



South Dakota Psychological Assn. – Spring 2009

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Letter from the President

The Effect of the Economic Meltdown on Mental Health

How much is South Dakota affected by the financial crisis? I used to think it was only the gas and food prices that were affecting residents of South Dakota. I realized that when my Medicare and Medicaid patients could not travel for long distances to come to their appointments because of gas prices this year, they were being affected. Then I saw people in the banking business being affected by losing first their customers and then their jobs. Many of my patients had to experience their dream home being foreclosed upon. I then saw real estate agents not being able to sell homes and builders not getting the business they once had. People, who used to think nothing of buying an expensive latte or going out to dinner on a weekly basis, are now unable to do so.

So overall, people in South Dakota have cut back drastically on their spending and what used to be a comfortable lifestyle. How does this affect mental health? People have increased alcohol, smoking and drug use as a way to escape, which in turn affects their physical and mental health. There has been a drastic increase in financial problems, which include people not being able to pay bills, credit cards, foreclosures on homes, and in general financial struggles. The suicide rate has increased throughout the country due to the economic meltdown.

Some say it won't affect mental health providers, as we won't have to worry about having enough business. However, the mental health services in some states are being cut and many people will not have the insurance to pay for mental health services due to losing their job.

This kind of stress affects everyone, including psychologists, so self care is very important during these stressful times. It is also important to note that we band together in creating more ideas to help people in financial crisis. Consumer credit counseling will be a likely referral, as well as mortgage lenders that can help people refinance their homes and cars. In addition, it will be helpful to assist those in financial crisis to learn relaxation techniques as well as cognitive behavioral techniques to decrease their rumination and worrying.

As for psychologists, it is important for us to stick together and network how to help our clients at this time.

Kari Scovel Hendrickson, PH.D.
President, SDPA

House Committees Pass Improved HIT Legislation

The House Ways & Means and Energy & Commerce Committees considered and approved the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the economic stimulus package (H.R. 598). The legislation includes medical records privacy and security protections that are far more comprehensive and protective of patient records than legislation under consideration last year.

The APA Practice Organization has consistently urged Congress to ensure that privacy and security standards are included as a cornerstone of any health information technology (HIT) legislation enacted into law.

The APAPO is supporting the HITECH Act because it includes comprehensive privacy and security provisions along with those that will promote a national interoperable electronic patient records system in the coming decade. Among the privacy and security provisions that are most helpful are those that incorporate HIPAA privacy and security

standards into the system, preserve stronger state laws, examine the need to segment particularly sensitive patient records (such as mental health records), strengthen the HIPAA “minimum necessary” standard, and call for a reexamination of the HIPAA “health care operations” definition to determine, for example, whether such operations may be performed with de-identified information.

We are pleased that some of the funding incentives provided in the HITECH Act will be available to psychologists to implement HIT into their practices and to help them join into the electronic networks in their communities. Psychologists are not eligible, however, for HIT Medicare and Medicaid implementation incentive payments made available in the bill. These payments are only accessible to providers included in the “physician” definition under the programs.

As the HITECH Act moves through the legislative process, we will keep up the pressure on Congressional leaders to ensure that strong privacy protections remain in the bill and seek psychology’s eligibility for the Medicare and Medicaid incentive payments. Grassroots support is not requested at this time, but we will keep you posted and reach out to you if it becomes necessary. Thanks for all your efforts that have led to stronger privacy protections!

(Communication from Jeff Cook, APA Practice Organization, January 23, 2009)

Scott Pribyl, Ed.D., SDPA Federal Advocacy Coordinator

Co-Occurring Disorders: the Rule Rather Than the Exception

In the Community Mental Health and Addictions Treatment systems (and probably in other practices, too), the clients who are seeking services tend to have a high co-morbidity of both

substance-related and mental health issues. For the past couple of years, SD Divisions of Alcohol/Drug and Mental Health have been contracting with two national experts, Christie A. Cline, MD, and Kenneth Minkoff, MD to help SD Community Mental Health and Addictions Treatment Centers address this comorbidity. When a client hits the door, we must assume there is a high likelihood that they are struggling with more than one problem.

We know that BOTH mental health and alcohol/drug issues need to be addressed simultaneously, but transforming a "system" where Alcohol/Drug treatment and Mental Health treatment are provided and funded separately proves to be quite a challenge. While most of us are comfortable encouraging our therapy clients to follow their physician's recommendations, take their diabetes medication, eat healthily, exercise, etc., we are finding that many mental health clinicians are NOT comfortable addressing someone's addiction issues, and many addictions counselors are NOT comfortable addressing their client's mental health needs.

There are several workgroups looking at how to devise a client-driven, individualized, comprehensive treatment plan for clients with both mental health and addictions issues, how to bill for these services given the separateness of the two divisions (Alc/Drug and Mental Health), and how to address the needs of dually-diagnosed clients when a clinician is trained/certified in only one or the other discipline. We are shooting for a Comprehensive, Continuous, Integrated System of Care model.

There are many principals that SD is trying to incorporate into the way we provide services. Below is an abbreviated list of things singly trained clinicians can do taken from Minkoff and Cline's work:

Convey a welcoming, empathic attitude, supporting a philosophy of dual recovery, screen for co-morbidity, including trauma history, assess for acute mental health/detoxification risk, obtain assessment of the co-morbid

condition, be aware of and understand the diagnosis and treatment for each problem, identify stag of change for each problem, help client advocate with other providers regarding their treatment needs, collaborate with other providers so that the client receives an integrated message.

For more information, google Kenneth Minkoff and/or Christie Cline or contact me at jowen@cacsnet.org.

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NEWS FOR STUDENTS

Hey gang! As the current student representative for SDPA, one of ways I contribute is by promoting the upcoming SDPA annual conference to graduate and undergraduate psychology students. Over the years, I have continually heard from other students how much they enjoy going to Chamberlain each May for the conference. SDPA offers such a relaxed, yet rewarding environment for research presentation that students are generally eager to put their work on display. And, given current economic conditions, attending a regional conference is certainly less “taxing” than some of the national meetings. Submissions for oral or poster presentations are due by March 27, 2009 and it appears as though we will have another good turnout this year. With the conference only a couple of months away, it is definitely time to start getting excited for this year’s get together!

David Mitchell, MA
SDPA Student Representative

SDPA Executive Committee

Current President: Kari Scovel Hendrickson

Past President: Sally Weyer

President Elect: Michael Stone

Secretary/Treasurer: Nancy Wise Vanderlee

Member at Large: Stephanie Klemme

Mental Health Coalition: Mark Perrenoud

Federal Advocacy Coalition: Scott Pribyl

Student Representative: David Mitchell

Council of Representatives: Jody Owen

SAVE THE DATE

May 14, 15 and 16, 2009

**SDPA conference will be held at Cedar Shore
Resort, Chamberlain, South Dakota.**

**Featured Speaker: B Christopher Frueh, Ph.D.
Clinical Psychologist, Department of Psychology,
University of Hawai'i at Hilo.**

**“Assessment and Treatment of PTSD and other
Posttraumatic Reactions.”**

This conference presentation will be providing information at the advanced level, and will offer practical approaches for working with diverse populations.

(If you have conferences of interest to psychologists let us know.
We will be happy to place them on the calendar of events.)

The e-newsletter has been sent to you as a member of the South Dakota Psychological Association (SDPA) or as a subscriber to this newsletter. SDPA's mailing address is: PO Box 460, Sioux Falls, SD 57101-0460. Phone (605) 336-0244.

Please direct all inquiries to Michael Wyland, SDPA Executive Director, at Sumption & Wyland, 818 South Hawthorne Avenue, Sioux Falls, SD 57104 (605) 336-0244.