



# medicare extends to psychology services

**Felicity Cronan**  
 Department of Education

AACBT Pub Discussions are always popular with members and non-members alike. A relaxed setting, a chance to speak with the presenter, cutting edge topics and a few drinks with friends and colleagues are just some of the reasons.

The final Pub Discussion for 2006 was more popular than usual, with a near record attendance, when David Stokes from the APS spoke about the new Medicare item numbers for Psychologists.

David first placed the funding into its historical, social and economic context, and alluded to several factors that assisted the Federal Government to overcome its historic attitude that 'Medicare was for doctors', including that 95% of funds available to GPs to refer patients to allied health professionals in previous trials (such as BOMH\*), went to psychologists, emphasising a community demand for access psychology services.

David also noted the role of the publicity associated with individual cases like Cornelia Rau, as well as the role Mental Health Senate enquiries in highlighting to politicians the importance of community access to mental health professions. David also referred to data from the USA, which confirmed that investment in mental health reaps economic rewards for workplaces and employers.

David also noted the central role of the APS in establishing good working

relationships with the RACGP and the RANZP and highlighted continuing work in educating medical professionals about referral procedures.

Other important points included:

- Medical professionals have a clear role as gatekeepers of the system, but all service providers should work together with the focus on the patient.
- Referrals to psychologists can now be made by any GP who writes a mental health care plan, which must be complete before payment can be claimed.
- Specialists can make a referral without a care plan, but their provider number must be included on the Psychologists account.

David also made it clear that the primary reason for this additional funding is to improve access for the community to psychological services and he warned against anyone taking advantage of the system.

"Accountability is crucial" David says, "...the prevailing attitude in Canberra is that if it [the funding] is not used properly they will take it away."

These new arrangements have vitally important implications for the AACBT and its accreditation

*"Medical professionals have a clear role as gatekeepers of the system"*

process. The Accreditation Subcommittee of the AACBT National Executive have discussed the issue and feel that the inclusion of allied health professionals in Medicare means that the accreditation process is now more important than ever to ensure a supply of high quality, evidence based services to the community.

Further information is available from the APS, the Medicare website or the RACGP website.

**The AACBT Victoria would like to thank David Stokes for an informative Pub Discussion.**

*See Letters section for further discussion on this topic.*

**Special Interest Articles:**

- Medicare for psychology services.
- World Congress on Behavioural and Cognitive Therapies Australian bid for 2013

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## coming up - monday 19th march

### mindfulness-based CBT for crisis intervention and relapse prevention

Bruno Cayoun

Bruno Cayoun is a clinical psychologist in private practice at the Psychology Centre in Tasmania, and a research consultant in mindfulness research at the University of Tasmania and the University of Auckland. His doctoral research investigated the effects of attentional and inhibitory functions on behaviour (two essential mechanisms in mindfulness practice) in children with ADHD. During the last 18 years, he has practised

Mindfulness meditation and undergone intensive training in Mindfulness centres in France, Nepal, India, and Australia. Over the last 6 years, Bruno has developed a non-diagnosis-specific therapy model that integrates mindfulness training with the principles of traditional CBT. This integrative approach is currently used as a crisis intervention which is demonstrating advantages over traditional cognitive

perspectives across a range of acute and chronic conditions. He is the author of a mindfulness-based CBT skills training manual and his mindfulness training CDs are used worldwide. He is also the developer of two questionnaires, the Short Progress Assessment, which measures weekly progress in therapy, and the Mindfulness-based Self Efficacy Scale.

**See the AACBT Victorian Branch Website for further information and to register online.**

## ed space

Welcome to a new look Baseline for 2007. We have several new sections that will become regular features, as well as continuing to keep you up to date with the latest news and events..

We hope to continue to use Baseline as a vehicle for not only communication between the Executive Committee and members, but also among members, so if you have CBT news, articles, clinical issues or research that you would like to promote, Baseline is ideal.

In this issue we cover the new Medicare items for psychologists with the front page article about November's pub discussion by David Stokes. See also the letters to the editor section for some interesting detail on the topic from Ros Lethbridge.

Leanne Hides, Victorian Branch President, gives us an update on the Australian 2013 world congress bid process.

Lisa Andrewartha outlines results of her thesis on gambling and there is a brief review of the APSAD conference in Cairns November 2006.

You will also meet two important and very active members of the AACBT committee, Peter Eide and Tania Gibbie. Read why they enjoy being on the executive committee and why they have been on it for so long!

If you would like to contribute to the newsletter by submitting an article, book review, conference review, an outline of your thesis or research, some news, a letter or anything else relevant to the AACBT membership, please email me at [editor@aacbt.org.au](mailto:editor@aacbt.org.au)

Last but not least, thanks to our outgoing editor, Robyn Dwyer and best wishes for her next adventure!

Cheers



## pres says

The World Congress on Behavioural and Cognitive Therapy is the largest and most prestigious CBT event in the world. It has become well known for the high standard of both the scientific and workshops programs. The congress attracts some of the most eminent CBT practitioners and researchers from around the globe and is attended by delegates from the world cognitive and behaviour therapy community.

The 5<sup>th</sup> WCBCT will be held in Barcelona from the 11<sup>th</sup> to the 14<sup>th</sup> of July 2007 ([www.wcbct2007.com](http://www.wcbct2007.com)). Pre-congress workshops and keynote speakers include Christine Padesky (Resilience Building), Edna Foa (CBT for Chronic PTSD), Patricia Resick (Cognitive processing for PTSD), Mark Williams (MBCT), David M Clark (CT for Social Phobia), Jeff Young (Schema therapy for personality disorders), Adrian Wells (Metacognitive therapy for anxiety), Stephen Hayes (ACT) and Melanie Fennell (Behavioural experiments) to name a few.

The AACBT are currently in the process of preparing a bid to host the 2013 WCBCT. If successful this will be the first time the congress has returned to Australia in 17 years.

At this stage the AACBT National executive have been attending site visits in Melbourne, Sydney, Adelaide and Brisbane. Determining which city will be most suitable for hosting the event has been a difficult yet enjoyable task! The convention centres in each state have been excellent hosts.

Highlights to date include a helicopter tour and airport dropoff in Melbourne, sailing on Sydney Harbour, a trip to Penfolds for some wine tasting in Adelaide and a speedboat ride on the Brisbane River. Did I mention the excellent food and wine we were forced to consume in each city. These experiences have really highlighted how much each of these cities has to offer both as conference and tourist destinations. So much so that the executive committee are already completely convinced of the success of the congress if it is held in Australia. The National Executive committee will be meeting in Sydney on the 10<sup>th</sup> of March to decide on a city. Fingers crossed for the Melbourne bid!!

Leanne



## letters

### Does the APS have it wrong?

Many psychologists, myself included, have attended a Medicare briefing presented by the APS. One issue consistently raised is the report writing requirements under the new scheme (unlike for GPs, the item numbers provide no additional remuneration for psychologists' written reports).

The APS website states that psychologists "must provide a written report to the referring medical practitioner following the first 6 services and/or on completion of the course of treatment." On the basis of this, various Divisions of General Practice have advised their members that a psychological report must be provided after 6 sessions.

The APS Medicare Team clarified in a personal email: *Under the new Medicare initiative 'Better Access', a referral for psychological service/treatment is for 6 sessions at a time. At the end of these referred 6 sessions of treatment, a written report needs to be provided. The referring practitioner will conduct a review of the need for the second group, before a further six may be provided. Furthermore, a report needs to be written at the end of 12 sessions (6 Feb 07).*

My view is that the APS is incorrect in its interpretation of the legislation. Only **one** written report is required by psychologists – to be provided at the end of a course of treatment.

The legislative framework for Medicare is the *Health Insurance Act 1973* (Cth). The provisions regulating the Allied Health item numbers are set out in the *Health Insurance (Allied Health and Dental Services) Determination 2006 . Part 2 Services and fees - psychological therapy and focussed psychological strategies* describes individual items. For example, Item 80010 requirements include:

*(b) before... the 7th service in a course of treatment, the referring medical practitioner conducts a review and determines services in excess of 6 are needed; and*

*(c) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring medical practitioner on assessments carried out, treatment provided and recommendations on future management of the person's condition*

It seems clear that a written report is required by the legislation only *on the completion of the course of treatment*. This requirement is reiterated in the Medicare Benefits Schedule Book November 2006 (see M.6.5). A course of treatment may be up to 12 sessions in a calendar year, and in exceptional cases, 18.

While there may be good clinical reasons to provide a report after six sessions, not least because it supports the shared care model, such provision is at the discretion of the psychologist. My own practice is to establish individually tailored communication frameworks with referring medical practitioners. I am concerned that the APS is being rather cavalier in imposing more onerous obligations on its membership (and indirectly, on all psychologists) by stipulating a 6 session written report as a *requirement* of the legislation.

**Dr Ros Lethbridge**

*ED: We have invited the APS to respond to Ros' letter, which will appear in the June issue of Baseline if they take up this option*

Please submit letters of less than 300 words to [editor@aacbtvic.org.au](mailto:editor@aacbtvic.org.au)

## release your research

### Pre-Treatment Attrition for Problem Gambling

**Lisa Andrewartha**

*School of Health Sciences, RMIT University, Bundoora*

Problem gambling can result in many adverse personal and societal consequences, including impaired physical and mental health, financial and employment difficulties, and increased crime rates.

Despite such consequences, an emerging literature reveals that only a small number of individuals seek treatment for problem gambling and many who are admitted to programs do not return to begin treatment.

The aim of the current investigation was to examine factors associated with pre-treatment attrition for problem gambling and redress the paucity of previous research in this area.

This study comprised 86 individuals contacting a government funded gambling treatment service between August 2005 and May 2006. Findings revealed that pre-treatment attrition was only associated with younger age and

a treatment goal of abstinence.

Pre-treatment attrition was not associated with relationship status, internal or external motivation, stages of change, problem gambling severity or duration, previous treatment, or treatment delay. Future research employing larger sample sizes is required in order to improve treatment entry rates.

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*"Only a small number of individuals seek treatment for problem gambling"*

## workshop review

### Behavioural Experiments - Dr James Bennett-Levy

**Victoria Jolley**

*AACBT Student Member*

With his engaging speaking style and clear well structured workshop, Dr James Bennett-Levy's introduction to Behavioural Experiments was well received by all. The workshop commenced with a presentation of key theoretical perspectives in the field, supported by research findings and followed by extensive discussion about effectively designing, conceptualising, and implementing behavioural experiments.

Dr Bennett-Levy's reference to case examples and video footage not only reflected his obvious passion for his work, but also demonstrated the highly practical and effectual nature of behavioural experiments. This workshop addressed the processes by which cognitions and behaviours interact to maintain problems and prevent more adaptive perspectives from being adopted even in the light of positive experience.

Dr Bennett-Levy's re-telling of his own experiences of 'behavioural experiments gone wrong' not only provided a source of humour among the group, but also raised important points about deriving the greatest benefit from your behavioural experiment even if it doesn't go according to plan. To conclude the workshop, attendees took the opportunity to design, practice and experience their own behavioural experiment on the day which provided much interesting discussion and reflection. Overall,

the workshop was highly informative, interesting and relevant!



## the who's who...

### **Peter Eide,** Website Manager

Peter currently works at Turning Point Alcohol and Drug Centre on the Counselling Team. He uses CBT for substance abuse with all clients and, since most have a dual diagnosis, also for depression, anxiety disorders and psychosis. He is also helping to set up a new anxiety disorders clinic. His special interests are in Mood Disorders and he is completing a PhD in the area of depression.

Peter has been on the AACBT Executive Committee for nearly 4 years and currently manages the Victorian Branch website. He has also served on the Workshops

and Pub Discussion Committees.

"Apart from my obvious interest in CBT, being on the committee allows me to have input into the workshops that we see during the year. I am also able to go to a lot of workshops that I may not normally be able to afford and I can keep up to date on developments in CBT." Peter says.

"The AACBT is the only association entirely focused on CBT and it is reasonably priced to join compared to other organisations related to psychology"

*If you would like to contact Peter, email him at [webmanager@aacbt.org.au](mailto:webmanager@aacbt.org.au)*

### **Tania Gibbie,** Workshops Coordinator

Tania has recently started at Barwon Health's Pain Management Clinic, and is also currently in HIV at the Alfred Hospital.

Her research interests are in psychological variables related to sexual risk behaviour for HIV transmission, HIV-related cognitive impairment and depression.

Her clinical interests are in chronic pain and co-occurring medical and mental health conditions.

Tania was PR coordinator for the 2005 AACBT Conference held in Melbourne. After that she joined the AACBT branch committee to assist with workshop coordination.

"I enjoy the AACBT as it is a means of keeping up to date with relevant workshops and progress in CBT," says Tania. "it is also a great opportunity for maintaining professional development and relationships with other CBT practitioners from variety of backgrounds."

*If you would like to contact Tania, email her at [workshops@aacbt.org.au](mailto:workshops@aacbt.org.au)*

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Practitioner List.. Nicki Dowling  
DVD Library..... Kate Hall/Nicki Dowling

We're on the Web!

See us at:

[www.aacbtvic.org.au](http://www.aacbtvic.org.au)

## what's on in cbt

### victoria

19 March Mindfulness-Based CBT for Crisis Intervention & Relapse Prevention [www.aacbtvic.org.au](http://www.aacbtvic.org.au)

21 March Build Your Clients' Self Esteem And Confidence [www.pada.org.au](http://www.pada.org.au)

23 March Stress Management [www.caraniche.com.au](http://www.caraniche.com.au)

24 March Applied Behaviour Analysis workshop [www.abaservicesaustralia.com.au](http://www.abaservicesaustralia.com.au)

28 March Clinical Supervision Skills [www.caraniche.com.au](http://www.caraniche.com.au)

24 April or 1st May Introduction to CISM [www.caraniche.com.au](http://www.caraniche.com.au)

20 April Postnatal Depression [www.pada.org.au](http://www.pada.org.au)

2-3 May Good Clinical Practice for Clinical Research Professionals [www.nucleusnetwork.com.au](http://www.nucleusnetwork.com.au)

17 May Working with Antisocial Behaviour [www.caraniche.com.au](http://www.caraniche.com.au)

8 May Post Traumatic Stress Disorder [www.pada.org.au](http://www.pada.org.au)

17/18 May (Dandenong) 24/25 May (Ballarat) or 19/20 June (Shepparton) Working with groups [www.turningpoint.org.au](http://www.turningpoint.org.au)

30/31 May (Fitzroy), 5/6 June (Bendigo), 14/15 June (Dandenong) Advanced Motivational Interviewing [www.turningpoint.org.au](http://www.turningpoint.org.au)

26/27 April (Shepparton), 28/29 May (Ballarat), 28/29 June (Traralgon) Drug Diversion [www.turningpoint.org.au](http://www.turningpoint.org.au)

20 June CBT Approaches to Treating Anxiety & Depression in Clients Using Drugs/Alcohol [www.pada.org.au](http://www.pada.org.au)

### national

Oct 2007 30th AACBT National Conference Gold Coast CALL FOR PAPERS

2-4 July Australian Winter School Brisbane [www.winterschool.info](http://www.winterschool.info)

3-8 July 3rd Intl Congress of Psychology and Law/27th Congress of ANZAPPL Adelaide [www.sapmea.asn.au](http://www.sapmea.asn.au)

25-29 September APS Annual Conference, Brisbane [www.apconference.com.au](http://www.apconference.com.au)

### international

11-14 July World Congress on Cognitive and Behavioural Therapies Barcelona [www.wcbct2007.com](http://www.wcbct2007.com)

26-29 March 9th World Congress on Innovations in Psychiatry London [www.worldforum.co.uk](http://www.worldforum.co.uk)

18-21 April Society for Behavioral Medicine Annual Meeting Miami Beach [www.sbm.org](http://www.sbm.org)

9-12 May European Congress of Work and Organizational Psychology Stockholm [www.eawop2007.org](http://www.eawop2007.org)

19 May American Psychiatric Association 2007 Annual Meeting San Diego [www.psych.org](http://www.psych.org)

21-25 May 33rd Annual ABA Convention San Diego [www.abainternational.org](http://www.abainternational.org)

7-9 June 7th International Conference on Bipolar Disorder Pittsburgh [www.7thbipolar.org](http://www.7thbipolar.org)

16-21 June College on Problems of Drug Dependence 69<sup>th</sup> Annual Meeting Quebec [www.cppd.vu.edu](http://www.cppd.vu.edu)

28 June-1 July Industrial & Organisational Psychology Conference/1st Asia Pacific Congress on Work and Organisational Psychology Adelaide [www.iopconference.com.au](http://www.iopconference.com.au)

5 July 2nd Intl Conference on Child and Adolescent Psychopathology London [c.essau@roehampton.ac.uk](mailto:c.essau@roehampton.ac.uk) 9-10 July International Conference on Psychology Athens [www.atiner.gr/docs/Psychology.htm](http://www.atiner.gr/docs/Psychology.htm)

12-14 September BABCP Annual Conference Sussex [www.babcp.com](http://www.babcp.com) CALL FOR PAPERS

If you would like to list your events here free, please email details of date, title and contact details to [editor@aacbtvic.org.au](mailto:editor@aacbtvic.org.au)

## news & views

Our best wishes go to Kate Hall, Victorian AACBT Vice President, whose first baby is due in late March. We are taking bets on date, time and weight.

We say a sad farewell to our newsletter editor, Robin Dwyer and to our memberships officer, Mini Yazdag who have done a stellar job for the past few years. We have record memberships in Victoria at the moment close to touching 300! Well done!

Positions vacant on the AACBT National Committee: *Memberships Officer, Workshops Coordinator*

To submit news email [editor@aacbtvic.org.au](mailto:editor@aacbtvic.org.au)

## aacbt promotes victorian cbt practitioners

Now in its 4<sup>th</sup> year, the Victorian practitioner's list is providing a unique service to the Victorian public.

"We were getting huge numbers of enquiries from the public wanting advice about CBT practitioners," says Nicki Dowling who manages the list. "The APS have a similar service to locate a registered psychologist but it is not CBT specific so it is a unique service we provide"

You can find the Practitioner's List on the AACBT Victoria Website. There is a searchable database, information for clients and consumers on how to choose a therapist and information for the public about professional registration requirements. Members can join the practitioner's list online for a small administration fee.

## dvd library up and running

The Victorian DVD library is now up and running. Members can borrow DVDs of major workshops hosted by the AACBT.

"There are also DVDs on workshops hosted by other state branches" says Kate Hall who currently coordinates the library.

If you'd like to borrow from the library, check the AACBT website for a list of available DVDs and a library request form. Highlights include workshops by Mark Williams, Nick Tarrier and the recent Behavioural Experiments workshop by James Bennett-Levy. If you have any questions about the library please contact Nicky Dowling who will be looking after the library while Kate is on parental leave.