Rhode Island Psychological Association
1643 Warwick Avenue/PMB 103
Warwick, R.I. 02889

THE NEWSLETTER OF THE RHODE ISLAND PSYCHOLOGICAL ASSOCIATION SUMMER 2010

Upcoming Continuing Professional Education

Friday, September 24, 2010

Mindfulness and Acceptance-Based Behavioral Therapies for Generalized Anxiety and Related Disorders

Susan M. Orsillo, Ph.D.
Lizabeth Roemer, Ph.D.
[6 CE Credits]

Location
The Crowne Plaza
801 Greenwich Avenue
Warwick, RI 401-732-6000

Friday, October 22, 2010

Integration of Psychological Services in Medical Settings: Barriers and Opportunities

Paul Block, Ph.D.
William A. Hancur, Ph.D.
Christine Low, Ph. D.
Wendy Plante, PhD
Ronald Seifer, Ph. D.
[5 CE Credits]

Location
The Radisson Airport Hotel
2081 Post Road
Warwick, RI 401-739-3000

Register at www.ripsych.org

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President's Message

Fellow RIPA Members:

I am pleased to address you as your new RIPA president. I enjoyed meeting some of you at our recent get-together on a lovely summer evening and look forward to another get-together we are planning for the fall. Those of us who have been involved with RIPA, serving on committees and the board, have found our work to be of benefit to the community of psychologists in Rhode Island, along with providing us personally with networking opportunities and camaraderie. I ask those of you who have not been active members to join a committee, come to an event, or contact a board member to express your views about our common concerns. At this point in time we need members to help out on our communications, membership, legislative, and insurance committees. I urge you to become involved.

Leslie A. Feil, Ph.D.
RIPA President

Legislative Committee Update

This legislative session was marked by the legislature's focus on the budget to the detriment of passing legislation, including legislation of concern to psychologists. Our Legislative Committee submitted three bills to the General Assembly this year and submitted testimony for each bill. Many thanks to Past-President James Campbell for testifying at two of the hearings.

The first bill, S2430, sought to amend our licensing statute to enable the Board of Psychology to recognize and refer psychologists to a colleague assistance program. Colleague assistance programs assist impaired professionals to get assessment and treatment with the support of their professional colleagues. The bill passed the Senate but was stuck in the House Health Education and Welfare Committee when the session ended.

We also introduced a bill to plug a hole in the federal parity law by mandating that health insurers reimburse behavioral health services on the same basis they reimburse medical services, and a bill that would have required insurance companies to notify health care professionals when claims are complete and that they are obligated to pay them within 30 days.

Submitted by Peter Oppenheimer, Ph.D.
Legislative Committee Chair

APA Update

Council of Representatives Report

Here are the highlights of the February 2010 Council of Representatives meeting held in Washington, DC:

The Council voted to approve the following core values statement as part of APA's Strategic Plan:

The American Psychological Association commits to its vision through a mission based upon the following values: Continual Pursuit of Excellence; Knowledge and Its Application Based Upon Methods of Science; Outstanding Service to Its Members and to Society; Social Justice, Diversity, and Inclusion; Ethical Action in All that We Do.

For many years members of some divisions and specialty associations have been offered discounts on their APA dues. After several years of debate the Council voted to give members state associations the same discount they will provide to members of these divisions and specialty associations. The discount will be less than what has been offered in the past, but it will be the same for all in the future. All who qualify will receive a $25 discount.

The Council voted to adapt the ethics code to prohibit psychologists from being involved in torture.

For decades the Council has tried to come to terms with its composition. The Council is comprised of representatives of Division, and State Provincial and Territorial Associations. Over the past few years through a very complex apportionment system we have been functionally assured we would have a vote, but the votes of the smallest associations are not fully guaranteed. Last year a compromise was worked out by a task force, and then that compromise was amended by the Council, but before a final vote which would technically require the membership to vote to amend the bylaws, the leadership decided they wanted to postpone resolving this issue until it could be considered in the context APA strategic planning process. So we are stuck at this point. This issue has been a major focus on my work at the Council since my first term in 1996.

The most heated issue at the session was the proposed Model Licensing Act. The Act serves as a model for states to consider in adapting their practice acts. The Act addresses a number of important issues:

The MLA affirms APA's commitment to licensure at the doctoral level.

In recognition that most graduate students now start their internships with broader clinical training experiences than

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students had when the scientific/ practitioner model was developed and that many graduate students are having difficulty finding gainful employment upon graduation because they are not yet license eligible, it suggests that supervision for licensure can be obtained in practicum experience while in residence in graduate school and in pre-doctoral internship. The MLA removes the requirement for a post-doctoral year of supervision. Such supervision can still qualify for licensure.

The MLA creates a distinction between psychologists who are "health service providers" versus "general applied psychologists."

The most conflicted issue was the recommendation to fully restrict the title of "psychologist" to people with doctoral degrees. Non-doctoral school psychologists protested that this would demean their stature and potentially undermine their roles in schools. Supporters of the Act expressed concern that for psychologists to become recognized as physicians by CMS, it is essential that only doctoral level psychologists be referred to as "psychologists." Through much heated debate in the backrooms and in the Council session, The Division of School Psychology (16) offered a compromise that recognizes that public school staff is regulated by Departments of Education not Departments of Health. The compromise allows non-doctoral level personnel working in the schools to retain their title if it is granted by their regulating state Department of Education. The Act stipulates that the title must include the word "school." Thus, those with a master degree or a certificate of advanced graduate studies who work in schools can continue to be called "school psychologists." It is my understanding that NASP and RISPA approved of this compromise.

Submitted by Peter Oppenheimer, Ph.D.
APA Council Representative

"Social Psychology"

RIPA member Nina Pinnock enjoys the conversation at the June 25th "Meet and Greet" at Twenty Water Street, East Greenwich. Several social get togethers are planned each year - look for the next gathering this fall!

Insurance and Managed Care Update

COMPRI and UBH

The Coalition of Mental Health Professionals of Rhode Island, lead by RIPA members James Curran, Peter Erickson and myself have met with executives representing the United Health Group three times this year. Insurance Commissioner Christopher Koller and Assistant Attorney General Genevieve Martin participated in two of the meetings. We have confronted United staff on a number of issues including: inpatient and outpatient treatment authorization procedures, psychological testing authorization procedures and payment errors, claims processing, the Alert Questionnaire, the formulary, and inappropriate cost containment schemes.

Our focus in these meetings has been to identify the problems our consumers and clinicians are experiencing with the company and ask the company to address the problem in a systematic way. The United staff members have acknowledged our concerns, and we appreciate their efforts to research and resolve them. We will continue to encourage the company to better serve the interest of their insured and respect the concerns of their contracted professional providers. For more information, see the expanded article at www.ripsych.org.

Submitted by Peter Oppenheimer, Ph.D.
Insurance and Managed Care
Committee Chair

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Ethics Corner

Q: What rights to confidentiality do minors have when they are receiving psychological treatment?

A. This issue frequently arises in the midst of treatment when adolescents especially, request that the psychologist not divulge certain information to parents. It also arises when parents request their child's treatment record and psychologists have concerns about parents reading the content of the notes.

Like most questions regarding ethics, there are clinical and legal considerations in addition to ethical concerns in answering this question. In this case, federal and RI state law do not offer clear guidelines to the psychologist. According to the HIPAA Privacy Rule, parents/guardians have the right to provide consent to release information from their child's medical record to third parties. The Privacy Rule provides two exceptions. First, a parent can agree to a confidential relationship between the minor and the *physician,* in which case the right to authorize disclosures to third parties transfers to the minor. Second, when state law does not require parental consent for treatment, the parent does not control protected health information. Guidance from this law is limited because of the reference to physicians and because it relates to disclosure of health information to third parties, not to parents accessing the child's health record for themselves.

Similarly, RI state law does not address minors receiving mental health treatment. In RI, parents have the right to consent for medical treatment for their children under 18 years of age. Married persons and anyone sixteen years or older may consent to "routine emergency medical or surgical care", but the law is silent regarding consent for mental health treatment. Last year, in a matter involving psychotherapy with minors, Iowa Supreme Court ruled that parents do not have the absolute right to their children's medical records if it is not in their child's best interests. While this ruling currently only applies to courts in Iowa, the ruling may affect court decisions on this matter in other states in the future.

To address both therapeutic and risk management concerns, it is best to have a frank discussion about the importance and limits of confidentiality with adolescents and their parents together at the outset of treatment. Research has found that adolescents often do not know how to interpret vague statements about "risk of harm" to themselves or others. "Will the psychologist tell my mom that I'm having sex…smoking pot….smoking cigarettes…had a suicide attempt two years ago…am having occasional thoughts about being dead?" Therefore, when possible, concrete examples of how the psychologist will handle disclosures about substance use, sexuality, and suicidal and homicidal ideation, statements, and behaviors will best convey to parents and teens which information psychologists would choose to keep confidential from parents, which information they would feel compelled to share, and which information they would encourage teens and parents to discuss together but would not share with parents against teens' wishes. It is advisable to ask parents in front of the adolescent whether they feel comfortable with the adolescent and psychologist maintaining a confidential relationship as long as content does not fall into a high-risk category. Of course, parent agreement, if it is provided, should be clearly documented in the medical record. Anecdotally, parents are often reassured to hear that the psychologist encourages open communication between teens and parents and will help with that goal. Conversely, teens are often reassured when told that if confidentiality must be broken, they will be informed, it will be done with the teenager present and not behind their back, and the therapist will help the teen to ideally be the one to inform parents of the information. Conversely, parents and guardians who disagree with the way in which the psychologist conceptualizes confidentiality and disclosure may choose to access treatment with a different provider, and minor patients who continue in treatment will have a framework with which to understand how their information will be handled. Given that parents generally *do* have access to their child's medical record if they request it, psychologists are advised to write treatment notes with this in mind. In working with minors, as with other populations, documentation of mental health treatment must balance completeness in documenting care with concern for patients' privacy should others have access to the record in the future.

As always, when faced with a complex case involving confidentiality and a minor patient, it is best to seek consultation with peers, your RIPA or APA Ethics Committees, or a mental health attorney, as needed.

Wendy A. Plante, PhD
Bradley Hasbro Children's Research Center/
Alpert Medical School
Member, RIPA Ethics Committee

References/Recommended Readings:

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