

COMPASS

*The Newsletter for the
Association of Private Practice Therapists
- SPRING 2008 -*

Association Celebrates 15th Anniversary

By Bridget Brooks

A few months ago, Jack Wineman called me up and asked me if I wanted to take possession of a box of APPT records from "way back." As unofficial historian of the organization, I picked it up from Woodhaven. It contained some early APPT memorabilia.

Although APPT was not incorporated until 1995, the group began in 1993, when a group of therapists (I have the original membership list) met to discuss the impact that legislation and managed care were having on their private practices. In November 1993, the group issued their first newsletter (edited by Deb Shaddy), reporting that "73 therapists attended one of the first two meetings and assisted in the formation and future direction of the association."

The group established a few committees — a steering committee, a "committee for creative alternatives," a "committee studying legislation," a "committee to develop information from insurance companies and hospitals," and a "committee to collect information from professional organizations."

In the early years, the group met monthly, until 1995, when it was decided to discontinue monthly meetings in favor of two annual conferences, a practice that continues today. (*The APPT Spring Conference is scheduled for Friday, April 4, 2008. See page 8.*)

Membership has continued to grow throughout the years, steadily hovering in the 120-140 member range. Dues, originally set for \$20/year, grew to \$40 per member by 2005, and then eventually changed to "equal to what you charge for one hour of therapy."

The association remains committed to the principles outlined by the 1995 board: consumer education, practice support, and policy development.

The 2007-08 Board of Directors invites you to become involved in setting the agenda for the next 15 years of APPT!

APPT MISSION STATEMENT

As outlined at the June 9, 1995 board retreat:

The Association of Private Practice Therapists is comprised of professionals, all of whom are involved or interested in providing mental health therapy.

Membership is open to counselors, social workers, psychologists, psychiatrists, and others interested in supporting the private practice model of service provision.

The association provides a forum for the exchange of practice management information and the development of advocacy plans as we experience change in the delivery of mental health services.

Consumer Education

1. Promote understanding of outpatient care, costs/benefits, levels of care, who uses it (therapy services)
2. Create understanding of insurance, managed care, costs/benefits, shifting dollar, create informed consumer
3. Work with consumer groups

Practice Support

1. Dealing with reimbursement:
 - Legal issues: contracts, appeals, attorney services

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Calendar of Events

Friday, April 4, 2008
APPT SPRING CONFERENCE

Tuesday, May 6, 2008
APPT MINI-SERIES WORKSHOP

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President,
Ellie Fields**

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From the President's Desk: Year in Review



Ellie Fields, MS

Nothing can prepare you for the demands of a new job, just as no one can tell you about all the benefits you will reap as a result of your efforts. I cannot put into words how much I enjoyed leading this amazing group of professionals this year. "Stimulated" would be an understatement. My only regret is that I have to sleep from time to time. APPT has that much to offer *all of us*. Like any relationship, what you put into it should hopefully give back in kind. It did for me!

I am particularly excited about the development of the Peer Consultation Group. It is a wonderful benefit of membership that supports your professional growth and will deepen your clinical expertise.

The inaugural office crawl was a hit and we have already heard from some of you who would like to be on the route for the next event. It was a social event that gave participants a chance to visit, network, and get a bird's eye view of the environments we are creating for wellness to be realized.

Legislatively, it was an active 2007, with the independent license being realized, only to be mired in some misinterpretations and

lots of questions. We will look for clarification of LB 369 in 2008. Mental health parity has also taken a back seat in Nebraska, but has not been forgotten. We will watch from afar to see how Washington decides on this issue. You can always contact our Nebraska senators and congressmen to let them know how you feel and find out where they stand. As I have been told by them, countless times, if they do not hear from us, it's not an issue, not important enough to take a stand on. Everyone's voice counts!

Towards 2008-09

APPT turns 15 this year...an emerging adult...its identity crystallizing, maturing, but still awkward at times, with growing pains. We know too well that pain and growth are intrinsically woven together and, when embraced, can evolve into something richer and fuller.

We continue to have a dynamic board of directors, and 2008-09 promises to be a great year, with Pam Feldman leading the way.

Thanks for a great year, APPT!

KIDS INC

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Sean Haley, MS, PLMHP, NCC
Kris Walpus, LMHP
Jeremy Wright, MS, PLMHP

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Publisher/Newsletter Advisor Ellie Fields, MS
www.PrivatePractice.org

'Mindfulness in Therapy'

A Report from Beginner's Mind

By Ardi Schoonover

I am struggling to mindfully compose an article about mindfulness in therapy. Breathe... let go of judging... radically accept that many, but perhaps not all, of my colleagues who read this will already know more than I do about mindfulness...gently...gently....

Without knowing the term, I've wanted for years to become more mindful. The statement "the great thing about life is to be there for it" rang my chimes in a big way, as in my 30s, I seemed more, more, more busy and less, less, less alive.

"I want to learn to live in the moment more," I said, and tried. "Be still, and know that I am God." Prayer, snorkeling, gardening. Helpful, but not the whole deal. In the moment, wise mind, radical acceptance, helped a ton.

But even though I taught and used DBT, it was Ronda Stevens introducing me to MBCT (Mindfulness Based Cognitive Therapy) that gave me the impetus to go further, dig deeper — do it as a practice for me.

Jon Kabat-Zinn defines mindfulness as paying attention on purpose, in the moment, nonjudgmentally. Despite developing, in starts and stops, a mindfulness practice of my own, I know I still have pre-kindergarten "beginner's mind." But you know, it's really helping me, my practice, and my clients. So let me share a bit of it with you.

My clients come in with stress, anxiety, depression, low self-esteem, dissatisfaction, fear — they are perhaps a lot like your clients. They monitor the gap between how they'd like things to be and how things are, and react with all the above, plus self-blame when that gap gets too big. Or appears at

continued on page 6

Member News

Sharon Anderson, LCSW, LIMHP, of Rizzo & Associates, has started a Sex Offenders Treatment Program working with individuals and families. It is a two-year program for clients at low-risk for re-offending. For more information, call (402) 397-0330.

On the Move! **Dale Battleson, Ph.D., LCSW, LMFT**, is joining Great Oaks Counseling, 13906 Gold Circle, Suite 202, effective April 1. His new phone number is (402) 932-6500.

Adrian Martin, M.S. has recently passed his licensing exam and will very soon be licensed as an LIMHP. Adrian works with children, adolescents, families, and couples, as well as individual adults. His training includes Marriage and Family Therapy as well as Family Systems Medicine. Adrian has been employed as a psychotherapist with Alegent, and has been developing a private practice in an office at the Paxton building on 14th and Farnam. Also in the practice is **Jeff Stormberg, Ph.D.**

A number of Omaha-area therapists, including **Kerry Matuszek, MS, LMHP, CPC**, and **Steve Brownrigg, MS, LMHP**, completed the Level 1 EMDR training recently.

The next issue of *Fostering Today* magazine will feature an article by **Jacquelyn Meyer, MS, LMHP**, on "Complex Post Traumatic Stress." Jackie has also completed several training CDs for foster parents and professionals working with traumatized kids, especially foster children.

Do you have member news to share with your colleagues? Offering a new specialty? Featured in the media? Started a new group?

E-mail appt@ibc.omhcoxmail.com (subject line: Member News). *

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Towards a Paperless Office

By *Jeanne Horseman*
Midwest Medical Billing



– *Jeanne Horseman* is the owner of *Midwest Medical Billing Service*, a company that specializes in medical billing and business consulting. You can reach *Jeanne* at (402) 709-0063 or via e-mail at midwestmed@cox.net.

In today's technological world, mental health — with its burden of obtaining benefit information and authorizations before a client is seen — can now take advantage of insurance carrier's websites.

A growing number of insurance carriers offer the ability to check benefits, obtain authorizations, request more sessions, file claims, follow-up on those claims, and download remits online.

Through these websites, a clinician can obtain an authorization the same day a client is being seen, without spending precious time on the phone or filling out long paperwork. Previously, prior to seeing a client, the clinician would have to send an Outpatient Treatment Report (OTR) through postal mail, never knowing if it was received or when the authorization would start.

Additionally, with these websites, a clinician can check to see if a previous authorization was obtained.

Some of these authorizations are current ("open") authorizations and the clinician will not have wasted time obtaining a new one.

It is also very important for a clinician (after the authorization is procured) to track sessions and expiration dates. Again, this can be time consuming; a good billing system tracks the authorization number and expiration date. An updated billing system should also have the capability of producing reports showing expiration and number of authorizations left for a specific client.

With many insurance carriers coming on board with websites, clinicians should take advantage of their websites and time-saving capabilities. Magellan, Tricare, Midlands Choice, and United Behavioral Health are just some of the carriers offering these services.

In this age of technology, to keep up with time constraints and an ever evolving world, websites help the clinician to be a part of that world and obtain important insurance information in a timely manner.



(402) 932-6500 • 13906 Gold Circle Suite 202
(Just North of OakView Mall)

Private Practice Opportunity

Opportunity to join established counseling practice for LMHP, MSW, Psy.D., LIMHP, Ph.D., Psych., M.D., and provisionally licensed professionals due to major expansion.

Administrative assistance, marketing support, and client referrals available to ethical, conscientious, and reliable practitioners with lease of office (no percentage fee). Amenities include private offices with windows, secure storage, kitchen/break room, and group and teaching rooms, etc. Located on Gold Circle near Oakview Mall.

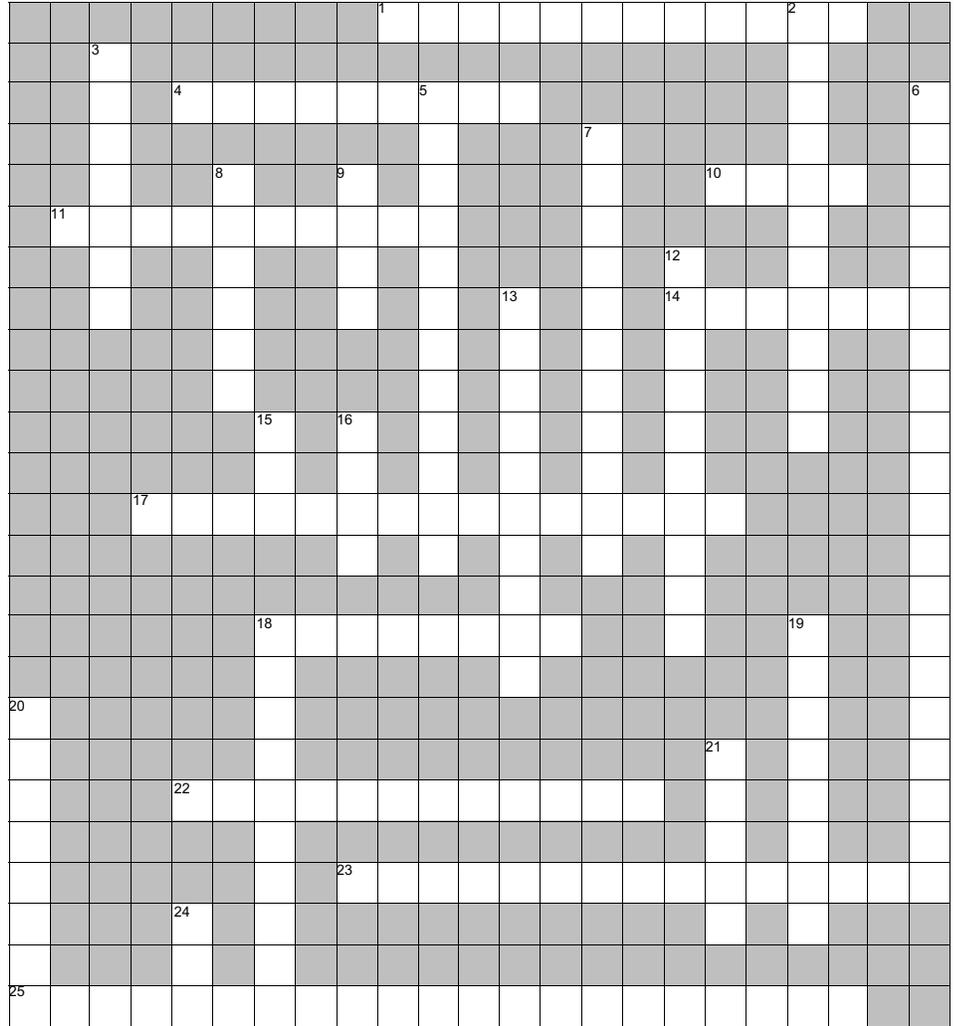
**Space is limited, so respond today to Michael Harsh, LMHP
at (402) 932-6500 ext. 3.**

Fun With the DSM

A Crossword Puzzle by Jack Wineman, Ph.D.

Across

1. A discreet period of intense fear, with sweating, trembling, sensation of smothering, nausea, and fear of dying. (2 words with a space)
4. When the full criteria for a disorder were previously met, but currently only some of the signs & symptoms remain, the disorder is in partial ...
10. Psychosocial and Environmental Problems go on this Axis (spell out the answer).
11. Second word of the MDD diagnosis.
14. Recurrent episodes of binge eating; feeling unable to control what or how much one is eating.
17. Persistent preoccupation with the idea one has a serious disease based on misinterpretation of body symptoms.
18. Repeated voiding of urine into bed or clothes.
22. First word of the ODD diagnosis.
23. Uninterrupted period of illness with major depression, a manic episode or a mixed episode along with schizophrenia.
25. PTSD symptoms experienced within 4 weeks of a traumatic event, and lasts from 2 days to 1 month. (3 words with spaces)



EclipseCrossword.com

Down

2. Repetitive behaviors that the person is driven to perform and which interfere with normal routine or social activities.
3. Second word of the GAD disorder.
5. ___?___ Explosive Disorder
6. Within a 12 month period, maladaptive substance abuse causing significant impairment and increased tolerance, withdrawal difficulties, and a great deal of time spent trying to obtain the substance suggests (2 words with a space) ...
7. Used when there is not enough information available for a firm diagnosis.
8. Recurrent, intense, sexually arousing fantasy, or sexual urges, involving nonliving objects.
9. Global Assessment of Functioning goes on this Axis (spell out the answer).
12. Recurrent and persistent thoughts, impulses, or images that are intrusive and inappropriate, and cause marked distress.
13. Preoccupation with an imagined defect in appearance resulting in significant impairment is call Body ___?___ Disorder.
15. Personality disorders go on this Axis (spell out the answer).
16. What letters represent the diagnosis of a condition of inattention "to the degree that it is maladaptive," and lasts over 6 months.
18. Repeated passage of feces into inappropriate places.
19. An intelligence quotient ranging from 35/40 to 50/55 is diagnosed as ___?_ mental retardation.
20. Intense fear of gaining weight or becoming fat, even though underweight.
21. General medical conditions go on this Axis (spell out the answer).
24. Clinical disorders go on this Axis (spell out the answer).

For puzzle solution, see page 6

'Mindfulness'

continued from page 3

all. Or they realize someone else sees it.

Then they zoom into "Doing Mode" — fix it, change it, and figure out how to make it better. Ruminates about the past (*How did I get this way? Is it my fault?*) and worry about the future (*What will I do? How do I get something to change so I can be okay?*).

Mindfulness alert. Here we go: Breathe. Slow down and breathe. Just notice those thoughts, emotions, and sensations in your body. Perhaps take a step back and observe them, gently, without judging them.

Let's do a mindfulness practice for five minutes or so in session: Sit, breathe, eyes open, and focus on your (breath, ear, hand, whatever), and notice when your mind wanders. Easy now. Minds wander; oh well. Just notice what you are thinking, accept it as just a thought, nothing more, and come back to your breath. Just notice what you are feeling, in your emotions and in your body, and come back to your breath. Accept it as just a feeling — observe it, accept it, and breathe. You can't fail — it's all about noticing and learning from that. Gently.

What I'm after here is to create a big shift in my client's relationship to her thoughts, emotions, and sensations. I want her to learn and use "Being Mode." "Doing Mode" (see above) is about zooming into overdrive, reactivity, and fixing. We're looking for "Being Mode," which is about slowing down, observing, and accepting. "...[S]ee the problem through the lens of nonreactivity, and bring a kindly awareness to the problem." (Thich Nhat Hanh says stop, calm, and look deeply.)

Some folks get there fairly easily. One client had a big chunk of her past pop back into her life, breaking her gap-filling bargain of "we'll never bring it up again." Anxiety and panic ensued. I taught her a bit about mindfulness, we practiced; next time, radical acceptance, catching the fearful stories, more practice; third time she came in calm, rested, prepared to deal with whatever came up, even though she figured she probably wouldn't like it. (Calm client, elated therapist — it was great.)

Most of us take longer. I now do a lot of brief mindfulness practices in session, with plenty of coaching, noticing, teaching about observing, accepting, and being. We observe that coming back

into the moment and letting go helps the brain get out of its old pattern better than arguing with the self. Using DBT terms, it helps the mind come out of Emotion Mind and move through Reasonable Mind to Wise Mind. My clients with recurrent difficulties love the idea that sad emotions and a depressive/anxious pattern of thoughts actually get linked in the brain, and are triggered by life events in a way that does not happen for those without a history of depression or anxiety. The body/mind links these things — so "it's not my fault, but I can learn a different way."

I'll soon also move to offering a mindfulness class of 8 or 10 sessions, for clients who have recurring depression. The book, "*Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*," reports on development, testing, and positive results from this approach. It's based on Jon Kabat-Zinn's Mindfulness Based Stress Reduction program, which in turn leans heavily on Buddhist mindfulness practice. Bringing together body, mind, and spirit. I like it.

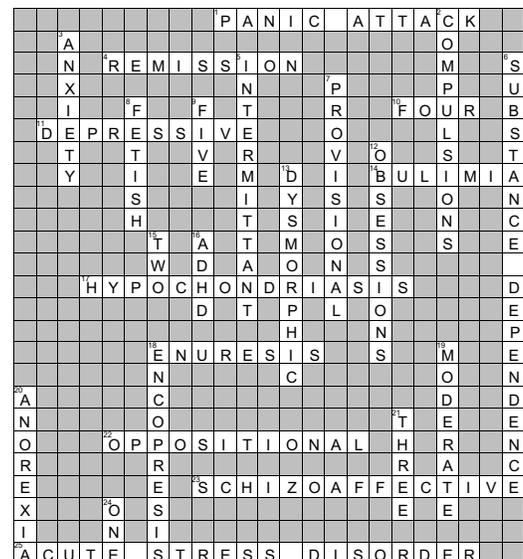
That's the process from beginner's mind. I hope you've found an idea or a chuckle. A few places where I've found expertise and assistance:

- Jon Kabat-Zinn, books such as "*Full Catastrophe Living*" and "*Wherever You Go, There You Are*," and his website, www.mindfulnessstapes.com.
- Thich Nhat Hanh, "*The Miracle of Mindfulness*" and many other books
- Segal, Williams, and Teasdale, "*Mindfulness Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*." (for professionals)
- Segal, Williams, Teasdale, and Kabat-Zinn, "*The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness*." (a guide through the approach, for self-help or group use.)
- Marsha Linehan, Dialectical Behavior Therapy, and her CDs for developing and teaching mindfulness. I like "*From Suffering To Freedom Through Acceptance*" for clients, and the series "*Live Mindfulness*." www.behavioraltech.org.

Local Mindfulness groups:

- Pacific Counseling Associates, 7602 Pacific — Mondays, 11:30 a.m. – 12:15 p.m.
- Second Unitarian Church, Third Thursday, 7–9 p.m.
- Private home, Sunday 6:30 p.m. — contact Patti Benker, 496-3249
- First United Methodist Church, Wednesdays, Noon to 1 p.m.
- Nebraska Zen Center — many times available

**Fun
With
the
DSM
puzzle solution
(from page 5)**



AN EXCELLENT PRACTICE: Computers in Private Practice

An Excellent Practice is a five-part series of articles that will, hopefully, provide you with a number of practical ideas to incorporate on a regular basis in your practice as a way of building a stronger practice, even an excellent practice. Marketing a Private Practice, Working with Clients, and HIPAA have been covered, while Computers in Private Practice is the focus for this article. Money Issues in Private Practice will be the final part of this series.

By Robert G. Kraft, Ph.D.

Computers have become a pervasive part of most private practices. It is probably safe to say that every private practice office has at least one computer, and may actually have one computer for every person in the office. Many offices have one central computer, where the lion's share of the work is done. Other offices have a computer on every desktop, sharing the load.

Not that long ago, there may have been no computers, and no need for them, in mental health offices. You can, at present, still run an office without one, but you would have to be a small office (in most cases), and you would have to avoid using insurance (in some cases, to avoid triggering HIPAA compliance regulations — if any part of the paper trail turns electronic, as I understand it, you to fall under HIPAA and all of its regulations).

Computers are expensive, even though they are cheap. This statement is contradictory, but true. Computers are inexpensive in that you can buy one for \$300 or so, with more power than would have filled a room 50 years ago. But you also have to acquire software (for billing, notes, antivirus, anti-spyware, etc.) that will cost hundreds of dollars. Software often at least doubles the expense of a computer in a mental health office.

Maintenance is a very important issue with computers. When they work well, they are a modern miracle. When there is a problem, they become very frustrating and controlling (perhaps like some patients at times).

You need an on-site expert or one that you can call in as needed. You

need to have a computer that works flawlessly, media of your choice (a flash drive, for example) to backup your data (which must be done regularly), and numerous pieces of software that perform need maintenance (anti-virus, anti-spyware).

Most of your software vendors will provide support, but you will often have to pay for it. It is a good idea to have a central file that you can access that has the names and contact information for all your hardware and software experts.

Do you have a web presence? Can potential customers find you on the web? These two questions are current and will affect many of you more and more in the future.

How many places are you on the web? Do you have a website? Do you advertise on the web? All these questions need to be considered and addressed.

But even if you have a "presence" (like a website), can anyone find you? Try it yourself: type your name into your chosen search engine. Can you find yourself on the web? If not, how will your potential customers find you?

This is another area you can complete yourself (make your own website, for example), or you can hire others to perform it for you. It is important to not only have a presence, but to make sure you can be found online.

If you don't know how to make this happen, contact those who do. If you don't know how to find someone, use your (human) network and ask what your friends/colleagues are doing.



The power of computing used by potential customers has, at least partially, changed our private practice world and the way we get referrals and the way they find us. And computer usage in a private practice is hugely increased compared with only a few years ago.

In my office, for example, each practitioner runs his or her own billing from each desktop.

Here's an example of a computer at use in a private practice: the other day, right after I saw a new patient and before the next session started 10 minutes later, I entered the client into the billing system, created a claim, submitted that claim electronically to the insurance company, and then typed up the note. I have actually had it happen where I submitted a claim and got paid the next day! Computers have made a difference.

Computers have changed the world and will continue to do so. How much are they a part of yours?

— 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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APPT Mission Statement

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- Collecting from Clients
- Electronic Billing
- 2. Practice Management
 - Encouraging positive collaboration among colleagues
 - Enhancing professional/ethical dialogue
 - Workshops
 - Rapid information dissemination (legislative, legal issues)
- 3. Meetings

Policy Development

1. Education, Research, Evaluation
 - Legislators: State, Federal
 - Benefits Managers
 - Consumer Organizations/Unions
2. Legislation
 - Monitor trends
 - Lobbying
 - Developing agendas
3. Coordinating With Other Organizations

Spring Conference 2008 Last Call



What If?

*The Role of Doubt, Uncertainty,
and Shame in Obsessive-Compulsive Disorder*

Presented by Dr. Patricia Wicks & Terry Moore, LCSW

PLUS:

**An Update on New Medications from
Psychiatrist Nicole Bergerson, M.D.**

When: Friday, April 4, 2008
8 a.m. to Noon

Where: Mahoney State Park (Ashland, NE)
Riverview Lodge

To RSVP: Call Bridget at (402) 393-4600
or download registration form from:
www.privatepractice.com