

# The Colorado Psychologist



Colorado  
Psychological  
Association



Athena Baca-Chieza, PsyD  
President, CPA

**April 2019**

**Colorado  
Psychological  
Association**

[http://  
www.coloradopsych.org](http://www.coloradopsych.org)

American Psychological  
Association

<http://www.APA.org>

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## Message from the President

Happy Spring, TCP Readers!

Late last night I returned from Washington, DC, where I attended the 2019 APA Practice Leadership Conference, APA's "premier advocacy and training event," which culminated yesterday in a day of lobbying Colorado's elected officials on Capitol Hill. Along with CPA's President-elect, Dr. Rick Ginsberg, and CPA's Executive Director, Kim Gill, we met with the offices of Jason Crow, Joe Neguse, Diana DeGette, Cory Gardner, Michael Bennet, and Ed Perlmutter, and educated them on several bills that impact the practice of psychology and access to mental health care, primarily for Medicare populations. Additionally, we asked that they continue to support health care expansion and measures that impact the mental health of Coloradans. One of the issues we

emphasized to our elected officials in DC was how substance use and abuse continues to be as devastating to Coloradans as it is to the rest of the country. As you will read in this issue of the TCP, while many Coloradans struggle with substance use and abuse, and our state suffers the effects of funding cuts, closures to treatment facilities, and other challenges such as sparse insurance coverage for substance abuse treatment, we also have many mental health specialists who are tackling this problem empirically and clinically, working hard to provide much needed care and support to patients, families, and systems alike. Examples include systems like the organization where I am employed, STRIDE Community Health (formerly MCPN), which offers Medication Assisted Therapy (MAT) for patients addicted to opiates and alcohol, provided in conjunction with supportive psychotherapy,

## Message from the President – Continued

and patients are seen as part of a multidisciplinary team. As the Director of Clinical Training at STRIDE Community Health, I'm encouraged to see the focus on SUDs in training (as compared to years past when a specialization in SUDs was required for training). Our psychology trainees are being trained in evidence-based interventions in SUDs, are well-versed in the biopsychosocial impact of SUDs in primary care settings, and are forming a workforce that will be able to support patients and families in multiple sites to handle this complex issue. Similar treatment and training is happening all over our state, often with the support of state and federal grants, with the goal of decreasing the incidence of SUDs and expanding high quality psychology and medical services.

CPA has been actively contributing to this conversation by creating "The Green Symposium" in 2017, in response to the legalization of marijuana in Colorado and the many questions and concerns that arose from clinicians, teachers, parents, and other stakeholders. This year's annual 2019 Green Symposium will host Dr. Libby Stuyt, MD, who will discuss the consequences of high potency THC marijuana and will go into detail about the differences between different forms of cannabis. Dr. Stuyt will describe the effect of THC on the brain, and the role high potency THC cannabis plays in addiction, anxiety, depression, suicide, psychosis, and cognitive impairment. The 2019 Green Symposium will take place on Monday, April 8<sup>th</sup>, from 9:00 am-12:00 pm,

and 3 CEs will be available upon registration. Please go to [www.coloradopsych.org](http://www.coloradopsych.org) for more information and to register.

CPA is preparing for elections and ballots will be arriving in your email inboxes any day now. This year the ballot is packed with candidates from diverse backgrounds, who represent the full geography of the state, in addition to varying degrees of experience in the field and professional background. Please take time to get to know the candidates, and more importantly, to VOTE! As I was reminded at the APA PLC conference, our state psychological association is only as robust as our membership. While I was at the conference, I was impressed by how active and robust some of the states' memberships are, and I was eager to know how they engage with their psychologists to create more opportunities for growth, dialogue, and access to the amazing talent that exists. I was pleased to hear that CPA is already engaged in many of the activities they mentioned, such as offering CE programming, lobbying and supporting legislative issues that impact psychologists and our patients/clients, connecting early career psychologists to mentors and career opportunities, and publishing newsletters

### CPA Calendar of Events 2019

#### CPA Board Meetings

3rd Friday of November, January, March, & May  
(unless otherwise notified)  
12:00 - 3:00 pm

#### CPA Executive Committee Meetings

3rd Friday of October, December, February, & April  
(unless otherwise notified)  
1:00 - 3:00 pm

Articles due for The Colorado Psychologist  
May 10, 2019  
to Brian Beaumund, PsyD at  
[Brian.Beaumund@gmail.com](mailto:Brian.Beaumund@gmail.com)

## Message from the President – Continued

like The Colorado Psychologist. However, they also had ideas that I'm eager to bring back to our board, as we remain dedicated to keeping our current members content, learning and growing from feedback, and also drawing in new members by offering services that we hope people find to be valuable.

Finally, we at CPA are aware of the far reaching implications that the recent closure of Argosy University can and will have on Colorado psychologists who received their training from this institution, as well as for the current students who are left to fend for themselves as Argosy dissolves. This closure is affecting up to 9,600 students, and many of our nation's legislators are aware of the issue and are confronting the Department of Education and demanding action in the name of those affected. On March 12<sup>th</sup>, CPA President-elect Dr. Rick Ginsberg, CPA Executive Director Kim Gill, and I personally handed a letter to each of Colorado's representatives explaining how the closure of Argosy University is not only deeply disruptive to the lives of these students, but also, will have a negative impact on workforce development and on our ability to serve the behavioral health needs of our country moving forward. Attached is a link to a letter that you can send to Secretary Betsy DeVos in support of those who are affected by this closure, <https://www.apa.org/advocacy/higher-education/devos-letter.pdf>. CPA will also be providing resources as they become available and will share in-the-moment information as we become aware of it.

As I've done with every past letter, I'll end on this note: I am only one person, a full-time working mother of two young children who volunteers my time to be CPA

President. I am proud to serve in this role and I try to bring zest and energy, but I also know there is always more that can be done, and that I cannot do it alone. If you have ideas, time, or energy, I would love for you to share any of them with us at CPA—we will gladly accept your contributions!

Warm regards,



Dr. Athena Y. Baca-Chieza

**Aurora Mental Health Center is seeking a Director of Child Specialty Programs.** Please send a resume and a cover letter to Mara Kailin at: [marakailin@aumhc.org](mailto:marakailin@aumhc.org).

The Child Specialty Clinical Director is a key leader who collaborates with the Executive Team to develop programs and processes and problem solve the implementation of critical agency decisions made by the Board of Directors and the Executive Team. Clinical Directors support Program Managers, helping them to develop professionally and to succeed in managing their teams. Clinical Directors are responsible for integrating trauma-informed, diversity and equity principles into all arenas of AuMHC.

Functions include oversight of Program Managers and programs within the assigned clinical area, contributing to leadership goals and processes with peers and Executive Team, and connecting with the community in meaningful ways that support AuMHC's overall goals and the development of services within the assigned clinical area.

Must hold licensure in mental health field: PhD, PsyD, LCSW, LPC or LMFT. Master's or Doctoral degree in human services field. Minimum 10 years' experience working with children and families in mental health setting. Five years' supervisory/management experience in increasingly responsible capacity.

## Message From the Editors



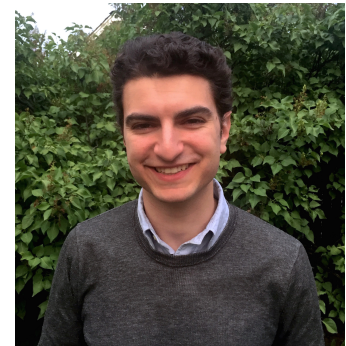
Catherine Greisch, PsyD  
Lead Editor



Brian Beaumund, PsyD  
Submission Coordinator



Brean Roman, PsyD  
Content Editor



David Miller  
Format Editor

Dear CPA Members,

This issue of The Colorado Psychologist is full of great content from an array of perspectives on a very important topic: Substances & Mental Health.

Graduate student Lori Gardner synthesizes the debate and current research on the use of medical marijuana for chronic pain, and Dr. Shoshona Aal highlights an emerging mode of treatment for chronic PTSD using psychedelics, specifically MDMA, which was recently designated as a breakthrough therapy by the FDA.

CPA President Dr. Athena Baca-Chieza reflects on some recent advocacy efforts taken on by CPA leadership in Washington DC, and highlights the importance of training health psychologists in substance use work. Check out the details on the upcoming Green Symposium (eligible for CE credits) as well, which will focus on high-potency marijuana and its impact on the brain and mental health.

Additionally, graduate student Alex Littleton interviews Dr. Joyce Fine about her work in the realm of divorce coaching, collaborative facilitation, and parental responsibility evaluations, and Dr. Sarah Burgamy, APA Council Representative for our state, provides us with an important recap of the recent governance actions of the Council.

As always, this edition also includes highlights of news within the CPA community and leadership, CPA organizational updates, and announcements relevant to Colorado psychologists.

The content of The Colorado Psychologist reflects the talent of CPA membership and your contributions are crucial to the success of each edition. Please reach out with your professional news, career highlights, innovative research, clinical advances, legislative and policy updates, or recent awards—anything that lets membership know what is going on within our community! Interested authors should contact Dr. Brian Beaumund at:

[brian.beaumund@gmail.com](mailto:brian.beaumund@gmail.com)

Thank you to all contributors for your commitment to TCP. As always, we appreciate the time and expertise you give to our membership each issue.

Catherine Greisch, PsyD  
Lead Editor

Brian Beaumund, PsyD  
Submission Coordinator

Brean Roman, PsyD  
Content Editor

David Miller  
Format Editor

## Interview With a Psychologist: Joyce L. Fine, PhD

By Alex Littleton, MA

I interviewed Dr. Joyce Fine, Licensed Clinical Psychologist and Certified Divorce Coach, about her experiences in private practice, divorce coaching, and conducting Parental Responsibility Evaluations (PREs). The following Q&A is paraphrased from our conversation in her Denver-based private practice office.

### **AL: So what is a Divorce Coach? And how does it differ in role from a therapist?**

JF: To be a Certified Divorce Coach, it requires multiple weeks of training through a specialized training clinic. It tends to be less insight-oriented (like in many therapy roles), and more about finding creative solutions to huge decisions. A lot of people make divorce-related decisions out of shame, anger, fear, guilt—all sorts of feelings. When people make big family decisions when they're really upset, it may not work out best for the family or kids in the long run.

Divorce coaches help guide people through this process effectively to find outcomes that work best for everyone in the family. Divorce coaches also help people in the aftermath of a divorce, including identity development and understanding the continued impact on kids.

### **AL: From your experience, where do people tend to go wrong most often during the divorce process?**

JF: Criticizing the other parent or complaining about each other to the kids. Not only are you criticizing the child's other most-loved person in the world, but you're criticizing half of *them*. And they get anxious about it—"But I'm

going to be like that person, how can I be *me* here...?"

With divorce, *how* you do it matters a lot (especially when there are kids in the picture). The kids with the most psychological distress from divorce, unsurprisingly, have parents that can't get along.

People think they have to go by certain rules or laws, but that's not true! If you can work something out with your spouse that is better for your family than the typical thing you've heard of, you can do it! If you both can agree to it, you can find outcomes that work best for your unique situation. Divorce coaches can help people navigate this process to come up with creative solutions that work best for everyone in the family.

### **AL: What does a Collaborative Divorce Facilitator do?**

JF: Collaborative Divorce Facilitation is a mediation technique that helps people find creative divorce solutions without going to court. Each party has an attorney, and then the process is mediated by a neutral Collaborative Divorce Facilitator (and sometime a neutral financial expert). Each party signs a contract to find a solution outside of court, and then the goal is work together to find the family's best interest. With their clinical training, Collaborative Divorce Facilitators are able to navigate the difficult emotions that arise through the process to reach agreements that work best for everyone.

## Interview With a Psychologist Continued

**AL: You also conduct Parental Responsibility Evaluations (PREs). What are these and how do they work?**

JF: Parental Responsibility Evaluations (PREs) are conducted by psychologists in order to deliver recommendations to courts about parental competency during the divorce process. They are huge family assessments that determine what is in the best interest of the child/children. The assessments are comprehensive, and usually arise from a concern about someone's ability to parent. They address the question, *Who should the kids be with, and how much?*

It's important to keep in mind children's attachment needs and balance that with the parents' ability to parent. For example, just because someone has a diagnosis of a serious mental illness, it doesn't mean they necessarily wouldn't be a good parent. PREs use interviews, assessments, developmental/social information, and input from medical and mental health professionals to paint a detailed, comprehensive parenting picture.

**AL: How do psychologists and other mental health professionals get involved with divorce-related work?**

JF: Find someone that does it and reach out to them! There are currently few formal training options for PREs and other divorce-related work. Very few clinicians do it, and there is a bigger demand that can be currently met. Although the divorce rate has dropped slightly in recent years, there is still a huge

divorce marketplace, and we desperately need more people with clinical training in divorce-related work.

*Dr. Joyce Fine operates out of her private practice in Denver, Colorado. She is a Licensed Clinical Psychologist, Certified Divorce Coach, Collaborative Divorce Facilitator, and Parental Responsibility Evaluator (PRE). For more information, email [drjoyce@drjoycefine.com](mailto:drjoyce@drjoycefine.com), call (720) 859-3895, or visit [drjoycefine.com](http://drjoycefine.com) or [divorceessentials.net](http://divorceessentials.net).*

*Alex Littleton, MA, is in his third year of the Graduate School of Professional Psychology's PsyD program at the University of Denver. He is currently a student extern at The Catalyst Center in Denver and the Colorado Springs VA. His areas of clinical interest include trauma, anxiety, substance abuse, and severe and persistent mental illness (SPMI). He has visions of developing a comprehensive and collaborative professional network within the Denver community and working in private practice. Contact him at: [Alex.Littleton@du.edu](mailto:Alex.Littleton@du.edu).*

## What's New at CPA

### 1. Denver Mental Health Networking Series (DMHNS event)



- This January, the Colorado Psychological Association hosted the first Denver Mental Health Networking Series (DMHNS) event. The event was organized in order to connect mental health professionals from a variety of backgrounds in the greater Denver area. Over 50 people attended the evening event, and included folks from nonprofit organizations, private practices, graduate programs, and various other mental health professions. Local sponsors, including New Image Brewing Company, Project Helping, and GRIT Digital Health, came together to make the event completely free for attendees, and the evening was a great success!
- If you would like info about future mental health networking events, please email Alex at [Alex.Littleton@du.com](mailto:Alex.Littleton@du.com)

### 2. APA Disaster Resource Network Update from Heidi Arden, PhD



- We're coming up on tornado season in other parts of the country, and wildfire season is just around the corner. If you think you might be interested in responding via the Red Cross, now is a good time to become involved and get ready to deploy.
- A Disaster Mental Health Fundamentals training with potential to earn CEs will be coming soon. Updates to follow.
- The Colorado Crisis Education and Response Network (CoCERN) is facilitating a tabletop exercise on May 9th. This exercise will provide an opportunity for behavioral health disaster

responders/resource providers to get together and learn how to collaborate in the event of disaster. If you're interested in hearing more about this, please reach out to Heidi Arden, PhD.

### 3. Green Symposium



THE GREEN SYMPOSIUM

- Join CPA and presenter Dr. Libby Stuyt for her program on Monday, April 8 from 9:00am—12:00pm. The Green Symposium is an annual gathering hosted by CPA that focuses on the latest developments and research findings regarding cannabis. It began in 2017 in an effort to disseminate information to behavioral health care providers and others in the treatment community.

- [Register online here until April 4th!](#)

### 4. Get Involved with CPA!

- Although nominations are now closed for 2019-20 CPA Board positions, several CPA Committees have open positions:
  - Ethics Committee: Do you have a passion for Ethics and are looking for a way to get more involved in CPA? Do you have experience teaching and/or consulting about ethics and psychology practice? Do you have 5+ years of post-licensure experience? The CPA Ethics Committee has an exciting opportunity for you!
  - Programming: Are you passionate about training and education within the

## What's New at CPA - Continued

profession? Are you looking for a way to get more involved in CPA? Would you like to help shape the trainings that are offered by CPA? Get involved with the Programming Committee today! Contact Kimberly Bertelsen, PsyD, at: [kimberlyb@jcmh.org](mailto:kimberlyb@jcmh.org).



- **Communications:** The Communications Committee is looking for members who are interested in facilitating and overseeing information-sharing, including through the listserv, website, weekly e-news, and social media. This committee is open to everyone, and time commitment is completely dependent on what you are able to give. Students welcomed! Contact [fox.stephaniem@gmail.com](mailto:fox.stephaniem@gmail.com) to get involved.

### 5. Credentials Banking Webinar

- The American Psychological Association is offering this hour-long webinar on records and credentials banking to Argosy University's psychology graduate students and alumni in light of the school's closure. APA notes that submitting documentation about your internship, doctoral degree, postdoc and other credentials to a central repository for verification and storage can offer peace of mind as well as convenience.
- Register now: <https://register.gotowebinar.com/register/7454766199592830978>

### 6. Call for Webinar Presentations

- CPA plans and hosts several quarterly live webinars throughout the year which offer one hour of CE credit, free to members! CPA is looking for timely, educational content for our upcoming webinars. Webinar dates to be determined based on presenter availability. If you would like to present a non-commercial, educational webinar to a broad audience of psychologists across the state (members and non-members of CPA), please contact CPA's Programming Chair, Kimberly Bertelsen at: [kimberlyb@jcmh.org](mailto:kimberlyb@jcmh.org).

### 7. Upcoming **SAMD** Events



- *Second Tuesday Race Forum*
  - Topic: "Toward Right Relationship with Native People," presented by Paula Palmer
  - Tuesday, April 9<sup>th</sup>; 7-9pm @ Parkhill United Methodist Church (5209 Montview Blvd. Denver, CO)
  - Pre-event meeting from 6-6:40pm @ Omonia Greek Bakery & Café (2813 E. Colfax, Denver, CO)



## What's New at CPA - Continued

(Upcoming SAMD events)

- The History of Psychology and Religion
  - o Wednesday, May 29<sup>th</sup>; 5:30-7:30pm
  - o Ross-Cherry Creek Library (305 Milwaukee St., Denver)
- Email Reine Evertze, PsyD @ [reine303llc@gmail.com](mailto:reine303llc@gmail.com) to RSVP for events or for more information about how to get involved with SAMD.



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## Welcome New & Returning Members

### Renewed Members:

#### Full:

Natalie Vona  
 Miguelina Vargas  
 Michael Smith  
 Genery Booster  
 Z. Benek Altayli  
 Cathryn Calvert  
 Cynthia Tems  
 Randy Stith  
 Angela Green  
 Michele Forstot Nadel  
 Thomas Krisher  
 Monte Atkinson  
 Candace Love  
 W.Neil Gowensmith  
 Lavita Nadkarni  
 Lisa Aweida-Ross  
 Jill Young  
 Yolanda Barrera  
 Heather Wedgle  
 Erin Shrago Hoggan  
 Rebecca Richey  
 Alyssa Oland  
 Leonard Tamura  
 Nicole Schneider  
 Randy (Randi) Smith  
 Riley Rhodes  
 Casey Wolfington  
 Barbara Guedner  
 Samantha Farro  
 Jacqueline Schwarz

Life Contributing Member:  
 Susan MacQuiddy

#### Student:

Rachel Hopkins

Academic Membership:  
 Lauren Tolle

Master's Level Associate:  
 Amy Skinner

Early Career Psychologist 0 - 1 Year:

Jason Peirce  
 Sarah Staats

Early Career Psychologist 2 Years

Jillian Diamond  
 Emily White  
 Keri Johns-Miller

Early Career Psychologist 3 Years

Brean Roman  
 Cynthia Johnson

Early Career Psychologist 5 Years

Jenell Effinger

### New Members:

#### Full:

Amy Milkavich  
 Ambra Born  
 Neal Brugman  
 Robert Whitehouse  
 Antonia Pieracci

Early Career Psychologist 0 - 1 Year:

Lauren Gorog  
 Peggy Henninger

Early Career Psychologist 3 Years:

June Ashley  
 Carlan Gordon

Early Career Psychologist 4 Years:

Caitlin Walsh

#### Student:

Jeremy Kozak  
 Deepika Patel

#### Prospect:

Christine Paul

Academic Membership:  
 Jill Holm-Denoma

## Message from a CPA Board Member

Benek Altayli, PsyD

Dear Colleagues,

As your non-metro representative on the Colorado Psychological Association (CPA) Board, I am committed to helping us connect and making sure we have a voice at the table. The starting point is perhaps getting together to connect and share what is important to us. We had a small but mighty group for the southern Colorado winter gathering in December and I was encouraged to keep it up during spring—so I am! Although we are meeting under the umbrella of CPA, I would like to invite those who are not (yet?) CPA members to also join us; the more the merrier in my book. Please help me spread the word to other psychologists and psychology students in your contacts who may want to join us.

Cathy Calvert is the chair of CPA Integrated Care committee. Cathy was looking for ways to create events relevant to her role, so we decided to have an integrated care theme for this meeting. Cathy and I are inviting Stephanie Hanenberg, FNP-C, to come talk to us about the work she has been doing to set up the integrated care clinic at the UCCS Wellness Center. Stephanie is the Executive Director for Recreation and Wellness at UCCS and American College Health Association president this year. She has held a key leadership role for years in

establishing UCCS Wellness Center, and she works closely with the Lane Center's Health Circle primary care clinic in their efforts to expand their services. She has extensive knowledge and experience in creating cultures in care settings that are inclusive, effective, and collaborative, which results in clear and explicit buy-in from all stakeholders and providers. **I imagine those of us who work closely with others from diverse professional backgrounds, and/or those of us who have to function in multidisciplinary teams beyond integrated care spaces, would find this discussion relevant and interesting.**

Our southern Colorado spring gathering will be on **Wednesday, April 10<sup>th</sup> at 5:30pm** at **Old Chicago's** on Academy and Austin Bluffs (**4110 N Academy Blvd, Colorado Springs, 80918**).

It would be helpful to know approximately how many are planning to attend, so that I can give them a call to reserve space if needed. Please e-mail [zaltayli@uccs.edu](mailto:zaltayli@uccs.edu) if you are interested!

Benek Altayli, PsyD

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- 4. Our Reputation is Solid**  
More psychologists purchase their coverage through The Trust than from any other provider. Our program's insurance carrier, Chubb, holds the strongest rating from A.M. Best: A++(Superior).
- 5. Free Expert Risk Management Advice**  
We're the only provider that offers free confidential ethical and risk management consultations through our Advocate 800 Program.
- 6. Exceptional Continuing Education**  
All of our clients receives a free TrustPARMA\*\* membership that includes access to informative content, sample documents, discounts to workshops, on-demand webinars, CE exams, and much more!

## Message from the APA Council Representative for Colorado

Sarah E. Burgamy, PsyD

As I enter my 6th and final year as your Colorado representative to the American Psychological Association (APA) Council of Representatives (COR), I find myself beginning to wax nostalgic about my time on this national policy setting body. I've been reflecting on the journey from wide-eyed Early Career Psychologist in my first years, trying to digest the hundred-plus page Independent Review (aka "Hoffman Report") and wondering what on earth I had gotten myself into, to the over 96% landslide vote this February to approve a *new* strategic plan for APA. As the many meetings begin to blend together in memory, here's what I can tell you: Of all of the important work we have done - emphasis on "we" because as you take a deep dive into the unwieldy world of APA governance (Boards, Committees, Task Forces, Staff, Leadership, conferences, and so many meetings), you find there are *a lot of people* getting the work done. I can unequivocally say the *people* are what have made this one of the most rewarding professional engagements in my career to date. A precious experience indeed to meet other psychologists from all sectors (educators, clinicians, researchers, deans, consultants, community organizers), all points in career (students, ECPs, mid-career, late-career, retirees), all over North America (all 50 states, our provinces, territories, and Canadian territories), who share a passion and commitment to our field, the communities we serve, the integrity of our science, and how psychology can improve the lives of people. Beyond the psychology, I have *laughed* and, yes, cried, with my colleagues, as we wrestled with both policy impact, and the challenging dynamics of working among close to 200 people with diverse perspectives. A significant shift in this meeting of COR was a facilitated presentation and interactive exercise on

"Enhancing the Interpretive Power of Council" by Dr. Stephanie A. Fryberg, representative for Division 8 (Society of Personality and Social Psychology). Historically, COR has engaged in a one hour "diversity training" at the winter meeting. Over the years, it has become clear that while many colleagues view this as a vital reminder of working with diverse others as well as, by extension, being reminded of those diverse communities we serve, others have regarded this as a poor use of limited meeting time. In full disclosure, I favor the former point of view—how are we to work effectively with one another, as well as remember those we serve and those *not* represented in positions of leadership, power, or decision making, without intention? This was an important evolution from a 1 CE model of "diversity training" to demystifying the dynamics in our COR culture. What I can tell you is I saw immediate positive effects on the respectful and thoughtful interactions on the Council floor as we debated and considered a broad range of issues and items. Truly, this set the stage for good work...*together*. So as to not be remiss in my duties, an overview of business items considered and voted on at this meeting follows:

### A new strategic plan for APA

From the vision statement: The plan aims to advance "a strong, diverse and unified psychology that enhances knowledge and improves the human condition."

From the official APA summary of this winter meeting: Specifically, the goals of the plan are to:

- Utilize psychology to make a positive impact on critical societal issues.
- Elevate the public's understanding of, regard for, and use of psychology.

## Message from APA Council Representative for Colorado Cont.

- Prepare the discipline and profession of psychology for the future.
- Strengthen APA's standing as an authoritative voice for psychology.

Guiding these efforts are principles that call for APA to ensure its efforts are grounded in the best available psychological science; champion diversity and inclusion; respect and promote human rights; and embrace a global perspective, among other values. To read the plan, go to [www.apa.org/about/apa/strategic-plan](http://www.apa.org/about/apa/strategic-plan).

### **Task Force on Blueprint for APA Accreditation of Masters Programs in Health Services Psychology**

COR received the report of the Board for Educational Affairs (BEA) Task Force To Develop a Blueprint for APA Accreditation of Masters Programs in Health Service Psychology. APA and COR continue to move forward with an effort to accredit Masters Programs where the focus of training is health service and/or applied clinical psychology. Many of you may be aware of ongoing nationwide efforts by another accreditation body to limit masters level licensure to those from only their accredited programs. APA recognizes the risk of this legislative pressure, in other states, to both jeopardize the jobs of clinical psychologists teaching in counseling psychology programs, as well as the viability of licensing vital masters level colleagues into the health service fields when it is abundantly clear we have a deficit of qualified mental health workers for our communities. Stay tuned for ongoing progress! To read the report, go to: [www.apa.org/ed/governance/bea/masters-accreditation-blueprint](http://www.apa.org/ed/governance/bea/masters-accreditation-blueprint)

### **COR passed the Resolution on Physical Discipline of Children by Parents**

From the official APA summary of this winter meeting: "Which recommends that caregivers use alternative forms of discipline—such as modeling behavior, respectful communication and collaborative conflict resolution—rather than physical punishment. The resolution points out that, according to the research, physical discipline is not effective in achieving parents' goals of decreasing aggressive and defiant behavior in children or of promoting positive child behaviors. The resolution commits APA to raising public awareness and increasing education about the impact of physical discipline on children and the effectiveness of other methods of discipline. It also calls on APA to promote culturally responsive training and continuing education on alternative discipline strategies. (A [press release](#) was issued on Feb. 18.)"

### **COR passed the Clinical Practice Guideline (CPG) for the Treatment of Depression Across Three Age Cohorts**

CPGs continue to be a somewhat contentious issue on the COR meeting floor as we recognize the importance of providing guidelines of evidence based approaches to treating some of the most pervasive psychological afflictions, while accepting the limitation of including only those studies which utilize randomized controlled trials (RCTs). By nature of this stipulation, many assert we ignore or neglect bodies of evidence and studies that do not meet these standards but provide ample data and wisdom in the provision of psychotherapeutic treatment.

## Message from APA Council Representative for Colorado Cont.

### **Amendment to Association Rule 100-1.4**

COR passed an Amendment to Association Rule 100-1.4: Division Position and Policy Statements only following an edit to language included in the original motion. Critics of this item were concerned it would limit the efficiency and scope of divisional statements on topics pertinent to their scope of expertise. Authors of this item noted this was merely a language clarification of an already current association rule. The word "developed" was struck from the item in order that a position or policy statement authored by an outside organization could be endorsed or supported by a division without requiring APA to be involved in the development of the statement. From the official APA summary of this winter meeting: "The amendment clarifies existing policy stating that division position or policy statements on matters of public policy must be consistent with APA bylaws, rules and any existing APA policy. APA staff will work with division leaders to ensure that their public position statements are not contrary to APA policy and that they comply with all relevant bylaws and rules. If APA policy does not exist, consistent with current practice, divisions may issue statements with appropriate disclaimers that the position they are taking is not APA policy but represents only the views of the division."

### **COR approved Revisions to the APA Model Education and Training Program in Psychopharmacology for Prescriptive Authority and Related APA Policies**

From the official APA summary of this winter meeting: "The Council adopted revised

versions of three documents: The Model Education and Training Program in Psychopharmacology for Prescriptive Authority; and the Model Legislation for Prescriptive Authority. The revisions update APA's 2009 documents. Major changes to the curriculum include adding the possibility of providing significantly more psychopharmacology training at the doctoral level, rather than the previous requirement that most of the training occur at the post-licensure/postdoctoral level."

Full minutes of the February 2019 meeting of APA COR are available online at <https://www.apa.org/about/governance/council/minutes-winter-2019.pdf>

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Sarah E. Burgamy, PsyD  
APA Council Representative for Colorado

## Will Psychoactive Drugs Give us a New Way to Heal?

Shoshana Aal, PsyD

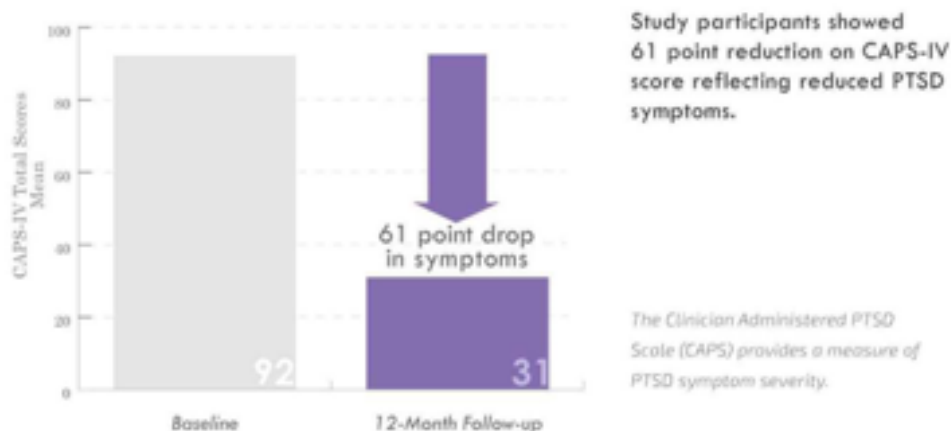
In therapy rooms across the United States there is a new method of treatment called MDMA-assisted psychotherapy being tested on people with chronic, treatment resistant PTSD, and it is working. Combining the psychoactive drug MDMA (similar to the street drug ecstasy) with talk therapy has produced rates of healing that have led the FDA to approve the study for Breakthrough Therapy Designation, a designation reserved for treatments intended to be used for life-threatening diseases that demonstrate substantial improvement over existing treatments. The research is being sponsored by the Multidisciplinary Association of Psychedelic Study (MAPS). MAPS is a non-profit research organization that develops medical, legal, and cultural contexts for the use of psychedelics. MAPS is involved in a variety of studies of psychoactive medications, but their research into the effect of MDMA on PTSD has become their highest priority project.

### What the therapy looks like

Unlike other treatment modalities, MDMA-assisted psychotherapy integrates the medication and the therapy into one treatment. The MDMA is administered two to three times over the course of several months and in tandem with traditional psychotherapy. This medication structure is unlike most for mental illnesses, which often rely on people taking the medication daily for years.

The therapy is provided both while the client is experiencing MDMA and outside of the psychoactive sessions. Therapy involves three 90-minute preparatory sessions, two to three MDMA therapy sessions (each up to eight hours long), and nine total 90-minute integrative therapy sessions, summing 42 hours of therapy across 13-26 weeks. In treatment, two co-therapists prepare the client for the experience, sitting and working with the client during every MDMA session,

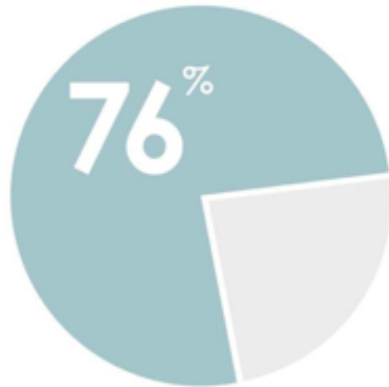
### PTSD Symptoms Reduced after MDMA Therapy



## Will Psychoactive Drugs Give us a New Way to Heal?

### Long term follow-up

76% of participants do not meet PTSD criteria after 12 month follow-up testing.



and helping the client integrate the work during talk sessions afterwards. Each of these therapists must go through extensive training. In general, the work utilizes a non-directive therapeutic approach that is meant to create a safe, growth-oriented space.

### Results of the FDA study

MAPS recently completed Phase Two of the research, working with 107 participants. The last of the Phase Two studies was published in the fall of 2018 by a group of therapists in Boulder, Colorado. The Boulder study enrolled 28 participants who were considered to be chronic sufferers of PTSD. Measuring symptoms before and after on the Clinician Administered PTSD Scale (CAPS-IV), they found a “61 percent point reduction” in symptoms after participants engaged in MDMA-assisted psychotherapy (Feduccia, 2018). Most impressively, the follow up assessments conducted at twelve months found that most participants (76%) no longer met criteria for PTSD (Feduccia, 2018).

Negative effects of the MDMA treatment were reported as mild, with 779 people out of 780 experiencing no serious adverse events. Suicidal

ideation occurred in 7.7% of the participants from the Boulder study during treatment. However, there was serious suicidal ideation in 46% of the population before starting the therapy and there were no reports of suicidal behavior during the study or during the long-term follow-ups (Ot’alora et al., 2018).

### Why MDMA was utilized

PTSD is known for creating increased activity in the amygdala and causing a state of chronic fear during everyday life. This can often get in the way of traditional therapy as clients will find themselves in a heightened state of fear and mistrust when asked to explore their trauma with a therapist. All too often clients will leave therapy because the fear becomes too great. With MDMA, a client can actually explore their traumas without the fear. PTSD patients have reported connecting emotionally with affirming experiences and gaining an accurate perspective about safety. MDMA significantly decreases activity in the left amygdala (associated with fear and traumatic memories) and increases the release of oxytocin and prolactin (hormones associated with trust and bonding), allowing patients to discuss their memories openly (Dangerfield, 2017). This experience has been described as “much of the empathy of psychedelics without much sense of altered consciousness” by Sam Harris, author of *Waking Up* (Harris, 2018).



## Will Psychoactive Drugs Give us a New Way to Heal?

### What to expect going forward

MAPS has begun screening participants for their Phase Three study. They predict that MDMA will be approved for use with PTSD in 2021. Additionally, MAPS has applied to the FDA for expanded access, a program that would allow designated therapists to begin providing this therapy before the end of Phase Three and outside of the research environment. Expanded access would focus on treating individuals suffering from chronic and treatment-resistant PTSD. That means that this therapy could be available to the PTSD population in a matter of months. It appears that we will soon have a new treatment available to support some of our most fragile clients.

*Shoshana Aal is the owner of Watermark Counseling in Denver, which specializes in attachment and trauma therapy. She has previously worked at the Austin Anxiety and Behavioral Health Center and the Aurora Community Mental Health Center. Additionally, she has worked as a volunteer for the MAPS Zendo project, providing integration for individuals experiencing unwanted responses to psychedelic medication during large events. Contact her at: [Shoshana@watermarkcounseling.com](mailto:Shoshana@watermarkcounseling.com)*

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## The Use of Medical Marijuana for Chronic Pain

Lori Gardner, MA

The legalization of marijuana has opened a Pandora's box of debate over whether cannabis might be a viable alternative to opioids for treating chronic pain, which is estimated to affect as many as 50 million adults in the United States alone (Fryling, 2016). Given the addictive properties of opioids and the ever-increasing number of deaths due to overdose, finding an effective, non-addictive alternative to treating chronic pain is imperative. Additionally, those with chronic pain frequently suffer comorbid psychiatric conditions such as mood disorders and substance use disorders, although potential causal and directional relationships are unclear (Feingold, Brill, Aryeh-Goor, Delayahu, & Lev-Ran, 2017). Thus, alleviating the emotional distress that accompanies chronic pain is also a major goal of treatment. The controversy over whether medical marijuana (MM) could be an effective treatment for chronic pain centers around the lack of understanding of long-term side effects, lack of oversight and consistency in dosing, and the overall questionable quality and standardization of some of the existing studies.

Opponents of the use of medical marijuana for treating chronic pain argue that support for its efficacy is primarily anecdotal (Caulley, Caplan, & Ross, 2018). While conceding that MM is safer than opioids, opponents point to the scarcity of efficacy studies in humans and the lack of regulatory standards with respect to cannabinoid potency (Caulley et al., 2018). This lack of standardized concentrations and types of cannabinoids in MM is worrisome for many practitioners, given that delivery systems vary between oral and inhaled formulations, as does, consequently, the time to reach peak concentrations (Caulley et al., 2018). Cannabinoids are also reported to

produce side effects such as sedation, poor concentration, short-term memory loss, confusion, headaches, and dysphoria (Caulley et al., 2018; Deshpande, Gagnon-Mailis, Zoheiry, & Lakha, 2015). The relationship between long-term cannabis use, depression, and anxiety remains unclear (Feingold et al., 2017), as does the association of long-term use with an increased risk of developing psychotic disorders, including schizophrenia in individuals with a preexisting vulnerability to the condition (Caulley et al., 2018).

Proponents of MM for the treatment of chronic pain argue that evidence shows alleviation of symptoms via supplementing the anti-inflammatory and neuroprotective effects of the body's cannabinoid and non-cannabinoid-receptor mechanisms (Caulley et al., 2018). In one recent study using mice, researchers administered compounds known as positive allosteric modulators, which regulate the brain's receptors for tetrahydrocannabinol (THC, the psychoactive ingredient in cannabis) alongside compounds that prevent the breakdown of endocannabinoids (natural pain-relieving compounds released by the brain). Together, these compounds reduced chronic pain in the animals without negative side effects such as impaired motor function. Use over time was also shown to prevent pain, thus preserving therapeutic efficacy without the potential for addiction (Fryling, 2016). Another argument for the use of MM focuses on a recent study showing efficacy in human patients for whom more traditional treatments have previously failed (Caulley et al., 2018). Perhaps the strongest evidence

## The Use of Medical Marijuana for Chronic Pain Continued

for the use of MM in treating chronic pain comes from studies that demonstrate efficacy when administered alongside traditional analgesics (Deshpande et al., 2015).

The reality, however, is that long-term effects of MM use in humans are as yet unclear. Studies looking at the use of MM in conjunction with traditional analgesics are promising, but there is an overall dearth of quality studies that include long-term effects, rigorous control of dose and strength, and overall functional outcomes for patients (Deshpande et al., 2015). For example, while adverse neurocognitive effects may be well tolerated in the short term, long-term effects require further investigation. Similarly, use in the elderly, many of whom suffer from chronic pain, must also be carefully considered due to the prevalence of pre-existing cognitive impairments within this population (Deshpande et al., 2015). Studies consistently find statistical pain reduction; however, clinically meaningful pain reduction is less prevalent. Additionally, current studies for any type of alternative to opioid use generally fall short when it comes to addressing mood improvement (Deshpande et al., 2015). Given the current multidisciplinary approach to the treatment of chronic pain, future studies must address how psychological and rehabilitative approaches might be impacted by the variability of concurrent MM treatment.

In conclusion, the existing evidence does not yet support generalizing the use of MM to patients with chronic pain (Deshpande et al., 2015), in large part because so few studies rate high in quality. Meta-analyses of efficacy studies are difficult to conduct, hampered primarily by “the heterogeneity of interventions and outcome variables” (Deshpande et al., 2015). Adding to the problem is the federal government’s current classification of marijuana as a “Schedule 1” drug, which restricts and discourages research, and evidence that the scarcity of data is leading

some chronic pain sufferers to experiment with MM on their own (Taylor & Bailey, 2018). Addressing these research restrictions could allow for more standardized, high-quality studies of MM use for chronic pain and would be a step towards settling the efficacy debate—and alleviating the opioid epidemic within this country.

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