

# The Maine Psychologist

## HealthPsych Maine Journal Club Hosts National Expert on Multiple Sclerosis

by Stacy Whitcomb-Smith, Ph.D.

Multiple Sclerosis is an immune-mediated disease that affects the central nervous system and data suggest it occurs in Maine at rates higher than the national average. On Monday, December 14, 2015 the monthly noontime journal club of HealthPsych Maine in Waterville hosted Rosalind Kalb, Ph.D., of the National Multiple Sclerosis Society, for "A Bird's Eye View of the Physical, Emotional, Cognitive and Social Challenges of MS." Dr. Kalb is a nationally recognized expert on Multiple Sclerosis. Her talk gave psychologists an overview of Multiple Sclerosis, including common mood and cognitive changes which psychologists may be uniquely suited to recognize, to monitor, and to recommend or provide adequate treatment.

Treatment of MS falls into the general categories of managing relapses, symptom management, disease modification, rehabilitation, and psychosocial supports. Often, medical providers focus on medications and disease modification. However, education, lifestyle and wellness strategies can have an important role in quality of life and functioning. In addition, comorbid depression and anxiety disorders (which are thought to be part of the disease process itself as well as a reaction to the challenges of life with MS), are under-recognized and under-reported in the MS population.

Treating the depression and anxiety can also improve life satisfaction, symptom severity and life expectancy. According to the literature, optimal treatment for depression in MS includes psychotherapy, antidepressant medication (and exercise). Furthermore, cognitive dysfunction can occur in up to 65% of individuals with MS, but can be difficult to recognize (MMSE misses 50% of cases of cognitive dysfunction). Patient related clues such as no-shows, noncompliance, irritability (in patient or therapist), and therapist related clues like difficulty connecting with patient, lack of progress or struggles with conceptualizing the presenting problem can indicate cognitive dysfunction and/or depression.

In addition to this information, Dr. Kalb shared with the group the 2013 revision of the MS disease courses. Clinical Isolated Syndrome (a single episode of neurological symptoms with lesion/s that may or may not develop into MS) has been added. Relapsing-remitting MS (RRMS), Primary Progressive MS (PPMS) and Secondary Progressive MS (SPMS) remain the same but now have added modifiers (to be evaluated at least yearly by neurologic exam and MRI): RRMS can be Active or Not Active and Worsening or Stable. PPMS and SPMS can be Active or Not Active and With Progression or Without Progression. Progressive Relapsing MS has been eliminated and replaced by

Primary Progressive MS – Active. Jaye van Dussen, Community Program Manager of the Greater New England Chapter of the National MS Society (based in Falmouth, ME), was also on hand to provide information about supports and resources offered by the National MS Society. She also shared that they are looking to update a registry of providers with experience and/or a willingness to work with the MS population. Call the local chapter at 800-344-4867 to learn more about the provider registry. To learn more about resources for individuals and families living with MS go to <http://www.nationalmssociety.org/>. Find information about MS, and support/resources for health professionals, at [www.nationalMSSociety.org/PRC](http://www.nationalMSSociety.org/PRC).

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### MePA Newsletter Winter 2016

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: Elise Magnuson, PsyD LCSW

Hello!

It is with great excitement that I write my first column as President of the Maine Psychological Association. I am constantly inspired by the great work that the psychologists in Maine do and how, when compared to national Psychological Associations, we always punch above our weight when it come to involvement.

As I look forward to the next two years, I hope to hear from you about what we can do to make MePA stronger and more responsive to our members needs. We continue to provide excellent CEU and work diligently to make sure the presentations are on subjects that are helpful and of the highest quality. We have an upcoming Supervision workshop that will meet the criteria for those who need the CEU's to supervise students/interns.

We have an active Legislative Committee that works to protect and promote the practice of psychology. MePA is monitoring the situation at Riverview and the response to the heroin crisis. Last session we successfully advocated that psychologists did not need to have unnecessary and burdensome additional education regarding suicide to have their license renewed. We defeated attempts to cut MaineCare mental health reimbursements by 10%.

The Early Career Psychologists have just gotten a list serve up and running. It promises to be a format for support, exchanging ideas, and networking. The Technology Committee has worked diligently to develop a new web page that will make our lives easier.

Looking forward I hope to expand the visibility of psychology in Maine. I hope to hear your ideas about the



best ways to do this and am excited to work with you to promote the practice of psychology.

Elise Magnuson, PsyD LCSW  
drecmagnuson@gmail.com,

## Mark Your Calendars!

**April 8, 2016**

### *Supervision*

**Presenter: Mark Steege, PhD  
3 CE Credits  
8:45am-noon**

**Lee Auditoareum  
Wishcamper Center  
University of Southern Maine  
Portland, Maine**

## Update on Risk Audits...

In 2015, the ACA required HHS to evaluate health insurance plans to assess the health of the populations under each plan. The idea is to move money from plans with healthier populations (those with fewer claims and more profit for the insurer) to plans with sicker populations (more claims and less profit) in order to keep rates competitive across the board. This evaluation is conducted in a two-step audit process - insurance companies sample a number of patients they cover, then HHS samples a number of the insurance companies' audits. Unlike traditional audits, which focus on the psychologist's record-keeping and billing practices or the medical necessity of the patient's care, these RA's are essentially a spot check to verify the overall health of the plan's population.

When Anthem/Wellpoint conducted a "test drive" of the audits in the fall of 2014, we immediately noticed that they were seeking a lot of information in a manner we believed put some members at risk for violations of HIPAA and state confidentiality laws - particularly those psychologists who keep detailed therapy notes that are not separated as psychotherapy notes. We contacted Anthem to work out a protocol which seems to have been accepted by other insurance companies. In a nutshell, we got them to agree to seek only minimum necessary information and allow psychologists who keep detailed records to extract that information. In addition we got them to understand that psychologists cannot release patient information without appropriate consent under state

confidentiality law.

Members who receive audit requests are advised to first make sure the consent forms the patient signed are broad enough to allow them to release records to insurance companies for reasons other than billing. Our view is that the language in the "Sample Psychotherapist Contract" available from the Trust and the APAPO/Trust HIPAA for Psychologists product are broad enough to satisfy the consent requirement in most states. If the psychologist's consent form is too narrow (e.g. only allows release if related to billing issues), the psychologist will want to obtain additional consent.

Once consent is obtained, the psychologist need only send the minimum information necessary. For psychologists who have a clinical record (AKA progress notes) separate from their psychotherapy notes, they need only provide the clinical record. For those psychologists who keep what we started calling a "combined record" with details of therapy comingled with the basic information outlined below, they should extract that minimum necessary information and provide that. This information includes:

- Clinical documentation (admission, discharge notes, or progress notes).
- Medication prescription and monitoring.

- Modalities and frequencies of treatment furnished.
- Results of clinical tests.
- Summary of the following:
  - Diagnosis.
  - Functional status.
  - Treatment plan.
  - Symptoms.
  - Prognosis.
  - Progress to date.

We advise psychologists to respect a patient's objection to sending these records; however, we do not suggest they go out of their way to discourage consent. Even though we are unaware of an insurance company threatening to withhold payment to patients or psychologists for not agreeing to provide the records, we do not know what the repercussions might be if a large number of patients refuse access to their records. (Remember, the company is auditing the patient so will likely have records from his/her other health care providers.)

We suggest psychologists who keep combined records to either make them very lean, or consider keeping separate psychotherapy notes for particular sessions or patients if the need to record more detail is important for their treatment. We encourage psychologists to revisit their record-keeping style with an eye to the future of these audits - we understand it is an administrative burden to those in solo or small group settings.

*Please note: Legal issues are complex and highly fact specific and require legal expertise that cannot be provided by any single article. In addition, laws change over time and*

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## Wouldn't It Be Nice..

By Pat DeLeon, PhD

One of the most satisfying aspects of serving at the Uniformed Services University of the Health Sciences (USUHS) is realizing the extent to which APA, APS, various national nursing organizations, and individual psychology and nursing leaders have been willing to go "that extra mile" for those who are serving our nation and oftentimes putting themselves in "harm's way." Former APA Presidents Don Bersoff and Ron Fox have participated in our health policy seminar, as has APA President Barry Anton. Nadine Kaslow has addressed a larger psychology colloquium; while Give an Hour Founder and President Barbara Van Dahlen has graciously participated in both venues.

**Global Approaches to Integrated Health Care: Translating Science and Best Practices into Patient-Centered Healthcare Delivery:** This Fall, APA President Barry Anton graciously extended invitations to the USUHS community to participate in his two and one-half day working Summit. Over 400 viewers, representing 36 countries, "streamed live" into the conference; which was held at the APA Capitol View Conference Center. Video recordings of the summit sessions will soon be made available on the APA web. Barry's goal was to facilitate the sharing of best practices and innovations across disciplines, health care professions, health care settings, and countries. Through the shared understanding of "patient-centered care" he envisions enhanced public expectations (and, in all candor given his long-time interest in the field, appetite) for the integration of health services, bringing together

un-likeminded people and shareholders across the health care domain. On his visionary planning committee was former APA Congressional Science Fellow Brian Smedley and Toni Zeiss, former head of mental health for the Department of Veterans Affairs (VA), both of whom have participated in our health policy seminar. Two of the noteworthy keynote speakers were Ronalso Holer, MD, from the Pan American Health Organization (PAHO) and Sue Dopson, Ph.D. from the United Kingdom. APA President-elect Susan McDaniel also actively participated, moderating panels on special populations and international perspectives.

USUHS student-participant views: "The Summit brought together the pressing issues in healthcare integration. The attendees demonstrated well-rounded ideas and approaches to healthcare and service delivery. I learned about many new topics and ways to communicate. For example, the role of entrepreneurship and business management is becoming increasingly indispensable for any clinician. The experts expressed the pressing need of updating professional education with integrative science on what exactly 'health,' 'wellness,' 'illness,' and 'patient-centered care' mean from various disciplines. Lastly, the role of the patient in developing and implementing integrated care remains relatively untapped; e.g., training patients and family in health communication, using their consumer choices to influence the market, etc. [Edwin Szeto]."

"The Summit was an incredibly rewarding experience. While

we often speak about the importance of integrated healthcare within the American healthcare system, it was eye-opening to hear from experts from around the globe who provided perspectives on the need for such efforts worldwide. Not only did we discuss the importance of getting out of our healthcare AND national silos, the conference put this into action by bringing together physicians, economists, nurse practitioners, psychologists, and many others who were national experts in the U.S., the U.K., Latin America, and other countries around the world. It was spectacular.... Absolutely amazing [Omni Cassidy]." Psychology's future will remain very bright, as long as today's leaders actively engage the next generation in their efforts and thereby share their vision.

**Give an Hour:** Also this Fall, Give an Hour celebrated its tenth anniversary having provided over 175,000 hours of free mental health care to our nation's veterans, service members, and their families. The four day Celebration of Service included a fireside chat at the Embassy of Canada, as well as a special benefit concert performed by Brian Wilson of the Beach Boys and Paul Dano who played Brian in the outstanding film *Love and Mercy* – in which a California psychologist was "less than ethical." USUHS students and faculty were invited to attend the ceremonies. If one stays to the very end of the film, long after many in the audience have unfortunately departed, it becomes clear that director Bill Pohlad and Barbara are on a mission to Change the Direction of how our nation views mental health. Does each of us know "The Five Signs"? President and Michelle Obama have publicly talked about their importance.

As Barbara has often stated: “We must change our culture if we are to succeed in saving lives and ending suffering. We must come to accept that mental health and mental illness are elements of the human condition – just as physical health and disease are.” Today less than half of the veterans (23% to 40%) who are experiencing mental health problems are likely to seek professional mental health care for fear of stigma or other related barriers to care. Listening to those who have made a difference at the national level, it also becomes quite clear that sustainable change requires commitment at the local, individual-to-individual, level. At the fireside chat, it was noted that those who serve our nation develop a deep appreciation for the importance of building a community of effort and of seeking to contribute beyond oneself. It was opined that our nation needs our veterans to once again share their spirit of comradery and to bring home their “lessons learned” to our nation’s cities and rural communities. As these complex issues are being contemplated, it is particularly timely that Give an Hour announced that they are actively bringing research expertise into their ever-expanding community of partners. Changing a culture takes time and personal dedication.

**Military Construction, Veterans Affairs, and Related Agencies (MilCon):** The day before Veterans Day, the U.S. Senate passed the Fiscal Year 2016 MilCon/VA appropriations bill, recommending \$1.0 billion above the President’s budget request, by a vote of 93 to 0. Addressing the special needs of certain veterans; e.g., the Veterans Justice Outreach (VJO) program, the Senate: “(C)ommends the Department for its efforts to support justice-involved veter-

ans. According to the Bureau of Justice Statistics, 9.3 percent of people incarcerated in the United States are veterans; 70 percent of these veterans are incarcerated for a nonviolent offense. The Department reports that 60 percent of incarcerated veterans suffer from substance abuse, 30 percent from a serious mental illness, and 60 percent from a major medical condition. Almost 50 percent of homeless veterans have interacted with the criminal justice system. The Department’s VJO specialists provide outreach and case management services to justice-involved veterans to help avoid unnecessary criminalization of mental illness and substance abuse. VJOs also work directly with local law enforcement and court officials to help identify veteran-specific issues, including Post-Traumatic Stress Disorder [PTSD] and Traumatic Brain Injury [TBI], and they connect eligible veterans with VA treatment programs.”

“Women Veterans – The Committee believes VA must make better progress in addressing the needs of women veterans.... Access to and utilization of VA benefits and services by women veterans remain low, with women often encountering cultural roadblocks in a system that was largely designed to meet the needs of male veterans. The Committee anticipates the results of an ongoing system-wide review intended to determine what type and number of healthcare workers the system should have to address current and future demand of gender-specific care.” Changing a culture requires vision and dedication. “Wouldn’t it be nice?” Aloha,

Pat DeLeon, former APA President – HPA – December, 2015

## Welcome New Members!

### Members

Jennifer Curran, PhD  
Veazie

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Brunswick

Susan Mikesell PhD  
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Brunswick

William Hafford PsyD  
Unity

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Hebron

Julie Linden PhD  
Oquossoc

David Nichols PhD  
Scarborough

### Affiliates

Rachel Goetze  
Hampden



## IMPORTANT INFORMATION ON NEW MEPA.ORG

PLEASE READ!

Dear MePA Members:

As you know, MePA's Technology Committee has been working for the past several months with a web designer creating a new, beautiful and functional mepa.org. The website is essentially done except for one critical component and that is your member information. This is where you come in!

Information from the former website is, unfortunately, not transferrable. You will soon receive an email with directions on how to create your account. We expect it will only take about 3-5 minutes to submit your information. Providing your information quickly is good for you because consumers and psychologists will be able to find you online. It's good for MePA because it makes a mepa.org a vibrant and useful site. If you have any problems contact the MePA office at [mepaaug@aol.com](mailto:mepaaug@aol.com).

***To sweeten the deal, we will be sending everyone who completes their profile, a \$5 gift card of their choice to either Panera Bread, Target, or Dunkin Donuts.***

## Audits

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*vary by jurisdiction. The information does not constitute legal advice and should not be used as a substitute for obtaining personal legal advice and consultation.*

Connie Galietti, JD  
Director Legal & Professional Affairs  
Practice Directorate APA

NH Psych. Assoc. Spring Conference

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[tiffany.lamarre@mainegeneral.org](mailto:tiffany.lamarre@mainegeneral.org)

Visit [www.mainegeneral.org](http://www.mainegeneral.org) for more information.

## Who Let That Doggie on the Airplane?

By Jeffrey N. Younggren, Ph.D., and Cassandra L. Boness

Most people enjoy dogs and find great pleasure in having them around. All of that is fine, but there is a growing trend among those who want to be with their dogs that should be of particular concern for psychologists.

Psychologists are frequently being asked by their patients to attest to their need for an Emotional Support Animal (ESA) for mental health purposes, which allows that animal to be present in what previously would have been a restricted environment.

Theoretically, the presence of the ESA has positive psychological impact on the owner and reduces the impact of a diagnosed psychological disability from which the owner suffers. In order for an ESA to be classified as such, a mental health professional must write a letter stating that presence of the pet mitigates symptoms of that disability.

Most mental health professionals do not know the complexity of this area of regulation. Yet, many seem more than happy to certify their patients as being in need of an ESA. Under the law, ESAs are not the same as psychiatric service animals and they do not require the training that is necessary to certify an animal as an American's with Disabilities Act (ADA)-compliant service animal. However, ESA status does allow the animals to be in otherwise restricted areas such as aircrafts and housing that otherwise prohibit pets. The Air Carrier Access Act (ACAA, 14 CFR 382, 2003) specifically requires airlines to allow service animals and ESAs to accompany their handlers in the main cabin

of an aircraft at no charge.

While appropriate documentation from a psychologist does not allow the ESA access everywhere, it requires waiving a no-pet rule and also any related damage deposit in housing that does not otherwise allow pets. This is because, under the Fair Housing Act (FHA) (42 U.S.C. 3601), an emotional support animal is viewed as a "reasonable accommodation" in a housing unit that has a "no pets" rule for its residents and the imposition of a fee would be contrary to the purpose of the law (<https://www.animallaw.info/article/faq-s-emotional-support-animals>).

Given this information, we make the following suggestions to psychologists who may find themselves in the situation where a client is requesting an ESA support letter: Such an activity is considered extra-therapeutic and is similar to providing disability statements for clients. Consequently, it is not without administrative risk and can significantly complicate therapy if not handled properly. This complication includes the development of role conflicts and related conflicts of interest that place the psychologist's job as a treating professional in conflict with the role as evaluator.

The APA's Specialty Guidelines for Forensic Psychologists consider extra-office practices, like writing an ESA letter, to be forensic-like activities because they are providing administrative information to others to assist them in addressing the patient's psychological

condition for a non-clinical purpose.

Therefore, this is arguably not a clinical activity and frequently has nothing to do with treatment. Be mindful in writing ESA-support letters. It is a crime to fraudulently certify an animal as a service dog or an emotional service animal, putting the psychologist who does so in potential legal trouble.

Should the special accommodations recommended in the letter written by the psychologist become a matter of legal dispute, they may be called upon to justify statements in a deposition or in open court.

The research evidence is limited. Very few controlled empirical studies support the conclusion that the presence of animals impacts loneliness and is actually longitudinally therapeutic. In fact, the empirical research on this topic is inconsistent and is clearly in the early stages of development (Ensminger and Thomas, 2013).

While patients might want their animals to travel with them, and even feel that they need the animal to feel safe or better, there is questionable evidence that this does anything therapeutically.

Treating therapists have an important role in recommending that a patient has an ESA if that recommendation is part of a treatment plan. However, the psychologist must remember that the recommendation for an ESA could result in a permanent

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1990

*Getting Started*

2000

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## MePA 2016 Budget

Income	
Dues	41,950
Convention/Cont. Education	19,850
Grants	10,000
Ads/Website	1100
Donations	100
Records Registry	100
Misc	100
Total	\$73,200
Expenses	
Administration (salary, fica, retirement, etc)	42,600
Central Office	8,000
Advocacy/Lobbying	9,400
Continuing Education	7,250
APA Rep Travel/Committees	3,300
Website	1,200
Insurance	1,100
Legal	200
Accounting	150
Total	\$73,200

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for 2016!**

## Therapy Pets

Continued from page 7

state of affairs that could carry potential legal consequences for the psychologist if that certification becomes disputed and the animal is no longer clinically necessary.

The easiest way to avoid the dilemma of being asked to provide an ESA support letter is to clarify the limited evaluative activities the psychologist is willing to perform as part of the initial informed consent. This type of clarification at the outset of treatment can go a long way in reducing problems that stem from patient requests for extra-therapeutic services.

Whether one agrees with the author's conclusion that these types of evaluations are forensic, one must agree with the conclusion that separating the treatment issues from those that are administrative in nature, avoids any potential role conflict and is in the best interests of the therapy. Remember, this is an official disability determination and not simply something designed to make the client happy.

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Cassandra L. Boness is a graduate student in clinical psychology at the University of Missouri-Columbia. Her chief research interest relates to alcohol use disorder diagnosis and her clinical interests include ethics, treatment of deaf clients and dialectical behavior therapy. Her email address is: [clmkdb@mail.missouri.edu](mailto:clmkdb@mail.missouri.edu).

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This article was originally published in *The National Psychologist*, January/February 2016, Vol. 25, No. 1, Page 9. [www.nationalpsychologist.com](http://www.nationalpsychologist.com)

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