

The Emotional Side of Infertility

By Julie Luzarraga

Currently, about one out of every 10 Americans in their reproductive years will struggle with infertility. Despite some previously-held beliefs that infertility is generally caused by stress, Type A personalities, or ambivalence about becoming pregnant, infertility is the result of underlying medical issues that are sometimes clear and sometimes complicated and unknown. However, the secondary stress created by infertility and/or infertility treatment can have additional negative effects impacting behavior, health, and relationships.

Infertility can cause stress for both men and women. Some research has shown that, for women, this stress can be equivalent to the stress one feels when dealing with a life-threatening illness. Grief, depression, and anxiety levels are also often elevated for both men and women going through infertility treatment. While they are generally seeing a physician on a regular basis during treatment, the focus is on "making a baby" and

individuals or couples may be reluctant to disclose any anxiety or depression.

Individuals and couples are initially faced with the actual diagnosis of infertility. This can create many feelings of inadequacy, grief, fear, confusion, and anger. If a person or a couple decides to pursue infertility treatment, the medical aspects of this can create additional stress. These are often uncomfortable and intrusive procedures that take up time from work and during specific times in one's cycle. A woman certainly loses a bit of control over her schedule.

Women and men often grapple with *who* and *how* to talk about their infertility, how to handle friends' baby showers and children, and how to handle the unwanted advice from loved ones. Sometimes peer relationships and family relationships become strained. There is also a potentially huge financial burden coupled with the infertility treatment, and couples need to make decisions they never anticipated facing. Anxiety levels for men and women may become elevated, starting a vicious cycle of "being anxious about being anxious" and waiting for positive results or dealing with negative results.

A mental health therapist trained in infertility treatment can:

- Teach new coping skills for anxiety and depression;

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Calendar of Events

Tuesday, October 2, 2007

APPT MINI-SERIES WORKSHOP

Equine-Facilitated Mental Health
Olive Garden • 76th & Dodge

11:15 - 11:35 a.m. - Networking
11:35 a.m. to 12:35 p.m. - Program

Watch your e-mail for more information, or call Bridget at 393-4600 to reserve your spot!

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From the President's Desk



Ellie Fields, MS

Well, some of you have been looking at that LIMHP application on your desk for long enough now. I have fielded a number of questions about the application process and have directed a lot of them to Chris Chiles at Health and Human Services (HHS).

For those of you who have met the criteria for LIMHP in option 1 or 2 but have a supervisor who is deceased or is out of reach, it is recommended that you proceed with your attestation. An explanation about the supervisor may suffice. HHS will request additional documentation if needed. If you haven't called or e-mailed Chris Chiles and are still hesitating, move forward and make contact — go for it!

First Peer Consultation Group Sept. 28

We've sent out an Evite to track RSVPs for the first APPT-sponsored peer consultation group, and it's filling fast! It will be held at the Adlerian Center's group room on Friday, Sept. 28, from 11:30 a.m. to 1 p.m. Bring a sack lunch if you'd like, along with clinical or practice topics to discuss with the group. It is ex-

pected you are a licensed-tracked clinician seeking clients. We are pleased to be providing this valuable service as a member benefit. The group will continue to meet the last Friday of the month. We have already had a positive response, and it looks to be a lively group!

Survey Request

By now, you have also received notification of a data survey we first introduced on the APPT E-List. If you are not on the E-List, you can find the survey and more information on the website, www.privatepractice.org. Click on "News."

Mental health parity is still very much a frontline issue — both nationally and locally — and your responses will assist us with our efforts to convince the lawmakers of Nebraska to take a position supporting mental health care coverage that will benefit everyone. The Medicaid questions will help us provide important feedback to that department when discussing provider-related issues.

I hope to see you soon!




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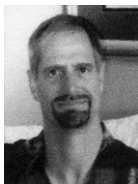
Call Kim French - (800) 401-9720



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www.PrivatePractice.org



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Happy Halloween!

from Morgan Keen Hecht, LCSW, LMHP
& Walter Hecht
and the staff at



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MEMBER BENEFIT: Long-Term Care Insurance

By Chris Krueger

Long-term care insurance is a strategy to help in paying for home-health care, assisted living facilities, and adult day cares.

The best time to purchase a long-term care policy, of course, is the day before you need it. Assuming that you don't know when that will occur, it's a good idea to apply sooner, rather than later. If you've been thinking about purchasing a long-term care policy, give me a call.

We've expanded the APPT program for our sponsored group discount program for long-term care insurance. Now the program extends not only to APPT members and their spouses and parents, but also to siblings! In addition, eligible individuals include: your parents, parents-in-law, and children (including adopted and foster), all between the ages of 18-84.

Because rates are based on age and health, along with how much coverage you're applying for, and whatever discounts you may qualify for, in general: the younger you are, the less you pay. Also there is a greater chance that you'll qualify for a better health rating. The APPT discount is on top of any preferred health and/or marital discounts that you may qualify for.

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.

I encourage you to consider this protection to see if it's appropriate for you and your family. *

– Chris Krueger is a Financial Advisor for John Hancock Financial Network and is the contact person for APPT's sponsored group plan. Call him at (402) 758-1313, ext. 16, via e-mail at ckrueger@jhnetwork.com, or by mail at 10834 Old Mill Rd. Ste. 8, Omaha, NE 68154.



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MEMBER NEWS

Member **Mary Byrd, LMHP**, has recently begun full-time private practice. She has been in part-time private practice for the last 10 years and has now made the switch to seeing clients full-time at her office at 7330 Farnam Street, Suite 200. You can reach her at (402) 651-4673.

Maegen M. Graham, MS, PLMHP, NCC, has joined Kairos Psychological, P.C. Maegen specializes in working with young adult and adult women. She can be reached at (402) 330-4828.

Therapist **Ronda Stevens, MSW** says she is "honored" to have recently joined Pacific Counseling Associates to work with Bob Atherton and Jim Lundberg. She also notes that one of the first things Bob did when she agreed to become a partner was hand her a folder of APPT information. (*Thanks, Bob!*)

Ronda sees adult individuals and couples. She particularly enjoys working with young adults. In addition, since she has worked for the past 17 years at UNMC, she is especially attuned to those in the medical professions. Ronda notes she incorporates mindfulness into much of her practice work and uses EMDR as one of her tools.

She adds, "I am excited to be learning from all the private practice pros associated with APPT!"

Julie Luzarraga, LCSW, DCSW is conducting a mind/body program on "Emerging Mindfulness" for couples experiencing infertility issues on Sunday, Oct. 28 from 10 a.m. to 6 p.m. at the Omaha Yoga & Bodywork Center. Her co-facilitators are certified yoga instructor Susi (Gillespie) Amendola and massage therapist Liz Dolejs. For more information, or to refer a client, call Julie at (402) 502-1024 ext. 290.

John Troy, Psy.D., is leading an Open-Ended Process-Oriented Therapy Group. This ongoing group of five to nine adults meets

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Up to \$100 Scholarship Available For Continuing Education

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.

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,
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Applications will be considered and a decision reached within 10 days of receiving your application.



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Infertility Treatment

continued from page 1

- Teach mind/body techniques to help with treatments;
- Provide a space to process grief and identity issues;
- Assist with difficult decision-making;
- Provide psycho-education about infertility, treatments, and other family-building options;
- Assist with communication skills

Studies have shown that group work with couples has been effective in decreasing their levels of anxiety. This often incorporates a mind-body component that can be helpful in tolerating the treatments and used in other areas of one's life to decrease stress and anxiety. Group also provides couples with the sense of universality in experiencing the opportunity to relate with others going through similar experiences. This is particularly helpful in our society, in which a great deal of importance is placed on having children, giving group members a chance to talk about the difficulty in how public to be about their infertility and treatment.

In addition to treatment at the diagnosis and treatment stages of infertility, it is also important to consider therapy at the conclusion of infertility treatment. Some parents who are successful in their attempts to get pregnant may feel guilty about any natural negative emotions about early infant stages. They may be more hesitant to be open about any stress or ambivalence that is a natural part of those early parenting days. Parents who choose alternative methods such as adoption or surrogacy may have some grief issues to work through as well as the psycho-educational piece of these decisions.

Throughout every stage of infertility treatment, a mental health therapist trained in infertility treatment can be an asset and support. *

What is the APPT E-List?

When you join APPT, you are automatically added to our E-List, a YahooGroups discussion group. The E-List is how the APPT Board shares information with members about upcoming events and legislative action items. Members may also use the E-List to communicate with other members — asking for resources or referrals, sharing information about groups or events, and querying other therapists on practice management topics or insurance reimbursement issues.

The APPT E-List is a moderated list, meaning your e-mails are reviewed prior to being distributed to the group. E-mails that were intended to be sent to a private recipient, or the APPT administrator, are intercepted. The current APPT policy is to allow limited self-promotion on the E-List, including advertising groups, workshops, or specific services.

Therapists may choose to receive E-List as individual e-mails or as a daily digest. Or you can choose to receive no e-mails, but access the E-List over the Internet by signing into YahooGroups.

If you would like to change how you receive your e-mail — or learn more about the E-List, call Bridget at (402) 393-4600.

MORE MEMBER NEWS

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weekly on Mondays from 6 to 7:30 p.m. It has an Object Relations orientation. There are currently openings for additional members. Members join the group as they are ready, and leave when they believe they have accomplished their individual goals. Members commit to a minimum of eight (8) sessions.

The fee is \$50 per session and is billable to health insurance. A sliding fee scale is available. Prospective members should contact John to arrange an interview.

Members already in individual therapy are encouraged to continue that, and are asked to authorize their individual therapist and the group leader to coordinate treatment. You can reach John at (402) 932-6500 ext. 5.

Jeremy Wright, MS, PLMHP, joined Insight Counseling Center in Fremont, Nebraska on Sept. 17. His practice will specialize in children with behavior disorders and adults with severe and persistent mental illness, such as schizophrenia and major depression. Jeremy was most recently an Assertive Community Treatment therapist for Community Alliance. Jeremy can be reached at (402) 721-7169.

Do you have member news to share with your colleagues? Offering a new specialty/ Featured in the media? Started a new group? E-mail your news to appt@ibc.omhcoxmail.com (subject line: Member News). *

Choosing and Use a Mental Health Billing Service

By Bridget Brooks

Filing insurance. Collecting copayments and billing clients for deductibles and noncovered services. These probably aren't on any therapist's list of favorite items on their "to do" list — yet they are vital if you are going to succeed in private practice.

Therapists have three choices: Handle these matters themselves, hire administrative staff to manage the tasks, or outsource to a third-party medical billing service.

For providers looking to outsource, finding a service that fits your needs is critical — the easier the process is, the more likely you'll keep on top of things, and the faster you will get paid! Since your time *is* money, you need to choose a service carefully.

Each company offers different services, which *can* include: submitting insurance claims (including electronic filing, in many cases), following up on past-due or denied claims, preparing client statements, providing practice reports (including accounts receivables due), getting authorizations, and turning accounts over to collection agencies. Some services also offer accounting assistance, general business consulting, and computer support.

Based on interviews with three Nebraska-based services (Kim French, of Summit-Edge; Susie Romanik, of Mental Health Billing Specialists; and Jeanne Horseman, of Midwest Medical Billing), these are some questions you can ask when choosing a billing service:

- **How long have you been in business?** "Expertise is hard to judge," says French. "A person with limited experience may be very capable." Usually, though because of the complexity of insurance requirements in filing claims, a solid background in mental health billing is required to navigate some of the more challenging insurers, such as Medicaid.

Previous experience working in a provider's office can also be an asset, as it provides "real world knowledge" and working familiarity with mental health diagnoses and billing codes.

French has been an office manager in a mental health office since 1991; Romanik has been in the billing business for 15 years, get-

ting her start in a psychiatric office; and Horseman has been doing medical billing for 10 years, both in provider's offices and freelance.

- **How do you work?**

Each service offers multiple options for providing billing specialists with the data required to process insurance claims and billing statements.

Horseman accepts information via fax, e-mail, or snail mail. "My clients send me [records of] daysheets, client demographic information, insurance remits, and client payments. They send this as a packet every day they are in the office, with a cover letter verifying the exact number of pages."

Romanik's process is similar, except clients can fax her information daily *or* weekly. They can also e-mail or snail mail information. "I try and make it as easy as possible for them," she says. "They can use my forms or their forms." Romanik will also compile a checklist of missing data to supplement the intakes, session billing data, and EOBs.

French's firm offers three options: Full outsourcing ("this works best for therapists who don't want to do it at all — they just want to focus on therapy"); a "share the work" option (for therapists willing to enter some data themselves); and a software solution ("They use our software to manage it themselves — we can still be a clearinghouse for claims and provide personal support.")

- **How/what do you charge?** Fees can be hourly, a monthly retainer, or a percentage of the amount collected. Horseman charges between 7-10%, billed at the first of the month. She also charges a setup fee, depending on the amount of initial information required.

"I don't get paid unless the provider gets paid," says Romanik. That gives her an incentive, she says, to be more persistent in pursuing outstanding insurance claims. "I am like a bulldog — I will go after [your money]. If you have the authorization, I will get payment."

"Summit-Edge never charges any upfront costs," says French. "All solutions are designed to fit easily into the budget of the practice."

Ask what expenses are included. For example, postage for client statements and insurance claims may be included in the fees charged, or may be billed separately.

Where's My Money?

John Doe, LMHP

Date of service	Insurance company	Amount due		
		Insurance	Family	Total
Patient, John 7/1/07	Pri Blue Cross/Blue Shield	90		90
7/8/07	Pri Blue Cross/Blue Shield	70	20	90
Patient, Mary 6/15/07	Sec NE Medicaid	30		30
7/8/07	Pri Blue Cross/Blue Shield	90		90
Patient, Robert 7/2/07	Pri Aetna	65		65
7/9/07	Pri Aetna	65		65
7/16/07	Pri Aetna	65	25	90
				65

Reports help keep track of accounts outstanding.

Courtesy of Kim French, Summit-Edge

APPT Survey Will Collect MH/SA Coverage Data

APPT is asking members for their help in the effort to deepen the legislative body's understanding of the costs of mental health care on the consumer. Collecting raw data is sometimes the best way to show them the impact of their decisions on their constituents.

Nebraska will be reviewing its position on mental health/substance abuse coverage and insurance this fall. Nationally, the House of Representatives has passed the Paul Wellstone Act and the Senate is likely to support it, but probably with some amendments.

The state and nonprofit agencies who provide the bulk of mental health services to the Medicaid and state-dependent population are not able to adequately assess which of the clients they serve are supported by the state because of financial hardship due to mental health problems

and lack of coverage from insurance. We are in a much better position to access this info.

You can download a copy of the survey form by typing the following into your Internet browser (Internet Explorer, Firefox, Safari): <http://www.privatepractice.org/APPTProviderSurvey.doc>. It will download a Microsoft Word file for you to complete.

At the very least, please consider your current caseload and monitor from now until mid-December 2007. We will then turn our numbers into NABHO and they will be compiled and presented to the lawmakers. **To maintain your anonymity, please do not include any personal identification on the survey.**

Please contact Ellie Fields at (402) 505-7587 or e-mail elliefields@cox.net with any concerns or questions about the survey. The data is what is important to us. *

Free Legal Consultation.

Each APPT member is entitled to a free legal consultation with an attorney from Erickson & Sederstrom, P.C. (up to one hour) per year.

Contact Bridget at the APPT Office at (402) 393-4600 for access information.

If you use this service, please give us feedback.

Call Bridget at the APPT Office at (402) 393-4600 and let us know!

ARTICLES WANTED! We need your contributions for *The Compass*! Submit your article for the January 2008 issue by Dec. 1. We welcome articles on clinical or practice management topics. Send articles via e-mail to Bridget at appt@ibc.omhcoxmail.com or via fax to (402) 393-4603. *

Equine-Facilitated Mental Health

Did you know Omaha has an equine-facilitated mental health program? Join us on Tuesday, Oct. 2 for a presentation by Take Flight Farms. The program is from 11:35 a.m. to 12:35 p.m. The cost is \$14.50 for members. Please arrive by 11:25 a.m. to place your food order.

Take Flight Farms is a five-year-old nonprofit organization operated in the Omaha metropolitan area. Its staff partners with horses in therapeutic and learning programs in order to develop capable and resilient individuals.

Learn more about their program, the services they offer, how you can be involved with the program — or make referrals — and find out about upcoming Equine-Assisted Psychotherapy (EAP) demonstrations for mental health professionals from executive director Susan Stratta, assistant director Cindy Janecek, and Licensed Clinical Psychologist Beth Avolio.

REGISTRATION FORM – OCT. 2 MINI-SERIES

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APPT SCHOLARSHIP SUMMARY

EMDR Level II Training

By MaryAnn Calta, LMHP, CMSW, M.Div.

At the end of July, I attended Level II EMDR training in Minneapolis. I know that many of you have already completed this training, so the following may be 'old news' to you.

However, for those that have not yet taken the Level II program, EMDR is changing their criteria for Level II training and for certification/approved consultation requirements. It was mentioned that future trainings of Level I and II will be extended to a third day and the clinician will need to provide verification of number of direct contact hours in providing EMDR Level I services — as well as a certain number of consultation hours by an approved EMDR consultant — prior to receiving Level II training.

At www.emdria.org, you will find frequently-asked questions, the most recent certification, approved consultant applications and criteria, and a link to the certification form. These are quite lengthy and therefore not included here.

In terms of practice and experience, personally, I enjoyed Level II much more than Level I, which was a bit overwhelming, to say the least. The Level II instructor was open, engaging, and made the experience relevant to our practice areas.

He offered a subsection on the use of EMDR in grief scenarios, which I found helpful. It seems to make good sense that EMDR fits well with some issues that the grieving person often encounters: fears and anxieties; troubling memories and images; "experi-

ences" of the deceased in current life; and places of 'stuckness' where the client feels they will never recover to a 'normal', pre-loss state, just to name a few. I would encourage you to think of creative ways you might include EMDR in your protocols with the grieving, especially in future-templating.

There was also a subsection on working with children, which Omaha therapist Deb Wesselmann facilitated. She is available to do consultation in the Omaha area. She can be reached at Therapy Resource Associates, (402) 330-6060. Also, approved consultation is provided by Ardi Schoonover (same location), and by Ann Potter, Ph.D.

I encourage all practitioners to stay up-to-date on the changes that are happening in EMDR, especially if you are interested in being certified and listed as an EMDR-approved provider, which requires your membership in EMDRIA. They are careful to note that certification is **not required** at this time, but I would not be surprised to see that change in the future, and possibly be included in state licensure requirements and/or by managed care organizations.

EMDRIA has moved to "certification" partly in response to demands by some hospitals and managed care entities.

You can keep up to date on these changes by visiting their websites: www.emdr.org or www.emdria.org.

The EMDRIA national conference will be held in late September, and I am told that more information regarding the changes mentioned above will be available after that meeting.



Maegen M. Graham
MS, PLMHP, NCC

has joined
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Spiritual Assessment in Chemical Dependency Treatment

By Steve Brownrigg, MS, NCC, PLMHP, PLADC
Addiction & Recovery Services

Spiritual assessment has been at least a minor component of most general Pre-Treatment Assessments currently in use. Many therapists in the substance abuse field have also seen the benefits in using a lengthier Spiritual Assessment as an intervention during treatment. Some use stock assessment tools already in use, some do their assessments free-form (without using a written assessment tool), and some have created assessment tools of their own.

A few months ago, I felt a need to create a more formal, consistent, easy-to-use, and thorough approach than was represented by any of the tools that I had seen. I also wanted to get away from the excessive writing that was required by many existing assessment tools, which often intimidates clients.

I have used the tool I created, "Spiritual Assessment/Attitudes," with seven clients to date, and have been impressed with the depth of sharing and information it has produced. I believe this assessment tool performs well because it is:

- Brief enough to fill out quickly (10 minutes for most), yet thorough in scope;

- Inclusive for all levels of belief and non-belief and non-judgmental (if administered properly by the therapist);
- Thought-provoking for the client (even the less-verbal client);

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ADDICTION & RECOVERY SERVICES

Steve Brownrigg- MS, NCC, PLADC, PLMHP

Spiritual Assessment/Attitudes*

The purpose of this assignment is to help you explore your relationship with a Higher Power (H.P.). Please think about each one carefully, as some of them may be quite unconscious for you. If you are not sure what some of the terms/phrases mean, feel free to ask your counselor to explain. If you feel very strongly about a question or one of your answers, please circle the Number in front of that question.

My Personal Beliefs

1. I believe in a Higher Power (Something greater than myself that impacts my Life in some way) **T F**
2. I call my Higher Power: God My Higher Power Fellow AA's or AA Group
 Don't Know Other (specify): _____
3. I believe in an All-Loving and All-Forgiving God (What does this mean to me?) **T F**
4. People must earn Heaven (We are judged according to our behaviors on earth) **T F N/A**
5. Which of the following is more important?: Faith Works (Behaviors) Don't Know
6. I communicate with and get guidance from my H.P. *mostly through other people* **T F N/A**
7. Praying only works if my Higher Power provides what I seek or desire **T F N/A**
8. My H.P. knows what I am thinking, therefore, I do not need to talk with my H.P. **T F**
9. My Higher Power is a part of me **T F**
10. I am searching for and open to experiencing a Higher Power **T F**
11. My concept of my Higher Power changes over time **T F**
12. I believe Miracles are possible... For Me For Others Miracles don't happen
13. I believe in (check all that apply): Saints Free Choice Life after Death Meditation
 Sharing Self-Examination Pre-Destination Power of Prayer Power of Forgiveness
14. It is easier for me to Forgive (circle one): **Myself Others**
15. My Prayers consist of (Check all that apply): Conversation Requests Gratitude
 Praise giving Traditional Prayers & Meditations I don't pray
16. My Religious/Faith affiliation, if any, is: _____
17. I attend services Times/Year, and observe approximately % of other beliefs of my faith
18. **I do not believe in a Higher Power** (Something greater than myself that impacts my Life)**T F**
19. It can be proven that there is no God **T F**
20. God is a man-made concept for which there simply isn't any Proof **T F**
21. Man is the highest power in the Universe **T F**
22. If God existed, he **wouldn't** allow bad things happen to (circle one): **good people? Me?**
23. I believe in _____, and that is all I need **T F**
24. Science can or will ultimately be able to explain all that some attribute to God **T F**

Spiritual Assessment in Chemical Dependency Treatment

continued from page 9

- Useful in uncovering Barriers or Blocks to Recovery (from addiction);
- Useful for identifying inconsistent or conflictual beliefs of the client;
- Thorough and consistent: Prevents missing critical areas.

I suggest it be used *only after a solid therapeutic relationship has been established* with the client. The following circumstances may indicate that this or other Spiritual Assessment tools should be used:

- Client expresses concerns about Spirituality;
- Resistance to 12-Step attendance seems linked to difficulty hearing about God or a Higher Power;
- Client describes a once-present but lost relationship with a Higher Power;
- Other assessment tools, such as my *“Barriers & Blocks to Recovery”* assessment, have indicated a need for further exploration of the client’s Spirituality.

I have found it useful to spend at least a full session exploring the client’s responses. Following each assessment, I have asked the client if they though the process was useful to them. All, so far, have indicated that the tool made them think and that it was productive.

From a clinical standpoint, I have found the results gleaned to be very useful in terms of guiding and informing the future treatment interventions for these clients.

As I am constantly updating this and other assessment tools I have created, I would welcome input from other APPT members as to *their assessment* of this Spiritual Assessment tool.



I believe in a Higher Power (H.P.), but am kept at a distance because:

Please **Check All that apply** to you. Again, if you feel very strongly about a question or one of your answers, please circle the Number in front of the question.

- ___ I am unworthy of my Higher Power’s Love
- ___ I have done too many bad things (I am already going to hell, so why try?)
- ___ God deserted me: (how) _____
- ___ I put my H.P. on a shelf (*inconvenient for me and inconsistent with my chosen behaviors*)
- ___ I can’t be good enough for God, so why try. I’ll only fail (which means?: _____)
- ___ I only get hurt when I trust other people or God
- ___ Religion and Churches are full of hypocrites
- ___ I have been hurt by people of my Faith of origin
- ___ I was never exposed to or saw good examples of religion or spirituality in my childhood home
- ___ I was *forced* to attend services when I was young, and quit when I no longer was forced
- ___ I have difficulty with Authority
- ___ I can handle it on my own (“I am self-sufficient”)
- ___ Only weak people need God (God expects us to take care of ourselves)
- ___ God is judgmental and punishing: (**On Earth?** **After Death?** **Both?**)
- ___ Religion is a chief cause of evil in the world today
- ___ Religions are “man made” and often have cultural or sexist agendas
- ___ God **shouldn’t** allow bad things happen to: **good people?** **or Me?**
- ___ God is directly involved in the details of my life on earth (*causes* things to happen)
- ___ I want to be good *but not yet!!!*
- ___ Being good does not get rewarded
- ___ When I think of God I only feel: ___ Guilt ___ Shame ___ Fear

From the 12-Steps (paraphrased):

- | | | |
|---|----------|----------|
| 2. I have come to believe that a Power greater than myself can restore me to sanity | T | F |
| 3. I have made a decision to turn my will and my life over to the care of my H.P. | T | F |
| 6. I am entirely ready to have God remove all these defects of character | T | F |
| 7. I have humbly asked my H.P. to remove my shortcomings | T | F |

Client Name: _____ **Date:** ___/___/___

An Excellent Practice: Working With Clients

This series of articles on developing “An Excellent Practice,” is designed to share information that will make you a better practitioner, move you further towards excellence, and might even make your practice more profitable. The first article in the series was “Marketing a Private Practice.” Future topics will include HIPAA, Computers in Private Practice, and Money Issues in Private Practice.

By Robert G. Kraft, Ph.D.

We learned in school to establish rapport, and we also learned that we are therapists and not the patient's friend. But how friendly do you get? How much do you share? Different theories and different practitioners vary on how friendly to be (or not be) with the client.

To improve your skill, you could think about a few things you do with your patients, things you do that bother you in any way at all, and then discuss those actions or thoughts with a professional peer or two — and not one that always agrees with you.

Would that change what you are doing? Or what you think about your behavior? An example, for me, was changing from talking about scheduling and billing *at the end* of the session. This topic bothered me because some patients took a long time to cover the issues and there was no time to talk about scheduling or billing if a problem arose. I have talked with others (actually, in supervision, in this case) and decided I will talk about scheduling and/or money issues at the beginning of sessions.

It bothered me, I talked with professional peers, and I changed my behavior.

Establishing Expectations

You have already begun the process before the patient comes into your office. Have you looked at that part of your practice? What is said in your phone message, by your receptionist, or by you in the phone calls that lead up to the initial appointment? Do you have a list of things you tell patients to help them get in your door? Like

where you're located, the parking situation, and what to expect?

Now to a trickier issue, one that you may disagree with: Do you tell them to come prepared to make the first payment in full (except when they don't have to)? Or do you tell them to come prepared to make their co-payment? Do you expect them to pay you, but neglect to say that in any way? Do you think it matters?

It is imperative that you know what you are doing: You are a licensed professional, working with people's lives. We all have training through our programs, and we all know that our schooling teaches us the basics. It is important to have specific areas of expertise, where you get advanced training, so that you become the expert — if you don't, if you are not an expert, then what are you?

Specialization & Client Services

We all learned techniques to use with depression, anxiety, and low self-esteem. But what happens when you have applied the basics and the clients change, but they keep coming back? How about when they think there is more that they need?

A review of APPT therapists showed that of the (approximately) 125 members, about 20 don't indicate any “Categories of Help” (that is, areas they say are their expertise), but with the remaining 105 or so, slightly over 60 said they provided “Long-Term Therapy.”

Because one has worked with someone for the “long-term,” does that mean that clinician is an expert with that population? What makes one an expert in long-term work? Do you have training, supervision, or readings

you've completed? “Long-Term Therapy” is only the example: the question is, what makes you an expert in your areas?

Here are some other aspects of working with patients for you to think about in relating to the people you work with: Do you have multiple relationships with them (including seeing them in individual therapy and couples therapy)? Are *you* getting something out of the work that might be an issue for you (are you enjoying the relationship and what might that do to the work)? Are you not setting a boundary that *you* are having a gnawing feeling about (time issues, what they owe you, their insurance, their missing sessions, phone calls, etc.)? Are you paying attention to what a part of you is telling you? Does it matter?

Working with patients in psychotherapy evokes a multitude of issues. Our work goes beyond the basics, requires us to become experts, and, I am suggesting, pushes us to talk with one another and to experts to check out what we are doing and how we are going about doing it. Can you think about how you can become more of the expert you want to be?

— Robert G. Kraft, Ph.D., has been in private practice in Omaha for over 20 years. He founded Kairos Psychological, P.C., 15 years ago, has developed billing software for therapists that is sold nationwide, and continues his personal training in psychotherapy practices at the rate of eight hours or more per week. He is the director of the Center for Psychotherapy and Psychoanalysis and is an Associate Clinical Professor in the Department of Psychiatry at Creighton University School of Medicine.



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Address Service Requested

Choosing and Using a Mental Health Billing Service

continued from page 6

- **What is your turnaround time?**

Ask the service provider which claims will be sent electronically. What is the typical turnaround time for claims, and are denials or unpaid claims followed up on? How often? What kind of reports are offered, and can these be customized? Will statements be sent to clients? How often?

Ask to see sample reports, French advises. "Too often, medical billing reports are just tables of limited value data. Reports should be easy-to-read, and contain meaningful information," she notes. "We are well known for innovative reports like 'Where's My Money?'" (*see sample, page 6*).

Because Summit-Edge also offers software, they will place a copy of the data on the counseling center's computer, updating it weekly, allowing a therapist to print a local report or client statement.

- **How do you keep on top of changes — and will you help keep me up-to-date on these issues?** Continuing education is a requirement in the mental health billing field as insurance companies change their procedures regularly.

French advises therapists to look for a billing service that takes advantage of educational opportunities and participates in organizations like APPT.

"Most claims people answering the phone don't know the answers," Romanik says. Working for multiple therapists can be beneficial because billing specialists often encounter the same issues with multiple providers.

"It helps when you know exactly what they (insurance companies) expect on a claim so my providers get paid," Romanik says. Discovering an issue while working on a claim for one therapist helps her to educate other clients.

- **How flexible are you?** "It's easy to outgrow a billing service," French notes. "Look for a billing service that offers flexible programs."

Summit-Edge, for example, offers in-house billing solutions as well as an "in-sourcing" program that lets a therapist save money by entering some of their own data.

Each billing service provider says there are definite benefits for therapists who choose to let someone help them collect the money owed to them. Romanik says therapists have told her, "I enjoy doing my practice now" that they don't have to do their own billing. "I try to make it easier for them — so they can focus on their practice. They have to consider what (doing their own billing) costs them in time and lost revenue."

French agrees. "If you can improve the billing result by just 1 or 2 percent, the net benefits are significant."