

Maine Psychologist Today

AUGUST 2016



Welcome to the Maine Psychologist Today, MePA's new online newsletter!

Message from the President

I want to thank the hard work of Laura Slap-Shelton, Psy.D. for helping us move to this new format. I also want to thank our Executive Director, Shelia Comerford for corralling all of us and making sure we stay on task. The new format will be a more effective and timely way of getting information to you about the exciting things happening in MePA.

If you have something exciting going on in your practice please let us know and we can include it in the newsletter. Have you read a book that was helpful for your practice and you think others would be interested in? Great!! Write a review for Maine Psychologist Today!

Elise Magnuson, Psy.D. LCSW
President, Maine Psychological Association



Message from the Editor

Sheila Comerford and I are very excited to bring this updated version of MePA's newsletter, Maine Psychologist Today, to the MePA membership. Maine Psychologist Today will come out more

frequently and will have timely updates on the activities of MePA, an article based on the blog for the public which is posted on the new MePA website, and will continue to provide longer thought pieces for those interested in contributing. Most importantly, as Dr. Magnuson said, we are excited to publish your short book reviews, practice updates, publication announcements and short articles on topics that motivate and interest you. Your contributions will help to keep this newsletter as vibrant as the psychologists it serves.

I would like to thank Dr. Magnuson for actively supporting the newsletter's transition to a more accessible, modern format, as well as Sheila Comerford for her devotion to the newsletter amidst the many other amazing things she is doing for MePA. And finally, I give heartfelt thanks to those who have written beautiful essays and contributed wonderful interviews highlighting the contributions of MePA members and the history of psychology in Maine for the Maine Psychologist in the past.

You can find Maine Psychologist Today on the MePA website and will receive email alerts containing the link to the latest issue.

Enjoy!

Laura Slap-Shelton, Psy.D.
Editor,
Maine Psychologist Today





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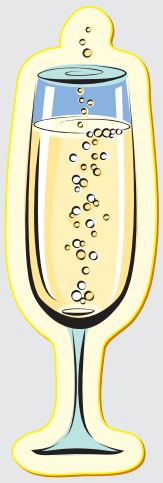
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Early Career Psychology Committee (ECP) Plans Networking Happy Hour

The ECP committee has been active in networking meetings with several new psychologists in the Portland area. There is a networking happy hour for ECP scheduled for August 18th at 6pm in Portland at Salvage BBQ. Please RSVP to me (tom@coopercounselingllc.com) if you are interested in attending.

Public Education Committee Alerts the Press to Coping Strategies in the Face of Shooting Violence

The Committee, headed by David Prescott, PhD recently sent a press release out to Maine media outlets advising the public on common emotional reactions to violent occurrences and general tips for coping, citing two websites (one at the American Psychological Association site, the other psychology benefits.org) for ideas on how to talk with children about gun violence and mass shootings.



Legislative Committee Wraps Up another Legislative Session

2016 was a short session (dealing only with emergency legislation) with not a lot of issues affecting psychologists. The following are the two that we were actively involved in:

LD 1526 permitted criminal justice agencies to develop agreements with nongovernmental advocacy programs for the disclosure of personal information to an employee or volunteer of a mental health advocacy program. The intent was to facilitate the provision of additional services and assistance to those individuals with mental health problems who come in contact with the criminal justice agencies. MePA testified at the hearing that the bill raised problems with patient confidentiality. Ultimately the committee stripped the mental health language from the bill and a modified version with several safeguards was enacted for sexual or domestic abuse victims.



HP 1156 Moratorium on Proposed MaineCare Cuts for Mental Health

MePA supported the moratorium on the Maine Care cuts for mental health contained in the Burns Report. The hearings, and public and provider outrage about the cuts led to Burns and Associates Consulting delaying the cut off for comments on the report for an additional 2 months. A modified report is expected in fall 2016.

For the next session, the Committee is now researching the possibility of submitting a bill to negate the MaineCare decision to not reimburse hospitals for computer scored neuropsychological evaluations. If this issue affects you and you'd like to get involved, contact Tony Podraza at tonypodraza@aol.com or the MePA office. For other legislative ideas contact Diane Tennes, PhD Chair of the Committee at datphd@aol.com

Welcome New Members!

Sharon Etzweiler, PhD | Cape Elizabeth | Member
Quynn Morehouse, PsyD | South Portland | Member
Maggie Foster York | Affiliate
Jamie Pratt PsyD BCBA-D | Yarmouth | Academic
April O'Grady PhD | Orono | Academic
Kathleen Weiss PhD | Manchester | Member
Danielle Williams, PsyD | Dixfield | Member



Critical Number of Vacancies on the Board of Examiners of Psychologists

Critical Number of Vacancies on the Board of Examiners of Psychologists
There are currently five vacancies on the Board, out of a total of nine seats. Three are psychologist/psychological examiner slots and two are public slots. The rules of governance of state boards were recently changed by the legislature to allow a quorum to be defined as a majority of those present. This means that on issues of great importance to those practicing as psychologists and psychological examiners, decisions can be made by a very few people. This is especially disconcerting when, for example, only 3 members are in attendance-for at that point 2 members can make policy.



MePA, in response to this undesirable situation, has been looking for individuals to apply to serve on the State Board. As of this date, only one individual has sent an application in to the Governor's office. Meetings are held usually 4-5 times a year and the terms are 3 years. Won't you consider assisting in the good governance of your profession? The MePA office has the required forms for the slots. Email Sheila at mepaaug@aol.com for more information or the paperwork.

New Website & Member Portal



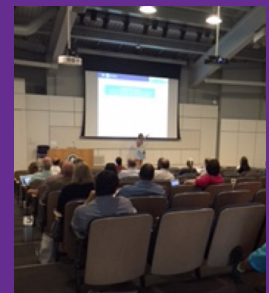
MEPA.ORG

Have you updated your practice information on the new website yet?

Continuing Education Update

Over 50 participants attended the July 1 MePA workshop Therapeutic Risk Management: Assessing and Addressing Suicidal Thoughts and Behaviors

among Those at Risk for Self-Directed Violence with Lisa Brenner, PhD. Both the venue (Colby College) and the speaker received high marks.



Mark your calendars for the MePA Fall Meeting: November 18. MePA's own Joel Guarna, PhD and Stephen Hull, MD will present Treating Chronic Pain: Evolving Models of Care. The workshop will explore chronic pain, the neurophysiology of pain, and changing paradigms of care including the evolving role of opioid pain medications. They will also present on multi-disciplinary treatment of pain with an emphasis on behavioral and psychosocial interventions. Drs. Guarna and Hull will conduct workshop-style segments aimed to help psychologists attend to and treat their clients' pain and pain behaviors and the interaction of chronic pain with comorbid medical and psychological disorders.

Proposed Changes to MaineCare Reimbursement



Thank you to all who responded to the MePA request to comment on the proposed reduction in rates for psychologists under MaineCare which Burns and Associates prepared for the Maine Dept. of Health and Human Services this spring. We have heard from dozens of psychologists who have submitted practice information to the Phoenix Arizona consulting firm. We anticipate the final report will be released in the fall of 2016.

MePA Delegation Helps Secure Congressman Poliquin's Support for Mental Health Bill in Congress: Bill Passes Overwhelmingly



MePA psychologists Diana Prescott, PhD, Elise Magnuson, PsyD and Executive Director Sheila Comerford, attendees at APA's State Leadership Conference, met recently with Maine's Congressional Delegation to urge passage and co-sponsorship of HR 2646, the Helping Families in Mental Health Crisis Act, sponsored by Rep. Tim Murphy of Pennsylvania (a psychologist) and Eddie Bernice Johnson of Texas.

The new law increases access to Medicaid mental health services, authorizes the National Suicide Prevention Lifeline Program and increases funding for prevention of adult suicide. Among other things, it also funds a workforce program to train health services psychologists to work in community mental health settings.

"APA and MePA worked well together to get this important initiative for consumers," said Doug Walter, J.D., Associate Executive Director, Government Relations, at APA's Practice Organization.

Thank you to Dr. Prescott as MePA's APA Federal Advocacy Coordinator for your efforts!

**Check out MePA's blog postings at mepa.org/blog
Interesting in writing one?
Contact the MePA office at mepaug@aol.com**

Job Title: **Child Psychologist, Edmund N Ervin Pediatric Center**

Company: MaineGeneral Medical Center

Location: Waterville, Maine

MaineGeneral Medical Center's **Edmund N Ervin Pediatric Center** is seeking a full-time, doctoral level psychologist to join our innovative inter-disciplinary team. EEPC is a committed group of 22 experienced pediatric practitioners, including eight Child Psychologists, five Masters Level Licensed Clinical Social Workers, Child Psychiatry, Developmental Pediatrics, Pediatric Speech, Physical and Occupational Therapists. Our thriving practice is proud to be part of Maine General Medical Center. The brand new, state-of-the-art, 192-bed MaineGeneral Medical Center at the Alford Center for Health offers comprehensive inpatient and outpatient services for the surrounding communities. We're located just an hour north of Portland, Maine's largest city, and three hours from Boston.

Job Details and Requirements:

- Doctoral level training and experience in evaluation and treatment of children and adolescents presenting with a wide array of, behavioral, and developmental challenges , including children who have experienced trauma and neglect.
- Prepared to provide evaluations including standardized testing, both as individual psychological assessments, and as part of interdisciplinary evaluation teams.
- Training in evidence-based individual, family and group treatment for children.
- Ability to collaborate with primary care providers at MaineGeneral to support their care of children who have developmental and behavioral needs.
- Must be licensed or immediately license-eligible in Maine

Benefits of practicing at MaineGeneral include:

- Competitive salary
- Loan repayment opportunities
- Generous earned time program
- Full health, vision and dental benefits
- Relocation allowance
- CME time and dollars
- Retirement plans with employer match

Contact Info:

Tiffany Lamarre, Physician Recruiter
tiffany.lamarre@mainegeneral.org
www.mainegeneral.org

RSI™

Rating Scale of Impairment™

Sam Goldstein, Ph.D. and Jack Naglieri, Ph.D.

Product Overview

Research & Resources

Pricing & Details

Description

Scales and Forms

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Description

With or without a diagnosis the RSI helps assess functional impairment across 6 important life areas.

The Purpose of the RSI

Authored by Sam Goldstein, Ph.D. and Jack A. Naglieri, Ph.D., the RSI is a multi-informant behavior rating scale that measures functional impairment across six life areas in children and youth. When used in combination with symptoms measures, the RSI adds impairment information that can help complete the diagnostic picture. It also helps to highlight where functional impairment is most prominent so that interventions can be more effectively targeted. When used in group settings the RSI can help identify those who require additional assessment, or measure the effectiveness of intervention programs.

- **Determine if DSM-5/ICD-10 impairment criteria for a diagnosis are met** by identifying specific areas where functioning is impacted
- **Develop targeted treatment plans and monitor progress** by focusing on areas with the greatest impairment
- **Determine if service eligibility requirements** are met with IDEA compatibility
- **Assess impairment more clearly** by separating functional limitations from symptoms
- **Align with the World Health Organization's (WHO) functional impairment framework** with scales that represent domains identified in the WHO's International Classification of Functioning, Disability, and Health (ICF)

Scales:

In order to provide age appropriate information, separate Parent and Teacher forms are available for both the RSI 5-12 and RSI 13-18 years.

- **School/Work** - reflects the child/youth's level of impairment when acquiring and applying knowledge at school and/or work
- **Social** - describes how impaired the child/youth is when interacting with others
- **Mobility** - reflects the extent of the child/youth's impairment when physically moving, such as running and kneeling
- **Domestic** - reflects the child/youth's level of impairment when helping around the house, including completing chores
- **Family** - describes how impaired the child/youth is when interacting with family, such as communicating with family members and taking part in family activities
- **Self-Care** - reflects the extent of the youth's impairment in caring for themselves, including areas of feeding, dressing, and maintaining personal hygiene
- **Total Score** - indicates the youth's overall level of impairment

What is Functional Impairment and why Measure it?

The precise definition of the term impairment varies across and within medical, mental health, and educational fields, but for this purpose, impairment is defined as a limitation resulting from a psychological, physical, or cognitive disorder that manifests as a reduced capability to meet the demands of life, such as physical mobility and self-care needs, family and social interaction expectations, domestic commitments, and school or work obligations.

Relationship Between the RSI and Other Measures

RSI and Adaptive Behavior Measure

Median Correlation: -.54

The correlations between the RSI Total Score and the Adaptive Behavior Assessment System, Second Edition (ABAS-II; Harrison & Oakland, 2003) suggest that the two measures are related (given that they assess behavior within similar domains). However, the strength of the relationship is moderate enough to suggest that the two are capturing different constructs. This finding supports the evidence in the research demonstrating important differences between the two constructs. Indeed, the main difference between adaptive behavior and impairment lies in the distinction between skills and performance (Ditterline & Oakland, 2009). Whereas adaptive behavior reflects the presence of skills learned to function in daily living, impairment reflects a deficit in using those skills. Thus, measures of impairment focus on the outcome of a behavior rather than presence or absence of skills (Dumas et al., 2010; Gleason & Coster, 2012).

RSI and Symptoms-based Measure

Median Correlation: .29

The correlations between the RSI Total Score and the Conners Comprehensive Behavior Rating Scales (Conners CBRS; Conners, 2008) Symptom Scales suggest that impairment and symptoms are not strongly related. Such findings support the notion that symptoms and impairment are different constructs and need to be considered separately in making diagnoses (Barkley et al., 2006; Eriksen & Kress, 2005). In fact, a number of studies show that symptoms and impairment do not necessarily co-occur as individuals may meet the symptom criteria for a diagnosis without showing impairment or may show severe impairment without meeting the symptom criteria (Angold, Costello, Farmer, Burns, & Erkanli, 1999; Costello, Angold, & Keeler, 1999).

RSI and Intelligence Measure

Median Correlation: .59

The correlations between the RSI Total Score and the Wechsler Intelligence Scale for Children (WISC-IV; Wechsler, 2004) suggest that these measures are not related. These findings, which are in line with past research (Naglieri, Goldstein, & LeBuffe, 2010), indicate that children/youth who are diagnosed with psychological disorders can exhibit significant impairment in their overall functioning regardless of their level of intellectual ability.

RSI and Impairment Measure

Median Correlation: -.05

The correlations between the RSI Total Score and the Barkley Functional Impairment Scale for Children and Adolescents (BFIS-CA; Barkley, 2012) provide evidence of convergent validity in that the RSI is related to other measures of impairment. However, as expected given differences in item content, the correlations are not so strong as to suggest redundancy between the two measures.



QUICK FACTS

Author

Sam Goldstein, Ph.D. & Jack Naglieri, Ph.D.

Age Range

5 to 18 years

Administration Time

5-10 minutes

Administration Type

- Parent-completed
- Teacher-completed

Qualification Level

B

Formats

- Online
- Handscored



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