

# COMPASS

The Newsletter for the Association of Private Practice Therapists



Our Next Mini-Series is Oct. 3. See page 9 for details.

## 12 Ways to Improve Your Collections

Looking down your accounts receivables, it's hard not to see the list as "people," not names and amounts. So when you see that "Jane Jones" still owes you \$188.20 after insurance, you remember the connection you made with her in therapy, and how she was worried about losing her job — and you think to yourself, "I know she'll pay me. She's probably just having a tough month."

But you're a private practice therapist. You're a business, not a charity. And when you took on each of your new clients, it was with the expectation that you would get paid for your services. It's time to get back to basics — to ensure that you're in business in the future. Because a business succeeds only when money is collected for services rendered.

Jim Valder, with Transworld Systems, spoke at the Aug. 1 APPT Mini-Series Workshop. He outlined "12 Ways to Improve Collections," sharing strategies to help improve your cash flow and reduce the likelihood of non-payment.

It all begins with a simple expectation, Valder says: "You have the right to expect prompt payment."

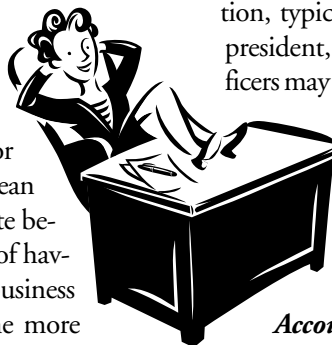
**1. Have a defined credit/collections policy.** Put your policies in writing for your staff and for your clients.

- Do you expect co-payments at the time service is provided? (If you don't know what the co-payment will be, do you collect at least \$15, with the expectation that the true co-payment will be collected at subsequent appointments?)
- Do you collect in full for the first appointment (regardless of insurance)?

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## Should You Incorporate Your Practice?

What kind of structure should your practice be? The most common options are a sole proprietorship, a partnership, or a corporation. You may lean toward the corporate route because you like the sound of having "Inc." behind your business name, but there are some more practical, business-like considerations to take into account.



More so than with some of the other structures for a business, starting a corporation means complying with formalities required by state laws. Once the shareholders (owners) of the business agree on some basic matters, such items are included in articles of incorporation that must be filed with the appropriate state agency.

These essentials usually include:

- A corporate name;
- The number of shares that can be issued;
- The number of shares each owner will buy and for what contribution of cash or property;
- The nature of the corporation's business; and
- The identity of the directors and officers of the corporation who will handle day-to-day operations.

The fledgling corporation will also need bylaws, which constitute a procedural rulebook for the company.

### Decision-Making

The bottom line here is that whoever holds a majority of the shares of a corporation has ultimate control over it. The board of directors elects the officers of a corpora-

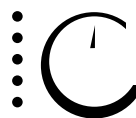
tion, typically including a president, vice-president, secretary, and treasurer. The officers may or may not be salaried employees or shareholders — and, in some cases, one person may hold more than one office. This is particularly true in small practices.

### Accountability

At or near the top of the list of characteristics favoring the corporate structure is the fact that, since the corporation is treated as a legal "person" separate from the people who own and run it, the shareholders as a rule are not personally liable for the corporation's debts. Instead, their risk is confined to their investment in the company.

To every rule there is an exception, however, and here the exception has the colorful legal name of "piercing the corporate veil." If the owners do not comply with the statutory requirements for running a corporation, or if they blur the lines too much between corporate and personal finances, the legal basis of the corporation as a separate entity is ignored and the owners are on the hook for the corporation's losses.

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Greg Tvrdik – President of APPT

## From the President's Desk

It's hard to believe that Fall is already here! It seems like just yesterday we were meeting at our sold-out APPT Spring Conference at Mahoney State Park and electing our new officers. But here we are — already I'm halfway through my term as your APPT president.

It's been a great experience so far. One thing most members don't realize is how much work APPT does 'behind the scenes.' Keeping on top of changing legislative issues (both at the state level and nationally), continuing to research and work towards additional member benefits (including the elusive quest for affordable health insurance benefits), developing educational programs to appeal to both clinical and practice management needs ... the list goes on and on!

I've learned, as APPT president, it's important to clarify what's important so I can focus on achieving at least a few things in the 12 short months I have to serve as the leader of this great association.

Here, then, is the short list of my goals, as outlined shortly after my election as this organization's leader:z

- **Membership Growth.** My goal for this year is 140. We've gotten close in the past few months, but during the summer, a few members got away from us. We're hoping to reel them back in with some great Fall and Winter events. (If you're one of them, there's a membership form on page 6).

- **Increasing Visibility.** If you're in private practice — or thinking about it — you should be an APPT member. Despite having been around for 13 years, there are still lots of therapists who haven't heard of APPT. We want to change that. For starters, we're going to sponsor a booth at the Nebraska Counseling Association conference in Omaha on Sept. 28-29. Look for us there!

- **Improve Member Benefits.** Building on the efforts of past presidents, I want to continue to expand your reason for joining. In addition to updating the web site as a resource, I want to grow our mentorship program, explore additional insurance opportunities (including health insurance), and more. Your input into member benefits is also valued, so drop me a line at [gtvrdik@qwest.net](mailto:gtvrdik@qwest.net) and let me know how we can better serve your needs!

## THANK YOU!

On behalf of Chef Walter Hecht, Morgan,  
and the staff of Bistro 121

*We enjoyed hosting the APPT Winter Social Get-Together  
and look forward to serving APPT again in 2007!*

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## Calendar of Events

**Tuesday, Oct. 3, 2006**

APPT MINI-SERIES WORKSHOP  
Olive Garden • 76th & Dodge  
11:30 – 11:45 a.m. – Networking  
11:45 to 12:45 p.m. – Program

**October 2006**

(specific date &  
location to be determined)  
APPT FALL SOCIAL EVENT

**Friday, Nov. 10, 2006**

APPT FALL CONFERENCE

**Tuesday, Dec. 5, 2006**

APPT MINI-SERIES WORKSHOP  
Olive Garden • 76th & Dodge  
11:30 – 11:45 a.m. – Networking  
11:45 to 12:45 p.m. – Program



## COMPASS

*The Compass* is published by the  
Association of Private Practice

Therapists (APPT) in conjunction with  
Image Building Communications.

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Article submissions are welcome. Call for  
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Submissions may be edited for content,  
clarity and/or length. Subscriber comments  
are welcome.

Editor ..... Bridget (Weide) Brooks  
Publisher/Newsletter Advisor ..... Greg Tvrdik

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have questions about membership.

APPT

PO Box 241621  
Omaha, NE 68124-1370  
voice 402.393.4600  
fax 402.393.4603

[appt@ibc.ombcoxmail.com](mailto:appt@ibc.ombcoxmail.com)  
[www.PrivatePractice.org](http://www.PrivatePractice.org)

## Up to \$100 Scholarship Available For Continuing Education

We've had several therapists take advantage of the APPT continuing education scholarships — and we have three scholarships remaining for 2006. If you see a session you're interested in attending — and want to get a little financial help (and give back to the association at the same time!), then we've got an offer that you won't want to miss out on!

The APPT Scholarship for Continuing Education is designed to help APPT members defray the cost of a workshop they attend (75 percent of the cost of the workshop, up to a maximum of \$100).

Complete the scholarship application form and submit it along with a copy of the workshop brochure (if available). Up to four scholarships are awarded each year.

Your scholarship request will be reviewed by the APPT Scholarship Committee and you will be notified of their decision within 10 days of your application.

If selected, you will be reimbursed for the awarded amount after attending the workshop and sharing the information with APPT members, either through a presentation or by writing an article for *The Compass* summarizing the content of the workshop.

Questions? Call Pam Feldman at (402) 334-1122.

### Application for APPT Scholarship For Continuing Education

Name \_\_\_\_\_

Practice Location \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Conference Title and Location (please attach a copy of brochure, if available)

\_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_

#### *I am willing to:*

- Present a brief summary of the workshop at a mini-practice workshop
- Write an article for *The Compass* summarizing the content of the workshop.

**Please note:** The maximum amount awarded is 75 percent of the cost of the workshop, up to \$100. If selected, you will be reimbursed the awarded amount after attending the workshop and sharing the information with APPT members through a presentation or article.

**Submit completed application to:** Pam Feldman, LPC, 12818 Augusta Avenue, Omaha, NE 68144 or fax to (402) 334-8171. Applications will be considered and a decision reached within 10 days of receiving your application.

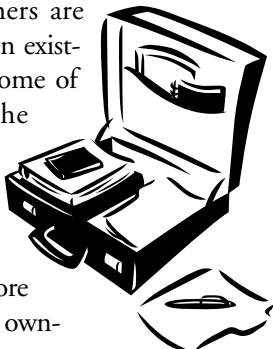
## Therapists: Should You Incorporate Your Practice?

*continued from page 1*

### Transitions

As a separate entity in the eyes of the law, a corporation does not go out of existence if one or more of its owners dies. Instead, a corporation stays alive until its owners decide otherwise.

Transfer of the ownership of the corporation is accomplished by selling its stock. New owners are added either when existing owners sell some of their stock or the corporation itself sells more shares of stock. The smaller the enterprise, the more likely it is that the own-

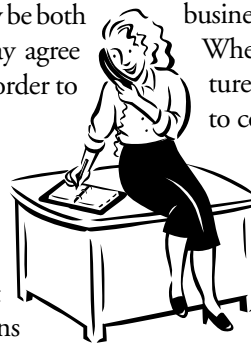


ers, for whom the corporation may be both property and their employer, may agree to restrict the sale of the stock in order to maintain control.

The particular circumstances of each practice, and the differences in the governing laws of each state, make generalities difficult. That said, the factors on the debit side of the ledger for corporations include the costs of setting up the corporate entity, the need for a separate tax return, and the burden of "double taxation." Double taxation means that the corporation is taxed on its profits, and the shareholders are then taxed on their dividends. On the credit side are limited liability for the owners and easy transfer of ownership.

Making the appropriate choice for a

business form is an important decision. Whether choosing a corporate structure or some other form, make sure to consult with a qualified attorney.



— Reprinted from "Legal Perspectives" newsletter, *Abrahams Kaslow and Cassman, LLP*.

### ADVERTISE FOR THERAPISTS HERE

Do you have office space available for rent? Looking to reach more than 130 members of the Association of Private Practice Therapists?

**Call Bridget at (402) 393-4600 for advertising rates and deadlines.**

## MEMBER BENEFIT: Long-Term Care Insurance

By Chris Krueger

To give you a brief update, APPT has met and exceeded the minimum number of applications needed to qualify for the sponsored group discount for long-term care insurance.

This discount is on top of any preferred health and/or marital discounts that you may qualify for. In addition, this discount is not only for APPT members, but also spouses, partners, parents, parents-in-law, and children (including adopted and foster), all between the ages of 18-84.

I'm often asked when the best time to purchase a policy is. The best time, of course, is the day before you need it. Assuming that you don't know when that will occur, the answer is: the sooner, the better. Rates are based on age and health, along with how much coverage you're applying for, and whatever discounts you may qualify for. This means, the younger you are, the less you pay. Also there is a greater chance that you'll qualify for a better health rating.

The average age of people currently purchasing an individual policy is 58, and in a group plan, it's about 10 years lower. These ages have been steadily decreasing as the awareness of this protection becomes more widely known.

There was a couple of great articles in the May '06 *Kiplinger's* magazine that talked about the changes to Medicaid, which increases the importance of purchasing this coverage. If you'd like to see a copy of those articles, feel free to contact me and I will send them to you.

— Chris Krueger is a Financial Advisor for John Hancock Financial Network and is the contact person for APPT's sponsored group plan. He may be reached by phone at (402) 758-1313, ext. 16, via e-mail at [ckrueger@jhnetwork.com](mailto:ckrueger@jhnetwork.com), or through the mail at 10834 Old Mill Rd. Ste. 8, Omaha, NE 68154.

## Improve Your Collection Practices to Improve Your Cash Flow

*continued from page 1*

- What forms of payment do you accept? Cash, checks, credit cards?
- How often will you bill clients, and when is payment due by?

**2. Ask for payment when services are rendered.** Whatever money you can ask for at the time of the appointment, ask! You get clients in the habit of paying for your services. If you're not sure what the co-payment is — or if the client's deductible has been met — you can either collect for the first appointment in full (be sure to let clients know this policy when making the appointment), or collect a "minimum" payment, say \$15 or \$20. You can adjust the co-payment once you know what the insurance will pay.

You'll also have to train your staff (or yourself) to respond to common "stalls" from clients. The two most common are:

- I forgot my checkbook.
- Can't you just bill me?

In response to the first stall, you can remind clients that you also accept credit cards. If they say they don't have their wallet, give them an envelope and ask them to mail their check in the next 48 hours. Remind them of your office policy (see tip #1).

In response to the second stall, remind them that, in accordance with your office policy, co-payments and deductibles are due at the time of the appointment. ("I'm sorry, but that is our office policy. Would you like to pay by cash, check, or credit card?")

Deviate from your office policy at your own peril. Several therapists have commented that the payment process is an important part of therapy, particularly for clients struggling with accountability issues. If you're not going to hold them accountable for living up to the expectations you've set, you may be sabotaging your own therapeutic intentions. After all, how can you expect them to follow through with the objectives of therapy if you don't follow

through with the payment policies you've outlined for them and they've agreed to?

**3. Invoice promptly and bill regularly.** Many times, the client hasn't paid because you haven't *asked* for payment. Sending bills regularly — say, the last week of each month — is another way of establishing expectations. Many therapists send bills to *all* clients with an outstanding balance — even if the majority of the amount outstanding is due to be paid by insurance. This way, the client can also help keep track of the status of their insurance claims.

**4. Use ancillary service endorsements on your mailings.** This will help you track down clients who move or "skip out" on their bills. Print or stamp one of the following ancillary service endorsements on the outside of your envelope, about 1/2 an inch below your return address, on the left side of the envelope.

Any mailer may use an ancillary service endorsement to request a printed notification of the addressee's new address and provide the Postal Service with instruction on how to handle undeliverable-as-addressed mail.

You may use any of the following endorsements with First-Class Mail service:

- *Address Service Requested:* The mailpiece is forwarded to the new location when possible and a printed notice is returned to the mailer with the new address information. This notice is then used by the mailer to update the address list.
- \* Months 1–12: the mailpiece is forwarded at no charge; the mailer is provided a separate notice of new address and charged an address correction fee (\$0.75 per piece).
- \* Months 13–18: the mailpiece is returned with the new address attached at no charge.

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# Improving Collections Practices in Your Therapy Office

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\* After month 18, or if undeliverable at any time: the mailpiece is returned, with reason for nondelivery attached, at no charge.

- *Return Service Requested:* The mailpiece is returned with the new address information affixed. No forwarding service is provided. This service is provided with First-Class Mail at no charge. You can update the address information in the file and may mail a new piece to the new address.

- *Temp-Return Service Requested:* The mailpiece is returned with the new address or reason for nondelivery attached. If this is a temporary change of address, the piece is forwarded; no separate notice of new temporary change-of-address is provided.

Ancillary service endorsements allow you to obtain the addressee's new (forwarding) address (if the addressee filed a change-of-address order with the Postal Service) or the reason for nondelivery. These endorsements also provide the Postal Service with instructions for the disposition of undeliverable-as-addressed mail.

**5. Contact overdue accounts more frequently.** There is no rule that limits your contact with delinquent accounts. Remember, Valder says, "The squeaky wheel gets the grease." Contact late payers every 10-14 days.

**6. Develop a systematic plan to contact past-due accounts.** This is an internal policy that will govern how you handle past-due accounts.

For example, your system might include the following timetable:

- 15 days late: Courtesy call
- 30 days late: Statement with "past due" sticker or notice
- 40 days late: Call requesting immediate payment
- 50 days late: Send a statement with "Urgent: Second Notice"
- 60 days late: Employ collection practices

Having a system in place helps both you and your client to manage expectations.

**7. Use your aging sheet, not your feelings.** This goes back to the first paragraph of this article. Many therapists say, "I felt the client would eventually pay me." The reality is: If you're not being paid, someone else is. Stick to your system. You can't run your practice on "feelings" that you're going to get paid.

**8. Make sure your staff is trained.** Even experienced staff can become jaded. Remind your office staff that you've instilled in the client that you *expect* to be paid, through your policies and actions. Remind them their job is to bring the client's account current while maintaining goodwill.

If necessary, engage in periodic role play where you play the part of the client and use common stall tactics with your staff. Check their responses. Observe them in action with clients and provide feedback (later, in private) about issues you notice.

As an aside, when I worked in therapy offices, we found that the receptionist was more effective in collecting payments if the therapist did not accompany the client to the front desk after the appointment. This allowed the staff member to handle the stalls by reinforcing the office policy. This also allowed the therapist a few extra moments between sessions to return phone calls or finish paperwork, without being involved in payment discussions.

**9. Admit and correct errors on your part.** Mistakes are normal! If you've applied an insurance payment incorrectly, or a client is claiming a payment you don't have a record of, be courteous and promptly investigate the issue. Your willingness to fix errors shows good faith — the same good faith you expect from your clients.

**10. Follow collection laws in your state.** All businesses must follow the same laws as

collection agencies. The national standard is the Fair Debt Collection Practices Act.

Most information about collections law refers to three parties: the debtor (your client with the past-due balance), the creditor (that's you), and the collector (that is, any third party that you retain to collect the debt — including collection agencies or attorneys). In general, collectors have *very* specific rules they must follow, while you — as the creditor — have a few guidelines.

Here is an overview:

- In general, you can only contact clients in person, by telephone, or by mail (letter form, not postcard) about a debt. You may not collect debtors at unusual times or places, such as before 8 a.m. or after 9 p.m., unless the client tells you that you may contact them at any time.

- A collector may not contact anyone else to discuss the debt with them. However, you *can* contact other people — one time only — to find out where the client lives, works, or what his/her phone number is. For example, if your client has moved and not left a forwarding address, you may contact the individual listed as their "Emergency Contact" on their intake form to try to obtain new contact information for the client.

However, you may not contact another person (besides the client) more than once, you may not tell that person that you are trying to collect a debt, or send them a postcard or any type of document with any information or marks on the envelope that may communicate that you're trying to collect a debt.

- You *can* negotiate partial payments with the debtor. You can also accept post-dated checks, but you *cannot* deposit the check before the date written on it.

- Creditors cannot tell the client they will sue them if they don't intend, don't expect to sue them. In general, this is a good guideline to follow — don't threaten collection action or court action unless you plan on following through; otherwise, that can be considered harassment.

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# NOT A MEMBER? JOIN TODAY!

Join the Association of Private Practice Therapists and You'll Receive EVERY Issue of The Compass, Plus These Other Membership Benefits:

- **Membership Directory.** This directory is circulated to members and the media as well as to community groups who use it to make referrals.
- **Networking Opportunities.** Join us for our annual conferences (Spring and Fall) as well as social get-togethers and practice management mini-series workshops. Low-cost CEUs available!
- **Free Legal Consultation with Erickson & Sederstrom P.C.** Attorneys at Law (free initial consultation of up to one hour; APPT discount on further services). Call the APPT office at 402-393-4600 for details!

MEMBERSHIP TYPE (all memberships are individual memberships):

- Traditional (private practice therapist); dues equal to your fee for one hour of therapy
- Agency (employed by a non-profit agency); dues are \$30/year
- Affiliate (retired or non-practicing therapist or academician); dues are \$30/year
- Student (currently enrolled); dues are \$25/year

Therapist Name \_\_\_\_\_

Practice/Group Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

State Senator Name \_\_\_\_\_ District No. \_\_\_\_\_

*Professional Affiliation:*  Counseling  Social Work  Psychology  Psychiatry  Marriage & Family

*My Practice is:*  Full-time  Part-time  Not in private practice at present

DUES (See Membership Type, above) \$ \_\_\_\_\_

Voluntary Donation for Legislative Action \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

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Questions? Call Bridget at 402-393-4600

## More Tips to Improve Your Collection Practices

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You can find out more about the Act's requirements at: [www.tinyurl.com/MWJYJ](http://www.tinyurl.com/MWJYJ)

**11. Remember that not every account can be collected.** Identify these early to save frustration. While there are ethical issues involved in terminating clients for nonpayment, you can arrange referrals to community and lower-cost therapy services if payment is an issue.

**12. If using a third party to collect the account, use it sooner in the collection process.** If you pursue an account 60-90 days from the due date and don't get payment, the client is sending you a message. After 90 days, in-house efforts to collect an account decline in effectiveness by 80%.

Valder also offered some additional tips:

- Treat all clients the same in the procedures you employ in collecting accounts, to avoid discrimination claims.
- If you receive a bankruptcy notice from your client, drop collection efforts on the

account. It's illegal to pursue collection action on a bankruptcy — unless you're not named in the collection. If the client files bankruptcy and you *are* named, you do not have to continue providing (*free*) services.

- Don't use an "aging graphic" on your statements (0-30 days, 60-90 days, 90+ days) — this tells them they have 90 days before you'll do anything.
- You're also not required by law to tell the client their account is going to be turned over to collections. Telling them takes away the element of surprise. And, in particular, don't threaten to turn the account over to collections and then not follow through — you could be subjected to legal action yourself for "threatening and harassing" action.
- At 60 days, put on the statement, "Your account is now 60 days past due. Failure to respond to this notice within 15 days may result in our pursuing other measures to collect the account."

This leaves open the door to do *nothing* on the account as well.

- Include on your intake form a written payment policy. For therapists, this could be as simple as:

"Payment is due when services are rendered, or within 30 days of notification of amount due after your insurance has paid. Co-payments and any applicable deductibles are due at the time of the appointment."

Finally, he admonished therapists to remember, "Delinquent accounts are not like wine — they don't get better with age."

— Jim Valder has been with Transworld Systems (TSI) since 1990. TSI has been in business since 1970. They currently have over 60,000 clients nationwide. Their "professional and diplomatic approach" is a pre-paid option that can cost as little as \$20 per account. They claim a recovery rate that is more than 3 times the national average. If you have at least \$1,000 in accounts past-due (beyond 60 days) annually, you are a candidate for TSI's services.

To contact Jim, call 933-6060 or e-mail [jimvalder@transworldsystems.com](mailto:jimvalder@transworldsystems.com).



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## Private Practice Applications from the 2006 American Counseling Association National Conference in Montreal

*Editor's Note: The author attended the national ACA conference in Montreal on a partial scholarship from APPT. This article was submitted to fulfill the scholarship requirement of sharing information learned with other APPT members. For more information about the APPT scholarship, see page 3.*

**By Greg Turdik, MS, LMHP**

This past spring, I was part of a delegation of counselors and therapists from the Nebraska Counseling Association who attended the 2006 American Counseling Association conference in Montreal (held in conjunction with the Canadian Counseling Association). My objective was to attend educational sessions that could enhance my work as a private practice therapist.

In this article, I will mention two sessions I found particularly applicable to some of my clients.

Many of my clients are in nursing homes or assisted living facilities, so I attended "Illness as a Journey: What Counselors Should Know," by Barbara Abernathy, director of the St. Mary's Child Development Center in West Palm Beach, Florida. Ms. Abernathy noted that a large portion of the country's population is aging, and she highlighted the importance of counselors having some understanding of how medical conditions can exacerbate a client's mental health issues.

Counselors need to understand their client's medical and physical well-being as an important part of their mental well-being. A focus of therapy can be helping clients with critical and chronic illness to recognize and embrace their illness as an opportunity — a catalyst for change — and embrace the journey before them.



She explained the importance of clients actively participating in their own care, advocating on their own behalf, and harnessing the power of a mind-body connection for a sense of well-being. She talked about the therapist leading the client through current barriers or barriers of the past which may prohibit them from participating in their own care.

Finally, she discussed helping clients identify a sense of *helpfulness*, as opposed to *hopelessness*. This is possible by clients identifying personal triggers to their well-being and using archetypes, metaphors, and healing stories to tap into a sense of helpfulness.

The next session was called "Understanding Pop Culture's Impact on Today's Youth," by Paul E. Jones, from Western Carolina University. Mr. Jones focused on counselors understanding the influence pop culture and media has on youth.

The importance of music and media has always been a source of influence in the lives of the young. Rather than railing against the music and fashions of today's youth, and risk losing their involvement in therapy, it is important to see things from the perspective of the young people themselves.

Mr. Jones talked about adults being aware of images that influence young people. It is important that counselors identify how images may stir emotions within themselves before bringing up the topic with young clients.

Also, counselors risk turning off clients if the clients perceive their therapist is lecturing them on the "evils" of pop culture.

Some strategies for connecting with youth:

- Practitioners should educate themselves and learn about artists, music, and movies that clients may be interested in;

### APPT E-List

If you have e-mail access from home, work or both, but aren't on the APPT E-List, you're missing out!

Join the E-List and receive legislative updates and first notification of upcoming APPT events. And it's a great way to stay connected with other private practice therapists!

If you are a current APPT member, you are eligible to join the E-List. We just need your e-mail address to sign you up!

Call Bridget at (402) 393-4600 with your e-mail address, or send an e-mail to [appt@ibc.omhcoxmail.com](mailto:appt@ibc.omhcoxmail.com) (subject: APPT Member E-List). You will receive an e-mail confirming your addition to the E-List.



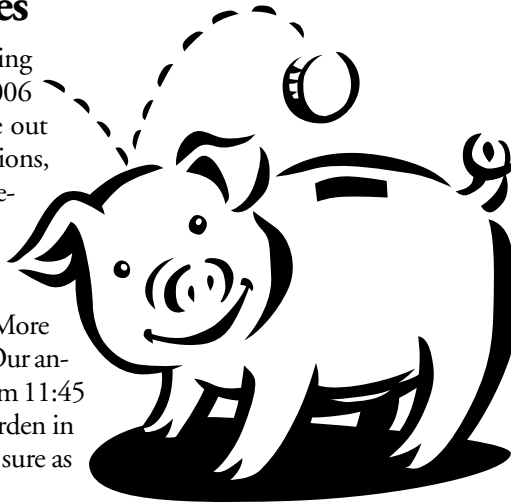
- In order to find a common ground with adolescents, allow them a chance to educate you about their cultural interests;
- Empower adolescents on becoming good consumers and help them identify what they see in the media. Help them choose what is "good" and what is negative.
- Encourage critical thinking skills by empowering clients to take what is beneficial from media role models and allow them a chance to talk about *what* and *who* they may not want to adopt as role models;
- Ask clients to play their music for you and talk about the importance of a song (or other media);
- Listen; truly listen.



**December Mini-Series**

It's not too early to start thinking about how you can save on your 2006 tax bill! To give you time to figure out some of those last-minute deductions, we're planning a December Mini-Series workshop on "End of Year Tax Planning."

This is always one of our most popular topics, so plan to attend! More information will be forthcoming. (Our anticipated date is Tuesday, Dec. 5, from 11:45 a.m. to 12:45 p.m. at the Olive Garden in Omaha, but we'll let you know for sure as soon as it's confirmed!)



**Free Legal Consultation.** Remember, each APPT member is entitled to a free legal consultation with an attorney from Erickson & Sederstrom, P.C. (up to one hour) per year. Call Chuck Sederstrom, attorney at law, at (402) 397-2200.

If you access this service, please give us feedback. Call Bridget at the APPT Office at (402) 393-4600 and let us know!

**Visit APPT's Web Site:  
www.privatepractice.org**

We've recently updated the APPT web site — but need your input to make it an even better resource for private practice therapists in Nebraska.

The site includes a calendar of upcoming events, contact information for several previous mini-series speakers, links to legislative resources and other associations, membership information (and forms!), and downloadable issues of past *Compass* newsletters.

We also want to help members get the word out about groups they sponsor. If you have a group that is accepting new members, please e-mail information about the group (including target audience, meeting times/dates, costs, any requirements, group leader information, etc.) to: [appt@ibc.omhcoxmail.com](mailto:appt@ibc.omhcoxmail.com).

We will share the information with APPT members through the E-List and also post the information on our web site.

**The Therapist's Use of Self**

Freud thought that countertransference was to be avoided at all costs. Today, the psychoanalytic therapist views the countertransference (the unconscious interjected psychic actions upon the therapist from the unconscious projective identifications of the patient) as messages — sometimes encoded — for the therapist to interpret in order to facilitate the patient's efforts to understand her anxieties.

Intrigued? Stephen J. Abraham, MS, LMHP, CGP, will explain how it works with samples from his work and from examples from audience volunteers' case vignettes.

**PLEASE NOTE: To accommodate the state's new one-hour minimum for continuing education, the program start time will be 11:45 a.m.!**

**Tuesday, Oct. 3, 2006**  
Olive Garden — 74th & Dodge Street (Omaha)

11:30 to 11:45 a.m. .... Meet / Greet / Networking  
11:45 to 12:45 p.m.\*\* ..... Speaker

APPT Members ..... \$14.50 per person  
Non-Members ..... \$17.00 per person

Cost includes entree, salad, breadsticks, beverage, and gratuity.

**Questions? Or to Register by Phone  
Call Bridget at the APPT Office — (402) 393-4600**

**OCT. 3 MINI-PRACTICE WORKSHOP  
REGISTRATION FORM**

Name \_\_\_\_\_

Practice \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ Members @ \$14.50 each      \_\_\_\_\_ Non-Members @ \$17.00 each

\_\_\_\_\_ Payment Enclosed      \_\_\_\_\_ I Will Pay at the Door

Mail Completed Form and Payment to:  
APPT • P.O. Box 241621 • Omaha, NE 68124-5621

Fax to: (402) 393-4603  
or Call Bridget at (402) 393-4600

(leave your name, phone number & number attending on voice mail)

**Reservations Due By Noon on Monday, Oct. 2, 2006**

*Make checks payable to APPT • No-Shows May Be Billed • No refunds after Oct. 2*



**Association of  
Private Practice Therapists**  
P.O. Box 241621  
Omaha, NE 68124-5621  
**402.393.4600**  
[www.privatepractice.org](http://www.privatepractice.org)

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## Establishing Collaborative Relationships With Psychiatrists

In 2002, the Association of Private Practice Therapists conducted a survey of members to investigate feedback from a few mental health professionals that they were losing clients who were referred for medication consultations. It appeared that some psychiatrists were telling patients that continued medication management would require them to see a therapist in their office.

The main argument presented was that the psychiatrist could be assured of higher quality psychotherapy since the psychiatrist knew the therapist affiliated with his/her practice. The argument not presented was the fact that the psychiatrist or the psychiatrist's employer likely would gain financially from such an arrangement.

The board wanted to see how widespread the problem might be. At the same time, it wanted to identify those psychiatrists with whom mental health professionals have had the most positive and collaborative relationships.

Now, four years has passed, and APPT has once again examined this issue. Have

things improved? Are there psychiatrists with whom APPT members have had positive, collaborative relationships?

While some therapists still report that their clients are being told to change providers, therapists are also getting "smarter" about the referrals they make. As one therapist noted, "I know who does this...so I don't refer there (anymore)."

We received more than 35 responses, nearly double our 2002 survey results. Of those responding, 40% reported that, in 2005, they referred a client to a psychiatrist and then (a) had the client either abruptly terminate treatment or (b) report being told that the psychiatrist would continue treating them only if they received their therapy from a counselor in the psychiatrist's office.

Furthermore, these therapists reported they lost an average of three (2.8) clients in 2005 because of this issue. Most therapists reported this issue has continued to be a problem into 2006.

The respondents were asked what explanations their clients gave them for ter-

minating treatment with them. Most said that the psychiatrist preferred to work with their own, in-house therapist.

The other purpose of the survey is to identify psychiatrists with whom APPT members have had positive, collaborative relationships. In alphabetical order, our respondents listed the following psychiatrists: *Dr. Kathryn Batson, Dr. Nicole Bergersen, Dr. Jennifer Coy, Dr. Liz Dahl, Dr. John Donaldson, Dr. Sharon Hammer, Dr. McGivern, Dr. Michael Meyer, Dr. Rodney Nitcher, Dr. Oliveto, Dr. Tom Svolos, Dr. Martin Wetzel, and Dr. Marilou Woodard.*

As a cautionary note, a few of the psychiatrists mentioned by therapists as "positive and collaborative" were also listed by other survey respondents as having required clients to see therapists in their office. If you have not established a working relationship with a psychiatrist to whom you wish to refer, be sure to consider the above constructive suggestions.

*Thanks to all the therapists who responded to both our 2002 and 2006 surveys.*