

In This Issue

- Kids Group
- Mental Health Parity
- Sibling Rivalry
- Website

About Us

Front Range Psychological Associates, LLC is a mental health practice dedicated to promoting and providing mental health care to children, adolescents, adults, seniors, families, and couples. We provide counseling services as well as psychological testing. We work with insurance carriers and also accept fee-for-service payment.

Dr. Bridget Engel and Dr. Stephanie Smith are both licensed clinical psychologists in Colorado, and have extensive experience working with clients in improving psychological health.

Kids Group Offered

Calling All Kids!!! Drs. Engel and Smith will be offering a counseling group for children starting on **Friday June 22nd**. We will meet from 9:30-11:00 on Friday mornings and the group will last for 4 weeks. All children – boys and girls – ages 8-12 are invited to attend. We will focus on social skills and the group will be very interactive! Group size is limited so please call soon to reserve your space. 303-828-3080

Mental Health Parity

Having a mental health disorder can be as serious as having a heart attack or any other debilitating, life-threatening physical health disorder, and can in fact contribute to physical ailments. Yet of the 44 million Americans who suffer from a mental health disorder, only a third receive treatment. Why do so many go untreated? According to a 2004 survey by the American Psychological Association, Americans say that lack of insurance (87%) and cost (81%) are the leading factors for not seeking mental health services. The same survey shows that 85% of Americans say that health insurance should cover mental health services.

In 1996, the United States Congress began to address discrimination in mental health coverage by passing the Mental Health Parity Act (MHPA) that mandated insurance companies to treat coverage of mental and physical health disorders similarly. The law required insurance companies to place at least equal annual and lifetime benefit dollar caps on mental health services with physical health services. It was an important first step. However, insurers were able to find loopholes within the law, allowing health plans to cover mental health services at lower levels than physical health care. For example, 87% of employers that comply with the law on equal dollar limits reduce their mental health coverage in other ways such as tightly limiting the number of

Contact Us

<http://www.frontrangepychology.com/>

303-828-3080

**526 Briggs Street
P.O. Box 1154
Erie, CO 80516-
1154**

If you would like to be removed from our email list, please send a note to:

drsmith@frontrangepychology.com

Pass It On!

Please feel free to forward this newsletter to your co-workers, friends, or family members.

therapy sessions per year.

The Mental Health Parity Act was originally intended to expire in 2001. That year, Senators Pete Domenici (R-NM) and Paul Wellstone (D-MN) introduced S. 543, the Mental Health Equitable Treatment Act (MHETA), to close the loopholes and completely end discriminatory insurance coverage for mental health services. The bill would improve the 1996 Mental Health Parity Act by requiring parity for coinsurance, copayments, deductibles, day and visit limits, and maximum out-of-pocket caps. By the end of 2001, Congress had not made progress on the parity issue, but the Mental Health Parity Act of 1996 was extended and has continued to be extended since. Opponents of parity legislation argue that it will increase costs to employers. But studies have shown that the legislation would raise the average health care costs by just under 0.9%, an increase that would be shared between both employer and employee. In addition, a PricewaterhouseCoopers (PwC) analysis of the parity bill shows that mental health coverage on par with physical health coverage will cost employers just one percent, or \$1.32 per enrollee per month. Parity legislation was reintroduced in 2003 as the Paul Wellstone Mental Health Equitable Treatment Act (S. 486/ H.R. 953) in honor of the late senator who was one of the original sponsors.

As of July 2004, the parity bill has 69 cosponsors in the Senate and 247 in the House of Representatives. Mental Health Parity on the State Level State legislatures also recognize the importance of mental health parity. Since 1991, thirty-eight states have enacted some form of parity legislation. Sixteen states currently have broad-based parity laws. These states include Maryland, Rhode Island, Minnesota, Missouri, Arkansas, Connecticut, Vermont, Georgia, Tennessee, Indiana, Alabama, Kentucky, New Mexico, Utah, Mississippi, and Maine. Three states, North Carolina, Arizona, and South Carolina, cover only state employees. Nineteen states have diagnosis specific parity laws that cover only certain conditions. These states include Texas, New Hampshire, Colorado, Delaware, Pennsylvania, South Dakota, California, Hawaii, Louisiana, Montana, Nebraska, Nevada, New Jersey, Oklahoma, Virginia, Massachusetts, Illinois, Kansas, and West Virginia.

(c) Copyright 2004 American Psychological Association

[Mental Health Parity Bill \(Senate Bill 36\)](#) [signed by the Governor!](#)

Senate Bill 36, concerning the expansion of insurance coverage for mental disorders, was signed into law by Governor Ritter on Wednesday, May 30th. SB 36 is sponsored by Senator Moe Keller and Representative Debbie Stafford.

Current law in Colorado requires coverage for biologically based mental illness: schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder. SB 36 will expand insurance coverage to include the following mental health conditions starting January 1, 2008:

- Post Traumatic Stress Disorder
- Drug and Alcohol Disorders
- Dysthymia
- Cyclothymia

- Social Phobia
 - Agoraphobia
 - Panic Disorder
 - General Anxiety Disorder
 - Anorexia Nervosa and Bulimia Nervosa to the extent those diagnoses are treated on an outpatient, day treatment and inpatient basis, exclusive of residential treatment.
-

Taking the Fight out of Sibling Rivalry

You know that sibling rivalry is common in households with more than one child. But do you ever wonder if your children argue or even fight too much with each other? Many parents do. The stress of having conflict at home is certainly frustrating but occasional conflict can teach important skills that will serve your children in life – like how to value another person’s perspective, how to compromise and negotiate, and how to control aggressive impulses. Read the thirteen tips below to help prevent and manage sibling rivalry.

- 1) Set household rules for appropriate behavior with their input. Hold weekly family meetings in which you review the rules and praise kids for times during the week that they were successful in resolving conflict. Consider establishing a program during which kids earn points toward fun, family-oriented activities for getting along.
- 2) Most kids have occasional suspicions that their parents love their siblings more than them. Be sure to provide one-on-one attention with each of your children on a consistent basis. Never compare your children and avoid playing favorites.
- 3) Make sure that each child has a place and time to do their own thing, away from their sibling(s). Also, arrange separate play dates and activities for children so that they can get a break from each other.
- 4) Help ease tensions by scheduling time as a family for fun activities like going to the park, playing a board game, or taking a bike ride.
- 5) Negotiate and post a schedule for time to use items that they frequently fight over. If they continue to violate those times or argue over the item, such as gameboys, take the item away.
- 6) Anger breeds anger. If you are constantly angry with your kids or having serious conflicts with your spouse, learn to manage your feelings in a safe way so that you can model conflict resolution for them instead of modeling hostility.
- 7) Pay attention to the time of day and environments during which they have conflicts. Perhaps there is need for a small change in schedule.
- 8) Unless there is a risk for harm, avoid stepping in and breaking up disagreements to give them confidence in resolving conflicts. If you do get involved, resolve problems with your kids, not for them. Teach your children how to resolve conflict.

- 9) If you are concerned about their language or name-calling, coach them and model for them how they can talk about their feelings without being verbally assaultive.
- 10) Help to take the focus off of who is to blame and dismiss discussions about who started it. Also, avoid letting your children convince you that everything has to be “fair”. Each of your children has unique needs. Celebrate their differences.
- 11) If there is danger of physical harm, separate your children and wait for them to be calm. Then coach them in coming up with a solution. Teach them how to negotiate and compromise.
- 12) If you children argue frequently, avoid leaving them home alone without adult supervision. Never leave your children home alone unless one responsible child is at least twelve.
- 13) If your children are causing physical or psychological harm to one another, or the conflict in the house is interfering with your marriage and overly stressful to family members, seek professional help. Avoid permanent damage to self-esteem and well-being by seeking counseling.

Website

Have you looked at our website recently? We have made several changes to make it more informative and user-friendly. There are maps, forms, pictures, as well as information about our practice and upcoming events.

Check it out: www.frontrangepscychology.com

Feedback

Please let us know what you think about our newsletter! And also feel free to email or call us with questions, or for more information about the information presented in this newsletter, or about the services provided by FRPA.

We are happy to answer your questions, and take pride in responding quickly and thoroughly to our clients' needs.

