

HAWAII PSYCHOLOGIST

NEWSLETTER

Spring 2014



By Nancy Sidun, Psy.D.,
ABPP, ATR

A Message from Our President, Dr. Nancy Sidun

I hope this finds you well and enjoying the beginning of your summer season. This year has been a busy one so far for HPA. Perhaps one of the most important and significant accomplishments was the passing of our Continuing Education bill, requiring psychologists to acquire 18 hours of Continuing Education every two years. This bill goes into effect in 2016; thereby requiring 18 hours of CE by 2018. I'd like to acknowledge Dr. Jeffrey Stern and his working committee for spearheading and following this bill until its successful passage. I'd also like to thank our Legislative Chair, Dr. Robin Miyamoto for her continued monitoring and attending to all legislative issues that entail and effect psychologists. Our Legislative Committee is an extreme vital committee for our HPA members and I'd invite anyone interested in participating in this committee to let us know.

Under Dr. Rosie Adams-Terem's stellar leadership, our Continuing Education Committee has also been exceptionally busy. In April, the Diversity Conference on *Cultural Diversity and Disabilities* was offered. Dr. Maria Chun coordinated this powerful conference. I also must acknowledge and thank all the HPA members that came forward and donated monies for students to be able to attend this conference; the generosity and commitment to support training psychologists is impressive. That same month, Dr. Barry Anton, APA President-Elect, gave a free presentation entitled, *Challenges and Opportunities for Psychologists in the Era of Health Care Reform*. Next week, Drs. Nabil El-Ghoroury and Stephen Behnke will provide a free presentation on *Integrating Identities: Ethics and Ethical Challenges for Graduate Students and Early Career Psychologists*. My appreciation and thanks go to Ms. Julie Takishima for graciously managing all the logistics of these last two presentations. In the near future, Dr. Jessica Henderson-Daniels, APA President candidate will be giving a presentation. Date and topic to be announced soon. Preparations for our Annual Convention are underway. This past week a "save the date" (10/24 -10/25/14) and the Call for Papers

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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.

Please see *President's Message* on page 12

Reporting Back from APA's State Leadership Conference

By Marie Terry-Bivens, Psy.D.

Aloha HPA membership, I am just back from the APA State Leadership Conference in Washington, DC for an energizing and eye-opening week. If there was one overarching take-home from this conference, it was just how much our profession, that so many of us take for granted, depends upon effective and specific advocacy at the state and federal level. Right now the APA, with direct support from state organizations like HPA, is lobbying congress on key issues that will affect every psychologist in the nation. Issues many of my professional colleagues know little about such as how insurance payment formulas are shaped, inclusion of psychologists in the High-Tech Act incentive program, and whether psychologists will be included in the



Medicare definition of “physician,” to name just a few, will have far-reaching impacts on each of our practices depending on how they are decided. Each of these issues (among the many others that are precipitated by the Affordable Care Act) require specific advocacy and legislative action plans if psychologists hope to preserve the practice models that ensure sustainable delivery of services to our client populations.

The State Leadership Conference was highly educational for me and a bit of a wake-up call regarding the importance of the APA Practice Organization, Political Action for Psychologists (APAPO-PAC). The fact is that I never imagined the sheer magnitude of education and advocacy that is required by APA and state-level affiliate organizations to communicate psychologists’ priorities to lawmakers. Furthermore, I had the pleasure of getting to know the irreplaceable Pat DeLeon, Ph.D who was able to give me extensive history about APA and the legislation that has impacted psychologists most. We also discussed the role psychologists will play in the future as health care reform evolves.

Attendees at the State Leadership Conference spent our first several days learning about the specific legislative priorities that are pending now, along with some that are coming down the pike. We were then instructed on the legal ins and outs of bringing issue-related information to legislators. And then we got to practice what we learned with our congresspersons and senators right on Capitol Hill! Hawaii was very well-represented by the likes of our president Nancy Sidun, Psy.D., the APA Presidential Award winner June Ching, Ph.D., Jill Oliveira Grey, Ph.D., and Alex Santiago. Hawaii is very lucky to have this amazing team of knowledgeable people working for us!

If you are reading this wondering “What can I do to support these efforts?” the answer to that question was covered as a recurring theme at the conference: Recruitment for state-level professional organizations (in our case, HPA). It really is true that all politics are local, and that what speaks loudest to lawmakers in Washington is information that comes to them from their well-organized local constituencies. In the current era of the Affordable Care Act rollout, friends do not let friends practice as psychologists in Hawaii without joining HPA. The issues being decided will have such immediate impacts on reimbursement, that even if you had to offer to

sponsor a portion of a fledgling member's initial dues, it would be well worth it in the long run. If psychology is going to prosper in the next 3 to 6 years, our membership will need to have the size and the funding to impress our representatives with the importance of our priorities. And so I ask all of you reading this to flex your own personal leadership skills and commit this month to invite a non-member psychologist into the fold of HPA. We will all be glad you did!



HPA Delegation during Congressional Visits on Capitol Hill



HPA Delegation with Diversity Delegates



**Pat DeLeon, Former
APA President**

A FUNDAMENTAL CHANGE ALWAYS TAKES TIME

As President Obama's Patient Protection and Accountable Care Act (ACA) is steadily implemented, our nation's health care environment is undergoing unprecedented change. Ken Pope reports that physicians are rapidly moving from isolated private practices to salaried positions within hospitals, which is a trend that started a while ago. According to the American Medical Association (AMA), approximately 60% of family doctors and pediatricians, 50% of surgeons, and 25% of surgical subspecialists (ophthalmologists and ear, nose,

and throat surgeons) are now employees rather than independent practitioners. Two of the major provisions of the ACA are the Patient-Centered Medical Home and the Accountable Care Organization (ACOs) initiatives. The underlying rationale for both of these is to develop patient-centered systems of care, in which individuals will receive comprehensive health services (including behavioral health, preventive services, and wellness-oriented care), essentially on a capitation basis, rather than on the historical fee-for-service reimbursement model. Payment would be based on "value" of care, rather than on volume of procedures provided. Health policy experts predict that hospitals and large comprehensive clinics will increasingly seek to be deemed as "approved" ACOs for various geographical regions as this element of the law is implemented.

Psychology is not expressly mentioned in the underlying statute or in the implementing regulations for Medical Homes or ACOs at this time. For the profession of psychology to thrive (or some would suggest, to survive) within this rapidly changing environment, we expect that there will need to be a paradigm shift in emphasis towards becoming actively involved in providing integrated care and on an interdisciplinary basis. Those with a sense of history will appreciate the close similarity of the ACA's orientation to President Nixon's HMO and President Clinton's Managed Care philosophy. The policy expectation is that by successfully "bending the cost curve" this will ultimately result in higher quality health care. The Institute of Medicine (IOM), as well as other health policy think tanks, constantly reminds us that although our nation is among the wealthiest nations in the world, it is far from the healthiest. Americans' life expectancy and health have improved over the past century; yet these gains have lagged behind those in other high-income countries. This health disadvantage prevails even though we spend far more per person on health care than any other nation and this is especially true for women.

Interdisciplinary Integrated Care: The 2007 Awardee of the APF-Cummings PSYCHE Prize for her Lifetime Endeavor in Collaborative Family Health care, Susan McDaniel of the Rochester Medical Center, personifies some of the many opportunities that are arising for visionary psychologists as a result of health care reform. "So many of the problems of our patients and our health care delivery system have behavioral roots and behavioral solutions." Over the past 30 years, Susan has instituted integrated care practices with psychology faculty and post-doctoral fellows working in Family Medicine, Neurology, Obstetrics/Gynecology, and Pediatrics. She also has psychology faculty teaching residents in Internal Medicine/Geriatrics and Surgery. In terms of research, on two studies funded by National Cancer Institute (NCI) grants, she headed the qualitative research team studying elements of patient-centered care when patients have been diagnosed with cancer. Their latest paper entitled "Physicians criticizing physicians to patients" was published in the Journal of General Internal Medicine in 2013. In terms of consulting and coaching (a maturing interest of

APA Honors June W. J. Ching, Ph.D., ABPP

By Marie Terry-Bivens, Psy.D.



The Executive Board of the Hawaii Psychological Association would like to congratulate June Ching, Ph.D. who was awarded a Presidential Citation from APA President Nadine Kaslow, Ph.D. at the 2014 State Leadership Conference in Washington D.C. in March. Dr. Ching has been a leader of psychology in Hawaii for many years and now has received honors for her leadership of psychology across our nation. Congratulations to our own June Ching, Ph.D., we are grateful for your leadership and commitment to improving psychological services at home and nationally!

The Presidential Citation from APA President Nadine Kaslow, Ph.D. to June W. J. Ching, PhD, ABPP:

“For her dedicated service in Hawaii and at APA and her compassionate and collaborative approach to advancing the practice agenda and transforming the business of practice Board certified in clinical psychology and an advocate for culturally competent practice, June W.J. Ching, PhD, ABPP is smart, savvy, hardworking, and forward thinking. Devoted to improving psychological services in Hawaii, she is Past President of the Hawaii Psychological Association and represents her state on the APA Council of Representatives. Her investment in serving the professional community is impressive. A fellow of APA, she has served in multiple roles, including as a member of the Board of Professional Affairs. A well-respected member of the Committee for the Advancement of Professional Practice, her leadership was acknowledged through her election as the 2015 President of the Community of Psychologists in Independent Practice (Division 42). Dr. Ching is a pleasure to work with and truly committed to making a difference for our profession and the people we serve.”

Twitter users, please see the video below:

@DrJChing awarded Presidential Citation from APA president @NKaslow #slc2014
vine.co/v/MqwnaiOXX7t



APA Council Representative Report – February 2013

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

As APA's Council of Representative (COR) for Hawaii, I participated in the Winter meeting, held on February 21-23, 2014 in Washington, DC. There were a total of 175 council members from elected seats on SPTAs (State, Provincial, and Territorial Psychological Associations) and APAs 56 Divisions. APA's Board of Directors were present, with APA President Nadine Kaslow presiding.

It was a packed schedule, as I had also elected to participate in 8 different caucus meetings which were held either before or following the regular Council meetings each day, in combination with orientation sessions for “newbies”. It's my pleasure to share this report to keep HPA abreast of the important work and deliberations of Council. Please feel free to contact me about any of your SPTA concerns or Council agenda items. It is only through active member engagement that we can truly do the collaborative work needed to ensure that we have a thriving profession of psychology now and in the future.

On advancing the field in science, education, training, and practice:

- Council adopted as APA policy the document for Health Service Psychology: Preparing Competent Practitioners. This first-of-its-kind policy describes the competencies that a psychologist working in a health delivery setting should possess. Such a document is critical to ensuring quality in training and good health services outcomes as psychology continues its move from a primary focus on mental health to a broad focus on a range of health problems. According to Cynthia Belar, PhD, APA's executive director for education, “In addition to helping to shape training programs, this policy document will help inform students, employers and policymakers who wish to understand the distinctive competencies psychologists bring to health care. The new competencies focus on basic biological, psychological and social knowledge of health and disease, and they require practice-based research skills and interdisciplinary collaboration.”

- In the area of psychologists' doctoral education, the council provided funding for APA to create an online application system for psychology graduate programs. The platform will create a centralized system for the submission, processing and review of student applications and faculty recommendations for use by students, programs and reviewers. It is expected to be available in 2015.

- Adopted an official definition of early career psychologists as those psychologists within 10 years of earning their doctoral degrees. Having a standard definition will improve consistency in awards criteria and allow for better data collection about early career members.

- Council members devoted extensive time discussing the ways the Affordable Care Act would affect psychology and psychologists. The council discussed opportunities the act creates for the discipline, as well as ways the law fails to recognize psychology or the contributions it can make to integrated health care.

Major structural changes with the Good Governance Project (GGP):

- The APA CORs continued its work to create a new, more nimble association governance structure by reviewing and discussing the GGP implementation. The action plans approved were:
 - Delegating specific duties, including financial and budget matters and the evaluation of the CEO from the council to the board of directors for a three-year trial period.
 - Creating a new composition for APA's board of directors, including six members drawn from the general membership and elected by members, a public member and a commitment to have at least one early career psychologist on the board at all times.
 - Creating a Needs Assessment, Slating and Campaigns Committee to conduct annual needs assessment and develop slates for those seats on the board elected by and from the general membership. The committee is also expected to conduct a needs assessment and develop slates for council members elected by and from the general membership, if such seats are added to a new council structure.
 - Creating a Council Leadership Team. This team's duties will include managing the council's workflow and developing a process by which the council will identify, prioritize and address the major issues facing psychology.
- The Council considered a number of models, but was unable to reach a consensus on what its structure should be going forward. Instead, council members directed the GGP Implementation Work Group to develop and propose a new structure based on its discussions. That model will be developed beginning this spring and reviewed by the council at its August meeting.

In addition, the Council:

- Approved in principle sun-setting the (C3) activities of the Committee for the Advancement of Professional Practice (CAPP) and having CAPP focus on the (C6) responsibilities of the Committee.
- Adopted as APA policy a new Resolution on Gun Violence Research and Prevention. The resolution is focused on reducing gun violence through a comprehensive, science-based public health approach. It calls for research that identifies risk and protective factors vis-à-vis firearms violence for diverse groups and for a continuum of mental health services to meet the needs both of people with severe mental illness and those in emotional crisis. The council also archived the 1994 policy on Firearm Safety and Youth. An archived document no longer represents APA policy.
- Endorsed a document entitled Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree, developed by the Partnership for Health in Aging, of which APA is a member. The document is designed to guide multiple health professions in understanding the competencies needed to provide care to older adults.

- Received the Report of the Task Force on Trafficking of Women and Girls. The report's aim is to raise awareness among psychologists and the public about human trafficking; make recommendations to enhance research, education and training; and urge psychologists to apply scientific research and expertise to influence public policy and enhance services to survivors of trafficking.
- Approved the revised Principles for the Recognition of Proficiencies in Professional Psychology.
- Received the report Assessing and Evaluating Teacher Preparation Programs. The report calls for the use of valid and efficient tools in the measurement of teacher preparation programs and teacher effectiveness. Such teacher evaluations should be grounded in well-established scientific methods that have evolved within the psychology discipline, according to the report authors.
- Received a report from the association's chief financial officer, indicating that APA expects to finish 2013 with a positive operating margin of more than \$1.8 million. The council also approved a 2014 budget that forecasts a \$1.4 million positive operating margin on revenue of \$111 million and expenses of \$109 million. Special project or designation spending is budgeted at \$14,161,403 with \$4,550,697 expected in revenues and \$9,610,706 being drawn from net assets.
- Declined to approve candidacy status for a proposed new APA division, the Society for Technology and Psychology. There is an existing APA division 46 for Media and Technology.

2014 Legislative Session Briefing

By Jeff D. Stern, Ph.D.

There were two important pieces of legislation the HPA Legislative committee was following this year. The Continuing Education bill and a bill requiring insurance companies to pay for intensive ABA services provided by BCBAs and qualified psychologists (not unlike CSACs). I am happy to report that the CE bill, crafted by a committee of your peers in collaboration with the DCCA and the Board of Psychology, has found its way to the governor's desk, having garnered widespread support through the Legislature this year. SB 2465, SD2, HD 2, will require 18 CEUs every biennial renewal, **beginning** in 2016 (meaning you would have to have proof of compliance at the 2018 renewal).

The primary reasons for this success include the reasonable and flexible CE requirements and the collaborative nature of the process. I am also happy to report that the autism bill, a bill requiring insurance companies to cover ABA treatment services for Autism Spectrum Disorder has also progressed and even made it past the Senate Finance Committee. They still have to resolve a couple of sticking points, but it has a reasonable chance to make it through this year. HPA has supported both bills and has had a presence at Legislative task force meetings associated with what will heretofore be referred to as "Luke's Law." If you would like to get involved in this important legislative advocacy work, please let our ED know and he will put you in contact with the HPA Legislative committee.

Legal, clinical and ethical implications of legalized marijuana

By Stephen Behnke, J.D., Ph.D.

Recently the APA Ethics Office was approached with a question: What implications does the legalization of marijuana in two jurisdictions have on psychology ethics? The question has no immediate or obvious answer.

Issues will undoubtedly emerge over time as psychologists work within these jurisdictions and between jurisdictions that have different legal approaches to the use of marijuana. Nonetheless, the question offers an opportunity to begin thinking about the implications of evolving jurisdictional laws that govern the use of substances.

A useful framework is to consider the question from three closely related perspectives: legal, clinical and ethical. This analysis isolates a specific kind of question and then examines how the different kinds of questions interact. Thus, the analysis offers a two-step process.

From the perspective of the Ethical Principles of Psychologists and Code of Conduct (2002, amended 2010), a central standard is 2.01(a), Boundaries of Competence: "(a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience."

The issue raised by standard 2.01(a) is whether it is within the boundaries of the treating psychologist's competence to work with an individual who is using this particular substance. From the perspective of the Ethics Code, there is no distinction among substances – for example between marijuana and alcohol.

The psychologist must have the appropriate knowledge and skill to treat an individual with the particular pattern of use or gain the requisite knowledge and skills in the ways that standard 2.01(a) identifies. For this reason, there is an inextricable nexus between the ethical and the clinical, insofar as the Ethics Code says that the psychologist must have the appropriate clinical competence. New laws on the use of a particular substance do not seem directly relevant to this aspect of the analysis.

Ethical standard 2.01(f) may bring in the law in a manner that standard 2.01(a) does not: "(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles."

Standard 2.01(f) places the ethical mandate for competence into forensic contexts. In a forensic context, the legal status of a substance that a client is using may be highly relevant to a forensic assessment.

Consider a psychologist who is conducting a child custody evaluation. Two parents live in separate jurisdictions, one of which has legalized the use of marijuana, the other has not. Both parents use marijuana in similar ways regarding the amount and frequency. The evaluator may find it appropriate to take into consideration that in one jurisdiction, the parent is using a substance that is illegal.

In this scenario, clinical considerations regarding substance use may be less relevant – if relevant at all – in comparison with the legal considerations of a parent who is engaging in an illegal activity. The clinical perspective may enter the analysis when the psychologist poses the question: Why would an individual engage in a behavior that may be directly contrary to that individual's stated goal, i.e., maximizing access to his or her children? In this instance, the legal, ethical and clinical questions converge.

One can easily imagine other types of assessments where the legal status of an activity could be relevant. Ethical Standard 9.01(a), Bases for Assessments, states: "Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)"

Standard 9.01(a) is not limited to forensic contexts. For certain jobs, knowingly engaging in activities that are illegal can be perceived as a reflection of one's judgment. This consideration may be especially important for assessing individuals for leadership positions. Again, the legal, ethical and clinical converge, insofar as ethical standard 9.01(a) states that it is appropriate to take the legal status of an activity into consideration when such information substantiates a psychologist's recommendation, report or diagnostic or evaluative statement. Likewise, evaluations in a criminal context may depend to a substantial degree on whether an individual is abiding by the law or engaging in illegal behaviors.

How the evolving legal status of marijuana will affect psychologists' work is an interesting and important question that has no immediate or obvious answer. The nuances and contours of the question will necessarily emerge over time, and the APA Ethics Office will follow the issue with interest.

One especially intriguing area will be that of social stigma. Although social attitudes toward marijuana are changing, it is still viewed with suspicion – much more so than is alcohol – by a substantial segment of our society. It will be important to examine how such attitudes "seep" over into evaluations of marijuana use even in jurisdictions where it has been legalized.

Ethical Standard 2.04, Bases for Scientific and Professional Judgments, states: "Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01a, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)"

Part of the challenge for psychologists in jurisdictions that have recently legalized marijuana will be to examine the extent to which their work – grounded in research, data and clinical experience – is interpreted and applied by decision makers whose attitudes may be influenced by factors that do

not have a basis in the “established scientific and professional knowledge of the discipline” of psychology.

When psychologists have a reaction of “Wait, that’s not what I was saying about the research,” they may consider ethical standard 1.01, Misuse of Psychologists’ Work: “If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.”

Psychologists may look to the research regarding marijuana to see where and how social attitudes deviate from the data. Although it is much too early to know exactly how evolving marijuana laws will affect the application of the Ethics Code, it is reasonable to assume that ethics educators across jurisdictions will have ample opportunity to think about this interesting ethical question as time goes on.

Stephen Behnke, J.D., Ph.D., is an attorney and clinical psychologist who directs the APA Ethics Office. He holds an appointment in clinical ethics in the department of psychiatry at Harvard Medical School. His email address is sbehnke@apa.org.

This article originally appeared in the March/April 2014 issue of *The National Psychologist*. It is reprinted with permission. Subscriptions are available online at: www.nationalpsychologist.com or by telephone at 1-800-486-1985.

HPA Member News

Cecily Reber will be completing her internship at the VA Pacific Islands Health Care System (VA PIHCS) and graduating from her clinical doctoral program at the PGSP-Stanford Psy.D. Consortium this June. Cecily is looking forward to beginning her postdoctoral fellowship at the VA PIHCS through the National Center for PTSD track in September and remaining home in Hawaii after spending 11 years on the mainland.

Bryan S. K. Kim, Ph.D., Professor of Psychology at the University of Hawaii at Hilo has been selected as Editor of *Asian American Journal of Psychology*. His term began in January 2014 and will continue through 2019. *AAJP* is published jointly by the Asian American Psychological Association and the American Psychological Association.

The HPA Diversity committee would like to thank the following HPA Members for their donations to support student attendance at the most recent conference:

Debbie Rubin, 2 students
Drake Beil, 4 students
Leah Wingert, 1 student
Marie Terry-Bivens, 1 student
Alex Walter, 2 students
Joseph Eubanks, 1 student
Jill Oliveira Gray, 1 student
Annie Nguyen, 2 students

Message from Our President, continued from page 1

were sent out on the listserv. Proposals are due June 20th; I strongly encourage our members to consider submitting a proposal. The talent and expertise of our HPA members always impress me. That being said, please note in this newsletter a new feature showcasing recent publications of our HPA members. It's exciting to see our colleagues' work.

In the theme of recognizing and acknowledging our impressive HPA colleagues, two HPA members have received awards from outside our HPA community. Dr. June Ching was bestowed with a Presidential Citation from APA President Nadine Kaslow this past March and Dr. Leslie Slavin will be receiving an award at the Mental Health Mahalo Awards luncheon later this month. Congratulations to both Drs. Ching and Slavin.

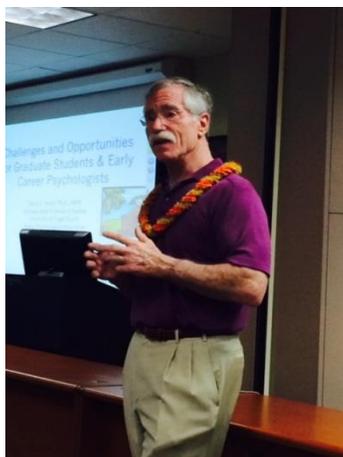
Lastly, I would like to let you know that a short survey will be coming your way. It will be from HPA's newly formed Task Force on Rural Health. The task force is interested in gathering information about your needs in providing services in rural settings. I'll thank you in advance for completing it.

Warmly,

Nancy Sidun, HPA President 2014

Early Career Psychology Events

By Julie Takishima-Lacasa, MA



Dr. Barry Anton

Dr. Barry Anton, APA President Elect and founder of Rainier Behavioral Health, spoke to a room full of students, early career psychologists (ECPs), and seasoned clinicians during a free presentation sponsored by HPA at Argosy University on April 11th. Long active in advocacy on both the state and national level, Dr. Anton is the recipient of the Karl F. Heiser Award for Advocacy in Professional Psychology and the Committee of State Leaders State Leadership Award. Dr. Anton's interactive talk addressed some of the most important issues currently concerning graduate students and ECPs, including the future of the field as the nation moves toward integrated health care, how to capitalize on the "value-added" role of psychologists in quality patient care under the Affordable Care Act, and the importance of getting involved in advocacy through membership

in state psychological associations, such as HPA. The event was made available to the outer islands via webinar. Attendees described Dr. Anton's talk as "inspiring," "highly relevant," and "incredibly useful." We thank Dr. Anton for generously sharing his time, experience, and wisdom!

HPA will be hosting another free event featuring presentations by Drs. Stephen Behnke and Nabil El-Ghoroury on Oahu on Saturday May 17th entitled Integrating Identities: Ethics and Ethical Challenges for Graduate Students and Early Career Psychologists. The event will take place at Argosy University from 1-3 pm. RSVP to yuriet@hawaii.edu. This presentation is open to all HPA members and non-members; non-members please consider becoming a member to take advantage of the many benefits of membership and to support HPA in continuing to offer events such as this to the community. Mahalo!

Fundamental Change, continued from page 4

psychology), recently, at the request of her Dean, she developed a Medical Center-wide Physician Communication Coaching program. Utilizing a validated coding form when observing physician faculty interacting with patients, she provides written and verbal feedback. Susan has just finished coaching all the clinical department chairs and has trained three psychologists and one physician as coaches to expand the capacity of the program. Related to her coaching program, she consults with leaders on dealing with individual faculty behavior problems and on problems within clinical and research teams. "There is no end of work for us in applying psychological principles to health care, leadership, and research on health care transformation." Nick – "Susan is VERY deserving of the Prize."

Health Information Technology (HIT): Former Secretary of the Department of Health and Human Services (HHS) Michael Leavitt testified in March, 2005 on his budget request for Fiscal Year 2006: "Focus on the Future – Health Information Technology. Our FY 2006 budget was also constructed with the knowledge that health information technology will improve the practice of medicine and make it more efficient. For example, the rapid implementation of secure and interoperable electronic health records will significantly improve the safety, quality, and cost-effectiveness of health care. To implement this vision, we are requesting an investment of \$125 million. The Office of the National Coordinator for Health Information Technology would spend \$75 million to provide strategic direction for development of a national interoperable health care system, and to address barriers to the widespread adoption of electronic health records. The Agency for Health Care Quality and Research continues to direct \$50 million to accelerate the development, adoption, and diffusion of interoperable information technology in a range of health care settings." The accompanying HHS biography described the application of technology as a passion of the Secretary. During his tenure as Governor of Utah, the state's website was awarded "Best of Web," offering more than 110 services online. As Secretary he was committed to unleashing the power of technology to improve the quality of care, reduce mistakes, and manage costs. And yet,....

Art Kellermann, Dean of the F. Edward Hebert School of Medicine at USUHS, recently shared a very thoughtful 2013 policy article he and a RAND colleague wrote entitled "What It Will Take To Achieve The As-Yet-Unfulfilled Promises Of Health Information Technology." In 2005 a team of RAND researchers projected that wide spread adoption of HIT could ultimately save more than \$81 billion annually. Seven years later, the use of HIT has increased; yet the quality and efficiency of patient care are only marginally better. Worse yet, annual aggregated expenditures on US health care have grown from approximately \$2 trillion in 2005 to \$2.8 trillion today. "In our view, health IT's failure to quickly deliver on its promise is not due to its lack of potential but to shortcomings in the design and implementation of health IT systems.... The anticipated productivity gains of health IT are being hindered by the sluggish pace of adoption, the reluctance of many clinicians to invest the considerable time and effort required to master difficult-to-use technology, and the failure of many health care systems to implement the process changes required to fully realize IT's potential." Four essential initial assumptions: * Are modern HIT systems interconnected and interoperable? NO. The HIT systems that currently dominate the market are not designed to talk with each other, although DoD and VA have definitely been addressing this issue at the Secretary level. * Are modern HIT systems widely adopted? NO. HIT systems are being used in the US

more widely than ever before; however, adoption still lags that in Western Europe and that expected by the RAND researchers and the Obama Administration. * Are modern HIT from other states to guide the development of a basic framework for action in Alaska. The le systems used effectively? NO. Considering the theoretical benefits of HIT, it is remarkable how few fans it has among health care professionals. A plausible cause for providers' lack of enthusiasm is that few HIT vendors make products that are easy to use, with many providers complaining that their HIT systems slow them down. And, * Has appropriate change in health care been made? Sadly NO. Until fee-for-service payment, which inherently incentivizes "do more, bill more medicine," has been phased out, providers will have little incentive to use HIT in ways that reduce costs instead of increasing them. "Fully interoperable, patient-centered, and easy-to-use systems are necessary but not sufficient to unlock the potential of health IT.... The revamping of health care delivery is unlikely to happen before payment models are realigned to favor value over volume." However, with the changes that retirements will be bringing to the Congressional leadership for both the House and Senate committees with jurisdiction over Medicare and Medicaid, the next decade will be very interesting.

Times Do Change: In a recent presentation at my interdisciplinary USUHS health policy class, Lucinda Maine, former Senior Vice President of the American Pharmacists Association (APhA) and current CEO at the American Association of Colleges of Pharmacy AACCP), shared with the class how the American Pharmaceutical Association's code of ethics had dramatically evolved over the years and now was highly consistent with the ACA's philosophy of encouraging "educated consumers" to be responsible for their own health status. From 1922-1969 the code indicated that: "Pharmacists should never discuss the therapeutic effect of a physician's prescription with a patron or disclose details of composition which the physician has withheld." Today, the underlying philosophy is dramatically different: "Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust." In all states but one, clinical pharmacists have now enacted collaborative practice statutes which essentially allows pharmacy, to varying degrees, to functionally prescribe (initiate, modify, etc.) The ensuing class discussion reminded me of Steve Ragusea's reflection: "Don't forget. I did my years on the Psychology Board in Pennsylvania because they'd actually issued a policy that psychologists couldn't even DISCUSS medications with their patients."

Aloha,

Pat DeLeon, former APA President – HPA – March, 2014

Scholarly Contributions of HPA Members

Starting with this issue of the Hawai'i Psychologist, and with special thanks to David Cicero, our Training, Research, and Education Representation, we are pleased to launch a new piece highlighting the scholarly contributions of our HPA Community. We will be listing new publications each quarter. If you have work you would like highlighted, please feel free to send them to: dcicero@hawaii.edu or robimiyamoto@gmail.com.

Darin Arsenault

Arsenault, D.J., Rene, R., & Talavera, G.A. (2013). Clinical psychology training in health care reform: Pre-doctoral psychology in integrated primary care. *NYS Psychologist*, XXV, 6-9.

Kate Brown

Banks, M.E., Brown, K.S., Mona, L.R. & Ackerman, R.J. (in press). Women with disabilities: Affirmative practice and assessment. In C.Z. Enns, J.K. Rice & R.L. Nutt (Eds.), *Psychological practice with women: Guidelines, diversity, empowerment*. Washington, DC: American Psychological Association Press.

David Cicero

Cicero, D.C., Docherty, A.R., Becker, T.M., Martin, E.A., & Kerns, J.G. (in press). Aberrant salience, self-concept clarity, and interview-rated psychotic-like experiences. *Journal of Personality Disorders*.

Cicero, D.C., Martin, E.A., Becker, T.M., Docherty, A.R., & Kerns, J.G. (in press). Comparison between psychometric and high clinical risk for psychosis in an undergraduate population. *Psychological Assessment*.

Cicero, D.C., Becker, T.M., Martin, E.A., Docherty, A.R., & Kerns, J.G. (2013). The role of aberrant salience and low self-concept clarity in psychotic-like experiences. *Personality Disorders: Theory, Research, and Treatment*. 4, 33-42.
doi: 10.1037/a0027361

Docherty, A. R., Cicero, D. C., Becker, T. M., & Kerns, J. G. (2014). Self-reported ambivalence in Schizophrenia and Associations with Negative Mood. *Journal of Nervous and Mental Disease*. 202, 73-73. doi: 10.1097/NMD.0000000000000073.

Martin, E.A., Becker, T.M., Cicero, D.C., & Kerns, J.G. (2013). Examination of affective and cognitive interference in schizophrenia and relation to symptoms. *Journal of Abnormal Psychology*. 122, 733-744.

Maria Chun

Chun, M.B.J., Deptula, P., Morihara, S.K., & Jackson, D.S. (2014, in press). The refinement of a cultural standardized patient examination for a general surgery residency program. *Journal of Surgical Education*, 71(3)

- Alden, D., Friend, J., & Chun, M.B.J. (2013). Shared decision making and patient decision aid: Knowledge, attitudes, and practices among Hawai'i physicians. *Hawaii Journal of Medicine and Public Health*, 72(11), 396-400.
- Morihara, S.K., Jackson, D.J., & Chun, M.B.J. (2013). Making the professionalism curriculum for undergraduate medical education more relevant. *Medical Teacher*, 35(11), 908-914.
- Ambrose, J., Lin, S.Y., & Chun, M.B.J. (2013). Cultural competency training requirements in graduate medical education. *Journal of Graduate Medical Education*, 5(2), 227-231.
- Deptula, P. & Chun, M.B.J. (2013). A literature review of professionalism in surgical education: Suggested components for development of a curriculum. *Journal of Surgical Education*, 70(3), 408-422.
- Ly, C. & Chun, M.B.J. (2013). Welcome to cultural competency: Surgery's efforts to acknowledge diversity in residency training. *Journal of Surgical Education*, 70(2), 284-290.
- Chun, M.B.J., Young, K.G.M., Honda, A.F., Belcher, G.F., & Maskarinec, G.G. (2012). The development of a cultural standardized patient examination for a general surgery residency program. *Journal of Surgical Education*. 69(5), 650-658.

Ronald Crouch

- Crouch, R., Keys, C.B., & McMahon, S.D. (2014) Student-teacher relationships matter for school inclusion: School belonging, disability, and school transitions. *Journal of Prevention in the Community*. 42, 20-30.

Tanya D'Avanzo

- Kutas, M., Iragui, V., Niu, Y., D'Avanzo, T., Yang, J., Salmon, D., Zhang, L., & Olichney, J. (in press) Altered N400 Congruity Effects in Parkinson's disease without Dementia. *Electrophysiology of Attention and Cognition: Signals of the Mind*.

- Kutas, M., Iragui, V., Niu, Y., D'Avanzo, T., Yang, J., Salmon, D., Olichney, J. (2013). Altered N400 Congruity Effects in Parkinson's Disease without Dementia. Poster Presented at the Cognitive Neuroscience Society 2013 Annual Meeting, April 13-16, San Francisco, CA.

Gary Farkas

- Farkas, G.M., & Tsukayama, J.K. (2012). An Integrative approach to threat assessment and management: security and mental health response to a threatening client. *Work: A Journal of Prevention, Assessment, & Rehabilitation*, 42(1), 9-14.

- Farkas, G.M. (in press). Helping law enforcement officers. [PsycCritiques](#).

Bryan Goodyear

Goodyear, B. (2012). The relentless pursuit of mediocrity: Endurance triathlons for the recreational athlete.

Harold Hall

Hall, H.V. & Thompson, J. (2007). Explicit alternative testing (EAT): Towards clinical-forensic applications. *Forensic Examiner*, 16, 38-43.

Hall, H.V. & Thompson, J. (2007). Detecting deception in neuropsychological cases: Towards an applied model. *Forensic Examiner*, 16, 7-15.

Hall, H.V. (Editor, 2008). *Forensic Psychology and Neuropsychology for Criminal and Civil Cases*. Boca Raton, FL: CRC Press.

McPherson, S., Hall, H. V., & Yudko, E. (2009). *Methamphetamine use: Clinical and Forensic Aspects*, Second Edition. Boca Raton, FL: CRC Press.

Satoru Izutsu

The Medical School Hotline is a monthly column from the John A. Burns School of Medicine and is edited by Satoru Izutsu, PhD; HJMPH Contributing Editor, Dr. Izutsu, is the vice-dean of the University of Hawaii, John A. Burns School of Medicine and has been the Medical School Hotline editor since 1993.

Bryan Kelley

Myles, S.M., Kelley, B.W., & Klonoff, P.S. (2013). *The use of a sentence completion task in exploring sense-of-self and identity post-brain injury. Neuro-Disability and Psychotherapy*, 1 (2), 229-253.

Bryan Kim

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Kim, B. S. K. (2014). Two journeys toward multicultural competence: Different beginnings but heading toward the same destination. In M. E. Gallardo (Ed.), *Developing cultural humility: Embracing race, privilege, and power* (pp. 85-90). Thousand Oaks, CA: Sage

Kim, B. S. K., & Park, Y. S. (2013). Culturally alert counseling with East and Southeast Asian Americans. In G. J. McAuliffe (Ed.), *Culturally alert counseling: A comprehensive introduction* (2nd ed., pp. 157-183). Thousand Oaks, CA: Sage.

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Wong, Y. J., Kim, B. S. K., Nguyen, C. P., Cheng, J., & Saw, A. (2014). The Interpersonal Shame Inventory for Asian Americans: Scale development and psychometric properties. *Journal of Counseling Psychology, 61*, 119-132.

Brad Klontz

Canales, A., & Klontz, B.T. (2013). Hoarding disorder: It's more than just an obsession: Implications for financial planners and financial therapists. *Journal of Financial Therapy, 4*(2), 43-63.

Brad Nakamura

Okamura, K.H., Nakamura, B. J., Mueller, C., Hayashi, K., & Higa-McMillan, C. K. (2014). An exploratory factor analysis of the knowledge of evidence-based services questionnaire. *Journal of Behavioral Health Services and Research.*

Orimoto, T.E., Mueller, C.W., Hayashi, K. & Nakamura, B.J. (2014) Community-based treatment for youth with co- and multimorbid disruptive behavior disorders. *Administration and Policy in Mental Health Services and Mental Health Services Research, 41*(2), 262-275.

Annie Nguyen

Fuger, K.D., Acklin, M.W., Nguyen, A.H., Ignacio, L.A., & Gowensmith, W.N. (2013). Quality of criminal responsibility reports submitted to the Hawaii judiciary. *International Journal of Law and Psychiatry.*

Nancy Sidun

Sidun, N.M. (Co-Chair), APA Task Force on Trafficking of Women and Girls. (in press). *Report of the Task Force on Trafficking of Women and Girls.* Washington, DC: American Psychological Association.

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CALL FOR PAPERS

The Hawai'i Psychological Association (HPA) is pleased to announce a *Call for Papers* for its Annual Convention to be held at the Hyatt Regency Waikiki Beach Resort & Spa on **October 24 and 25, 2014**. This year's theme is "**Opportunities and Challenges in Psychology and Mental Health**". *The deadline for submissions is June 20, 2014.*

Consistent with this theme, priority will be given to proposals which highlight visionary practice models across private and public sectors, innovative efforts that integrate psychology with other health disciplines, the promotion of psychologists as key figures in science and the profession, and the enhancement of leadership efforts amongst psychologists in the health care arena and in this era of health care reform.

The convention program and registration forms will be available on the HPA website (<http://www.hawaiipsychology.org>).

All program participants, members, non-members, and students are expected to register and pay the relevant registration fees for the meeting.

This *Call* is for paper sessions addressing a common theme, individual papers and poster presentations, symposia, and roundtable sessions. In addition, workshops based on the results of a membership interest survey will be offered for Continuing Education credit. *We especially encourage the submission of interactive roundtable sessions, discussion forums or special presentations organized around a topic of interest to the membership.*

Instructions for submissions:

If you wish to submit a workshop for Continuing Education credit, please be sure to follow the APA guidelines. Contact CE Chair/Administrator Rosemary Adam-Terem, Ph.D. at drozi@yahoo.com for assistance. Paper sessions, symposia, and roundtable sessions provide for an interchange among participants and between participants and audience. Each session will be scheduled for a maximum of 90 minutes, will have up to three participants and a chairperson who is responsible for introducing the material and providing background for the ensuing discussion. The chair is also expected to be the time-keeper. Please note: **HPA abides by APA's rules: paper sessions and symposia are not to be used as paper-reading sessions.** Participants are expected to speak freely from notes or PowerPoints, as merely reading out a paper often detracts from the spirit of the proceedings. Inclusion of ethical and diversity considerations is strongly encouraged, as is provision of audio-visual aids. It is helpful to provide a summary, handout, or resource list that can be uploaded ahead of time to the convention website for access by participants, or given out on the day of the presentation (presenters are expected to bring their own copies for distribution).

Individual papers may also be submitted. If accepted, these will either be included as part of a paper session with a chair appointed by the Program Committee, or as posters, at the discretion of the Program Committee. Poster presenters should prepare an abbreviated text of the paper with graphs, tables, data, etc. clearly readable from a distance of two to three feet, mounted on a poster board. Easels/tables will be provided.

Student submissions are particularly welcome. HPA aims to provide a quality local venue to allow students the opportunity to present their research to an audience of their peers and other professionals. In addition, the HPA Graduate Student Research Award is presented to the best adjudicated student paper. Award recipients receive a trophy for display at their academic institution and a certificate of achievement.

“Going Green”

We ask that handouts and other materials be made available ten days in advance of the convention for posting on the HPA Convention website, where they will be accessible to paid participants for a limited period of time.

We welcome your proposal. Please complete the presentation application form and information sheet, and submit electronically to hpaexec@gmail.com, or print and complete and mail in to HPA, PO Box 833, Honolulu, HI 96808. Please also attach your CV or resume.

Important notes:

All presenters are asked to register and pay as attendees at the Convention.

The deadline for this Call for Papers is June 20, 2014.

Hawai'i Psychological Association
2014 Convention Presentation Application
“Opportunities and Challenges in Psychology and Mental Health”
Dates: October 24 and 25, 2014
Deadline for Call for Papers: June 20, 2014
Contact: Alex Santiago, HPA Executive Director, 808-521-8995

Presentation Format (check one):

Title of Symposium, Paper Session or Roundtable Session:

- Paper session
- Symposium
- Roundtable session
- Individual paper
- Poster
- CE Credit (contact CE Chair/Administrator Rosemary Adam-Terem, Ph.D. at drrozi@yahoo.com)

Keywords: _____

Participant(s) Chairperson (if applicable)	Affiliation	e-mail	Phone No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Title(s) of presentation(s)

1. _____

2. _____

3. _____

4. _____

5. _____

Equipment needed:

- White board
- LCD projector, NB
must provide own laptop

Interest groups to whom presentation is directed:

- Teachers/Researchers
- Clinicians/Practitioners
- Students
- Other professionals

Please prepare:

- 250 word maximum abstract for a Paper or outline for a Symposium, Roundtable Session
- 30 word maximum title or summary to appear in the Convention brochure
- CV/resume

**HAWAII PSYCHOLOGICAL ASSOCIATION
2014 GRADUATE STUDENT RESEARCH AWARD COMPETITION
TO ALL PSYCHOLOGY DEPARTMENT FACULTY AND STUDENTS**

The Hawai'i Psychological Association (HPA) is pleased to announce its annual Graduate Student Research Award Competition. Each year, HPA hopes to encourage research excellence at the graduate level by acknowledging students who demonstrate such excellence.

The rules of the competition are as follows:

1. Students enrolled in graduate psychology programs in Hawai'i are eligible to participate and present at the HPA Annual Convention, October 24 and 25, 2014.
2. Interested students should submit an HPA Convention Presentation Application form and a maximum 1000 word abstract of their research paper along with the submission form below. Both forms should be co-signed by the supervising/sponsoring faculty member.
3. Submissions received by the deadline of June 20, 2014 will be blindly reviewed by a committee made up of members of HPA's TRE Division.
4. Awards will be announced at the Convention and the recipient(s) will receive a perpetual trophy to display at their academic institution as well as a certificate.

Please direct any questions to Alex Santiago, HPA Executive Director, at 808-521-8995

Yours truly,
Marie Terry-Bivens, Psy.D.
HPA President-Elect

HPA 2014 GRADUATE STUDENT RESEARCH AWARDS COMPETITION

Name: _____ Institution: _____

e-mail address: _____ Phone: _____

Title of Submission: _____

Please have your supervising/sponsoring faculty member co-sign below with you.

Signed, Faculty Member

Signed, Student Applicant

Name and title of Faculty Member

Please submit this form, an HPA Convention Presentation Application form and a 1000 word abstract of the research paper by **June 20, 2014**.

**HPA Research Awards Competition
Hawaii Psychological Association
PO Box 833
Honolulu, HI 96808**

Call for Presentations and Posters

4th Cross Cultural Health Care Conference:
Collaborative and Multidisciplinary Interventions
January 16-17, 2015
Ala Moana Hotel

www.cchc-conference.com

Invitation to Submit Abstracts

REQUIREMENTS:

- Research topic must have a cultural aspect / theme and address the objectives of the conference, which are to:
 1. Identify the role of culture in the delivery of care in various healthcare settings (e.g., clinic, hospital, community-based);
 2. Demonstrate whether healthcare information (both verbal and written) is presented in a culturally and linguistically appropriate manner;
 3. Utilize existing cross-cultural healthcare resources to aid in the delivery of care and/or conduct of research.
- Oral presentations will be limited to 30 minutes; 10 minutes for student presentations

GUIDELINES FOR SUBMISSIONS

- Abstract must be 250 words or less
 - Indicate whether you would like to be considered for an oral presentation, poster, or both
 - Include:
 - your name,
 - job / position title, (for students, identify level or program year, e.g., master's, doctoral, MS-1, PGY-1)
 - name of your organization, (for students, include major, specialty, e.g., psychology, public health, surgery)
 - presentation title,
 - e-mail address and contact phone number
- *****If relevant, please include proof of IRB approval*****
- All those selected will be required to register for the conference at the appropriate rate (professional or student). SAVE UP TO \$50.00 WITH EARLY BIRD REGISTRATION UNTIL OCTOBER 31, 2014.

Deadline for Submissions: May 31, 2014

Notification of Selection by: July 31, 2014

Send abstract (Word or PDF file) to mariachu@hawaii.edu or to

**Maria Chun, Ph.D.,
UHM Dept of Surgery
1356 Lusitana St., 6th Floor
Honolulu, HI 96813**

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E-mail: hpaexec@gmail.com<http://www.hawaiipsychology.org>**The Hawai'i Psychologist**

This newsletter is a publication of the Hawai'i Psychological Association. Chartered in 1962, the Hawai'i Psychological Association is the professional association representing over 300 Hawai'i psychologists. Its mission is to advance the science and practice of psychology while supporting excellence in education, training, research, advocacy and service.

HPA works to inform the public and the Legislature about psychology to ensure that quality health services, both public and private, are available to the diverse people of Hawai'i. HPA's parent group, the American Psychological Association, is one of the largest professional associations in the United States.