



## President's Message

Fellow RIPA Members:

I want to invite you to a Fall Social Gathering, to be held Friday evening, October 22<sup>nd</sup> from 5 to 7 PM at the Hi-Hat Lounge at Davol Square in Providence. There will be complimentary appetizers and a cash bar. This will be a great way to celebrate the end of our fall membership drive. Once again, I ask you to help us recruit new members from your colleagues who do not yet belong to RIPA.



I also want to call your attention to the upcoming CE workshop: "Integration of Psychological Services in Medical Settings." We are happy to respond to member interest in this timely topic. The program is presented by RIPA members who provide services in hospital settings and collocate in medical practices, along with Bill Hancur of Blue Cross, which has a new program, collocating behavior health practitioners into medical practices.

Leslie A. Feil, Ph.D.  
RIPA President

### Upcoming Continuing Professional Education

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

This introductory program is for all behavioral health professionals. Both medical and behavioral health practitioners are becoming increasingly interested in providing patients with a holistic model of care whereby patients' medical, behavioral, and emotional needs are considered together. Integrated care refers to the extent to which behavioral health services are interwoven into the medical care of the patient, with the level of integration varying based on setting and patient needs. It goes beyond sharing patients and may include a shared location, shared records, and collaborative treatment planning. Integrated care is a hot topic in the health care community and among behavioral health practitioners in Rhode Island and across the country.

Register at [www.ripsych.org](http://www.ripsych.org)

### APA Update

#### Council of Representatives Report

I had a rather exciting time at Council at the Representatives at the Convention in San Diego. For 40 years APA has struggled over who should be voting members of the Council. The bylaws recognize divisions and state, provincial and territorial associations as constituencies, but the system by which votes have been apportioned never insisted that each entity be included. When I first served in 1996, I was a "liaison/observer" with the representative from Kansas. Lou Turchetta and I have been advocating since then to make sure that small associations like ours (and there are some smaller than us) are always voting members of the Council. We organized the representatives of the "very small state associations," and our voice and influence has grown since. RIPA's Board of Directors have worked for years to improve our communications with APA and to increase their awareness and responsiveness to the concerns of our members. We are working to develop a more effective working alliance with the national organization, our sister SPTAs and the divisions. APA, the divisions and SPTAs will all be more successful when we share our expertise and work together.

This has been a difficult political process. In 2001 a compromise was enacted that temporarily addressed the problem, but if current trends in the apportionment ballot continue the system will falter in a few years. The year with the help of President Carol Goodheart we were able to bring the issue to the floor of Council and pass it with a large majority.

Now the APA bylaws require a vote of the membership. That ballot will be mailed to you on November 1. The representatives of all of the SPTAs are asking the members of their associations and all APA members to support this important change in the bylaws. The vote will be paired with the annual Apportionment Ballot. This is the process by which APA allocates votes in the Council each year. Each member is allotted 10 votes to cast for the divisions and SPTAs of their choice. Now more than ever, it is important that we demonstrate our support for our state association with our votes. Even though we will almost assuredly get a seat this year, it is important that we show our support for RIPA and the other STPAs. Voting for RIPA will help increase the influence of the state associations in APA governance.

RIPA's leadership has worked hard over the past 15 years to develop a good working relationship with APA and other state associations much as we have developed good working coalitions with our brother healthcare professions within Rhode Island. Hopefully this change in the bylaws and the Council leads to better communication and cooperation among the divisions and STPAs and APA.

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

[www.ripsych.org](http://www.ripsych.org)



### RIPA Needs You!

RIPA is looking for members to volunteer to help fill some important positions in the association:

The **APA Disaster Response Network Coordinator - (DRN)** is a group of approximately 2,500 licensed psychologists with training in disaster response who offer volunteer assistance to relief workers and survivors in the aftermath of disasters. We are looking to reorganize our state network. We need volunteer committee members and a chair.

The **RI Coalition for Mental Health & Addiction Recovery (RICMHAR)** meets the last Thursday of every month, which is usually a conflict with our Board meetings. We are looking for a volunteer to be our representative to the Coalition. The member serves as our liaison to RICMCHAR. It's a great way to become introduced to members of the professional community and important local issues.

The **APAGS** has local chapters in each state. We are looking for graduate students who would like to become involved with APA addressing issues of importance to graduate

students and early career psychologists. RIPA can help the group reorganize. The RIPA Board designates a member of the group to serve as a member of the RIPA Board.

It will soon be time for **Board nominations and elections**. This year we will be electing a President-Elect, Board Members At-Large, and other board officers.

The President-Elect serves as President-Elect (2011), President (2012-13) and Past-President (2014). Board members serve a three year term while officers serve two year terms

If you have questions about any of these positions or are interested in being nominated or nominating someone for one of them, please contact President Feil. Look for the nomination flyer in the mail soon.



## RIPA BOARD

Leslie A. Feil, Ph.D. President  
LeslieAnnFeil@gmail.com  
(401) 245-1171

James F. Campbell, Ph.D. Past President  
jim.campbell@psychologicalcenters.com  
(401) 490-8916

MaryAnn Ford, Ph.D. Secretary  
fordm@ride.ri.net  
(401)884-2733

Michael Robbins, Ph.D. Treasurer  
michaelrobbins@hotmail.com  
(401) 245-0015

James P. Curran Jr., Ph.D. Board Member  
jpcurran@ppp.necoxmail.com  
(401) 356-1940

Marjorie Pelcovits, Ph.D. Board Member  
mapelcovits@cox.net  
(401) 351-2111

Deanna Voisine, Ph.D. Board Member  
deannavoisine@verizon.net

Peter G. Erickson, Ph.D.  
Federal Advocate  
perickson@cox.net  
(401) 831-5120

Peter Oppenheimer, Ph.D.  
APA Council Representative  
pmopp@fopsych1.com  
(401) 245-0015

### - Committee Chairs -

Leslie A. Feil, Ph.D., Ethics

Clifford I. Gordon, Ed.D.  
Continuing Education

Deanna Voisine, Ph.D.  
Communications & Early Career

Jack Hutson, Executive Director

**Rhode Island  
Psychological Association**  
1643 Warwick Avenue  
PMB 103  
Warwick, RI 02889  
(401)736-2900 Fax: (401) 737-0959  
www.ripsych.org

## State and Federal Advocacy Issues

### Medicare rates and the recognition of psychologists as "physicians"

The system by which Medicare sets reimbursement rates has been a political football through the summer. CMS had proposed changes to the payment system that would have reduced mental health fees disproportionately to offset increases in rates for equipment and technology and overhead in the system. The APAPO has been actively involved and these cuts have thus far been forestalled.

We have just learned that Congresswoman Jan Schakowsky (D-IL) has introduced legislation (HR 6147) to include psychologists in the Medicare "physician" definition. This recognition would be immensely helpful to psychology's standing in the Medicare system and in health care service delivery systems in general. We recently sent an email on the list serve with information about the bill and how to contact our congressional delegation to ask for their support.

### AMA versus United HealthCare Settlement

The filing date for claims for the suit filed by the APA against United Healthcare for rigging their usual and customary fee database for non-network services is October 5, 2010. The claims pertain only to those service providers who accepted payments on assignment. Several months ago you should have received the official information document. In September we posted on the listserv a document prepared by the APAPO that sought to communicate the rules and requirements for filing in a comprehensible manner.

### BCBSMA rate reduction

In August Blue Cross of Massachusetts implemented a dramatic decrease in reimbursement rates for behavioral health services. That caused much upset among Massachusetts behavioral health professionals. RIPA will monitor this issue to see if BCBSRI follows suit.

## Happy Anniversary!

During the weekend of October 29-30, 2010 the celebration of the 50th Anniversary of the University of Rhode Island's Psychology Department will take place. The weekend will begin Friday with an Open House at the Cancer Prevention Research Center which will be celebrating its 30th Anniversary. On Saturday there will be a series of panels featuring URI alumni followed by a Keynote speaker. On Saturday evening there will be a dinner dance at the Quonset Officer's Club (space will be limited for the dinner dance)

The RIPA Board wants to thank the URI psychology department for the involvement of many of their faculty in the founding of RIPA. We wish them well in their gala celebration!

### Changes in Special Education Eligibility

Federally mandated changes will significantly alter how elementary school children are identified as disabled, effective immediately. Change for secondary education students will follow suit next fall. The federal agenda driving these changes is a goal to reduce the proportion of students identified as disabled. These innovations rest on the idea that with early intervention, most poorly performing children will improve and need no long-term specialized support. The most radical change is the transition from a "discrepancy model" for a diagnosis of a learning disability to a model that includes universal screening and monitoring a student's response to a series of catered interventions, termed "response to intervention"(RTI). School districts will review how the child is progressing over time. This new model is empirically based, less susceptible to bias, and facilitates early intervention. Academic achievement gap, educational progress, individual context and demonstrated need will determine eligibility for special education.

For the full article by *Steven J. Hershey, Ph.D.*, please see [www.ripsych.org](http://www.ripsych.org), or contact the Rhode Island Department of Education for additional information.



## Ethics Corner

### Ethical Issues in Assessment

Psychologists are uniquely trained in the administration and utilization of psychological and basic cognitive measures, including intelligence testing, a skill set which sets psychology apart from other mental health providers. Our assessment skill set is a valuable niche among the many services psychologists provide that are replicated across other mental health disciplines, and can provide valuable data for treatment planning and intervention. However, psychologists maintain varying levels of competency within the field of assessment depending on the nature of their professional practices, ranging from psychological and intelligence testing to neuropsychological assessment of various medical, neurodegenerative and neuropsychiatric disorders. Further, while the number of options for psychological and cognitive assessment have grown, and subspecialties like neuropsychology have emerged, regulatory guidelines and recommendations do not yet exist to guide psychologists in their assessment practices. Professional organizations, such as the National Academy of Neuropsychology, developed the Houston Criteria for Specialty Training in Neuropsychology, which offers aspirational, but not yet enforceable, guidelines for the practice within the field of neuropsychology (Hannay et al., 1998). However, no specific guidelines are available for general clinical psychologists who may offer assessment services as part of their practice. Consequently, psychologists are individually responsible for evaluating their competency to offer psychological and cognitive assessment, and there are several ethical principles of the APA ethics code which serve to guide psychologists in their assessment practices.

Standard 2.01 (Competence), of the American Psychological Association (APA) Ethics code specifies that psychologist work within boundaries of competence: "Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience." In relation to this standard, psychologists must evaluate their level of familiarity with current assessment techniques and measures. For instance, while a clinical psychologist may be very familiar with the Thematic Apperception Test (TAT), he/she may have never received training on the administration and interpretation of other projective measures such as the Rorschach Test, barring their use of the test until adequate training and supervision can be established. In an alternative scenario, psychologists may have trained on or practiced with earlier versions of the Wechsler intelligence tests, such as the WISC-R or WISC-III, but may not yet be familiar with more recent revisions, such as the WISC-IV. Standard 9.02 (Assessment) indicates that psychologists be

familiar with the reliability, validity, strengths, limitations, and appropriate use of tests as they apply to their target population. As such, psychologists are responsible for becoming familiar with new and revised versions of tests and monitoring their level of competency with measures which now may require significant changes in administration and interpretation. This is particularly relevant as new normative data designated for specific groups emerge, such as in the case of a particular ethnic, non-English speaking, or disabled population (Bush et al., 2007).

As psychologists are faced with increasing restrictions in the type and nature of services they provide to their clients imposed by insurance companies and a generally poor economy, it can become tempting to extend services into new and less familiar areas. For many psychologists, this may include the extension of their services to include assessment in their practice. For those intending to do so, psychologists are encouraged to seek proper training and supervision prior to doing so. Among practitioners already offering assessment, they are encouraged to remember the ethical principles set forth by APA and to work to stay abreast of developments of new measures, normative and reliability data of the assessments they utilize, and to remain current with associated literature. Even with these efforts, many psychologists will still encounter "gray areas" of competence. In these cases, consultation with a knowledgeable colleague is recommended. Psychologists are also encouraged to make use of the free consultation service offered by the RIPA Ethics committee for their ethics based inquiries.

Megan Spencer, Ph.D.  
Clinical Neuropsychologist  
RIPA Ethics Committee

### References and Resources:

American Psychology Association. (2002). *Ethical principles of psychologists and code of conduct*. *American Psychologist*, 57, 1060-1073. (Amended 2010)

Bush, S.S., Grote, C.L., Johnson-Greene, D.E., & Macartney-Filgate, M. (2007). A panel interview on the ethical practice of neuropsychology. *The Clinical Neuropsychologist*, 22, 321-344.

Hannay, H. J., Bieliauskas, L. A., Crosson, B. A., Hammeke, T. A., Hamsher, K. deS., & Koffler, S. P. (1998). *Proceedings: The Houston Conference on Specialty Education and Training in Clinical Neuropsychology*. *Archives of Clinical Neuropsychology*, 13(2), 160-166.