Winter 2013

The Maine Psychologist

Alliance for Affordable Psychotherapy (AAP):

Clients Who Qualify Pay with Their Time Instead of Money

By Keith Cook, Ed.D. with AAP Board Members

There is a segment of Maine residents who need mental health services but do not have the means to pay for them. They have no insurance, do not qualify for MaineCare or Medicare, and cannot afford to self-pay.

We have all received calls from people in these circumstances and have responded in various ways. Some people were never called back, some were referred to agencies who receive state and federal funding, some were seen on a sliding fee scale, some were simply told to keep looking, some were seen pro bono, and some simply gave up and went without needed services.

In September 2007, after reading about the Volunteers In Psychotherapy (VIP) model in West Hartford, CT a small group of mental health professionals in Central Maine (Sally Harwood, Ph.D., Elizabeth Foley, Ph.D., Janis Petzel, M.D., and Keith Cook, Ed.D.) began to meet and discuss how this model might be adapted to provide needed psychotherapy for low income Mainers who have neither insurance nor the ability to pay. In this model, clients "pay" by volunteering four hours of community service for each hour of psychotherapy.

It is often among low income citizens that we find higher incidence of serious, long term medical conditions such as those identified in the acclaimed Adverse Childhood Experiences (ACE) studies -- COPD, addiction, obesity, smoking, depression, ischemic heart disease, liver disease etc. which "increase in a strong and graded fashion" when the root of the problem, adverse childhood experiences, increases. Such long term medical costs and personal misery are often reduced when mental and behavioral health problems are resolved at the source -- the adverse experiences themselves.

In accord with the principle that a strong state requires strong communities, and strong communities require strong people, we discerned the following purposes for AAP.

A. To provide counseling, psychotherapy and support services for low income, uninsured residents whose mental health needs are impeding their ability to live more self-sustaining, fulfilling lives while reducing/eliminating reliance on welfare services.

B. To strengthen Maine communities, and the State, through enhancing individual capacity and volunteer services to communities and non-profits.

C. To encourage other professionals to replicate this model of counseling and volunteering to promote a flourishing state and citizens.

We realized that services provided through a simple pro bono model often leaves people feeling diminished and indebted because they are unable to pay for their services, while the VIP model asks clients to give something in return for what they receive providing a greater sense of capacity and agency which can itself be therapeutic and growth enhancing.

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MePA Newsletter
Winter 2013

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

From the President's Desk

By: Jeff Matranga, PhD ABPP

There was a lot of positive feedback from the Healthcare Reform Forum that occurred on September 7, 2012. Presenters such as Wendy Wolf, M.D., and Rhonda Robinson Beale, M.D., gave us a lot of stimulating information and ideas.

Psychologists have a lot to offer in the improvement of healthcare. Fragmentation or lack of coordination is a significant contributor to excess cost and suffering in our system, as is not dealing with the interaction of behavioral and medical conditions. For example, one of the more common and expensive situations is the combination of depression and (the seemingly ever-increasing) type 2 diabetes. The risk of major depression doubles when an individual experiences type 2 diabetes. When those two situations do occur together (Katon, 2008):

- The depression is usually unrecognized and untreated.
- The course is usually severe.
- Up to 80% relapse within 5 years.
- The individuals are less able to engage in good self-care or self-management of their disease, contributing to a vicious cycle.
- The combination results in higher general healthcare costs (not counting the depression treatment).
- Involving a behavioral health professional who knows about behavior change can significantly improve the person's ability to engage in self-care and improve medical outcomes.
- When the depression is treated, there is a decrease in healthcare costs that more than makes up for the cost of treating the depression.
- There is a corresponding improvement in work productivity.

By and large, it has been psychologists who have created the interventions that are now considered so important in integrated care. Primary care and other professionals would love to have us more involved in both the provision of services or in roles such as consultation, supervision, and program evaluation.

The annual MePA conference was held November 2nd and 3rd in Augusta. While the information at the September meeting provided good overview information, there was an opportunity to deepen or refresh your knowledge about working in healthcare settings with Psychological Practice in Primary Care or Other Medical Settings. This was presented by Rodger Kessler, Ph.D., ABPP, a from Vermont, and by our own Robert Ferguson, Ph.D.

In a similar or related vein, the excellent continuing education committee arranged for a workshop on sleep management by Catherine Shuman, Ph.D., from the Cambridge Health Alliance and the Department of Psychiatry at Harvard Medical School.

There were many other excellent offer-

ings Thank you to John O'Brien, Linda Monahon**,** and the others on the continuing education committee.

Also, perhaps long overdue, we are overhauling our website at www.mepa.org. As of this writing, the new web site is being rolled out. It was a lot of work to review options and make some final decisions. Andy Wisch, Ph.D., ABPP, was a key person in guiding us through that process and he has agreed to take on the role of Web Editor.

Thank you also to Geoff Thorpe, Ph.D., ABPP, and Joel Guarna, Ph.D., for their excellent articles in the last newsletter. If you have not had a chance to read them, I highly recommend them.

Sincerely,

Jeff Matranga, Ph.D., ABPP (Health) M.S. in Clinical Psychopharmacology jeff@hpmaine.com (207) 692-4194

Don't Forget to Pay Your Dues!

Renewals for 2013 dues will be going out by email in the next week or two, followed by a hard copy.

Please pay as promptly as you can, to avoid the late fee and to save staff and volunteer follow-up time.

Thanks!

Legislative Committee Plans Initiative in Legislature on Protections for Raw Testing Data

By: Diane Tennies, PhD

Earlier this year the Legislative Committee was approached by neuropsychologists who were concerned by the practice of attorneys requesting raw test data from psychological evaluations.

These neuropsychologists, in response to what they felt was an unethical and professional bind for them, began researching what remedies MePA could pursue.

Meg Zellinger and Kendra Bryant spearheaded the charge to identify the important components of legislation by researching what had been done in other states. Ultimately they settled on mirroring legislation passed in Illinois over a decade ago which prohibited disclosure of psychological test materials (raw data). They then brought it to the Legislative Committee to review. Currently the Committee is drafting language for a bill and will be looking for a sponsor .

If you have questions, please contract Diane Tennies, PhD at datphd@aol.com

Bangor Physician and spouse of MePA member Lucy Quimby Elected to Senate

Please join us in congratulating Geoffrey Gratwick.MD and Lucy on his win in District 32 representing Bangor and Hermon.

Check Out the New Website!

We are delighted to announce that our revised website is up and running!

The new website has been designed to be easier to use and will provide more current technology. Check it out at mepa.org to access important news and information about MePA, as well as local and regional events. You can also update or correct your personal profile. Visitors to the Web site are able to search for psychologists in Maine by location as well as any number of interests and specialties, so it is in your best interest, therefore, to make your profile as complete as possible.

Go to http://mepa.org and on the left hand side of the home page click on "Current members create new website profile here". Complete your profile.

Be sure to designate a username and password (and make note of them for future use) to access the members-only portion of the website.

If you encounter any error messages, experience any trouble or forget your password, please contact the mepa office at mepaaug@aol.com.

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New MEPA Member Interview Series: Interview with Thomas Cooper, Psy.D.

by Debora Elliott Ward, Ph.D.

This is the eighth in a series of interviews of new MePA members by Debora Elliott Ward, Ph.D.

Dr. Elliott Ward: Why did you join MePA?

Dr. Cooper: Joining a state association was always on my to-do list. As a graduate student, it wasn't high priority. Now that I'm licensed and officially out of school, it's something I do have time for. I am looking into different MePA committees. Joining has been recommended to me throughout my career by professors and licensed providers.

Dr. Elliott Ward: How did you end up in Maine?

Dr. Cooper: I was at the University of Southern Maine Counseling Center for two years. My wife is from Saco and I am from New Hampshire. Maine was a place we intended to come back to at some point.

Dr. Elliott Ward: What is your current work situation?

Dr. Cooper: I've been licensed about a month and a half. I formed a sole proprietorship and am doing private practice in Portland. My practice is Cooper Counseling, LLC. I am renting space from an established private practice. I like the idea of having other professionals close by. It's the best of both worlds and a great opportunity to find mentors.

Dr. Elliott Ward: What are your areas of interest as a psychologist?

Dr. Cooper: I enjoy the idea of a generalist practice. I work with adults and adolescents. One area of focus is psychological testing for ADHD and learning disabilities. As a graduate student, I studied suicide prevention, and this would be another subspecialty.

Dr. Elliott Ward: What about theoretical orientation?

Dr. Cooper: I am firmly transtheoretical. If had had to pick one, it would be humanistic. I find myself pulling from three or four perspectives.

Dr. Elliot Ward: Could you tell me about your education?

Dr. Cooper: I received my BA in Psychology and Sociology from Connecticut College. I then worked at McLean Hospital for two years in the geriatric psychiatry program. I was a research assistant and conducted interviews and assessments for two [experimental] trials, one regarding depression and one about Bipolar Disorder. I attended graduate school at the Massachusetts School of Professional Psychology. I have an MA in Professional Psychology and I received my Psy.D. in Clinical Psychology in 2011.

My wife was in a MSW program at the University of New England and I was able to obtain an internship at the University of Southern Maine Counseling Center. I received incredible supervision from several wonderful supervisors. I was involved in testing and individual therapy of college students. I also collaborated with the American Foundation of Suicide Prevention in a project involving internet-based suicide prevention outreach. I was given primary responsibility for this project at the University of Southern Maine and my doctoral project was based on this work. The title was "Effectiveness of an Internet-Based Mental Health Outreach Program in Encouraging Use of Mental Health Services by Traditional and Non-Traditional College Students." A major finding was that age differences among college students did not appear to make much of a difference in their use of the outreach program or mental health services.

I also did a post-doc year at the College of Charleston Counseling Center from August of 2011 to August of 2012. I was trained to utilize thorough batteries for the assessment of ADHD and learning disabilities.

Dr. Elliott Ward: You have mentioned your wife a few times.

Dr. Cooper: I've been married for four years to my wife, Alexa, who is a social worker and who works as a crisis counselor at Opportunity Alliance, a nonprofit in Portland.

Dr. Elliott Ward: What do you like to do in your spare time?

Dr. Cooper: My wife and I are very much outdoor people. We enjoy skiing, hiking, camping and biking. I love to travel and am a big Boston sports fan.

Dr. Elliott Ward: Thank you, Tom, for taking the time today to talk to me.

Alliance for Affordable…

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In January 2009, while considering the VIP model, an opportunity to try the model presented itself. I received a call from a woman who was looking to start therapy and had a seriously immobilizing chronic medical condition. She received some disability compensation, but no Medicare for which she would have to wait nine or ten months. She had a significant trauma history, no ability to pay, and had exhausted calling all the agencies in the area only to be told that they couldn't help. This turned out to be an opportunity to test the model even though we had no funds for compensation. She readily understood how it worked, and said she was already volunteering for the Linus Project by knitting blankets for traumatized children in emergency rooms. Voila! Our trial run worked beautifully for months, and we eventually transitioned to Medicare.

The AAP model began to take shape. A person qualifies for AAP services if they have no insurance (or have exhausted all benefits), no MaineCare, no Medicare, and household income less than 250% of Federal Poverty Guidelines. Clients volunteer four hours of community service in exchange for each hour of therapy. We encourage their volunteering for some activity that they enjoy or value, and accept a very broad scope of what and where this can be. Some select such sites as schools, hospitals, nursing homes, libraries, churches and humane societies, while others may choose to help elderly neighbors with tasks such as snow removal, shopping, or transportation, or they may knit or crochet items to be donated to worthy causes. They bring documentation of their service to each counseling session. If they cannot readily get documentation without disclosing that it is for therapy, then we simply have them keep their own record. We aim to preserve privacy and avoid being bureaucratic. We are not afraid of being misused. We do require the volunteering, and this has not been a problem.

Our website (http://allianceforaffordablepsychotherapy.org/) contains sufficient information for most potential clients or referring professionals to be able to determine for themselves whether or not they qualify for AAP services.

Professionals receive a modest compensation from grants and other funds, approximately 50% of the prevailing Medicare rate (when there are funds), in exchange for their services. Since therapists are working out of their own offices this compensation helps with overhead expenses, as well as making it possible to see more clients than if strictly pro bono. We also find that the client's self-esteem is enhanced by having a therapist who receives some compensation rather than simply giving them free services. And when we do not have the funds, our work is pro bono until we secure them.

The services provided by clients also have significant monetary value for the community. The nationally recognized value of volunteer time averages $20/hour. When a client volunteers four hours of time in exchange for an hour of therapy, the community or group receives $80 worth of assistance. Over the twelve months Sept. 2011 - Sept. 2012 clients have volunteered 1056 hours, a value to the community of $21,120.

Becoming operational was not difficult, but was time consuming. We incorporated as a non-profit with the State of Maine, a simple procedure. Realizing that most grantors require that recipients hold 501(c)(3) status with the IRS, we undertook that application process. None of us had ever done this before, and some told us you absolutely must hire an attorney to do it for you. Having no funds to work with, we decided to try it ourselves. While it is somewhat time consuming, and there were a few baffling questions, we were able to do it. We found the IRS, to our surprise, to be extraordinarily responsive and helpful with questions.

We currently provide services in Central Maine and, in keeping with our mission, aim to expand the geographical area served

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Alliance contd.

either through assisting others in starting their own group (We will provide our templates and documents.) or by joining AAP and serving their own area. And we ask that any new members take an active part in helping with the ongoing development of AAP. Our current members are Sally Harwood, Ph.D., Donnajean Pohlman, M.S., Lynn Schwarz, M.S., CNS-BC, Keith Cook, Ed.D. and our newest member, Henry Altenberg, MD, is contemplating offering AAP services in his home area of Kittery.

Reimbursement Oversight Committee

By: Linda Monahon, PhD

ROC would like to welcome Tom Cooper as our new member.

If you didn't attend the September Insurance Forum you missed a stimulating and thought-provoking presentation. 70 psychologists attended the forum to hear the Medical and Behavioral Directors of UBH, Anthem, the Superintendent of Insurance and the Director of the Health Access Foundation speak about the advent of health care reform and how psychologists can fit into the mix.

With big changes coming for both public and private insurance, ROC will stay on top of the changes and will do our best to keep you informed.

If you have questions about insurance, please contact ROC Chair, Linda Monahon at lpigtail@comcast.net

Continuing Education Committee

By John O'Brien, PhD

The MePA Conference Committee met several times in planning and organizing this year's Fall Conference. Linda Monahon, Kendra Bryant, Rob Ferguson, Sheila Comerford, and Julie Quimby helped to craft the program and conference structure. Sponsors were gathered by Julie Quimby, Katherine Ryan and Allison Collins. Student posters were reviewed by Jim Sparks, Innocent Okozi, and Jessica Pollard. Many thanks to all for making this year's conference so successful. We will be reviewing the feedback from this year's post-conference survey to plan for next year.

The CE Committee continues to offer at-home CE offerings. The conference session on integrated care was taped and will be available as a CE opportunity as soon as we can arrange the technology behind this. We are also considering a one-day conference in late spring or summer. Please watch the website for updates.

If you have ideas on CE initiatives or have feedback about this year's conference, please contact me at obrien @mentalhealthassociates.me or 773-2828 x105.

Happy holidays!

John O'Brien
MePA CE Committee Chair

Ethics Committee Revises Policies

Chair of the MePA Ethics Committee, Meg Zellinger, PhD announced that a review of the committee's policies have led to the following changes:

1) Mandated reporting has been added to limits of confidentiality. (6b). Language now states that "*Members of the Ethics Committee remain bound by professional ethical and legal mandates when providing consultation (including but not limited to mandated reporting requirements, orders from the court, licensing boards or other authorities). In these cases, information may be released. "*

2) Sections 7 and 8 (which had to do with addressing whether to review membership of MePA members sanctioned by the Board of Examiners) was deleted. It was felt that since the Licensing Board notifies MePA when a license is revoked, the Ethics Committee does not need to be involved or address it in policy.

3) Liability Insurance limit requirements were dropped from Committee policies. MePA liability insurance covers Ethics Committee members performing within the scope of their Ethics Committee duties . But since this number changes periodically it was not placed in policy.

If you have an Ethics question, please contact Meg at drz@mmnp.net

When Psychologists are Part of Community Trauma

By Laura Slap-Shelton, Psy.D.

Chances are that we all know of someone who was affected by Hurricane Sandy, whether in Maine, or New York, New Jersey or another state. Chances are that Sandy personally impacted some of our lives as well. As psychologists we help others, but we are not exempt from the traumatic events that affect the people we are treating.

Following Hurricane Katrina the need for psychologists who were affected to receive support as they were also providing support became more publicized, and efforts more coordinated. A term that has emerged is "shared trauma." (1) Shared trauma occurs when a mental health professional personally experiences a traumatic event in the community in which they also provide professional services. Traumatic events can be massive or occur on a smaller scale. The experience of being both victim and healer creates new challenges for psychologists in their relationships with their patients, their understanding of themselves as psychotherapists and with their colleagues. Data has shown that the very culture of psychologists in the work place leaves little room for understanding and supporting professionals affected by trauma/disaster. This has been termed "intolerance of distress" (2) by psychologists studying these issues. The website psych2psych (http://psych2psych.weebly.com/index.html) offers further information about these topics and opportunities to connect with other psychologists who share similar concerns.

The Post-Disaster Therapist's Resource website (http://www.therapistspostdisaster.com/who.html) provides valuable information for psychologists and mental health professionals who find themselves both disaster victims and disaster relief providers. This website provides a very valuable preparedness list for psychologists and suggestions for when to practice and how to practice decisions immediately following disaster/trauma. For example they recommend keeping a backup of your patient contact information, having practice insurance, and having a practice will. Taking care of your basic needs, brief personal therapy, contacting other professionals, and volunteering may be first steps toward returning to practice.

A great paper on this topic is After the Storm: Katrina's Impact on Psychological Practice in New Orleans (2008), which includes as one of its authors MePA's F. William Black, Ph.D. The authors strongly recommend that psychologists providing services who have shared trauma have specific training in evidence-based interventions before offering services. They indicate that psychologists have both a professional and an ethical obligation to identify and take care of their needs in the immediate aftermath and the chronic recovery period following the disaster/trauma if they are providing services to others who have been traumatized. In spring 2012 two of the authors, Melinda Warner, EdD, ABpDN, and Douglas Faust, Ph.D. will be speaking on this topic through the Massachusetts Psychological Association.

References:

1.The Post-Disaster Therapist's Resource website (http://www.therapistspostdisaster.com/who.html) Accessed 11-18-2012

2.Faust, D., Black, F.W., Abrahams, J., Warner, M., Bellando, B. (2008) After the Storm: Katrina's Impact on Psychological Practice in New Orleans. *Professional Psychology: Research and Practice.* Vol. 39, No. 1, pp.1-6.

psych2psych.com (http://psych2psych.weebly.com/index.html) Accessed 11-18-2012

American Red Cross Seeking Mental Health Providers for Thousands Affected by Hurricane Sandy

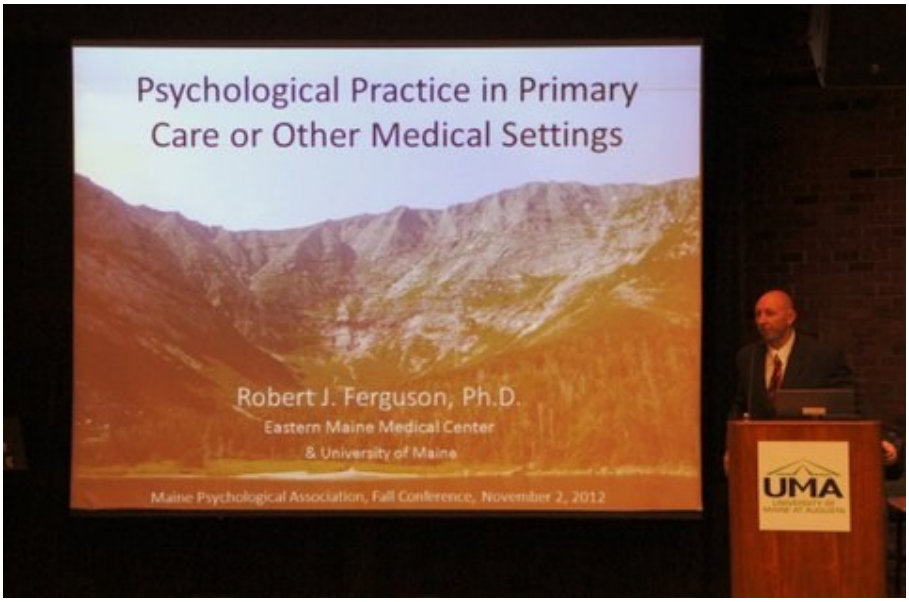
By Laura Slap-Shelton, Psy.D.

The American Red Cross is actively recruiting mental health professionals licensed at the Master's level and above to provide mental health services for their ongoing relief efforts to those affected by Hurricane Sandy in New Jersey and New York.

To volunteer contact your local Red Cross chapter (www.redcross.org) and complete their health record and background check forms, and other paperwork. There are several courses to complete: Foundations of Disaster Mental Health Training; Disaster Services: An Overview; and Psychological First Aid. These are available as webinars.

Fred White, Ph.D. welcomes questions and inquiries into becoming a mental health volunteer for the Red Cross. He can be contacted at: ARC of Southern Maine. Tel. 207-622-6201 and at docwhite1@roadrunner.com.

MePA Fall Conference 2012



MePA Fall Conference: (clockwise) Rob Ferguson speaking Friday morning, Howard Kunin, Joe Schenkel , and John O'Brien and Linda Monahon.

Victory for Neuropsychologists in Maine Legislature- The System Works but Slowly

By Laura Slap-Shelton, Psy.D.

Neuropsychologists in Maine were recently excited to learn that psychometricians, individuals who administer and score tests given as part of a neuropsychological evaluation, will be reimbursable. This follows a protracted effort led by Sheila Comerford and Diane Tennies, and involving several members of MePA.

The use of psychometricians in neuropsychological evaluations is a long accepted practice and billing for their work has been allowed by private insurance companies for years. In 2010 an effort to be able to bill for psychometricians in Maine failed. In 2011 Leslie T. Fossel, R-Alna, Me. proposed LD1281: Resolve, To Ensure Cost-effective Services for Persons Needing Neuropsychological Testing. It read as follows:

Resolve, To Ensure Cost-effective Services for Persons Needing Neuropsychological Testing

Sec. 1 MaineCare Benefits Manual. Resolved: That the Department of Health and Human Services shall adopt rules to amend its Chapter 101: MaineCare Benefits Manual to permit neuropsychological testing assistants, also known as psychometricians, to administer and score neuropsychological and psychological tests of MaineCare patients under the supervision of a licensed psychologist. Rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2A.

SUMMARY

This resolve directs the Department of Health and Human Services to amend its Chapter 101: MaineCare Benefits Manual to permit neuropsychological testing assistants, also known as psychometricians, to administer and score neuropsychological and psychological tests of MaineCare patients under the supervision of a licensed psychologist.

In April 2011 Sheila Comerford requested that psychologists testify on behalf of this bill. A number of us went to Augusta to provide our support for the bill, and other members of the community also testified. Additionally, letters were obtained from referring physicians and other referral sources in support of this bill.

In early May 2011 we learned that LD1281 had been passed unanimously with no fiscal note attached, meaning that it would not have through the Appropriations committee. While promising, this was not the end of the process. Rules to implement the bill would be needed. It was not until over a year later, in June 2012, that rules were created and public comment was requested. The rules were difficult to follow at best. Again, Sheila Comerford and MePA and others in the community responded in an effort to create clearer rules. MePA's response included the following preamble:

"As you may know, the Maine Psychological Association has a keen interest in the use of testing technicians by psychologists. In fact, these rules are a direct result of the passage of LD 1281 in the first session of the 125th Legislature, which the Association worked closely on. Because the use of technicians in the supervised administration and scoring of psychological and neuropsychological tests has been the accepted standard in the field for many years, the topic of MaineCare reimbursement had been discussed by MePA leadership with the Maine Department of Health and Human Services for almost two decades. We are pleased that the Department has incorporated the use of technicians and a new reimbursement schedule into the current MaineCare rules. We do believe, however, that there are portions of the proposed rules that need clarification and modification."

Following review of the concerns and proposed changes offered by the community the rules were scratched and we were told that new rules would be written. Another long wait ensued. In September 2012 a further set of rules was offered, and finally in October 2012 these rules were adopted.

New CPT Codes Scheduled for 2013

In 2011 representatives from several national mental health professions participated in a group to review the psychotherapy codes. The group proposed new codes which were accepted by the American Medical Association's CPT Coding Committee. This month Medicare will announce what values it will assign to the codes.

Beginning in 2013 there will be new codes and descriptions for diagnostic and therapeutic services with add-on codes for specific services that can be provided only in combination with other services.

90845, 90846, 90847,90849, 90853 will not be changing. The coding and work value changes involve only the psychotherapy codes and there will be no changes to the testing or health and behavior codes.

New Psychotherapy Codes

- 90832 Psychotherapy, 30 minutes with patient and/or family member
- 90834, Psychotherapy, 45 minutes with patient and/or family member
- 90837, Psychotherapy, 60 minutes with patient and/or family member

There are more changes in coding, including new crisis codes.

For more information go online at

www.apapracticecentral.org/codes

Or if you have a question:

pracodes@apa.org
or
800-374-2723

New Members

◊ Member

Susan Lichtman, Ph.D.
Cape Elizabeth

Thomas Cooper, Psy.D.
Saco

Miriam Wolfenstein, Ph.D.
Kennebunk

Timothy Owen Rentz, PhD
Bangor

◊ Academic

Mark Steege, Ph.D.
Gorham

◊ Associate

Talya Steinberg, Ph.D.
Portland

◊ Affiliate

Victoria McCain, Ph.D.
Fort Worth Texas

Join us in welcoming them!

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