

The Maine Psychologist

The Lost Generation:

Asperger's Syndrome in the Elderly

By Wilma Wake, LCSW

Wilma Wake, Ph.D. D. Min., LCSW, is an independently licensed social worker with 25 years of experience. She has a private practice, Awakenings in Kennebunk, and is also an affiliate with Sweetser. She has written a number of books, and is active in the Maine Society for Autism and the Maine Chapter of the New England Asperger's/Autism Network [AANE].

The lost generation ... the invisible elderly ... the lost and found. These are all phrases being used to describe the experience of older adults diagnosed with Asperger's Syndrome. One paper says: *Among the elderly, autism is a nearly invisible malady, usually ignored, sometimes misdiagnosed, and rarely treated.*

Leo Kanner's work on Autism was first published in 1943. Hans Asperger published a year later about the group of boys he'd discovered who were highly intelligent, but lacked social abilities.

I was born in 1947. That was three years after Hans Asperger published his first work. It wasn't translated into English until 1991, when I was 44. It made its way into the DSM when I was 47. I was diagnosed with Asperger's Syndrome in 2013, when I was 66.

I am not alone. There is a generation of us who grew up before children were being diagnosed with Asperger's at all, and only rarely with Autism. A study in the United Kingdom notes:

But what of the generation who were born before 1980, who may have had AS but for whom there was no diagnosis available? No specialist clinical teams, not even the concept of AS. How did they fare? The answer is that they were overlooked, and struggled through their school years. And the reason we run a clinic for the very late diagnosis of AS is because these are the lost generation: those who today would receive their diagnosis by 6 or 8 years old, if they were a 21st century child.

Asperger's Syndrome first appeared in the DSM in 1994, and in 2015 it will be removed from DSM diagnosis altogether. My "lost generation" is gaining an identity just as our diagnosis is disappearing. I am also diagnosed with high functioning ASD in the DSM V, so I will still have a diagnosis. Anyone diagnosed with AS in the

DSM IV will automatically be given ASD in the DSM V. But the identity that grew out of the work of Hans Asperger has taken on a life of its own. The grass roots Asperger's communities are continuing to give the term vitality, as a particular form of "high functioning autism."

Just as my generation came of age before "Asperger's Syndrome" was known, we have reached our senior years in a time when stories of people with Asperger's abound. It has given us a "brand" in the media; a way to find each other and our support systems.

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MePA Newsletter Spring 2015

The MePA Newsletter is the official newsletter of the Maine Psychological Association and is published four times a year. **Deadlines are 1/15 for Winter, 4/15 for Spring, 7/15 for Summer and 10/15 for Fall editions.** News items, brief manuscripts of general interest to psychologists, notices of future meetings, research, activities of MePA members and other items may be sent to:

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President's Column...

By: Diane Tennes, Ph.D. LADC

Welcome to spring and I will resist making jokes about the long winter, as we have heard them all and it will be summer soon, but it seems to remain on most of our minds. Given that spring can bring a sense of beginnings and newness, we thought it would be an opportune time to make several important announcements. First, we are updating the newsletter to include a new format as well as links to more quickly access information. We are working hard to find ways to make the newsletter a valuable resource for all members. So please feel free to send myself, Sheila, or Editor Laura Slap-Shelton all of your suggestions.

These changes to the newsletter coincide with the transition to a new website. This change has been 'in the works' for a year now and is led by Elyse Corbett and the Technology Committee made up of Josh Kingsbury, Jeff Matranga, Andrew Wisch and Sheila Comerford. This has been a long time in coming. We expect to roll out the new website this fall and there will be upcoming announcements in the listserv as we move towards that goal. In the meantime, please be patient with our current website, which I know has been giving us all a collective headache! If you'd like to have a sneak preview of the kind of work our new website designer does, check out the Manitoba Psychological Society site at mps.ca. You can't help but be impressed!

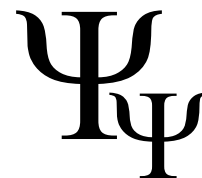
It has also been an incredibly busy legislative session and 'hats off' to Sheila, Chair of the Committee, Keith Cook, and members Nick Rehagen and Lucy Quimby for their stamina in dealing with so many issues. We've



had some successes that will be highlighted in future issues as well as necessary information about how the new statutes will affect you and your practice.

We just had our May conference on Social Security Disability with James Claiborn, which got great reviews, and have two more planned for Fall with Gerry Koocher coming on September 25 in Portland and our annual Fall Conference on November 13 at the Fireside Inn in Portland featuring former APA President Nadine Kaslow.

So stay tuned and enjoy what is left of spring before we move into the summer.



The Ethics Committee and Duty to Protect...

A member asked the MePA Ethics Committee what specific statutes required, gave permission, or gave immunity to psychologists for breaking confidentiality when a psychologist learns from a client or patient that he/she is an imminent threat to the health and safety of a person or the public. It became apparent how difficult it was to actually find the references, and to know whether the various laws apply to psychologists in private practice vs. state institutions/agencies (MePA will be seeking additional guidance on that). Consequently, links for the relevant laws and rules we found in our search are posted below.

Also listed are references for clinical guidance, for example, determining need to break confidentiality vs. seek an alternative that would protect the potential victim without violating confidentiality. A more detailed description of the relevant laws and rules will appear in the upcoming MePA newsletter (and eventually on our revamped website). These laws and rules may be *in addition to mandated reporting laws* regarding a minor or incapacitated adult.

Laws and rules:

- States that have Duty to Warn and Permission to Warn laws or rules: <http://www.ncsl.org/research/health/mental-health-professionals-duty-to-warn.aspx>

- Maine Board of Examiners of Psychologists rules regarding disci-

pline for violating confidentiality: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#415>, (page 41) Chapter 10, section 2, #7: Breach of Confidentiality: Disclosing a clients health care information in violation of 22 MRSA §1711 C constitutes a ground for discipline.

- State law referenced in Board Rules: <http://www.mainelegislature.org/legis/statutes/22/title22sec1711-C.html>

- State law for Behavioral and Developmental Services, Title 34-B, section 1207 section 6-A and 7 (unclear whether it applies to private practice): <http://legislature.maine.gov/statutes/34-B/title34-Bsec1207.html>

- Federal law referenced in State law (look about ¾ of the way down the e-statute, section (j) *Standard: Uses and disclosures to avert a serious threat to health or safety*: <http://www.law.cornell.edu/cfr/text/45/164.512>

Risk management and ethical decision-making:

- American Psychological Association (1994). *Risk management with potentially dangerous patients: A video/audio-guided self study*. Washington, DC: American Psychological Association Insurance Trust.

- American Psychological Association Practice Organization (2013, Fall). *Duty to protect. Good Practice, 2-5*. (This article explains the differing implications of mandatory versus permissive

duty to protect laws; factors to consider when debating whether to warn a potential victim or otherwise Breach confidentiality; and less intrusive therapeutic options.)

APA members can find this article at <http://www.apapracticecentral.org/good-practice/index.aspx>

- Werth, J. L., Jr., Welfel, E. R., & Benjamin, G. A. H. (2009). *The duty to protect: Ethical, legal, and professional considerations for mental health professionals*. Washington, DC: American Psychological Association.

Please note: Psychologists are encouraged to consult with colleagues and document their decision-making process, whether or not they choose to disclose. You may also consult with the MePA Ethics Committee (free as part of your MePA membership) or, if you have APAIT malpractice insurance, you may obtain a free consultation with their attorney. However, MePA and the MePA Ethics Committee cannot provide legal advice or interpretation of Maine law.

For interpretation specific to Maine law and your particular situation, please contact a qualified attorney in Maine.

Meg Zellinger and the MePA Ethics Committee

The Lost Generation

Continued from front page

The DSM may never again include the term "Asperger's Syndrome," but the work of Hans Asperger's will have life in the "invisible generation." Media attention to the term "Asperger's" has made us visible at last.

References

Invisible people by Deborah Rudacille 27 January 2011, Simons Foundation Autism Research Initiative

Very Late Diagnosis of Asperger Syndrome Simon Baron-Cohen, M. Phil., PhD Director, Autism Research Centre, Janine Robinson, D Clinical Psychology Marc Woodbury-Smith, PhD, Sally Wheelwright, MA, Autism Research Centre, Department of Psychiatry Cambridge University, Douglas House, 18B Trumpington Rd. Cambridge, CB2 2AH, April 2, 2007.

Update on New Website...

The Technology Committee, together with the guidance and support of the Policy Council, has been working to explore options for a new MEPA website. There has been considerable research into different options for format, development, operation, and maintenance over the course of the past year. We are excited to report that we are now in the process of implementing the development of a new website! Some of the goals of the new website are:

- To provide valuable materials, information, and opportunities to the MEPA Membership
- To provide reliable and meaningful information about psychology, mental health, and local resources to the public

- To demonstrably highlight the value of MEPA to current members, potential members, and the public

- To provide space for communication, collaboration, and connection

- To provide information to the public about Maine psychologists to assist with referral information

We are excited to be developing a website that will best meet our needs as an organization with an emphasis on quality construction, reliable function, and user friendliness. It is the hope and expectation that a new MEPA website will be online by the end of 2015 and will better serve current members, future members, and the public alike.

Elyse Corbett, Ph.D.
Technology Committee Chair
elyse@bellavitamaine.com

Mark Your Calendars!

The Continuing Education Committee is excited to announce two CE programs for Fall 2015:

Friday
September 25, 2015

Gerry Koocher, PhD
Fireside Inn and Conference Center, Portland ME

Friday
November 13, 2015

MEPA Fall Conference
Nadine Kaslow, PhD
Regency Hotel, Portland

Welcome New Members!

Members

Beverly Sherwin, PhD
Thomaston

Jennifer Curran, PhD
Veazie

Susan Mikesell, PhD
Woolwich

Antoinette Harrington, PsyD
Brunswick

Clifford Trott, PhD
S. Portland

Academics

Hannah Reese, PhD
Brunswick

Affiliates

Rachel Goetze
Hampden

Retired

Thomas Collins, EdD
Hebron



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Legislative Committee Report...

The Legislative Committee has been meeting in person and by conference call for the past three months keeping an eye on what is going on in the State House.

Below is a synopsis of the some of the bills we have taken action on.

The Budget

The Governor's budget has several items that effect mental health consumers and psychologists in particular. The first item is a 10% reduction in the amount MaineCare will reimburse psychologists(as well as other mental health providers for services rendered to MaineCare clients. When testifying before the Appropriations Committee on this particular line item, Commissioner of Health and Human Services Mary Mayhew remarked that psychologists in neighboring states were paid significantly less, thus the cut would put reimbursement to psychologists in line with other states. (While Maine was higher than one or two states reimbursement was essentially in the middle of the pack-a fact that we have pointed out to the Committee.)

Other line items targeted in the Budget are to reduce the reimbursement of community mental health providers who do medication management and the elimination of the methadone program.

PLEASE LET YOUR LEGISLATOR KNOW THE NEGATIVE EFFECTS THESE REDUCTIONS WILL CAUSE! If you don't know

how, call the MePA office at 1/800-287-5065.

LD 521 Nametag Bill

The bill would have modified recent statute which required health care providers to post their licenses on the wall and to wear nametags. MePA testified on the bill and urged the Committee to amend the bill to require one or the other of the above requirements.

Unfortunately our amendment was not accepted and while the posting the license component was eliminated the nametag component was retained.

LD 1158 Suicide Risk Training

The bill would have added a new requirement for the renewal of professional licenses for MSWs, psychologists and LCPCs that each must complete a minimum of 6 hours of course work every 10 years in suicide prevention. The bill was pushed strongly by the National Alliance of the Mentally Ill, who testified that psychologists and other mental health providers are woefully undertrained in this area. MePA testified against the bill as did the LCPCs and several individual psychologists. MePA members at the urging of the Legislative Committee called and sent messages to members of the Licensing, Regulation and Economic Development Committee urging them to kill the bill. The work paid off with the Committee voting 11-1 Ought Not to Pass.

LD 604 Communication with Parents

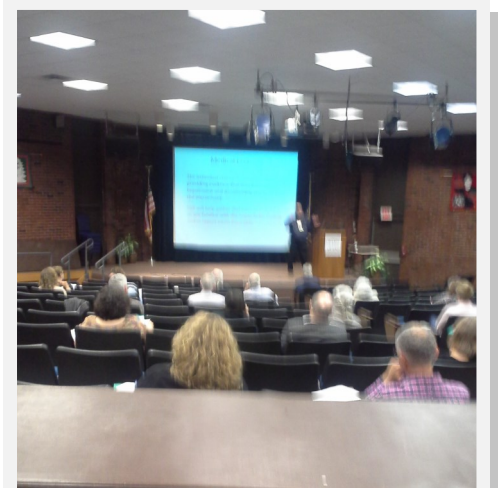
This bill would allow health care practitioners to disclose health care information to the family member or guardian of an individual with a mental health diagnosis who has withheld consent. MePA testified that all psychologists practice under the auspices of a very strict Ethics Code. The Code lays out standards for psychologists and identifies behaviors that deserve punishment. Since the bill's provisions comply with the Ethics Code for Psychologists and could have a positive effect on therapeutic relationships MePA testified in favor. The bill was voted out Ought Not to Pass.

LD 199 Reporting Child Abuse

This bill would amend the child abuse reporting law to strike language allowing those reporters to cause someone else to make the report (ie supervisor). MePA submitted testimony acknowledging the potential value and problems with the bill. The bill has been tabled.

LD 1017 Parentage Act

This bill would update Maine's Family Law to include changes in how families are created and maintained. The bill was the result of a task force which has been working on the updates on changes to surrogacy, same-sex marriage, etc. MePA was asked by the Task Force to submit testimony in favor of the bill and highlight the importance of early parent child bonding. The bill is still in Committee.

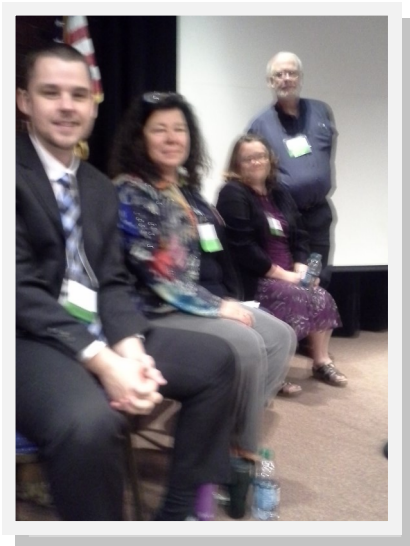


MePA Spring Conference
“Understanding Mental Disabilities under Social Security”

James Claiborn, PhD ABPP
AM Speaker



Jim Claiborn, PhD ABPP speaks with
Rick Parker, PhD after the morning session.



Afternoon speakers James Martin of DHHS, Kim Moody of Disability Rights Maine, Jennifer Kimble of Maine Medical Center and James Claiborn.

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