



Nevada Psychological Association

NPA News

The Voice of Psychology in Nevada

2012 Fall Newsletter

Bringing Psychology to the Table: State Leadership in Health Care Reform

"IF WE ARE NOT AT THE TABLE, IT'S BECAUSE WE'RE ON THE MENU"...

Katherine Nordal PhD, Executive Director for Professional Practice, APA Practice Directorate & Practice Organization in her keynote address at the APA State Leadership conference in 2011 (to read Dr. Nordal's speech in its entirety, please visit our website at www.NVpsychology.org).

In the coming months, the Affordable Healthcare Act (AHA) will be implemented. We must have a seat at that table because, make no mistake about it, the next legislative session will change how Nevada psychologists practice for many years to come. A recent communication to NPA members from Dr. Judy Phoenix, the chairperson for the NPA Legislative Committee, summed up the current situation by stating that "...in a year or so EVERYONE WILL HAVE INSURANCE! What it does NOT mean is that psychologists and psychological care or evaluation will be fully integrated into the new plans". What we as psychologists clearly DO NOT want, is for other groups e.g., psychiatry, marriage and family therapists, social workers, insurance companies and legislators etc., to be involved in this planning process without our strong and knowledgeable presence. But in order to be at the table, we need members of NPA to step up and help their Legislative Committee prepare for the upcoming meetings and legislative session. Your help can be in the form of volunteering time (even an hour or two a month would help) and/or by sending in a donation.

According to Dr. Phoenix, we need people who can:

- ♦ Read, decipher and analyze documentation and information coming in from various sources. You can do this from the comfort of your own home! For example, the link below provides information about the Silver State Insurance Exchange which was created by Governor Sandoval in June 2011.
<http://healthreform.kff.org/State-Exchange-Profiles/nevada>
- ♦ Contacting agencies
- ♦ Writing policy recommendations

A common concern we hear is that "I don't know anything about this". Please don't let that concern prevent you from volunteering -most of us are novices. Besides, we learn very quickly! Also, help is on the way. On November 30 at 6:00 pm, NPA will be hosting a "Legislative 101" webinar which will be led by Bryan Gresh, the NPA lobbyist. Please see the letter from our president, Dr. Ricciardi, for further information. More details will be sent out over the NPA listserv shortly.

Finally, if you can't find the time, then please send a donation - any amount would help. The donations will allow us to increase our sphere of influence in the upcoming legislative session. Donating only takes a minute - just visit our website at www.NVpsychology.org. So please, make a commitment to support your practice and the practice of psychology in Nevada.

Upcoming Events:

- **November 17th, 2012**
Ethics & Ethical Decision Making For Nevada Psychologists
Stephen Behnke, Ph.D.
Henderson Convention Ctr
Las Vegas • 6 CEs
- **Nov 29th - Dec 1st, 2012**
10-Day Comprehensive Training in DBT, Part I
Alan Fruzzetti, Ph.D.
United Healthcare Audit.
Las Vegas • Up to 60 CEs
- **Feb 21st—23rd, 2013**
10-Day Comprehensive Training in DBT, Part II
Henderson Convention Ctr
Las Vegas • 6 CEs
- **May 10th, 2013**
Annual Conference/Annual Business Meeting
Navigating the Changing Landscape of Psychology
Stacy Tovino, Ph.D.
Katherine Nordal, APA
Steven Graybar, Ph.D.
David Antonuccio, Ph.D.
Las Vegas • 6 CEs

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A Message from our President—Lindsey Ricciardi, Ph.D.

There is a lot going on in NPA right now, especially for our lobbyist and the legislative committee as Nevada gears up for the upcoming session. But, before I tell you more, I have a confession to make... I nearly failed my high school government class. I didn't click with my teacher, didn't take it seriously, and skated by to get a D-. I never took another government class again. Over the past decade or so, I've been kicking myself as I grapple with understanding and appreciating the political and legislative process. Like many of you, the issue of government in general becomes increasingly important as we mature, advance in our careers, establish our values and beliefs, perhaps shape children of our own, and learn more about the world in general. According to our lobbyist Bryan Gresh on page 4, many people don't know enough about government. So, on November 30th, the ECP Committee will host Bryan as he teaches an interactive workshop entitled *Legislative 101*. We plan to broadcast this event so that folks can view it state wide. Bryan reassured me that there are "no stupid questions!" It is my hope that the more NPA members know the more confident we feel to get involved in the legislative committee. For me personally, I began to appreciate NPA on a much deeper level as I learned how hard NPA worked to support and protect legislation that helps psychology thrive. Speaking of that, thank you for your PAC donations!

Legislative 101 is just one of many events that NPA is offering. NPA has been really busy since the spring. For example, the Northern board recently hosted a very well attended social (nearly 50 attendees!) across career levels and different practice settings. This may be a record for the most well attended social in the North, so thank you to Brie Moore, Kara Bunting and Ruth Gentry and all of you who made that event possible! Those newly licensed in attendance were honored and introduced. The Southern board, led by Whitney Owens, together with the Diversity Committee, will hold a social October 17th in which the documentary *Trans* will be shown, as it was several months ago in the North with the support of Judy Phoenix. Whitney Owens arranged for the director of *Trans* to be there as well as Jane Heenan, a transgendered Las Vegas therapist, who will speak about her story and issues facing the transgendered community. NPA was also involved in the Annual Back to School Fair and YMCA Healthy Kids Day with the help of Danielle Bello, former Public Education Campaign chair. NPA's Early Career Psychologist (ECP) chair, Nicole Williams, recently welcomed Julie Beasley to speak about fetal alcohol syndrome. The event was well attended, informative, and well received. I'd also like to formally thank Dr. Beasley for her four years of service on the Mental Health and Developmental Services Commission position on behalf of psychology!

Our CE committee, chaired by Melanie Crawford, has successfully completed several CE events, the largest revenue source for NPA, including Chronic Pain and Mindfulness, Tourettes, and MBSR. Coming in November, NPA will begin our 10-Day Comprehensive Training in Dialectical Behavior Therapy (DBT) with Alan Fruzzetti. Don't miss this training! Also in November, Steven Behnke from APA will be in Las Vegas for the last NPA sponsored ethics workshop of the licensing year. Our annual conference, to be held in May 2013 in Las Vegas, is shaping up to address the "Changing Landscape of Psychology" including key health care reform issues, mental health parity, tele-psychology, and mind-body health. If you are interested in the future of psychology, this is a conference you will not want to miss!

I have just skimmed the surface of NPA activities since the spring but, hopefully, you can see that your membership dollars, donations, volunteerism and service culminate so that NPA can promote psychology in Nevada and abroad. NPA is always looking to increase our membership and leadership and there are several positions open. When it comes to psychology, what are you passionate about? Whatever it may be, would you consider sharing that passion with NPA? If you are not yet a member, please come to an upcoming event and check NPA out! If you are a member and would like to get more involved, I would love to hear from you!



Lindsey Ricciardi, Ph.D.
President, NPA

For All Life's Occasions

- Replacing your income
- Transferring wealth to heirs
- Paying mortgages and loans
- Covering funeral expenses
- Paying education expenses
- Supporting aging parents
- Paying credit card debt
- Covering family living expenses
- Bestowing to a charity

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² Inflation Safeguard offers additional insurance coverage and the premium will be added to your bill.



The View From Carson City by Bryan Gresh, NPA Lobbyist



On November 6, Americans will venture to the polls to cast their votes for President and, in Nevada, the US Senate race between Republican incumbent Dean Heller and his Democratic challenger, Las Vegas Congressional Representative Shelley Berkley. Heller/Berkley is a key race nationally as Democrats fight to hold on to Senate control.

A number of other races at both ends of the state demand NPA members' attention as well. In Congress, Mark Amodei (R) battles to keep his CD 2 seat, as does Dr. Joe Heck (R) in the south in CD 3. Former Congresswoman Dina Titus (D) looks to return to DC in Shelly Berkley's old CD 1 seat and state Senate Majority Leader Steven Horsford (D) attempts to extend his political shelf life against a well known name with a history of losing races, Danny Tarkanian (R) in the new CD 4 seat.

But it's the legislative races down ticket where the interest locally is most keen. Five exciting state Senate races could mean the balance of power in the Nevada state Legislature tips from Democrat to Republican if the GOP can win four of the five. It's a tall order in a state that's neither blue nor red, but purple. And once the national 'battleground' moniker is bestowed, millions in election advertising dollars follow. Enough political television advertising fills the airwaves each campaign season for Nevadans to ensure that the DVR is A-OK; the ability to fast forward though commercials is essential to one's sanity this time of year.

The fact that you, dear reader, have read this far puts you in some heady company. You are breathing rarified air. For you see, you possess all the necessary attributes of...drum roll, please...a one percenter.

Yes, that's right. But we're not talking financial status here, we're talking political intellect. Civics 101. Sad to say, but a large number of those voters standing next to you as you cast your vote in the upcoming election will know nothing about what you just read. Zero. Zip. Nada.

Think that can't be true? Let me offer the following: the Pew Research Center and its News IQ Quiz. Pew is a highly respected, non-partisan fact tank that provides information on issues and trends through polling. It does not take positions on policy issues.

Its current, 12-question quiz focuses on the presidential campaign as it heads into the homestretch. More than a thousand people were polled, 75% are registered to vote and half went to, or graduated from, college. These proud voters say they already know what they need to in order to form a clear impression of the candidates and issues.

Hmm, do they now? Here are a few sample questions:

- 1—Who is the current Vice President?
- 2—Which candidate restricts access to abortion in most cases?
- 3—Which company was Mitt Romney the CEO ?
- 4—Who is Chief Justice of the United States?

Did you get them all? Good for you. Don't worry if you missed one. The poll takers had the benefit of *multiple choice* questions and still performed rather poorly. How poorly?

- Less than 40% could name John Roberts as Chief Justice (three percent guessed Harry Reid).
- Just more than half knew Romney is Pro Life. (Think about that one for a moment, Obama viewed as *the* Pro Life candidate after more than three years in office).
- About half could tell you Bain Capital was helmed by Mitt Romney.
- Fifteen percent do not know Joe Biden is the Vice President. Dick Cheney and Hilary Clinton each scored a couple of points here.



The View From Carson City by Bryan Gresh, NPA Lobbyist

When all the scores were tallied, nearly nine in 10 failed to get all dozen questions right. Three percent got all the answers wrong. Even when guessing at multiple choice answers where you have a one in four chance of landing the right answer!

What does it all mean? For Nevada psychologists we have to think globally and act locally. How? You cannot change the fact other voters in line with you on Election Day don't know the name of their state senator or assemblyman, let alone that they even *have* a state senator or assemblyman. You cannot be concerned that you actually marked your sample ballot and know a little something about the candidates you're voting for while slogan-spouting blowhards on both sides would rather walk across hot coals than split their vote. You simply arm yourself as best you can and know your vote will count. Nevada is a battleground, it's also the battleground state furthest west. Its polls close the latest. A lot could be hinging on Nevada's outcome. A lot could be hinging on your informed vote. So make it count. That's the global part of the equation.

You act locally by remaining involved. Voting is not an every two or four year civic exercise. Not in NPA it isn't. Once the election is passed, the Nevada Legislature comes sharply in to view. And for the 120 days beginning February 4, NPA members have a chance to weigh in, have a say and help craft sound policy in areas that matter to psychologists. We're not population behemoths such as California, Texas or New York. Because we're a small state, legislators are well known among their constituents. Nevada legislators know about NPA, and we know them. Some will vote to support our issues, even if it's not a political 'winner' for them.

Lawmakers spend a great deal of time in their legislative roles, but you don't to have an impact within NPA. Just reach out via email to Executive Director Wendi O'Connor at admin@nvpsychology.org.



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Meet Our Members - Dr. Richard Baldo



Dr. Richard Baldo, a long-time Nevadan and NPA member, describes himself as “a jack of all trades and a master of, well, psychology”. Certainly, he has devoted his professional life to the practice of psychology. After receiving his MA degree in Clinical Psychology in 1975 from the University of Idaho, Dr. Baldo’s first job was as the Director of the Ely Mental Health Center. After working there for three years, his next position took him to the Willard Psychiatric Center in upstate New York where he worked as a staff psychologist. From there, he came back to Reno and entered the University of Nevada Clinical Psychology program, interned at the Reno VA and graduated in 1986. In addition Dr. Baldo also served for many years as an oral examiner for both the California and Nevada State Boards of Psychological Examiners. Yeah – he was THAT guy……. He currently maintains a highly successful private practice in Reno focused on adult individual and couple’s therapy.

Dr. Baldo’s expertise and interest clearly are not limited to the practice of psychology. Dr. Baldo (the carpenter) and his wife (the other Dr. Baldo, who is the tile expert) recently bought a new home. They are currently caught in the ongoing “remodeling project blues”. Dr. Baldo laughingly acknowledges that “I make a lot of mistakes—but it seems to come out all right”. His interest doesn’t remain just with the home but also extends to his flower and vegetable garden. One thing is for sure – everyone in his office suite has benefited from the sacks of fruits and vegetables that he regularly brings in. Given such a bountiful harvest, it is not surprising that Dr. Baldo is also quite the chef. Word on the street is that he bakes a peach pie worthy of a Top Chef! In what spare time he has left, Dr. Baldo also writes poetry. Although his inspiration comes from many sources, he admits that in therapy with his patients “there are moments that feel so real and powerful that I have to write them down”. One of those moments led to the creation of the poem included here. Finally, about the time you are reading this newsletter, Dr. Baldo will be off enjoying his favorite hobby – scuba diving. In his favorite place – the Back Wall of the Molokini Crater, just off the coast of Maui. He’ll probably be wearing the same shirt that he has on in this picture.

While talking about his practice, his home and his life, Dr. Baldo commented that “I feel incredibly lucky. I always try to remember that being a “professional” can sometimes make you forget to be a human being – this creates an arrogance that we all have to fight against. I struggle against arrogance and work to engage in a quest for humility. I hope I am successful more often than not”. You are, Dr. Baldo – you are.

The Revelation (2010) by Richard Baldo

Listening
Not judge
Not jury
I am pressing to
understand
In her voice
Her words
“don’t need to live
That way”
anymore.
She is saying so much
more.
It recalls her previous
answer.
I ask again.
She reveals the painful
truth.
She reluctantly opens the
Way by opening the
wound.
Two decades of life
together may now have a
chance to grow beyond
the stale and lonely
After all,
She only wanted to be loved.



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TIME
TO LEAVE
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Power and Grace by John Friel, Ph.D. and Linda Friel, M.A.

The only constant in the universe is *change*. The organizing principle is *balance*. In between, there is the dynamic tension called *life*. That is how we began our new book, *The Power and Grace between Nasty or Nice: Replacing Entitlement, Narcissism, and Incivility with Knowledge, Caring, and Genuine Self-Esteem* (Health Communications, 2012).

Power is the capacity to influence, while *control* is the capacity to restrain or regulate influence. The dynamic tension between them creates a dialectic of *power/control*, which permeates all of the universe.

As James Maddock and Noel Larson (*Incestuous Families: An Ecological Approach to Understanding and Treatment*, 1995) explained it, “The human experience of power/control is the experience of living as a self interacting with a world. . . . If control becomes excessive in a relationship, the opportunity for individual self-expression or self-actualization is reduced; when power dominates, the stage is set for competition and conflict. In human interactions that are positive and effective, a balance of power/control is achieved. The result is an experience of *mutuality*, in which the characteristics of each party to the interaction are influential in the outcome, and regulation is a shared endeavor. In the experience of mutuality, each individual can retain a sense of self-identity and worth while simultaneously feeling connected and even intimate with others as part of a larger relationship system. Put another way, in a relationship characterized by balanced power/control, or mutuality, participants are both *a part* of the relationship and *apart* from the relationship as individuals.”

Each person has a *Perpetrator* part, a *Victim* part, and hopefully, at least a small part that is *Psychologically Differentiated*, more commonly known as a *Grown Up* or *Healthy* part. But each of us has these parts in different proportions. Some people tend more toward being bullies. Other people tend more toward being unconsciously attracted to bullies and are more subject to being bullied. When people with these two patterns meet and create a system, it is a system that is characterized primarily by *victim-perpetrator interaction* patterns—leaving very little room for *healthy interactions*.

The health of a marriage depends on the balance of power and control *within* both partners, and *between* both partners. If I don't control my impulses enough, I will overpower you. If you don't exert your power enough, you will disappear. A large portion of effective marital therapy involves the re-balancing of power and control within and between partners.

This kind of re-balancing in *any* system always creates temporary upheaval. No marriage can grow without this upheaval. The dramatic power imbalance in South Africa could not have moved toward balance without the upheaval that came with the end of apartheid. The power imbalance between African Americans and Caucasians that existed in the United States prior to the Civil Rights Movement could not have re-balanced without this upheaval.

Combining grace and power is the ultimate challenge for each of us—and when we encounter people who have accomplished this complex task, they immediately stand out from the rest of the human race, regardless of the stage on which they operate, whether it be in their home, in their community, or on the world stage. “Love, Power, and Graciousness” is not only a chapter title in our new book. It is also the ultimate challenge for every human being.



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My experience with TherapyNotes this past month has been fantastic!

Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EHR system for TherapyNotes... gladly. I'm very happy that you've created such a quality product. Thank you!

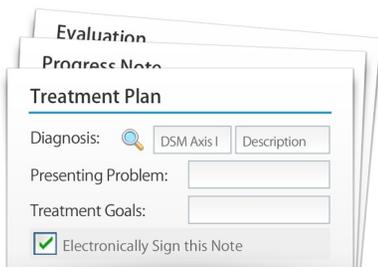
Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

Just want to say that I truly love the system!

It takes all the guesswork out of tracking paperwork. Being able to schedule appointments and then have the system take over and track what is due for each client is wonderful.

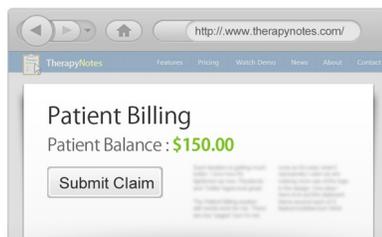
Kathleen Bremer, PCC-S

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New psychotherapy billing codes for 2013

Fundamental services underlying new codes will not change By Government Relations staff

Sept. 13, 2012—Starting Jan. 1, all mental health providers must use new CPT® code numbers for psychotherapy when billing insurance carriers, including Medicare. The fundamental services underlying these new codes will not change. This transition is a result of the Centers for Medicare and Medicaid Services (CMS) Five-Year Review of the psychotherapy codes conducted by the American Medical Association (AMA).

The APA Practice Organization (APAPO) has represented the psychology practitioner community in the process for more than two years, but has been unable to report on much of the ongoing work because of strict confidentiality requirements. As information is made available to the public, we will assist practitioners in understanding and making the transition to the new codes. The 2013 Medicare reimbursement rates for these new codes will be released in early November.

All mental health professionals including psychologists, psychiatrists, nurses and social workers delivering psychotherapy services will use the same applicable codes for psychotherapy, though psychiatry will change how they bill for medical services.

The changes are minimal. For example, the most frequently billed service by psychologists, 90806 (45-50 minute psychotherapy), will become 90834 (45 minute psychotherapy). Use of a particular psychotherapy code and reimbursement for that service will not differ depending on whether the service is provided by a physician or a psychologist. The code numbers and descriptions for psychoanalysis, family psychotherapy (with and without the patient), multi-family group psychotherapy, and group psychotherapy will not change in 2013.

Some specific key code changes include:

1. Outpatient and inpatient psychotherapy codes will be replaced by a single set of codes that can be used in both settings.
2. The new psychotherapy codes will have specified times rather than ranges:
 - 30 minutes, not 20-30 minutes
 - 45 minutes, not 45-50 minutes
 - 60 minutes, not 75-80 minutes
3. The single psychiatric diagnostic evaluation code will be replaced by two codes: one for a diagnostic evaluation and the other for a diagnostic evaluation with medical services.

The APA Practice Organization will provide members with extensive information and resources in the next three months to help you prepare for using the new codes on Jan. 1. Meanwhile, call the Practitioner Helpline toll-free at (800) 374-2723 or email Government Relations staff at pracgobt@apa.org with your questions.

Information about Medicare payment rates associated with the new codes is expected to be released in early November when CMS publishes the final Medicare fee schedule for 2013. We will inform members as soon as we know more about new Medicare payment rates.

***** 2013 CPT Codes listed on Page 11**

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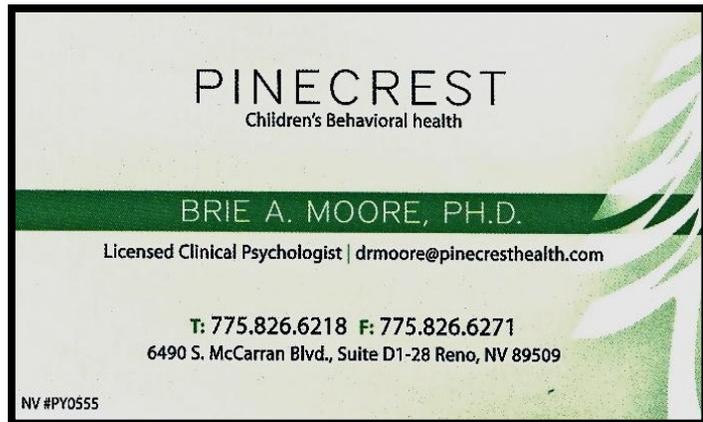
2013 CPT Codes	Diagnostic interview procedures
90791	Psychiatric diagnostic evaluation
	Psychotherapy
90832	Psychotherapy, 30 minutes with patient and/or family member
90834	Psychotherapy, 45 minutes with patient and/or family member
90837	Psychotherapy, 60 minutes with patient and/or family member
90845*	Psychoanalysis
90846*	Family psychotherapy without the patient present
90847*	Family psychotherapy, conjoint psychotherapy with the patient present
90849*	Multiple-family group psychotherapy
90853*	Group psychotherapy (other than of a multiple-family group)
	Interactive complexity add-on code
90785	Add-on code to be used in conjunction with codes for primary service: psychiatric diagnostic evaluation (90791); psychotherapy (90832, 90834, 90837); and group psychotherapy (90853)
	Psychotherapy for crisis
90839	Psychotherapy for crisis, first 60 minutes
90840	Add-on for each additional 30 minutes of psychotherapy for crisis, used in conjunction with code 90839
	Pharmacological management add-on code
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services; used only as add-on to primary psychotherapy code (90832, 90834, 90837)

* Same code numbers as for 2012



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Exciting Times by Pat DeLeon

EXCITING TIMES – PERSONAL INVOLVEMENT IS CRITICAL

With the enactment of President Obama's landmark Patient Protection and Affordable Care Act (ACA) [P.L. 111-148] our nation's health care system is undergoing unprecedented change, both for clients and practitioners. The future will increasingly evolve into systems of integrated, interdisciplinary patient-centered care, with an emphasis upon primary care -- holistic, preventive, data-based services focusing upon wellness, healthy lifestyles, and the critical psychosocial-cultural-economic gradient of care. Advances in communications technology will allow for cross-patient and cross-diagnostic comparisons, as well as educated consumers holding practitioners to gold standard care. Reimbursement will increasingly be tied to outcomes and not to procedure intensive processes. As Bob McGrath and Morgan Sammons (one of the original Department of Defense prescribing psychologists) have noted: "Prescribing psychology and primary care psychology represent complementary paths to re-engineering the future of professional healthcare practice in psychology. The greatest advantage of primary care psychology over prescribing psychology as a goal is its reliance on the traditional tools of the psychologist as a psychosocial care provider, making it more palatable to key audiences within psychology and medicine.... Prescriptive authority involves service to the same patient population that is most familiar to psychologists. Although the legislative barriers can be daunting, once overcome, the shift in psychologists' roles is inevitable. There is an existing funding stream for medication management that becomes available to psychologists through third-party payers so that the authorized prescribers can quickly create practice opportunities." Integration is a (r)evolution that the Institute of Medicine has increasingly emphasized: "Primary care providers address a broad range of health issues to which mental health concerns are integral."

For Those With Vision: The Fiscal Year 2013 budget for the Agency for Healthcare Research and Quality (AHRQ): "Quality, affordable health care for all Americans cannot occur without significant advances in the underlying evidence-based research that will enable better and more cost-effective treatments to be identified." AHRQ notes that its Patient-Centered Health Research will improve health care quality by providing patients and physicians with state-of-the science information on which medical treatments work best for a given condition. The agency's Health Information Technology (HIT) portfolio develops and disseminates evidence and evidence-based tools to inform policy and practice on how HIT can improve the quality of American health care. The agency's Extramural Community is composed of non-Federal scientists at universities, medical centers, hospitals, purchasers, payers, policymakers, nursing homes, and research institutions throughout the country and abroad. The Patient-Centered Health Research account request is for \$72.4 million, an increase of \$31.8 million over the previous year, in order to build research and data capacity for comparative clinical effectiveness research. Over \$6 million has been allocated for Evidence Generation which is the conduct of new research that compares the effectiveness of different health care interventions. Earlier projects were aimed at addressing specific stakeholder-identified research gaps in serious mental illness and implantable cardioverter defibrillators. Research driven practice will become increasingly important under the provisions of ACA.

AHRQ's Overall Budget Policy -- Research grants to improve primary care and clinical outcomes. The Prevention/Care Management Portfolio fosters the generation of new knowledge about clinical preventive services and chronic conditions with a focus on the care of complex patients with multiple chronic conditions. Clinical Decision-Making for Preventive Services. To be of value, evidence from research on health services and health behaviors must be successfully integrated into patient care. This portfolio invests in the development of measures, tools, materials, and technical assistance to support clinical decision-making for preventive services and to improve the delivery of evidence-based primary care.

Exciting Times by Pat DeLeon (continued)

Implementation Activities to Improve Primary Care: This portfolio supports the development of measures, tools, materials, and technical assistance to facilitate health systems redesign in primary care settings, including linking clinical practices with community resources and care coordination. Since 2004, AHRQ has invested in a series of research grants to increase understanding of the ways HIT can be utilized to improve health care quality. Early efforts evaluated the facilitators and barriers to HIT adoption in rural America and the value of HIT implementation. In responding to issues raised by the Senate Appropriations Committee: "AHRQ has interest in nurse staffing, quality of care and patient outcomes, evidenced most clearly in past funding of workforce grants and systematic evidence reviews, which include several on nurse staffing. AHRQ is interested in promoting research along this line of inquiry further, within current funding opportunities. AHRQ staff have ongoing communications with national nursing organizations and Federal colleagues related to potential projects. AHRQ continues to encourage nurse scientists to apply for grant funding under existing mechanisms. AHRQ currently funds nurse-centric grants with small and large grant mechanisms, dissertations and training grants. Sample topics for these grants include nurse practitioner organizational climate, nurse staffing policies, and staff nurse care coordination." AHRQ's priorities should be of considerable interest to the next generation of practicing psychologists and our Doctor of Nursing Practice colleagues. Integrated primary care is the future and to be cost-effective, it must actively incorporate scientific developments and embrace a comprehensive mental health/behavioral health component. As Katherine Nordal inspirationally noted at this year's exciting State Leadership conference: "If we're not at the table, it's because we're on the menu."

Retirement? "I couldn't really retire yet. And I know how having a struggle is paramount for me to be operating on all eight cylinders. True that the postpolio with its concomitant necessary changes in attitude to a less appealing mantra 'to conserve to preserve in a full plate at times,' personal struggles never quite met the test. So in April I began to work in the primary care clinic for Marine Special Operations at Camp Lejeune. The similarities between the mountain culture in rural West Virginia and the Special Ops folk here are striking. Both posture how they have gotten along for a long time without psychologists and neither cotton to acknowledging there is anything that can't fix on their own. But the approach of going where they work and gather, learning their traditions and language, and bringing them knowledge that is readily understandable and useable is as welcomed here as it was for thirty years there. And the interface learned at the rural health clinic about working jointly alongside physicians, PAs, and NPs on the same patient at the same time positioned me well for the integrated practice patterns the Navy provides for the Marines. Indeed Navy medicine values psychologists and just recently afforded me training in 'battlefield acupuncture' which is auricular acupuncture for pain control. When I confided to instructors and our Command Surgeon of serving nine years on the state licensing board and my likely response to a psychologist seeking an expanded scope of practice to put needles in patients' ears, I was reminded that scope of practice here is what the General concludes I am trained and competent to perform. And I am working as regularly with chaplains and physical therapists every bit as much as with the physicians and corpsmen. The mind/body spirit recognition of what constitutes a healthy whole person is far more than a catchy phrase. It is the crux underpinning efforts to foster resilience to the increasing demands our nation places on our Special Forces. That the same awareness serves well as blaze marks on the trees to guide senior psychologists embarking on the next leg of their professional career journey seems more than just coincidental" [Tom Stein, to whom psychology owes its recognition under Medicare]. Aloha,

Pat DeLeon, former APA President Nevada Psychological Association – October, 2012



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