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The Passing of a Modern Day Warrior

Karen J. Kietzman, PsyD, MPA President

It is with a sad and heavy heart, I have to announce that our dear friend and colleague, Gyda Swaney, passed away this summer on July 18th. Many of you knew her as our Council Representative. She has represented Montana psychologists for several years, in that position. She has been on our board for many years, prior to holding that position. Yes, she will be missed by our association because her voice was strong, yet gentle, persistent and passionate.

But more than that, she will be missed as a friend. You never know how much time you have left in this life. Gyda knew many months before her death that she did not have long. I was so impressed with how she faced her news, how she made choices that continued to let her live life to the fullest. I got to enjoy, vicariously, as she went traveling, during her last months. She posted her adventures on Facebook, exploring California. She had so much fun, from Disneyland to seeing Wicked and the Hollywood Walk of Fame. She was making memories all the way to the end. They used to say that looking at your check book was the way you could see someone's values. Now we can look at social media. If you look at Gyda's photos on her social media, you can get a glimpse of her humor, her heart and her passions. Family, beauty, and love for Montana abound. She was like me, limited social media expertise! But she had Pinterest boards full of fun ideas and interests as well as having fun on Facebook.

Dr. Swaney was a true scientist. She was a member of the American Indigenous Research Association. Her biographical statement on the University of Montana's NEH Summer Institute of 2015 reads: "My **research** has focused on trauma, grief, acculturation stress, behavioral health, and coping and resilience in American Indians and elderly American Indians. My research has been influenced by the methodological challenges that research with American Indians presents (e.g., traditional knowledge, indigenous methodology, tribal/community based participatory research, and ethics)." She pioneered, with others, the Indigenous Literary Perspectives in Global Conversation. She even traveled to Norway to visit and research her other ancestors, the indigenous "Sami Family" of Norway roots from early 20th century.

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Inside This Issue

President's Perspective *(continued from page 1)*

I also know that one of her passions for the missing and murdered indigenous women that has passed into an epidemic, yet passed unnoticed by the media. She was part of the caucus that pushed legislation on to Governor Bullock's desk. He signed five pieces of legislation that will address this epidemic.

I have only touched on a few of the many highlights of a life well lived. Please join me in honoring our friend and colleague, Dr. Gyda Swaney. I would like to offer a dialogue about setting up an annual award of some sort, to a member of our organization that exemplifies Gyda's cross cultural scientific views and passion for her people. I am not sure how this will take shape, but know that we will honor her memory and her legacy through our organization. She contributed to us in more ways than any of us can express. She will be missed immensely.

A friend of hers posted this poem on her Facebook wall that they had shared when her mother had passed. She gave me permission to share it here. It is a Norwegian blessing for crossing. They shared both "Viking roots and Indian blood," laughing that they couldn't help but be modern-day warriors. Her friend stated that this poem was the only good thing from the movie, *The 13th Warrior*. As I have not seen it, I will pass on her assessment. I will also pass on the poem as I do believe it is a fitting tribute.

Lo, there do I see my father.
Lo, there do I see my mother.
And my sisters and my brothers
Lo, there do I see the line of my people
Back to the beginning.
Lo, they do call to me.
They bid me take my place among them
In the halls of Valhalla
Where the brave may live forever.
Until we meet again, my friend.

Crichton, M., Dowd, N., McTiernan, J (Producers), & McTiernan, J (Director).

A Remembrance—Jeanette Day Heberle, Ph.D.

David Schuldberg, Ph.D.

Long-time MPA member and Montana psychologist, Dr. Jeanette Louise Day Heberle, died on July 17, 2019 at age 72. She was born in Missoula on September 12, 1946 and grew up in Ravalli, attending school in St. Ignatius.

I met Jeanette in 1984 when she returned to college after working as a Registered Nurse She began taking undergraduate courses in psychology at UM and she was a standout student; I wanted to provide a brief personal reminiscence from this period. When I met Jeanette, in my first year as a professor at UM, I was starting a research program and learning the ropes. Jeanette volunteered for my research team and very early took a leadership role in this new lab. She first entered data (as 80-cols of text, for those who remember), then helped to organize our procedures and coordinated an impressive group of team members. She became a collaborator in the work, which explored relationships between everyday creativity and subclinical psychopathology (et al & Heberle, *Journal of Nervous and Mental Disease*, 1988).

Jeanette applied for grad school at the University of Arizona and was accepted to work with the eminent Clinical Psychologist Marvin Kahn. Her thesis (Heberle, 1988) greatly extended some of the work she had done at UM, and her dissertation (Heberle, 1992) studied a Montana Job Corps site; both were supervised by Dr. Kahn. Jeanette completed her Ph.D. in Clinical Psychology after an internship in Massachusetts. She returned home to the Flathead Reservation and worked for the Confederated Salish and Kootenai tribes. Then, after a period in North Dakota, she again returned to Montana and opened a practice in Great Falls. I would bump into her at meetings and enjoyed catching up at some MPA trainings. *La saluto, Dottoressa.*

For complete obituary:
https://missoulian.com/news/local/obituaries/dr-jeanette-day-heberle/article_da039cda-4075-505c-b263-49285e5e3326.html

http://www.charkoosta.com/obituaries/dr-jeanette-day-heberle/article_fbaf9e60-b33e-11e9-bd0d-73d0433e23b3.html

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Heberle, J. D. (1988). The role of formal operations and field dependence in identity formation. (MA). The University of Arizona, Tucson, AZ.

Heberle, J. D. (1992). The role of biographical data, personality, self-esteem, locus-of-control, and alcohol use in success in the Job Corps Program for Native American students. (Ph.D.). The University of Arizona, Tucson, AZ.

Taking a Stab at Acute Inpatient Group Therapy

Ari Silverman, MA, MPA Student Board Member

I recently began an assistantship with a regional healthcare provider that has an acute inpatient psychiatric unit. Trained primarily in traditional psychotherapy, I was surprised by how brief this acute inpatient care tends to be. With the median patient stay lasting only a few days, acute care maintains the opposite end of the spectrum from what many of us consider our scope of practice in mental health services. To this end, I was unaware what pieces of my training were transferable to this short-term model, where I may only see patients for a few days before discharge. Despite these barriers, I hoped to facilitate a couple of group therapy sessions on the unit each week, and wanted to know the best practices for this type of intervention. I wasn't going to let my staff badge, which clearly spelled out the word STUDENT in 24 point bold font (read: incompetent), get in my way of figuring this out. With the encouragement of my supervisor, I embodied my role as a curious graduate student and went about searching for answers in the literature.

The primary purpose of acute care seems to be stabilization, getting people who are in crisis out of crisis and back on their own two feet. The majority of the patients that come through the doors of the acute unit are experiencing significant and imminent suicidality, severe major manic or depressive episodes, active psychosis, or alcohol or substance use detox. After returning to a state of homeostasis, often with the help of psychotropic medication, the patient and their care team begin planning for discharge. Patients transfer to step-down inpatient programs designed for longer-term wrap-around care, group homes, chemical dependency centers, or return home with the intention of utilizing outpatient services.

Within this narrow window, the intent is for patients to absorb some helpful education, skills, or insight that will provide for improved well-being following discharge. For this reason, the daily schedule is full of activities and topics such as process, education, and addictions groups, consultations with pharmacists, life skills training, art therapy, yoga, recovery planning, and recreational therapy. One area that seemed appropriate for me to make a contribution as a clinical psychology student was in the daily group therapy sessions.

Surprisingly, there is very little empirical data examining best practices for acute inpatient psychiatric group therapy. There are several reasons for this paucity of information. One, there is significant heterogeneity of the inpatient population including initial reasons for admission, varying diagnoses, and disparate discharge plans. A single group may contain individuals struggling to manage their psychosis, people in a major depressive episode, patients detoxing from substances, and others experiencing manic episodes. Catering a one-size-fits-all group to this diverse population proves challenging. Two, effectiveness outcome measures are quite variable for this disparate population, with the goals for someone experiencing psychosis potentially being quite different from someone who is experiencing depression. Three, with the acuity of patient stay, groups mirror this revolving door, and consecutive groups on consecutive days may entail significant participant turnover. Four, confounds! How can researchers whittle down what is driving change in a 24-hour psychiatric setting? It could be medication, support, interpersonal connections, a change in current context or environment, or even the secure food and housing that are driving the change.

In response to these aforementioned challenges with empirical examination and lack of treatment recommendations in the literature, it appears that best practices in brief inpatient settings highlight the importance of common factors in therapeutic gains. For example, Yalom (2005) states that helping individuals in inpatient settings to discover that talking about their struggles can be fundamentally healing, and is a primary goal in and of itself. In my literature review, I came across a unique model for acute inpatient psychotherapy groups that incorporates Yalom's teachings and creates a framework from which to structure each group. The developers of the model propose a process-oriented psychoeducational group that integrates common factors from empirical group therapy research. I found this model to serve as a helpful guide for the groups I am facilitating in the acute inpatient setting. The creators of this model, Cook, Arechiga, Dobson, and Boyd (2014), believe that this type of cross-sectional approach can be tailored to the varying needs of the heterogeneous inpatient population and help achieve realistic goals.

Several aims of each group therapy session are outlined in the model. First, the therapist facilitating the group should allow for a brief check-in period, and provide support and validation to the group members in an effort to engage the patients in the therapeutic process. This helps to facilitate sharing from each member. The authors suggest that as patients begin to feel heard and as though they are contributing, they will experience less anxiety within the group setting, be better able to identify problem behaviors, and feel less isolated. Together with the help of the group facilitator, patients can begin to identify target behaviors they hope to change, and potential short and long-term goals that will improve their chances of success post-discharge.

The next aim of the model is to strengthen group cohesion and reinforce experiences of mutual support. This is typically accomplished through identifying a common theme among the group participants and inquiring how others in the group relate to the common theme. Finding a collective thread among the group members allows participants to relate to one another as well as provide and receive support and feedback. Present moment, natural reinforcement of these experiences of mutual support can be highlighted by asking participants how they feel emotionally in response to the verbal support and sense of reciprocity coming from other group members. If the group culture is curative in nature, patients will likely feel validated through this experience of catharsis.

Psychoeducation enters the group process dovetailing with the common themes that surfaced during the initial check-in. The authors recommend, for example, writing several symptoms of depression, mania, personality pathology, or psychosis on a visual device and continuing to fold participants into the mix by asking how they have experienced related symptoms. Past examples of triggers for these symptoms, such as stressful

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The Art of a Good Story

Donna Zook, PhD, MPA Treasurer

As we are aware this is nearing the time of year to renew MPA and APA membership. We MPA members are already budgeting to continue membership. However, it is important for us to persuade other practicing psychologists and students to join MPA. Since coercion is less favorable for gaining membership, research on the psychology of affiliation suggests that selling 'the emotional experience' of belonging to an organization is more likely to be successful in attracting new members. This is particularly because human beings are hardwired to belong to organizations or groups. Thus, research suggests that we build a case to join MPA based on 'emotional impressions' followed by facts related to our strengths. The power of suggestion is more influential than that of a case based on the strength of facts. It is important to present the benefits of membership but it is the priority of how it is presented that is essential to influence people to join. In other words, the order of information determines how people think and make decisions about joining an organization. This is referred to as "order effect" of persuasion.

For example, an 87-year-old woman, Edna, living in her own home was having memory lapses and difficulty dressing herself. Her granddaughter suggested a home health care worker to help. Edna refused despite the advantages of a home health care worker that her granddaughter suggested. However, when her granddaughter spoke of Edna's best friend being much happier because of assistance of a care worker, Edna decided she wanted one for herself. This example illustrates that presenting facts or benefits of a home health care worker was not convincing but when the case was presented in a way demonstrating how other people benefited Edna changed her mind and admitted she needed help. Maybe if we members reported how MPA has made a real difference in our practice/business/ teaching etc. we may get more members.

In my practice, MPA has given me the opportunity to expand my specialty by introducing me to other psychologists (MPA members) who refer cases to me. Additionally, having been exposed to various workshops/seminars presented at MPA meetings has increased my awareness of issues and current research that impact people in our society. My philosophy has always been, the more I know the better service I provide, even in areas of psychology outside my own specialty. Consequently, being a member of MPA I have been able to integrate and collaborate with the state hospital, community-based health care facilities, and collaborate with the criminal justice system and corrections in ways not available without MPA. Most importantly, MPA has given me the chance to help foster legislative policies and expand culturally relevant services for diverse and disparate populations.

Thus, instead of listing the benefits of MPA membership first, if each member could present how they have personally and/or professionally benefited from MPA, followed by the factual benefits of membership, we have a better chance of attracting new members, referred to as "order effect" of persuasion.

Taking a Stab at Acute Inpatient Group Therapy

Ari Silverman, MA, MPA Student Board Member

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situations, behaviors, or thoughts should be elicited from the group members. Next, the authors encourage group leaders to ascertain both positive and negative coping practices that patients have used in the past. If it seems that coping skills are lacking or ineffective, introducing a particular distress tolerance or crisis intervention skill that matches the common triggers may be helpful at this point as well. The group facilitator should help group members figure out how to incorporate positive coping techniques for specific situations that are likely to arise in the future. This type of coping ahead helps clients anticipate and plan for future challenges, and can help facilitate treatment goals. The developers of this model note that Psychoeducation surrounding the common factors of identification of symptoms, triggers, and coping skills provides a scaffolding for each group session, while simultaneously allowing unique issues to arise.

Although not empirically tested, this model seems to make sense logically. It is also relatively straightforward for therapists to implement. I plan to run this type of group over the next academic year, and allow my own reflections and experience to continue to hone my manner of implementation. Maybe my STUDENT badge is not such a rough descriptor after all.

References

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Billing and Insurance Committee Update

Polly Peterson, Ph.D., MPA Insurance Chair

Greetings! Since I have not taken the opportunity to contribute to the Newsletter before now, I'd like to briefly introduce myself and share some background before getting down to the purpose of this article. I am a Montana native and a 1986 graduate of the University of Montana's Clinical Psychology program who ended up in Florida working for a large managed behavioral health care organization (American Biodyne), founded by Nicolas Cummings, PhD, a past-president of the American Psychological Association (1979). I joined this company in Indianapolis at its inception and have fond memories of driving Nick all over Miami, getting horribly lost, while looking for properties to rent and psychiatrists willing to contract with us. For the Millennials and Gen Zers information, we didn't have smart phones. I had a bag phone, Nick had a brick phone, and we each had a map! It was a wild ride during the start-up years and I rose through the ranks quickly. Soon, I found myself in the position of Regional Clinical Director for the southeastern portion of the country, which included Texas, Florida, Georgia, and South Carolina. Our regional office was in Tampa. Biodyne provided comprehensive mental health care, on a capitated basis, for several major insurance companies throughout the area, the largest being Humana, with corporate offices in Tampa. I was required to attend management meetings at Humana on a regular basis and, like it or not, I soon came to have a pretty good appreciation of how health insurance works. So, when I began to get more involved with MPA and someone (thanks, Duncan!) pointed out that the Chair of the Insurance Committee position was open, it seemed reasonable for me to volunteer. It's been pretty easy so far – I'm the only member of the Committee, so the meetings are easy to schedule, and since no one on the Committee seems to know what the Insurance Committee does, I've been able to pretty much stay under the radar. Plus, I get to go to our Board retreats and hang out with amazing people!

The reason I'm writing today is to address issues brought up in a recent email thread prompted by Marti distributing the APA *2019 Psychological and Neuropsychological Testing Billing and Coding Guide.* This guidance came from Jared L Skillings, PhD, ABPP, Chief of Professional Practice for APA. If you are involved in performing psychological evaluations in your practice I strongly recommend you and your billing staff become familiar with this 11-page document. Extensive changes to these codes took effect on January 1, 2019, and on April 1, 2019, the National Correct Coding Initiative (NCCI) implemented an edit regarding how psychologists can bill for testing services occurring over multiple days, as well as how to bill for assessments by technicians and psychologists occurring on the same day. A helpful one-page summary update regarding how to bill in these particular situations was also provided in Dr. Skillings' letter.

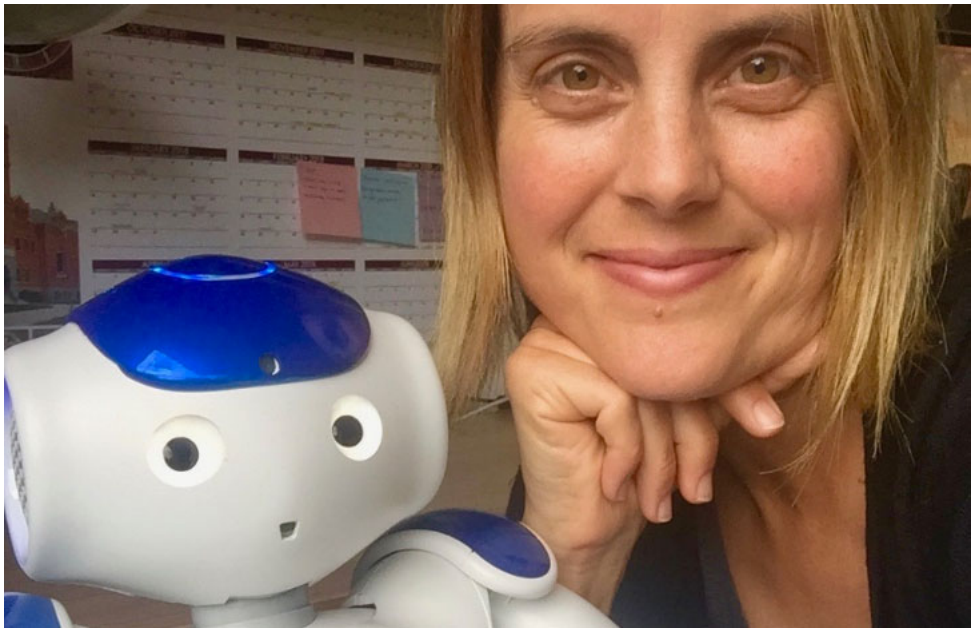
I recently made an effort to reach out to several people and practices within the state that I know do a lot of assessments and I heard fairly consistent feedback. Most people told me that they experienced some difficulty in the beginning, but that things have settled down and are running much more smoothly now. The *Billing and Coding Guide* provides very specific information regarding coverage indications for psychological and neuropsychological assessment and specifics on determining medical necessity. It also covers how to code various services and provides guidelines for billing testing services that occur on different days. Utilization review guidelines, that is, how to determine if a procedure is considered medically necessary, are also outlined and should be reviewed. There is a separate addendum, not included in the *Billing and Coding Guide* or in Dr. Skillings' message, which is also extremely helpful. This addendum is a 20 page document you can access online at https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding-addendum.pdf. The bottom line in terms of my advice is to become familiar with these changes and review your claims carefully for accuracy. A single claim should be used for the entire episode of an evaluation and should list both base and add-on codes with the different dates of service linked to that episode. A base code should only be submitted for the first unit of each type of service of the evaluation process. Additional units of service on the same or subsequent days should be captured using the appropriate add-on codes.

Finally, documents provided in the message from Dr. Skillings recommend that state psychological association leaders distribute the *Billing and Coding Guide* to the commercial and government payers in their area. In keeping with this advice, I have sent this document to the following payers: BCBS of Montana, Allegiance (Cigna), PacificSource, First Choice Health/ Aetna, the Montana Co-Op, and Montana Medicaid. Please contact me either by email (doctorpeterson@outlook.com or phone – (406) 560-3097) if you would like me to include additional payers. I also contacted a representative from the state's Commissioner of Securities and Insurance (CSI) to inquire if they have received any complaints about these changes. The CSI's mission is to protect the consumer and they have no jurisdiction over Medicare, but I thought it might be helpful to alert them about these issues, especially if any of you have encountered difficulties you may have discussed with your patients which could have been reported to the CSI. I was told that they were not aware of any complaints at this point. I have provided my new best friend at the Commissioner's office with a copy of the guide, as well. Please keep me informed of any problems or concerns you have with any of this, or with insurance in general. I'm here to help. Happy billing!

Dr. Severson and the UM Minds Lab at the University of Montana

Greg Macheck, PhD, MPA Academic and Scientific Coordinator

Dr. Rachel Severson is an Assistant Professor in the Department of Psychology at University of Montana and Director of the Experimental Psychology Doctoral Program. She also directs the UM Minds Lab (http://hs.umt.edu/psychology/severson/), where she and her research team investigate how children attribute minds and internal states to human and non-human others (non-human animals, inanimate nature, and personified technologies, such as robots) and the social and moral consequences of doing so. Dr. Severson received a Ph.D. in Developmental Psychology from the University of Washington. Prior to joining the faculty at University of Montana in January 2016, she was a Postdoctoral Research Fellow at the University of British Columbia, an Instructor at Western Washington University, and a Fulbright Fellow at the University of Oslo.



Dr. Severson teaches in UM's undergraduate psychology program, covering both Child Development and Psychological Statistics, as well as teaching Advanced Developmental Psychology in UM's graduate psychology programs. She is also a member of UM's Women's Leadership Initiative, focused on leadership training and network building to establish a culture of support for women's leadership. In addition to her professional work, Dr. Severson enjoys skiing, hiking, and ocean sailing. Indeed, she and her husband, Karl, sailed to Norway and back to the Pacific Northwest, and lived on their sailboat (at times surrounded by ice) while in Norway. She continues to sail each summer in the San Juan and Gulf Islands with her husband and 4-year-old son.

Technology is increasingly a part of children's lives – from smart phones, smart speakers, and smart toys to educational media and robots embedded with artificial intelligence. Dr. Severson has been at the forefront of research investigating how children understand these technologies, and the potential benefits or implications on children's development. One way that children organize the world is into living and non-living things. But robots seem to straddle the boundaries – they are pieces of technology, but they also interact as if they have intentions and feelings. How do children understand such personified technologies — as living things, non-living things, or something in-between? In a series of studies, Dr. Severson and her collaborators have looked at how children and adolescents think about and interact with real robots. They have found that children and young adolescents attribute a unique constellation of both animate and inanimate characteristics to personified robots – that is, they are 'sort of' alive. And this has implications for how children think robots should be treated! A majority of children think it's not alright to harm a robot or treat it unfairly because it will *experience* those harms and injustices.

At the UM Minds Lab, Dr. Severson and her team of graduate and undergraduate researchers have been furthering these questions. In their current work, they are exploring whether preschool children view a robot as intentional and culpable for its actions. A wealth of previous research suggests that intentions are linked to responsibility for one's actions – in humans. That is, if someone does something on purpose they should be held to higher account than if they did something by accident. By about age 5, children are able to take into account the nuance of intentions in making judgments about one's culpability (before then, they really just focus on the outcome regardless of intentions, e.g., if negative outcome, punish). In their current work, Dr. Severson and her team are interested to know if intentions and responsibility are similarly linked when making the same judgements about a personified robot. To do so, they are comparing preschoolers' judgments about the robot with a separate group of preschoolers' judgments about a person.

In other work at the Minds Lab, the researchers are examining whether children will view personified technologies as a credible source of factual information and moral decisions. In preliminary work, they have established children's pattern of learning from a person in both the factual and moral domain. Interestingly, they found that children (3-8 years) prefer a confident person when learning factual information, but not when deliberating about moral questions. In the latter case, they view a hesitant person as more thoughtful and deliberative – and therefore more credible. Dr. Severson and her team will be replicating this work with a personified robot in place of the person.

Stay up to date with Dr. Severson's Minds Lab at: http://hs.umt.edu/psychology/severson/.

APA Council of Representatives Update—Summer 2019

Michele McKinnie, PsyD, MPA Council Representative

Your APA Council of Representatives had a productive meeting this summer prior to and during Convention 2019. In addition to several caucus meetings interspersed throughout several days, Council met for 1 ½ days to discuss, propose, and vote on several policies and a few bylaws changes. Here are some highlights; I will indicate the overall result – with percentage voting where I have a record of it – and how I voted as your Council Representative. For context, currently APA Council Representative votes are not reported, and this has been an issue on the table at Council meetings for a few years (from what I can discern). I have chosen to let MPA members know how I vote on the issues in order to give you clarity about how I am representing you. Please know that on a few key issues outline below I did consult with the MPA Board members for direction/thoughts on how to proceed.

Amendments to Association Rules:

Board of Professional Affairs (BPA) – Add 4 additional seats to the BPA as follows: three APA members to be nominated by the Board of Directors and elected by Council; and the Council of Executives of State, Provincial and Territorial Psychological Associations (CESPPA) Representative to BPA serving ex-officio. These changes are recommended by BPA due to the additional responsibilities they will undertake as a result of the sunsetting of the Committee for the Advancement of Professional Practice (CAPP) in June 2019.
Vote passed Council/I voted Yes.

Public Interest – Two-part motion to 1) Archive the 1991 APA Resolution on Legal Liability Related to Confidentiality and the Prevention of HIV Transmission and 2) adopt as APA policy the 2019 U.S.-Based Legal Liability Related to Confidentiality and the Prevention of HIV Transmission Resolution.
Vote #1 passed at 94%;
Vote #2 passed at 92%/I voted Yes on both.

Public Interest – Adopt as APA policy the Guidelines for Psychological Practice for People with Low-Income and Economic Marginalization and approve August 2029 as the expiration date for the Guidelines.
Vote passed at 98%/I voted Yes.

Public Interest – Adopt as APA policy the Race and Ethnicity Psychology Guidelines in Psychology: Promoting Responsiveness and Equity and approve August 2029 as the expiration date for the Guidelines.
Vote passed at 98%/I voted Yes.

Organization of the APA – Policy Statement on Immigration and Refugees. Approve a policy statement on immigration and refugees to address a policy gap where there is not currently clear of comprehensive Council policy and where APA may need such policy developed in order to advance the associations advocacy efforts.
Vote passed at 98%/I voted Yes.

Organization of the APA – Amend Association Rule 90-5: Add the Chair of the Committee on Early Career Psychologists to the Agenda Planning Group.
Vote passed at 99%/I voted Yes.

Organization of the APA – Amend Association Rule 60-1.2: Change eligibility criteria for Chair-Elect Position on Council Leadership Team (CLT) to allow a current Member-at-Large or Early Career Representative member of CLT who is not currently serving on Council to be eligible to run for the position of CLT Chair-Elect.
Vote passed at 78%/I voted Yes.

Elections, Awards, Membership, and Human Resources – Amend APA Bylaws and Association Rules Regarding Voting Privileges and New Membership Category for Graduate Students. A two-part motion to 1) Forward to the Membership a vote for the amendments to the APA Bylaws to create a new membership category for Graduate Students and give that new membership category voting privileges, and 2) Make appropriate language changes to the APA Rules that reflect the Bylaws changes (in part 1). This issue occupied a great deal of Council time and discussion. Navigating issues of fairness for Associate Members of APA (who can currently vote after 5 years of membership) was included in the discussion and ultimately the following changes were made to the motion: Graduate Student Members will have the privilege to vote in APA elections after 1 year of membership as 'Graduate Student Members'. In addition, Associate Members (Master's Level members) will now have the privilege to vote as 'Associate Members' after 1 year of membership. If new Associate Members were previously Graduate Student Members with voting privileges, those members may vote immediately upon becoming Associate Members.
Vote #1 passed at 73%;
Vote #2 passed at 85%/I voted Yes on both.
As this vote is to change the Bylaws of APA, it requires that the full membership vote on the Bylaws change in order to ultimately give Graduate Students to privilege of voting in APA elections. Watch for this issue in the Fall 2019 and please don't hesitate to contact me if you have questions.

Several other consent items were passed early in the meeting without need for discussion or vote. If you have any questions about the items I have listed above, the consent items I have not listed, or any other Council of Representatives related issues, please feel free to contact me at michelecatherine@hotmail.com.

On a personal note, I found being at Council an emotional experience at times. I remain keenly aware that I am standing in for our dear friend and respected colleague Dr. Gyda Swaney. There was time set aside during the meeting to acknowledge and honor APA members who were deceased between February and June 2019; the meeting materials included a list of those names. Two were honored more specifically during the meeting by Council members who had been close to these colleagues. After these memorials, Council members were invited to speak the name of any mentor or colleague whose name was not on the list. I stood among multiple other Council members who were sharing the names of their colleagues and I spoke Gyda's name. Several people approached me immediately afterwards to share their surprise, loss, and gratitude for Gyda – who she was to so many and the good work she did with other psychologists around the country. I am honored for the opportunity to do my best to fill her position as MPA's Council Representative until the end of 2020 – the end of her elected term. I will work hard to represent Montana Psychologists and to keep you informed about the work that is happening on the national level.

CE Test—September 2019

Earn 1 CE credit by reading this newsletter and correctly answering 80% of the following questions. To obtain your CE credit: mail, email or fax a copy of your completed quiz to MPA. If you are not currently an MPA member, please mail the quiz with your check for $30. Newsletter CE credits are provided free of charge only to current MPA members. Credits may be applied ofr up to three months following the newsletter's publication.

1. According to Ari Silverman's reflections on acute inpatient treatment, which of the following is NOT among the reasons for the paucity of research-based information regarding best practices for inpatient group therapy?

    a. The heterogeneity among inpatient patients
    b. Difficulties related to outcome measurements.
    c. Inpatient group therapy is impossible to study.
    d. A lack of clarity regarding mechanisms behind observed changes from admission to discharge.

2. Arechiga et al.'s (2014) process-oriented psychoeducational group treatment model includes which of the following aims?

    a. Support and validation of group members.
    b. Enhancement of group cohesion and encouragement of mutual support.
    c. Psychoeducation
    d. All of the above.

3. Dr. Zook draws upon research findings to inform strategies for increasing membership in MPA. Instead of relying on a fact-based strategy, she argues that research suggests we would be better advised to adopt a strategy that relies on _____:

    a. Coercion
    b. Emotional benefits of affiliation and membership
    c. Punishment
    d. Wishful thinking

4. According to the research of UM's Dr. Rachel Severson, how would most children answer the question: "Are robots alive?"

    a. yes
    b. no
    c. sort of

5. Following from Dr. Severson's work, children tend to view positively those people who appear _____ when presenting factual information and _____ when deliberating questions of morality.

    a. confident; hesitant
    b. hesitant; confident
    c. anxious; confident
    d. confident; fearful

Name:_____

Email: _____

A Healthy Community Starts Here.

Northern Montana Hospital

We are seeking a Montana licensed/license eligible clinical psychologist to join a well-established hospital-based group psychology practice (3 psychologists, 1 psychiatric nurse practitioner) in beautiful north-central Montana. The successful candidate will provide assessment and psychotherapy for adolescents and adults with an option of working with children.

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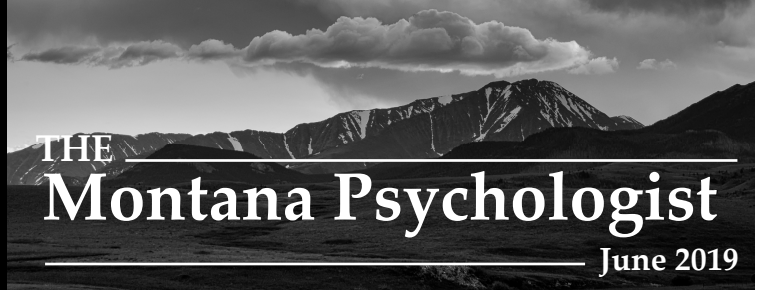

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