

The Colorado Psychologist



Alyssa Oland, Ph.D.
CPA President

November 2023

**Colorado
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Inside This Issue

- 1 Message from the President
- 2 CPA Calendar
- 2 Message from the Editors
- 3 Interview with a Psychologist: Dr. Jana Lomax
- 6 Case Formulation for Couples
- 9 CPA Member's Corner
- 10 Determining the Standards of Care
- 12 APA's August 2023 Council of Representatives Meeting
- 14 CPA Leadership & Advertising Rates

Message from the President

Dear CPA members,

As I write my first letter to you as President of CPA, I want to first extend heartfelt sympathy for those of you affected by the heartbreaking violence and war that is happening globally. I truly hope you, and your loved ones, are safe and well.

Fall is a time for transition, both within CPA and in the environment around us- I feel privileged to live in an area where nature is plentiful and gorgeous. The Board of Directors had its first meeting of the new (governing) year August 18th and welcomed several new Board members. I feel fortunate to be able to work with such talented,

motivated, and bright individuals, and am looking forward to the year ahead.

This year, the CPA Board plans to continue our focus on Advocacy and Diversity, Equity, and Inclusion. We also are working on planning quality programming for members, including an upcoming symposium on suicide prevention, a 2024 training provided by our Ethics Committee, training on telehealth for PSYCPACT CE requirements, and more. We hope to see you there and are always open to ideas or recommendations for trainings that would be useful to you.

Starting soon, psychologists with additional training will be able to register to become

Message from the President – Continued

prescribing psychologists through DORA, which has been years in the making and is very exciting! A large thank you to Dr. Jin Lee and Jeannie Vanderburg for their momentous work and dedication towards this initiative to make the bill a law. We plan to continue to provide trainings and programming relevant to prescribing psychologists, and we believe that prescribing psychologists will help to address the current mental health crisis in Colorado.

We are also in the process of forming a task group to collaborate with APA around insurance reimbursement for services provided by post-doctoral students – please reach out if you are interested in being part of this initiative. Additionally, we are also actively seeking volunteers to join our Programming efforts, so please reach out if this is of interest to you, or if there is a topic or area that you would be interested in presenting.

You are welcome to attend upcoming Board Meetings on November 17th, January 19th, March 15th, or May 17th, if you would like. Input from CPA members is always welcome and valued.

Be well and stay safe,

Alyssa Oland, Ph.D.

Message from the Editors

The Editors of The Colorado Psychologist are enthused to present you with the November edition of TCP. This edition will be the first of a new bi-annual publication schedule—Fall and Spring editions.

In this issue, CPA President Alyssa Oland, Ph.D. will give an update on the CPA events and initiatives this year. CPA's own Jana Bolduan Lomax, PsyD, is highlighted in our Interview with a Psychologist feature. Colorado's APA Council Representative, Dr. Laura Knudtson, will provide an update from the CoR August Meeting. Michael Karson, Ph.D. shines light on Case Formulation with Couples, and Andrew Loizeaux, PsyD & Zoe Hawthorne-Loizeaux propose pragmatic steps to determining the Standards of Care.

If you are interested in joining The Colorado Psychologist Editorial Team or submitting an article for the Spring Edition of TCP, please contact Brian Beaumund, PsyD at Brian.Beaumund@gmail.com.

- The Colorado Psychologist Editors

CPA Calendar of Events 2023-2024

CPA Board Meetings

11/17/23, 1/19/24, 3/15/24, and 5/17/24
12:30 PM - 2:00 PM

Articles due for The Colorado Psychologist
January 15, 2024
to Brian Beaumund, PsyD at
Brian.Beaumund@gmail.com

Interview with a Psychologist: Dr. Jana Bolduan Lomax, PsyD

by Shane Trujillo, EdM

I spoke virtually with Dr. Jana Bolduan Lomax (she/her) about her professional trajectory and future visions for the field of psychology. The following is a paraphrased and condensed summary of our conversation.

First off, I want to thank you for joining me, Dr. Lomax. I've had the privilege of being able to investigate your background and learn a little more about your trajectory. It would be great if you could share a bit about your journey in psychology – when did you first know it was the field you wanted to study?

I grew up in a healthcare family in rural Indiana. My dad is still a practicing physician. So, in the summers, I would help out in his office. He is a urologist, and he would often treat people with cancer. I observed him feeling heartbroken when he would be diagnosing folks and see the effect of such life changing news on them and their loved ones. He would share that it was hard for him to witness that and provide care for those reactions. Even though he was often hopeful about the prognosis in treating prostate or kidney cancer, he was, in a way, reacting to their sadness and shock. So, I was curious about the interaction of emotions and health outcomes as a young person and thought I'd go into psychiatry. I only knew about that kind of area of mental health in medicine. Then, in college, I took a couple of psychology courses including a health psychology class that combined both things I was feeling drawn to. It was like a lightbulb went off – like, "oh, I can help people manage their feelings around their medical conditions." That is what ultimately drew me to a PsyD clinical program

that had a focus on health. Initially, I didn't believe I wanted to be involved in research, so I found a program in Chicago that had a clinical health psych track and ultimately ended up getting my doctoral degree there. So, it came organically if you will – and I continue to love this area of mental health!

I appreciate you sharing that - as someone who is not as deeply versed in health psychology, I'm curious about what you find are the most compelling pieces of this specialty?

What I love about this field is that I'm typically working with people who are novel to mental health treatment. Often, they've not been in any type of therapy. That is changing in recent years, though – more people value psychotherapy and recognize how it can be a preventative tool for them. But, for the first part of my career, I was treating people who had never met with a therapist before and often they are facing a health crisis that is bringing up questions around their resilience, social connections, and their values. So it is fulfilling to witness someone having early "aha!" moments. Many of my patients had not engaged in much self-reflection or learned breathing skills to manage their anxiety, for example. During my days working in hospital settings, I also really enjoyed being a part of an interdisciplinary team collaborating in cancer care. There was so much learning done between colleagues – there were physicians, nurses, pharmacists, nutritionists, chaplains, and social workers. I loved that I could bring the psychological perspective to the team. During grad school I had not anticipated how much of my career in health psych work would

Interview with a Psychologist - Continued

be with psychosocial oncology-focused cancer patients and their families – my fellowship right out of internship was in bone marrow transplant at University of Colorado Hospital – but it was one of a few subspecialties of medicine that valued integrative behavioral health. That initial post-doctoral training resulted in a 17+ year career in oncology-related mental health care.

Speaking of your career journey, you've been a Professor at the University of Colorado – Denver's School of Medicine, then you went on to work in hospital settings, and now you are helming your own private practice. Can you share an experience that has been a bedrock for your professional trajectory across these diverse positions?

Yeah, I've had some interesting and unique positions that I certainly hadn't dreamed of during my graduate school days. So, part of it has just been serendipity. I completed my internship at Denver Health, which was an excellent generalist internship. Honestly, I was a bit disappointed initially with my internship options because I believed I wanted a health psych position, but it happened exactly how it was supposed to. In a specialized internship, I would have learned very specific skills, whereas my generalist training taught me how to assess and treat psychological diagnoses in folks with severe and persistent mental illness – things like being able to identify psychotic presentation or be able to complete a neuropsychological screening for competency and treatment adherence. I rotated in the psychiatric ER and did a rotation in the inpatient psychiatric unit – none of those things did I want to do for a career, but I still use those eye-opening experiences and skills to this day. So yes, the

trajectory has been winding but fortunately I have been able to trust how the guideposts have steered it. As it turns out, I actually just hired one of my first supervisors from Denver Health for my private practice! It's beautiful how these professional connections can continue to grow and evolve.

I love that – everything comes full circle. Well, as we close our conversation, I'm wondering if you can leave us with a wish or a hope that you'd like to see as the field of psychology continues to grow and evolve.

Oh, I'd love to say many things about my hopes for the future of mental healthcare. Currently, I'm in a yearlong training for psychedelic assisted therapy. This feels like the next chapter of working with people who are near the end of their lives or are facing life-altering medical conditions. There is substantial research around death anxiety and use of psychedelics to ease that anxiety, to allow people to feel a deeper sense of connection and openness to whatever that transition looks like for them. That research is what drew me into this work. It has been the most eye-opening training that I've had in my career, particularly because we talk a lot about ethics, intergenerational trauma, and ancestral work. So, to answer your question, I hope the field of psychology can expand to include indigenous practices, and that we can consider and examine some of the early healers and mystical work that has been done outside of evidence-based findings. I think psychology was born out of medicine and has this sense of identifying and fixing problems. My training has me gravitating toward a deeper understanding of trauma – some of the ways we've responded to traumas does not need to be "fixed." It can be something to

Interview with a Psychologist - Continued

acknowledge, to have gratitude for and to learn from. I'm really hoping we can move away from the idea of fixing something that is broken and instead move towards the notion that we embrace our brokenness as part of our humanity and resilience. We have all suffered – some far, far more than others, and some for many, many generations before ours. But if we can see one another's humanness, we can start to see our wounds as tools for learning and empowerment. Ultimately, I hope that the leaders in psychedelic therapies can help our field of psychology embrace the interplay between the sacred and the science.



Shane is currently a 2nd year Counseling Psychology PhD student at the University of Denver. His research interests include identity development, sexual health and intimacy in relation to mental health outcomes (particularly for queer and trans people of color), and multicultural orientation processes. He was recently named a national Robert Wood Johnson Foundation Health Policy Research Scholar and is currently Co-President of the Colorado Psychological Association of Graduate Students. He can be reached at shane.trujillo@du.edu



Dr. Jana Bolduan Lomax, PsyD is a Licensed Clinical Psychologist practicing in Colorado since 2004 but originally from the Midwest. She completed degrees at Miami University-Ohio and the Illinois School of Professional Psychology-Chicago. Her pre-doctoral internship was at Denver Health and postdoctoral training at the University of Colorado Cancer Center - Blood and Marrow Transplant program. Dr. Lomax works primarily with adults facing chronic or life-limiting illnesses, their loved ones, and their healthcare providers. Following many years in clinical, supervisory and administrative roles in hospital settings; Dr. Lomax launched Shift Healing | Health Psychology, a private group practice designed to provide high quality, collaborative psychotherapy and healthcare consultation for adult individuals, couples and families adjusting to medical conditions and bereavement. Currently Dr. Lomax is a fellow in Psychedelic Assisted Therapy at the Integrative Psychiatry Institute. Dr. Lomax has been interviewed and featured on National Public Radio, Westword, Coping Magazine, Tabooty Podcast, SpondyCast, Beyond Blue Magazine for Fight CRC! Contact info: DrLomax@ShiftHealing.net

Case Formulation for Couples

by Michael Karson, Ph.D., A.B.P.P.

If anything in psychotherapy research has stood the test of time, it's the importance of the working alliance (APA 2012). Bordin (1979) narrowed this concept down to three features: mutual goals, task relevance, and relational bonds. "Task relevance" means that all parties see how engaging in the tasks of treatment will lead to the goals. "Relational bonds" are not rapport or mutual validation; they are the kinds of bonds that emerge when people work together collaboratively.

A case formulation specifies the psychology that underlies a life problem and how the treatment will change that psychology. It is thus central to task relevance. Clients should not vaguely feel that their therapist will alleviate their pain. They should instead understand how the sessions will address problematic patterns of behavior.

Couples come for therapy for all sorts of reasons, ranging from parenting decisions to managing infidelity to arguing about money. Resulting therapies are analogous to brief treatment with individuals, addressing the problem directly. Often, however, these problems emerge or remain because the couple cannot stay on track with the relationship they both want. They may keep hurting or disappointing or irritating each other. They want to act one way, but culture, family, and personality keep driving them into another way of relating to each other.

The case formulation, then, describes the relationship they want as well as the relationships they typically veer into. The therapist helps them to recognize their swerves and to remain on track. Before long, they learn to recognize these deviations themselves.

Agnes and Maria wanted a healthy and loving connection between two independent people. Their model for this relationship was an older lesbian couple they both knew, affectionate successful professionals whom we nicknamed "Double Star." Their problems arose in patterns that we were able to identify. Agnes wanted more than emotional support; she wanted to be supported no matter what. We eventually labeled this as "You Poor Dear." We noted together that Maria's support became meaningless when it was guaranteed, and we also noted that Maria could not provide that kind of support without losing her sexual interest in Agnes.

On Maria's side, she wanted life with Agnes to be an adventure, which sounds great, but in her case, it translated into impatience and intolerance if dinner was scheduled for the same time every day or if Agnes wanted to zone out in front of the television. Maria flirted with other women who sometimes seemed threatening to Agnes and thus made her dependent and needy. We named Maria's hidden agenda "Thelma and Louise," in

Case Formulation for Couples - Continued

reference to that film's ending, which depicts a disastrous result of constantly insisting on adventure.

Agnes and Maria learned quickly to call each other out when they departed from the Double Star and headed into either You Poor Dear or Thelma and Louise. We then used our time together to find ways for Agnes to express dependencies (like receiving a massage) and for Maria to express swashbuckling (like planning trips) that didn't change the fundamental way they related to each other.

Notice how this approach to case formulation for couples embraces other approaches. For example, the couple may want to relate to each other like securely attached people, yet they swerve into relating like insecurely attached people. The insights of emotionally-focused therapy would then be relevant. If you think of the couple relating to each other in their preferred manner as positive interactions and the offroad diversions as negative interactions, then the Gottman method becomes relevant.

This approach also works with individual clients, although most individual work benefits from putting life goals first and relational goals with the therapist second. In couples work, the couple's relational goals are primary. Still, a case formulation in individual work can benefit from specifying what the therapy relationship should look

like. (This has become contentious, as increasing numbers of therapists think the therapy relationship should include cheerleading, soothing, and avoiding conflict.)

"Transference" can then be described as the relationship the patient keeps trying to impose on the dyad, and "countertransference" is the departure from the therapeutic stance that the therapist keeps trying to impose.

References

- American Psychological Association. (2012). *Recognition of psychotherapy effectiveness*. Retrieved from <http://www.apa.org/about/policy/resolution-psychotherapy.aspx>.
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice*, 16 (3), 252-260.

Michael Karson recently retired as a full professor from the University of Denver. He is accepting new referrals for supervision/consultation and couple's therapy online and can be reached via michaelkarson.com.



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CPA Member's Corner

CPA's Fall Symposium on Suicide Prevention

Date: Friday, Nov. 3, 2023; 9 a.m. - 4 p.m.
Location: City of Golden Community Center
1470 10th Street, Golden, CO 80401

Pricing (includes Lunch 12-1pm):

- CPA Members: \$185
- CPA Student Members: \$75
- Non-Members: \$285

REGISTER SOON! Prices increase by \$20 on Oct. 31!

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Confirmed topics and areas of discussion for the symposium include:

- **Preventing Suicide in Peripartum and Perimenopausal People**; Rebecca Richey, PsyD, LCSW, CAC III, MBA, Clinical Director, Colorado Women's Collaborative Healthcare (1 CE)
- **How to Utilize 988 in Colorado**; Helen Littrell, PsyD, Crisis Program Director, Rocky Mountain Crisis Partners (1 CE)
- **Suicide Prevention - Integrating Suicide Research, Evidence-Based Psychotherapy Interventions, Neuroscience, and Mindfulness**; Geoff Smith, PsyD, Section Chief, Veterans Affairs (3 CEs)
- **The Federal Landscape of Suicide Prevention**; Julio C Abreu, Senior Director of Congressional and Federal Affairs, American Psychological Association Services, Inc.

Symposium Session Spotlight:

The Federal Landscape of Suicide Prevention

3 p.m. - 4 p.m.

Speaker: Julio C Abreu, Senior Director of Congressional and Federal Affairs at the American Psychological Association Services, Inc.



- Legislative Track
 - Record Investments for 988
 - Investments for MH/BH Portfolio
 - Bills in the 11th Congress to Follow
 - MHLG Coordination
- SP Work at the Agencies
 - 988 Launch July 2022
 - 988 and Crisis Care Coordination
 - SAMHSA SP Efforts
 - CDC SP Portfolio

Finally, don't miss out on...

Happy Hour/PAC Event at New Terrain Brewing Company at 4:30pm

[Click to RSVP/Register for the Happy Hour](#)

Determining the Standards of Care

by Andrew Loizeaux, PsyD & Zoe Hawthorne-Loizeaux

Preface

The arbiter of practice standards is the State Board of Psychologist Examiners at the Colorado Department of Regulatory Agencies. This Psychology Board expects every Colorado psychologist to not engage in prohibited activities, as defined in *Colorado Revised Statute § 12-245-224 Prohibited activities – related provisions (g)(I) Has acted or failed to act in a manner that does not meet the generally accepted standards of the professional discipline under which such person practices.*

What is meant by the “generally accepted standards” for psychologists? The standards are more than a list of dos and don’ts or prohibitive behaviors. There are the obvious dos and don’ts that every Colorado psychologist knows: for example, mandatory disclosure, written records, no sexual relationships with clients, fair billing, etc.

However, many nuances of professional actions did not translate into binary definitive answers. Therefore, the best approach is to have a consistent process that one utilizes when facing challenging professional issues. This article attempts to provide a process to determine, within a reasonable certainty, whether a behavior you are considering falls below or is consistent with the psychological standards of care.

If you are ruminating about a particular professional conundrum that calls on you to

act in a non-professional way, a good rule of thumb is “Don’t Do It.” However, if your practice dilemma remains, follow the steps below.

Step 1 – Is it Legal?

Look at the issue considering the legal and regulatory requirements that affect your practice:

Colorado Revised Statutes (Mental Health Practice Act) (2015), Title 12 (Professions and Occupations), Part 43 (Mental Health)

Colorado Psychologist Examiners Rules

CRS 19-3-304 Reporting Obligations

CRS 25-1-802 Patient Records

There may be Colorado Revised Statutes that apply to your specialty that you should be familiar with and refer to when addressing a thorny issue.

Step 2 – Is it Congruent with Psychological Standards?

Look at the issue considering the psychological standards relevant to your practice:

American Psychological Association (2017). *Ethical Principles of Psychologists and Code of Conduct.*

APA Recordkeeping Guidelines (2007)

The APA has Professional Practice Guidelines for many psychological specialties, including

Determining the Standards of Care - Continued

Forensic Psychology; Boys and Men; Girls and Women; Occupationally Mandated Psychological Evaluations; Transgender and Gender Nonconforming People; Prevention in Psychology; Telepsychology; Parenting Coordination; Child Custody Evaluations; Older Adults; Multicultural Issues; Evaluations in Child Protection Matters; Test User Qualifications; Lesbian, Gay and Bisexual Clients; Persons With Disabilities; Dementia and Age-Related Cognitive Changes; Posttraumatic Stress Disorder; Overweight Children and Adolescents; Disclosure of Test Data; and more.

It behooves the psychologist to be familiar with and aspire to the guidelines for the specialty in which one practices. In addition to APA, there are discipline-specific professional organizations that have their own guidelines. For example, Neuropsychologists, Parental Responsibility Evaluators, and School Psychologists all have explicit guidelines for their specialty.

Step 3 – Is it Ethical?

The third step is to evaluate the issue by asking the following broad ethical questions:

- Which option will produce the most good and do the least harm?
(The Utilitarian Approach)
- Which option best respects the rights of all who have a stake?
(The Rights Approach)
- Which option treats people equally or proportionately?
(The Justice Approach)

- Which option leads me to act as the sort of professional I aspire to be? (The Virtue Approach)

Step 4 – Do your colleagues have an opinion?

If you still have questions about a psychological dilemma, then peer or professionally-sought consultation is an essential last step. Your professional competence entails recognizing the limitations of one's own perspective or clinical skills, as well as potential biases and blind spots. Consultation may be your last chance to get feedback on a potential behavior that falls below the standards of care.

Conclusion

Document each step thoroughly, for you may need to discuss your decision-making process if you need to respond to a grievance.

Hopefully, this article has provided you with helpful and pragmatic steps to determine, within a reasonable certainty, when a behavior you are considering either falls below or is consistent with the established psychological standards of care.

Andrew Loizeaux was a licensed clinical psychologist who served as a 12-year member of the Colorado Psychological Association's Ethics and Professional Review Committee. He provided assessments of grieved mental health professionals with consideration of the standards of care, for the Colorado Attorney General's office and the Colorado Department of Regulatory Agencies. He recently retired due to a diagnosis of ALS.

Zoe Hawthorne-Loizeaux is a Child and Family Investigator and Work Product Reviewer. She assisted with research and transcription for this article.

APA's August 2023 Council of Representatives Meeting

by Laura Knudtson, PhD

APA convened in Washington DC for a largely in-person Council of Representatives meeting from August 2-3, 2023. This meeting coincided with the APA Convention, which returned to the Washington DC Convention Center after 6 years. APA President Dr. Thema Bryant led another engaging and interactive meeting, calling on COR members to embrace the words “justice, join, and joy” for this meeting. Attendees engaged in a plenary educational session on *APA Indigenous Leadership*. Additionally, a rousing award ceremony recognized Dr. Sandra Shullman with the Raymond D. Fowler award as well as recognized the *Committee on Women in Psychology* with a Presidential Citation for their 50th anniversary.

From presentations during the Council meeting, it is clear that “a lot is going on at APA.” APA is actively participating in a new Strategic Plan process with numerous opportunities for member input. CEO Dr. Arthur Evans reported that APA membership is on the rise, as is public trust in APA’s brand. An increasing number of organizations are seeking to partner with APA, including a recent collaboration between the Surgeon General on the complex relationship between social media and youth mental health. Finally, APA’s voice is being featured more prominently in the media, allowing the association to share its expertise with a wider audience.

Following recent reports of youth being injured or killed due to unsafe job conditions, Council adopted a [Resolution on the Developmental Risks and Opportunities in Adolescent Employment](#). The resolution calls for employers to establish safe working conditions and appropriate work hours for

adolescent employees; it also urges state and federal agencies to enhance the enforcement of laws and regulations governing youth labor practices, including penalties for those engaging in exploitative practices that compromise the well-being and economic advancement of adolescents.

In the wake of a significant ruling by the U.S. Supreme Court on race-conscious admissions programs, Council reaffirmed its commitment to equity and inclusion in the realm of higher education with the adoption of a policy statement. The APA Policy Statement on [Equitable and Inclusive Student Admissions in Higher Education](#) is aimed at ensuring a fair and inclusive admissions process for all students by way of encouraging the use of adversity scales, eliminating preferences for the wealthy, and targeting students at underrepresented high schools.

Council approved a [resolution opposing the use of mental health screening questions in character and fitness exams for law licensure](#) as there is no evidence linking these screenings to attorney misconduct. APA will continue to collaborate with the American Bar Association and state bar associations to advocate for the removal of mental health diagnoses and treatment histories from character and fitness examinations, promoting a more inclusive and equitable path to legal practice.

In a challenging debate, Council voted 107-55 (with 4 abstentions) to adopt the [Guidelines for Operational Psychology](#). These guidelines provide recommendations for psychologists engaged in operational support activities within the areas of national security, national

APA's August 2023 Council of Representatives Meeting

defense and public safety. Multiple Council members reported significant concerns over the brevity and vagueness of these guidelines. Additionally, concerns regarding the ethical practice of Operational Psychologists in general were voiced, as was historical apprehension over the related *Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, and Torture* (The Hoffman Report). Ultimately, many others expressed concern over “doing nothing,” as this would allow Operational Psychology to continue to not have practice guidelines; furthermore, it was mentioned that the Report was at least guiding this practicing specialty in an appropriate direction. The guidelines are slated to expire Dec. 31, 2028 and will need to be revisited then, which likely swayed the ultimate decision on their adoption, despite the considerable concerns.

APA Members should expect to vote on a couple of bylaws changes soon. The first would require that the Policy & Planning Board first consult with Council prior to sending any bylaws changes to the Membership for a vote. The second would change the requirement that the number of Presidential Candidates on the ballot be “up to five” rather than an absolute of “five,” due to problems in securing enough willing nominees to run for APA President.



Laura Knudtson, PhD is Colorado's APA Council Representative and the Director of Community and Government Relations at Parent Possible. She serves as the Director of the Colorado Home Visiting Coalition. She is responsible for elevating the voice of evidence-based family home visiting programs in Colorado through leadership, advocacy, coalition-building, and collaboration with other early childhood and prevention partners. Dr. Knudtson is a Colorado Psychological Association At-Large Board Member and serves as Colorado's Representative to APA Council and is a member of APA's Advocacy Coordinating Committee.

Colorado Psychological Association

c/o Civica Management
 PO Box 3406 Englewood, CO 80155
 303-692-9303 Fax 303-200-7099
 Email: info@copsych.org
 Website: <http://www.coloradopsych.org>

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The Colorado Psychological Association advances the profession of psychology through advocacy and education for the promotion of psychological health and well-being.

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The Colorado Psychologist is published two times per year by the Colorado Psychological Association. Articles, advertisements and letters to the Editor must be received by the editor by the 10th of the month prior to publication. Letters, opinions, and articles are welcome and printed at the discretion of the editors. Opinions expressed are individual and not necessarily those of CPA or its Board. As a service, CPA provides a listing of groups, meetings, and activities. CPA has no way of determining the quality or substance thereof and therefore accepts no responsibility for them.

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