

Maine Psychologist Today

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

President's Message



Another true tale: I was administering the WISC-5 to a seven-year-old. During administration of the initial more simple questions of the Information subtest, the boy began to grimace at me. I continued with two further questions, and he then added to his response: "You don't KNOW much, do you?!" Well, I hate to say it

but....! 😊

And now, relative to two of my previously stated goals for MePA in 2017-18, here are several updates to make us all smarter. My first goal was: "Each MePA member can come to some form of professional realism or perhaps even self-transformation via their experiences with MePA." Clearly, this is to be reflectively addressed by each of us. However, MePA certainly is offering several opportunities for professional growth and development. These include the 13 MePA Committees*, professional conferences, Listserv access, and expansion of membership, particularly to our doctoral level graduate students.

So, are you seeking professional stimulation? Post MePA's Psychopharmacology conference in June 2018, we are planning a half day conference on September 14th at the Senator Inn in Augusta, relative to ethical practice with a focus on addressing potential complaints. Stay tuned for more information on the "Navigating a Board Complaint: What is the Process

and How to Deal with it? A Morning with the Chair of the Board of Examiners and a Legal Expert" conference.

A second conference pertaining to Telehealth is scheduled for November 9th at the Clarion Hotel in Portland (full title to be determined). We are also encouraging our graduate student members to consider presenting at the poster session that will be a part of the November 9th conference. I will be visiting each campus prior to that date to so encourage.

A second goal of mine was, "Membership expansion, i.e. "pass on the good word about us." To this end MePA has already approved the elimination of first year membership dues of graduate students." On September 14th our Policy Council will discuss eliminating membership fees for graduate students for their entire study period. Let us see what the Policy Council decides.

Yes! I had several further goals but I am getting "chatty." Until next time . . . but PLEASE consider exploring our Committees* and your potential involvement. You can contact Sheila Comerford, or me as Chair of the Membership Committee at collinsmepa@gmail.com, or the other Committee Chair's to ask questions and discuss opportunities.

Until later!

Tom Collins, EdD
President

The 13 MePA Committees

Legislative

The Legislative Committee is responsible for monitoring issues affecting psychologists at the State House and in state government. The Committee also develops MePA's annual legislative agenda and supervises the work of the MePA lobbyist.

Diane Tennes, PhD LADC
datphd@aol.com

Psychopharmacology

This committee will provide psychologists information relative to the interplay of pharmacology with talking therapies, with developmental factors, with neuropsychological factors and with substance use factors (comprehend a drug's potential side effects, interactions with other drugs, drug interactions with other foods, implications of inconsistent usage, and enzyme factors for consideration (cytochrome P-450, etc.).

Ethics

The Ethics Committee has moved from an adjudicative or investigative committee to one focused more on consultation and education. The committee presents to local groups of psychologists on ethics and topics relevant to today's practitioner. The Committee also provides consultations with MePA members about ethical issues related to the practice and conduct of psychologists.

Farhana Shah, PhD
shah@sonnetpsych.com

Peace and Social Justice

The Peace and Social Justice Committee provides guidance to MePA on topics of social concern and has represented MePA in matters such anti-discrimination initiatives, peace rallies and reproductive rights for women.

Doug Kimmel
dougekimmel@tamarackplace.com,

By-laws

This Committee reviews and redrafts MePA bylaws for membership votes.

Christine Gray Psy.D, Chair
cgray@megalink.net

Continuing Education

The Continuing Education Committee oversees all Continuing Education initiatives for MePA including the annual conference and at-home continuing education opportunities.

Susan Maataoui, PhD
susan.maataoui@va.gov

Membership

The Membership Committee is responsible for maintaining a vibrant MePA membership including providing opportunities for prospective and new members to become acquainted with MePA, and maintains close ties to membership.

Tom Collins, Ed.D
collinsmepa@gmail.com

Public Education

The Public Education Committee uses the media to educate the public on issues that affect both psychology and the public. Topics that have been covered include the mind/body connection, fostering resilience, and school violence. The Committee also works closely with the Legislative Committee on issues pending at the State House.

Carly Rodgers, PhD
carly.rodgers@gmail.com

Reimbursement Oversight

This Committee receives feedback from members on problems they are having with third party payers. The Committee discusses avenues for addressing the problems, acts as an intervenor with insurance companies, and meets with officials from the Bureau of Insurance to discuss on-going concerns.

Tom Cooper, Psy.D.
tcooper@coopercounselingllc.com

Early Career Psychologist Committee

This committee assists ECPs with challenges of beginning a career in psychology.

Technology Committee

This Committee oversees the website and determines how to best use it and other social media to support the mission of the organization.

Elyse Corbett, PhD

elyse@bellavitamaine.com

Audit Committee

This Committee reviews fiscal policies and documents.

Elise Magnuson, Psy.D.

drecmagnuson@gmail.com

Compensation Committee

This committee reviews the compensation of staff.

Legislative Committee Active During Session

MePA's Lobbyist, Bob Howe, has provided us with an 'end of the session' summary as to activities this year and I encourage everyone to review it.

As an overview, it has been a busy and quite contentious session. Active members on the legislative committee this year were: Nick Rehagen, Lucy Quimby, Sheila Comerford and Bob Howe, our lobbyist. We met six times during the session to strategize and discuss how to best ensure psychologists' interest were protected given pending legislation. We provided testimony on three bills (LD 912, An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy; LD 1032, An Act to Ensure Protection and Health Insurance of Patients and LD 1184 An Act To Create a Community Protection Order To Allow Courts To Prevent High-risk Individuals from Possessing Firearms). The committee also monitored several other bills and provided input as well as responded to legislator's questions.

Please let us know if you have questions or are interested in being part of this committee.

Diane Tennies, PhD

Legislative Chair

Legislative Wrap Up 2018

LD 902, "Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in the MaineCare Program". This is one of dozens of bills that remain on the Senate Appropriations Table. The bill was amended in committee and was enacted in the House before being placed on 'the table' by the Senate because it carries a fiscal note of \$50,000 to pay for a rate study. Here is a summary of the amended bill:

The committee amendment replaces the resolve and changes the title. It requires the Department of Health and Human Services to contract for a 3rd-party independent rate study to develop a separate rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy to be billed under rule Chapter 101: MaineCare Benefits Manual, Section 65. Currently, this therapy is available as outpatient therapy and home-based and community-based treatment under Section 65. The rate study must take into consideration the costs to providers of delivering the service, including certification and continuing education, quality assurance and continuous quality improvement, the need to attract enough providers to clear waiting lists and serve all areas of the State and the costs to ensure fidelity to the therapy model. The rate study must be completed no later than January 1, 2019, and the department must report to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 30, 2019. The department must amend its rules to establish the new rate. The amendment adds an emergency preamble and emergency clause. The amendment also adds an appropriations and allocations section."

The legislature has recessed until July 23rd. While it is possible that the bill will be finally taken up then, this and other bills on the table may simply be left to die there, since there was ample time to deal with them before now.

LD 912, "An Act To Clarify the Scope of Practice of Certain Licensed Professionals Regarding Conversion Therapy" This bill was very contentious and, like LD 902, was not given final action until it had been carried over from 2017 to 2018 and worked in committee again. It was finally enacted by the legislature after being amended both in committee and on the floor of the Senate. Here is a summary of the amended bill:

The committee amendment is the majority report of the committee and replaces the bill, which is a concept draft. This amendment does the following.

1. It defines "conversion therapy" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, except for counseling or treatment intended to assist an individual undergoing a gender transition; counseling intended to provide acceptance, support and understanding to the individual; and counseling intended to facilitate the individual's coping, social support or identity exploration and development, including any therapeutic intervention that is neutral with regard to sexual orientation, and that seeks to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek to change the individual's sexual orientation or gender identity.
2. It provides that advertising, offering or administering conversion therapy to individuals under 18 years of age in the State is an unfair trade practice. Court actions involving conversion therapy brought against health care providers under the Maine Unfair Trade Practices Act are not

governed by the specialized procedures set forth in the Maine Health Security Act for actions involving professional negligence.

3. It prohibits certified school psychologists and guidance counselors, nurses, doctors, physician assistants, psychologists, psychological examiners, alcohol and drug counselors and aides, social workers, pharmacists and pharmacy technicians, professional counselors, marriage and family therapists, pastoral counselors, speech-language pathologists and assistants, and audiologists from administering conversion therapy to individuals under 18 years of age. Administration of conversion therapy to an individual under 18 years of age in violation of this prohibition is grounds for discipline of the professional by the department or board that issued the professional's license or certification, including but not limited to suspension or revocation of the license or certification.

4. It prohibits MaineCare reimbursement for conversion therapy administered to an individual who is under 18 years of age.

5. It adds a statement of legislative findings and intent.

The Senate amendment clarifies that a school psychologist or guidance counselor who administers conversion therapy is subject to sanctions, which could include certificate revocation and suspension, and only for conduct that occurred within 5 years. The amendment specifies that the legislation does not apply to the activities of a priest, rabbi, member of the clergy or minister unless that person receives monetary compensation specifically for those activities. This amendment also removes from the legislative findings and intent section language regarding the United Nations Committee against Torture and Human Rights.

The amended bill was enacted by the Senate and the House and sent to the governor on June 21st, whereupon he vetoed the bill. The legislature took up the veto on July 9th and the House failed to override the veto by a vote of 79-61, 15 votes short of the 2/3 of those present and voting needed to override. The discussions were contentious, pitting advocates for LGBT persons against religious conservatives. In his veto message, while Gov. LePage said he opposes the mental or physical abuse of young people who 'come out,' he found the bill too broad and interfering in the scope of practice of licensed professionals. He also said the bill interferes with religious liberty of parents who seek counsel and treatment of their children.

LD 1884, An Act To Specify the Procedures Regarding the Court-ordered Surrender of Dangerous Weapons

This bill would have permitted a court to remove firearms from certain persons. As originally drafted, there were two bases for petitioning the court; either that the person:

- A. Has a mental illness that may be controlled by medication but has not demonstrated a pattern of voluntarily and consistently taking the individual's medication while not under supervision; or
- B. Is the subject of documented evidence that would give rise to a reasonable belief that the individual has a propensity for violent or emotionally unstable conduct.

The committee split on their support for the bill. The majority of the committee added a provision ensuring that persons who were to be restrained from possessing firearms were entitled to legal counsel. The minority of the committee advanced a version that was ultimately enacted by the legislature. It would have authorized a court to order a person admitted to a progressive treatment program not to possess firearms or other specified dangerous weapons for the duration of the patient's court-ordered participation in the program. Of course, that would leave out anyone who might be deemed potentially violent if they were not in a progressive treatment program.

The bill went first to the Senate which adopted the minority report. The House then rejected the committee's majority report and also accepted the minority report, rather than see the bill die in non-concurrence between the houses. The bill was then enacted by both houses on June 20th and sent to the governor who vetoed the bill and returned it to the legislature on July 9th. The Senate voted by a margin of 31 to 3 to override the veto, but the House failed to override on a vote of 76-67.

Opponents of the measure had argued that police might damage weapons they confiscated, and others worried that, once a report of an individual's being restrained was in the federal criminal database, it might never be expunged once the person's weapons were returned. The governor's veto letter indicates that he opposed the bill because, unlike the involuntary commitment law, the bill lacked a requirement that evidence of the person's mental illness and dangerousness be proved by clear and convincing evidence. Such a standard was in the original bill and the majority committee amendment, but was not included in the minority version that was sent to the governor.

The Status of Medicaid Funding

As you know, in 2017 Maine voters approved MaineCare expansion. But when the state took no action to implement the expansion, (the LePage administration argued that they would not expand the program until they had adequate funding) advocates filed a lawsuit. The court ordered the LePage administration to file a plan for expansion with the federal government.

Last month the legislature voted to use Tobacco Fund (\$35 million) and general fund surpluses to fund the first year of the program. The governor vetoed the funding proposal from the legislature and the veto was sustained. Although he had said he would go along with expansion if the legislature provided funding without raising taxes, he vetoed the bill, stating in his veto message said that the funding source was a gimmick and not permanent. He then proposed raising taxes on hospitals to pay for the expansion.

Given that funding has not been appropriated, the matter is back before the Superior Court. Judge Murphy will be asked to rule on the question whether there is sufficient funding to take care of the expansion for nearly all of FY 2019. In the meantime, advocates have urged eligible individuals to apply for the program through Maine DHHS.

Bob Howe, Howe and Cahill Consulting
MePA lobbyist

MePA Psychopharmacology Conference



Three prescribing psychologists and leading national experts in the field of psychopharmacology, Joseph Comaty, PhD, MP, Marlin Hoover, PhD, MS, ABPP-CL and Neal Morris, EdD, MS, CBSM, ABPP-CL provided the 50 psychologists in attendance with a comprehensive overview of pharmacokinetics and how to work effectively with prescribing providers at the June 22 MePA conference at Colby College.

MePA Happenings



Beth Bohnet, PhD hosted the Bangor Women in Psychology Annual Dinner in June.

Save the Date!

Friday, September 14, 2018 8:45am-noon

“Navigating a Board Complaint: What’s the Process and How to Deal with It? A Morning with the Chair of the Board of Examiners and a Legal Expert” a 3 CE workshop with featured speakers Glen Davis, PhD, Chair of the Board of Examiners and Dennis Carillo, JD with Doyle and Nelson, Augusta law firm. Visit mepa.org to register and for more information!



Would You Like to Start a Journal Club?

Journal club presentations provide a forum through which psychologists can keep abreast of new developments in the field and engage in discussion and interaction with other mental health professionals. MePA can offer your Journal Club inexpensive continuing education credits with the added benefit of you not having to travel to get CE credits! Interested? Contact Sheila Comerford for more details about the program.

Welcome New Members!

Peggy Crawford, Ed.D. Bath ME
Member

Andrea Medaris, Psy.D. Providence, RI
Affiliate

HELLO!

New Members!



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Requirements:

Candidates should have a doctoral degree in clinical psychology (PhD or PsyD) and be licensed to practice in Maine (or be immediately eligible for licensure). Preference will be given for prior experience in integrated behavioral health, health psychology/behavioral medicine and family systems. Prior experience in medical education is also preferred. Consideration will be given to master's level social workers with prior experience as a Behavioral Science Faculty.

The Lewiston/Auburn community is centrally located in Maine and is the second largest metro area in the state. Two hours north of Boston and close to the ocean, lakes, and mountains, this opportunity offers the outdoor enthusiast unlimited recreational possibilities. Please visit our website at <http://recruitment.cmmc.org/> to complete an application or forward your CV to: Donna Lafean, at email: LafeanDo@cmhc.org, or fax: 207/344-0658, 1-800/445-7431.

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