



CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



2009 Fall Newsletter



The President's Ponder

I was very happy to hear President Obama step up to the call for leadership on Health Care reform in his recent address to the joint houses of Congress. That something has to be enacted to provide care for the citizens struggling to get by is morally clear. The details of how will probably never meet with unanimous approval. The question of how psychology will be treated remains quite mysterious, at this point.

In their ongoing support of our profession, the APA has dedicated a new webpage to psychology in health reform. <http://www.apa.org/health-reform/>. For some time APA has urged us, as a profession, to promote awareness of what psychology actually offers. As you all know, many consumers do not know the difference between an MFT, a psychologist or a psychiatrist. This, I think, explains much of the mystery of our inclusion in healthcare reform. Consumers are not sure how we fit in.

An interesting example of the value psychology adds to healthcare reform, in particular, is an article from the September *Journal of Experimental Psychology: Applied*. Researchers showed that consumers making health care choices choose on premiums/cost or how they feel at the moment when it's hard to interpret the numbers detailing quality of care. When experts offer interpretations of the data that give context, consumers will choose higher quality care even when it means higher premiums. Studies like this would help policy makers present data to consumers in a more appropriate manner enabling everyone to make better choices.

APA provides support materials for psychologists who are willing to speak to the public on many topics to improve awareness of our services and value. These presentations would benefit your practice as well as your field. A quick perusal of the APA site shows public interest topics such as Anger Management, Memory and Learning, and Bullying. A public presentation on any of these topics would be a smart step to promote your services and educate the public about the value psychology and psychologist bring to health care. I appreciate our dear editor, Sarah Wood, taking the time to poll our members for their perspective on the place of psychology in health reform. I look forward to reading the responses as they come in. Our group is honored to have many articulate, thoughtful and informed professionals contributing to this newsletter and our listserv.

Personally I'm fond of vignettes. I'm sure we all have several favorite stories about how our services improved the health and quality of life of our patients. My current favorite is the client who had migraine headaches so frequently he was on disability. When I heard him casually mention that his younger brother's poor health as a child had made him feel guilty about his own strength and vigor, I got out my EMDR LapScan 4000. From that day on, he has rarely had a migraine. Wish it was always that easy. I'd love to hear your vignette, either on listserv, the newsletter or on a First Friday.

Hope to see you at one of our gatherings soon.

Candia

Article: "Bringing Meaning to Numbers: The Impact of Evaluative Categories on Decisions," Ellen Peters, PhD, and Nathan F. Dieckmann, PhD, *Decision Research*, Eugene, Ore., and University of Oregon; Daniel Västfjäll, PhD, *Decision Research*, Eugene, Ore. and Goteborg University; C. K. Mertz, *Decision Research*, Eugene, Ore.; Paul Slovic, *Decision Research*, Eugene, Ore., and University of Oregon; *Journal of Experimental Psychology: Applied*, Vol. 15, No. 3. ♦

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CCPA Board of Directors

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(925) 254-7823

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(925) 939-3909

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(925) 680-1844

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Senate Committee Includes Psychology's Top Medicare Priority

Today Senate Finance Committee Chairman Max Baucus (D-MT) released an outline of his long-awaited health care reform bill, which includes Medicare provisions. I am pleased to inform you that the America's Healthy Future Act is set to **include psychology's top Medicare priority – a two-year extension of the 5% psychology payment restoration previously passed as part of the Medicare Improvements for Patients and Providers Act (MIPPA) in 2008.** This important victory follows action in the House earlier this summer, where the three committees of jurisdiction passed bills that also included the provision. The extension would ensure that approximately \$60 million will continue to support Medicare psychotherapy services that would otherwise have been cut as a result of the Centers for Medicare and Medicaid Services (CMS) five-year review rule.

Our government relations team is currently reviewing the bill, and we will keep you informed as additional information is available. Thanks for your hard work over many months that led to the restoration making it into the committee measures in both houses of Congress!

www.apapractice.org/apo/.../house_committees_include.html (June 30, 2009) ◇

Letter from the Editor

Because health care reform seems to be in the air these days, I have tried, in this edition, to include some material relevant to the issue. .

The House and the Senate are in a stalemate over the public option and we may be waiting some time for any substantive changes to occur. In the meantime, for some help sorting it all out, visit

http://www.allgov.com/ViewNews/Health_Reform__A_Beginners_Guide_9

0908 or <http://www.huffingtonpost.com>, where Robert Reich and Bill Moyers share interesting commentaries on health care and the need for reform., (both recommended by Dr. Casadaban.)

Meanwhile, the long awaited Wellstone Domenici parity act will take effect on January 1, 2010. The article on Parity is only a part of a more comprehensive article published at [www.apapractice.org/.../parity.../Wellstone-](http://www.apapractice.org/.../parity.../Wellstone-DomeniciQ&A.pdf)

[DomeniciQ&A.pdf](http://www.apapractice.org/.../parity.../Wellstone-DomeniciQ&A.pdf)

Have a peaceful fall,

Sarah E. Wood, Ph.D. ◇



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Legal and Ethical Risks and Risk Management in Professional Psychological Practice Sequence III: Ethical Decision Making and Risk Management in Clinical Practice

Saturday, October 10, 2009

Hilton Concord Hotel

1970 Diamond Blvd., Concord, CA, 94520 Hotel# 925-827-2000

RATES

Dual CPA and Chapter member	\$145
CPA Member or Chapter member	\$160
Non-Member of CPA or Chapter	\$210
Student Member	\$50
Student Non Member	\$75

Registrations received after October 2, 2009 include \$25.00 late fee

SCHEDULE

8:00am:	Registration opens
9:00am to 4:00pm	Workshop
12:00pm to 1:00pm	Lunch Break
Continental breakfast, coffee and an afternoon snack will be provided	

REGISTER ONLINE NOW

<http://cpapsych.org/calendardisplayevent.cfm?date=10&event=261913>

Presented by Eric Harris, Ed.D., J.D.

There is little question that psychology is a profession under siege. The increased potential for allegations of misconduct being filed with licensing boards and a perception of an exploding number of malpractice actions have truly put the profession on the defensive. Today, psychologists practice with increased ethical and legal attention in order to reduce the likelihood that disciplinary complaints or malpractice suits may be filed against them.

Psychologists must learn new strategies on how to deal with these threads should they occur. Many 'rule based' risk management strategies have been developed to give psychologists concrete guidance for dealing with potential disciplinary actions and civil suits. Consequently, some psychologists have lost sight of the fundamentals of ethical decision making and clamor for 'cookbook approaches' to risk management. In their desire to solve any problem quickly, they no longer engage in an active decision-making process when faced with difficult issues.

This workshop focuses on the fundamental 'how to's' of ethical decision making when confronted by ethical dilemmas. Attendees will become familiar with the fundamental tenants of health care ethics and how they apply to the practice of psychology. They will also review the basic legal strategies and ethical principles that apply to psychological practice. Finally, all participants will have the opportunity to apply the principles to specific ethical dilemmas in small group discussions. These discussions will focus on resolving specific case examples in a fashion consistent with the fundamentals of good clinical practice.

RECEIVE A SPECIAL BONUS!

Psychologists insured through the Trust-sponsored Professional Liability Program receive a 15% premium discount on professional liability insurance for the next two years for attending the workshop. For group practices, 50% or more of the group must attend for the discount to apply. (Discount is not applicable for student and researcher/academician insured.)

This course offers 6 CE credits and fulfills the Board of Psychology's Law and Ethics Requirement.

This program is co-sponsored by CPA, the Contra Costa Psychological Association and The Trust. CPA is approved by the American Psychological Association to sponsor continuing education for psychologists. CPA maintains responsibility for the program and its content. CANCELLATIONS are subject to a \$50.00 processing fee and must be received by 9/25/2009 to be eligible for a refund.

IMPORTANT NOTICE: Those who attend this workshop and complete the CPA evaluation form will receive CE credits. Please note that credit will only be granted to those who attend the entire workshop. Those arriving more than 15 minutes after the start time or leaving before the workshop is completed will not receive CE credit or be eligible for the 15% APAIT discount. CPA is an approved provider of continuing education by the Board of Behavioral Sciences (BBS). The CPA provider number is PCE564. ◇



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Victim's Compensation Board Still Paying Cash, Not IOUs

PROGRESS NOTES has been informed that the fees paid by the Victim's Compensation Board continue to be cash. Many other state agencies are issuing IOUs because of the delay in approving the State budget.

More Background on CPA's Lawsuit Against Wellpoint Anthem Blue Cross

It was recently announced that CPA had filed a lawsuit in federal court against Well-Point Anthem Blue Cross alleging the company used information from Ingenix which improperly calculated usual, customary and reasonable reimbursement rates for services provided by out of network psychologists. Below are edited excerpts from an article about the background of the lawsuit as reported online by the AMNews.

Senate Report Criticizes Plans' Use of Ingenix Database

By Emily Berry, AMNews staff. Posted July 13, 2009.

An investigation by the U.S. Senate Committee on Commerce, Science and Transportation has found that a controversial system for setting "usual, customary and reasonable" pay underpaid patients across the rest of the country. The report released June 24 details the way insurers for the last decade have used Ingenix's information to set out-of-network pay rates.

The Senate report reiterated ... that the use of the Ingenix database resulted in underpayments to patients and physicians everywhere in the United States. Committee Chair Jay Rockefeller (D, W.Va.) condemned insurers' use of the Ingenix data. "This is outrageous at any time, but especially as families all throughout our country are doing everything they can to make ends meet in this economy -- this is despicable," Rockefeller said in a written statement. He called the insurers' actions "unacceptable" and pledged to put a stop to it.

Regulations: The Board of Psychology is proposing the following amendments to its regulations:

Psychological Assistant Limitation of Registration Period

<http://www.psychboard.ca.gov/lawsregs/palrp.shtml>

Subject Matter of Proposed Regulations: Psychological Assistant Limitation of Registration Period

Sections Affected: 1391.5

Specific Purpose of each adoption, amendment, or repeal:

This proposal would amend section 1391.5(c) for grammatical purposes and adopt section 1391.5(d) to establish the maximum term that a psychological assistant can be registered to practice psychology under the direct supervision of a licensed psychologist.

Factual Basis/Rationale

Currently, section 1391.5 allows psychological assistants to provide limited psychological functions under the direction and supervision of a licensed psychologist or board-certified psychiatrist who is employed in the same setting in which the psychological assistant is employed. Registration as a Psychological Assistant is a training category that provides a method by which an unlicensed person can perform limited psychological functions to accrue the 3000 hours of qualifying supervised professional experience (SPE) that are necessary in order to become licensed as a psychologist.



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2009 CALENDAR OF EVENTS

Wednesday, October 28th

**Best Interest of the Child:
Divorce American Style**

*By Dr. Shendl Tuckman and
Dr. Chandler Hoffman, Psy.D.*

Where: Lafayette Park Hotel
6:30 No Host Social Hour
7:00 Dinner
7:00 Presentation

\$40 member
\$50 non members
1.5 CEU's, dinner included

RSVP by phone or mail by October 25
No walk-ins please:

Dr. Kerstin Gutierrez
2819 Crow canyon Rd. #201
San Ramon, CA 94583
(925) 552-5255

Check CCPA Listserve for more details.

Existing law does not limit the registration period that a psychological assistant can practice under the supervision of an authorized individual. This proposal would adopt section 1391.5(d) to limit the cumulative total of time that a psychological assistant can be registered to practice to a total of six years (72 months), unless registered prior to the implementation of this proposal. Psychological Assistants registered prior to the effective date of this subdivision would be limited to a cumulative total of six years (72 months) from the date of the psychological assistant's next registration. This proposal would also allow the Board, based on a showing of good cause as determined by the Board, to consider reasonable modifications to these specified time limitations as necessary.

The Board is proposing a cumulative total of six years (72 months) to allow candidates 30 months to accrue 1500 pre doctoral SPE hours and 30 months to accrue 1500 post doctoral SPE hours, in addition to one year in between to finish educational requirements necessary to obtain the doctorate degree that is required prior to accruing post doctoral SPE. Although all 3000 hours can be accrued post doctoral, trainees typically accrue pre doctoral hours while they are in the process of obtaining a doctoral degree.

The Board also determined that six years is reflective of the length of time it takes for a trainee to move through an approved training program, and without a limit to the length of training time a psychological assistant can have is inconsistent with the intent of the 2 registration category, and inconsistent with other registration training avenues regulated by the Board such as registered psychologists which is a training category available to accrue post doctoral SPE and is limited to a registration period of 30 months. The Board believes allowing the current unrestricted length of time to practice as a psychological assistant, would provide for career psychological assistants that could be problematic for the public safety of consumers. This proposal would make the following changes: Change "code" to "Code," in section 1391.5(c). Add section 1391.5(d) to limit the term a psychological assistant can be registered to six years (72 months). ◊

We invite you to utilize the CCPA Newsletter as a format for sharing your knowledge and information with your colleagues, thereby with the community at large.

The following dates are submission deadlines for future publications:
September 15, 2009 (Fall Newsletter)
January 15, 2010 (Winter Newsletter)
April 15, 2010 (Spring Newsletter) *These dates are subject to change*

The following prices are in effect for advertisements:
¼ Page Ad \$30 ½ Page Ad \$60 ¾ Page Ad \$100
(Advertisement for office space is free to CCPA members)
Email submissions by the deadline to sarahewoodphd@yahoo.com



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Members' Corner

Interview with Dr. Karyn Goldberg-Boltz

Q1. Where did you do your training?

I started as an undergraduate in psychology at UC Berkeley. I spent some summers doing research at UCLA's neuropsychiatric institute, and volunteered at Napa State Mental Hospital and Berkeley High.

I went to back to Los Angeles to go to CSPP, and had four years of clinical placements while I was there. The first was with severely disturbed adults in a residential setting, the second was with adult and group work in a community counseling center, the third focused on child, adolescent and family therapy, eating disorders and psychological testing.

Then I did a full-time APA internship at Didi Hirsch Community Mental Center, where I worked both in the crisis and family centers. This was during the McMartin preschool trials, and we were diagnosing and treating children who had been physically and sexually molested. The work was extremely disturbing and I helped form a mental health consortium advocating for molested children and incest survivors. I also volunteered for an agency doing groups for the perpetrators of incest. It was a dark time of my life. There was so much anguish and desperation and so little we could do about it.

But after graduation I had the privilege of doing a two- year post doctoral fellowship at Reiss Davis Child Study Center. The program is structured like an analytic institute housed in the perfect training hospital. We studied analytic and developmental theories, did weekly parent/infant observation, and learned how to do psychological testing to assess everything from learning disabilities to unconscious conflict. We collaborated on each case, and both the children as well as their parents were always treated. We got to see the children up to 5 times a week and had one hour of supervision per week for each case. It was grueling, but amazing.

Some of the kids were very disturbed, but the treatment we provided and the progress that we saw were absolutely remarkable. Of course, I thought the staff and outside supervisors were brilliant and inspiring. The most famous was Bruno Bettelheim. He scared me to death. I feel so fortunate to have had these opportunities. My training gave me a very strong theoretical and clinical foundation.

Q2. How long have you been practicing in the area? If you started somewhere else, let us know where and about your previous experience.

I opened up my private practice in Walnut Creek in 1989 and have been practicing for 20 years.



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During graduate school I worked as psychological assistant to an analyst in Beverly Hills. After I moved to the Bay Area I had a wonderful job as Director of Training and Staff Psychologist at the Adolescent Residential Service at Children's

Hospital in San Francisco. I began an analytically oriented Ph.D. training program and loved supervising and working with a team. I miss it and plan to move back in that direction in a few years.

Q3. I know you are the most recent president of the CCPA board before Dr. Candia Smith. Would you talk a little bit about your history of involvement with the board?

I joined CCPA's board in 1989 and served as Membership Chairperson for a couple of years. Then I came back in 1999, and became the Chair of the Information and Referral Service. I worked to improve our professional network and to create the "Find-a-Therapist" on our website, putting our I and R online.

Q4. Have there been any experiences during your professional life that you feel have helped shape who you are as a clinical psychologist?

Yes, many. My experience being a parent has probably shaped me the most. Before then, I had learned everything through academics. Having my own children was both humbling and enlightening.

First of all, it has given me more insight about the roles that constitution and parenting play in psychological development. I also know firsthand what it is like for kids growing up in this area, and the extraordinary challenges and competition they face in their schools, athletics and social climate. I find this to be very helpful in connecting and working with them and offering direction and resources to their parents.

In addition, having to negotiate a career and family has taught me how deeply frustrating and provocative parenting and marriage is. I bring much more humility, compassion, humor and candor to my work. It has encouraged me to be more practical and efficient in my approach, integrating more cognitive behavioral and mind/body techniques. Having my own personal successes and failures, I feel more equipped to help others acquire the resources to manage their stresses and to find balance and harmony in their own lives.

I also turned 50 recently, and am at a more mature developmental stage myself. Despite the looming dementia and hearing loss, it has definitely informed and improved my work. I have a bigger, wiser, more spiritual view now, and my work has evolved as a result. For example, earlier on, while working with an adult remembering a painful incident with a hurtful mother, I would have spent more time uncovering the unconscious conflict and psychoanalyzing the internal states of mind of the child. Now I'm more mindful that the mother might have been quite loving, but was crazily menopausal the day she said those horrible things. I still explore and contain the hurt and anger, but I'm quicker to help the patient come full circle and to see that she is human, too: to learn to hold onto the love and remain cohesive in the



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face of adversity. In psychoanalytic jargon we'd call it moving beyond the depressive position, and in the spiritual lexicon, we'd say seeking compassion and gratitude, and I suppose, becoming evolved. This shift is a reflection of my own more optimistic inner-world: I'm more interested in embracing the positive and hopeful, and increasing resilience, wellness and joy.

But most importantly, I suppose, being seasoned and having worked with so many different kinds of people and, frankly, having helped so many patients so profoundly, has shaped me the most. It gives me more credibility and allows me to offer patients more hope because I know in my bones that certain things are true and am sure about what is possible. It's wonderful because the work just flows now.

Q5. Has the economy affected your practice?

Yes. There are less referrals and people have less to invest in therapy. It is frustrating. Unfortunately, I have found myself trying to accomplish everything, in a shorter period of time (which actually undermines my ability to do a good job). I try to focus instead on setting more short term, concrete goals and rely more on education, self-help strategies, and outside resources. In family and child cases, I have to focus more on the parent work, helping them to better understand their childrens' problems and needs and find solutions without therapy.

Q6. With the issues currently challenging the field of psychology, do you have any opinions as to how involved each of us should be in government affairs?

Yes. As President I became much more involved in government affairs and learned how important political advocacy is to sustain and protect our profession. Now, with the changes in health care, it is more important than ever for psychologists to actively participate in order to protect our scope of practice and share of the dwindling mental health resources. Our professional organizations have been successful recently in lobbying to save our BOP and now to include coverage for psychologists through Medicare in a proposed health care reform bill. We all need to continue to offer our support by contributing as much as we can to CPA, APA and PAC, watching our listserv, and participating when action alerts are sent.

Q7. What are your goals for the future?

I think our industry is going to have to rely more on the private sector for funding. I hope to continue my campaign for our organization to work together to increase our marketability. We need to educate the public about the specializations of our profession and our unique qualifications. I'd like to see our chapter pool our resources in order to advertise our services and practices more on the Internet and in various forms of local media. ♦



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The Wellstone-Domenici Mental Health Parity Act of 2008 Questions and Answers for Psychologists

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act was enacted into law on October 3, 2008. This publication from the APA Practice Organization provides answers to frequent questions from psychologists about the new Act and what it means for professional psychology.

Q1. What does the new federal parity act do?

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (The “Wellstone-Domenici Parity Act”) will end health insurance benefits inequity between mental health/substance use disorders and medical/surgical benefits for group health plans with more than 50 employees. Under this new law a group health plan of 50 or more employees that provides both physical and mental health/substance use benefits must ensure that all financial requirements and treatment limitations applicable to mental health/substance use disorder benefits are no more restrictive than those requirements and limitations placed on physical benefits.

This means that equity in coverage will apply to all financial requirements, including lifetime and annual dollar limits, deductibles, copayments, coinsurance, and out-of-pocket expenses, and to all treatment limitations, including frequency of treatment, number of visits, days of coverage and other similar limits.

Q2. What does “mental health and substance use parity” mean?

Mental health and substance use parity means that benefits coverage for mental health and substance use benefits must be at least equal to that coverage provided for physical health benefits. In other words all of the financial requirements and treatment limitations applied to mental health and substance use benefits may be no more restrictive than for physical health benefits. Historically health plans have applied higher patient cost-sharing and more restrictive treatment limitations to mental health and substance use benefits than for physical benefits. This new law ends this practice.

Q3. How is this new law different from the 1996 federal parity law?

The Wellstone-Domenici Parity Act amended and substantially increased the mental health benefits protection afforded under the federal Mental Health Parity Act of 1996, which only required parity coverage for lifetime and annual dollar limits and did not apply to benefits for substance use disorders.

Q4. When does this new parity law take effect?

The Wellstone-Domenici Parity Act will apply to health plans beginning January 1, 2010. (The effective date is slightly different for labor union plans pursuant to collective bargaining agreements.) This will give health plans the time necessary to redesign their coverage to come into compliance with the new law. The current 1996 parity law will remain in effect through 2009. ♦



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Review of the Mental Health Parity Law Taking Effect January 1, 2010

In 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act taking a great step forward in the decade-plus fight to end insurance discrimination against those seeking treatment for mental health and substance use disorders. This law requires health insurance to cover both mental and physical health equally. Under this law, insurance companies can no longer arbitrarily limit the number of hospital days or outpatient treatment sessions, or assign higher co-payments or deductibles for those in need of psychological services. The 2008 act closes several of the loopholes left by the 1996 Mental Health Parity Act and extends equal coverage to all aspects of health insurance plans, including day and visit limits, dollar limits, coinsurance, co-payments, deductibles and out-of-pocket maximums. It preserves existing state parity and consumer protection laws while extending protection of mental health services to 82 million Americans not protected by state laws. The bill also ensures mental health coverage for both in network and out-of-network services. Research shows that physical health is directly connected to mental health and millions of Americans know that suffering from a mental health disorder can be as frightening and debilitating as any major physical health disorder. Passage of this law will lead the health care system in the United States to start treating the whole person, both mind and body.

What is mental health and substance use parity?

Parity means equal coverage for mental health and physical health conditions covered under health plans. The 2008 Mental Health Parity and Addiction Equity Act provides the following:

Equal benefits: Means that benefits coverage for mental health and substance use treatments must be at least equal to that coverage provided for physical health services.

Equal limits: All of the financial requirements and treatment limitations applied to mental health and substance use benefits may be no more restrictive than for physical health benefits.

Equal cost-sharing: The new law prohibits the use of higher patient cost-sharing (deductibles, co-payments, maximum-out-of-pocket costs) for mental health and substance use benefits than for physical benefits. For example, your co-payment for psychotherapy will be the same amount as your co-pay for an office visit with your family physician.

What does the Mental Health Parity and Addiction Equity Act do?

Applies to groups of more than 50 employees: The act, effective January 1, 2010, ends inequities in health insurance benefits between mental health/substance use disorders and medical/surgical benefits for group health plans with more than 50 employees.

Creates equity: Applies to all financial requirements in health insurance plans, including:

- lifetime and annual dollar limits,
- deductibles, co-payments, coinsurance,
- out-of-pocket expenses, and
- to all treatment limitations including frequency of treatment, number of visits, days of coverage and other similar limits.

Insurance plans will no longer be able to apply a different deductible for mental health services than they do for physical health services, or more restrictive limits to the number of treatment sessions or days of hospital stays.

When does the new law take effect?

The Mental Health Parity and Addiction Equity Act will apply to most health plans beginning January 1, 2010. The current 1996 parity law will remain in effect through December 31, 2009.



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Will my health plan have to comply with the new law?

The act applies to all group health plans with more than 50 employees, whether they are self-funded (regulated under ERISA) or fully insured (regulated under state law), that provide mental health or substance use benefits. Those health plans with 50 or fewer employees will remain subject to current state mental health parity requirements. The new law does not apply to the individual insurance market.

What diagnoses are included under parity?

The parity act covers all diagnoses for mental disorders. It goes beyond the 1996 act and some state parity and mandated benefit laws by also requiring parity for substance use disorders. There are no exclusions. In effect, whatever a plan covers must be at parity with (equal to) what is covered for physical health problems. As in the current system, a health plan may deny coverage based on medical necessity or under the terms of its coverage contract with an employer.

Can benefits for a particular diagnosis be excluded from coverage under the new parity law?

Yes, employers are not prohibited from dropping coverage for a diagnosis. The act broadly defines mental health and substance use disorder benefits to mean benefits with respect to services for mental health conditions and substance use disorders, as defined under the terms of the plan and in accordance with applicable federal and state law.

Does the new act have any impact on benefits management and medical necessity criteria?

A health plan may manage the benefits under the terms and conditions of the plan. The act requires insurance plans to make medical necessity criteria available to current or potential participants, beneficiaries or providers upon request. A health plan must also make reasons for payment denials available to participants or beneficiaries on request or as otherwise required.

Does the new parity law apply to out-of network services?

Yes. Under the new law, if a health plan provides both out-of-network physical and mental health/substance use disorder benefits, these services must be provided at parity. If a plan currently provides only out-of-network physical health benefits, this new law will require it to add out-of-network mental health and substance use disorder benefits, at parity.

Can health plans drop mental health and substance use benefits completely?

Yes. The act does not require health plans to provide mental health and substance use benefits, but if the plan does provide such coverage, it must be at parity with physical health coverage. Elimination of these benefits would likely be very expensive to health plans. A Kaiser Family Foundation Annual Survey of Benefits showed that 97 percent of plans already provide mental health and substance use benefits. It is now well accepted these benefits are an integral part of treating most health conditions. Effective treatment of most illnesses like diabetes, asthma and congestive heart conditions requires a full recognition and treatment of co-morbid mental health and substance use disorders.

My state already has a parity law. How will this new federal law impact state law?

State laws only apply to fully insured groups. They do not apply to "self-insured" ERISA groups. Forty-three states have enacted parity laws. While some of these laws provide for strong parity protections, many are not as comprehensive as the new federal law. For those states with strong existing parity laws, the Mental Health Parity and Addiction Equity Act is protective of state law. If a provision in a state parity law provides for less protection than the federal law, it is the federal law that prevails. Conversely, if the state law provides for more protection than the federal law, state law prevails.

Does the new law apply to Medicare and Medicaid patients?

The act does not apply to Medicare patients. In July 2008, Congress provided for Medicare coinsurance parity for Medicare patients by 2014 when it enacted "phase-in parity" under the Medicare Improvements for Patients and Providers Act (MIPPA). The 2008 act, however, does apply to Medicaid managed care health plans. ♦



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Groups Offered in Contra Costa County

MEMBER NEWS: *Ann Steiner*

Our Member, **Ann Steiner**, Ph.D., MFT, CGP, has been busy. Following a keynote presentation she gave for the Aplastic Anemia & MDS International Foundation in Indianapolis, in July, an audience member was so enthused about her work that he offered to help her find an agent for her self-help book, "The Rollercoaster of Chronic Illness: How to Add Joy to the Ride." Within two days of her return a highly regarded New York agent contacted her and offered to represent her. At the same time she was asked, in her role as the American Group Psychotherapy Association's Co Chair of the Medical Illness Special Interest Group, to coordinate and provide consultation to a group in China that is leading support groups for Muscular Dystrophy patients and their family members. New to using Skype, she conducted her first consultation session with them via Skype. Among her upcoming speaking engagements are: "The Rollercoaster of Arthritis: How to Add Joy to the Ride" open to the public, sponsored by the Northern California Arthritis Foundation's Bone and Joint EXPO at the Pleasanton, Hilton, October 17, 2009, a day-long law and ethics course, "Radical Responsibility: Ethical and Clinical Benefits of The Therapist's Professional Will" sponsored by The Psychotherapy Institute on Saturday, November 21, 2009, and an Open Session and Workshop with law and ethics CE credit about the Therapist's Professional Will for the American Group Psychotherapy Association in San Diego this February.

List of Groups with Openings - Ann Steiner, Ph.D., MFT

Group Title:	Chronic Medical Illness Support Group
Location:	Lafayette, near BART - Wheelchair Accessible
Group Leader:	Ann Steiner, Ph.D., MFT
Target Population:	Adults dealing with chronic medical conditions and or chronic pain, does not include terminal illnesses.
Group Size:	Maximum 6-7
Age Range:	30-60
Gender:	Male, Female, Both
Meeting Day:	Thursdays
Meeting Time:	3:30-5:00
Length of Meeting:	1 1/2 hours
Time Limited?	Long term, ongoing
Phone Number:	(925) 962-0060
Email:	DrSteiner@DrSteiner.com
Address-Website:	www. DrSteiner.com
Group Description:	Isolation and loss of connection with others is a major issue for most people dealing with chronic pain and illness This wonderful, warm, long-term support group which addresses hidden disabilities, chronic pain, and life-altering medical challenges is designed to enrich your current individual therapy and help expand your client's support network. Members of this unique group inspire each other to make the most of life with limitations, reduce their isolation and add more compassion for themselves.



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List of Groups with Openings - Ann Steiner, Ph.D., MFT

Group Title: Relationship – Focused Psychotherapy Group

Location: Lafayette
 Group Leader: Ann Steiner, Ph.D., MFT
 Target Population: Adults interested in learning about and improving their process and relationships.
 Group Size: Maximum 6-7
 Age Range: 30-65
 Gender: Male, Female, Both
 Meeting Day: Wednesday's
 Meeting Time: 5:00 – 6:30
 Length of Meeting: 1 1/2 hours
 Time Limited?: Long term, ongoing
 Phone Number: (925) 962-0060
 Email: DrSteiner@DrSteiner.com
 Address-Website: www. DrSteiner.com

Group Description: This ongoing, long-term, supportive group addresses relationship issues, trust, intimacy and improving self-care. This group provides a safe environment where they can benefit from getting honest feedback from others who have dealt with or are dealing with similar life challenges. Designed for psychologically aware members who want to look closely at what is getting in the way of more meaningful, satisfying work and personal relationships.

Group Title: Therapy Group for Therapists

Location: Lafayette, near BART - Wheelchair Accessible
 Group Leader: Ann Steiner, Ph.D., MFT
 Target Population: Psychotherapists interested in learning about and improving their interpersonal skills and enhancing their self-awareness as individuals and therapists.
 Group Size: Maximum 6-7
 Age Range: 30-50
 Gender: Male, Female, Both
 Meeting Day: Thursdays
 Meeting Time: 9:00 – 10:30am (may change in July, 2009)
 Length of Meeting: 1 1/2 hours
 Time Limited?: Long term, ongoing
 Phone Number: (925) 962-0060
 Email: DrSteiner@DrSteiner.com
 Address-Website: www. DrSteiner.com

Group Description: This process-oriented co-ed psychotherapy group offers a safe environment for personal and professional growth. This group has been meeting for over eight years, and is a powerful antidote for the isolation of private practice. Members learn more about the healing power of group interaction, increase their interpersonal skills and enhance their self-awareness as individuals and therapists. We currently have openings for one or two male therapists who are interested in doing this deep work in a supportive group setting.

* Note: This group is designed for therapists who are interested in working on their own issues and have been in, or are currently in, individual therapy.



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List of Groups with Openings - Ann Steiner, Ph.D., MFT

Group Title: Consultation Group for Licensed Psychotherapists

Group Leader: Ann Steiner, Ph.D., MFT

Group Size: Maximum 6-7

Age Range: 30-55

Gender: Currently Female, open to men as well

Meeting Day: Thursdays, twice monthly

Meeting Time: 10:30am – 12:15 pm

Length of Meeting: 1 1/2 hours

Time Limited?: Long term, ongoing

Phone Number: (925) 962-0060

Email: DrSteiner@DrSteiner.com

Address-Website: www. DrSteiner.com

Group Description: This twice monthly, facilitated consultation group is designed for therapists who want to look closely at their clinical work, deepen their understanding of their client's processes and sharpen their skills. This case consultation group combines member's case presentations, informal didactic presentations and discussion.

Presentations include therapeutic framework, working diagnoses, client's history and cultural context, different diagnostic and treatment planning issues as they relate to treatment challenges, family of origin issues, and impact of medical issues if any. The quality and meaning of the transference is explored, while acknowledging the informative value of counter transference.

CE Credit available for MFTs and LCSWs, CE for psychologist is pending

About the Leader

Ann Steiner, Ph.D., M.F.T., CGP* has been leading psychotherapy groups for over 28 years, supervises, trains and provides consultation to therapists. She is a Fellow of the American Group Psychotherapy Society, was a founding member of the National Registry of Group Psychotherapists*, Co-Chair of their Medical Illness Special Interest Group, was president of Northern California Group Psychotherapy Society, and is on the faculty of The Psychotherapy Institute's Group Therapy Training Program.

NOTE: Information accurate as of 9.11.09



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Group Title: Men's Group
Location: Walnut Creek
Group Leader: Bruce H. Feingold, Ph.D. (925) 945-1315
Group Size: 6-8
Age Range: 35 – 80
Meeting Day & Time: Monday, 7:30 p.m. - 9:00 p.m.
Length of Meeting: 90 Minutes

Group Description: This is a long-term support/process groups for high functioning men. The goals of the group are for the men to discuss their lives in a meaningful and authentic way and to gain insight, feedback and support. The range of issues includes marital problems and divorce, depression and anxiety, work difficulties, fathering, and forming intimate male friendships. The men work on fundamental emotional and cognitive patterns and challenge the limitations of conventional definitions of masculinity. As the men integrate into the group they experience it as highly rewarding and make profound changes in their lives.

Group Title: Women in Sobriety
Location: Meeting on Wednesday evenings in Berkeley
Group Leader: Sara E Fisher, Ph.D. (925) 256-8280 saraefisherphd.com

Group Description: This new group is intended for women working on successfully integrating sobriety into their lives at home and at work. The group will provide a safe context in which to develop skills for living sober in an un-sober world: Repairing and enhancing relationships, Realistic relapse prevention planning, Support for the 12-step program and other approaches to recovery, Consideration of co-existing conditions such as anxiety, depression, bipolar spectrum, and chronic pain. Understanding how and when medications may be appropriate in a confidential and compassionate setting, these women will work with a sober therapist who has 30 years' experience providing group, family, couples and individual therapy in private practice.

Group Title: A Healthy Divorce/Separation Group
Location: San Ramon
Group Leader: Shendl Tuchman, Psy.D.
Target Population: Divorced or separated men and women
Group Size: Maximum 8
Age Range: Adult
Gender: Both
Meeting Day: Monday
Meeting Time: 6:30-8pm
Length of Meeting: 1.5 hours
Time Limited?: 8 week initial commitment
Phone Number: 510-201-3435
Email Address: dr.tuchman@earthlink.net

Group Description: Are you divorced or separated, struggling with the ending of your relationship and feeling it continues to be difficult to manage? Do you sometimes wonder how you are going to get through the next conversation with your former partner or soon-to-be former partner? I work primarily with people engaged in some aspect of divorce: custody decisions, communication difficulties, children, step-parents, etc. ♦



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Office Available For Sublet

Large downtown Pleasanton office available for sublet on Wednesdays, Fridays, and Saturdays.

Contact Enid Sanders, Ph.D.
(925) 846-6782

Office Available

Large corner office available in a well-established therapy suite: Mondays/Wednesdays until 3:00 and/or full days on Fridays. Beautifully furnished with two walls of windows looking into a lush creek side setting, easy access to Hiways 24 and 680 with no cross-town driving, free parking, partial kitchenette in suite, and on-site cafe. The building is Class-A and immaculately maintained with a three-story glass atrium in the lobby. Photos on Craig's List. Very lovely.

Contact Dr. Juliann Kauffman if you are interested in obtaining more information 925-274-1477

Office Available For Sublet

Office sublet available Friday all day.
Comfortable and tastefully furnished office brightly lit with picture window to large treed area.
Suitable for seeing individuals, couples and families.

It is located in the Crow Canyon Office Park in San Ramon and is part of a suite of five therapy offices. There is a shared waiting room, refrigerator and copy/fax machine. Rent is negotiable.

Please contact Shendl Tuchman, Psy.D.
at dr.tuchman@earthlink.net or 925-201-3435

www.cocopsych.org

The Contra Costa Psychological Association is an active group of professionals committed to advancing the science and profession of psychology and serving Contra Costa County.



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Insurance Facts

~Fifteen percent of the adult population uses some form of mental health services during the year. (APA Survey 2004)

~In 1996, the United States spent more than \$99 billion for the direct treatment of mental health disorders. (Surgeon General's Report on Mental Health 1999)

~97% of Americans believe access to mental health care is important. (APA Survey 2004)

~85% of Americans say health insurance should cover mental health services. (APA Survey 2004)

~87% of Americans cite lack of insurance coverage as a top reason for not seeking mental health services. (APA Survey 2004)

Paige Leopold Relocation

Paige Leopold, Ph.D. announces the relocation of her psychotherapy and consultation practice specializing in serving children and families and focusing on children with unique developmental, temperamental and/or educational challenges.

2819 Crow Canyon Road
Suite 219F
San Ramon, CA 94583
tel: 925-963-9446
e-mail: drpaigeleopold@yahoo.com

Office Available

Lovely office in two-office suite available in downtown Pleasanton, one block west of Main Street's restaurants and shopping. Large waiting room/group room. Easy freeway access. \$665/month (\$1.75/sq.ft.)

Call Enid Sanders, Ph.D.
(925) 846-6782



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ANNUAL MEMBERSHIP RENEWAL 2010

It's that time again. Summer has ended, fall is nipping at our heels and the Membership Renewal Drive is upon us again. Given the "interesting" economic times of the last year, it is even more important for us to maintain our connections to each other and what better way than renewing your membership to the Contra Costa Psychological Association.

As usual, in addition to being able to download the Renewal Application from our website (www.cocopsych.org) a Renewal Application is included with this Newsletter.

We continue to try to provide for the needs of our members through our collegial, friendly and supportive networking community. This past year, in addition to our Quarterly Dinner meetings, we held our usual social events and have added an ongoing event:

- The Annual Holiday Party at Temple Isaiah in Lafayette
- The 3rd Annual BBQ, warmly hosted by Dr. Karyn Goldberg-Boltz
- First Friday social networking, a monthly get-together at Scott's in Walnut Creek.

Please think about joining us and having a great way to wind down from the week to kibitz and schmooze with your colleagues. We had great turnouts for the events and hope more of you will join us in the future.

MEMBER BENEFITS

Each year, CCPA hosts a series of **events** for the membership. This year CCPA hosted these Continuing Education events:

- Dr. Andrew Pojman speaking on the Raging Adolescent: Containment, Confrontation, and Compassion
- Dr. Robin Yagenah speaking on Cognitive Behavioral Therapy and Mindfulness: The Third Wave
- Dr. Richard Pollack, Dr. Susan O'Grady and Dr. Sarah Wood speaking on The Homework Battle
(more details in this newsletter)

CCPA provides access to information about colleagues and the latest thinking and treatment advances in an interesting and challenging environment through our **Newsletter**.

The CCPA **listserv** makes it possible to:

- Be in easy contact with your colleagues
- Seek information and referrals to better serve your clients
- Let others know what your area of expertise is
- Keep up on the latest legislative actions affecting psychologists
- Find or offer office space
- Other ideas you may have that we haven't thought of yet

You also have the availability to join the **Information and Referral Network** where Contra Costa County residents can find psychologists with the expertise they are seeking through our state-of-the-art searchable database.

For those of you who have psychological assistants, we hope you encourage (or perhaps require?) them to become members of CCPA. The association provides an excellent opportunity for them to meet and **network** with established members in their field. What better way to let others know they are in practice and taking referrals in their particular area of expertise.



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Most importantly, we want to thank the membership for continuing to support CCPA. It would be much more difficult to offer the services that you have come to expect, without it. As an organization, we are trying to add value by exploring ways to bring in new members, experts able to speak on a variety of cutting edge topics and to set up functions designed to meet the dynamic needs and interests of the membership. Many of you have responded to the survey about your practices. With this information, we will be better able to assess the specific needs of the membership. Thanks to all of you who have taken the time to do so. And, thank you all for continuing to be members of CCPA and helping to make it the successful Association it is today.

HOW TO RENEW

There are a number of options for renewing your memberships this year.

1. **You may send in your check or pay with PayPal** without including a Renewal Application unless there are changes to your information such as your address, email address, etc. If there are any changes that we need to make to our records, please use the Renewal Application included in this Newsletter or at our website to let us know.

Please send your checks to:

Shendl Tuchman, Psy.D. , 2 Crow Canyon Court, Suite 200, San Ramon, CA 94583

2. **To renew from the website, go to www.cocopsych.org**

- Log in through the Members' Corner. (Instructions to get into the Members' Corner are below)
- Click on Renew Membership
- Review the online renewal application
- If there are any changes, make the corrections and click on the Submit button
- You may download a Word document or open an Adobe Acrobat file to print, fill out and mail it
- You may send a check or use PayPal to make your payment

3. **You may use PayPal to pay your dues without doing it from our website if you have your own PayPal account and provide the CCPA payment email address:**

- Log in to your PayPal account at www.paypal.com
- Select "Send Money"
- Enter the CCPA payment email address (ccpapaypal@yahoo.com) and the amount to be paid
- Select "Services/Other" under "Send Money for", and click Continue
- Choose a funding source and click "Send Money"

To get into the Members' Corner, please do the following:

- Click on CCPA Members' Corner at the bottom left side, you will be asked for a User ID and password
- If you do not know what your User ID or Password are, follow these directions:
 - Click on Forgotten User ID just below and to the right of the fields asking for this information
 - You will be asked for your email address, please type it in and click on Send User ID
 - Your User ID will be sent to you via email in a few minutes
 - Click on Forgotten Password just below and to the right of the fields asking for this information
 - You will be asked for your email address again, please type it in and click on Send Password
 - Your Password will be sent to you via email in a few minutes.
 - If there is a problem, it could be because the email address you entered does not match the email address in our files
 - Once you have entered your User ID and Password, you can renew your membership

Please contact me should you have any questions.

Shendl Tuchman, Membership Chair, 925.201.3435



CONTRA COSTA PSYCHOLOGICAL ASSOCIATION



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Contra Costa Psychological Association A member of the California Psychological Association Membership Renewal Application

Name _____

License No. _____

Mailing Address _____

Email _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Are you a current CPA member? __Yes __No Are you a current APA member? __Yes __No

Membership in the California Psychological Association (CPA) and the American Psychological Association (APA) is recommended, but not required, for membership in CCPA.

Return completed application plus dues to:

Shendl Tuchman, Psy.D.
2 Crow Canyon Court
Suite 200
San Ramon, CA 94583

Full Member: California Licensed Psychologist or Doctoral Degree in Psychology/Educational Psychology or Diplomat of the American Board of Professional Psychology (\$100 – Up to February 28th; \$120 – After February 28th)	\$100	<input type="checkbox"/>
New member: Joining between July 1 st and October 1 st (next year renewal period starts in the Fall)	\$50	<input type="checkbox"/>
Student Member or Psychological Assistant*: Please attach a copy of your current school I.D. or Psychological Assistant Certificate	\$50	<input type="checkbox"/>
Emeritus Member: Must be retired full-time (additional conditions apply, please contact us)	\$00	<input type="checkbox"/>
Voluntary CPA-PAC Contribution: The CPA-PAC supports legislative activities to protect and promote the practice of psychology in California. This contribution is a non-deductible expense.	\$50	<input type="checkbox"/>
TOTAL AMOUNT REMITTED:		\$

* Students and Associate members are non-voting until licensed. Requests for hardship dues reduction will be reviewed on an individual basis by the Board. In such cases we request the applicant to volunteer time to committee activities and special projects.