

VOL. 53 ISSUE 1 • MAY 2025

THE COLORADO PSYCHOLOGIST

Official Newsletter of The Colorado Psychological Association



Message from the President

JIN LEE, PSYD, MSCP, BCB

As we enter May and look toward the summer ahead, I want to take a moment to acknowledge the weight many of us have been carrying over the past several months. The current socio-political climate continues to challenge our communities and, at times, our own sense of grounding as psychologists. These moments remind us why our work matters—and why the Colorado Psychological Association exists.

The Colorado Psychological Association remains steadfast in our mission: to advance the profession of psychology through advocacy and education for the promotion of psychological health and well-being. Our vision—to be the voice of psychology in the State of Colorado—guides us through both calm and turbulent times. In the face of adversity, our collective voice becomes even more vital.

This summer, we have a unique opportunity to come together in person. The American Psychological Association's Annual Convention will be held right here in Denver this August—a rare and exciting chance to welcome our colleagues from around the country to our home state.

To celebrate this, CPA is planning a special social networking event during the convention. We can't wait to share more details soon, so please keep an eye out for your invitation. We hope you'll join us in connection, collaboration, and community.

Thank you for your continued dedication to our field and to each other. Together, we will keep showing up, speaking up, and making a difference.

Warmly,

Dr. Jin Lee
President, Colorado Psychological Association

This issue:

[Editors Message](#)

PAGE 2

[APA's February 2025 Council of Representatives Meeting](#)

PAGE 2

[The Family Support Clinic: A Focus on Caregiver Well-being](#)

PAGE 05

[Interview with A Psychologist](#)

PAGE 9

Message from the Editors

The Editors of The Colorado Psychologist are enthused to present you with the Spring edition of TCP.

In this issue, we will hear from current CPA President, Jin Lee, Psy.D., MSCP, BCB as she provides reflections on the trying start to the year as well as upcoming events in CPA. Colorado's APA Council Representative, Dr. Laura Knudson, provides a recap of the February Council of Representatives meeting. Kaitlyn Reyes and Drs. Judith Fox and Laura Meyer explore the importance of family support for families impacted by SPMI. Finally, doctoral student Jess Hopkins introduces Dr. Amy Wachholtz to our community in the Interview with a Psychologist piece.

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

- The Colorado Psychologist Editors



Member's CORNER

In April, Drs. Alyssa Cunningham and Amy Wachholtz presented at the Rocky Mountain Psychology Association about the history and future opportunities for Prescribing Psychologists in the Rocky Mountain Region. If you are interested in learning more about becoming a prescribing psychologist please visit:

[UC Denver MSCP](#)
[CPA RXP](#)

APA's February 2025 Council of Representatives Meeting

LAURA KNUDSON, PHD
COLORADO'S APA COUNCIL REPRESENTATIVE

The APA Council of Representatives convened on February 21-22, 2025, in Washington, D.C. Two significant dynamics overshadowed the meeting. First, the meeting was shaped by the recent completion of the first month of the Trump Administration, with new fallout from recent policy changes. Additionally, there were ongoing concerns among Council members regarding the recent reorganization of APA and the lack of transparency and poor communication regarding the November 2024 restructuring (continued on pg. 3).



APA's February 2025 Council of Representatives Meeting (continued from pg. 2)

At the start of the Council meeting, CEO Dr. Arthur Evans and President Dr. Debra Kawahara engaged in a conversation about the recent APA restructuring. Dr. Evans reflected on his discussions with many psychologists and shared insights from his recent learnings. He emphasized the need for a shift in APA's organizational structure to encourage greater cross-area collaboration. Dr. Evans stressed that, in these challenging times, it is crucial to protect APA's voice and the integrity of psychological science. He highlighted the importance of moving beyond a reactive stance and taking a proactive approach to preparing the discipline and profession for the future. Additionally, he expressed his commitment to creating more opportunities for communication and dialogue with APA members.

In response to concerns over recent national policy changes, the Council voted to adopt a statement reaffirming APA's dedication to justice, human rights, fairness, and dignity, highlighting psychologists' role in combating systemic inequities and urging legislators to support initiatives promoting fairness and inclusivity.

This Council meeting included a very “policy-heavy” agenda, with several important guidelines being adopted, including the Guidelines on Trauma Competencies for Education and Training, Professional Practice Guidelines on Measurement-Based Care, and Guidelines for Psychological Practice in Health Care Delivery Systems. Additionally, the Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults passed after substantive debate, particularly over the required language used in drafting clinical practice guidelines (from the Institute of Medicine's Clinical Practice Guidelines Framework), which suggested that some interventions, such as psychodynamic therapy, lacked sufficient evidence.

Council engaged in a significant debate regarding the Guidelines for a Competency Framework for Master's and Doctoral Degree Education and Training in Health Service Psychology. Although a sense of urgency for these competency guidelines was noted, as master's level psychology programs are already enrolling students, considerable concerns emerged around the lack of distinction articulated between doctoral and master's level competencies in the current framework. Additionally, many Council members expressed a belief that the scope of practice/model legislation language and competency guidelines should be developed concurrently. The Guidelines failed to pass on a vote of 42.4% (yes), 55.9% (no), and 1.8% (abstain). Council did, however, pass two revisions to policies to better align APA's work to integrate master's degree psychology professionals into our multi-tiered profession. These revisions articulate that a doctorate is required for the professional practice as a “psychologist.”

APA continues to utilize Council resolutions and policy statements as a key part of its advocacy work, finding them critical to its ability to influence policy in Congress and at the state level. During this meeting, the Council passed four advocacy resolutions, including the (continued on pg 4)...



Colorado psychologists pose for a photo in front of the White House in Washington, D.C. Pictured here are Drs. Laura Knudtson, Anne Cleary, Noelle Lefforge, Kritika Dwivedi, Dana Charatan, Merry Bullock, Lavita Nadkami, & Helen Coons.

Resolution on the Protection of Neural and Cognitive Data, the APA Policy Statement on Ageism, and the APA Policy Statement on Caregivers. A highlight was the APA Policy Statement on Advancing Evidence-Based Prevention Across the Lifespan, which underscores the importance of supporting prevention and early intervention, promoting community-based and community-led programs, and advancing APA's ongoing efforts in these areas.

In response to legal efforts in some states pressuring psychologists to share psychological test materials and data, the Council passed the Resolution on Protecting Psychological Test Security, Test Validity, and Public Safety. This work was initiated to address legal situations in which psychologists have been pressured to disclose test materials and data in court proceedings, sometimes in violation of APA policies and state laws protecting test security.

Prior to the meeting, Council members dedicated a full day to advocacy on Capitol Hill. A total of 191 psychologists met with members of Congress to advocate for the Graduate Psychology Education program, secure steady appropriations for the National Institutes of Health (NIH) and protect behavioral health access within Medicaid. Colorado sent eight psychologists, who visited five congressional offices to support these efforts.

Laura Knudtson, Ph.D.
Colorado's APA Council Representative



The Family Support Clinic: A Focus on Caregiver Well-being

JUDITH FOX, PH. D., LAURA MEYER, PH. D.,
AND KAITLYN REYES

The Family Support Clinic serves caregivers of youth and young adults who are grappling with the challenges of significant mental health conditions. Caregiver supportive engagement has been shown to be critical to the recovery of youth/young adults affected by severe and persistent mental illness (SPMI) (Hardy et al., 2019), while caregiver trauma, depression, anxiety, burnout, and need for support to function optimally is well-documented (Ma et al., 2017). Young people who are affected by SPMI typically fail to achieve developmental milestones like graduating from high school or college, obtaining a first job, and moving out of their parents' home (Glynn, 2014). This requires, then, intensive involvement from caregivers to foster development and recovery. Caregivers assist with emotional support, finances, behavioral

management, working with providers, and functional recovery (Karambelas et al., 2022). Caregiver burnout is common and often leads to highly negative emotional expression and attitudes toward the youth/young adults affected by SPMI, which worsens functioning (Jackson et al., 2019). A focus on caregivers' psychological needs is essential to reduce distress and optimize the care they provide.

Many efforts to include families in the treatment have been launched; particularly relevant are those focused on First Episode Psychosis (i.e., ages 15-26). These programs include family support and education, which have been shown to improve youth functioning and reduce hospitalizations and relapse (Bird et al., 2010). There is strong evidence that caregiver groups reduce both nonadherence to medication regimens and psychiatric relapses, and improve the quality of life of these children (Lyman et al., 2014).

Our landscape analysis of services to caregivers in Colorado through key informant interviews and online data sources show a dearth of caregiver support services. Preliminary results of our recently conducted needs assessment suggest that caregiver distress, concerns about the ability to care for the family member, and/or feeling overwhelmed by caregiver duties are present from initial diagnosis of their family member to their current and anticipated future experiences. This is consistent with the literature on caregiver experience (Karambelas et al., 2022). These families often perceive that providers in all realms of their life (medical/mental health providers, parole officers, etc.) lack understanding of their emotional pain, tend to have stigmatizing views of SPMI, and sometimes (continued on pg. 6)...

The Family Support Clinic: A Focus on Caregiver Well-being

(continued from pg. 5)

additional distress and secondary trauma (Wainright et al., 2015). Without a supportive “community of care,” caregivers and their youth/young adults affected by SPMI experience shame, blame, and isolation, thus compromising the energy needed for caregiving and recovery.

With this need in mind, Drs. Fox and Meyer pursued a grant from The Caring for Denver Foundation to fund the Family Support Clinic for 3 years. The mission of the clinic is to serve parents and caregivers of youth and young adults who are affected by significant mental health conditions, and to assist in developing a community of care by educating providers (i.e., teachers, doctors, nurses, staff) in community and hospital agencies about the experience of those with mental illness, with the goal of increasing their empathy and understanding of their clients who experience these struggles. By involving graduate students in clinical work with parents, another goal of the clinic is to expand the workforce by providing training in this important area.

Regarding the community of care goal, over 366 providers have thus far received NAMI and other community trainings related to SPMI. These trainings detail the experience of those with mental illness and their families. Additionally, approximately 10-15 caregivers per year are involved in one of our 8-session psychoeducational parent support groups. These support groups are developed to assist caregivers in such areas as:



Understanding factors that underlie the development of mental health conditions



Identifying stressors and trauma reactions to raising their children, including current and future concerns



Identifying the impact of stress and the experiences of potential caregiver burden, loss and grief



Identifying communication difficulties, challenges in relational connection and difficulties with boundaries with their children



Considering ways to build closer connections and a community of care



Identifying social, vocational and educational recovery issues and resources

(continued on pg. 7)

The Family Support Clinic: A Focus on Caregiver Well-being

(continued from pg. 6)

Each session involves an educational presentation along with group discussion of the concepts presented. An evaluation tool is employed at pre-, post- and 3-month follow-up to assess the effectiveness of the group in decreasing isolation, anxiety, depression, and burden, and to increase parent self-efficacy, knowledge about mental illness, connection to their child, and access to resources. Preliminary results show trends in the data consistent with decreases in caregiver stress, burden, anxiety, self-stigma and depression, and an increase in reported child functioning.



Judith Fox, Ph. D. is a Professor and Director of the Family Support Clinic at the University of Denver, Graduate School of Professional Psychology. She is a licensed psychologist. Dr. Fox is the former director of the International Disaster Psychology: Trauma and Global Mental Health Program and founder of the Trauma and Disaster Recovery Clinic at the University of Denver. Her teaching, practice, supervision, and scholarly work include child, adolescent, parent, and family psychotherapy, and development. In addition to her work at the University of Denver, she has had a private practice in the Denver area since 1988. Judith.Fox@du.edu

Laura Meyer, Ph. D. is a Clinical Professor and Research Consultant for the Family Support Clinic at the University of Denver, Graduate School of Professional Psychology, Doctoral Program in Professional Psychology. She graduated from the University of Denver's Morgridge College of Education in 2008 with a specialization in Quantitative Research Methods. She teaches courses in statistics, research methods, program evaluation, doctoral paper development, and animal abuse evaluation and treatment. She serves as GSPP's program evaluator, supporting all programs in collecting, analyzing, assessing, and reporting their data, and has a consulting business with numerous program evaluation contracts. Laura.Meyer@du.edu

Kaitlyn Reyes is the Project Research Assistant for the Family Support Clinic at the University of Denver, Graduate School of Professional Psychology. She will obtain her degree from the International Disaster Psychology: Trauma and Global Mental Health Program in 2025. Kaitlyn.Reyes@du.edu



Professional Liability Insurance For Psychologists, By Psychologists

Wherever Life Takes You

Whenever you provide psychological services – whether in a clinical, consulting, forensic, academic or telepsych setting – you put yourself at risk for a potential lawsuit or licensing board complaint.

The Trust has proudly supported and protected psychologists for 60 years. Take the important step of protecting yourself by securing a Trust Sponsored Professional Liability* insurance policy!

The Trust Has You Covered

When you're with The Trust, you're more than a policyholder. You're part of a community of like-minded peers with a common goal of making the world a better place, one patient at a time.

In so many ways, we have you covered - because at The Trust, we're about more than just insurance!

Complete Career Financial Protection

- **Telehealth Professional Services** - included at no additional charge
- **Risk Management Consultations** - free, unlimited and confidential
- **Affordable Coverage Options** - choice of claims-made or occurrence
- **Multiple Premium Discounts** - some of which can be combined
- **Free ERP or 'Tail'** - unrestricted, upon retirement, death or disability
- **Prior Acts Included** - when switching from a claims-made policy
- **Free CE & Discounts** - on a variety of live and on-demand courses

***The only insurance provider that's truly
for psychologists, by psychologists!***

* Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program administered by Trust Risk Management Services, Inc. For cost and complete details, call The Trust or visit www.trustinsurance.com.



Interview with a Psychologist: Amy Wachholtz, Ph.D., MDiv, MSCP

JESS HOPKINS, M.A., M.C.

To begin, I'd love to hear more about your journey into psychology and your background.

I got interested in pain psychology when I was working for the United Nations High Commission on Refugees as a short-term mental health relief specialist. I was in Bosnia after the war, but there were still hostilities, broken communities, traumatized individuals, and active landmines. I worked with individuals who had experienced traumatic amputations. I was awed by their resiliency and fascinated with how they integrated their biology, psychology, spirituality, and social resources to put their lives back together without the kind of medical care you would expect in a U.S.-based hospital. Eventually I said, "I need to go learn more about

this." I already had graduate degrees in divinity and bioethics, but I went back to school and completed a master's and Ph.D. in clinical health psychology with a dual specialization in the psychology of religion and behavioral medicine. From the beginning, I've always been interested in biology, psychology, and spirituality. If you imagine them as three sections of a pie, my career has always danced right in the middle, looking at how people integrate these different resources into who they are.



What initially drew you to program leadership, and what continues to motivate you in that work?

It's an old song to say the healthcare system is broken, but it's not functioning as well as it could be. I'm hoping to make it a little bit better wherever I can. When I became Director of Health Psychology at an academic medical center, I was proud to integrate psychologists into medical specialty clinics that had never involved mental health providers before. We showed that mental health care is health care and that addressing mental health improves medical outcomes. A big part of my work was helping medical and mental health colleagues collaborate to achieve the best outcomes for patients. I was excited and proud to expand the role of health psychology at UMass, but eventually, I couldn't hire fast enough to meet the need I was creating. So when the position at University of Colorado Denver opened, I thought, "I can either keep complaining there aren't enough of us, or I can be part of the solution and help train the next generation." That's what brought me into doctoral education (continued on pg. 10).

Interview with a Psychologist: Amy Wachholtz, Ph.D., MDiv, MSCP

(continued from pg. 9)

What inspired you to become a prescribing psychologist?

I did my training while I was at UMass and had strong support from physicians, even though some were initially skeptical. I remember one supervisor walking by while I was studying, looking at my desk covered in thick medical textbooks, saying, "Wait, I had that book in medical school. And that one." That's when they realized it was a serious program. Massachusetts didn't allow psychologists to prescribe, but I was working with medically complex patients in consultation liaison services. That training helped me understand their needs more fully and know when to bring in psychiatry. When I moved to Colorado, I got to support from Dr. Jin Lee, who was instrumental in the advocacy for passing prescribing psychologist legislation. That led me to develop the MS in Clinical Psychopharmacology program at CU-Denver. About 92% of psychotropic meds are not prescribed by psychiatrists, and about 50% of primary care visits are actually about mental health. Prescribing psychologists can partner with primary care to manage mental health more effectively. It's not just about adding medications; it's also about knowing when to deprescribe and help reduce the medication burden.



Your research spans chronic pain, opioid addiction, sleep, burnout, and meditation. What questions are currently most exciting or meaningful to you in your research work?



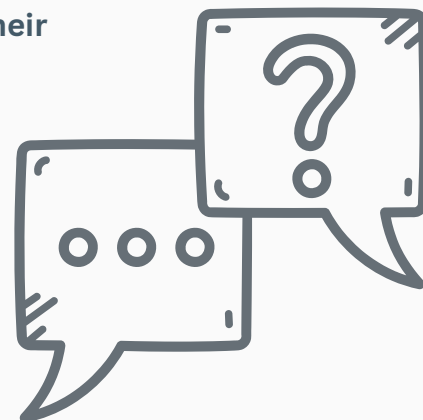
It all goes back to improving patient care. Some of my research is physiological lab-based, and some is clinical trials. When I was in graduate school, I was interested in the biopsychosocial-spiritual model and pain management. During internship and fellowship, I noticed that when patients had substance use issues, they were often discharged. I asked, "Where do they go?" and the answer was often, "Substance use clinic." But that doesn't solve the pain problem. So I started digging into the literature, expecting to find solutions, but mostly found articles saying, "Wow, we have a big problem." That was it. So I said, "Okay, that's my career." Eventually, I realized I couldn't be a pain expert without being a sleep expert. They're completely intertwined. At the time, needing sleep was seen as weakness, but in the last 20 years, that perspective has really shifted. Sleep affects pain, opioid relapse risk, depression, anxiety, and so much more (continued on pg. 11).

Interview with a Psychologist: Amy Wachholtz, Ph.D., MDiv, MSCP

(continued from pg. 10)

What advice would you give to graduate students trying to find their place in such an evolving field?

Find a question you're passionate about, something that hasn't been answered yet, and go for the big questions. Swing for the fences. Don't just go after some small leftover detail. Pick something big. Pick something meaningful. That's what will sustain you through the frustrations, the late nights, and the moments when you're still writing because you care. Always stay excited about learning.



Final Thoughts

There's a growing need for integrated health providers, including clinical psychologists, health psychologists, and prescribing psychologists. It's exciting to see more time and energy going into this work. We've come a long way. When I started, you still had to argue that mental health matters, but now, people see that. For example, a patient who's severely depressed on chemotherapy might

have very different outcomes than one who isn't, and we have the research to prove that. Mental health is health. That's a message I'm proud to keep championing.

Dr. Amy Wachholtz is a Professor of Psychology and Director of Clinical Health Psychology at the University of Colorado Denver. She also leads CU Denver's Master's in Clinical Psychopharmacology program for prescribing psychologists. Dr. Wachholtz holds faculty appointments with CU Medicine's Hematology Department, the Addiction Treatment and Research Service in Psychiatry, and serves as an adjunct Professor of Psychiatry at the University of Massachusetts Medical School.



Jess Hopkins is a third-year PhD student in Clinical Health Psychology at the University of Colorado Denver and a member of the Healthy Couples Lab. She completed her master's degree in counseling at Arizona State University.

THE COLORADO PSYCHOLOGIST

TCP Editors

Brian Beaumund, PsyD
Stacie Freudenberg, PsyD
Lori Gardner, PsyD

Executive Committee

President: Jin Lee, PsyD, MSCP, BCB
Past President: Alyssa Oland, PhD
President-Elect: Natalie Vona, PhD
Secretary: Monique Germone, PhD
Treasurer: Monica Smith-Acuña, PsyD
Presidential Advisor: Erin Baurle, PsyD
Executive Director: Ashley Montoya

Members at Large

Neal Brugman, PsyD
Jana Bolduan Lomax, PsyD
Joanne Whalen, PsyD
Denise Vargas, PsyD, CHPP

Non-Metro Representatives

Stacie Freudenberg, PsyD
Nina Campanile, Psy.D.

APA Council Representative

Laura Knudtson, PhD

SAMD Representative

Kritika Dwivedi, PsyD

COPAGS Co-Chairs

Morgan Nance
Travis Kelly

Divisions, Liaisons, & Task Forces

Federal Advocacy Coordinator:
Michelle Dawson, PsyD
Forensics Task Force: Jordan Wolfsohn, PsyD
Lobbyist:
Jeannie Vanderburg, Capstone Group
RxP Chair: Alyssa Cunningham, PsyD, MSCP,
HSPP

Committies

Communications: Neil Brugman, PsyD
Disaster Resource Network Coordinator:
Heidi Ardern, PhD
Early Career Psychologist: Marissa Kostiuik, PhD
Ethics: MaryAnn Watson, PhD
Finance: Monica Corrado, PsyD
Legislative: OPEN
Membership: Gabe Casher, PhD
Nominations: Alyssa Oland, PhD
Policy & Procedure: Natalie Vona, PhD
Political Action Committee (PAC):
Alyssa Oland, PhD
Programing: Denise Vargas, PhD

About TCP

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.

Advertising Rates

Please send your electronic copy or jpg format to
303-200-7099 (fax)
copsych@yahoo.com

Display Ads (width x height):

Full Page – 7 x 9.5 - \$350

1/2 Page – 7 X 4.75.....\$225

1/4 Page – 3.375 x 4.25...\$150

1/6 Page – 3.375 x 2.125..\$125

Classified Ads: \$1.00 per Word

Position Ads: \$30 per 50 Words

Preprinted Inserts - \$150

Although CPA appreciates its advertisers' support, CPA does not independently verify the accuracy of any statements or claims regarding an advertised product or service and is not responsible for the content of any advertisement appearing in the publication.

Colorado Psychological Association
c/o Civica Management
PO Box 3406 Englewood, CO 80155
Ph: 303-692-9303 | fax: 303-200-7099
info@copsych.org coloradopsych.org

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

References:

- Bird, P., Premkumar, T., Kendall, T., Whittington, C., Mitchell, J., & Kuipers, E. (2010). Early Intervention services, cognitive-behavioural therapy, and family intervention in early psychosis: A systematic review. *The British Journal of Psychiatry*, 197(5), 350-356.
- Glynn, S., Cather, C., & Gingerich, S. (2014). NAVIGATE Family Education Program (FP). National Institute of Mental Health. <http://www.navigateconsultants.org/wp-content/uploads/2017/05/FE- Manual.pdf>
- Hardy, K., Ballon, J., Noorsy, D., & Adlesheim, S. (2019). Intervening early in psychosis: A team approach. American Psychiatric Association.
- Jackson, C., Baggott, E., Bernard, M., Clutterbuck, R., Ryles, D., & Turner, E. (2019). Recovering from a first episode of psychosis: An integrated approach to early intervention. Routledge.
- Karambelas, G., Fila, K., Byrne, L., Allott, K., Jayasinghe, A., & Cotton, S. (2022). A systematic review comparing caregiver burden and psychological functioning in caregivers of individuals with schizophrenia spectrum disorders and bipolar disorders. *BMC Psychiatry*, 22(422), 1-24.
- Lyman, D., Braude, L., George, P., Dougherty, R., Daniels, A., Ghose, S., & Dephin- Rittmon, M. (2014). Consumer and family psychoeducation: Assessing the evidence. *Psychiatric Services*, 65(4), 416-428.
- Ma, C., Chien, W., & Bressington, D. (2017). Family intervention for caregivers of people with recent-onset psychosis: A systematic review and meta-analysis. *Early Intervention in Psychiatry*.
- Riley, G., Gregory, N., Bellinger, J., Davies, N., Mabbott, G., & Sabourin, R. (2011). Carer's education groups for relatives with a first episode of psychosis: An evaluation of an eight-week education group. *Early Intervention in Psychiatry*, 5(1), 57-63.
- Wainwright, L., Glentworth, D., Haddock, G., Bentley, R., & Lobban, F. (2015). What do relatives experience when supporting someone in early psychosis? *Psychology and Psychotherapy: Theory, Research, and Practice*, 88(1), 105- 119.