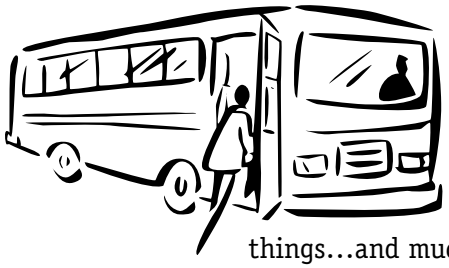
COMPASS

The Newsletter for the Association of Private Practice Therapists
– WINTER 2008 –

APPT 'Practice Crawl' Scheduled for Feb. 1



It's more than an open house. It's more than an opportunity to socialize with fellow therapists. It's more than a chance to see how other therapists organize their practices. It's *all* of these things…and much, much more!

The Association of Private Practice Therapists is organizing a "Practice Crawl" on Friday, Feb. 1, 2008 — and you are invited to participate. (You do not have to be an APPT member to join in the fun, and spouses and significant others are welcome to attend too.)

Plan to arrive downtown anytime between 5 p.m. and 5:40 p.m. and walk between Mary Ann Calta's office and The Paxton, where Dr. Jeffrey Stormberg and Adrian Martin have their office.

Park downtown, board the APPT Shuttle at The Paxton (promptly!) at 5:45 p.m., and you'll be returned downtown after the last stop. If you want to ride on the shuttle, the cost is $15 per person. Advance reservations for the shuttle **are required** — please call Bridget at 393-4600 to RSVP. *Reservations are due by Wednesday, Jan. 30.* You will pay when boarding the shuttle at The Paxton; please bring a check for $15 per person, payable to "APPT," or exact change.

Therapists are welcome to attend any of the stops on the Practice Crawl (times are posted in the box at right); however, we are only able to provide transportation round-trip from The Paxton.

Dr. Stormberg and Adrian Martin will be hosting a post-crawl get-together at their office as well, beginning at 8:45 p.m.

Questions? Want to RSVP for the APPT Shuttle? Call Bridget at (402) 393-4600 or e-mail *appt@ibc.omhcoxmail.com*. *

Scheduled Itinerary

Friday, Feb. 1, 2008

First Stop (2 offices) ..... 5:00–5:45 p.m.
Mary Ann Calta, M.Div., LMHP
416 South 14th Street, Suite 200
&
Jeffrey Stormberg, Ph.D.
and Adrian Martin, M.S.
1403 Farnam Street, Suite 215 (The Paxton)

Second Stop ..... 6:00–6:20 p.m.
Center for Counseling and Psychotherapy
8021 Chicago Street

Third Stop ..... 6:25 – 6:55 p.m.
Family Enrichment
820 South 75th Street

Fourth Stop ..... 7:00 – 7:35 p.m.
Robinson-Abraham, Inc.
7701 Pacific Street, Suite 301

Fifth Stop ..... 7:45 – 8:25 p.m.
Arbor Family Counseling
11605 Arbor Street, Suite 106

Bus will return downtown around 8:45 p.m.

Reservations are Required So Our Hosts Can Plan on Food & Drinks; We Also Need to Know How Many to Plan for on the APPT Shuttle.

Call (402) 393-4600

Calendar of Events

Tuesday, Feb. 5, 2008
APPT Mini-Series Workshop

Friday, April 4, 2008
APPT Spring Conference

IN THIS ISSUE…

From the President's Desk: Treating Trauma

Ellie Fields, MS

Not every therapist calls him or herself a "trauma therapist." But, in essence, we help our clients with traumatic events every day. Whether it's a big "T" or a little "t" trauma, we are there to listen, support, guide, reframe — and eventually help them heal from the effects of the event or interaction that led them to our doorsteps.

The Von Maur event was a big "T" for Omaha, Nebraska. It was an especially big "T" for the folks anywhere in the Westroads Mall on Dec. 5, 2007.

My first call in the office about this event was the following Monday, a voice mail from an existing client. The client was near the interior entrance to Von Maur when she heard the gunshots. Luckily, I got her in the following day to hear about her experience and the events that followed for her. Nightmares had begun and she experienced intense anxiety when entering another mall to finish her holiday shopping that weekend. Neither of these symptoms had been a part of her life before now.

My rapport with the client led me to use some Thought Field Therapy to reduce her current symptoms of anxiety, guilt, and trauma. Even though this technique was effective for what it was intended, she appeared most relieved by just being able to share the experience in her own words and metaphors. I knew that being with her in that place was where she needed me to be…with her.

Days before the incident, another client had purchased presents for her family and had taken advantage of the free gift wrapping Von Maur offers. The struggle for this person now was: Do I re-wrap the presents? Are the gifts tainted or ruined in some way because of the shooting? For her, a reframe seemed to help her see the gifts from another angle that made them acceptable again. But really, the event for her was about yet another perception of safety and security that was now altered forever. Reflecting and integrating this new question of, "What is safe?" became the focus.

No matter what your orientation is, providing the healing presence our clients need at a time of unexpected chaos is essential. You can ground them in the certainties of their life as you have come to understand it, exploring and reconnecting them with the positive forces and relationships they are surrounded by. Normalizing the feelings, thoughts, and physical sensations they have experienced since the event will be a crucial step to initially helping them lower their stress response. Remind them, "YOU ARE NOT GOING CRAZY!"

All that week, I made it a point to check in with every client I saw to find out how they were doing with the event and if it had an impact on them. Most were upset by it, like the rest of the country, but had no need to discuss it further. Others — with a history of trauma — wanted to go on about not feeling safe again. Were they ever *really* safe? I realized that even though I do not follow the local media, and tend to not be sucked into the drama of such events, even I found myself a little teary over how desper-

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COMPASS

The Compass is published by the Association of Private Practice Therapists (APPT) in conjunction with Image Building Communications.

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

APPT Member Benefit: Long-Term Care Insurance

By Chris Krueger

Have you thought about long-term care insurance?

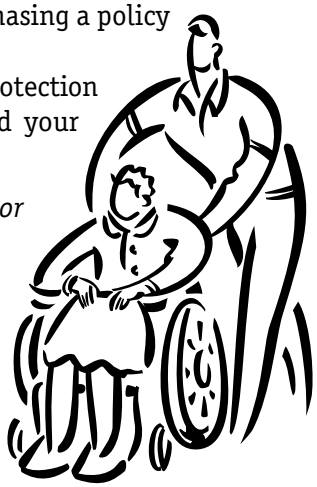
Long-term care insurance is a strategy to help pay for home-health care, assisted living facilities, and adult day cares. If you've been thinking about purchasing a long-term care policy, give me a call.

The APPT-sponsored group discount program for long-term care insurance 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.

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. The best time to consider purchasing a policy is right now — before you need it!



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.*

President's Message: Trauma

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ate and lost this young man had to have been to do such a thing (typical therapist over-empathizing). I also couldn't help reflecting on my own client list and how many of them are close to suicide in a given week, month, or day. We work with fragile people.

Therapists do their best work when they are caring for themselves. Take care of yourself. We know the holidays are hard on our clients. We share some of that seasonal stress. This is a time to be paying close attention to following our own therapeutic prescriptions: self-care, balance, self-care, balance.

Our community is under additional stress with the Westroads event and we are not immune to this either. Take the time to process and do your own work so you can be effective with your clients.

Also, be willing to refer out if you find you are not as effective with your client's trauma as you thought, or your client is not showing signs of improvement or relief of their symptoms. I am assuming you are doing this already, but when you've exhausted your talents, consult with a trusted colleague or supervisor about what may be the next course of action.

I encourage all of you to continue to use the APPT network to support yourselves and clients in this process of providing the best care possible. If you don't have an APPT Membership Directory with everyone's talents and specialties, get one! Call Bridget at 393-4600 or send an e-mail to her at *appt@ibc.omhcoxmail.com* and request a copy. (She can e-mail you an updated copy as a Microsoft Word file.)

Many of us refer back and forth for various special treatments, including trauma. This is probably been one of the richest payoffs for me (and my clients) from being an active member of this organization.

And don't forget that APPT offers a free Peer Consultation session each month. It's held on the last Friday of the month at the Adlerian Center. If you're an APPT member and are not receiving the EVite invitations, please let Bridget know. *

Up to $100 Scholarship Available For Continuing Education

It's a new year — and that means there are FOUR new opportunities for you to explore continuing education with APPT's help!

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 form and submit it, along with a copy of the workshop brochure (if available). Your 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*.

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.

Remembering Dan Dwyer

By Greg Tvrdik, MS

Being in private practice can be a lonely business, especially if you don't have time to leave the office. Oftentimes, days can go by and the only people you have contact with — besides your clients — are the people you pass in the hallway.

In October 2007, Dan Dwyer, a respected mental health therapist in the community, passed away in his office. Before opening his private practice, Dan worked at Boys Town for many years. Dan was also very involved in associations and organizations in Omaha and in the state of Nebraska. He advocated for, and provided a voice for, the needs and welfare of children and adolescents.

Much like his work at Boys Town, a part of his practice was providing mental health therapy to a very difficult clientele — adolescents referred to him by the courts for various offenses. Dan often saw the kids other therapists didn't want to work with, or couldn't relate to.

For the four years I have been in private practice, my office was next to Dan's. On occasion, I would see his clients, in jumpsuits and shackles, being escorted down the hallway to his office by juvenile officers. Dan never tried to gloss over the difficulty of his caseload, nor did he glorify the work he did. Though he was very well respected by the court system, he never tried to single himself out for praise for working with kids no one else wanted.

Oftentimes between his sessions, Dan would walk the halls chatting with whoever happened by, or he would stick his head in the office and say hi. He was somewhat of a town crier for our building, having the scoop on the comings and goings of the building we shared. He would go out of his way and meet new tenants and introduce them to others, as he did for me.

I'm sure he worked with his clients as he did with others in his life, allowing them to feel at ease and be heard, letting them talk and unload. He also had a good sense of humor and unique ability to poke fun at himself.

These are the things I'll remember and miss about Dan and these are some of the things that made Dan a good therapist and a good person. On behalf of APPT, I would like to acknowledge Dan Dwyer and his passing in 2007.

MEMBER NEWS

Joyce Sasse

Joyce Sasse APRN-BC, has recently joined Woodhaven Counseling Associates, Inc., located at 11319 P Street, Suite 1 in Omaha.

Sasse is a Psychiatric Nurse Practitioner and Clinical Nurse Specialist whose primary areas of expertise include general psychiatry, women's issues, and wellness.

As part of her services, Ms. Sasse performs psychiatric evaluations, prescribes medications, and uses cognitive behavioral therapy and therapeutic wellness modalities to manage patient care.

She is available as a trainer for speaking engagements and workshops. Call (402) 592-0328.

Licensed clinical social worker **Tiffany Koenen, LCSW,** is offering a new group, "My Computer Is My Best Friend" for men and women ages 18-25. The nine-week group began Jan. 18 and meets from 11 a.m. to 12:30 p.m. on Fridays.

Topics covered in the group sessions will include realistic expectations of relationships, expanding your interests, independence vs. dependence, and developing coping skills.

For more information, call Tiffany at 502-1024 x293, or you can e-mail her *tiffany.koenen@hotmail.com*.

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Applications of Medical Family Therapy in Practice

Adrian Martin, MS

By Adrian Martin, MS

Many practicing therapists are aware that family systems theory provides a highly developed approach to analyzing and working with circular interaction processes, relational triangles, boundaries, and the beliefs that occur within the complicated structure and interaction among family members.

Medical family therapy (MedFT) is the application of systems theory in the form of a biopsychosocial systems approach to conducting psychotherapy with patients and their families who experience physical health problems, including illness, trauma, or disability. As such, MedFT addresses the systemic interactions among patients, their families, their doctors, surgeons, nurses, and other allied healthcare workers. By becoming an integral part of that structure, a medical family therapist is able to work within those processes to help the patient through the course of their illness.

The biopsychosocial, or BPS model, was developed by psychiatrist George Engel in the late 1970s as a reaction to the splitting of patient problems into either biological or psychosocial issues. That had become the established norm through the biomedical approach generally taken by the healthcare industry.

The result of this dualism is that physicians tended to deal with biological problems and psychotherapists got to work on the psychosocial problems. The BPS model is a general framework that creates an awareness of the importance of the biological, psychological, social, cultural, and (more recently) spiritual system levels of a patient's presenting problem.

These system levels are thought to interact synergistically to produce the symptoms about which the patient and/or family are concerned. In essence, the presenting complaint is explored from each of these dimensions, and the model requires that the healthcare team address the effects of these dimensions on the patient's level of functioning.

The BPS model suggests that solely biological or solely psychosocial problems do not really exist and, therefore, physicians are, in fact, treating medical problems that have psychosocial components and psychotherapists need to actively consider the biological elements to their client work.

Often physicians are unable to address psychosocial issues unless there is enough time available within the biomedical model of the 10–20 minute consultation, or these issues are particularly prominent and perhaps are seen as being causal. Few psychotherapists receive specialized training in organic-based problems or the effects of disease processes, such as adolescent onset diabetes, or congenital health problems that necessitate intensive medical resources and long-term care.

The two disciplines have traditionally used very different languages; for example, the conventions around the terms "client" and "patient," and the language of the biomedical model is often beyond the comprehension of the layperson.

There has also been a traditional difference in approach to directing the patient, with the biomedical model being highly directive, building physician and patient expectations towards fast results once the problem is identified, while the psychosocial "arts" have developed a process orientation that has traditionally focused on the potential existence and development of client efficacy over a loosely-defined time period.

The BPS model identifies a clear need for detailed multidisciplinary collaborative care in order to best serve the patient's interests. Collaboration is the central component of MedFT and taking this approach without collaboration has been likened to doing marital therapy without one spouse.

I know many therapists that contact their patient's physicians to obtain further information or to inform the physician of an area of concern regarding their patient, but MedFT

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When The Therapist Has to Cancel

Editor's Note: *With Dan Dwyer's unexpected passing (see page 5), we have secured permission from the California Association of Marriage and Family Therapists to excerpt material from the Jan/Feb 2001 issue of "The Therapist," a publication of CAMFT, headquartered in San Diego, Calif. This article is copyrighted and has been reprinted with permission of CAMFT. For more information on CAMFT, visit www.camft.org.*

By Ann Steiner, Ph.D.

Have you decided who you want to have contact your clients or run your groups if you are unexpectedly out of the office for a month or longer?

If not, now is a good time to begin thinking through how you want to deal with your own planned and unplanned absences. Our own family emergencies, illness, or car accidents may require us to be out of the office for extended periods of time.

Have you designated someone whose treatment style is similar enough to yours to be able to work with your clients or run your groups? Who knows where to find the list of all your clients, their work and home phone numbers, has access to information about your billing procedures, codes for your voice mail, keys to your office, etc.?

I thought so; you too, like most of us, have not addressed, or planned for this unpleasant aspect of being human.

Termination: A Rich Area to Explore

There are many forms of termination: planned, unplanned, and temporary. Termination is the most important, and most often overlooked, phase of treatment. A health termination process allows time for good-byes and cleaning up unfinished business. How important is it to give your clients a chance to say good-bye to you?

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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!

Clinical Applications of Neurofeedback in Private Practice

Join us on Tuesday, Feb. 5 and get an overview of neurofeedback and its possibilities for clinical application. Biofeedback and neurofeedback are tools that assist individuals in improving functioning in areas such as education, performance, and disease management.

Our presenters will be ***Mary Glassman, RN, LCSW*** and ***Dr. Lisa Merrifield.*** Mary Glassman has a R.N. degree from the University of Nebraska Medical Center and a Masters degree in Social Work from UNO. She has been certified in biofeedback for over 25 years. Dr. Merrifield has a B.A. in Biology from Agnes Scott College as well as a M.A. and Ph.D. in Psychology from the University of Southern Mississippi.

Tuesday, Feb. 5, 2008

Olive Garden – 74th & Dodge Street (Omaha)

11:10 to 11:35 a.m. ..... Meet / Greet / Networking
11:35 to 12:35 p.m. (Q&A 12:35 to 12:45 p.m.) ..... Speaker

APPT Members: $14.50 per person ..... Non-Members: $17.00 per person
Cost includes entreé, salad, breadsticks, beverage, and gratuity.

To Register by Phone, Call Bridget at the APPT Office – (402) 393-4600
RESERVATIONS DUE BY NOON ON MONDAY, FEB. 4, 2008

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

OR Fax to: (402) 393-4603

Make checks payable to APPT • No-Shows May Be Billed • No refunds after Feb. 4

When the Therapist Has to Cancel

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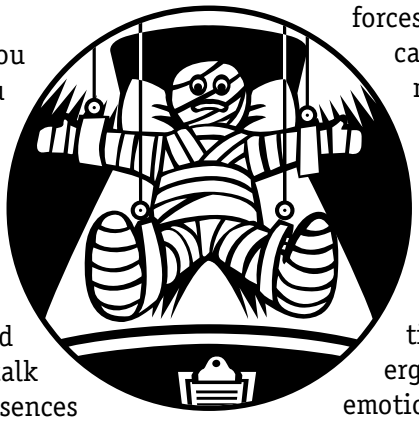
The bottom line is, "How do you want their treatment with you to end, or be disrupted due to your illness or incapacity?"



One of the most curative aspects of any therapy is for clients to learn to speak the unspeakable. Unwanted terminations are a time when we need to explicitly invite clients to talk about questions about our absences or termination. The safer you make this process for your clients, the greater the chances are that they will feel comfortable seeking treatment when they need it in the future.

Many clients are relieved to avoid having to protect someone whose job it is to help them. This can be a lifelong gift.

Dealing With Our Own Denial

Denial of our own vulnerabilities and mortality is surprisingly pervasive among mental health professionals. It is a topic that makes us squirm. Very few therapists have thought these issues through.

A number of troublesome questions emerge, such as: Who is prepared to notify your clients and provide referrals when you are unable to keep appointments? Is someone prepared to handle the many administrative and clinical issues that come up when you are not available?

Without a plan and a professional will, clients are at risk of feeling and/or actually being abandoned.

The other big drawback to not having such a plan and document in place is that it forces us to deal with complicated issues when we are most vulnerable. Instead of focusing on our own recovery or immediate family crisis, we end up dealing with the added stress of calling to cancel appointments at a time when we need our energy for our own physical or emotional recovery.

Caring For Ourselves and Our Clients

Have you heard the horror stories about clients whose therapist had no one lined up to handle their practice when they had to be out of the office unexpectedly? The trauma of coming home from work to find a message from a stranger saying that your therapist won't be keeping any appointments because he has been fighting cancer for months and is dying can create unnecessary damage and devastation.

The anxiety you may be feeling as you read this article can be minimized if you have a well-thought-out plan in place. Whether you work exclusively with children, individuals, or families, the closure process you bring to your work can make this final phase rich, productive, and meaningful.

By planning ahead, you will lighten the burden on yourself, your appointed Emergency Response Team, and your clients. This, in turn, will free you and others from dealing with the administrative details that arise and allow you to take the best possible care of both you and your clients. *

The APPT E-List

When you join APPT, you are automatically added to our E-List, a YahooGroups discussion group. The E-List is also how the APPT board of directors shares information with members about upcoming events and legislative action items.

You'll know a message was sent through the APPT E-List because it will have **[APPTMembers]** in the subject line.

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.

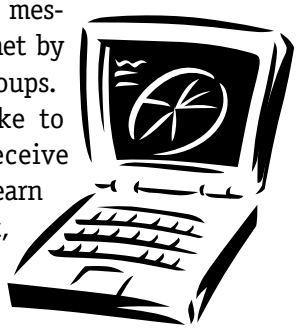
The current APPT policy is to allow limited self-promotion on the E-List, including advertising groups, workshops, or specific services.

At the urging of the APPT board, we have recently switched back to an unmoderated list format, meaning your e-mails are not reviewed prior to being distributed to the group. E-mails that were intended to be sent to a private recipient, or the APPT administrator, will no longer be intercepted, so please make sure you intend the message to go to the full group, as there is no way to "recall" the message once it's sent.

To send a new message, you may either reply to an existing message (be sure to change the subject line) or address a new e-mail to *APPTMembers@yahoogroups.com*. You must send the message from the e-mail address listed in our YahooGroups e-mail list (the e-mail address where you receive E-List messages).

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

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



APPT Member News

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The Park Professional Group, located at 1239 North Park Avenue in Fremont (phone 402-727-4886), has been committed to providing quality therapeutic mental health and wellness services to children and adults, individuals and families for 10 years in the greater Fremont area. The group has recently added several mental health providers to its practice:

Catherine Saeger is a Licensed Clinical Social Worker with 15 years of clinical experience and over 30 years in the field of Social Work. She has been associated with Park Professional Group for 10 years and works with depression and anxiety, children and adolescents, couples' counseling, and women's issues.

Dr. Jane Karges, Psy.D., PC, received her Doctor of Psychology degree in Clinical Health Psychology from the California School of Professional Psychology in Los Angeles. Jane is also in private practice in the Dundee area of Omaha, where she sees older adolescents, adults, geriatric patients, and couples. Jane's specialties include loss and bereavement, trauma recovery, depression and anxiety, and meditation and spirituality.

Patti George, LMHP received her Master's in Counseling from the University of Nebraska at Omaha. She has worked at the University of Nebraska Medical Center for 17 years and in a counseling capacity for 12 years. Patti's experience includes working with children and adolescents, families, military personnel, and geriatric clients in the areas of depression and anxiety, marital and relationship issues, stress, trauma recovery, and divorce.

Other therapists on staff at The Park Professional Group include **Dr. Laura E. Robinson, Ph.D.,** who primarily works with older adolescents, adults, and geriatric patients in areas that include depression and anxiety, women's issues, eating disorders, grief and loss, and health and medical concerns; **Dr. Lois Svoboda, M.D.,** who has been a physician and is now a medical family therapist. Her practice is limited to couples and marital counseling as well as working with individuals who have come out of high control groups (cults); and **Mary Haskins, PLMHP, CMSW,** a recent graduate of the UNO School of Social Work. Her practice will center on the treatment of depression and anxiety, eating disorders, and children and families.

Jack Dross, MS, LMHP has joined Kairos Psychological, P.C as a therapist working with children, adolescents, and adults. He will continue at Kid's Inc. and will transition his clients for the next several months. You can reach him at (402) 334-6869.

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). *

Collaboration and its Role in Medical Family Therapy

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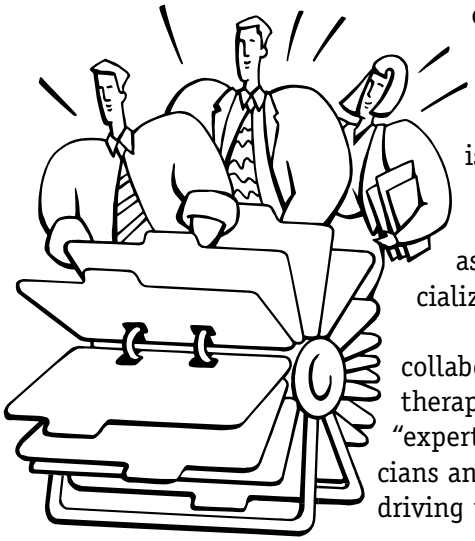
provides a more formal arena for integrated collaboration by taking a systemic approach.

The level of collaboration can vary greatly, depending on the setting in which the therapist works and the availability and commitment to the process by the medical providers.

Therapists working in a primary care or specialist medical setting are more likely to have easier access to physicians than those working in private practice; however, even if you don't work out of a physician's office or in a hospital, it is still possible to develop effective collaborative relationships.

Ideally, a high degree of consultation should occur between the providers, so even if the family is receiving treatment from the family therapist and the physician in different settings — which is very common — there is open communication between those providers before and after sessions, so that the family's progress can be monitored from all aspects of the BPS model, and treatment may be coordinated.

In an ideal world, sessions may be conducted with the family and both the physician and family therapist in the same room, for part or all of the session, taking a co-therapy approach. This is particularly effective at the start of MedFT treatment, as it helps cement the concept of everyone working together as an integrated team, and eases the process of treatment planning and role division. In any case, it is important to establish who is going to take responsibility for which areas of treatment and to guide the family as to which providers offer specialized skills and knowledge.



One potential hazard with collaborative healthcare is that the therapist may become yet another "expert" who teams with the physicians and other medical providers in driving the patient's treatment, and potentially the helpless patient grows to feel even more disempowered. This may promote mind/body dualism as the patient sees "his doctors" as being in charge, treating the pathology in his body without regard for the existential experience of his disease process and thereby decreasing the sense of being viewed as a whole person.

The therapist is mindful of entering into a dyad with the physician to the exclusion of the patient, and MedFT actively discourages this through promoting the patient's involvement and developing the paths of communication.

The patient and the patient's family take center stage in the treatment plan and are actively encouraged to operate as consultants on the treatment plan. Patient and family concerns are openly articulated through encouraged communication, and the therapist may serve as an interface between patients and families — and their caregivers — to help process through potential boundaries to patient care.

Illness naturally causes stress to the patient and the patient's family and social structure. Pre-existing conflicts and difficulties are often exacerbated when there is severe or chronic illness. These are often areas of premorbid functioning that are readily addressed in family therapy, and may have been dormant or denied for years, only becoming evident in the face of physical health stressors.

It seems highly beneficial to help patients through difficulties, such as increased marital discord and decreased family cohesion, that often results from the illness process, not only to improve the existential quality of life for the patient and the family, but because these very difficulties may in fact impede the patient's progression towards health. Relational conflict reduces the potential for support, and research has indicated a lack of social support as being a greater risk factor to ill health than cigarette smoking.

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AN EXCELLENT PRACTICE: HIPAA: Some Aspects to Think About

An Excellent Practice is a 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" and "Working with Clients" has been covered; HIPAA is the focus for this article, and future articles will address "Computers in Private Practice" and "Money Issues in Private Practice."

By Robert G. Kraft, Ph.D.

If you practice by yourself or in a very small group, only file paper claims (that never become electronic), and don't have to exchange records with other professionals, then you might not be covered under HIPAA and required to follow its rules and regulations. However, it is safest to assume you are covered in the 1996 federal law and must comply with it.

A recent part of HIPAA was the NPI (National Provider Identifier) number, a national number for providers. Each provider needs one to be uniquely identified. Why? My guesses are to reduce confusion with insurance companies and decrease inappropriate actions by abusive professionals. It might help you get paid faster, in that the number is you and only you. Corporations have to have a number also, so if you work as an individual for a corporation, you may well have a personal NPI and a corporate NPI. The only place they seem to be used, for now, is on insurance claim forms.

You need to have a HIPAA handbook of your policies for your office. This is to protect the patient and you as well. To be compliant with HIPAA, you need to review your Consent to Treatment, inform the client of their rights under HIPAA, and you probably need a new Authorization form (which we used to call a Release of Information). You also need to keep track of anything you send out (what, to whom, when, etc.) from the patient's record.

Your transactions must be handled carefully and confidentially. That means you must keep things locked up. That means you must have a password on your computer (and not leave it lying around, like on a sticky note on the computer or in your top drawer), you must be sure that your electronic claims are private and go to the right place, and you must be careful with faxes.

In our office, to be safe, we always double-check the fax number before we send a fax and we have a cover sheet that has a disclaimer about the information being confidential and that it must be destroyed if it is not received by the intended recipient, etc. And those procedures are outlined in our HIPAA handbook.

You are also responsible for making sure your confidential data is protected, including backups. If any confidential information is on a computer, you should have backups. And, as I read it, you should also have backups off-site, meaning you should have backups of your billing and client records away from your office.

If you have a computer and the backup is right next to it and there is a flood that destroys your computer and the backup, you have not protected the data. If you have data in two locations and you encounter a disaster so large (think hurricanes, or more locally, tornados) it destroys both locations, it would be hard to argue you hadn't tried to have appropriate backups.

It is also important to remember: if you back up your data and it is lost, can someone else read it? You must, as I see it, encrypt your data to take it away from your password-locked computer(s). So be sure to encrypt it when you back it up.

If you send a patient's name in an e-mail, you have unnecessarily risked client information. E-mail is (usually) not encrypted. If you know that your e-mail system always encrypts, then you can send confidential e-mails and they are protected by the encryption. In most offices, if you send any confidential information by e-mail, even the patient's name, you are in violation of HIPAA (at least as I read it). Encrypt the e-mail (or a document that you attach to the e-mail) or don't use e-mail as your way of sending confidential material.

HIPAA is about protecting patient information. Think through protection of patient information (this is required under HIPAA) and how you disperse information and make sure it is secure. Protect patient information completely. One last note: you must make sure you maintain your computer, which has the confidential information on it, so you should be running anti-virus and spyware software regularly, but more on that next time. *

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Applications of Medical Family Therapy in Practice

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Decreased family cohesion may limit the ability for patients to maintain medication compliance, or for families to agree on, and facilitate, the best treatment course for the patient.

So the predominant goal of medical family therapy is to assist the patient and their close relations through the course of acute and traumatic, or chronic and potentially terminal, health issues. This is achieved through the development and promotion of *agency* and *communion*.

Agency includes concepts such as self-efficacy and the ability to cope well enough with the symptoms of the illness and other life stressors, whereas the idea of *communion* is an acknowledgment of the family cohesion, communication, and emotional bonds that become strained through the illness process.

The treatment plan may include enhancing the day-to-day functioning of both the patient and their family, improving their ability to cope with symptoms (both chronic and acute), improving communication with the healthcare providers, developing acceptance of incurable health problems, and increasing the ability to make necessary lifestyle changes, such as diet and exercise regimens.

Following more traditional therapeutic lines, the therapist may assist the family in developing meaning out of the current illness and the family's illness history, helping to remove blame, acknowledge defenses, and facilitate grieving and acceptance around loss of health.

It is also important to promote the family strengths and resources that may become eroded through the illness process. This may include acknowledging and maintaining family traditions and rituals as well as providing psycho-education where appropriate.

Overall, medical family therapy assists clinicians in avoiding the risk of the somatic or psychosocial fixations that can reduce a complex problem to just a medical problem, or just a psychosocial issue, and helps promote biomedical interventions that make psychosocial sense. It also guides the psychotherapist to continue to refer the patient to their physician when they have a new or different symptom. *

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