THE SOCIETY FOR CLINICAL NEUROPSYCHOLOGY

Division 40 of the American Psychological Association

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2017 - 2018

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A LETTER FROM THE EDITOR

Dr. Deb Hoffnung

Dear members of the Society for Clinical Neuropsychology,

It is my pleasure to bring you the Winter/Spring 2018 edition of the Division 40 Newsletter.

Even as a mid-career neuropsychologist, I still rely on many of the time-honored paper and pencil tests that I learned in graduate school to evaluate the functional skills that we have come to view as essential to our assessment and treatment of the patient's that we see. While new versions of our psychological and neuropsychological tests *have* surely brought us improvements in psychometric properties and normative data, as well as new ways to conceptualize of brain injury and disease –in my hospital-based clinical practice in Omaha, our technological 'advances' primarily consist of the computerized administration of sustained attention tasks and the computer scoring programs that save us time.

Every year, I look forward to attending our professional conferences, where the latest advances in research and ideas are unveiled by the pioneers of our field. Yet the challenge remains: how can those of us who work as true clinical neuropsychologists not only *integrate* technological and methodological advances in science into our practice, but also *promote* innovations in assessment, intervention, prevention, and improvement of cognitive function?

In 2016, a major advancement occurred, as AACN President, Dr. Karen Postal and the AACN Board of Directors presented the groundwork for re-imagining clinical neuropsychology as more than just a consumer of technology– rather, as a full-fledged partner in the interdisciplinary advancement of brain science and medicine.

As described in Postal's *State of the Academy Report* delivered at the 15th Annual AACN Meeting in Boston (and published in TCN, 32(1)), the development of the **Disruptive Technology Initiative** was intended to support and encourage conversations within the Academy about "(1) breaking down traditional silos in our education models so the next generation of neuropsychologists embraces engineering, coding, and biotechnology, (2) reimagining our current set of nineteenth century assessment tools, to potentially include assessment through novel type of platforms such as big data and the internet of everyday things, and (3) envisioning ourselves informing and creating rather than reacting to technology innovations in medicine." (Postal, 2018, p.3)

In my first year as SCN Newsletter Editor, I am honored to bring you two pieces

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Past issues of the Division 40 Newsletter and Division 40 Executive Committee meeting minutes are now available online at the Division 40 Website. The URL address is: http://www.scn40.org/.

Webmaster is:
Juliette Galindo PhD
juliette.galindo@gmail.com

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that embrace the goal of promoting technology and innovation in our practice of neuropsychology. In an article featured in *this* Winter/Spring newsletter, you will read about the latest in the Disruptive Technologies Initiative, the Pitch Contest held at AACN last summer, and Dr. Bob Bilder's advice on how those less embedded in academic and research settings can (and should!) embrace technological innovation. Following, in our Summer/Fall newsletter, you will find a fascinating preview of the upcoming special edition of The Clinical Neuropsychologist, to be edited by Dr. Bernice Marcopulos. This special issue focuses on innovations in assessment, and in our newsletter, Dr. Marcopulos and her collaborator, Dr. Emilia Lojek will share their thoughts on the current state of our testing armamentarium and the continuing challenge of bridging the gap between science and practice.

As we look forward to another year, I also invite you to read a letter from our SCN President, Dr. Doug Johnson-Greene that further champions the case that neuropsychology must evolve; learn more about the recent activities, accomplishments, and opportunities reported by our committee and sub-committees chairs; and travel along as Dr. William Barr takes us for a 30-year dive into the SCN Archives for a timely reminder that innovative neuropsychology is not really a new idea at all.

I will miss the upcoming 46th Annual Meeting of the International Neuropsychological Society (INS) in Washington, DC (February 14-17), but expect that all in attendance will find it informative, and hopefully transformative, as well.

To a productive year of continued development!

Deborah S. Hoffnung, PhD ABPP-CN

Editor, The Society for Clinical Neuropsychology, Division 40 Newsletter

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Postal, K. (2018). President's Annual State of the Academy Report. *The Clinical Neuropsychologist*, *32(1)*, 1-9.

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The Editor is:
Deborah S. Hoffnung PhD, ABPP-CN
Clinical Neuropsychologist
Assistant Clinical Professor of Neurology, Creighton University
Neuropsychology Program, CHI Health
Omaha, NE 68122
402-572-2169
deborah.hoffnung@alegent.org

PRESIDENT'S CORNER

Dr. Johnson-Greene

Dear SCN/Division 40 members,

It is probably not news to our SCN members that the healthcare marketplace is undergoing substantial changes that will transform care (including psychology) in this country for a generation. As these changes unfold, some of you may be feeling mildly panicked, while others are unconcerned. There are those of you who like me see your retirement on the horizon and assume that the really big changes will come long after we stop practicing and relinquish the field to our younger colleagues. I am less optimistic than others that we can wait to make neuropsychology more relevant and valued in the healthcare marketplace.

How do we make neuropsychology more relevant and valued? NEUROPSYCHOLOGY NEEDS TO EVOLVE! The practice of neuropsychology in which eight hour (or longer) test batteries are administered by technicians (or trainees) and which lead to a small number of non-evidenced-based treatments that you expect to be carried out by someone else is not sustainable and will become increasingly unreimbursed over time. As the SCN President I feel compelled to offer some humble observations and suggestions from my soapbox. What follows are four areas I think need to be addressed in the near future:

1. Provider Training. Let's start with who is providing neuropsychology services. The variability in training for persons who practice neuropsychology remains unacceptably high. For those who provide services who are either marginally trained or have no training at all it greatly undermines our value to other healthcare providers and the public when the products they produce are lacking in validity and value. Remember, those providers are assumed to be actual neuropsychologists by our health care colleagues. Dr. Linas Bieliauskas had a wonderful SCN Presidential talk many years ago titled "Mediocrity is not a standard." He was right. Developing the Houston Guidelines was a giant step forward in detailing the training all neuropsychologists are expected to have, but far too many providers are not the "real deal." What are the odds that a consumer who is seeking services is actually seeing an appropriately trained and credentialed neuropsychologist? It's hard to say, but I am sure that it is a lower percentage than we would like for our profession.

Relatedly, we must also carefully consider the push by some states and professional organizations to equate services provided by master's level psychometricians and other licensed professionals like social workers and professional counselors with services provided by doctoral level psychologists. Just such as battle is currently underway in Texas. In my judgment it is a matter of time before the doctoral level standard is challenged in other states.

2. Specialty Recognition. Neuropsychology formally became a specialty (as opposed to a proficiency) over forty years ago, but it is still not adequately recognized as a specialty in places where it actually counts. Only the Louisiana licensing board formally recognizes the specialty of neuropsychology and insurance companies do not identify or credential neuropsychologists on their provider panels. This lack of specialty recognition will be the subject of a newly convened SCN Presidential Task Force that I have formed to address this issue. The goal of this task force is to identify pragmatic methods for promoting neuropsychology as a specialty and to educate stakeholders.

3. Empirically Supported Outcomes. Our field must continue to demonstrate the distinctive worth of neuropsychological testing by a neuropsychologist, particularly when computer-assisted testing by a paraprofessional is far cheaper to perform. Do we have any evidence to suggest otherwise? To give credit where it is due, Dr. Neil Pliskin as SCN President saw this issue as central to our ability to remain viable and made it one of his primary missions as SCN president a few years ago. Our Society continues to pursue this important objective Dr. Pliskin set in motion and we encourage our colleagues to conduct and embrace research showing empirically-supported outcomes and our comparative value.

4. Expanding Services. Historically, neuropsychology has functioned as a consultative service, with much greater emphasis placed on our role in the assessment of deficits than the treatment of the conditions we diagnose. Many years ago, the late Dr. Mitch Rosenthal gave an eloquent talk at an APA conference extolling the benefits of neuropsychologists combining the worlds of assessment and treatment in their practice. Who better to provide psychotherapy and other interventions to a person with brain injury and disease than a neuropsychologist? Currently, much of the interventional services needed by our pa-

tients are being delivered by other groups, such as speech-language pathologists. This appears to be a missed opportunity and will become increasingly problematic as healthcare seeks out "embedded" providers who can provide one-stop services.

In sum we have considerable work ahead of us if neuropsychology is to evolve, but our investment of time, effort, and expertise will yield a cornucopia of dividends for neuropsychology in the coming years.

Best wishes to all for a prosperous 2018.
Doug Johnson-Greene, PhD., MPH, ABPP
President, SCN

FEATURE ARTICLE

Promoting Technology and Innovation: The AACN Disruptive Technology Initiative and an Interview with Robert M. Bilder, PhD ABPP-CN

Deborah S. Hoffnung PhD ABPP-CN
SCN Newsletter Editor

In 2015, Dr. Karen Postal returned from a tour of MIT's Lab Central and Harvard's Innovation Lab inspired by these facilities "built on the concept of tearing down traditional academic silos to create spaces where interdisciplinary teams create disruptive innovations that push the boundaries of tech and medicine" (Postal, 2018 p. 3). Out of this inspiration, the *Disruptive Technology Initiative* (DTI) was born.

At the inaugural *Disruptive Technology Pitch Contest* held at the 2017 AACN Annual Conference in Boston this past June, four finalist teams of Academy members and students had the opportunity to present 'disruptive technology' ideas meant to transform and advance the way we practice neuropsychology in a changing world. Dr. Robert M. Bilder, chair of the *Initiative*, and a panel of guest 'sharks' (David Birnbach, MIT Sloan School; Alvaro Fernandez, CEO of SharpBrains; and Adam Haim, PO of the NIMH Small Business Innovation and Small Business Technology Transfer Program) judged these teams and selected winners in two categories: **Shoot for the Stars**: innovations capable of completely transforming the field of neuropsychology; and **Push Current Boundaries**: ideas that takes the next logical step from current technology to new ways of assessment, treatment, and/or prevention of brain injury and disease.

In the **Shoot for the Stars** category, winner Aliyah Ryan Snyder's proposal aims to transform the landscape of neuropsychology by utilizing sociometric measurement via smartphone sensors to refine and improve prodromal detection of neurodegenerative disorders, treatment recommendations, diagnostic sensitivity and specificity, and interventional approaches for neuropsychiatric conditions.

In the **Push Current Boundaries** category, winners Oren Boxer and Stephanie Kolman's proposal imagines an integrated assessment and training program using virtual reality as a medium to improve affect recognition in children with Autism Spectrum Disorder.

Dr. Robert Bilder

In the interview that follows, I asked **Dr. Bilder, *Tennenbaum Family Professor of Psychiatry & Psychology at UCLA*** to speak a little more about the *Pitch Contest*, and share his own thoughts on the next frontiers of neuroscience and neuropsychology.

Were there common themes in the DTI contest applications you received?

We saw an incredible diversity among the applications, but broad themes included: (1) the use of technology to deliver novel interventions based on neuropsychological theory, like our two winners: Oren Boxer's & Stephanie Kohlman's virtual reality training for kids with autism spectrum disorder and Aliyah Snyder's sociometric-based app proposal; (2) the use of advanced informatics and machine learning strategies to aggregate data from neuropsychological tests, EEG, and other

distributed devices; and (3) strategies that leverage technology to make clinical neuropsychology more valid with respect to underlying brain circuits, more efficient than current methods, and/or more relevant to real-world functioning.

What is the next step for the finalists that presented at the 2017 Annual Conference?

They are each going in different directions. Aliyah Snyder has already met with potential mentors at UCLA and collaborators at MIT Media Lab, and she plans to seek grant support for her efforts. Drs. Boxer and Kohlman had already submitted and are planning to resubmit a grant to the NIH Small Business Innovation Research (SBIR) program. Several submitters noted the challenges of bringing their ideas forward, and particularly the need to get "proof of concept" data before they can get more money, and that is why our upcoming [AACN] meeting in 2018 will focus on selected real-world examples from people who are starting up some innovative programs and are willing to show how they are doing that.

What do you see as the next logical step in the practice of neuropsychology? What is the next frontier?

I think mobile data aggregation and the internet-of-things (IOT) will soon be telling us a great deal about our brain function, and this can dramatically augment what we currently do in the clinic. The enormous amount of real-world, sequential data available from motion, voice, facial expression, and human-machine interactions is going to provide amazing and novel insights in very large groups of individuals. I think we are also just on the cusp of a major modernization of our methods, with modern psychometric theory and predictive analytics leveraging large-scale data aggregation so that we can form a bridge from the current generation of assessment methods to the next generation of far more efficient methods.

Is there any evidence that our brains are changing in response to the technology that is ubiquitous in our everyday lives?

YES! One neat example comes from Dr. Gary Small's (UCLA) studies showing the differences in fMRI activations among internet-savvy and internet-naïve older adults, and now there's a substantial literature showing that "exercise" of various kinds (both physical and cognitive) can alter brain structure and function within hours of practice. There's also an emerging literature showing what social media and mobile tech is doing to our behavior, so there must be brain changes, but so far there remain few large-scale, well-executed studies of brain structure and function associated with say, extensive (excessive) use. I was lucky to be included in some work on "problematic use of mobile phones" (PUMP), and I believe it is actually a public health crisis in the making, given potential adverse impacts on real-world social functioning, but maybe that's just because I'm a dad of teenage kids.

How can a practicing neuropsychologist prepare for the future of neuropsychology? How can we stay relevant as a field?

There's so much available on the web now, the problem is really deciding how to prioritize one's time. I think to be on top of the technology arena is virtually impossible (oops that was a pun?), but there are lots of publications now that are focused on tech developments, there's a great deal of innovation described in business articles, and following new technologically-driven research, that make it possible for anyone with a computer to try to digest. The challenge I think is filtering the troves of material to a stream that you can humanly digest. But maybe some of those brain-changes already have happened in the younger neuropsychologists that will let them process these bit streams more efficiently than old codgers like me. I'm optimistic!

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THE SCN ARCHIVES

William Barr, PhD, ABPP
Division Archivist

This year marks the 30th anniversary of SCN's listing of training programs, which has become, over the years, one of the division's most popular resources. Delving into the division's history, one finds that the training list originated through the efforts of Dr. Lloyd Cripe, a neuropsychologist from the State of Washington, who began compiling a list of doctoral, internship, and postdoctoral training programs in 1986 through personal communications, announcements to the division newsletter, and direct mailings to APA-accredited training programs. Dr. Cripe received support from the Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing, which issued initial guidelines for neuropsychology training in 1987, ten years in advance of the publication of the Houston Conference on Specialty Education and Training Clinical Neuropsychology.

The first official listing of training programs appeared in *TCN* in 1988. A total of 76 programs were included in that initial list (19 Doctoral, 36 Internship, & 21 Postdoctoral). Over the years, the number of programs added to the list increased steadily, as documented over a total of five revised lists published in *TCN* up through 2000, at a time when the list included 179 training programs (38 Doctoral, 55 Internship, & 86 Postdoctoral).

Over subsequent years, the list was made more accessible to the membership through a link on the division's website. Periodic revisions of the full list were available for download from the website through file transfer protocol (FTP) up until 2006. In an effort to provide a more interactive and updated listing, the division launched, in December 2006, the initial version of the listing that is now available on the website at training.scn40.org. Website statistics show that it is one of the website's most frequently visited pages.

The month of January is a time when many neuropsychology trainees are engaged in interviews for internship and postdoctoral positions. At the time of this publication, those trainees will find that the listing has now grown to a total of 224 programs (42 Doctoral, 59 Internship, & 123 Postdoctoral). Through their continued utilization of the training list, division members can thank Dr. Cripe and his creation of this list, and the additional efforts of many other division members who have continued to make updated versions accessible to the membership over the years.

References:

Reports of the INS-Division 40 Task Force on Education, Accreditation, and Credentialing (1987). Guidelines for doctoral training programs in clinical neuropsychology. *The Clinical Neuropsychologist*, *1*, 29-34.

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PUBLICATIONS AND COMMUNICATIONS COMMITTEE

David Kaufman, PhD ABPP
Chair

The Publications and Communications Committee oversees the Society for Clinical Neuropsychology (SCN) newsletter, website, NeuroBlasts, social media, and listserv. Dr. Juliette Galindo continues to develop and manage our website, https://www.scn40.org/. The website receives heavy traffic, with approximately 300 unique visitors every day, and over 2,000 per week on average. We are currently working on updating our content and expanding our focus to include more useful resources for members, particularly those involved in doctoral training. If you have any suggestions or requests for new content, please let us know!

Dr. Melissa Lancaster and Dr. Sue McGlynn assemble the monthly Neuroblasts which are sent out over the listserv. Drs. Lancaster and McGlynn welcome new content to add to the NeuroBlasts. Dr. Deborah Hoffnung has taken over as the Newsletter Editor and we continue to publish two newsletters per year. We wish to welcome Dr. Hoffnung and thank Dr.

Maya Yutsis for her term as newsletter editor for the past 3 years.

We also wish to welcome Dr. Laura Boxley, who has taken over as social media editor. Dr. Boxley will be coordinating our social media presence, which continues to post news and events on Facebook, Twitter, and LinkedIn. SCN continues to be the largest neuropsychological group on Facebook, with over 6,700 followers. If you are on Facebook, be sure to "like" the SCN and you will receive SCN updates in your feed. Doing so will also spread the word about clinical neuropsychology to all your acquaintances.

As I settle into my new term as Chair of the Publications and Communications Committee, I would extend a special note of appreciation to Dr. Brian Yochim for his term as chair for the past 3 years. If you have any information you would like to share with the broader SCN membership, please send an email to societyclinicalneuropsychology@gmail.com and the message will go to all members of our committee. We will then distribute the information in the appropriate outlets.

David Kaufman, PhD, ABPP
Associate Professor of Psychology
Saint Louis University
david.kaufman@health.slu.edu

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SCN SOCIAL MEDIA CAMPAIGN 2018

Laura Boxley, Ph.D., ABPP-CN
Social Media Editor

For many of us social media is a source of entertainment, but it can also be a very powerful professional and educational tool. This year, it is my goal to make SCN social medial platforms work for you. I plan on using the SCN Twitter and Facebook accounts specifically to highlight APA events, great articles, online resources, and student activities across graduate programs nationally. There is a lot of exciting and innovative work being done by Division 40 members and I want to give these efforts additional visibility. We also benefit as a community by sharing ideas and accomplishments. To this end, I invite you to send me information about the projects, publications, and events that you are most excited about. Conferences are also a great opportunity for posting pictures of you and your colleagues enjoying professional talks and social hours. I'd love to see short videos of students describing their posters or interviews with esteemed colleagues. Hashtags are encouraged. For those who are interested, I'd be happy to provide resources about the parameters and benefits of a professional social media presence.

Get connected today by following @APADivision40 on Twitter and @division40 on Facebook. Also remember to email me at laura.boxley@osumc.edu with your ideas and content. Over the next few months expect to see more content and a lot of new faces.

MEMBERSHIP COMMITTEE

Jennifer Koop, PhD ABPP-CN
Chair

Happy 2018 to our SCN members! Just a reminder to renew your SCN membership for 2018 **BEFORE FEBRUARY 16, 2018** to be entered into a raffle drawing for a free 2019 SCN membership. Five memberships will be raffled off. Membership remains reasonably priced at $34/year ($20 for individuals who are in their first two years post-degree; $5 for Student and International Affiliates!). Membership in APA is NOT a requirement to join SCN.

PROGRAM COMMITTEE

Sara Weisenbach, Ph.D., ABPP (chair)
Ozioma Okonkwo, Ph.D. (co-chair)

We hope you will join SCN at INS and APA this year!

INS 46th Annual Meeting:

Washington, DC February 14-17

The APA Division 40 Program Committee will meet at 11 am-12pm on Wed. 2/14 in Park Tower 8222 on the Lobby Level at the Wardman Park Marriott.

126th APA Annual Convention:

San Francisco, CA August 9-12

2018 APA Division 40 Program Highlights include:

- Functional neuroanatomy primer workshop
- Clinical case presentations
- Seven invited speakers, including: Drs. Ida Sue Baron, Meryl Butters, Michael McCrea, Ozioma Okonkwo, Neil Pliskin, Antonio Puente, and Maria Schultheis
- Ten hours of programming geared toward students and early career psychologists, including a skill-building workshop to prepare for specialty track internships and a professional development workshop for early-career psychologists
- Four symposia
- Two poster sessions
- Two paper sessions

EARLY CAREER NEUROPSYCHOLOGIST COMMITTEE

Cady Block, Ph.D.
Chair

Hello all, and greetings from the ECNPC!

Dr. Cady Block

As you may already know, the Early Career Neuropsychologist Committee (ECNPC) is the organization for neuropsychologists who are within 10 years following completion of the doctorate degree. For more information, visit us online and please recheck often as we are still in the process of developing our web presence: http://www.scn40.org/start-your-journey-here.html. At any point before, during, or after you join the ECNPC we are very happy to provide information and personalized assistance. Just send us an email to the ECNPC account at: ecnpc.scn@gmail.com.

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EARLY CAREER TRANSITIONS: WORK-LIFE INTEGRATION

Erica Dawson & Callie Dunn

Early Career Transitions is a serial contribution covering a variety of topics related to the changes in your personal and professional life as you move from being a trainee to postdoctoral fellow, and then from your career to beyond.

Great job? Check. Licensure? Check. Credentialing? Check. Now what about having a fulfilling, meaningful life…insert the sound of halting breaks here, perhaps? One of the challenges of early career neuropsychologists (and adults in general) is

finding ways to balance and integrate what we value most in life. Unlike so many milestones we work toward, this is one that we can never check off our to-do list.

Dr. Erica Dawson

The term *work-life integration* emphasizes the nature of the relationship between the often competing demands of our work and personal lives. This is slightly different than *work-life balance*, which views the desired goal as equilibrium between two equally important constructs. However, there is an increasing recognition that these two domains are not valued or viewed equally by everyone – and perhaps differently in the same person, depending on time and situation. We can also discard the notion of a "desired goal" as it implies an end state, when in reality it is an ongoing, dynamic, and transactional process. Thus, the focus shifts on how to optimize integration through increasing personal flexibility and the permeability of boundaries between our work and life demands.

Dr. Callie Dunn

As we all emerge from a lengthy course of education and training, we know that work is of course an important component of our professional identity. However, reconciling this against personal needs can be challenging. Our own work-life integration can feel almost too "common sense" to warrant much discussion or scientific attention. We think, *oh we're psychologists, right? No problem.* But fifty emails, eleven voicemails, ten reports, four article reviews, and three donuts later you might realize just how hectic and demanding your days have become. You dig in and work longer and harder, knowing that has always driven you to succeed before. But you are in a different phase of your career now, and with that sort of approach you may burn out before long. As mental health providers, we can all too easily underappreciate our own stress level and lapse on seeking support.

There are real physical, emotional, cognitive, and social consequences to work-life conflict. This extends to the workplace in the form of workplace errors, reduced productivity, job turnover, and ultimately burnout. This can be costly to the individual, but also to employers and to patient care. Conversely, there are measurable benefits to work-life integration such as improved quality of life, resilience, health, life satisfaction, and family functioning. A typical strategy is to seek assistance through professional bodies. However, at present our field suffers from minimal information and few resources. Did you know that the ECNPC recently published a review on the topic of work-life integration in neuropsychology? Perhaps most valuable is its listing of resources and practical recommendations: In short, the proposed recommendations include:

- Know your values, definition of success, learning and work styles, and ability to be flexible.
- Develop a career plan and stick to it - one cannot be all things to all people.
- Establish expectations and boundaries to minimize feeling overwhelmed.
- Whenever possible (and reasonable), delegate and outsource responsibilities.
- Prioritize self-care.
- Advocate for and promote a healthy workplace.
- Seek mentorship and resources throughout your career.

Read all about it!

Work-life integration in neuropsychology: A review of the existing literature and preliminary recommendations

Authored by: Maia Feigon, Cady Block, Leslie Guidotti Breting, Laura Boxley, Erica, Dawson, and Derin Cobia

Published by: The Clinical Neuropsychologist ©2017

If nothing else, it's a good place to start. To advance our field, we must attract and retain the best and brightest. We can only accomplish this if we are cultivating a healthy professional culture, and that begins with each of us attending to our own work-life integration. Hopefully, this review will spur further dialogue and serve as a catalyst for future studies on work-life integration in the field of neuropsychology. In the meantime, we encourage members to check out a helpful but often underutilized resource within APA, the Advisory Committee on Colleague Assistance (ACCA).

PUBLIC INTEREST ADVISORY COMMITTEE

Rebecca Ready, PhD ABPP
Chair

The SCN Public Interest Advisory Committee (PIAC) is composed of a Chairperson, three subcommittees, and six liaisons to APA boards and committees. The subcommittees are Ethics, Ethnic Minority Affairs (EMA), and Women in Neuropsychology (WIN). Ethics, EMA, and WIN are vibrant committees that provide innovative mentorship, consultation, and programming at APA and INS annual conferences. Thus, SCN members may be familiar with their activities. SCN liaisons are less visible but incredibly important to advancing the SCN mission. Liaison attend annual meetings of major APA board and committees that are most likely to be engaged in advocacy, scholarship, service, and education that impacts clinical neuropsychology. They provide input and consultation on all issue relevant to clinical neuropsychology and ensure that our field has a voice and seat at the table. SCN has primary liaison relationships with the APA Committees on Aging, Children Youth and Families, Ethnic Minority Affairs, and Women in Psychology. The PIAC Chairperson is a liaison to the APA Board for the Advance of Psychology in the Public Interest. The SN liaison-at-large has a big job covering activities of the APA Committees on Disability Issues in Psychology, International Relations in Psychology, Sexual Orientation and Gender Diversity, Rural Health, Socioeconomic Status, and the Office on AIDS.

ETHICS SUBCOMMITTEE UPDATE

Lynn A. Schaefer, Ph.D., ABPP-CN
Ethics Subcommittee Chair

Function: The various roles of the PIAC Ethics Subcommittee include developing and presenting workshops and continuing education courses on ethical issues in neuropsychology at APA and INS, creating and maintaining a database of ethics references available on the SCN website, and offering ad hoc consultation for ethics-related inquiries to SCN members.

If anyone has any questions on ethical issues or ethics-related inquiries for the Subcommittee, please contact Dr. Lynn Schaefer at lschaefe@numc.edu.

Updates: Dr. Michael Basso ended his service as Chair of the Ethics Subcommittee in August 2017, one of many hats he has worn in SCN. Thank you for your continued dedicated service to SCN!

Current Ethics Subcommittee members now include Drs. James Jackson, Lisa Jacola, Nicolette Gabel, Brian Yochim, Thomas Farrer, and Lynn Schaefer (Chair). The website has been updated to reflect these changes: https://www.scn40.org/piac-es.html

Drs. Jackson and Jacola will complete the second of their consecutive 3-years terms this summer! Therefore, we plan to begin recruitment for the Ethics Subcommittee later this spring. Please keep an eye out for our **Call for Applications**.

Activities & Announcements: In August 2017, the Ethics Subcommittee presented the thought-provoking and highly successful symposium *Publication Pitfalls---Ethical Dilemmas in the Peer Review Process* at APA, led by Drs. Michael Basso, Lisa J. Rapport, and Julie Suhr.

This year, the Subcommittee has begun preparations for symposium proposals for 2019 at INS and APA. Toward that end, we are polling the membership for topics and ideas they would like to see presented. Please complete our survey - it only takes four minutes! We are very interested in your input and thank you in advance for your feedback. The closing deadline for comments is 5:00PM EST, 16th March 2018.
Survey at: https://www.surveymonkey.com/r/R7WG9PJ

New references have been added to the PIAC Ethics Reading List on the website, and will continue to be updated.

WOMEN IN NEUROPSYCHOLOGY (WIN) SUBCOMMITTEE

Krista Lisdahl, PhD
WIN subcommittee chair

Dr. Amy Jak

THE WINNERS BOX

The Division 40 WIN subcommittee is pleased to honor Amy Jak, Ph.D. in this issue of the "WINners Box." Dr. Jak earned her doctorate from the University of Cincinnati, with a focus in clinical neuropsychology. She completed a clinical internship and postdoctoral fellowship at the Veteran Affairs San Diego Healthcare System (VASDHS) and at the University of California- San Diego (UCSD) Psychiatry Department, with major rotations in clinical neuropsychology.

Dr. Jak has built an outstanding career that balances clinical service (especially for veterans), teaching, professional service, mentoring, and research. She first served as a clinical neuropsychologist for the Defense and Veteran's Brain Injury Center, Camp Pendleton Concussion Clinic. In 2007, Dr. Jak re-joined UCSD's Psychiatry Department and is currently an Associate Professor of Psychiatry and a Staff Neuropsychologist and Director of the TBI Cognitive Rehabilitation Clinic at the VASDHS. In 2014, Dr. Jak became the UCSD/VA Psychology Internship Training Program Co-Director. Last year, she was named the Associate Director of the Clinical Research Unit, Center of Excellence in Stress and Mental Health (CESAMH) at the VASDHS. She is also the Associate Director of the VASDHS Postdoctoral Residency Program in Neuropsychology. For her clinical work, she provides neuropsychological and compensatory cognitive rehabilitation services for veterans at the VASDHS.

In addition to her clinical work and service, Dr. Jak has maintained an active research program that has had a substantial, lasting impact on the field. Her work has been funded by VA, Department of Defense (DoD), National Institute on Aging, and the Alzheimer's Association and she has authored or co-authored over 80 peer-reviewed articles. Her research in TBI examines the neuropsychological presentation of mild TBI, persistent post-concussive symptoms, and its comorbidity with mental health disorders, particularly PTSD. She is an investigator in the landmark VA/DoD Chronic Effects of Neurotrauma Consortium (CENC; https://cenc.rti.org/), a 22-site collaborative effort to link basic, translational, and clinical neuroscience researchers from VA, military, and academia to address diagnosis and treatment of the effects of mild TBI. Within the CENC, she is the Principal Investigator on an extramural funding award to examine a novel white matter imaging technique in combat Veterans with persistent post-concussive symptoms. She has also recently completed a DoD-funded clinical trial examining a hybrid treatment for comorbid PTSD and history of TBI that combines Cognitive Processing Therapy (CPT) with principles of cognitive rehabilitation. She also continues research in aging, focusing specifically on diagnostic approaches to mild cognitive impairment (MCI) as well as how protective behavioral factors (e.g., physically and mentally active lifestyles) impact cognition and brain structural integrity in normally aging and elders with MCI.

Dr. Jak is known as an exceptionally generous and kind colleague and mentor. She is an APA Fellow and has served as Division 40 Program Committee Chair and Secretary, along with INS Program Committee and Continuing Education Committee. In her role as Co-Director of the VA/UCSD Psychology Internship Program, she manages the training program that serves 20 interns. Dr. Jak also supervises trainees at all levels, including doctoral students, doctoral externs, psychology interns, and postdoctoral fellows. Current and former students rave about Dr. Jak. One of her mentees, Dr. Laura Crocker stated that Dr. Jak is "incredibly supportive of her trainees in all areas and goes above and beyond to foster each person's specific career aspirations. Despite juggling many professional responsibilities, she is incredibly available and generous with her time." Students appreciate that Dr. Jak models a healthy work-life balance. She is an outstanding mother of two and is known for her positivity, support, intellect, patience, and consistent ability to empower early career trainees to develop independent careers. It is with great pleasure that the WIN committee recognizes Dr. Jak's numerous accomplishments and far-reaching impact in service, clinical work, mentoring and research.

If you would like to highlight your work or that of a colleague, please make your submission to the WIN Chair, Dr. Krista Lisdahl, at medinak@uwm.edu.

ATTEND: Women in Neuropsychology (WIN) Social Hour Event:
"Networking with a Purpose: Turning the Social Hour into an Opportunity

The Women in Neuropsychology (WIN) Subcommittee is excited to host a social hour at the upcoming 2018 INS conference entitled "*Networking with a Purpose: Turning the Social Hour into an Opportunity*." Join the WIN Subcommittee members and distinguished neuropsychologists Drs. Kathleen Haaland, Amy Jak, Michelle Madore, Paula Shear, and Jennifer Vasterling to discuss how to optimize networking and seek out service opportunities in an intimate, small-group setting. The event is scheduled for **Friday, February 16, 2018, 6-7pm** in the Marriott Wardman Park Hotel (Roosevelt 1, Exhibition Level).

EDUCATION ADVISORY COMMITTEE

Scott Sperling, Psy.D
Chair

Dr. Scott Sperling led a Working Group tasked with explaining and popularizing the taxonomy in clinical neuropsychology. As part of this effort, the group published a manuscript in the April 2017 edition of *The Clinical Neuropsychologist*: Sperling, S. A., Cimino, C. R., Stricker, N. H., Heffelfinger, A. K., Gess, J. L., Osborn, K. E., & Roper, B. L. (2017). Taxonomy for Education and Training in Clinical Neuropsychology: past, present, and future. *The Clinical Neuropsychologist*, 31(5), 817–828. doi/10.1080/13854046.2017.1314017.

Dr. Brad Roper led a Working Group within the CNS to draft required competencies for postdoctoral programs in clinical neuropsychology. The effort was prompted by a request made by the APA Commission on Accreditation (CoA) via the Council of Specialties in Professional Psychology (CoS).

The APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) is currently accepting comments for specialty and proficiency petitions, including the Clinical Neuropsychology Specialty Petition, via the Education Directorate's Public Comment website (http://apaoutside.apa.org/EducCSS/public/). The closing deadline for comments is 5:00PM EST, 6th March 2018.

Dr. Brad Roper was also an invited attendee of the APPIC Postdoctoral Summit in May 2016, in part related to his role within SCN. Summit attendees agreed to draft a number of manuscripts following the summit. Dr. Roper was a co-author of a paper published in the November 2017 edition of the joint APPIC/APA journal *Training and Education in Professional Psychology*: Doug Bodin; Joel P. Schmidt; Russell B. Lemle; Brad L. Roper; Robert W. Goldberg; Kimberly R. Hill; Carisa Perry-Parrish; Sharon E. Williams; Angela Kuemmel; Wayne Siegel (2017). *Recruitment and selection in health service psychology postdoctoral training: A review of the history and current issues.* Training and Education in Professional Psychology, doi: 10.1037/tep0000181.

Updates: Drs. Brad Roper and Maureen Lacy ended their service on the EAC. Dr. Roper had served on the committee since 2011 and most recently in the position of Chair. Dr. Lacy had served on the committee since 2007. Thank you both for your dedicated service to SCN!

Awards: Congratulations to our 2017 SCN award winners!

SCN Dissertation Award:

Madeline L. Werhane, San Diego State University/University of California, San Diego (UC San Diego)

Project: Characterizing the effects of vascular and genetic risk on brainstem white matter tract microstructure in older adults with mild cognitive impairment

SCN Thesis Award:

Martina Azar, Drexel University

Project: Self-awareness, Executive Functioning, and Vocational Outcomes in TBI

SCIENTIFIC ADVISORY COMMITTEE

Tricia Zawacki King, PhD
Chair

APPLY: 2018 APA Society for Clinical Neuropsychology Early Career Pilot Study Awards

Overview: The Society for Clinical Neuropsychology (SCN) is accepting applications for its Early Career Pilot Study Awards program. Eligible candidates are SCN members (including associates and student affiliates) who are within ten years of having completed their doctoral degree and are committed to basic or clinical research in the field of neuropsychology. See here for more information: https://www.scn40.org/sac.html

Application requirements: (1) Application face page, (2) Brief abstract of the proposed project, (3) 4-page research plan, (4) NIH-style biosketches of all investigators, (4) Budget and budget justification, (5) Summary of existing facilities resources in the applicant's setting that are available to support the project, and (6) Letter of support from an identified mentor or mentors who will help facilitate the project.

Application procedure: All materials are to be submitted electronically, in the order listed above and as a single PDF file, to Karin F. Hoth, PhD, Chair, APA Society for Clinical Neuropsychology Early Career Pilot Study Awards Subcommittee, at karin-hoth@uiowa.edu.

Application deadline: 11:59 PM (Eastern Time), March 1st, 2018.

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2018 APA Convention Research Mentoring Workshop, co-sponsored by Divisions 20 & 40

Getting funded without getting burned out: An interactive mentoring workshop
Saturday 8/11/18 from 9am-10:50am

AWARDS COMMITTEE

Doug Whiteside, PhD ABPP
Chair

The SCN Awards Committee is very pleased to announce the winner of the **2018 Levitt Early Career Award** is Nikki H. Stricker, PhD, ABPP. Dr. Stricker is an Assistant Professor of Psychology at the Mayo Clinic College of Medicine and Science who received her PhD in the Neuropsychology Specialty Track at the University of California, San Diego/San Diego State University Joint Doctoral Program in Clinical Neuropsychology. She completed her internship at the Southwest Consortium Predoctoral Psychology Internship in Albuquerque, NM and her postdoctoral fellowship at the VA Healthcare System in Albuquerque. The competition this year was extremely close with several very highly qualified applications. We are pleased to congratulate Dr. Stricker on this award.

APA PRACTICE ORGANIZATION (APAPO)

Laura Renteria, PhD, ABPP
Federal Advocacy Coordinator, SCN

Highlights from 2017

Excerpted from January 4, 2018 APAPO *Information Alert*; Doug Walter, JD Associate Executive Director for Government Relations, American Psychological Association Practice Organization

Medicare Mental Health Access Act (H.R.1173 / S.448)

We continue to make significant progress on our priority legislation, the Medicare Mental Health Access Act, bipartisan legislation that would allow psychologists to provide Medicare services without unnecessary physician supervision. Representatives Kristie Noem (R-SD) and Jan Schakowsky (D-IL), Senators Sherrod Brown (D-OH) and Susan Collins (R-ME) introduced our legislation prior to the Practice Leadership Conference in March.

The House legislation currently has 32 cosponsors, including eight members--4 Democrats and 4 Republicans--on the primary committee of jurisdiction, the House Ways and Means Committee, including lead sponsor Representative Noem. We have 9 Senate cosponsors, and are working to secure a Republican cosponsor on the Senate committee of jurisdiction, the Senate Finance Committee. This remains a top Government Relations priority in 2018.

Affordable Care Act Repeal

Repealing the Affordable Care Act (ACA) has been a top legislative priority for President Trump and Congressional Republicans, and as you have seen from our many alerts over the past year, we have been fighting to preserve the law. Although the House passed a repeal bill in May, similar legislation failed narrowly in the Senate in July.

We thank the leadership and hard work of our Federal Advocacy Coordinators (FAC's) and practice members who rose to each occasion and sent over 48,000 messages urging Congress to preserve the law. We especially commend the outreach efforts carried out by our FACs in Arizona, Alaska, Maine, Colorado, Louisiana, Nevada, and Ohio to targeted Senators, urging them to vote "no". We believe these efforts helped tip the balance to defeat repeal efforts. Future attempts to repeal the ACA are unlikely to succeed, as the Senate Republican majority has now narrowed to one seat (51-49), but we will continue to follow this issue closely and keep you updated on future developments.

Tax Reform

With their failure to repeal the ACA, Republican leadership moved late last year on to their second priority, tax reform. When legislative text was unveiled both APA and APAPO opposed several provisions. The House bill ended several programs aiding psychologists in higher education, including the Student Loan Interest Deduction, Qualified Tuition Reduction, and the Lifetime Learning Tax Credit. These provisions would increase students' costs by an estimated $71.5 billion over the next ten years. The Senate version repealed the ACA individual mandate, and threatened to trigger a 4% cut to Medicare spending each year for the next ten years.

Unfortunately, the individual mandate repeal was included in the final bill, which President Trump signed into law on December 22nd. The Congressional Budget Office projects that eliminating the ACA's requirement that most individuals obtain health insurance will cause average premiums in the individual market to jump 10%, resulting in the loss of coverage for 13 million Americans.

Despite this setback, the ACA remains the law of the land and there is some good news. Congress acted to prevent automatic Medicare cuts associated with the tax bill and the harmful graduate education provisions were removed. Additionally, the tax bill makes the current medical expense deduction slightly more for 2017 and 2018. The bill also contains favorable language for solo/group health care practitioners that own pass-through entities such as sole proprietorships, partnerships, LLCs, and S-Corps. There are some limitations related to high earners, but based on a preliminary analysis it appears that psychologists, like other providers, would be able to take advantage of the proposed 20% tax deduction for pass-through business income.

Serving Those Who Serve, Military and Veterans Policy

In June, APA named Heather Kelly, PhD, to the new position of Director of Military and Veterans Health Policy within the Practice Government Relations Office, enabling a more holistic approach to addressing the mental health and wellbeing of military personnel, veterans, and their families, as well as directly supporting psychologists who serve these populations. Priorities include promoting evidence-based prevention and intervention programs aimed at military/veteran communities, protecting and strengthening integrated care systems within the Departments of Defense (DoD) and Veterans Affairs (VA), urging targeted support for subgroups at high risk for negative outcomes (e.g., women, LGBT, student, wounded, and criminal justice-involved military personnel and Veterans), and advocating for psychologists who serve military/veteran populations.

In the past six months Practice has engaged with the DoD, Congressional offices, and our own APA members to demand action regarding proposed TRICARE provider reimbursement cuts; testified before Congress about a range of issues affecting veterans mental health and VA psychologists, including suicide prevention, military sexual assault, research infrastructure, and VA psychologist recruitment and retention; convened a meeting with stakeholders, DoD, and VA to urge swift passage of telehealth directives and interstate psychology compacts; and briefed members of Congress and their staff about clinical issues ranging from evidence-based suicide prevention strategies to the latest treatment guidelines for PTSD. In 2018, expect continued focus on these legislative and content priorities as well as a new initiative to collaborate with outside partners in training private sector psychologists in military/veteran culture and practice.

Behavioral health information technology legislation

APAPO serves as an active member of the Behavioral Health Information Technology ("BHIT") Coalition which succeeded in gaining the introduction this year of bipartisan, bicameral legislation to help alleviate some of the cost psychologists and other mental health providers incur when using electronic health records ("EHR"), and help further integrate behavioral health and primary care. The Improving Access to Behavioral Health Information Technology Act (H.R. 3331 / S. 1732), sponsored by Senators Rob Portman (R-OH) and Sheldon Whitehouse (D-RI), and Representatives Lynn Jenkins (R-KS) and Doris Matsui (D-CA), would authorize the Center for Medicare and Medicaid Innovation ("CMMI") to implement a demonstration program that provides financial incentives to mental and behavioral health care providers for adopting EHRs. Advocacy on this bill will continue in 2018.

2018 Quality Payment Program final rule

There is good news for psychologists who had previous difficulties with Medicare's quality reporting systems. The Practice Organization advocated for an expansion of the low volume threshold (LVT) exemption for clinicians having to report under the Merit-based Incentive Payment System (MIPS). CMS agreed, and for 2018, clinicians who treat 200 or fewer Medicare Part B beneficiaries or bill Medicare Part B for $90,000 or less will not be required to report under MIPS. Psychologists are not yet included in MIPS, but even if added most psychologists will be exempt from MIPS reporting, thanks to the expansion of the LVT.

Virtual Groups will be another option that CMS adds to MIPS for 2018. Solo practitioners and groups of ten or fewer clinicians who exceed the LVT exemption will be able to form or join a Virtual Group to report collectively on MIPS measures.

New 2018 option for MIPS reporting

To facilitate reporting under MIPS, the Practice Organization currently offers a registry for psychologists and others interested in MIPS reporting. The registry, known as MIPSPRO [https://apapo.mipspro.com], is specifically designed to facilitate reporting for clinicians who provide mental and behavioral health services.

For 2018 the Practice Organization is taking a leadership role in helping to define and measure quality mental and behavioral healthcare. Through our partnership with IT vendor Healthmonix, the Practice Organization is developing a Qualified Clinical Data Registry (QCDR). A QCDR is a CMS-approved outcome dataset that will allow practitioners to track quality outcomes on their clients and patients utilizing measures identified by the discipline as being the most meaningful to both practitioners and those we serve. In addition to enabling psychologists and other providers to continue reporting MIPS data to CMS, the QCDR will serve many purposes, such as benchmarking, marketing, negotiating with 3rd party payers, CEs, credentialing or board certification requirements, and clinical research. APA's QCDR will be known at the Mental and Behavioral Health Registry.

2018 Medicare Physician Fee Schedule

Psychologists who are Medicare providers will have their payments increased by 0.41% as part of the annual update.

CMS has made several adjustments for 2018 which impacts reimbursement for cognitive function intervention services. Currently these services are billed under CPT code 97532 in 15-minute units. For 2018, code 97532 is being replaced by new code G0515 which CMS originally said could be billed once. Thanks to APAPO's advocacy on this issue, CMS will allow psychologists to bill multiple units of cognitive function integration services using new code G0515.

For more information, contact APA Practice Organization Government Relations Office at Pracgovt@apa.org or (202) 336-5889. Visit APA Practice Organization on-line at APAPracticeCentral.org/Advocacy.

RESOURCES WITHIN THE APA
Introduction to the ACCA

Nancy M. Sidun Psy.D, ABPP, ATR
ACA Member

The Advisory Committee on Colleague Assistance (ACCA) is a part of the APA Practice Directorate. Our mission is to educate, encourage, and empower the profession of psychology to enhance the wellness and performance of psychologists across the professional lifespan in order to promote public health and welfare. Currently, we are developing and implementing innovative technologies (e.g., neuroscience, positive psychology, leveraging the wisdom of our profession) to promote wellness in the following three areas: 1) Educational Toolkits for Trainees and Training Programs, 2) Professional Toolkits for Psychologists, and 3) Organizational Toolkits for State and Territorial Psychological Association's (SPTA), Colleague Assistance Programs (CAPs), and Regulatory Bodies.

Our emphasis this year is on expanding resources in the area of 'professional toolkits for psychologists' and we have launched a survey (https://umaine.qualtrics.com/jfe/form/SV_9WWyk0OF3jYyuiN) to better understand the needs of psychologists during different phases of their career lifespan. This information will lay the foundation for offering unique self-care and resilience resources to psychologists' based upon whether they are early career, mid-career and late career. The toolkit concept is designed for the psychologist to reflect on their needs and tailor their self-care approach accordingly. We are in the beginning phases of this exciting endeavor and hope to provide more on the website after the survey closes (in April, 2018) and data has been reviewed. Please feel free to participate in the survey (see link above)!

On the ACCA website (http://www.apa.org/practice/leadership/colleague-assistance.aspx) you will also find a listing of self-care resources and guidelines to assist State and Territorial Psychological Association's (SPTA) in establishing Colleague Assistance Programs (CAPs). Also, psychologists will find a guide, which offers tools and strategies for developing, supporting, and sustaining self-care. There are links to relevant materials, such as, psychology and ethics, informed self-care strategy, importance of wellness/prevention in Colleague Assistance Programs as well. Additionally there are resources on specific subject topics, such as, office safety and violence prevention, coping with suicide of a colleague, coping with colleagues with substance abuse challenges, supporting a colleague in need, graduate students and early career psychologists, end of life issues, to name a few. We encourage you to visit ACCA's website to enhance your well-being and performance as a psychologist!