thanks and reflection. When thinking back to the time I agreed to run for HPA president, I was a bit nervous about committing myself for a three-year term, but quite honestly, it's been one of the finest experiences of my life. I have worked along side amazingly talented and brilliant psychologists and students. And little did I know, that when I ended my term, I would be exiting my time on the Board with our stellar executive director, Alex Santiago, who will be leaving as our ED at the end of this year (thankfully Alex will continue to be connected to HPA as our lobbyist). The years have gone quickly, and when I look back, I'm pleased to see what has been accomplished for our state association. To name a few things that have

transpired the last three years...

- ◆ We passed the Mandatory Continuing Education Law (bill SB 2465, 5D2) requiring all licensed psychologists to get a minimum of 18 CE biannually, starting for the licensing biennium July 1, 2016.
- ◆ The HPA Task Force on Rural Health was established. The Task Force partnered with the Minnesota Psychological Association to bring the 7th Annual Rural Behavioral Health Practice Conference, entitled "Innovations in Rural Behavioral Health," to our membership.
- ◆ We hosted the APA 2013 Annual Convention in Honolulu, in addition to offering two successful Annual HPA conventions in 2014 and 2015.
- ◆ Starting at the 2014 HPA Convention, and continued in 2015, we offered the "Practicum, Internship, and Post-Doctoral Symposium and Networking Hour" for our students and ECPs.
- ◆ We offered multiple Continuing Education and Training Conferences, such as:
 - ◇ Cultural Diversity and Disabilities
 - ◇ Challenges and Opportunities for Psychology in an Era of Health Care Reform
 - ◇ Integrating Identities: Ethics and Ethical Challenges for Graduates Students and ECPs
- ◆ We held special trainings on the legislative process the last two years.
- ◆ We upgraded HPA technology by improving our HPA website with Wild Apricot Service, which allows members to manage their HPA membership online, as well as revamping and re-launching our social media presence.
- ◆ We began regularly showcasing the scholarly works of our HPA members by listing publications and professional presentations in our newsletter.
- ◆ We began an active and ongoing collaboration with the Manoa Valley Theatre to co-sponsor a psychologically rich play each season. This year, it was *One Flew Over the Cuckoo's Nest*.
- ◆ Lastly, we are well positioned with all the years of HPA work to be successful in getting Prescription Privileges for psychologists passed this coming legislative year.

There are many more meaningful and exciting activities that HPA has accomplished, but I just wanted to highlight a few. I would like to thank all of you for giving me the opportunity and experience of being able to represent HPA. I look forward to ongoing connections with all HPA members and with this fine organization.

Warmly,
Nancy Sidun, Psy.D., ABPP, ATR
2015 HPA Past President



**June W.J.
Ching, Ph.D.,
ABPP**

APA COUNCIL REPORT

RESETTING THE “MORAL COMPASS”

TORONTO, CANADA
AUGUST 5 & 7, 2015

BY JUNE W. J. CHING, PH.D., ABPP
HAWAII PSYCHOLOGICAL ASSOCIATION APA COUNCIL REPRESENTATIVE



The 2015 APA Convention held in Canada, was not “typical” for those in attendance, despite the allure of beautiful Toronto, valuable social networking and fellowship with colleagues, accompanied with well attended plenaries and outstanding program offerings. There was a palpable undercurrent, as the Hoffman Report Independent Review (IR) had just been released one month prior. Some convention program sessions were cancelled, replaced by APA and Division Town Hall meetings to provide a forum for member reactions and to address questions and answers related to the IR. Opinions were diverse and varied with pained expressions of sadness, anger, apprehension, sense of betrayal and mistrust. Most conveyed an imperative that APA incorporate a re-invigorated moral compass to “right the ship” by enacting policies and practice in staunch commitment for human rights and ethical practices, along with greater transparency and accountability.

Likewise, the APA Council Meeting of the 173 elected representatives, which was held all day August 5 and half day on August 7, during the Toronto Convention was “atypical” due to the massive impact and profound ramifications in relation to the Hoffman Report release. Most were still trying to process the information and grapple with the implications and resultant actions. Indeed, all eyes were focused on Council, the governing and policymaking body of APA and the upcoming Council meetings held at convention. Council members would be meeting with Mr. Hoffman, to address prior submitted inquiries about his method, IR report and findings. Council would also discuss and vote on action steps and policy directions needed to move our organization forward.

The Hoffman Report is an extremely dense document and difficult to process on multiple levels. The complete report consists of 522 pages, which comprises a 70 page Executive Summary, more than 200 interviews and 1,100 unique documents. Although the IR reading was tedious and painful to delve into, I found it imperative to read the full report in order to truly appreciate what transpired and to formulate opinions based on a knowledge base instead of relying on rumors, innuendos and sensationalized headlines. In addition to processing the report findings, I was simultaneously trying to make headway through the seemingly endless barrage of email postings pouring in from multiple listservs, documents, essays and media stories concerning the IR.

HISTORY OF THE HOFFMAN REPORT ψ In November 2014, the APA’s Board of Directors (BOD), retained David Hoffman, former federal prosecutor, and his firm of Sidley Austin LLP of Chicago, to conduct an independent review of whether there was any factual support for the assertion that APA engaged in activity that would constitute collusion with the Bush administration to promote, support or facilitate the use of “enhanced” interrogation techniques by the United States in the war on terror. The APA BOD decided an independent investigation was necessary because of plaguing concerns spanning over 10 years, with respect to the human rights issue of torture in detainee interrogations.



Pat DeLeon
Former APA
President

WOULDN'T IT BE NICE

One of the most satisfying aspects of serving at the Uniformed Services University of the Health Sciences (USUHS) is realizing the extent to which APA, APS, various national nursing organizations, and individual psychology and nursing leaders have been willing to go “that extra mile” for those who are serving our nation and oftentimes putting themselves in “harm’s way.” Former APA Presidents Don Bersoff and Ron Fox have participated in our health policy seminar, as has APA President Barry Anton. Nadine Kaslow has addressed a larger psychology colloquium; while Give an Hour Founder and President Barbara Van Dahlen has graciously participated in both venues.

GLOBAL APPROACHES TO INTEGRATED HEALTH CARE: TRANSLATING SCIENCE AND BEST PRACTICES INTO PATIENT-CENTERED HEALTHCARE DELIVERY ^ψ This Fall, APA President Barry Anton graciously extended invitations to the USUHS community to participate in his two and one-half day working Summit. Over 400 viewers, representing 36 countries, “streamed live” into the conference; which was held at the APA Capitol View Conference Center. Video recordings of the summit sessions will soon be made available on the APA web. Barry’s goal was to facilitate the sharing of best practices and innovations across disciplines, health care professions, health care settings, and countries. Through the shared understanding of “patient-centered care” he envisions enhanced public expectations (and, in all candor given his long-time interest in the field, appetite) for the integration of health services, bringing together un-likeminded people and shareholders across the health care domain. On his visionary planning committee was former APA Congressional Science Fellow Brian Smedley and Toni Zeiss, former head of mental health for the Department of Veterans Affairs (VA), both of whom have participated in our health policy seminar. Two of the noteworthy keynote speakers were Ronalso Holer, MD, from the Pan American Health Organization (PAHO) and Sue Dopson, Ph.D. from the United Kingdom. APA President-elect Susan McDaniel also actively participated, moderating panels on special populations and international perspectives.

USUHS student-participant views: “The Summit brought together the pressing issues in healthcare integration. The attendees demonstrated well-rounded ideas and approaches to healthcare and service delivery. I learned about many new topics and ways to communicate. For example, the role of entrepreneurship and business management is becoming increasingly indispensable for any clinician. The experts expressed the pressing need of updating professional education with integrative science on what exactly ‘health,’ ‘wellness,’ ‘illness,’ and ‘patient-centered care’ mean from various disciplines. Lastly, the role of the patient in developing and implementing integrated care remains relatively untapped; e.g., training patients and family in health communication, using their consumer choices to influence the market, etc. [Edwin Szeto].”

“The Summit was an incredibly rewarding experience. While we often speak about the importance of integrated healthcare within the American healthcare system, it was eye-opening to hear from experts from around the globe who provided perspectives on the need for such efforts worldwide. Not only did we discuss the importance of getting out of our healthcare AND national silos, the conference put this into action by bringing together physicians, economists, nurse practitioners, psychologists, and many others who were



**Julie
Takishima-
Lacasa,
Ph.D.**

LEGISLATIVE CORNER

BY JULIE TAKISHIMA-LACASA, PH.D.
HPA LEGISLATIVE CHAIR

If you're not at the table, you're on the menu.

This is the first installment of a regular column that will provide our membership with regular updates regarding HPA Legislative Committee priorities and activities. Opening day of the 2016 legislative session is fast approaching (January 20), and we are ramping up efforts to ensure that this will be one of our best sessions yet!

Some of you may not have even been aware that our membership is represented by a Legislative Committee. This committee is guided by the principle that if we do not actively participate we are relinquishing decision-making regarding the future of our profession, and the welfare of those we serve, to others. Our primary focus is to make sure that we are at the table for all of the legislative issues that impact our profession.

And there are some really big issues this year. In fact, this is shaping up to be one of the most important sessions in some years. At the forefront of our priorities is the Prescriptive Authority (RxP) bill, for which RxP Chair Jill Oliveira Gray will be leading the charge. As some of you know, our RxP efforts were reinvigorated last year, and due to the hard work of some very dedicated people, we are going into this session with stronger positioning than ever before. We are very optimistic that this is finally our year!

The committee will be supporting a bill that will address the severe shortages of qualified forensic psychologist in the courts and corrections system that are trained to conduct specialized court-ordered examinations. We will be closely monitoring all the legislation that will be introduced in the coming months, and there will be other bills that will arise that will require our coordinated, organized response.

All of this in the wake of the very real repercussions in the political arena of the Hoffman report.

We therefore have really hard work ahead of us that cannot be accomplished alone by the handful of passionate members who have been actively and consistently involved in the past. Alex Santiago's announcement that he will be returning to his role as a pure lobbyist for HPA places our organization in the unique position of having him focus his vast skills and talents on the important legislative issues that we are taking on this year. It also offers us the opportunity to pull together as an organization and profession to create a strong, lasting presence at the Capitol. This will require the energy, commitment, and expertise of more than just the Legislative Committee, however – we will need as many of you as possible to get involved! We will be reaching out to the membership for support and participation, and I would like to make a plea to all of you to respond to our call. We will be sending out requests on the list serve to join us in responding to important issues, by calling your legislators, submitting testimony in writing or in person, attending events and fundraisers, and more. We can be clearer and stronger in our advocacy in greater numbers!

If you are feeling inspired to get involved, please contact me! I also welcome suggestions, questions, or any other important legislative issues that any of you would like to bring the attention of this committee. We would like to request notification if you are planning to submit legislation, as the committee may be able to offer you support. Contact me at julie.takishima@yahoo.com.

This is not only a critical year, it is also a very EXCITING one! This legislative session will be an amazing opportunity to affect change in real, positive, and potentially dramatic ways. It is an honor to serve you and our local community as Legislative Chair during this pivotal time.

HPA Legislative Committee:

Julie Takishima-Lacasa (Chair)
Jill Oliveira Gray (RxP Chair)
Alex Santiago
Alex Lichten

Marie Terry-Bivens
Lesley Slavin
Nancy Sidun

Tanya Gamby
June Ching
Kelly Harnick

Darryl Salvador
Jim Spira
Santo Triolo

Ways To Get Involved in Legislative Advocacy
If you aren't at the table, you are on the menu!

- Submit written testimony
- Attend hearings to provide oral testimony
- Lobby your legislators in person or by phone
- Attend rallies, advocacy events
- Attend legislative fundraisers
- Donate money to key legislators
- Sign-wave or attend community meetings for key legislators
- "Like" our RxP Hawaii Facebook page, Follow us on Twitter @RxPHawaii
- Sign the RxP Hawaii petition at <http://petitions.moveon.org/sign/rxp-hawaii-medical-psycholog>

UPDATE ON PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS IN HAWAII

BY JUDI STEINMAN , PH.D., & JILL OLIVEIRA GRAY, PH.D.



2015 turned into an exciting year for advocates of prescriptive authority for psychologists in Hawai'i. The effort to move House Bill 1072 through both branches of the legislature saw several new faces from consumers, educators and private practitioners, who together contributed to increased awareness of the serious need for psychologists to gain prescribing privileges in our state.

The Hawai'i Psychological Association (HPA) has focused on advancing prescriptive authority for psychologists since 1984 when the first bill was introduced. In 2007 the prescriptive authority bill passed

through the Hawai'i State Legislature only to be vetoed by Linda Lingle the Republican Governor at that time.

Since 2007 HPA faced various barriers but remained encouraged as efforts successfully continued to move the bill all the way through the Senate. From 2011 to 2014 attention was focused on building grass roots and community support for the bill. Relationships were cultivated with key legislators of rural, neighbor island areas as well as supportive physicians, community members and organizations and the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP) Master of Science in Clinical Psychopharmacology (MSCP) program.

While this was a great start and we saw potential, we still needed more community support. Things changed in the mental health services landscape in late 2014 following the closure of the only inpatient child and adolescent unit on the island of Maui. This created more awareness in the community regarding the scarcity of available psychiatric services on island and the ongoing unmet behavioral needs on the island. Similarly, on Hawai'i Island, it was a critical time with regard to growing community concerns regarding mental health needs in light of the advancing lava in a remote district on the island where schools and shopping centers were being evacuated and life as people in that district knew it was being turned upside down right before their eyes. Community members and leaders were feeling the pressure to come up with solutions to assist with the devastating effects of this natural phenomenon on multiple levels. This threatening situation highlighted the already dismal availability of qualified mental health care providers on Hawai'i Island, with extremely limited access to care for people with a dual substance and mental health diagnosis.

Through these changes the RxP initiative was able to be discussed once again as a viable, proven and cost effective method to address the unmet behavioral needs across the state of Hawai'i, and particularly in certain rural areas. With the start of the 2015 Hawai'i Legislative session upon us, we were able to garner even more community support and advocates were able to request a meeting with key Legislators, such as, the Speaker of the House and the Chair of the House Consumer Protection Committee, who subsequently co-introduced the RxP Bill in the House. The bill successfully passed through two hearings in the House (Health/Consumer Protection and Commerce; and Finance) and crossed over to the Senate only to be stalled in the Senate House Health Committee where, despite significant advocacy efforts on our part, the bill eventually was not heard.

Interestingly, legislators who had previously voted against RxP in Hawai'i felt more assured that the legislation would succeed because of the newly formed DKICP MSCP program. Most criticisms that prescribing psychologists "know nothing about the body" – as claimed by one local psychiatrist - were dispelled quickly when the legislators heard the extent and complexity of training in the medical model.

The success of the RxP legislation this year will hinge on the involvement of community members who suffer from mental health disorders and their family members. Last session, one mother of an adult son with schizophrenia and comorbid drug addiction was very vocal about the lack of viable mental health care on Hawai'i Island. A young man from Maui who had difficulty getting medication for bipolar disorder became the community's voice. Organizations such as Mental Health America of Hawai'i will be pivotal in advocating with legislators and the press.

The growing coalition continues grass roots advocacy and is utilizing social media now more than ever to increase our audience and support:

- ◆ The RxP Hawai'i Facebook page grows steadily every day; please considering liking our page at: www.facebook.com/RxPHawaii.

- ◆ Dr. Kelly Harnick had the foresight to build a website where visitors learn that "Change is on the Horizon" for Hawai'i: <http://www.rxphawaii.com/>.
- ◆ There now are nearly a thousand signatures on a petition to support RxP in Hawai'i; please consider signing at: <http://petitions.moveon.org/sign/rxp-hawaii-medical-psycholog> and will look toward multiple ways to continue utilizing this support to advance RxP in Hawai'i in 2016.

This article would be incomplete without acknowledging some of the leaders of the RxP Hawai'i coalition. Dr. Kelly Harnick, Psy.D., ABPP, President of West Maui Counseling Center and Don Lane, of Mental Health Kokua and Director of the ARISE Benefit are leading efforts on Maui. HPA continues to be well represented by President Marie Terry-Bivens, Psy.D., of Kauai, Executive Director Alex Santiago M.S.W., and Legislative Chair Julie Takishima-Lacasa, Ph.D. Other essential participants include Marya Grambs, Executive Director of Mental Health America of Hawaii, Deborah Mich Fried, BSN, a registered nurse from Hawai'i Island, and Cathy Hausman Klarin, a parent advocate from Hawai'i Island.

Judi Steinman, Ph.D. is the Program Coordinator of the Masters of Science in Clinical Psychopharmacology Program at the UH Hilo Daniel K. Inouye College of Pharmacy.

Jill Oliveira Gray, Ph.D. is the HPA RxP Chair and the Director of Training at I Ola Lāhui.

Please contact Dr. Gray at jogray@iolalahui.org for more information or if you would like to join our RxP advocacy efforts for the 2016 legislative session!





THE HPA TASK FORCE ON RURAL HEALTH

BY ADRIANNA FLAVIN , PH.D.

Hello, everyone, and happy holidays to you and yours! As 2015 comes to an end, it's nice to reminisce about all that's been accomplished these past 12 months. As for your Task Force on Rural Health, we had a wonderful time promoting Minnesota's 7th Annual Behavior Practice Conference. With group webcast sites hosted in Honolulu, Kona, Lanai City, Kahului, and Lihue, and individuals logging in from their personal computers around the state, Hawaii boasted one of the highest total participant rates of all the US and Canadian locales! I believe our numbers reflect our inexhaustible commitment to providing quality care to the people of Hawaii, near and far. The day's speakers were inspiring, the audiovisual communication was top notch, and the materials provided were concise. I was impressed, too, with the ease of their online registration and with the clever way they embedded two codes in each slide presentation to support the CEU process for remote viewers. All that being said, the eighth annual conference will be broadcast live once again on October 21, 2016, so please do join us in this innovative annual conference dedicated to honoring all that is rural behavioral health!

Looking ahead, the National Association for Rural Mental Health (NARMH) will be holding their annual conference June 15th through the 18th in 2016 at the Holiday Inn by the Bay in Portland, Maine. For over 40 years, the NARMH conference has prioritized improving the availability, accessibility, and acceptability of mental health and substance abuse treatment in rural communities. According to their promotional material, "conference attendees [will] have access to four days of high quality programming focused on the mental and behavioral health needs of rural communities and their residents including pre-conferences, keynote speakers, interactive workshops, track sessions, and fun networking opportunities." They are also accepting proposals online via their website www.narmh.org with a flexible deadline of December 1, 2015 "or until the agenda is filled." Proposals should draw upon current research, promising practices, and/or model programs or systems solutions that offer application for rural communities. The types of proposals that can be submitted are papers, workshops, panel or roundtable discussions, and posters. Please do visit the conference website for more details and to register online!

In closing, I'd like to offer our warmest wishes for a blessed holiday season and a happy New Year!





STUDENT CORNER

BY PUANANI HEE
HPA STUDENT DIVISION REPRESENTATIVE

PRACTICUM, INTERNSHIP, AND POST-DOC APPLICATION TIPS Ψ At the recent HPA Annual Convention, students had the opportunity to attend a workshop on preparing a successful practicum, internship, and post-doc application and interview. At the workshop, the directors and a current post-doc from the local training program I Ola Lāhui, shared helpful strategies about the process. Following the workshop, students attended a networking hour with representatives from in-state training programs. Some of the suggestions shared at the workshop included:

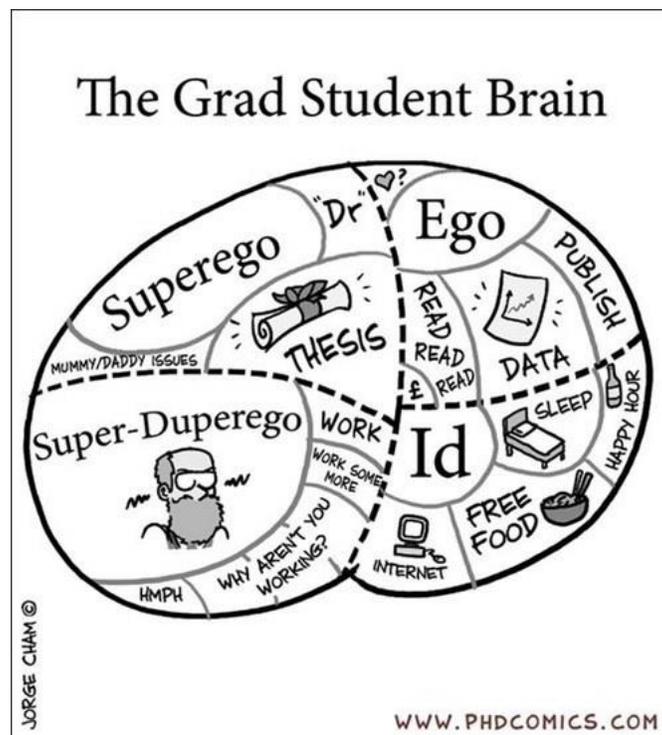
- ◆ **Timing:** Know yourself and the right time to apply. Consider your dissertation status and the number of clinical hours you have. Avoid applying for internship when you are not ready.
- ◆ **Tracking Hours:** Update your hours regularly. An hours tracking program such as Time2Track <http://time2track.com/> or MyPsychTrack <http://www.mypsychtrack.com/> can be worth the investment.
- ◆ **Pre-application work:** Make sure you meet the minimum requirements for a site. When examining sites, consider your future career goals and interests, and any geographic limitations you have. Research the site beforehand including reviewing faculty bios and CVs. Be able to articulate what you can add to the site in your application and during your interview. It might be helpful to talk to prior trainees or interns from a site to get information about their experiences.
- ◆ **Lists and spreadsheets:** Some students find it helpful to develop lists or spreadsheets that outline a timeline for the application process, budget for travel during interviews, and notes to help with ranking the sites. Making a timeline outlining the application process can be helpful but should also be flexible.
- ◆ **Cover Letter:** The cover letter is a site's first exposure to a practicum, internship, or post-doc applicant. Proof and give the same attention to your cover letters as you do your essays. Refrain from using a cover letter template and switching out the name of the sites. Take the time to tailor your cover letter to the program, emphasizing how you are a good fit for what the training program has to offer. Writing the cover letter can be a good indicator of your fit with a particular site. If you are struggling to connect with the site while writing the cover letter, it might not be the best fit for you.
- ◆ **Essays:** Essays should be professional but should also give the site a glimpse of your personality. Essays should describe your experience and where you see yourself in the future. Consider personalizing your essays to the site. Proof your essays. It is also helpful to have others review and provide you with feedback on your essays.
- ◆ **Letters of Recommendation:** Ask for recommendations from individuals who know you well enough to describe you in a unique and distinct way.
- ◆ **Interviews:** Be professional but let your personality show. There are ways to be personable and warm without being too formal. Be prepared to discuss what you know, what you learned from prior experiences, and what you are excited to learn about next. Be genuine about your passion and interests. Beforehand, it can be helpful to prepare thoughtful answers describing why the program is a good fit for you and some specific questions about the program. Additionally, sites will pay attention to the way

students speak about their current training program and practicum site experiences. Refrain from saying disparaging things about your training program.

- ◇ Attire: Dress appropriately for the site. It can be beneficial to invest in clothing that fits you well and makes you feel comfortable in your own skin.
- ◇ Role play: Some sites might have you engage in a role play as part of your interview, such as the suicide risk assessment process. Practice this beforehand.
- ◇ Self-care: Build enough time in your schedule to allow for adequate rest and preparation before the next interview.
- ◆ After the interview: Details from individual interviews can get lost and start to overlap during the process. It is helpful to take notes immediately after each interview. Follow each interview with a thank you via email or a handwritten note.
- ◆ Theoretical orientation: Be yourself! The match between the student and site is important, especially related to theoretical orientation. Students should not change to fit into a particular program.

Thank you to Dr. Austin Seabury, Dr. Oliveira Gray, Dr. Hu Seales, and Dr. Lacasa-Takishima for participating in the student event workshop and for the representatives from Argosy University Hawai'i Internship Consortium, Hawai'i Center for Psychology, Hawai'i Psychology Internship Consortium, I Ola Lāhui Rural Hawai'i Behavioral Health Program, Kapi'olani Child Protection Center, VA Pacific Islands Health Care System, UH Mānoa Counseling and Student Development Center, and Waianae Coast Comprehensive Health Center for participating in the networking hour!

If you have any questions about, suggestions for, or interest in, any of the HPA student initiatives or would like to propose new student-specific activities, please contact the author of this article at phee@hawaii.edu.

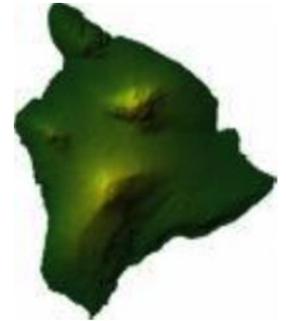




**Roger A.
Weiss, Ph.D.**
HIPA President

UPDATE FROM THE HAWAII ISLAND PSYCHOLOGISTS' ASSOCIATION (HIPA)

BY ROGER A. WEISS, PH.D.
PRESIDENT, HIPA



The Hawai'i Island Psychologists' Association (HIPA) was been granted a Two Year Approval as an APA- approved sponsor of Continuing Education programs! This approval includes all the rights, benefits and responsibilities of fully approved sponsors.

This approval came out of a lot of hard work from HIPA's CE committee: Drs. Jim Efstation, Chair, Terry Ann Fujioka, Co-Chair, and members Harold Hall and Roger Weiss.

The Hawai'i Island Psychologists' Association is the Hawai'i county psychological association, with members from all regions of our 5,087 square mile island/county. After meeting informally for several years, HIPA was formally established on April 10, 1994, over twenty years ago, to provide a forum for psychologists on the island of Hawai'i to network and to participate in professional development opportunities. HIPA recognized that Hawai'i Island psychologists faced formidable challenges in accessing professional development courses because of the extensive time and cost involved in traveling to the continental USA or to Honolulu. We also recognized that the nature of living and working on a rural and geographically isolated island posed unique challenges for psychologists; HIPA has provided a place for these professional issues to be discussed.

With the Hawai'i State mandatory CE law going into effect in 2016, the membership of our county's psychological association (HIPA) voted to proceed with an application for APA sponsorship of continuing education to provide CE training for the membership as well as other psychologists. The Continuing Education Committee's purpose is to facilitate continuing education for members of HIPA on Hawai'i Island. Dr. Hall has a background in offering and managing an APA CE sponsored program. Dr. Hall serves as Ethics Chairperson. Dr. Fujioka was on the faculty of the Yale University School of Medicine (Yale Psychiatric Institute) and specializes in child and family treatment. She brings to the committee an extensive background in training and training development. Dr. Efstation has a background in organization development and training. Dr. Efstation and Dr. Fujioka serve as Chair and Vice-Chair of the Continuing Education Committee respectively. Dr. Roger Weiss is the fourth member of the committee and president of HIPA. He serves as the liaison to the broader organization. He has lectured in the Hawaiian Islands, on the mainland USA, and internationally on the comparison of Ho'oponopono, the Polynesian healing practice, and western psychology.

HIPA has collaborated in the past with other organizations for continuing education, sometimes for CE credits, often simply for our own interest.

When feasible, going forward, we expect to collaborate with:

- ◆ The Hawai'i Psychological Association
- ◆ Pacific Quest, located on the Island of Hawai'i, an internationally recognized wilderness therapy program creating life-changing experiences for struggling adolescents and young adults.
- ◆ The Pacific Institute for the Study of Conflict and Aggression

It is after much hard work and commitment of members of the Hawai'i Island Psychologists' Association that we are pleased to be an APA- approved sponsor, and offer Continuing Education programs!

MYTHS RELATED TO FORENSIC PRACTICE IN HAWAII

BY HAROLD V. HALL, PH.D., ABPP
PACIFIC INSTITUTE FOR THE STUDY OF CONFLICT AND AGGRESSION

Some participants at the forensic panel discussion at the HPA conference on November 7 requested the 10 myths I discussed. The myths are relevant to most types of forensic work but there is an emphasis on criminal-forensic practice. They are as follows:

- ◆ **The mindset for starting and maintaining a successful forensic practice is the same as clinical/counseling/health psychology practice.** False. You have to accept the intrinsically adversarial nature of forensic work, especially if you testify as a mental health expert or render reports that may affect involved persons in a major way. Sometimes adversarial attorneys and other parties demonize you. Use this “gift” to self-examine and self-correct, if warranted, as their beliefs may contain an element of the truth. Forensic work calls for a higher standard even in little things. You cannot, for example, be late to court or miss forensic commitments as easily as in clinical settings. Your CV, presented to referring parties, which of course is discoverable to opposing counsel, should not be overblown (I have known several psychologists who have exaggerated their credentials only to be disqualified in court and with it lost their credibility). You must know and conform to court expectations such as the witness exclusionary rule. So don’t pop into a courtroom to listen to the opposing experts in your case unless you have prior permission from the judge.
- ◆ **Superlative credentials are required to make an impact in the forensic arena.** False. ABPP and ABCN board certification by rigorous examination, as an illustration, only means a psychologist is competent in a specialty area, not superlative. In court the trier of fact—the jury or, in jury-waived trials, the presiding judge—really wants to know if you can provide competent and relevant information to the court that is beyond ken of laypersons. In my opinion, to have any credibility as an aspiring forensic psychologist, as a minimum you should be licensed/certified in Hawaii or a state with whom we have reciprocity, and have competence outside forensics in the specialty area in which you may be retained. My impression is that Hawaii psychologists are extremely talented and have skills that would yield much benefit to the mental health-law community.
- ◆ **The APA Ethical Principles of Psychologists and Code of Conduct should be familiar to aspiring forensic psychologists.** True, but not nearly sufficient. The APA Guidelines for Forensic Psychology (Div 41, American-Law Society) should also be known. You might be surprised that many clinicians doing traditional private practice activities, especially evaluation for different government agencies at both State and Federal levels, are subject to the Guidelines, and that failure to abide by the Guidelines has been a favorite target of both litigation attorneys (as in malpractice suits) and adversarial attorneys in most forensic settings and situations.
- ◆ **Once ethics are understood and practiced by the forensic practitioner, with of course periodic ethics/risk management training, she or he is free from the possible biasing effects of greed, ego, and power dynamics.** False and dangerous to believe. We are all human. In individual cases where you recognize your own bias, it is highly recommended that you terminate your work or at least consult with a trusted and competent psychologist on how your findings may be affected. In court, you are ethically obligated to share your possible bias; any competent cross-examining attorney should examine you on

RECOMMENDED CHANGES IN HAWAII REVISED STATUTES CHAPTER 704 RELATING TO SANITY EVALUATIONS

BY HAROLD V. HALL, PH.D., ABPP
PACIFIC INSTITUTE FOR THE STUDY OF CONFLICT AND AGGRESSION

Abstract: The goal of this statement is to solicit feedback and support in formulating a bill or bills for the Hawaii State Legislature with the ultimate purpose of helping alleviate a long-term, fulminating but largely preventable mental health crisis in Hawaii's detention facilities and to recommend overdue changes in Hawaii Revised Statutes (HRS), Chapter 704, where mental health professionals are involved in sanity evaluations. Recommended changes include (1) replacing our current test of insanity with that utilized by the federal government, (2) expanding the availability of qualified mental health examiners to conduct sanity examinations, and (3) having the court in felony cases appoint 1 (instead of 3) qualified mental health experts to conduct standalone examinations for fitness to proceed. Expected benefits from these changes if enacted into law may, to some unknown extent, include (a) alleviating delays in defendants coming to trial with no loss of procedural (due process) safeguards, (b) reducing the onset/ exacerbation of mental conditions caused by the oftentimes toxic and debilitating detention environment. Cumulative stress and time involvement by the court and those persons involved in the custody, forensic evaluation, legal representation, and pre-sentence evaluation may likely also be reduced; (c) increasing the reliability and validity of defendant-specific information in the criminal responsibility evaluations, and (d) a negligible/low cost for integration of these recommendations into HRS with a real chance of significant savings over time for the State of Hawaii. Finally, there is no reason to expect that some benefits, more likely less than discussed above, may nevertheless accrue if the 3 recommended changes are not endorsed in their entirety. The recommended changes can act independently of each other to produce positive benefits.

The 3 proposed changes to HRS follow:

1. Currently HRS 704-400 states in part, in regard to the affirmative defense of insanity: **"A person is not responsible, under this Code, for conduct if at the time of the conduct as a result of physical or mental disease, disorder, or defect the person lacks substantial capacity either to appreciate the wrongfulness of the person's conduct or to conform the person's conduct to the requirements of law."**

Numerous problems for sanity examiners and other involved forensic professionals have emerged in Hawaii and other states when using this outmoded American Law Institute/Model Penal Code (ALI/MPC) formation to include but not limited to: (a) the near-impossibility of defining what is "substantial", the definitions varying between sanity examiners, authoritative writings, and government publications; (b) the conceptual difficulty in assuming mens rea, which always involves intention to do the alleged crime and is clearly a cognitive event, was caused by a volitional/behavioral impairment in regards to conforming one's behavior to the requirements of the law. Historically, the insanity defense reflects the centuries-old notion that persons who cannot appreciate the consequences of their actions should not be punished for criminal acts linked to mental incapacity. The addition of volitional impairment came in the first half of the 20th century on the heels of psychoanalysts who, generally using psychodynamic theories of behavior that were not empirically supported, encouraged courts to recognize an irresistible-impulse defense. This test of insanity enjoyed a short life, rejected by most states, and only survived when added to tests of insanity that had a cognitive component;

PRESIDENT'S MESSAGE, CONTINUED FROM PAGE 1

HPA put an emphasis on promoting good policy in 2015 by providing a legislative advocacy training in July, which was very well-attended. This bodes well for support from members in the upcoming legislative session. HPA also asked for reforms at the national level at the APA convention in Toronto, and it would appear that meaningful changes that will resonate with the values of our members are in the works.

HPA worked to keep neighbor island psychologists involved in our statewide efforts by conducting a board meeting on Kaua'i and through our presence at the Rural Behavioral Health Practice Conference which drew attendees from all islands. Psychologists across the state have expressed their thanks to HPA for important information provided on the HPA Listserv related to the transition to ICD-10 as our primary diagnostic reference. Thanks to all the HPA members that made the Listserv a truly useful resource this year.

I also want to thank Alex Santiago for his hard work during this and all the years he has served HPA as our Executive Director. He has been a tremendous asset to HPA, and is now set to continue making significant contributions to our profession in Hawaii. Alex will move out of the Executive Director role and into an equally important role chairing our RxP efforts in 2016. He will also continue to be our lobbyist to the state legislature. I want to also acknowledge Alex's wife, Daryl, for working alongside Alex all this time, and supporting his efforts on behalf of HPA.

Finding someone to fill the Executive Director spot left open by Alex's transition was a big job. After an extensive search that yielded many well-qualified applicants, I am very excited to announce that we have a new Executive Director starting in 2016. He is new to the position, but not new to HPA: Dr. Ray Folen has agreed to be our new Executive Director!

Ray is a long-time member of HPA who knows the organization well, after serving as Secretary, Treasurer, President, Liaison to APA Council (in the days before we had a seat on the Council), Federal Advocacy Coordinator, and Ethics Committee Chair. He comes to us from Tripler Army Medical Center where for many years he served as Chief of the Department of Psychology. As chief, Ray supervised a staff of 160 psychologists, social workers, physicians, nurses, and support staff, who provided services in general adult psychology, health psychology, neuropsychology, child psychology, pain management, telehealth, primary care psychology and research. Ray has authored or co-authored over 60 articles and book chapters and edited a book on primary care psychology published by APA. He has presented or co-presented approximately 150 peer-reviewed papers at state, national, and international conventions. His particular areas of interest include primary care psychology, telehealth, RxP, and developing training and direct service programs that meet the behavioral health needs of underserved and unserved populations.

Ray is currently President and Chairman of the Board of the National Register of Health Service Psychologists, an organization of 10,000 credentialed psychologists. He also serves as one of two psychology representatives at the National Academies of Practice.

In his first few months as Executive Director, Ray hopes to get in touch with as many HPA members as possible to gain valuable perspective on what is important to our membership. He also plans to contact a number of other state psychological organizations to identify 'best practices' and activities that may similarly benefit the HPA membership. As well during this time, Ray will work with the Board to further establish relationships with leaders in psychology, mental health, training, insurance, the community, and other health care organizations who share common goals or functions with HPA.

Ray was delighted to hear that he was selected to serve as HPA Executive Director. Here is his official statement: "I am extremely pleased to have the opportunity to serve the HPA membership in this capacity

and am very fortunate to be part of a strong and fiscally sound organization that does an admirable job representing (and, when necessary, defending) our profession in Hawaii. I am looking forward to supporting the Board in its ongoing efforts to meet the behavioral health needs of our communities in Hawaii.”

Please join me in welcoming Ray Folen to HPA in his position as our executive director and in thanking Alex Santiago as he moves into a new and important role in 2016. I look forward to continuing to work for HPA as past-president; I feel we are on a very positive trajectory! As always, please do not hesitate to contact me at Drmarieterry@gmail.com should you have any thoughts, questions, or suggestions regarding HPA. Mahalo nui loa and Happy holidays! I wish every one of you a healthy and happy 2016!

Best regards always,
Marie Terry-Bivens, Psy.D.

APA COUNCIL REPORT, CONTINUED FROM PAGE 3 ψ

Mr. Hoffman was asked to conduct a “definitive” and “thorough” investigation into the allegations and was instructed that he was free to go “wherever the evidence led him,” with plans for the full report to be released to the public in its entirety. He and his team of 6 other attorneys conducted several hundred interviews and examined 50,000 documents during an eight-month investigation. I urge members to read the full report and his recent revisions by going to: <http://www.apa.org/independent-review/index.aspx>.

The APA BOD received the report on June 27. Before Council had time to review the report entirely, it was “leaked” by an undisclosed source to the New York Times which published their article on July 10. APA therefore decided to release the full report to the public ahead of schedule.

HOFFMAN REPORT INDEPENDENT REVIEW ψ The IR’s principal findings relate to the 2005 Presidential Task Force on Ethics and National Security (PENS) which issued a finalized report on June 26, 2005 containing 12 ethical guidelines that were adopted as official APA ethics policy by the APA Board. The IR determined that “key APA officials...colluded with important DoD officials to have APA issue loose, high-level ethical guidelines that did not constrain DoD in any greater fashion than existing DoD interrogations guidelines.” The report further concluded that APA’s principal motive was to align APA and curry favor with DoD with the motive to “create a good public-relations response, and to keep the growth of psychology unrestrained in this area.”

There was much anticipation going into the meeting with David Hoffman. He and one of his colleagues, Danielle Carter, agreed to speak to Council in Executive Session on August 5. Only pre-submitted questions to his investigation methodology and report were allowed. In the session with Mr. Hoffman, he stated unequivocally that the IR **DID NOT** conclude that APA colluded to support torture. However, the report **DID** conclude that there was collusion between APA and the DoD to allow psychologists to be present at interrogations where torture may have existed and that APA **WAS** trying to curry favor with the DoD. Mr. Hoffman stated that the report did not take a position on whether psychologists should be present in interrogations. However, he noted that there was a natural inherent tension when psychologists are present in interrogation settings even when designated as safety monitors to prevent behavioral drift. Mr. Hoffman added that the report was not anti-military but also stated that reasonable people could certainly disagree and

should this happen, he asked what needed to be clearly defined in terms of policy.

What can APA learn as an organization? In regards to ethical guidelines, Mr. Hoffman stated that APA should not define ethics based on what government rules are but to be independent as an association. Mr. Hoffman further suggested that when an organization puts forth ethical guidelines for its members, three areas need to be attended to: 1) Establishment, publication and distribution of the ethical standard; 2) The ethics office should be available for education and consultation with members, and; 3) There should be transparent enforcement if standards are violated.

With respect to Conflict of Interest (COI), Mr. Hoffman suggested that it would be worthwhile for APA to revisit how COI is defined. He additionally suggested a structural change to ensure that pro-human rights issues always have a voice to guard against their voices being subordinated and not heard, given whatever US administration is currently in power.

In summary, the Hoffman Report **DID NOT** find that APA supports torture. However, the IR was seriously alarming due to findings of previously unknown secret coordination between a small group of APA representatives and the DoD that resulted in the lack of a clear and consistent anti-torture stance; limited guidance for military psychologists in the field; revelations of APA's lack of internal checks and balances to detect the tainted process by which the PENS TF was created and report generated; failure to uphold a properly acknowledged conflict of interest policy with regards to PENS; lack of independence from government influence on related activities in relation to the Bush administration's war on terror; and the subordination of some APA members and critics for raising concerns.

APA REPORTS, DISCUSSIONS, AND ACTIONS ψ Immediately after release of the IR, APA issued apologies for the deeply disturbing findings and organizational failures. Nadine Kaslow, chair of the IR's Special Committee stated, "The organization's intent was not to enable abusive interrogation techniques or contribute to violations of human rights, but that may have been the result. The actions, policies and lack of independence from government influence describe in the Hoffman report represented a failure to live up to our core values. We profoundly regret, and apologize for, the behavior and the consequences that ensued. Our members, our profession and our organization expected, and deserved better." The BOD then recommended a number of actions for consideration by the APA Council related to the ethics office, PENS/past actions, organizational procedures, and checks and balances.

Top APA staff personnel matters followed. Stephen Behnke's contract was terminated as Director of APA's Ethics Office. Early retirements were announced for Chief Executive Officer (CEO) Noman Anderson and Michael Honaker, Deputy CEO. The resignation was accepted for Rhea Farberman, Executive Director for Public and Member Communications.

CEO/CFO REPORT ψ The Chief Financial Officer, Mr. Archie Turner, has assumed responsibilities of acting CEO during these times, as Dr. Anderson recused himself following the Hoffman Report. Mr. Turner has assumed both CFO and CEO duties currently.

Mr. Turner informed Council that APA is in good financial shape and that all extraordinary costs will come from the \$65.5 million in net assets rather than from the current operating budget and not effect members' dues. Mr. Turner reported that there was a complex set of variables in consideration when personnel matters were evaluated for determining actions, including: patterns of behavior, past actions, core values, value of service to APA, due process, contractual obligations to senior executives, compliance with IRS

regulations, avoiding wrongful termination, defamation, and staff morale. With regard to staff vacancies, there has been some reorganization and remaining staff have assumed additional responsibilities.

INDEPENDENT REPORT DISCUSSIONS AND ACTIONS ψ Prior to the IR discussion, many COR members emphasized the need for COR to maintain civility and respect in its discussions and deliberations, with thoughtful contemplation, an openness to a wide range of voices and opinions, and avoidance of rushing into impulsive decision-making. Areas offered for consideration included:

- ◆ Address issues for greater transparency and openness
- ◆ Need for policies to assure independence of APA from inappropriate third party influences
- ◆ Establishing a commission to review policies, processes and procedures for psychologist ethics and the enforcement of the APA Ethics Code
- ◆ Need for revised policies on COI by APA, staff, board and governance members
- ◆ Actions to address allegations of wrongdoing or misconduct of staff and members
- ◆ Establishing actions to protect dissenting voices and to assure principles and procedures for freedom of expression
- ◆ Establishing improved oversight procedures for APA staff
- ◆ Developing criteria for emergency action by the Board
- ◆ Need for clear policy guidance for psychologist involvement in military interrogations, intelligence and law enforcement settings

APA Council Actions

- ◆ NBI #23B. The most important action of Council at these meetings was to address and approve NBI #23B. On August 7, 2015 the APA's Council of Representatives voted overwhelmingly to prohibit psychologists from participating in military and national security interrogations in settings that operate outside the protection of the U.S. Constitution and military law. The historical measure, passed by a vote of 157-1, with 6 abstentions and 1 recusal.

The new policy does allow for psychologist involvement in general policy consultation regarding humane interrogations. The prohibition does not apply to domestic law enforcement interrogations or domestic detention settings where detainees are under the protection of the U.S. Constitution. The resolution also aligns APA's stance on cruel, inhuman or degrading treatment or punishment with that on the U.N. Convention against Torture. More specifically:

- ◇ The resolution states that psychologists "shall not conduct, supervise, be in the presence of, or otherwise assist any national security interrogations for any military or intelligence entities, including private contractors working on their behalf, nor advise on conditions of confinement insofar as these might facilitate such an interrogation."
- ◇ The resolution redefines the term "cruel, inhuman or degrading treatment or punishment" to ensure it provides protections to everyone, everywhere, including foreign detainees held outside of the U.S.

- ◇ The resolution continues to offer APA as a supportive resource for the ethical practice of psychologists in organizational settings (including those in military and national security roles), while recognizing that they strive to achieve and are responsible to uphold the highest levels of competence and ethics in their professional work.
 - ◇ The resolution urges the U.S. government to withdraw its understandings of and reservations to the United Nations Convention Against Torture in keeping with the recent recommendations of the UN Committee Against Torture.
 - ◇ The resolution clarifies that the UN Committee Against Torture and the UN Special Rapporteur Against Torture would serve as the authorities for determining whether certain detention settings would fall under the purview of the 2008 petition resolution as operating in violation of international law.
 - ◇ The resolution ensures that federal officials will be informed of the expanded APA human rights policy, while stipulating prohibited detention settings and requesting that psychologists at these sites be offered deployment elsewhere.
 - ◇ The resolution does not apply to domestic law enforcement interrogations or domestic settings where detainees are under the protection of the US Constitution.
 - ◇ The resolution bans psychologist participation in any national security interrogation, not merely those at sites in violation of international law.
-
- ◆ Council voted to create a blue-ribbon panel of psychologists and non-psychologist experts to review APA's Ethics Office and ethics policies and procedures and issue recommendations to ensure APA's policies are clear and aligned with the very best practices in the field. The commissioned panel was asked to report back to Council in August 2016. Motion passed by 88.89%.
 - ◆ Council voted to institute clearer conflict-of-interest policies going forward.
 - ◆ The Council Leadership Team (CLT) will create virtual work groups stemming from the Hoffman Report.

OTHER AGENDA ITEMS REVIEWED ψ While affairs related to the Hoffman Report took up most of our 1 ½ days of Council meeting days, we were also able to accomplish a small part of our regular agenda. These items were approved on our consent agenda, including:

- ◆ Election of Initial New Fellows
- ◆ National Ethnic Minority Association Delegates Attendance at Council Meetings
- ◆ Request to Extend Expiration Date of Guidelines
- ◆ APA Technology Implementation Plan
- ◆ Guidelines on Trauma Competencies for Education and Training
- ◆ Revised Standards and Criteria for Approval of Sponsor of Continuing Education for Psychologists
- ◆ Guidelines for Psychological Practice with Transgender and Gender Non-Conforming People
- ◆ Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP)
Recommendations for the Renewal of Recognition of Psychoanalysis in Psychology as a Specialty in Professional Psychology

- ◆ CRSPPP Recommendations for the Extension of Recognition of Forensic Psychology as a Specialty in Professional Psychology
- ◆ CRSPPP Recommendation for the Renewal of Recognition of Treatment of Alcohol and Other Psychoactive Substance Use Disorders as a Proficiency in Professional Psychology
- ◆ CRSPPP Recommendation for the Recognition of Rehabilitation Psychology as New Specialty in Professional Psychology

OTHER CRITICAL ITEMS PASSED ♪ Council also passed a number of Agenda items critical to various parts of the association and practitioners. These include:

- ◆ **Resolution on Independence of Psychologists.** This Resolution aims to affirm that doctoral level health service psychologists, to which this Resolution applies, are trained professionals who are licensed to practice independently and provide the full range of services, in accordance with the scope of practice laws and regulations, as defined by state statute, without the need for or expectation of supervision or oversight by any other profession.

*“Be it further resolved that the American Psychological Association affirms that the **appropriate** licensing and oversight board in any state, province or territory for the services provided by psychologists is an independent psychology licensing board.”*

Action: Approved by 96.86%

- ◆ **Diversity Training in 2016.** Council approved diversity training take place in 2016 and the topic will be determined after Council members are surveyed.

Action: Approved by 74.21%

- ◆ **Template for Bylaw Amendment Ballots.** Council was asked to approve a new format for Bylaw amendment ballots sent to the membership and request that an evaluation of the effect on the Bylaw amendment votes be conducted by staff and provided to Council at the conclusion of the trial period.

Basically, the new format states:

When Council votes by a 2/3s majority against including pro and con statements:

Council approves that in addition to the text of the amendment, an explanatory paragraph stating a factual explanation (saying what the bylaws amendment means in common language) will be included with the Bylaws amendment ballot. The CLT selects the authors of the explanatory statement and reviews the statement prior to review by the Election Committee. The President shall be the final arbiter in the event a clear decision can't be made by the Election Committee.

When Council includes pro and con statements:

Council approves that in addition to the text of the amendment, the following be included with the Bylaw amendment ballot:

1. An explanatory paragraph stating a factual explanation (saying what the Bylaws amendment means in common language).

2. A paragraph labeled "Statement in favor of adopting this amendment emphasizes that..." and "Statement against adopting this amendment emphasizes that..." The wording of the two statements should be equivalent.

Action: Approved by 84%

The reason for this new template was because the majority of Council members felt that when they sent Bylaws amendments to the membership with pro/con statements, the amendments would inevitably fail. Some Council members felt that the amendments could have failed simply because the membership did not agree with Council's amendments but the majority felt this needed to be tested by this trial template.

- ◆ **APA Task Force on Violent Media Report on the Review of the Violent Video Game Literature.** Council was asked to receive the Report on the Review of the Violent Video Game Literature.

Action: Approved by 98.10%

- ◆ **Resolution on Violent Video Games.** Council was asked to adopt as APA policy the Resolution on Violent Video Games. Part of the resolution states:

"Thus, all violence, including lethal violence, is aggression, but not all aggression is violence. This distinction is important for understanding this research literature which has not focused on lethal violence as an outcome. Insufficient research has examined whether violent video game use causes lethal violence. The distinction is also important for considering the implications of the research and for interpreting popular press accounts of the research and its applicability to societal events."

Action: Approved by 94.44%

- ◆ **Endorse in Principle ASPPB Interjurisdictional Compact to Facilitate Telehealth Across Jurisdictions**

Action: Approved by 90.44%

These historical resolutions by APA's Council and Board of Directors can be viewed as concrete initial actions toward rectifying past organizational shortcomings and recommitting to psychology's essential values in an attempt to re-emerge as a strengthened and better association. As the council representative from the Hawaii Psychological Association, I am cognizant that much more work is still ahead to change the culture of APA in resetting its moral compass with respect to the human rights issue of torture in detainee interrogations. The changes will need to involve movement towards greater transparency, checks and balances for oversight, identification of conflicts of interests and additional accountability throughout. While there is no need to let past problems define our future course of action, we will need to learn from these challenging times. I encourage all to participate in some way to the call for action and to be part of the process of change. Your voice and presence matters. Please join me in creating an even stronger professional O`hana -- one that we can be proud of as psychologists.

ALOHA FROM PAT, CONTINUED FROM PAGE 4 ψ

national experts in the U.S., the U.K., Latin America, and other countries around the world. It was spectacular.... Absolutely amazing [Omni Cassidy].” Psychology’s future will remain very bright, as long as today’s leaders actively engage the next generation in their efforts and thereby share their vision.

GIVE AN HOUR ψ Also this Fall, Give an Hour celebrated its tenth anniversary having provided over 175,000 hours of free mental health care to our nation’s veterans, service members, and their families. The four day Celebration of Service included a fireside chat at the Embassy of Canada, as well as a special benefit concert performed by Brian Wilson of the Beach Boys and Paul Dano who played Brian in the outstanding film *Love and Mercy* – in which a California psychologist was “less than ethical.” USUHS students and faculty were invited to attend the ceremonies. If one stays to the very end of the film, long after many in the audience have unfortunately departed, it becomes clear that director Bill Pohlad and Barbara are on a mission to Change the Direction of how our nation views mental health. Does each of us know “The Five Signs”? President and Michelle Obama have publicly talked about their importance.

As Barbara has often stated: “We must change our culture if we are to succeed in saving lives and ending suffering. We must come to accept that mental health and mental illness are elements of the human condition – just as physical health and disease are.” Today less than half of the veterans (23% to 40%) who are experiencing mental health problems are likely to seek professional mental health care for fear of stigma or other related barriers to care. Listening to those who have made a difference at the national level, it also becomes quite clear that sustainable change requires commitment at the local, individual-to-individual, level. At the fireside chat, it was noted that those who serve our nation develop a deep appreciation for the importance of building a community of effort and of seeking to contribute beyond oneself. It was opined that our nation needs our veterans to once again share their spirit of comradeship and to bring home their “lessons learned” to our nation’s cities and rural communities. As these complex issues are being contemplated, it is particularly timely that Give an Hour announced that they are actively bringing research expertise into their ever-expanding community of partners. Changing a culture takes time and personal dedication.

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES

(MILCON) ψ The day before Veterans Day, the U.S. Senate passed the Fiscal Year 2016 MilCon/VA appropriations bill, recommending \$1.0 billion above the President’s budget request, by a vote of 93 to 0. Addressing the special needs of certain veterans; e.g., the Veterans Justice Outreach (VJO) program, the Senate: “(C) ommends the Department for its efforts to support justice-involved veterans. According to the Bureau of Justice Statistics, 9.3 percent of people incarcerated in the United States are veterans; 70 percent of these veterans are incarcerated for a nonviolent offense. The Department reports that 60 percent of incarcerated veterans suffer from substance abuse, 30 percent from a serious mental illness, and 60 percent from a major medical condition. Almost 50 percent of homeless veterans have interacted with the criminal justice system. The Department’s VJO specialists provide outreach and case management services to justice-involved veterans to help avoid unnecessary criminalization of mental illness and substance abuse. VJOs also work directly with local law enforcement and court officials to help identify veteran-specific issues, including Post-Traumatic Stress Disorder [PTSD] and Traumatic Brain Injury [TBI], and they connect eligible veterans with VA treatment programs.”

“Women Veterans – The Committee believes VA must make better progress in addressing the needs of women veterans.... Access to and utilization of VA benefits and services by women veterans remain low, with

women often encountering cultural roadblocks in a system that was largely designed to meet the needs of male veterans. The Committee anticipates the results of an ongoing system-wide review intended to determine what type and number of healthcare workers the system should have to address current and future demand of gender-specific care." Changing a culture requires vision and dedication. "Wouldn't it be nice?"

Aloha,

Pat DeLeon, former APA President

FORENSIC PRACTICE MYTHS, CONTINUED FROM PAGE 13 ♪

this issue. Forensic psychologists are reluctant to discuss competing hypotheses to explain their findings. Yet it is a freedom from ego-driven pressures and the need to be always right to entertain and explain how you could be wrong in your ultimate conclusions, and to recommend how those competing hypotheses could be tested. It is highly recommended that you bring to court an updated list of all forensic cases in which you have been involved. That list should include the name of the retaining party and case outcome. My list, all-inclusive since I started doing sanity exams in Hawaii in 1979, has saved me an enormous amount of grief and stress from opposing counsel. One of the best validators of your court work is the extent to which the trier of fact agreed with your findings and conclusions. Or whether your police screening resulted in an increase in the hiring of female officers or members of disadvantaged groups. Find your validators and document them.

- ◆ **More on ethics and systematic biases. Much is subtle and difficult to measure.** True, but understand that the practice of applied forensics routinely provides the opportunity to confront ethical and provider issues. And that (somewhat like contributors to politicians), most retaining parties want something from you in the way of a finding or conclusion. Some make no bones about it. They may see it as an essential part of their role and responsibilities. But we are held to a much higher standard in forensics. Be aware of what I call the "Golden Boy" or "Golden Girl" phenomenon where the retaining party wins a case and expects you to back their desire for given outcomes in the future. You may be unceremoniously dumped when your findings in a new case goes contrary to their vested interest. Okay, don't sweat it. You may lose income and future referrals but you get to keep your integrity. And there is lots of forensic work in Hawaii for motivated, competent and ethical psychologists.
- ◆ **A comprehensive and diverse database should be collected.** True. Still I have noticed that many forensic professionals continue to rely on their examination of the person and a review of records as the primary basis for their conclusions. Most are psychiatrists and other physicians doing forensic work ranging from IMEs for insurance companies to HRS 704 exams. They don't have our training in testing and methodology. Some psychiatrists I know administer objective personality tests such as the MMPI or hire a non-doctoral tester to administer an entire neuropsych battery. Some psychologists, who should know better, fail to collect an adequate database. As much as possible, in criminal cases ask to be led through the scene by the retaining party, examine the evidence at the HPD evidence room, talk to collaterals, all in addition to standardized testing, interviewing and reviewing the records. In civil cases, ecological validity, and gathering evidence of such, is paramount and related to settlement amounts. Do as much as you can. In child custody cases, administer to all the parties the same tests and gather the same information as much as possible. Even so, nobody may be satisfied and the parties may blame the evaluator for taking sides. Personally, I stopped taking child custody cases because they are a pain in the okole. Also they have a high rate of litigation and I did not want to break my record of never have been litigated against. So be very careful that you are not a target in child custody or Family Court

matters. For police and public safety screening, the battery is usually set and the procedures well defined. Check with Dr. Jim Spira for more on this forensic opportunity.

- ◆ **There is no need to conduct an analysis of faking good, faking bad and attempted invalidation for each and every case.** Absolutely false. Termed D & D, or deception and distortion analysis, how else can you objectively accept your database findings? Don't do as some forensic experts and not use measures with built-in validity indicia. Consider using tests designed to assess deception in general, malingering, response set, or suboptimal performance as their main focus (e.g., VIP, TOMM). You may wish to read the literature on deception and buy some of the newer deception measures, particularly those that use force-choice methodology. In both Hawaii State and Federal courts, I have seen psychologists attacked and their opinions nullified because they failed to do a D & D analysis.
- ◆ **Forget about decision analysis in forensic work. Use your findings— hopefully after possible D & D has been taken into account--to formulate your opinions.** Partially false and true. You should also know the decision path for every forensic case in which you are involved. This is because referral questions from any party or the court flow from legal issues related to court requirements, legal criteria, and case law articulated in such works as the Federal Rules of Evidence and the Hawaii Revised Statutes (which includes applicable rules and regulations of relevant departments that must be followed). For a person to have no criminal responsibility under HRS 704, for example, a rudimentary 3-part decision analysis is imbedded in the section. All 3 requirements must be met to exculpate defendants: (1) There must be a diagnosis of a sufficiently severe and relevant mental disorder, almost always involving diagnoses from the latest DSM or ICD. (2) There must be a substantial impairment in cognition and/or volition, and (3) there must be a link between 1 and 2. You are encouraged to use such tests as the Rogers Criminal Assessment Scales (RCRAS) that breaks cognitive and volitional capacity down into testable hypotheses, and rates individual items on a Likert-type scale. The RCRAS has generated research showing high agreement between forensic psychologists using this measure and actual case outcomes (over 90%). The retrospective decision analysis for violence risk always involves, whether actuarial devices are used or not, an adequate database, analysis of D & D, analysis of HOT factors (history, opportunity, triggers, inhibitions to violence), and presenting circumscribed conclusions that other examiners can re-assess using the same measures with the same threshold criteria. Using decision analysis really helps the forensic examiner to avoid the biasing effects of recent events and other mistakes in gathering and interpreting data. At the HPA conference, a 100+ page handout of readings discussed some of these decision paths in published articles/books, and is available for the cost of copying and mailing (haroldhall77@gmail.com).
- ◆ **The decision analysis you use in particular cases for particular forensic issues can be utilized (1) prior to the forensic evaluation to help in determining what needs to be done for a competent report, (2) for the report that is generated, the sections sequentially following the decision path, and (3) the sequence of your direct testimony in court, if opinions are proffered.** True. This may save you enormous amount of work and anxiety. You will have covered all the expected issues.
- ◆ **You should reach out to knowledgeable psychologists who you know and trust for recommendations on setting up a forensic practice, specific questions about referrals and particular cases, and about best practices.** For me, these include past or present HPA members Drs. Craig Robinson, Tom Merrill, Steve Pollard, Gary Farkas and the late great Evan Wolfe and Joe Blaylock, as well as a few others. A supportive peer group is especially important given the adversarial nature of this fascinating and fulfilling work. Please contact me if you have any questions. Good luck!

CHAPTER 704, CONTINUED FROM PAGE 14 ψ

(c) the emergence nationally and in Hawaii of more psychopathic/sociopathic personality disordered defendants over the last several decades who have exploited the conceptually more inclusive ALI/MPC formulation and utilized other strategies in order to receive a diagnosis reflecting a genuine, sufficiently severe psychiatric disorder, and/or have attempted a crossover to the mental health system to avoid the correctional system. Hawaii has unfortunately had its share of severe psychopaths/sociopaths who were exculpated on grounds of insanity, sent to Hawaii State Hospital or other forensic facilities, and who continued in their psychopathic ways, sometimes becoming a major disruption on particular wards and psychiatric programs. (Nationally and in Hawaii, 95+% of all persons found NGRI are committed to a state hospital). To add more confusion, many psychopaths/sociopaths, who cannot be diagnosed as such in DSM-5, meet the criteria for Antisocial Personality Disorder (APD) even while mental health professionals including forensic professionals tend to avoid this diagnosis. HRS 704-400 weakly attempts to deal with this problem by stating: **“As used in this chapter, the terms physical or mental disease, disorder, or defect do not include an abnormality manifested only by repeated penal or otherwise anti-social conduct.”**

Another problem with the volitional arm is one of redundancy and obsolescence. The volitional arm is redundant in light of advances in behavioral science and neurosciences that have yielded more reliable and valid information that can be utilized for forensic purposes. Any diagnosed physical or mental disorder that gives rise to a mental disease, disorder or defect can be subsumed under the cognitive arm of the test of insanity in Hawaii using the DSM-5 or ICD 10. Neuropsychological testing, in the last several decades, as an illustration, allows the sanity board member to proffer well-validated conclusions referable to neurocognitive conditions associated with disinhibition, motor deficiencies, and problems in frontal/anterior integration. The DEEG, as another illustration of a technological advance, administered to measure cognitive events such as cortical dysfunction, is many times more accurate than the traditional EEG or QEEG, yielding far fewer false negatives. In general, sanity examiners, in deference to the well-established principle that cognition is the driving force behind actions, can use newer methods and models that incorporates most if not all of the deficiencies and incapacities of the defendant, even those associated with loss of self-control or impulsivity. The recommended change is contained in language in 18 U.S. Code 17—Insanity Defense: **“It is an affirmative defense to a prosecution under any Federal statute that, at the time of the commission of the acts constituting the offense, the defendant, as a result of a severe mental disease or defect, was unable to appreciate the nature and quality of the wrongfulness of his acts. Mental disease or defect does not otherwise constitute a defense.”**

In 1984, the Federal standard was changed to the stricter version that limits the insanity defense to those with severe mental illness who are unable to appreciate the wrongfulness of their acts. The volitional arm was dropped and only the cognitive component remained. The defendant's ability to control behavior was no longer a consideration. Studies in the mental health-law literature, suggests that the Federal statute lessened the number of inappropriate insanity pleas. (Nationally, the insanity defense is used only in about 1 % of the cases and is successful in less than 25% of the time). Besides representing a more parsimonious test of insanity, the literature indicates that the federal test of insanity does not diminish the procedural (due process) safeguards for the defendant. Other studies point to increased pre-trial collaboration between the defense and prosecution. In about 70% of the cases in which the insanity defense was invoked the prosecution and defense have agreed on the appropriateness of the plea before trial.

The above-recommended change in bill form should be free of gender bias.

2 and 3. Currently, HRS 704-404 states: "...the court shall appoint three qualified examiners in felony cases and one qualified examiner in nonfelony cases to examine and report upon the physical and mental condition of the defendant. In felony cases the court shall appoint at least one psychiatrist and one licensed psychologist. The third member may be a psychiatrist, a licensed psychologist, or qualified physician. One of the three shall be a psychiatrist or licensed psychologist designated by the directory of health from within the department of health. In nonfelony cases the court may appoint either a psychiatrist or a licensed psychologist."

This should be replaced with the following: "...the court shall appoint three qualified examiners in felony cases to examine and report upon the physical and mental condition of the defendant when conducting an evaluation for criminal responsibility. The court shall appoint one qualified examiner in nonfelony cases in examinations for criminal responsibility, and shall have the discretion to appoint one qualified examiner in felony cases for standalone examinations of fitness to proceed. In examinations of criminal responsibility in felony cases the court shall appoint at least one licensed psychologist and one qualified physician. The third member may be either a licensed psychologist or a qualified physician."

Comment: The HRS requirement for a 3-member sanity panel examination in felony cases for both fitness to proceed and criminal responsibility (as part of a single exam) is unnecessary and a major impediment in bringing defendants to trial. This is true as well for standalone fitness evaluations in felony cases with the current HRS language. The delays are burdensome to the defendant, examiners, court officers, pre-sentence probation officers, and others. Upon the defendant filing the notice of intention to rely on an insanity defense, the court will likely suspend all further proceedings, thus delaying the trial and making it more likely that defendants, not out of bail or ROR, will suffer from the effects of incarceration or untoward events, as discussed above, allowing for the onset or exacerbation of mental conditions in defendants. In almost all cases, pretrial detention of significant duration makes the question of determining criminal responsibility of the defendant an exceptionally difficult task. Sometimes it cannot be done except at great waste and further suffering by the defendant. In such cases, for an examination where defendants may be suffering from the effects of incarceration, the sanity examiner, at the very least, has the unenviable and formidable task of (1) differentiating between mental conditions or deficiencies suffered by the defendant prior to detainment from mental conditions or deficiencies occurring after placement in the County jails and/or forensic facilities, (2) attempting to contact knowledgeable/significant others for the sanity report database who may be unavailable due to delays, (3) assessing for deception and distortion for both the time of the incident and time of the evaluation plus more D & D analysis if the defendant has suffered new or exacerbated conditions as a result of detainment, and (4) conducting repeat examinations, and (5) after the sanity examination, in court or other venues, attempting to maintain that proffered conclusions for the time of the instant offense are reliable and valid despite the introduction of new information, artifacts, contaminated data, and the potential biasing effects of additional (non-sanity board) examiners who may examine the defendant, for example, at Hawaii State Hospital.

Fitness to proceed examinations can be simple and relatively brief interactions by their focus on current status as opposed to the much greater difficulty in analyzing the past for criminal responsibility and prognosticating the future for violence risk, the latter a HRS requirement if an exculpating disorder is rendered. There are several brief but reliable and valid psychological tests available to ascertain whether the defendant knows the nature of the legal proceedings, can cooperate and can rationally consult with the his or her attorney in preparation for court, or has a mental condition that precludes fitness to proceed. Sanity examiners in Hawaii should already be familiar with Dusky, Drope, Godinez, Soares, and Young or they should not be doing sanity exams.

Concerning the recommended change in language for inclusion on the sanity board, it should be remembered that psychiatrists are physicians and there is no need to use both terms. Further, opening up inclusion on the sanity board to the possibility of more than one qualified physician may yield more qualified examiners. This is particularly true considering advances experienced by forensic physicians during the the last 35 years since Hawaii's insanity statute was formulated.

Implementation costs if these changes were enacted into Hawaii law would very likely be low or even negligible. Anticipated offset savings in reducing delays should be considered, for example, the savings in reducing the costs of detainment, unnecessary treatment at Hawaii State Hospital or other medical facilities, repeat examinations by sanity board members, reduction of time for all involved agency persons, and many indirect costs of the current practice using HRS mandated procedures.

The above recommended changes are consistent with the principle objective of providing timely and proper administration of court ordered sanity examinations articulated in Amended Hawaii Senate Bill 309 relating to hiring more personnel and increasing logistical support for required forensic duties, sponsored by Senators Josh Green, Gil Riviere, Suzanne Chun, Russell Ruderman, William Espero, and Gil Keith-Agaran. SB 309 is supportive of the notion that a long term, fulminating yet preventable crisis exists, particularly but not exclusively on the Neighbor Islands where community and professional resources are chronically lacking. The authors note the forensic examination process typically takes several months to complete and that defendants are detained in understaffed and underfunded county jails and overcrowded HSH: "During this period, a pretrial defendant who may have a serious mental disease or defect may be held in state custody without receiving the timely completion of the court ordered examination or appropriate mental health treatment." Other sources can attest to seriousness of the current crisis.

Harold V. Hall, PhD, ABPP (Clinical, Forensic), Director, Pacific Institute for the Study of Conflict and Aggression, has conducted over 1000 sanity evaluations in Hawaii and for the federal government since the 1970s. Relevant to improving the forensic evaluation process and related issues, he has authored or edited 14 books in psychology including 4 second editions in violence risk analysis, deception and distortion, methamphetamine abuse, and domestic, criminal and collective violence.



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