



At the February Council of Representatives meeting we learned that APA is suffering financially due to the economic downturn. APA will not be able to draw on their investment income as expected, and membership renewals are down. The Council adopted a budget with approximately \$12 million dollars in spending cuts, and Executive Director Norman Anderson has written to communicate about further savings.

Update APA Council

Rhode Island has secured a voting seat on the Council for all groups. For years representation was based solely on the apportionment ballot. Small SPTAs such as RIPA had no vote because we could never muster enough votes with our small membership base (divisions have a minimum of 750 members, we have less than 200). Over the past 15 years there have been variations on proportional allotment, but it was never secured. APA finally accepted the principle that all representative entities (both divisions and SPTAs) should have a vote. The additional seats will be allocated according to a complex system between

• Of significance to the very small state provincial and territorial associations,

the states and divisions, thought it still remains easier for divisions to earn extra seats. I will continue to work to remedy this situation. I would like to thank my fellow representatives from the "very small states" (designated by APA as an SPTA with less than 250 members and there are 26 of us) and especially Ellen Gay, Ph.D. of Delaware for their assistance in banding together to make this happen. If you want to support RIPA at APA, under the current system it is important to cast your votes for RIPA in the ballot.

• After years of grappling with the difficult issue of the role of psychologists in national security detention, the council moved to make the results of last fall's membership vote in support of a petition resolution official APA policy. The resolution prohibits psychologists from working in settings where people are held outside of, or in violation of either International Law or the U.S. Constitution. The only exceptions to this prohibition are in cases in which a psychologist is working directly for the person being detained, for an independent third party working to protect human rights or providing treatment to military personnel.

• We heard from the Executive Management Team and General Council Nathalie Gilfoyle about the

suit APA is bringing against the APAIT (APA Insurance Trust). There is a long standing disagreement between the Board of Directors of APA and the Board of Directors of APAIT over whether APA has a fiduciary responsibility to monitor the financial status of APAIT for APA members. There was much concern expressed by Council members about the potential impact of an adversarial relationship between the two organizations.

• Postponed action on proposals to reduce the costs of dues for some members including state, provincial and territorial association members, due to the restraints on the 2009 and 2010 budgets.

• Adopted updated Guidelines for Child Custody Evaluations in Family Law Proceedings. The Guidelines have recently published. They are available at: http://www.apapractice.org/apo/in_the_news/updated_guidelines.html

• Received the final report of the Div. 19 (Military) and Div. 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues) Joint Task Force on Sexual Orientation and Military Experience

Peter Oppenheimer, Ph.D.
APA Council Representative



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RIPA President Jim Campbell, Ph.D. President's Note

Dear Colleagues:

As I reflect on our recent elections for RIPA board members, I am grateful to all those who had agreed to let us put their names forward to provide service to the RIPA membership and to the profession. I also appreciate the many others who were nominated and, after thoughtful consideration, regretfully shared with us that this was not a good time for them to take on a new role. Most indicated that they would be interested in serving at some time in the future.

While RIPA board membership does require some commitment, it is a very rewarding experience and I encourage all members to consider becoming more involved with your association. I really do mean all members. Don't rule yourself out simply because you are new to the profession or to the state. Some of our most effective and energetic board members and committee chairs are early career psychologists. If personal or professional commitments make that level of participation difficult at this point in time, consider being a member of one of our committees. It is a great way to network, learn, and have an impact. All committees would welcome your participation.

Several committees, the Business of Practice Network and the Psychologically Healthy Workplace Award committee, are looking for chairpersons. Board members and others who have been around awhile will be more than happy to help mentor you in these roles. All you need is a desire to get involved. Whether you are new to the profession or retired, an academic or in private practice, I can almost guarantee that you will find the experience highly rewarding and deeply satisfying. Please contact any of board members or committee chairs for more information.

You are also welcome to contact me:

Jim.Campbell@PsychologicalCenters.com or 401-490-8916.

Jim

Jim Campbell, Ph.D.
Legislative Chair

Publisher's Note

This is the next-to-last regular issue of RIPA's "Insight" that will be sent to non-members. If you want to continue to receive this quarterly newsletter and keep apprised of the latest news and events for psychologists in Rhode Island, if you want to contribute towards mental health advocacy, and if you want to continue to promote psychology as a field in our state, please consider joining RIPA now. Visit www.ripsych.org for more information and an application.

RIPA in Washington SLC 2009 & Federal Advocacy

On Wednesday, March 5th, the final day of the State Leadership Conference in Washington, D.C., RIPA President, James Campbell, Ph.D., Federal Advocate, Marjorie Pelcovits, Ph.D. and Executive Director, Jack Hutson met with the R.I. congressional delegation to impress on them that it is essential to pass health reform that integrates psychological services in primary care, preventative services and benefit packages.

The last meeting of the day was with Congressman Kennedy. The delegation expressed its gratitude for his significant effort to pass Mental Health Parity, and asked him to continue to expand the ability of psychologists to bring quality mental health care to all Rhode Islanders, specifically those on Medicare.

In addition to pushing for inclusion in any healthcare reform model, the delegation also asked that:

1. Congress extend the MIPPA provision that restored 5% of the proposed 7% cut to outpatient mental health reimbursement made by CMS in the 5-year Review;
2. Allow psychologists to be eligible to provide evaluation and management (E&M) services to Medicare patients within their licensure;
3. Add psychologists to the Medicare "physician" definition. Over time, chiropractors, optometrists, dentists and podiatrists have been added to the "physician" definition - this would not result in an increase in the psychologist scope of practice - which is determined by state licensure.

Advocacy for psychologists and the important services we provide, is a central reason you invest your membership dollars each year - and why you should ask your colleagues to be members as well. Without your support, and the future support of your colleagues, our efforts to advocate on your behalf would be impossible.

We are hopeful that you consider this advocacy efforts an important part of the protection of your practice, and we ask you consider the following:

1. If you have anything to add or suggest to make our efforts more effective, please let us know.
2. Ask a non-member colleague to join RIPA today to help keep our efforts on their behalf alive. <http://ripsych.org/join.html>

Thank You!



RIPA SLC 2009 Delegation: (L-R) Lou Turchetta, Ed.D. Public Education Coordinator; Marjorie Pelcovits, Ph.D., Federal Advocacy Coordinator; Jim Campbell, Ph.D. President; Marshall Robinson, Ph.D., President-Elect; Jack Hutson, Executive Director



Update

Legislative Committee

Federal Legislation

The new Obama administration has enacted two pieces of health care oriented legislation:

1) The President signed the SCHIP bill into law, overturning the veto of his predecessor. In addition to expanding the SCHIP program to 4 million more children, the package includes language specifically clarifying that the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008 applies to SCHIP, ensuring parity for mental health and substance use disorder benefits.

2) The House and Senate passed the Health Information Technology for Economic and Clinical Health (HITECH) that was included in the Stimulus Bill. Our main concerns about electronic records focus on privacy protections. The law includes some provisions of this sort and some issues yet to work out.

State Legislation

In our state and federal advocacy efforts we will work to protect Rhode Islanders from the harm during these difficult times and we will work to promote improvements to our health care system so that everyone may have access to quality and affordable health care. To that end, RIPA will introduce a revision to our licensing law to address two issues.

1) We will clarify the rules for Temporary permits so that people who have graduated from an academic program, have completed their pre-doctoral internships, and who meet the standards of the Board can obtain a temporary permit. They will have two years to pass the EPPP and complete their post-doctoral supervision.

We are seeking information about how members with temporary permits fare getting jobs and dealing with insurance

companies. If you have one or had one, please let us know about your experience.

2) We will enable disciplinary complaints to be diverted to a colleague assistance program.

One item of particular interest at the State House, is a bill promoted by Representative Kennedy's Office, the Rhode Island Medical Society and Butler Hospital that would create an Advanced Psychiatric Directive. This would be similar to a living will for mental health care. The Mental Health Advocates Office and the Rhode Island Disability Law Center are objecting to the bill. We are part of a group working on this issue.

Peter Oppenheimer, Ph.D.
Chair, Legislative Committee



ETHICS CORNER:

Q: How should I respond to a subpoena?

A: This is one of the most common queries we receive, because there is often much confusion about what a subpoena means and how psychologists are obligated to respond. A "subpoena" or "subpoena duces tecum" is simply a formal request for information signed by an attorney or by a clerk of the court and is usually a request for documents or testimony at a deposition or a trial. *Keep in mind that a request for information is not the same as a requirement to provide the information.* While you must respond to a subpoena to avoid being held in contempt of court, a psychologist may not ethically release confidential information in response to a subpoena without client consent or a court order signed by a judge. If you feel strongly that the information requested by a court order should not be released, you should seek legal counsel to avoid being held in contempt of court. From an ethical perspective, psychologists should adhere to the APA ethical standards of maintaining confidentiality (standards 4.01 and 4.05), and may also look to the standards governing conflicts between ethics and law (standard 1.02).

The first step to take after receiving a subpoena is to contact the client involved to notify them that you have received a subpoena, and to ask the client permission to release the requested information. Be sure to discuss with the client exactly what information is being requested and be certain that they understand the possible ramifications of releasing the information, especially that once released, there is no guarantee of further confidentiality. If the client agrees to a release, obtain their written consent before releasing the information. Even if the subpoena is accompanied by a consent form signed by the client, it is good practice to speak with the client directly before releasing any information.

If however, the client does not wish for the information to be released, they may assert *privilege* and you have an ethical obligation to take steps to protect their confidentiality. *Privilege belongs to the client.* It makes sense in these situations to contact the requesting party to let them know that you cannot release confidential information without a client's consent. Ensure that you do not confirm in any way that you have treated the client, as that information is also protected. If your client gives you permission to contact his or her attorney, you may seek guidance from your client's attorney, who may file a motion to quash the subpoena. A motion to quash is a formal request that the subpoena be vacated or made invalid. If the client's attorney does not file a motion to quash, you may request guidance from the judge. However, keep in mind that your client's attorney does not represent you or your interests and ultimately it is your obligation to protect the client's confidentiality and to respond to the subpoena. If you do not receive a response from the judge, or the client's attorney does not file a motion to quash the subpoena, then you will need to consult with your own attorney to take appropriate steps to protect your client's confidentiality.

For further information about this topic, you may refer to Fall 2008 issue of Good Practice, a publication of the APA Practice Organization, which contains an article about how to deal with a subpoena. You may also contact the Ethics Committee for additional references.

Lisa Rocchio, Ph.D.
Clinical and Forensic Psychologist
RIPA Ethics Committee



Update

Insurance Committee

On March 15 RIPA held an open meeting for our members to discuss current issues with the health insurance companies. We are concerned that we are seeing the intrusion of inappropriate practices on the part of the companies.

United Health Care troubles us on two fronts:

1) The first involves how the insurance companies establish their "Customary and Usual Fees." In February 2008 New York Attorney General, Andrew Cuomo, charged a wholly owned subsidiary of United Health Group, Ingenix, with using erroneous data and methods to determine these fees. Ingenix was deleting valid high charges, mixing up provider qualifications and facility types. Over the course of the year NY has come to agreements with 11 companies about their inappropriate use of Ingenix data including United Health Care. The New York AG determined that it is a *conflict of interest* for United to own the database. The Ingenix database differed from a sample database compiled by the AG by as much as 28%. It is evident that Ingenix has a financial incentive to skew reimbursement rates downward. The agreement will establish an independent entity to operate a new database. *How many conversations have you had with patients who were upset about the discrepancy between your fee for service rates and UBH's reimbursements?*

2) The second issue involved the use of the ALERT questionnaire by United Behavioral Health. We are concerned that network providing psychologists are being told that their status on the network may be imperiled if their patients do not complete the form. We are also aware that while United is telling psychologists they must comply with the program, they are not doing the same to psychiatrists. We are also concerned that United's communications about the results of

the questionnaires presume that the result of this questionnaire is valid and reliable, and that the score would supersede the professional judgment of the treating psychologist.

At the meeting, we also discussed concerns about Blue Cross of Rhode Island. We are aware of staffing cutbacks at the company and that they have lost significant market share. We discuss concerns that they have unilaterally implemented limits to psychological testing procedures without consulting with the Association in the process.

Finally we talked about Tufts Health Plan. Tufts reentered the Rhode Island market this year. Care New England and Citizen's have signed up with them. We are concerned about the adequacy of their provider network in behavioral health, and we are aware they are actively seeking new providers. We reviewed a sample provider contract.

Peter Oppenheimer, Ph.D.
Chair, Insurance Committee

RIPA Online

New Website!

Visit our redesigned Rhode Island Psychological Association Web site at www.ripsych.org.

- You'll find useful information, member benefits, and resources for psychologists.
- Member dues and renewals can now be made online, with payment through PayPal.
- Register and pay for Continuing Education Programs through the Web site.
- RIPA Calendars, membership search, and referral searches are also available through the site.



RIPA BOARD

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- **Clifford Gordon**, Ed.D., Continuing Education
- **Jeffrey Hughes**, Psy.D., Disaster Response Network
- **Marshall Robinson**, Ph.D., Communications & Early Career
- **Jack Hutson**, Executive Director



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