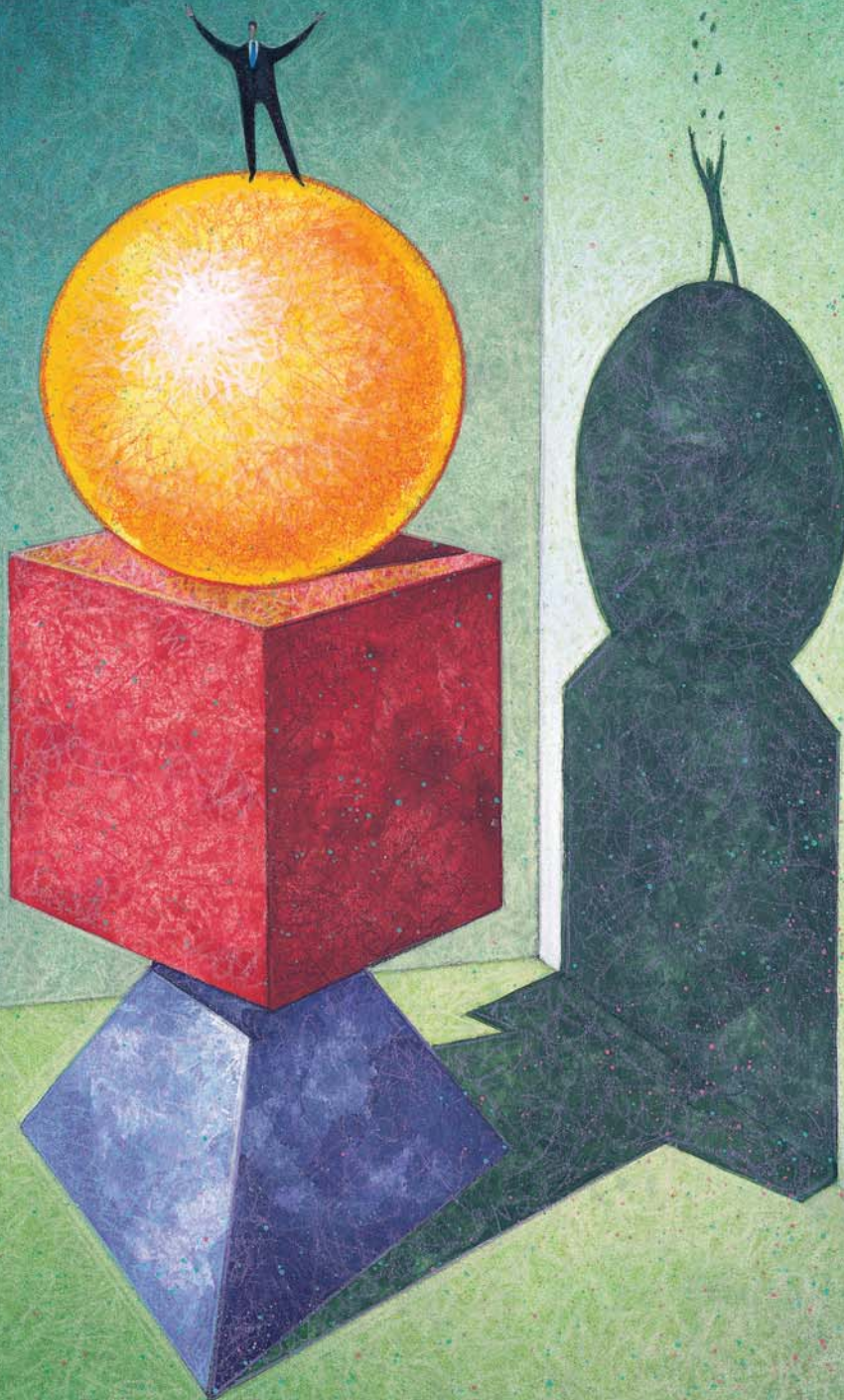




FALL 2008



**How to Handle a
Subpoena**

**Know the Stakes
Before You Sign
Any Solicitation**

**Parenting
Coordination: The
Psychologist's Role**

**Prescription for
Access to Care**

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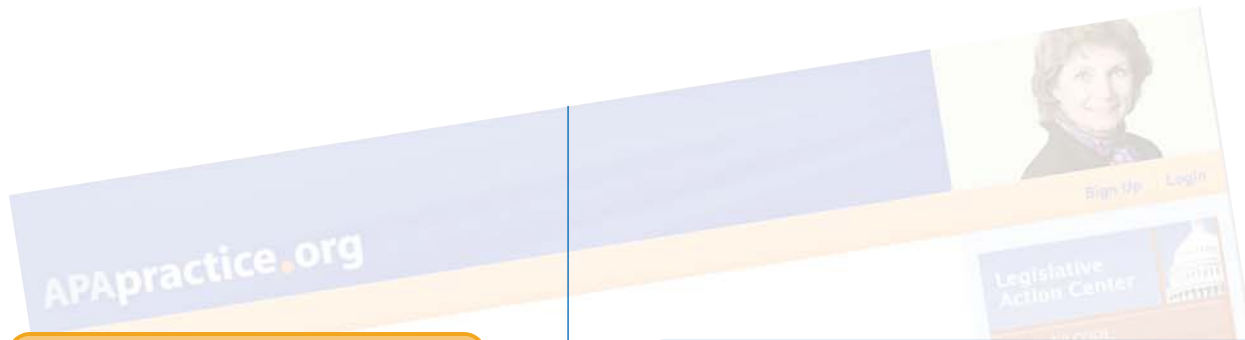


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How to Deal with a Subpoena: Pointers for Psychologists

Receiving a subpoena, a legal command to testify about a client or turn over client records, is often a perplexing and anxiety-provoking experience for psychologists.

This article addresses many common questions about subpoenas that psychologists raise with the APA Practice Organization. The content pertains to subpoenas involving psychotherapy notes, process notes, client information forms, billing records and other such information. This article does not address psychological test material, which may be subject to additional ethical considerations.



The information here is not intended to provide legal advice or to substitute for the advice of an attorney, but rather to offer information about possibilities for dealing with a subpoena. Where further guidance is needed, psychologists may find it useful to consult with their malpractice insurer, the APA Practice Directorate's legal and regulatory affairs department or a state psychological association representative.

1

I just received a subpoena.

What do I do?

You must first understand what the document is requesting of you. Subpoenas often seem to be asking you to testify in person, when they in fact are just seeking documents. Know who you are supposed to deliver documents to, or where

and when are you supposed to appear to testify. Also be sure you're clear about the applicable due date.

2

I intend to comply with the subpoena. Should I just turn over the documents or show up to testify, or do I first need my client's written consent?

Turn over the information only if your subpoena qualifies as a court order. In most states, you can turn over the documents or show up to testify without obtaining your client's consent *only* if the subpoena you received qualifies as a court order from a judge, which is rare. Typically a court order will be identified as such on the first page. In addition, the document will be signed by a judge, not a judge's clerk or an attorney. If you are not sure whether the document is a court order, you may contact the court that issued the document and ask to speak to the judge's clerk.

If you don't have a court order, obtain your client's written consent or authorization. If the document is not a court order (the first subpoena you receive in a matter rarely is a court order), you will need to obtain your client's consent or authorization before turning over confidential information. This step is required because most state and federal jurisdictions recognize a psychotherapist-patient privilege that allows the client to prevent confidential material from being disclosed to others. (Some state laws provide exceptions to this rule that allow you to turn over confidential information without the client's consent or authorization in certain situations.) When obtaining this consent, you should tell your client exactly what you have been asked to turn over and that there is no guarantee that the information will be kept confidential.

If you are not covered by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, your state may require client consent to be in writing. Staff attorneys for the APA Practice Organization suggest that psychologists obtain their client's consent in writing, even if not required to do so in their state. This will help ensure that your client

is making an informed consent and will provide you with documentation in case you need it in the future. The written consent that you obtain from your client should contain, at a minimum:

- Exactly what information will be disclosed
- To whom the information will be disclosed (for example, to the requesting attorney)
- The purpose of the disclosure (to respond to a subpoena)
- The client's signature and date

If you are covered by the HIPAA Privacy Rule, you must have a "written authorization" that includes several specific items. The APA Practice Organization suggests that you obtain legal guidance in this area. A model form tailored to your state's requirements is included in "HIPAA for Psychologists," the HIPAA Privacy Rule compliance product prepared by the APA Practice Organization and the APA Insurance Trust. (Visit APApractice.org for additional information about this product.)

Talk to your client's attorney. It is also important that you discuss the subpoena with the client's attorney (if he or she has one) after you have received appropriate consent from the client to do so. You should find out whether the attorney intends to oppose or seek to limit the scope of the subpoena, as discussed in the answers to Questions 4 and 5.

3

Who gives the written consent if the client is a child?

In situations where the client is a child or is otherwise legally incapable of consenting, you will have to obtain the consent or authorization from the client's parents or legal guardian, although some state laws provide independent privilege rights for minors. Sometimes it is complicated to determine who has authority to consent, especially in child

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How to Deal with a Subpoena: Pointers for Psychologists *continued from page 3*

custody cases. If it is unclear who has that authority in your situation, you may need to obtain additional guidance, such as from your malpractice insurer or an attorney in your state.

4

What if I don't have a court order and the client refuses to give me the consent or authorization or I can't reach the client?

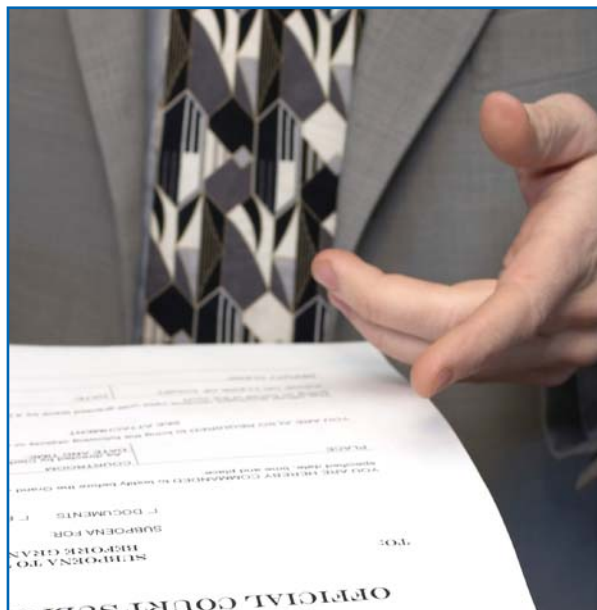
As discussed below, when you cannot get the client's consent or authorization, it usually makes sense to contact the party requesting the information to try to resolve the issue. If that does not work, then you could seek guidance from the judge who has jurisdiction over the subpoena. Each state has its own rules, however, and the APA Practice Organization is unable to provide guidance that works for every state and every situation. If the options below do not fit your circumstances, you should seek additional guidance from your own attorney or other appropriate source.

Option 1. Tell the requesting attorney that you cannot release confidential information without consent or authorization.

In most situations, an appropriate first step is to contact the party requesting the information to say that you cannot release confidential information without the client's consent or authorization. It is important that, when making this contact, you do not reveal that you have ever treated the client, as many states take the position that the fact of treating a client is protected information. In your letter or e-mail to the

attorney, you might indicate that you cannot say whether you have provided treatment to the person named in the subpoena, but if you had, then you could not ethically release such information without an order from a judge or an authorization from the client, neither of which you have. In many cases, the attorney will try to address the problem by seeking a court order or trying to obtain the client's authorization. In some situations, the attorney may decide not to pursue the request for confidential information.

When contacting the requesting attorney, it is important not to reveal that you have ever treated the client, as many states take the position that the fact of treating a client is protected information.



Option 2. Seek guidance from the judge with jurisdiction over the subpoena.

The attorney may disagree with your assertion that you cannot disclose the information, or otherwise insist that you do so. At this point, you may want to seek guidance from the court. You or your attorney could call the court, stating that you wish to comply with the law but that you are ethically obligated not to produce confidential records

or to testify about them, including whether someone is a client of yours, unless compelled to do so by the court or with the consent of the client. You could then ask the court for guidance. Be sure to confirm any guidance received in writing, with copies to attorneys for both sides. If you cannot reach the court by phone, you can contact the court in writing.

Option 3. File a motion to quash the subpoena.

If you seek guidance from the court and get no response, you may need to work with an attorney to file a motion to quash the subpoena. A motion to quash is a formal request to the court that the subpoena be declared invalid or otherwise without legal force. If the client has refused to authorize you to disclose the information, the client's attorney might file this motion, which would relieve you of paying the costs related to such a filing. While working with the client's attorney (after receiving the necessary authorizations from your client) is usually advisable, keep in mind that your client's attorney does not represent you and that your interests and the client's interests may not be the

While working with the client's attorney (after receiving the necessary authorizations from your client) is usually advisable, keep in mind that your client's attorney does not represent you and that your interests and the client's interests may not be the same, especially as the proceedings evolve.

same, especially as the proceedings evolve. Moreover, if you have an obligation to the court, and the client's attorney fails to contact the court or file a motion to quash in a timely manner, you may be subject to the consequences of failing to respond. Thus, while working with the client's attorney, it is important that you stay apprised of your own legal obligations and deadlines.

5

What if I think disclosure will harm my client or a third party?

There are several options to limit disclosure in such cases. In most cases, these options will be pursued by the client's attorney. APA staff attorneys suggest that you discuss these options with your client's attorney before pursuing them on your own. Be sure to confirm any agreement with the

requestor in writing, with copies to all parties. If the requestor refuses to agree to any of these options, you may need to seek a ruling from the court.

See if the requestor will accept limited information.

The requestor may agree that information about third parties (such as spouses) does not need to be disclosed. Requestors may also decide that they need only information to confirm that sessions took place, and not information that would disclose the purpose of the sessions or their content. The type of information that could fall into this category may include dates of sessions, amount of payment, the fact of payment or insurance company billed.

See if the requestor will agree to restrict who sees the information or how it is used.

The person requesting the information may agree not to release the information to the public and/or to use the information only for purposes of the litigation and return it after the litigation is over.

Ask the court to determine whether the records need to be disclosed.

You could also ask the court through in camera inspection — a review by the judge in chambers — to determine whether the client records are really relevant to the issues before the court and need to be disclosed at all.

6

What if I don't want to comply with the request because I think it is too burdensome?

Sometimes psychologists may not want to comply with a subpoena because doing so will take an inordinate amount of time away from their practice. In such cases, you may consider filing a motion with the court to deny or limit the demand because it is unduly burdensome. (Federal Rule of Civil Procedure 45[c][1-3] requires that the party responsible for issuing the subpoena take reasonable steps to avoid imposing an undue burden or expense on the person subject to the subpoena.)

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Know the Stakes Before Signing Any Solicitation

A psychologist recently contacted the American Psychological Association (APA) Practice Directorate's department of legal and regulatory affairs for help after she received a puzzling fax. The fax included what looked like a cover letter and an IRS W-9 form requesting the APA member's taxpayer identification number. The letter stated that "members/payers" of the provider network had reported using the psychologist's services.

The practitioner assumed that one of the managed care companies with which she contracts had subcontracted with this provider network to pay its claims. She figured that the subcontractor needed her taxpayer identification number to pay her directly for the claims she had submitted to the managed care company.

However, the document struck her as odd. For example, it noted payment terms that were inconsistent with her managed care company contract. And it made a reference to credentialing that presumably had no bearing on payment.

The psychologist approached Practice Directorate staff for guidance about whether to sign what she had received. Staff reviewed the document and concluded that it was a well-disguised solicitation to join a provider network. If the psychologist had signed this document, the financial consequences could have been substantial. To appreciate the potential consequences, it is important to understand the distinction between a managed care organization and a provider network company.

MCO Versus Provider Network

A managed care organization (MCO) typically is the entity that contracts with employers to provide health services to its employees. A provider network company is a business that contracts with health care practitioners to provide services at specific rates.

MCOs often have their own provider networks whereby the MCO contracts directly with providers to furnish services.

Some MCOs subcontract with outside provider network companies to deliver services. Some MCOs do both.

A provider network company usually contracts with multiple MCOs. It can be difficult to track exactly which MCOs a provider network company is affiliated with. For example, the company may service an MCO in one state, but that MCO may use its own provider network in another state.

It can be difficult to track exactly which MCOs a provider network company is affiliated with. For example, the company may service an MCO in one state, but that MCO may use its own provider network in another state.

Making the distinction between an MCO and a provider network company is critical. If you have a contract with an MCO, you are obligated to provide services to enrollees of that managed care plan at whatever rates and terms your contract dictates. On the other hand, if you contract with a provider network company, you may not know which MCO enrollees you will have to treat. The provider network company might have contracts with several MCOs in your area, and the list can change over time. Although you may not have a contract with a client's MCO, that organization may be using a provider network in which you agreed to participate.

Why does this distinction matter? Because if you are part of a provider network company, it may not be clear to you: whether you are obligated to accept in-network rates for a particular client; whether you are entitled to be paid out-of-network rates (which are usually higher than in-network rates) or whether you can get paid directly by the client for your services. You may know that you do not have a contract with your client's MCO and then assume that you do not have to accept in-network rates. If, however, you have a contract with the provider network company that contracts with your client's MCO, you may be obligated to

accept the provider network company's in-network rates for that client even though you do not have a contract with the client's MCO.

Though a client's insurance card will usually list both the MCO and the provider network company somewhere on the front or back of the card, some psychologists do not check the client's card. Instead, they ask which insurance the client has and if they do not have a contract with that MCO the psychologists may incorrectly assume they are not obligated to accept in-network rates.

The Financial Stakes

Returning to the example at the beginning of this article, if the psychologist had signed the agreement she received by fax, she could get paid less for her services to clients. This situation would result if some of the practitioner's clients who were either paying her directly or had an insurer making out-of-network payments on behalf of the clients turned out to be covered by a managed care company that contracted with the provider network company with which she just signed on. In that case, the psychologist would have to accept the company's reduced rates as payment in full. Similarly, she would have to accept the lower rate for any new clients enrolled in an insurance plan that used this provider network company. Also keep in mind another consequence of signing such an agreement: It can be difficult to have your name removed from a provider network. Legal and regulatory affairs staff in the Practice Directorate have heard many stories of providers needing to notify a provider network company repeatedly that they have terminated their contract and should be removed from the company's listing of providers.

In short, psychologists must carefully evaluate the payment and other terms of any agreement they are thinking of signing. The following additional pointers may be helpful in considering a contract involving MCOs and/or provider network organizations:

Find out how local affiliations between MCOs and provider network organizations may affect your practice.

In considering a contract from a provider network company, you may want to request a list of the MCOs with which that company contracts. You may also want to check your current clients' insurance coverage to see if their MCOs use this provider network company.

Keep in mind that unofficial-looking contracts are just as binding as contracts that appear official.

While most MCO contracts have "Participating Provider Agreement" or a similar phrase emblazoned across the top, they needn't be so clearly identified to be legally binding. A valid contract may look like a regular letter.

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Know the Stakes Before Signing Any Solicitation *continued from page 7*

Most contracts are properly identified and clearly lay out the terms you will be agreeing to by signing — with headings identifying different parts of the contract such as payment terms, credentialing requirements and confidentiality. Unfortunately, other contracts, such as the one in the example for this article, include all such terms in a few sentences of what appears to be a letter. In general, if a document discusses payment terms and is accompanied by an IRS W-9 form, then the document is a contract and you should carefully review its terms.



care contracts. Whenever you send a complaint letter to the MCO or provider network company, provide a copy to the state insurance agency as well.

Finally, always remember that signing any contract has the force of law.

Whenever a psychologist signs a provider contract to deliver services to managed health plan subscribers, it creates obligations that have the force of law. Read every provider contract carefully and make sure you know what the terms mean — and that you are willing and able to meet them — before signing a contract.

Don't assume you can pick and choose among a contract's terms.

Psychologists sometimes wonder if there is any leeway when they sign a contract to modify a provision that they find objectionable, for example, by striking through it and signing their initials. Companies typically expect health professionals to agree to a provider contract in its entirety without changing any of the terms.

If you don't like a particular term, you can ask the MCO whether it is possible to modify or delete it. Don't assume that doing so without the expressed, written approval of the MCO approval is acceptable.

Be aware of state governmental entities to which you can report an MCO's activities.

If you believe an MCO or provider network company is making a deceptive solicitation or otherwise acting inappropriately, contact your state insurance commission or similar state agency responsible for overseeing managed

Whenever a psychologist signs a provider contract to deliver services to managed health plan subscribers, it creates obligations that have the force of law.

Please contact the Practice Directorate's legal and regulatory affairs staff at 202-336-5886 or praclegal@apa.org if you have any questions or concerns about your provider contracts with managed care companies. While we cannot provide legal advice to individual psychologists, we can tell you about legislation or legal actions related to your contract issue. 🧠

NOTE: Legal issues are complex and highly fact-specific and require legal expertise that cannot be provided by any single article. In addition, laws change over time and vary by jurisdiction. The information in this article should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances.

In the Best Interests of Children

Psychologists are well aware that the impact of divorce on children is closely related to the level of ongoing conflict between parents and the quality of parenting. Children of high-conflict parents are at particular risk for harm.



The past couple of decades have witnessed considerable growth in the use of alternative dispute resolution mechanisms by family courts in the United States. Judges and others clearly recognize that the adversarial nature of the legal system makes it ill-equipped to serve the needs of families or function in the best interests of children experiencing separation or divorce. Parenting coordination (PC) has become well established and continues to evolve as a highly regarded, child-focused ADR process. “The main goal of parenting coordination is to reduce conflict between parents and re-stabilize families

with high levels of entrenched conflict involving their children,” says Joan B. Kelly, PhD, a clinical psychologist who served 15 years as a PC and formerly was executive director of the Northern California Mediation Center.

Primary Roles of the Parenting Coordinator

Parenting coordination typically begins with a court order or stipulated agreement between the parents or legal guardians that provides the authority for psychologists and others serving as PCs to make binding decisions.

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In the Best Interests of Children *continued from page 9*

According to Kelly, the PC role combines several functions:

- resolving parents' disputes about their child or children in a timely manner — for example, involving temporary variations in parenting time schedules, as well as decisions about children's recreational and enrichment activities
- helping parents comply with the parenting plan established by the court
- making decisions or moving to arbitration if parents cannot settle disputes with the PC's assistance (if specified in the PC agreement or court order)
- refocusing parents on their children and providing education about their children's developmental and psychological needs
- communicating with children to understand their views and perspectives

Debra K. Carter, PhD, co-founder and clinical director of the Florida Institute for Cooperative Parenting in Bradenton, notes that PCs focus on reducing parental conflict, minimizing stress for children and encouraging parents to resolve their conflicts without litigation.

"Parenting coordinators work to ensure that children maintain access to both parents, as appropriate, and have the freedom to maintain a loving relationship without fear of reprisal or adverse consequences," says Carter. She adds that psychologists in particular may more readily identify the needs of parents or children for interventions such as psychotherapy or psychological evaluation and make appropriate referrals.

Psychologists' Suitability for PC Work

Parenting coordination is not the sole province of psychologists. It is a multidisciplinary function also practiced by attorneys, social workers, licensed counselors and others. Even so, psychologists who are well versed in PC work identify several reasons why many of their colleagues are well suited to the role.

Carter emphasizes that parenting coordination requires an integration of professional skills and experience to help families who are caught in conflict to disengage, emotionally and behaviorally, from dysfunctional parenting relationships and to develop child-focused communication and problem-solving techniques. Psychologists' understanding of human interactions and their knowledge of how individuals function within systems allows for interventions not typically afforded



by the family court system.

"Mental health training helps the parenting coordinator understand behaviors and reactions of adults and children when the family system is in flux and under stress," she says. Dr. Kelly notes other facets of the skills and experience that psychologists contribute to the PC process. These attributes include understanding the dynamics of divorce, effective parenting, the impact of conflict on child development and

adjustment, personality disorders and ethical behavior. Kelly adds that, “Psychologists also bring their clinical experience in complex case management, establishing appropriate boundaries with clients and maintaining objectivity in their work.”

“The main goal of parenting coordination is to reduce conflict between parents and re-stabilize families with high levels of entrenched conflict involving their children.” – Joan B. Kelly, PhD, Former Executive Director, Northern California Mediation Center

But not all have the characteristics that enable successful PC work. “Some psychologists have difficulty recognizing when they must simply make decisions rather than continue to work on the disputes,” says Kelly. It is important that psychologists bring to the table extensive experience working with high-conflict parents and families, she says, while cautioning that those who function as PCs are likely to receive little if any positive reinforcement from these clients.

The Need for Specialized Training

Doctors Carter and Kelly observe that while psychologists generally may have skills needed to serve as effective parenting coordinators, there are significant differences in the PC role and the professional experience of many practitioners. For example, even though psychologist PCs use their therapeutic knowledge and skills to work with difficult clients, parenting coordinators are not engaged in psychotherapy or psychological assessment. Unlike the more traditional clinical role as psychotherapist, the psychologist-PC serves as an objective third party and is not an advocate for either parent — provided the children are not in danger or at risk for physical or emotional harm. Yet another distinction between parenting coordination and

A HYBRID ROLE

Psychologists involved with parenting coordination often describe it as a hybrid function that demands knowledge and skills in both psychological and legal domains. The latter includes:

- ▶ Familiarity with the legal processes of custody and divorce
- ▶ Knowledge of relevant state law and other legal requirements governing PC work
- ▶ Understanding of legal terminology such as in a court order
- ▶ Training in family mediation
- ▶ Informed consent requirements and securing appropriate release of information to enable communication between various parties as needed, such as health care professionals and school officials

psychotherapy is that the former is a nonconfidential intervention.

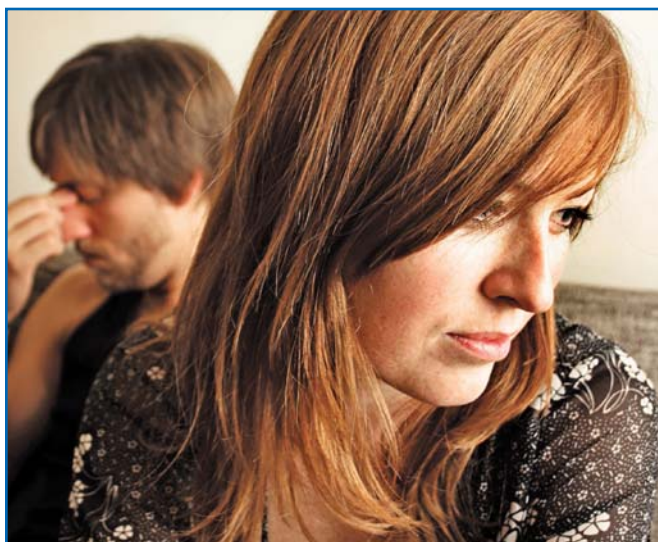
Both psychologists emphasize that the nature and demands of the PC role require specialized training. Such training can help familiarize the psychologist with:

- creating parenting plans that meet the needs of both parents and children and that integrate the child’s views
- sorting through the complexity of parental disputes and enhancing skills in working with challenging clients
- the importance of working with a court order or signed consent agreement that authorizes his or her authority
- functioning effectively in an interdisciplinary environment, for example, involving attorneys
- understanding ethical and risk management issues associated with the PC role

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In the Best Interests of Children *continued from page 11*

While psychologists generally may have skills needed to serve as effective parenting coordinators, there are significant differences in the PC role and the professional experience of many practitioners.




“The demand for parenting coordination is developing rapidly. The considerable need provides psychologists with a unique opportunity to expand their services.”
 – Debra K. Carter, PhD, Co-Founder and Clinical Director, Florida Institute for Cooperative Parenting

A Growing Market Opportunity

Eight states already have statutes that pertain specifically to “parenting coordinators,” and the number of state laws is growing. In other states such as California, parenting coordinators function under the authority of “special masters” appointed by the court.

Psychologists involved with PC work observe that as judges more fully understand and appreciate the benefits that

parenting coordination brings to children and families, many are eager to help facilitate its expansion. “The demand for parenting coordination is developing rapidly,” says Dr. Carter. “The considerable need provides psychologists with a unique opportunity to expand their services.”

Dr. Kelly sums up the rewards of PC work with a focus on strengthening families. “It is a fascinating, complex intervention with significant positive benefits for parents — and particularly for children,” she says. 



ADDITIONAL RESOURCES

- ▶ Carter, Debra K. & Harari, C. (2008). Addressing Myths, Misunderstandings, and Uncertainties about Parenting Coordination, *Family Law Commentator*, Vol. 23, No.1, 31-34. This issue contains several articles on parenting coordination.
- ▶ Kelly, J.B. (2008). Preparing for the Parenting Coordinator role: Training Needs for Mental Health and Legal Professionals. *Journal of Child Custody*, 5 (1/2), 140-159. This issue contains several articles on parenting coordination.
- ▶ The APA Practice Directorate’s legal and regulatory affairs department is planning a 2009 APA Pre-Convention Institute in Toronto on parenting coordination.
- ▶ The APA Practice Organization is developing an online course for psychologists interested in learning more about parenting coordination. **Visit Practice Central at www.APApractice.org** in 2009 for more information.

A Prescription for Greater Access to Care



John C. Courtney, PsyD, MP

John C. Courtney, PsyD, MP, wishes there were more psychologists like him — those who have the training, experience and license to prescribe psychotropic medications to their patients. The unmet need for such medication among patients in post-Katrina New Orleans is so great that he feels “like I’ve got my finger in the dike,” says Courtney,

assistant director of the psychology department at Children’s Hospital of New Orleans. “If I had my druthers, the city would have 20 of me!”

And the situation could get worse. By 2020, the U.S. Bureau of Health Professions projects the demand for psychiatrists will increase by 100 percent for child and adolescent psychiatrists and 19 percent for generalists, yet the number of physicians entering psychiatry is plummeting.

Courtney is one of about 70 prescribing psychologists in the U.S. who are helping ensure that patients get the help they need. Often based in isolated or underserved areas, they are also finding themselves working in settings that go far beyond private practice. *Good Practice* spoke with prescribing psychologists working in a big-city hospital, a rural jail and a remote Indian reservation.

In a Big-City Hospital

Courtney didn’t set out to become a medical psychologist, as prescribing psychologists are called in Louisiana. (Louisiana is one of two states that certify prescribing psychologists, along with New Mexico.)

After 15 years in private practice as a pediatric neuropsychologist, Courtney simply thought that training in psychopharmacology would help him better understand his patients. “I suspected that whether or not I ever prescribed a single medication, getting the training in psychopharmacology was going to make me a better psychologist,” he says.



After two years at Children’s Hospital of New Orleans and several thousand prescriptions, he knows that’s true. The psychopharmacology training he received at Nova Southeastern University gave him a greater understanding

By 2020, the U.S. Bureau of Health Professions projects the demand for psychiatrists will increase by 100 percent for child and adolescent psychiatrists and 19 percent for generalists, yet the number of physicians entering psychiatry is plummeting.

of the biological underpinnings of mental disorders. And that, he says, helps him better meet the needs of his young patients and the medical doctors who treat them.

Courtney now spends his days responding to requests for consultations from physicians in every corner of the hospital. An endocrinologist might ask him to see whether medication could help a patient in the hospital for a

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A Prescription for Greater Access to Care *continued from page 13*

After 15 years in private practice as a pediatric neuropsychologist, Dr. Courtney thought that training in psychopharmacology would help him better understand his patients.

medical problem but having behavioral issues related to bipolar disorder, for instance. Or a rehabilitation team might ask for his help with a patient with depression, insomnia and trouble concentrating following a traumatic brain injury. Working hand-in-hand, Courtney and the medical team at Children’s Hospital address patients’ psychological and physical needs in an integrated treatment model.

“Physicians have been uniform in their support of my work here,” says Courtney. In fact, medical psychology has been so well-received that the hospital has hired two more medical psychologists.

That’s still not enough, says Courtney. “My waiting list is far too long,” he says, noting that the hospital’s patients are primarily Medicaid beneficiaries.

“There’s a shortage of pediatric psychiatrists around the country,” he says. And the situation is even worse in New Orleans. “The city,” he says, “was hit by the loss of specialty practices and probably no place more poignantly than pediatric psychiatry.”

At a Rural Jail

Rural areas can also benefit from prescribing psychologists. A recent geographic analysis of the availability of licensed psychologists and psychiatrists commissioned by the APA Practice Organization determined that 740 counties in the U.S. lack psychiatrists but do have psychologists.

Robert Sherrill, Jr., PhD, a private practitioner in Farmington, New Mexico, is in one of those areas where access to care is limited. “The psychiatrists here are just run ragged,” he says, noting that getting an initial appointment can take two months. That’s one reason he sought psychopharmacology training at the Southwestern Institute



Robert Sherrill, Jr., PhD

for the Advancement of Psychotherapy in Las Cruces. “I wanted to be a more complete service provider to people who obviously needed some pharmacological assistance,” he says. “And I was ready for a new challenge.”

A new challenge is exactly what Sherrill found — at the San Juan County jail. After he started providing services at two substance abuse treatment programs in the area, the county asked him to handle the pharmacological consulting at the jail. As a result, Sherrill has been spending one morning a week there for the last year and a half.

“I think of the county jail — half jokingly but also half seriously — as our county’s other psychiatric unit,” says Sherrill. “You’ll see people in jail who obviously have severe problems.” Some inmates are hallucinating or delusional. Others have lapsed into psychosis from long-term methamphetamine use. More than a few are suicidal.

Past several sets of clanking doors, Sherrill finds a stack of charts waiting for him. “Between the general jail staff and the medical staff, they can pretty much flag who’s most urgent for me to see,” he says. After prioritizing the cases, he visits the inmates to evaluate or re-evaluate their medication needs. He also keeps an eye on their medical problems and alerts the medical staff when he notices something amiss.

Although the time constraints make it difficult to do much psychotherapy, Sherrill does manage to make time for some talk therapy. He’s building relationships with inmates who cycle in and out of substance abuse treatment and the jail. And as chair of the New Mexico State Board of Psychology Examiners, he’s leading the charge to bring more prescribing psychologists to the state.

On the Reservation

It doesn’t get much more remote than the Spirit Lake Sioux



Michael R. Tilus, PsyD, MSCP

Reservation in North Dakota, an area that Michael R. Tilus, PsyD, MSCP, describes as “the frozen prairies.” That isolation is why Tilus is intent on becoming a full-fledged prescribing psychologist and helping to make the Indian Health Service (IHS) facility in Fort Totten “one-stop shopping” for the Native Americans he serves.

“Right now we end up having to do a lot of outside referrals and have people waiting for two or three months trying to find a psychiatrist,” says Tilus, director of social services and mental health programs at Spirit Lake Health Center and a Lieutenant Commander on active duty with the U.S. Public Health Service Commissioned Corps. “Or we have to send them to Grand Forks, which is 90 miles away.”


Tilus has already completed his psychopharmacology training at Alliant International University in San Francisco. And he has applied to New Mexico and Louisiana for prescriptive authority certification. Once his certification is granted, he’ll be able to prescribe psychotropic medications.

Until then, he’s doing everything a prescribing psychologist does short of actual prescribing.

Everything he does is integrated with the medical staff’s work. “This is a very intentional plan to be a primary behavioral health provider, not just a sideline consultant,” he says. In addition to traditional psychological services, Tilus works with the medical staff in assessing and managing patients’ psychotropic medications. The doctors are “flooding me with referrals,” says Tilus. It’s not just the doctors who are turning to Tilus for help. When the pharmacy launched a smoking cessation class, Tilus was there to assist patients with depression.

Now seven more psychologists in the Indian Health Service’s Aberdeen Area Behavioral Health Division are getting the psychopharmacology training they need to serve Native Americans on isolated reservations.

“Having prescribing psychologists at the center will make things easier for patients since they’ll be able to receive integrated health-related services they need under one IHS roof while receiving cultural care under the roof of traditional Native American sweat lodges.”
 – Michael R. Tilus, PsyD, MSCP

“Having prescribing psychologists at the center will make things easier for patients,” says Tilus, “since they’ll be able to receive integrated health-related services they need under one IHS roof while receiving cultural care under the roof of traditional Native American sweat lodges.” 



Casting a Wide 'Net

How do you do exposure therapy for children afraid of vomiting, thunder and lightning and other things impossible to summon up in an office?

If you're Mary K. Alvord, PhD, the answer is easy: You search for videos at www.youtube.com. "I often use the Internet for exposures as part of a treatment plan," says Alvord, director of Alvord, Baker & Associates, LLC, in Rockville and Silver Spring, Maryland.

Alvord and the 14 other therapists in her office aren't the only ones finding innovative ways to incorporate the Internet into their practices. Psychologists are pointing patients to online sources of high-quality information and peer support. They're using the Internet to build rapport and engage patients. Some are even hoping that technology will help more people in isolated areas overcome barriers that prevent them from receiving much-needed services.

Innovative Approaches

For psychologists, the Internet represents a convenient way to educate patients and the public at large.

Simon A. Rego, PsyD, for example, uses his Web site at www.simonrego.com to explain what psychology is, the different kinds of therapists and so on. "I approach information on the Web with a fair amount of skepticism," says Rego, associate director of psychology training at Montefiore Medical Center in the Bronx. "I thought if I could pull together resources, it might serve a useful purpose for people even if they're not looking for therapy."

A recent APA Practice Organization survey found that Rego is not alone: 71 percent of respondents also sought information for clients online.

Rego also uses his site as a handy resource guide for patients. "I was always recommending book titles to people and they would say, 'What was that again?' or 'I lost the Post-It® you gave me,'" he says. The solution? An online listing of recommended books and Web sites. (For the results of Rego's survey of most frequently recommended

psychology sites, see http://www.apa.org/divisions/div12/tcp_journals/TCP_60_2_SU07.pdf.)



Rego often prints out information for patients, many of whom lack access to a computer of their own.

Alvord also points patients to helpful sites, including APA's Help Center at www.apahelpcenter.org. She may even go online with them to print out listings from www.amazon.com or teach them how to search the literature at www.pubmed.gov. But as her work with anxious patients suggests, she goes beyond such uses.

She uses the computer to build rapport, for instance. One child upset by his parents' impending divorce calmed down enough to talk about it only after he and Alvord chatted about the puppy he was going to get and searched www.google.com for images of various breeds. Working on the computer also gets patients involved in their own therapy, says Alvord. During sessions, she often encourages children to type lists of goals or behavioral contracts on her computer. "Kids love computers," says Alvord, noting that one therapist in her practice sometimes rewards patients for good sessions with a few minutes of computer time. "It's a great way to engage them, and I'm actually doing therapy at the same time."

Computers can be sources of support as well as information.

Helen L. Coons, PhD, president and clinical director of Women's Mental Health Associates in Philadelphia, shows her patients how to use the online tools available on such sites as www.4women.gov. She routinely encourages patients to download relaxation exercises from www.healthjourneys.com onto their MP3 players. Patients can even watch videos of Coons discussing various women's health issues at www.webmd.com and www.health.com.

Coons also points patients to online support groups on sites like www.breastcancer.org. "Some women may not be

ASSESSING WEB SITE QUALITY

According to the Pew Internet and American Life Project, at least 75 percent of Internet users have searched for health information online. To help your patients evaluate online information's quality, encourage them to ask the following questions:

How credible is the source? Check the "About Us" or "Contact Us" sections to see who wrote and vetted the material. Information from professional associations, universities, health-care organizations or federal government agencies is most trustworthy. Sites funded by companies may be trying to sell something, while individuals may be presenting information reflecting their own specific situations or idiosyncratic perspectives.

How up-to-date is the information? Check the dates on online documents. While some information is good forever, other material needs to be current. Sites that present research findings, statistics, events listings or similarly time-sensitive information should be updated or revised frequently.

Do you need a second opinion? If information seems questionable or too good to be true, you should keep looking for additional resources. If you have questions or concerns about information you find online, check in with a reputable Web site, textbook or licensed mental health or health professional.

able to find useful resources in their community," she says. "They may have other obligations and aren't able to get to regular support groups. Or they may like the anonymity of online groups."


Helping patients pace themselves is critical, emphasizes Coons. "Too much information can be overwhelming," she notes. She might encourage a woman newly diagnosed with breast cancer to limit herself to seeking information about pathology reports before plunging into information about reconstructive surgery, for example.

Other psychologists foresee a future where consumers with barriers to face-to-face treatment will be able to access psychological services via the Internet.

James A. Cartreine, PhD, an instructor in psychiatry and medicine at Harvard Medical School, is creating an interactive computer program for the most isolated population of all — astronauts.

Funded by the National Space Biomedical Research Institute, the program will guide users through the process of assessing their mental health and then addressing psychosocial problems like depression or conflict with team members.

Eventually, Cartreine hopes, the programs will be available online for general use. Such programs could help people who can't see psychologists because of geographic isolation, financial barriers or stigma.

Of course, says Cartreine, "the idea is not to put psychologists out of work." Such programs would ideally be used in conjunction with help from a real-live practicing psychologist. 

NOTE: The Web sites noted in this article are examples only and do not constitute endorsements by the APA Practice Organization.

ADDITIONAL RESOURCES

- ▶ **APA's Help Center** at www.apahelpcenter.org is an online resource for consumers offering brochures, articles and tips on psychological issues that affect physical and emotional well-being, as well as information about referrals.
- ▶ The APA Practice Organization is developing an online course on technology for psychologists. **Visit Practice Central** at APApractice.org in 2009.
- ▶ **MedlinePlus Guide to Healthy Web Surfing** at www.nlm.nih.gov/medlineplus/healthywebsurfing.html presents tips for evaluating the quality of online health information.
- ▶ **TeachMeInternet.com** at www.teachmeinternet.com provides general information from psychologist Pauline Wallin, PhD, about making the most of the Internet.

The Basics of Blogging

In an increasingly digital age, cost-effective Internet marketing strategies are on the rise, and you don't need to be a technology expert to take advantage of these opportunities. Blogging has emerged as an innovative marketing tool for psychologists, but it remains a resource untapped by most practitioners.

This article provides information about creating and using a blog as part of your overall marketing strategy.

What's a Blog?

A blog is an online journal. Bloggers use their blogs to state opinions, post information or commentary, articulate ideas and share links to other resources. Viewable to others, blogs are typically set up in an interactive format that encourages readers to post their comments below each entry. As you blog, your most recent entries are displayed at the top of the Web page. To keep the information organized, older entries are archived by date or topic. Although they are primarily text-based, blogs may feature photographs, videos and audio clips. You can set up a blog in minutes and, if used correctly, it can be a powerful, low-cost (or even free) marketing tool.

Why Blog?

In addition to functioning as a mechanism for providing public education and sharing a psychologist's expertise with the community, blogs can help shape your professional image, increase your online presence, establish your status as an expert and offer potential clients and referral sources a glimpse of who you are and the value your



Used in conjunction with a Web site, a frequently updated blog can boost your Web traffic and provide the personal touch you might not relay through your Web site alone.

services can provide. Blogging is an easy-to-use, flexible way to supplement your broader marketing strategy. Used in conjunction with a Web site, a frequently updated blog can boost your Web traffic and provide the personal touch you might not relay through your Web site alone.

The frequent posts and common linking associated with blogs make it more likely that your information will come up on search engines and be seen not only by avid bloggers but also by the casual Web surfer. Although delving into the often daunting world of technology may seem intimidating, blogs offer a simple and cost-effective way to reach a new generation of clients for whom blogs and podcasts are second nature.

Getting Started

Before starting your own blog, get your feet wet by using Google Blog Search, Technorati or another blog search engine to find existing blogs that interest you and learn from them. Blogs come in all shapes and sizes, so get a sense of which ones pique your interest and why. What writing style do you find most engaging? What length and format are easiest to read? What topics seem to generate the most comments from readers? Keeping up with all of the blogs you're interested in can be very time-consuming, as they are often updated frequently. Rather than visiting the Web page for each blog every time you want to check for new postings, consider the time-saving approach of subscribing to the blogs you want to follow.

Blogs typically contain "feeds," which may be listed as RSS, XML, Atom or web feeds (look for a square, orange button and/or a link to subscribe on the page). Regardless of which format is used, a feed provides a way for the blog to push updated content to you, rather than your searching for it. You can use a feed reader or aggregator, such as Google Reader, Bloglines, or NewsGator to subscribe to blogs, or add blogs to the Feeds section of Internet Explorer's Favorites Center. If you have an iGoogle homepage, you can even have Google Reader on the page as a gadget, so any new blog posts are right at your fingertips.

Once you've identified blogs that capture your interest and gotten the feel of the format, start posting comments to blog entries and sharing your expertise. When you leave comments, be sure to include a signature line with your name and the URL of your Web site. This will help increase traffic to your site and encourage others to link back to you, which can improve your search engine rankings and make it easier for people to find you online.

After familiarizing yourself with blogging and getting a little experience under your belt by posting some comments, explore the options for your own blog and get started. A number of Web sites offer free blogging services, which

The more timely and relevant your blog entries, the more interest and traffic you will receive. The idea is to keep the material fresh to keep readers coming back.

allow you to quickly set up a blog. Examples include Blogger, WordPress and LiveJournal. Although these free services are typically robust and flexible enough for most bloggers, those who need more advanced features and are willing to spend some money can explore paid blogging providers such as TypePad and Moveable Type.

Blogging in Practice

Once you have set up your blog, it's important to update it with short, informal entries at least several times a month, if not weekly. The more timely and relevant your blog entries, the more interest and traffic you will receive. A variety of formats lend themselves to blog posts, including topical summaries, quick tips, short anecdotes, commentary on current issues and descriptions of and links to additional sources for information. The idea is to keep the material fresh to keep readers coming back.

If you have professional expertise in particular areas, post frequently about those topics. You can begin by creating entries that you think would be of interest to your existing and potential clients. For example, if you provide couple's therapy, the morning a new research study is released on the benefits of marital therapy you might familiarize yourself with the study and post a review of the article on your blog, including links to the study and other relevant resources. By blogging, you can help people find information they can use to make well-informed decisions about how and when they might benefit from seeking psychological services. You also establish yourself as an expert and demonstrate that you stay up-to-date on the latest research in your area of practice.

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How to Deal with a Subpoena: Pointers for Psychologists *continued from page 5*

Jurisdictions vary in terms of the time that a person must be given to reply to a subpoena for testimony or documents.

You may also want to check whether the subpoena you received is invalid, which would allow you not to comply. There are several technical reasons why a subpoena may be invalid. For example, the court does not have jurisdiction over you, the subpoena was not furnished to you in a manner that complies with the court's rules, or the subpoena does not give you enough time to file a motion to oppose it. You will likely need to seek legal guidance to determine whether any of these situations applies.

You cannot ignore a subpoena, even if it has not been signed by a judge. Most subpoenas are not signed by judges, but rather by the attorney who is seeking the documents or testimony.

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I am unwilling to comply with the subpoena in the timeframe requested.

What can I do?

Assuming you have your client's authorization to release the information requested, you can discuss the timeframe with the person requesting the information and see if the date may be changed. If the person will not negotiate on that point, you should determine whether the timeframe given in the subpoena complies with the requirements for your area. Jurisdictions vary in terms of the time that a person must be given to reply to a subpoena for testimony or documents. Some permit only five days, while others may provide 30 days. In making this determination, consider checking the Web site of the court listed in the subpoena, contacting the court directly or contacting your own attorney.

NOTE: This article is not intended to provide guidelines or standards. Legal issues are complex and highly fact-specific and require legal expertise that cannot be provided by any single article. The information in this article should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances.




8

Can I just ignore a subpoena, especially if it's not signed by a judge?

No. You cannot ignore a subpoena, even if it has not been signed by a judge. Most subpoenas are not signed by judges, but rather by the attorney who is seeking the documents or testimony. Nevertheless, you must respond in writing, as discussed above. Failure to do so could result in your being held in contempt of court and having to pay significant fines.

Further guidance on this topic can be found in "Strategies for Private Practitioners Coping with Subpoenas or Compelled Testimony for Client Records or Test Data," prepared by the APA's Committee on Legal Issues (COLI). This article incorporates many of the strategies discussed in that document, found in *Professional Psychology: Research and Practice* (2006, Vol. 37, No. 2, 215-222).


APA Practice Organization members may contact the Practice Directorate's legal and regulatory affairs department at 202-336-5886 or praclegal@apa.org with questions about this article. 

PUTTING TECHNOLOGY INTO PRACTICE

The Basics of Blogging *continued from page 19*

Notably though, there is no roadmap or guide on how one should blog. It is up to the individual psychologist to determine how best to use this technology in a way that can promote his or her particular practice, so blog away!

Proceed with Caution

It is important to remember that the same ethical obligations of client privacy and confidentiality you observe in your other professional activities apply when you're blogging. In fact, the easy access and worldwide audience associated with material broadcast on the Internet magnifies such considerations. Additionally, be sure to carefully consider the implications that any personal information you disclose may have on those to whom you provide services. As with any professional communication, take care to avoid statements that could be viewed as fraudulent. Err on the conservative side and consult with your colleagues if you question whether certain content or tone is appropriate. 

EXAMPLES OF BLOGS

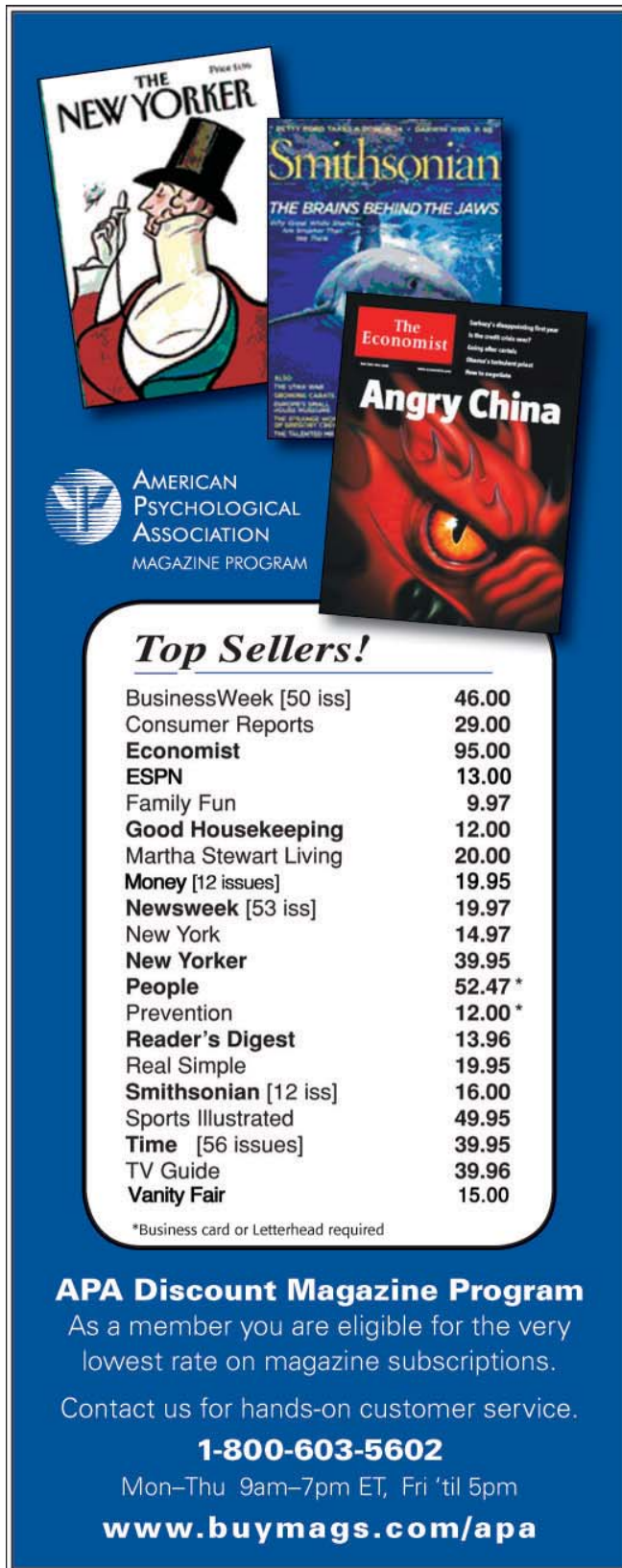
<http://drdeborahserani.blogspot.com>
Dr. Deborah Serani's Psychological Perspectives Blog


<http://www.phwa.org/blog>
The Psychologically Healthy Workplace Program's Good Company Blog

<http://psychcentral.com/blog>
PsychCentral's World of Psychology Blog

<http://scienceblogs.com/cognitivedaily>
Cognitive Daily Blog

NOTE: The Web resources noted in this article are offered as examples and do not constitute endorsements by the APA Practice Organization.



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