



# Nevada Psychological Association

## NPA News

### The Voice of Psychology in Nevada

2014 Fall Newsletter

#### IN THIS ISSUE....

#### THE APA APPORTIONMENT BALLOT – What it is and why you shouldn't just throw it away!

**What is it?** The Apportionment Ballot is used to determine the makeup of the [APA Council](#). All APA members have ten votes that they can allocate to different divisions within APA. The ballots will arrive in early November.

**What is the APA Council?** It is the APA's chief governing body and it is the final decision making body. The APA Council votes on multiple issues that affect the practice of psychology everywhere, including here in Nevada. The APA Council votes on key issues such as budgets for state associations (like NPA), policy documents and guidelines that impact professional practice.

**What should I do?** First of all, don't throw away the ballot. In the event that you are not sure how to allocate your votes, please keep in mind that [NPA Needs Your Votes](#) and that you can allocate all ten votes to your state organization! We want to keep a strong voice on the council so that NPA and Nevada psychologists are appropriately represented.

*(for more details, see Page 5)*

Also, take a look inside to receive the latest information on topics relevant to Nevada psychologists:

- **Legislative Update from our NPA Lobbyist** – what happened in the 77th Legislative Session and what looms ahead.
- **APA Council Representative Update** – including the latest from APA
- **Update from the NPA Legislative Committee** – how they are working to protect the practice of psychology in Nevada and how you can help.
- **Article: Facebook's Emotion Experiment Judith Gulko**
- **Article: Psychology and Aging, Deborah A. DiGilio**
- **Article: CPT, Healthcare & Psychological Services, Antonio E. Puente**
- **Are your 2014/15 NPA dues current?** Go to pages 18-19 to find out

#### Upcoming CE Events:

- **November 22, 2014**  
**Hot Topics in Ethics and Risk Management in Psychological Practice**  
Eric Harris, J.D., Ed.D.  
Henderson Convention Ctr  
Las Vegas • 6 Ethics CEs
- **Feb 5-7, Apr 16-18, June 12-13, Sept 18-19, 2015**  
**10-Day Comprehensive Training in DBT**  
Alan Fruzzetti Ph.D.  
United Healthcare  
Las Vegas • 6 CEs
- **May 8, 2015**  
**NPA Annual Conference CPT and Healthcare Reform: How They are Changing the Way You Practice**  
Antonio E. Puente Ph.D.  
United Healthcare  
Las Vegas • 6 CEs
- **October 17, 2015**  
**Sexual Issues in Psychotherapy: 6 Hours Towards Basic Competency**  
Tiger Devore, Ph.D.  
UNR  
Reno • 6 CEs

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## ~ ~ ~ An Update from our President—Whitney Owens, Psy.D. ~ ~ ~

NPA is off to a great start with implementing our strategic objectives that we worked on at our 2014 Strategic Planning meeting in Reno in May. I want to take a moment to share with you the exciting things that your Executive Board has been up to so far this year to keep you abreast of the opportunities and advances that we have made in the short four months since Strategic Planning.

As you may remember, our first strategic objective is to grow our membership. One of the ways that we are working on this objective is to develop a PowerPoint presentation to show at our CE events to help non-members understand the benefits of becoming an NPA member as well as give current members an update on what NPA has been up to. This will allow our members to keep up to date on how membership dollars are benefitting you and our profession.

The second objective is to improve our financial stability. One of the main ways that we are doing this is by working on obtaining more sponsors for our CE events. This allows the organization to keep our costs lower for our CE workshops as well as lowers costs for the attendees. In addition, we will soon be offering easy automatic renewals for members to increase the ease of renewing membership, which will be helpful for our members as well as create more financial stability for the organization.

The third strategic objective is to maximize our organizational efficiency. As the current President, I am working on cleaning up our bylaws to ensure that they include written processes for how we do things as an organization so that we can be as efficient and consistent as possible. In addition, our Continuing Education (CE) Committee, led by Lindsey Ricciardi, Ph.D. has been developing a streamlined process for CE events to help those orchestrating the events to do so with less stress.

Lastly, but certainly not least, my passion has been in the final objective, which is to develop effective leaders. One way that we have been working on this is by developing and refining the job descriptions for our Board and Committee Chairs. We are also going to be adding a section on our membership application asking members if they are interested in participating in committees or on the boards so that we can continue to create a constant flow of talent and energy in our leadership pipeline.

As you can see, your Executive Board has been up to a lot this year and we will continue to work towards our strategic objectives to create an organization that works effectively for our members' benefit. If you are interested in joining any of the Committees or Boards and want to get involved, please do not hesitate to contact me directly. It is certainly an honor to continue to serve this great organization and I look forward to the amazing things that we will continue to do until the end of my term and into the future.

~Whitney Owens, Psy.D.  
2014-2015 NPA President



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## The View From Carson City by Bryan Gresh, NPA Lobbyist

A Tesla-centric Special Session of the Nevada State Legislature (its 28<sup>th</sup> ‘special’ since statehood) put an election season crimp in the plans of candidates. Many of those office seekers are current lawmakers and—by law—are unable to accept any political contributions from the time the session proclamation is signed by the Governor until 15 days after it ends. Two prime weeks of contribution season time spent cooling their jets, from September 10<sup>th</sup> through the 25<sup>th</sup>. The silence during the blackout was deafening, as is the volume now that we’re back to the Legislature’s version of dialing for dollars.



### *Interim activity*

This has been one of the busier, if not the busiest, interim in which NPA has been involved. I encourage you to read about our involvement in various interim committees and issues elsewhere in this newsletter. We’ve talked for many years about NPA’s seat at the table for such meetings—we’re sitting there now, and being heard! Interim work is meaningful, doing what can’t be done in a quick 120-day legislative session. But *how* important is dictated by who winds up sitting where—not at the table, but in the legislative chambers themselves after the election. And that’s what we focus on today. Prognosticator crystal balls are notoriously fuzzy this time of year but we lobbyists are a hearty lot, always in search of a sturdy limb on which to venture out.

### *Legislative landscape*

Starting at the top of the ticket, current Nevada Governor, Republican Brian Sandoval is cruising toward a second, four-year term helming the Silver State. The popular Sandoval—with enviable poll numbers—scared away any high profile Democratic challengers.

The Lt. Governor race, by contrast, is a slugfest. Republican State Senator Mark Hutchison is battling Democratic Assemblywoman Lucy Flores. Flores has become a national candidate, with profiles in magazines such as “Elle.” Her childhood challenges-to-Nevada Assemblywoman story is the stuff of movies. Hutchison, with the backing of Sandoval, has been hard at work in Nevada. He returns to Carson City either way. If he wins, he’s a heartbeat away from the Governor’s Mansion. If he loses, he returns to the State Senate since he ran mid-term. Flores, on the other hand, either wins or goes home. She gave up her safe Assembly seat, a two year post, to run.

The state Assembly will remain in Democratic hands after the November 4 election. The Republicans hope to pick up three seats, maybe, but it won’t be enough to overcome the sizable D advantage in the lower chamber. Expect current Speaker Marilyn Kirkpatrick (D-North Las Vegas) to remain at the top of the Assembly food chain, with Jason Frierson (D-Las Vegas) being tabbed as Majority Leader.

### *Senate shake up?*

For NPA, the real interest is in the Senate. Democrats right now hold an 11-10 razor thin advantage. The tipping point this cycle can be found in Southern Nevada’s Senate District 9. The seat was won by Democrat Justin Jones two years ago in a special election to fill the unexpired term of Republican Elizabeth Halseth. Jones has to defend the seat now to win a full, four year term but has his hands full with Republican challenger Becky Harris.

It's a non-presidential year with a snore fest at the top of the ballot. Republicans feel they can win the one Las Vegas open seat (Senate District 8) and hold Senate Minority Leader Michael Roberson's Henderson post. If attorney Harris beats attorney Jones, the Senate flips to control of the Republicans. Nevada businesses are mobilized to see the Senate back in the hands of the GOP (an advantage last enjoyed in 2007) and are, at best, loading up on Republican candidates or, at worst, hedging their bets. In just the Jones/Harris race the money being spent will easily top one million dollars. One million dollars. A staggering sum.

Thanks to you, NPA is active during this crucial time of the political process. We have been able to financially support candidates who share our passion and positions on a host of issues. No matter the outcome of November's election, mental and behavioral health are in the forefront right now. And that won't change short term. A host of bills will ensure the problems are addressed, and solved, in 2015 more than in any recent session of the Legislature. We will be there; NPA will have a front row seat during the debates. It's a great time to be involved in the practice of psychology here in Nevada.

A great time to have our voices heard.

**The Gresh Group, Inc.**  
**NPA Government Affairs Firm**



**ATTENTION APA MEMBERS....Your APA Apportionment Ballot** will arrive in **early November**. Don't Throw Away Your Voice at the National Level!!!



**THE APA APPORTIONMENT BALLOT—DOES IT MATTER?**  
**!!!! YES IT DOES !!!!**



**WHY???** The Council of Representatives is APA's chief governing body and is charged with legislative and oversight responsibilities for the entire Association. Council's function is to develop and implement policies and programs..."to advance psychology as a science and profession and as a means of promoting health, education and human welfare."

While policy development begins with APA's boards and committees, and the Board of Directors, the final decision-making body is the Council. The Council votes on MANY items that impact state associations and the professional practice of psychology. In 2013, SPTAs composed 53% of the organized entities that make up Council, but had only 40% of the representatives and votes. The good news is that SPTAs have gained 5 seats since 2007, but you need to vote to help NPA gain more seats.

**NPA Needs Your Votes!** The number of votes obtained in the Apportionment Ballot process determines which SPTAs and Divisions get the additional seats past the one per entry. APA Members are given 10 votes to use as they wish—you can allocate all of your ten votes to your state (or split them up amount your SPTA and Divisions) to ensure that NPA, and all state associations, continues to have a voice on the APA Council. Because Divisions can draw from large pools across the country, many end up with multiple representatives on Council, whereas states typically can only muster enough votes for one seat.

## APA Council Report , August 2014~ Lisa Linning, Ph.D.

APA Council has been working to restructure both the Board of Director and the council structure, as well as to redefine function of each. This has been a multi-year process with much progress, however, many aspects continue to be divisive and challenging given the diversity of our APA membership. I am submitting much of Dr. Farberman's report (with permission) , which captures the highlights of where Council is in the restructuring process, as well as the other business we accomplished during the August meeting. On a personal note, I continue to feel honored and humbled to work beside so many outstanding psychology leaders and past APA presidents as a Council member.

Thank you for electing me to APA Council for a new term!

~ Lisa M. Linning, PhD

### **APA's council approves several governance changes and continues to debate Council's structure** **By Rhea K. Farberman, *Monitor* Executive Editor**

At its August meeting, APA's Council of Representatives approved several proposals recommended by the Good Governance Project (GGP) Implementation Work Group (IWG) that seek to streamline the association's governance system and make it more inclusive.

"This was a challenging but important council meeting," APA President Nadine J. Kaslow, PhD says. "Challenging because updating the APA governance system, as the Good Governance Project is designed to do, is not a simple task."

The GGP model, proposed after a thorough assessment with input from governance groups, seeks primarily to increase member engagement and give members a more direct voice in the decision-making process. It also seeks to enable APA governance to respond more nimbly to issues of the day and to ensure strategic alignment across the organization. The GGP was an outgrowth of the APA Strategic Plan focused on optimizing organizational effectiveness.

Over the last year, the council has approved several proposals from the IWG. At its February 2014 meeting, the council approved a delegation of duties to the Board of Directors in four areas: the oversight of APA's chief executive officer; the alignment of the budget with APA's Strategic Plan; internally focused policy development; and financial and budgetary matters (three-year trial). These changes free up Council to focus on strategic and emerging issues affecting psychology and to engage in higher level dialogues that inform the development of policy and strategic directions.

The council also approved a change in the composition of APA's Board of Directors. Under the change, the board would have six member-at-large seats open to election from and by the general membership. In addition, the board would have a public member, as well as student and Early Career Psychologist representation. Two seats would also be reserved for members of a newly created Council Leadership Team (CLT), in order to ensure a bridge between the APA board and council. The CLT will manage the work of council, determine the process for council to select topics for discussions and provide recommendations on agenda items that council would consider. The CLT will have 12 members: Chair, Chair-elect, Past Chair, APA President, APA President-elect, APA Treasurer, APAGS Chair, ECP representative, 3 members-at-large, and CEO (without vote), all of whom would be current or past Council members.

The changes to the board's composition require a Bylaw change and therefore need approval by the APA membership; the Bylaw amendment ballot is expected to be sent to members next year.

## APA Council Report , August 2014~ Lisa Linning, Ph.D. (continued from Page 6)

At its August meeting, the council continued to grapple with Council's optimal size and structure. The questions still remaining -- and that will be considered at the February 2015 Council meeting -- include:

- The overall size of the council.
- Whether the allocation of Council seats should be made on an apportionment basis, as they are currently allocated, based on size of a division or state/provincial/territorial association or based on one seat per constituency,
- Whether to adopt a IWG proposal recommending that nine at-large council seats be added and determined by the Needs Assessment Slating and Campaigns Committee based on an annual needs assessment.

"I am deeply grateful to my fellow council members for their diligence and thoughtfulness in making sure that the changes we make are the ones that appear to be optimal for the organization at this time and will serve future members well," Kaslow says.

In addition, the council approved a change in the oversight functions of the Committee for the Advancement of Professional Practice (CAPP), now wholly a committee of the APA Practice Organization (APAPO). CAPP is responsible for the day to day oversight of APAPO in advocating for the c-6 professional and marketplace interests of practitioners in legislative, legal and regulatory arenas. The Board of Professional Affairs will continue to oversee the work of the Practice Directorate, including policy formulation; the development of both professional practice and clinical practice guidelines; public education and disaster response; and advocacy for access to quality mental health services.

### Additional Council action:

- Better use of technology (which everyone appears in favor of, although projected costs are not yet clear).
- A new Leadership Institute to develop a leadership pipeline
- A triage system of how motions will flow through the governance process
- Approved a change to the Association Rules to now require that all boards and committees have at least one member who is an Early Career Psychologist (ECP).
- Adopted a resolution aimed at stemming false confessions and wrongful convictions, including a recommendation that all interrogations of domestic criminal felony suspects be videotaped in their entirety and from a "neutral" angle. Many adults with **mental disabilities** and **younger suspects** don't fully understand their right to remain silent and to have a lawyer present, and are more likely to waive their rights, the resolution says.
- Adopted as APA policy a resolution on gender and sexual orientation diversity in children and adolescents in schools that encourages education, training and ongoing professional development about the needs of gender and sexual orientation diverse students for educators and other school personnel.
- Adopted as APA policy a resolution in support of the UN Convention on the Rights and Dignity of Person with Disabilities.
- Adopted as APA policy Guidelines for Clinical Supervision in Health Service Psychology. These guidelines delineate optimal performance expectations for psychologists who supervise trainees in health-service delivery settings (see [www.apa.org/about/policies/guidelines-supervision.pdf](http://www.apa.org/about/policies/guidelines-supervision.pdf)).
- Approved the creation of a Div. 42 (Psychologists in Independent Practice) journal titled *Practice Innovation*.
- Approved the creation of a APA Committee on Associate and Baccalaureate Education. This committee will subsume the work of the current Psychology Teachers at Community College Committee.
- Adopted new policy that supports the inclusion on all governance boards and committee members who have not previously served in governance.
- Elected a class of 111 new APA Fellows.

## Ethics for Psychologists—Facebook’s emotion experiment and informed consent

By Judith Gulko, Ph.D.

In June, Facebook published an emotion contagion experiment in the Proceedings of the National Academy of Science (PNAS) in which news feeds of almost 700,000 users were skewed negatively or positively for a week without their knowledge. The publication ignited an ethical controversy centered on informed consent (APA Code of Conduct Standards 3 and 8: Human Relations and Research and Publication) in this social media age.

There was discussion about whether the Facebook data use policy – which includes a phrase stating that one’s data may be used for research purposes – constitutes informed consent, as the company claimed, and whether informed consent is even necessary in these sorts of studies. At the time of the experiment (Jan 11-18, 2012), the phrase about research purposes was not even in the policy. Even with the updated wording, the policy does not seem to reflect true informed consent for a particular experiment.

Regarding the necessity of informed consent, on the one hand, it was pointed out that large web media companies engage in internal experimental research with our data and our moods all the time to increase their appeal. The difference here is that this study was published in scientific research literature rather than kept behind closed doors.

Psychology professor Richard Landers stated that if you aren’t aware of what Facebook does with your data you are naïve, and “if you are aware that Facebook is collecting your data and manipulating you, but you didn’t find the Facebook experience to be worth that loss of data control, you should have also deleted your account by now.... You can’t be mood-manipulated if you don’t use their service....”

On the other hand, the issue of informed consent becomes more pressing as the study involved Cornell University researchers, as well as PNAS, which are subject to the “Common Rule” of using ethical guidelines and procedures (including informed consent) regarding human subject protection when doing research, which govern the oversight of Institutional Review Boards (IRBs) when reviewing a proposed research proposal.

The Cornell researchers (led by Jeffrey Hancock, professor in the Communications and Information Departments) participated in designing the study, analyzing data and writing the publication. Yet, Cornell did not pre-approve the study through their IRB. They expressed that their researchers did not interact with the subjects, or the data, and since the experiment was conducted by Facebook for “internal purposes,” the board determined that the project did not fall under its Human Research Protection Program and therefore no review was required.

PNAS’s editor-in-chief, Inder Verma, wrote an “Editorial Expression of Concern” stating: “Obtaining informed consent and allowing participants to opt out are best practices in most instances under the Common Rule. Adherence to the Common Rule is PNAS policy, but as a private company Facebook was under no obligation to conform to the provisions of the Common Rule when it collected the data used by the authors, and the Common Rule does not preclude their use of the data. Based on the information provided by the authors, PNAS editors deemed it appropriate to publish the paper. It is nevertheless a matter of concern that the collection of the data by Facebook may have involved practices that were not fully consistent with the principles of obtaining informed consent and allowing participants to opt out.”

Other potential ethical concerns arose. On June 10, Cornell released an information bulletin stating: “Correction: An earlier version of this story reported that the study was funded in part by the James S. McDonnell Foundation and the Army Research Office. In fact, the study received no external funding.”

That statement triggered speculation about a possible connection, and then obfuscation of said connection between Facebook, Cornell and the military in doing research with Facebook’s vast social user data base. The Department of Defense’s Minerva Research Initiative, which funds university studies, lists a current research project being done at Cornell on tracking critical mass outbreaks in social contagion.

In 2009, Jeffrey Hancock was the principal investigator on a Minerva-funded project entitled “Modeling Discourse and Social Dynamics in Authoritarian Regimes.” It will certainly be enlightening to see how these types of studies are handled going forward.

### References available from author

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Judith Gulko, Ph.D., is a Florida licensed psychologist. Her private practice in Coral Springs specializes in healing from trauma. She may be reached through her website at: [www.jgulko.com](http://www.jgulko.com).

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#### The Ascent Program for Substance Abuse Treatment

Our chemical dependency program for teens uses evidence-based treatment protocols including the Matrix Model on Addictions to treat co-occurring substance abuse diagnoses. We provide individualized treatment plans and a variety of groups such as relapse prevention, early recovery and Alateen (12-step). All appropriate patients are evaluated via self-assessments and the SASSI (Substance Abuse Subtle Screening Inventory).



#### The Adolescent Dialectical Behavior Therapy (DBT) Program

Our DBT program is one of only a few teen residential DBT programs in the United States. The program provides comprehensive therapy based on the Marsha Linehan, Ph.D. model for individuals with such chronic behaviors as self harm, chaotic interpersonal relationships, history of suicide attempts, gestures or threats, rapid changes of emotion and multiple hospitalizations. Using compassion to affect change, we help patients learn unique skills to decrease intensity of feelings. These skills include mindfulness, distress tolerance, emotion regulation and yoga.

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## NPA Legislative Committee Update (October 2014)

The Legislative Committee has been busy making sure that NPA is “at the table” at important meetings and providing input on key topics as Nevada’s policymakers address the mental health crisis in our state.

Committee members have participated with many healthcare reform meetings, including those of the Southern Nevada Healthcare Forum, headed by Assemblyman Eisen and attended by Senator Justin Jones, Healthcare Subcommittee chair. Multiple topics were discussed at these meetings, including changes in the Legal 2000 process, the need for greater access to mental health services for adults and children, challenges in reimbursement systems, and promoting regionalized mental health authority. Because we were present, our perspective was heard, and NPA was directly involved in policymaking decisions for overhauling the mental health system. Recommendations from this Forum were forwarded to the Council on Behavioral Health and Wellness, and Governor Sandoval.

Committee members also participated in the Workforce Pipeline Project meetings initiated by the Department of Public and Behavioral Health. Separate monthly meetings were held with each behavioral health discipline to discuss statewide workforce shortages and barriers to recruitment, retention, and training. The Psychology calls included representatives from state agencies, universities, community agencies, and private practice. Recommendations were sent directly to Governor Sandoval.

Several key targets that the NPA Legislative Committee is actively promoting, both now and during the upcoming legislative season, include:

- Obtain Medicaid approval for reimbursement of psychology interns' services. We continue to advocate with private insurers to develop similar standards.
- Change current Corporate Practice Laws (antitrust laws) in Nevada that prohibit the formation of professional corporations between psychologists and medical doctors (including psychiatrists).
- Achieve Tarasoff protection for mandated reporters in Nevada.

We also are advocating for ways to expand access to psychological services, create more internship positions, increase reimbursement rates for psychologists (including for Telehealth services), reduce barriers to integrated health and wellness services, and improve the awareness and understanding of psychology as a specialty both at the Legislature and across the state.

Committee conference calls are the 4<sup>th</sup> Friday of each month at noon. We welcome new committee members, especially when it comes time to review BDRs during the session.

**\*\* Legislative Session begins February 5, 2015\*\***

Respectfully submitted,

**Laurie Drucker, PsyD** [lydrucker@gmail.com](mailto:lydrucker@gmail.com)

**Lisa Linning, PhD** [LisaLinning@msn.com](mailto:LisaLinning@msn.com)

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## Psychology and Aging: Resources for an Ever-Growing Population's Needs

*Deborah A. DiGilio, MPH, Director, APA Office on Aging*

There is a growing need for all psychologists to have a basic understanding of the psychology of aging. People 65 years old and older are the fastest growing segment of the U.S. population and by 2030 will account for 20% of our nation's people. As discussed in the *American Psychologist* article, "Aging and Mental Health in the Decade Ahead: What Psychologists Need to Know," the demand for psychologists with a substantial understanding of later life wellness, cultural, and clinical issues will expand in future years as the older population grows and becomes more diverse (Karel, Gatz, & Smyer, 2012). The recently updated [\*APA Guidelines for Psychological Practice with Older Adults\*](#) (2013) note that the demand for psychological services for older adults is expected to rise as Baby Boomers become old, and will continue to increase as cohorts of middle-aged and younger individuals--who are receptive to psychological services--move into old age.

Even if you did not begin practice with the intent of working with older adults, clients do age and their needs often change. Additional issues specific to mid and late life may arise. Also, age-related issues may arise in work with younger clients, e.g., those caring for aging parents, grandchildren being raised by grandparents. Finally, even if you do not work directly with older adults or their families or caregivers, we are *all* aging. Becoming informed of the science of the psychology of aging will prove useful at a personal level--for ourselves and our families.

In terms of psychological practice with older adults, opportunities abound. The number of psychologists who work with older adults is not keeping up with and will not meet the anticipated need. The decade ahead will require an approximate doubling of the current level of psychologists' time with older adults. The need for services is particularly anticipated to grow in primary care, dementia and family caregiving services, decision making capacity evaluation, and end-of-life care (Karel, Gatz, & Smyer, 2012). However, only 4.2% of respondents of the 2008 APA Survey of Psychology Health Service Providers reported that geropsychology was their current focus and work (APA Center for Workforce Studies, 2010). This workforce shortage is not limited to psychology. The Institute of Medicine report, [\*The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands\*](#) (2012) described the dire need for health providers across professions to address the mental and behavioral health needs of older adults. It found that although the aging population continues to grow in number, diversity, and mental health needs, the geriatric mental health workforce is disconcertingly small and is dwarfed by the pace at which the population is growing.

The APA Office on Aging, and the Committee on Aging and its working groups have developed a wealth of resources that we believe all psychologists will find useful, for the reasons described above, to prepare for the EPPP, and to earn continuing education credit in aging. The main source of information is the Office on Aging [website](#). It has resources and tools including: the [\*APA Family Caregivers Briefcase\*](#); reports and fact sheets that provide guidance on how psychologists can work in [interprofessional teams](#) across health settings with older adults; resources on [multicultural aging](#); strategies for promoting [healthy aging across the lifespan](#); handbooks on [capacity assessment](#); and professional practice guidelines for the aforementioned psychological practice with older adults and the [\*Evaluation of Dementia and Age-related Cognitive Change\*](#). One document of note, [\*What Mental Health Providers Should Know about Working with Older Adults\*](#), summarizes the guidance offered in the

## Psychology and Aging: Resources for an Ever-Growing Population's Needs

*Deborah A. DiGilio, MPH, Director, APA Office on Aging*

*APA Guidelines for Psychological Practice with Older Adults* and provides links to educational resources for each guideline. There are also consumer education materials and links to other [geropsychology websites](#).

Finally, we have developed a fact sheet, [Resources for Psychological Practice with Older Adults and Their Caregivers](#) that provides an overview of these available resources for distribution to your colleagues and students.

The APA Offices on Aging and Continuing Education also offer online continuing education programs including [Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists](#) (4 CE credits), [Blueprint for Change: Achieving Integrated Health for an Aging Population](#) (2 CE credits), and [What Psychologists Should Know About Working with Older Adults](#) (7 CE credits). APA Publications offers twelve Psychotherapy Training [Videos](#) specific to older adult practice issues (search by subject: aging). If you would like ongoing information about psychology and aging issues, you can also subscribe online to our free, semi-annual e-newsletter, [APA Aging Issues Newsletter](#).

For practitioners who wish to *specialize* in [professional geropsychology](#), more detailed guidance regarding the “Pikes Peak Attitudes, Knowledge and Skills Competencies for Practice in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls & Duffy, 2009) and the corresponding competencies assessment tool is available on The Council of Professional Geropsychology Training Programs [website](#).

For more information about aging at APA, please contact me at: [ddigilio@apa.org](mailto:ddigilio@apa.org) or 202-336-6135. To request additional copies of the resources fact sheet, please contact Martha Randolph at [mrandolph@apa.org](mailto:mrandolph@apa.org).

### References

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## Commission on Behavioral Health Update by Paula Squitieri, Ph.D.

The issue of recruitment and retention of qualified mental health professionals has been a hot issue this past year. One of the strides that the Division of Public and Behavioral Health has made this past year to address this issue is to fund the Nevada Psychology Internship Consortium, for the 2015-2016 internship year. This program has been designed to provide broad and general clinical training while emphasizing the diversity and service provision to Nevada's unique populations. The Nevada Internship Consortium will offer four (4) internship slots in the first year, with training opportunities available in outpatient community mental health clinics, inpatient psychiatric facilities, forensic services, child and family mental health services, and the provision of psychological services across the age spectrum. All interns will complete major training experiences in Behavioral Health Intervention, Assessment and Systems Collaboration, as well as optional minor rotations that carry across internship sites. The Nevada Psychology Internship Consortium will participate in the National Match this year and will accept its first cohort of interns in August 2015. This program, while new, is being developed from the ground up with accreditation by the American Psychological Association in mind and will meet all requirements for accreditation eligibility. The website is [www.nv-pic.org](http://www.nv-pic.org) for more information.

~ Paula Squitieri, Ph.D.

Dr. Squitieri is an NPA member and would be interested in getting any suggestions or input, as she represents the profession of Psychology on the Commission of Behavioral Health. Email her at [drpaulasq@gmail.com](mailto:drpaulasq@gmail.com)

*The State of Nevada Commission on Behavioral Health and Developmental Services is a 10-member, legislatively created body designed to provide policy guidance and oversight on behalf of Nevada's public system of integrated care and treatment of adults and children with mental health, substance abuse, and developmental disabilities and related conditions. The Commission establishes policies to ensure adequate development and administration of services for persons with mental illnesses, reports to the Governor and Legislature on the quality of care and treatment provided for persons with mental illness, intellectual disabilities or co-occurring disorders in this State, and reports on any progress made towards improving the quality of that care and treatment. The Commission is also charged with sending the Governor a report in January of each year.*

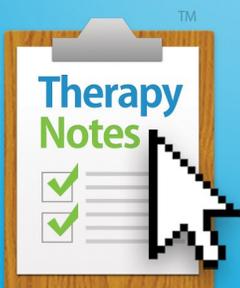


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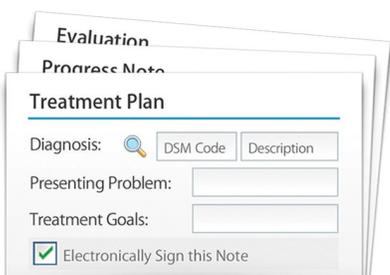
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**11:30AM** Appt with Kyle  
*Called in to say he may be a little late*

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Create a Progress Note for your appointment on 9/29.

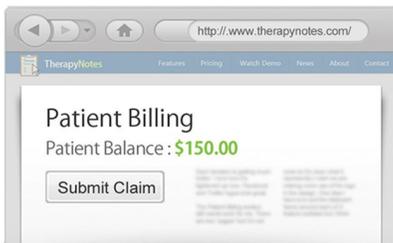


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## CPT, Healthcare & Psychological Services—*Antonio E. Puente*

### Current Procedural Terminology (CPT), Healthcare & Psychological Services, Antonio E. Puente

(with the assistance of John Capps & Aaron Dedmon)

University of North Carolina Wilmington

For the last 25 years I have focused my efforts on matching psychologist's education, training, expertise, and talents to the reimbursement system approved by the federal government's Medicare system, and to the Current Procedural Terminology. Starting in the late 1980s, I worked for 5 years on developing health insurance codes in collaboration with the American Psychological Association (APA), and in 1992, when APA received a seat for a formal advisor. I began to represent psychology and APA. During the last 6 years I have served on the actual panel. More descriptive information on this panel is found at the AMA website- <http://www.ama-assn.org/go/cpt>

Common Procedural Terminology (CPT), developed almost 50 years ago by surgeons and physicians, is the most widely accepted nomenclature used in reporting of health services under public and private health insurances. CPT is owned and copyrighted by the American Medical Association (AMA) and licensed by the Center for Medicare & Medicaid Services (CMS). These codes are maintained by the CPT Editorial Panel who meets three times a year to discuss issues associated with new and emerging health care practices, procedures and technologies. A new CPT code for professional psychological services is developed initially by a Health Care Professional Advisory Committee (also called HCPAC), all non-physicians, then is edited and researched by a selected CPT work group and finally moves to the CPT panel for review and possible approval. These ideas are often vetted simultaneously by a panel of experts convened by APA. This was done for the health and behavior, central nervous system assessment as well as the psychotherapy and applied behavior analysis codes. If successful, this process can take anywhere from two years to twelve years. If not successful, the results may be more clearly visible within two years.

Out of the approximately 8,000 codes around 60 are possible codes for psychologists to utilize. These codes fall within a few major categories including Psychiatric/Mental Health, Central Nervous System Assessment, and Health and Behavior. Miscellaneous codes also cover things such as preventative measures and telehealth. Psychiatric/Mental health codes were added in the 1970s, testing codes 20 years later and Health and Behavior codes soon thereafter. In between biofeedback codes were modified as well as expanded and almost all codes currently used were significantly modified and re-valued.

Due to changes in practice patterns and increasing co-morbidities, codes established for psychotherapy have undergone major changes in 2013. More change is expected for codes used by our profession but the most extensive and recent changes are for psychiatric interviewing (diagnosis) and psychotherapy codes (intervention) with the end codes being more granular, sensitive to time, intensity, and the type of service.

Education on these changes is important for professionals using the codes so that they stay informed on their proper use. Improper use of the codes may lead to possible audits, fines, or even incarceration. At present APA is represented at CPT meetings (the part that involves determining what health care practices can be done and, generally speaking, how they are done) by Neil Pliskin, the RUC side (determining the relative code value) is represented by James Gourgoulakis and the Director of APA's new Office of Healthcare Financing is Randy Phelps. This group is working on numerous projects including but not limited to studying the need for other psychotherapy and testing services. An increasing interest has been placed on integrative care as well.

In order to help individuals versed on CPT and professional psychological services, a website was established in order to disseminate information on the tsunami of change. If you are interested in the webinars or educational materials please visit [www.PsychologyCoding.com](http://www.PsychologyCoding.com) for more information.

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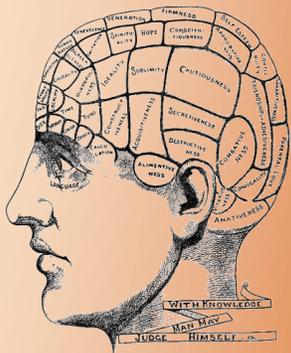
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**Alan Fruzzetti, Ph.D.**

United Healthcare—Parts I & II

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**Tiger Devore, Ph.D.**

**October 17, 2015**

University of Nevada Reno  
Reno, NV 6 CEs

#### NPA Annual Conference CPT & Healthcare Reform: How They Are Changing the Way You Practice

**Antonio E. Puente, Ph.D.**

**May 8th, 2014**

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