

# The Maine Psychologist

## Current Procedural Terminology (CPT), Healthcare & Psychological Services

By: Antonio E. Puente, Ph.D.  
 (with the assistance of John Capps & Aaron Dedmon)  
 University of North Carolina Wilmington

For the last 25 years I have focused my efforts on matching psychologist's education, training, expertise, and talents to the reimbursement system approved by the federal government's Medicare system, and to the Current Procedural Terminology. Starting in the late 1980s, I worked for 5 years on developing health insurance codes in collaboration with the American Psychological Association (APA), and in 1992, when APA received a seat for a formal advisor. I began to represent psychology and APA. During the last 6 years I have served on the actual panel. More descriptive information on this panel is found at the AMA website-  
<http://www.ama-assn.org/go/cpt>

Common Procedural Terminology (CPT), developed almost 50 years ago by surgeons and physicians, is the most widely accepted nomenclature used in reporting of health services under public and private health insurances. CPT is owned and copyrighted by the American Medical Association (AMA) and licensed by the Center for Medicare & Medicaid Services (CMS). These codes are maintained by the CPT Editorial Panel who meets three times a year to discuss issues associated with

new and emerging health care practices, procedures and technologies. A new CPT code for professional psychological services is developed initially by a Health Care Professional Advisory Committee (also called HCPAC), all non-physicians, then is edited and researched by a selected CPT work group and finally moves to the CPT panel for review and possible approval. These ideas are often vetted simultaneously by a panel of experts convened by APA. This was done for the health and behavior, central nervous system assessment as well as the psychotherapy and applied behavior analysis codes. If successful, this process can take anywhere from two years to twelve years. If not successful, the results may be more clearly visible within two years.

Out of the approximately 8,000 codes there are around 60 are possible codes for psychologists to utilize. These codes fall within a few major categories including Psychiatric/Mental Health, Central Nervous System Assessment, and Health and Behavior. Miscellaneous

codes also cover things such as preventative measures and telehealth. Psychiatric/Mental health codes were added in the 1970s, testing codes 20 years later and Health and Behavior codes soon thereafter. In between biofeedback codes were modified as well as expanded and almost all codes currently used were significantly modified and re-valued.

Due to changes in practice patterns and increasing comorbidities, codes established for psychotherapy have undergone major changes in 2013. More change is expected for codes used by our profession but the most extensive and recent changes are for psych-  
*continued on page 12*

### INSIDE THIS ISSUE

**Can APA Council Be More Efficient?.....4**

**Psychologically Healthy Workplace Awards..... 5**

**Journal Corner.....6**

**Ethics Corner.....9**

**MePA Newsletter  
Fall 2014**

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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The Editor reserves the right to reject articles which are not consistent with the goals of the Association. The Editor may also reject abridge or modify any advertising or other material as appropriate. Publication of advertisements does not imply MePA endorsement. Opinions expressed in the MePA Newsletter should not be considered as being endorsed by MePA. Ψ

## President's Column...

By: Diane Tennes, Ph.D. LADC

### Graduate School, the Scientist-Practitioner Model and Integrating Evidence Based Practices

I have been contemplating the Scientist-Practitioner model lately. You remember, back from graduate school? Well, my graduate training was steeped in this model, known as the "Boulder Model," where we were trained in a foundation of research and scientific practice. I have attempted to follow the tenets of this model during my career, and while this might seem like an unusual thing to reminisce about, I was conducting trainings around the state last week on "The Scientifically Informed Guardian ad Litem Investigation" as part of a multi-disciplinary team. So I have been talking and pondering about evidence-informed practices as they apply to being a Guardian ad Litem (GAL). This is the context of how I came to realize the scientist-practitioner model still holds true in my professional world.

As way of background, there are over 230 rostered Guardian ad Litem in Maine who are appointed by the Court to represent the best interests of one or more children in a court action that may affect them. Over 85% of GALs are attorneys while the other 15% are licensed mental health professionals or others without licenses who are grandfathered in under the current statute. A mental health professional holding a current and valid license to practice in Maine, as an LSW, LCSW, LCPC, LMSW, LCPC, LMFT, Psychologist, or Psychiatrist, is eligible to take the training. There are *less than five* psychologists in the state



currently rostered as GALs.

Many years ago, at the urging of a counselor friend, I took the State of Maine's Guardian ad Litem training. I was new in private practice so had considerable free time. I had no real conceptualization of what it meant to be a GAL, but was interested in working with families and children so it seemed a good fit. Four days later I was a newly rostered GAL. In the last fifteen years, I have conducted over 100 GAL investigations and interacted with many families in distress. This has been some of the most challenging and difficult work I have done as a psychologist.

These are families who have reached a crisis point and are struggling to disengage and learn to cooperatively parent their children despite being separated. Cooperative parenting is no easy feat when couples remain together, let alone when they are separated and psychologically distressed in the midst of impending legal actions. The relationship between parents can be a powerful influence on many aspects of family life and a child's adjustment. Decades of research provide abundant evidence that separation and

divorce increases the risk for social and emotional adjustment as well as academic problems in children and adolescents, but it is the way that parents manage their conflict which seems to determine a child's adjustment rather than the divorce/separation itself. What significantly increases the likelihood that a child will suffer the adjustment problems associated with divorce or separation is the presence of continuing high levels of parental conflict and diminished parenting that can follow separation and divorce. The impact on children is greatest for the small percentage of parents who continue to engage in high conflict for years after the divorce. As psychologists, we have the skills necessary to assist families to move through this process in empirically demonstrated ways that are less destructive to children.

More recently, while preparing for "The Scientifically Informed Guardian ad Litem Investigation" presentation series, I began to operationalize what it means to function in a "scientific manner" within these investigations and to be an expert witness. I have revisited terms we all learned in graduate school but may not be salient in our everyday worlds, such as confirmatory bias and illusory correlations. I came across a powerful definition of science by Feynman (1985) that stated, "The essence of science is to bend over backwards to prove yourself wrong." And then there was the quote from Paul Meehl (1993), perhaps one of the leading clinical psychologists from the last half of the 20<sup>th</sup> century, who encouraged us to ask two questions as clinicians and experts, "What do we mean?" and "How do we know?"

All major health professions have endorsed a model of empirically

based practice (EBP), including psychology. Our professional identity as scientist-practitioners calls for us to be evidence-based in our practices. Lately, I have found myself revisiting EBPs as they apply to Guardian ad Litem investigations. So now, I ask all of you, how are you integrating "being a scientist" into your professional worlds?

#### References:

Feynman, R. P. (1985). Surely you're joking Mr. Feynman. *Vintage, London, UK*.

Meehl, P. E. (1993). Philosophy of science: Help or hindrance? *Psychological Reports, 72*(3), 707-733.

## Maine Department of Labor Releases New Statistics on Mental Health Professionals

The Maine Dept. of Labor recently released "Healthcare Occupations Report" outlining the status of dozens of health care professions in the state. Six occupations that provide mental health services were covered-psychologist, child, family and school social worker, mental health and substance abuse social workers, mental health counselors and substance abuse and behavior disorder counselors.

Maine has 22 percent fewer psychologists per thousand residents than in the United States, with a median age 47.

Nearly 70% of the psychologists who are practicing in Maine are 50 or older.

In contrast, Maine has more counselors and social workers per thousand than in the US; with over two-thirds of those in practice concentrated around hospitals and located in Cumberland, Penobscot and Androscoggin Counties.

The last time the study was conducted (2012) the median salary of psychologists was \$59,000-thirteen percent less than the national median. (These figures do not include the self-employed). The highest wages for psychologists were found in Maine's hospitals, where wages were 50% higher than the statewide average.

In Maine the need for employed psychologists is expected to rise thirteen percent, twice the rate expected for all healthcare occupations. The growth forecast for self-employed psychologists is expected to be even stronger at twenty-four percent.

According to the report the health care industry is expected to be a major employer of psychologists to work on teams to administer prevention and wellness initiatives and participate in interdisciplinary programs with other health care providers.

For more information, contact the Maine Department of Labor at 207-623-7900.

# How Can the APA Council of Representatives Become More Efficient?

Dave Mills, Ph.D., Maine Representative  
Seeks Your Thoughts and Comments

As the Maine representative to the APA Council of Representatives, I would like to get input from MePA members about an issue which the Council is wrestling with. As you know, the Council is looking at ways to be able to do its work more efficiently (the catch-words are "more nimbly"). One major part of this issue has to do with how Council Members are selected and how many there should be. There are several possibly vehicles to do so which have been advanced.

First method is the way it is currently done (all states and divisions are assured at least one representative but larger state associations and divisions get more to reflect their larger membership). This number could be augmented by representatives from recent doctorates and possibly from members who are not in state associations or Divisions. Many representatives from these larger organizations seem to favor this method even though it could lead to a larger Council (which might attenuate efficiency/"nimbleness").

Another model would be that every association or division would have only a single representative (augmented by representatives from regional associations, recent doctorates and a few other groups). This model could lead to a smaller Council but would build in some inequities

(Guam with 4 members and New York with thousands would have equal representation).

While it to my knowledge it has not been advanced, there is always a possibility that we could go back to an earlier model wherein smaller states, etc, would be lumped together and share a single representative unless they meet a minimal standard for having their own member.

Another, variant to me would be to have larger groups have a somewhat greater number of representatives not directly tied to the actual size of their membership but more to their general size, e.g., an organization with a thousand members would have two representatives, larger ones would have three but no one would get more than three.

I realize that this could look like bureaucracy running amuck (as well as it may be) but when I go to the next Council meeting (in February) I would appreciate the thoughts from Mainers on this issue. According to Diana Prescott whom you know is on the APA Board of Directors the February Council meeting may defer dealing with this issue and focus on Council's functions so we may have some more time to address the above issue. Would you please let me know your thoughts about this matter directly at [davemills60@hotmail.com](mailto:davemills60@hotmail.com)?

## Welcome New Members!

### Members

Helen Levine, PhD  
Brunswick ME

Catherine Leschey,  
PsyD  
Cape Elizabeth, ME

Peter Donnelly, PsyD  
Portland, ME

### Affiliates

Maya Coleman, PhD  
Washington, DC

Maureen Sanford, PsyD  
Freeport, ME

### Retired

Patricia Kolosowski, PhD  
W. Kennebunk. ME

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fice at  
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# Maine Profit and Non-profit Company Winners Named in Psychologically Healthy Workplace Awards

*APA Sponsored Program Recognizes Employers for Creating a Positive Work Environment*  
By Ron Breazeale, Ph.D.

The Maine Psychological Association is proud to announce that Kennebec Technologies, Scarborough Fire and Police Departments, Alpha One, Amistad and Coffee by Design were named the 2014 recipients of the Psychologically Healthy Workplace Award.

The program, supported by the American Psychological Association, was created to recognize organizations that have demonstrated a commitment to programs and policies that foster employee health and well-being, as well as organizational performance.

“In this time of high job stress and increasing demands on employees, these exemplary organizations have made it a priority to create work environments that are sensitive to the health and well-being of their workers,” says Diane Tennes, Ph.D., LADC. “By recognizing these organizations for their outstanding efforts, we hope others will take notice and implement similar programs.”

Amistad was chosen because of the compassion, recognition and support it shows for its employees. Amistad is a nonprofit organization that provides services to people who have mental health and other challenges. (See reference 1 on page 6). “The Mission of Amistad is to foster a community for people who are facing mental health and other life challenges, develop peer services, and advocate for changes to the mental health system which are based on a belief in recovery and respect for a meaningful consumer voice.” Their program focuses largely on the community and what matters in the lives of both consumers and

employees, with a strong sense of belonging and being a part of something bigger emphasized.

Coffee by Design is a business in Portland (see reference 2 on page 6) that provides handcrafted micro roasted coffees. It was chosen for the Healthy Workplace Award because of its flexibility and willingness to truly support work-life balance for its employees. Open dialogue and communication amongst employees and staff, with an increased focus and emphasis on strengths (drawing upon them) are also at the forefront.

Alpha One is a nonprofit that provides services to people with disabilities. (See reference 3 on page 6) “Since 1978, Alpha One, a Center for Independent Living, has enabled thousands of people with disabilities to live more fully and more independently in all aspects of their lives.” Alpha One was chosen because it provides a workplace that clearly values its employees and provides a work environment where employees are encouraged to grow and flourish. Enabling an open-door policy permits good communication amongst all employees and staff while fostering a supportive environment.

Kennebec Technologies was chosen because it provides opportunities for its employees to develop new skills and knowledge constantly, while at the same time encouraging work-life balance by providing opportunities for formal and informal personal wellness activities. Kennebec Technologies according to

its website is a “full-service high-precision machine products manufacturer specializing in complex, high-value-added parts and assemblies.” Kennebec serves companies throughout the United States.

Scarborough Fire and Police Departments were chosen because they demonstrate a strong commitment to listening to the needs of their employees, while providing an environment that promotes employee’s individual growth and development. Described by several as a “supportive family,” both departments are consciously aware of the psychological effects of work on the psyche of their employees and take necessary steps to address problems as they occur. The benefits of a psychologically healthy workplace can include increased productivity, lower absenteeism and turnover, recruitment advantages, and a reduction in healthcare costs, as well as workers who are less stressed and more satisfied with their jobs.

Failure to provide a psychologically healthy workplace can impact the bottom line. A poll conducted by the American Psychological Association found that one in four employees has taken a “mental health” sick day. According to the Journal of Occupational and Environmental Medicine, health care expenditures are nearly 50% greater for workers who report high levels of stress.

The award applicants were eval-

## Membership Corner...

Changing Her Practice: Margaret Zellinger, Ph.D., ABPP of Merrymeeting Neuropsychology

With nearly 25 years offering neuropsychological assessment services to individuals with brain injuries and other central nervous system disorders, I have decided to focus entirely on treating the cognitive and emotional challenges resulting from head injury and other central nervous system conditions. This includes concussion and more severe TBI, strokes and other brain injuries, and ADD/ADHD (due to its central nervous system origins). My age range is still 16 and older.

I have made this change because I have found it difficult to find people who are knowledgeable about head injury who also have time or inclination to provide the emotional support, guided re-entry to work or school, and teaching (or reteaching) of compensatory strategies and organization/executive functioning skills needed by these individuals.

I accept a variety of insurances, but not MaineCare. Potential clients (except those seeking treatment for ADD/ADHD or recent concussion) should have already had a neuropsychological evaluation, as this is essential for identifying treatment needs and planning appropriate compensatory strategies. Providers (or potential clients) are welcome to contact me directly (319-7660) if they would like more information before making a referral. My office is in Brunswick, and it is handicapped-accessible.

## Journal Club Corner

By Stacy Whitcomb-Smith, Ph.D.

HealthPsych Maine invites you to join us in our monthly Journal Club. You can participate as a regular member or just come for a topic that draws your interest. If this area is a focus of practice/study for you consider coming to lead/present/ share with the group. However you participate, the HealthPsych Maine Journal club is a great chance to get to you're your colleagues. CEUs are available for attendance through MePA for a fee.

The HealthPsych Journal Club focuses on empirically supported approaches to psychological assessment and treatment of physical and mental health conditions. Our format is different from some journal clubs in that one member presents an article(s) or topic and facilitates discussion with the group. In November Martin Morthland, Ph.D. presented on "Psychological Outcome Predictors of Bariatric Surgery Success."

We generally meets on the first Monday of the month at 12 pm. You may wish to check us out on Facebook <https://www.facebook.com/HealthPsychMaine?ref=hl> where Jeff Mantranga, Ph.D. often posts interesting articles and notification of upcoming journal club presentations.

Participants are asked to RSVP to the HealthPsych Maine offices at 872-5800 to assist with planning for space. Please feel free to share this notice with professionals who might be interested in joining us. We meet at 1 Big Sky Lane, Waterville, the white building across the road from the offices of HealthPsych Maine ( 2 Big Sky Lane ). For directions: <http://www.hpmaine.com/locations.htm> Please direct questions to Jeff Matranga at [Jeff@HPMaine.com](mailto:Jeff@HPMaine.com)

*Please send updates about Maine Psychology Journal Clubs to Laura Slap-Shelton, Psy.D., Editor of the Maine Psychologist.*

## Awards

(continued from page 5)

*continued on page 6*

uated on their workplace practices in the following areas: employee involvement; health and safety; employee growth and development; work-life balance, and employee recognition. The winning organizations have in common that they have a comprehensive set of workplace practices that foster employee health and well-being, while at the same time enhancing organizational performance.

The winning companies received their awards during the luncheon program at the second conference presented by MePA this fall. They are now moving on to a national competition sponsored by the APA.

Amistad: <http://www.amistadinc.com>; retrieved 11-18-2014

Alpha One: <http://alphaonenow.com>; retrieved 11-18-2014

Kennebec Technologies: [http://www.kennebec.com/about\\_kennebec.html](http://www.kennebec.com/about_kennebec.html); retrieved 11-18-2014

For more information about the Psychologically Healthy Workplace Award program, contact Dr. Ron Breazeale of the Maine Psychological Association at (207) 773-7993, Ext. 25, or [rlb@gwi.net](mailto:rlb@gwi.net) or online at [www.phwa.org](http://www.phwa.org).

# 2014 Psychologically Healthy Workplace Award Winners:

Clockwise: Amistad, Alpha One, Coffee By Design, Kennebec Technologies and Scarborough Fire and Police Departments.



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## Ethics Corner: Release of Information for a Deceased Client

By: Meg Zellinger, Ph.D;  
Ethics Committee Chair

**Scenario:** You did a psychological evaluation of an adult woman 3 years ago. You provided feedback to the woman (your client), and her husband and daughter attended the feedback session. Your client gave written permission for the report to go to her physician (and herself), and for oral communication with her husband and daughters. The ROI was good for one year following the evaluation.

Now, three years later, the daughter who attended the feedback session has called, requesting a copy of the report. (The client's copy has been lost.) You tell the daughter you need her mother to sign a release, only to find your client has passed away (as has her husband). The daughter explained she is dissatisfied with the care the other daughter provided for their mother, so she wants to compile the medical records-- hence the request for your report. You suspect there may be legal action forthcoming....

**Question 1:** Under Maine law and HIPAA, who is eligible to sign release for this report?

**Answer:** The Executor of the Estate (or Personal Representative, Trustee of the Estate, whatever title is given) has the authorization to sign to re-

ceive the report. Be sure you receive the copy of the authorization that made this person Executor before sending anything. (In this case, the client's cousin was the Executor.) Technically, this person has the authority to sign *as if he/she were* the patient, so he/she could opt to sign for the report to be sent directly to the daughter. (There are some clinical and logistical reasons why you might prefer to send the report to the Executor; among others, that person will then be responsible for further distribution.)

**Question 2:** Could the daughter sign ROI, given that at the time of the evaluation, your client agreed to 2-way communication with her daughters?

**Answer:** The original ROI expired after a year, and it only authorized oral communication with the daughters. While the hss.gov site gives some indication that this might be permissible "unless doing so is inconsistent with any prior expressed preference of the deceased individual that is known to the covered entity," in the instance where there is obvious controversy, this is risky. Best to obtain authorization from the Executor or Personal Representative.

### **Basis for conclusions:**

1. Maine statutes appear to directly address this only under Children's Behavioral Health, but indicate [34-B MRSA §1207(1)(D); 42 CFR §2.15(2)(b)(1)] "If a client is deceased, that client's information may be released to their personal representative or, upon authorization, to the next of kin."

2. In discussing the HIPAA Priva-

cy Rule, hss.gov (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/decedents.html>) says the personal representative of the decedent (i.e., the person under applicable law with authority to act on behalf of the decedent or the decedent's estate) has the ability to exercise the rights under the Privacy Rule with regard to the decedent's health information, such as authorizing certain uses and disclosures of, and gaining access to, the information. They go on to say, "With respect to family members or other persons involved in the individual's health care or payment for care prior to the individual's death, but who are not personal representatives, the Privacy Rule permits a covered entity to disclose the relevant protected health information of the decedent to such persons, unless doing so is inconsistent with any prior expressed preference of the deceased individual that is known to the covered entity."

3. The Maine Attorney General's office referred this question to Mark Cooper, Maine Board of Medicine. He said (personal communication, 7/4/14) the Executor of the Estate has the authorization to sign to receive the report. He recommended (upon receiving the ROI and documentation that the cousin is Executor of Estate) that the report be sent to the Trustee, who could then send it on to the daughters or whomever he sees fit, as opposed to having the ROI made out to send to the daughter.

4. Joe Scroppo, Ph.D., JD of APAIT agreed (personal communication, 7/4/14) the Executor of the Estate (or Personal Representative, whatever title is given) has the authorization to sign to receive the report, but added he has the authority to s

(continued on page 12)

# Committee Reports

## Ethics Committee

Ethics committee has had a busy year. Our most recent project is still in progress: Sorting out state and federal laws, Licensing board rules, and APA Ethical codes regarding Duty to Protect. Look for more information on this in the spring newsletter and on the MePA Website, hopefully this winter. We also have an article in the current newsletter regarding release of information for records when your client is deceased. Finally, the committee has fielded a number of requests for confidential consultation on a variety of ethical issues arising in daily practice.

Meg Zellinger, PhD ABPP  
drz@mmnp.net

## Public Education Committee

### Maine Psychologically Healthy Workplace Awards Slated for Fall Meeting

One anticipated highlight of the Maine Psychological Association's 2014 Annual Meeting promises to be the presentation of the 2014 state level Psychologically Healthy Workplace Awards. Over the past 6 months the Public Education Committee has reviewed applications and conducted site visits across the state. The award highlights workplaces that demonstrate excellence in five areas: employee involvement, work-life balance, employee growth and development, health and safety, and employ-

ee recognition. The site visits revealed that Maine houses many quiet treasures in terms of its workplace environments. Please plan on attending the award ceremony during the fall meeting!

Public Education continues to work closely with the American Psychological Association's public relations department and public education coordinators. Recent national level activities have included promotion of National Depression Screening Day and materials focused on the Ebola outbreak (Managing Your Fears, and Health Risk Communication). Closer to home, MePA Public Education Committee members have been featured on regional radio and television discussing seasonal affective disorder, coping with holiday stress, and the importance of depression screening.

David Prescott, PhD Chair  
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prescott@husson.edu

## Early Career Psychologist (ECP) Committee

The ECP is in the process of completing a "Welcome Packet" for newly licensed psychologists that will include important information about licensure, insurance providers, and starting a new practice. The Committee hopes to serve as the focal point for coordinating mentor/mentee relationships, facilitating research collaboration, and for both social and networking opportunities for Maine psychologists. We're also in the process of planning a hockey night at a Portland Pi-

rates game (stay tuned).

Tom Cooper, PsyD Chair  
tcooper@coopercounselingllc.com

## Reimbursement Oversight Committee

For those who are providers for MCHO, the vendor has changed from Beacon Health Strategies to MMC-PHO. Claims and other problems should be more easily resolved with this change.

Linda Monahan, Chair, ROC  
[lpigtail@comcast.net](mailto:lpigtail@comcast.net)  
207-363-6535

## Technology Committee

The Technology Committee has been working steadily to weigh our options for the redevelopment and redesign of our website. We have researched various approaches from a fully customized site to one that runs on management software designed specifically for associations. Within the proposed budget, we have narrowed in our options and are currently comparing two proposals from developers who have experience both with the software we are interested to use as well as working with other psychological associations. As the year ends, we will carefully consider these proposals and be prepared to make a recommendation to the Policy Council in our next meeting. In the meantime, please feel free to submit ideas, needs, wishes, etc for our website. We are working to increase its ease of use, compre-

hensiveness, and function for all who may visit -- members, potential members, the public, etc.

Elyse C. Corbett, Ph.D. Chair  
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## Legislative Committee

The Legislative Committee has not met since last Spring before our previous Newsletter. We are beginning some very preliminary communication regarding possible legislative matters for the upcoming session, and plan to meet within the next month or so to begin deliberations. So stay tuned.....

Keith Cook, Ed.D.  
Chair, Legislative Committee

## Continuing Education Committee

Committee has organized and held back to back conferences this fall in response to the request that 2 one day conferences was preferable to a 2-day conference. The Committee is always seeking feedback on what psychologists would like to have for continuing education. Contact me if you have ideas or suggestions.

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## Ethics Corner *(continued from page 9)*

ign as if he were the patient, and that he could opt to sign for the report to be sent directly to the daughter. He also emphasized the importance of receiving the copy of the authorization that made him Executor before sending anything.

*Please note: Although maintaining confidentiality is part of our ethics code, this is really a legal question, and the law may differ in other states. In addition, members faced with case-specific variations on this theme (e.g., specific instructions left in writing by the deceased client regarding not releasing records) will probably want to seek their own legal advice. APAIT offers free consultations on such ethical-legal issues for those with APAIT insurance.*

## CPT *(continued from page 1)*

atric interviewing (diagnosis) and psychotherapy codes (intervention) with the end codes being more granular, sensitive to time, intensity, and the type of service.

Education on these changes is important for professionals using the codes so that they stay informed on their proper use. Improper use of the codes may lead to possible audits, fines, or even incarceration. At present APA is represented at

CPT meetings (the part that involves determining which health care practices can be done and, generally speaking, how they are done) by Neil Pliskin, the RUC side (determining the relative code value) is represented by James Gourgoulakis; and the Director of APA's new Office of Healthcare Financing is Randy Phelps. This group is working on numerous projects including but not limited to studying the need for other psychotherapy and testing services. An increasing interest has been placed on integrative care as well.

In order to help keep individuals versed on CPT and professional psychological services, a website was established in order to disseminate information on the tsunami of change. If you are interested in the webinars or educational materials please visit [www.PsychologyCoding.com](http://www.PsychologyCoding.com) for more information.

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