



Insight

CALENDAR:

DECEMBER

- RIPA Elections - Don't forget to vote!

JANUARY

- Mindfulness-oriented Salons - 2nd Fridays of the month
- Tibetan Buddhism Study Group - Mondays
- Early Career Salon - Friday 1/23, 11-12:30
- Friday, Jan 30th: Evening Meet-and-Greet. Mark your calendars!

Why?

The leadership of every professional association understands that one question stands out as the most compelling: *Why join?*

Professionals across the nation ask themselves and the leadership of their associations: *why* should they belong? *Why* should they participate? And most importantly, *why* should they pay dues?

First and foremost, professional associations are a gathering of like-minded individuals, binding together for a reason we all understand. In unity, there is strength, and an association can be the unified voice of a profession. Frequently, the central goal is to watch for issues or ideas that may weaken or improve the profession, then speak out on behalf of members and non-members alike. This type of work cannot happen without collaboration, and that collaboration would be difficult if not impossible without a central office to coordinate and support the effort. Membership dues that support these efforts to serve the profession, and give us one of the answers to the question, *why?*

While many associations provide membership benefits like continuing education, discounts on services and opportunities to network, it is the unified voice and the ability to add YOUR voice to that chorus that I believe is the most compelling reason to join. Being part of shaping the profession you give your life's work to, is a central answer to the question of *why?*

So *why* doesn't everyone belong? Association leaders know that their significant effort to protect and serve the profession, helps all practitioners *even though only a portion of practitioners provide financial support by paying dues.*

At RIPA, we believe that once a practitioner understands what we do and why, investment in annual dues *becomes* a logical choice. As you review the other articles of interest in this newsletter we are hopeful that only one last question remains: *why not join today?*

Jack Hutson, Executive Director
Rhode Island Psychological Association



Insight

Smith Hill

Legislative Update

Our health care system and our ability to perform our professional duties are at risk in these financially vulnerable times. The federal government has finally acknowledged that we are in a recession. Our state government has overspent and is facing a massive budget deficit. The Governor and the legislature are seeking to address a projected \$375 million deficit. Dramatic cuts to human service programs are possible. United Health care continues to expand their enrollment, and Tufts and Cigna are seeking to reenter the Rhode Island market. Blue Cross has laid off staff and told us that the behavioral health policies they have implemented over the past four years are vulnerable.

Our legislative agenda will seek to protect and promote quality, affordable and accessible health care services for all Rhode Islanders; and our role in Rhode Island's health care system.

Now that federal parity legislation has been signed into law. We work to ensure that it is fully implemented and enforced.

In that effort we will promote the concept of Rate Parity: that health insurance companies should pay behavioral health services on the same basis as medical providers. For many years most insurance companies have paid behavioral health and allied health care professionals a different basis than they pay medical providers. In my experience we have always been on the short end of that arrangement.

We will seek some adjustment to our licensing law to contend with new developments regarding supervised experience and temporary permits.

We are hearing a significant increase in the number of complaints from members in recent months about the local insurance companies. The most frequent is the pressure members are experiencing from UBH to comply with their questionnaire.

Members are receiving inquiries to join Cigna, Tufts and United. We want to assist members to fully evaluate the terms of the contracts and the expectations these companies have. We will be organizing a meeting for members, likely to be held in January. Please look for a notice of the time and location.

As always, professional psychologists must fully evaluate the terms of the contracts and expectations these companies have. We will seek to provide information to assist members to make decisions that are in their best interests.

Peter M. Oppenheimer, Ph.D.
Legislative Chair

Discussion Groups and Learning

Upcoming Salons

Mindfulness-Oriented Therapies Salons

The Mindfulness-Based Therapies Salon is a group of mental health professionals who share an interest in Mindfulness-Based Therapies. We begin with meditation practice, share the experience of the practice session, and then consider how the practice affects our individual lives and can enhance our clinical practice with patients.

The salon meets the second Friday of the month from 8:30AM to 10AM from September through July.

Through reading, discussion and guided meditation, the Mindfulness-Based Therapies Study Group seeks to integrate insights gleaned through meditation practice with established Western theories of practice. The new salon study group meets the 4th Friday of the month from 8:30AM to 10AM from January through May.

"The Living Spirituality of Tibetan Buddhism" on-line course offered through Naropa University

Psychologists interested in understanding the Tibetan-oriented roots of Mindfulness-Based Therapies are invited to join a study group focusing on the Naropa University course taught by Reginald Ray, PhD, entitled The Living Spirituality of Tibetan Buddhism. Participants need not necessarily register for the Naropa on-line course to join us. However as we will use the material for our own professional development, a commitment to the on-line readings and meditations is a prerequisite.

The Tibetan Buddhism study group meets each Monday, from 1 PM to

2:30PM from January 19 through May 12. All Mindfulness-Oriented Therapies Salons/Study Groups meet at 267 Gano Street, Providence, RI 02906. Please call Beverly Serabian, PhD at 401 331-7387 for further information and to confirm your attendance at any of these activities.

Early Career Psychologists And Continuing Psychologist!

The Colleague Assistance, Membership, New Career Psychologists, and Ethics Committees are developing a series of Salons focusing on the BUSINESS ASPECTS of private practice development. Salons are led by both experts in business development and RIPA members with knowledge and experience in these areas. The topics currently under development include Evaluating a Managed Care Contract, Setting up a Group Practice, Managing Finances, The Direct Contact Method: A Psychologically Driven Marketing Practice.

The first salon entitled Behind the Practice: How to Run a Successful Business is a look at the first business steps to consider such as considering entity structures, renting or leasing, contracts, tax implications and the like. Elizabeth Tanner, Esquire presents at 267 Gano St Providence on Friday January 23, 2009 from 11AM to 12:30PM. Please call Beverly Serabian, PhD, at 331-7387 or RIPA office to confirm your attendance.



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Update**Board of Psychology**

In July our licensing revision bill became law (RIGL 5-44), and changed the continuing education requirements, making them inconsistent with our regulations (R5-44). While we work through the regulatory process to correct the situation, the Board of Psychology expects licensed psychologists to obtain 12 hours of CE credits for the current renewal period of June 2008 to May 2009. The same 12 hour requirement will be in effect for the June 2009 to May 2010 period. After that we hope to implement the new regulations and return to biannual renewals (2010 to 2012).

The current rules for Approved continuing education programs are:

- Any continuing education program relevant to psychology and sponsored or approved by the American Psychological Association, the Rhode Island Psychological Association;
- Any continuing education program relevant to psychology and sponsored or approved by other recognized professional psychological organizations; including the national and state professional associations for all licensed mental health professions in this state;
- Any continuing education program relevant to psychology and sponsored or approved by the Rhode Island State Nurses Association or other state nurses association;

- Any continuing education program relevant to psychology and sponsored or approved by the Rhode Island Medical Society, other state medical society, or medical school (and its affiliated training institutions) that has an American Psychology Association (APA) approved post-doctoral program in psychology;
- appropriate post-doctoral coursework from any regionally accredited college; any department or school of psychology approved by a board of psychology; or
- such other professional or accrediting agency as may be approved by the Board.

The Board recognizes that the current rules give psychologist great latitude to find continuing education programs relevant to their practice. The Board welcomes comments about the continuing education requirements from the community for consideration in the pending 2010 regulation revision.

Peter Oppenheimer, Ph.D.
Member, Board of Psychology

Publisher's Note:

There was no "Fall 2008" issue of *Insights*. The next issue will be in Spring 2009. Please submit material for consideration by February 15, 2009.

ETHICS CORNER:**Q: What should be considered in treating a child whose parents are divorced?**

A: The Ethics Committee often receives calls related to treating minors whose parents are divorced. For example, if a mother wants to set up therapy for her child but doesn't want his father included, what should you do? Should you enter into a therapy arrangement involving only one parent?

Most commonly in a divorce, parents are awarded joint custody. Typically there is a primary custodial parent, most often the mother. She may seek medical or psychological treatment for her child and legally is able to contract with you without involving the other parent. However, many experienced psychologists realize that the prudent thing to do may involve refusing treatment unless both parents consent. Developing a policy for treatment with high-conflict families requiring both parents' consent and participation, and communicating this policy before even beginning treatment, can help to prevent later problems. Even when a parent states that the other parent does not want to be part of the therapy or disagrees with the decision for therapy, the absent parent should be contacted. As explained in *Assessing and Managing Risk in Psychological Practice: An*

Individualized Approach, "Sometimes the opposition to treatment is not so much opposition to treatment per se but anger at the fact that the parent was not even consulted about his or her opinions concerning the need for or the direction or nature of therapy" (p. 94). Furthermore, the parent bringing the child to treatment may skew or misrepresent the other parent to the therapist, who by accepting these views on face value, may unwittingly alienate the child from his non-custodial parent.

For more consideration of these issues, refer to the excellent reference mentioned above, which is a free resource available to psychologists whose malpractice carrier is APAIT. Consult their website for your own free copy. Also, refer to the APA Ethics Code Standard 3.10b regarding informed consent.

As with other ethical and risk-management questions, when in doubt, the prudent psychologist will consult a peer, seek legal counsel, or call the RIPA Ethics Committee for a consultation.

Leslie A. Feil, Ph.D.
RIPA Ethics Committee Chair



Insight

Psychologists in Rhode Island: An Early History 1953-1969

The Founding of RIPA: Part II

by
Harold R. Musiker and Peter F. Merenda

(continued from Summer 2008 Edition)
In 1958-59, John Bennett, a member of the RIPA Legislative Committee on which Trygg Engen was Chairman, urged Peter to join the Committee. Other members of the committee were Marji Ehmer (URI) and Harold Musiker. The pace of progress in preparing a draft of a bill legislating psychology and its practice in RI was slow and going nowhere. One reason was that Harold Schlosberg, Chairman of the Brown Department of Psychology was opposed to the legislation. And Trygg who was a consultant on Taste to the Campbell's Soup Company in Trenton, NJ was apprehensive that such a law would negatively affect his consultancy. Peter joined the committee as a member. But, the next year when Tony Davids was president of RIPA, he appointed Peter to the chair. Hence, progress proceeded throughout the early 1960's. The committee met regularly at Peter's home in Warwick. It obtained copies of the psychology bills that had already been enacted in about a dozen and one half states; Connecticut was the first. (APA had not yet written its Model Act Bill). But, the committee maintained regular contact with Jane Hildreth, APA's staff member in Washington charged with providing States with current information regarding legislative matters. Peter was the principal author of the first drafts of the Bill to be introduced in the RI Legislature. The Bill was first introduced in the RI legislature in the 1964-65 session. However, soon after introduction, Harold Williams, MD, Chief of Medicine at Rhode Island Hospital, acting on behalf of the psychiatrists in the Rhode Island Medical Association telephoned the leaders in the legislature and objected to the passage of the

Bill. The progress toward passage came to a halt. The failure of this first attempt prompted RIPA to organize a joint Psychologist-Psychiatrist Committee to review the intent of the Bill; namely the "Protection of the Public", role of both professions in mental health in providing this protection, and the lack of interference with the RI Medical Practice Act that would or could ensue with the passage of the Bill. So, by 1966, a second Bill was ready to be introduced. Peter contacted Senator Eleanor Slater, explained the purpose and need of such legislation in RI, and requested that she become the leading sponsor of the Bill. Eleanor agreed. Peter had chosen Senator Slater because a few years before on behalf of the Warwick Community Mental Health Clinic, she was a co-sponsor of a bill, the Chafee-Slater Bill, that had become the first Mental Health Act in Rhode Island. (Peter later received from John Chafee who by then was Governor of RI, the first matching funds check awarded to community clinics. At the time Peter was President of the Board of Directors of the Warwick clinic in 1963-65. However, the Bill was also to fail. This time the objection came not from the psychiatrists, but from within RIPA. The non doctoral-level psychologists—mainly state employees—called Eleanor and objected to its introduction and passage. They were fearful that the Bill would affect their employment status as psychologists in the state agencies. That is what they told Eleanor. But, this was not true because the Bill contained an exclusionary clause that exempted them and protected their positions. The real reason was they wanted to keep their private practices going. Eleanor called Peter and told him that she no longer could support the Bill since "RIPA could not keep its house together."

(to be concluded in Part III)

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