



## How Do I Know If My Client Needs a Psychological Evaluation?

By Shari Conner, Ph.D., Licensed Clinical Psychologist

Am I crazy? Am I just being silly to worry? Is my child normal?

You've likely heard such concerns from clients and parents of clients during your career as a therapist. Similar worries are frequently the driving force behind the decision to refer a client for formal evaluation by a psychologist. But what exactly does a psychological evaluation entail, and how does a therapist know if a referral is the right step?

There are many reasons therapists may consider requesting an assessment for their clients. Some, such as those related to child custody evaluations, assessment of potential neurological damage, or when substance abuse is suspected, are beyond the scope of this article. However, the majority of referrals received by psychologists relate to therapists' concerns in three broad areas: Abnormalities in learning or development (cognitive, motor, or social), an unusually high number of externalizing behaviors (fighting, arguing, hyperactivity, impulsivity, etc.), and/or problematic internalizing symptoms (depression, isolation, crying spells, appetite changes, sleep problems, etc.). The purpose of the psychological evaluation is to help parents, school administrators, spouses, clients, and treatment providers to understand more specifically what is causing the symptoms (diagnosis) and how to go about improving the individual's functioning (treatment recommendations).

Of course, not all clients who have behavioral or emotional issues are seen for formal psychological evaluation. Some individuals begin working with a mentor, therapist, pastor, or medical provider and are able to make substantial changes without being formally assessed. Before seeking a referral to a psychologist, you may wish to consider the following first steps:

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## SHARON STONE, ERNIE ROSSI, & ME

*A workshop summary by Terry Moore, MSW*

***"Creativity, Brain Plasticity  
 and Therapeutic Hypnosis"***

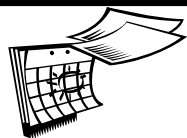
Held in Los Angeles, CA — Southern  
 California Society of Clinical Hypnosis  
 Sept. 20-21, 2008

Allow me to begin my comments by thanking the APPT board of directors for granting me a scholarship to attend this workshop. I appreciate your support.

Next, let me explain why it has taken me so long to summarize my thoughts on this interesting experience: I was in a hypnotic state throughout most of the two days of the workshop. My notes, taken contemporaneously with the workshop, are not that helpful in reconstructing the events of the time. Nonetheless, I will do my best to describe the workshop — in the hopes that you will become more curious about hypnosis.

As I was flying home from the workshop, the hum of the plane was in the background as I first asked myself the question: How am I ever going to be able to describe this experience? As I pondered the question, my head began to move

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## Calendar of Events

**Tuesday, June 2, 2009**  
 APPT MINI-SERIES WORKSHOP  
 [ DATE & TOPIC TO BE DETERMINED ]  
 OLIVE GARDEN RESTAURANT, OMAHA  
 visit [www.privatepractice.org](http://www.privatepractice.org) for details.

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# From the President's Desk: The Year in Review

By Pam Feldman, LIMHP

My second term as president of APPT is over — and what a fantastic year it was!

Your board of directors set some ambitious goals for 2008-09, and we've made tremendous progress!


- **Membership:** When I took over in April 2008, we had 140 members. As of March 27, we have 176. That's 25 percent growth this year alone! The decision to assign our Member-at-Large board positions to membership recruitment and retention is largely the reason for this increase. I want to thank Steve Abraham (retention) and Steve Brownrigg (recruitment) and the Membership Committee for their hard work.

- **Outreach:** Many therapists still think of APPT as an "Omaha-first" organization, but we are actively working to increase our reach into Lincoln and areas further west. Kathy Dombrowski joined our board this year in a "Regional Relations" position, and she has been invaluable in helping us plan activi-

ties. The board is currently thinking of having at least two mini-series workshops in Lincoln in 2009-10. And our efforts at podcasting our events (led by incoming president Adrian Martin) should help us reach therapists who can't come to Omaha or Lincoln — or who can't make our events at all.

- **Legislative.** The big issue this year was the implementation of the LIMHP credential. There are still a lot of issues to be worked out with this, but it's a good first step. Thanks to Shari Conner for presenting a wonderful program on supervision and the LIMHP for our members in August.

Finally, I'd like to thank all the members who support our organization — whether that's by renewing your dues each year (on the first OR second reminder!), participating in our events, joining in the discussions on our E-List, presenting to our members, or getting involved on our committees and board of directors — I want to THANK YOU for everything you do.



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# CARE For Your Future

You've planned and invested in order to achieve your retirement goals. But have you taken steps to protect the future you've worked so hard to build?

## Plan Ahead

Nebraska Gov. Dave Heineman and the U.S. Department of Health and Human Services agree that long-term care (LTC) planning is a critical issue for Americans. That is why they have partnered together to educate people and encourage them to proactively address this important issue.

## The Solution

For many Americans, LTC insurance is the most viable solution for addressing their future need for care. LTC insurance enables you to protect your retirement assets, maintain

your independence, and control how and where you'll receive care.

The APPT sponsored group discount program for long-term care insurance extends not only to the APPT members and their spouses and parents, but also to their siblings. In addition, eligible individuals include: your parents, parents-in-law, and children, all between the ages of 18-84.

Evaluate this protection to see if it's appropriate for you and your family. For more information on the sponsored group program through APPT, contact: John Schraut, Registered Representative for John Hancock Financial Network at (402) 758-1313 Ext. 28 or e-mail [jschraut@jhnetwork.com](mailto:jschraut@jhnetwork.com)  
 Help secure your future *today!*



## Up to \$100 Scholarship Available for Members' Continuing Education

If you read Terry Moore's article (see front page), you saw that you can 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*, like Terry did.

### Application for APPT Scholarship For Continuing Education

*The APPT Scholarship for Continuing Education is designed to help members defray the cost of a workshop they attend. Submit this form with a copy of the workshop brochure.*

Name \_\_\_\_\_

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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  
 2255 S. 132 St., Ste. 200, Omaha, NE 68144 or fax to (402) 334-8171.**

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

## – MEMBER NEWS –

**Cynthia Bang, LCSW, LIMHP**, has joined Great Oaks Counseling, LLC working with adults and older adolescents, and specializing in personality disorders. She works with Borderline clients utilizing her significant experience with Dialectical Behavior Therapy in both individual and group settings. Cynthia regularly conducts 20-week DBT Skills Groups which are open to the community while the client maintains their existing therapist. She also has an ongoing DBT Process Group for clients who have graduated from the Skills Group. Cynthia also specializes in grief/loss, trauma, and oncology issues. She can be reached at (402) 932-6500, ext. 107.

**James Connelly, LMHP, LPC**, is a new member to Great Oaks Counseling. He works with all ages of adolescents and adults. James works with general issues of client mental health, specializing in biblical counseling and career counseling. James is also an Assistant Professor at Grace University, where he teaches graduate-level counseling classes. He is currently a doctoral student of Regent University and will complete his Ph.D. in Counseling Education and Supervision this year. His experience includes work with international issues, trauma and grief counseling, spiritual issues, and marriage. James can be reached by phone at (402) 932-6500 ext. 109.

**Jennifer Duffy** has joined Davis, Larimer, Kuhl, and Swisher Psychotherapy Associates at their downtown offices. Jennifer has a Master of Human Relations degree with a counseling emphasis from the University of Oklahoma. She has been practicing as a provisionally licensed mental health provider over the past year.

Jennifer's experience includes mediation and coaching work with individuals and couples. Her unique background creates a niche in conflict resolution and

mediation, marriage, and coping with divorce. She is passionate about her work with single parents, blended family issues, children, and adolescents.

With a focus on optimizing individual potential, Jennifer assists in recovery from anxiety and depression, life transitions and personal growth. She is accepting new clients and can be reached at (402) 390-6044 or via e-mail at [jenniferg\\_duffy@yahoo.com](mailto:jenniferg_duffy@yahoo.com).



**Jim Haley** recently joined Kids Inc., located at 11414 West Center Road in Omaha.

Jim is a Nationally Certified Counselor licensed to practice in both Nebraska and Iowa. Jim works with children, adolescents, and adults on a wide range of presenting issues, including grief and loss, anxiety, depression, interpersonal difficulties, learning problems, and gender issues. His calm and accepting style is particularly helpful with anxious, depressed, and grieving clients. He is fluent in American Sign Language and has experience with many communication disorders, including hearing loss, stuttering, and dysphonia.

Jim is particularly interested in exploring motivation and readiness for change as it pertains to the counseling process. Jim can be reached at the Kids Inc. office at (402) 330-4014.

**Rizzo and Associates** is pleased to announce its new Adolescent Drug and Alcohol Program. Matt Brober, PLADC, will be in charge of working with the team from Rizzo and Associates. The group offers combined professional experience of 80 years.

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### Free Legal Consultation for APPT Members.

Each Traditional 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.

## *Assessing the Need for a Psychological Evaluation*

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- **Has a physical problem been ruled out?** Some medical conditions can produce emotional and/or behavioral symptoms that will not improve until the underlying biological issue is treated. These may include metabolic problems (e.g., thyroid dysfunction, hormone imbalances), cardiac problems, speech/language delays, hearing/vision problems, and/or neurological concerns, such as dementia, stroke, or brain tumors.
- **Has the client attempted to treat the problems with standard interventions, such as counseling, medication, and/or behavior modification?** If not, the client's insurance company may want to start there prior to granting authorization for a psychological evaluation. However, it is not uncommon for standard interventions to yield only partial improvement.

Because there is significant symptom overlap for many mental health conditions, formal evaluation is sometimes needed to accurately diagnose the problem.

For example, consider a child who is distractible, irritable, disorganized, forgetful, and impulsive. Many professionals may begin by treating the child for Attention Deficit-Hyperactivity Disorder (ADHD), using interventions such as medication, behavior modification, and environmental adjustments.

However, if there is little or no improvement, a referral for psychological evaluation might reveal that the child is actually dealing with depression rather than ADHD. It is unlikely that this child will fully improve until the specific problem has been accurately diagnosed and appropriately treated. Alternatively, psychological evaluation may con-

firm the ADHD diagnosis, but indicate that the child is not receiving the appropriate level or kind of care. A medication change, alteration in treatment frequency or type, or other environmental adjustment may be recommended.

- **When dealing with child clients, have you considered talking to the school about educational testing?** Many children who have undiagnosed learning disabilities will come to the attention of mental health professionals due to problems stemming from academic frustration. They may be prone to anger, distractibility, achieving grades below expectations, or even depression.

All schools are required to provide assessment of a student if a parent or teacher brings a learning concern to the school's attention. It is important to realize that learning disabilities are typically diagnosed in children who are average or above-average intelligence, and thus they are sometimes initially missed. Gifted children with learning disabilities often do not get diagnosed until middle school or beyond, as their higher intelligence allows them to compensate for their learning problem. No one realizes there is an issue until the workload overwhelms them at some point; they may then begin to display some of the behaviors noted above.

Finally, it is important to seek a professional evaluation immediately if you see signs of dangerousness or serious mental illness. For example, individuals who are aggressive or violent, start fires, cut or otherwise harm themselves, speak about wanting to die or to harm others, seem out of touch with reality, or display odd rituals or routines, should be

evaluated to determine how best to keep them and others safe.

If you decide that your client might benefit from a psychological evaluation, you may wish to ask a colleague, physician, or pastor for referrals. Once your client chooses a psychologist, prepare them to expect an initial visit to communicate their concerns and the history of the problem. Most times, a second appointment will then be made to do the actual testing. Finally, the client will return to have a feedback session in which the psychologist will explain which tests were done, what the results revealed, and what is recommended based on those results.

Your client should feel free to ask any questions that come to mind. Likewise, you as the therapist should expect to be consulted about the case and to be provided with a copy of the final report (assuming the client gives permission for this communication to occur).

Given the amount of time clients spend worrying, researching, scheduling, and attending a psychological assessment, they deserve to receive detailed and specific results! They often know themselves (or their children) better than anyone else and are their own best advocates. As consumers of mental health services, they have the right to expect professional, courteous, and competent care from the psychologist who performs the evaluation. As a referring colleague, you have the right to expect the same.

— *Shari Conner, Ph.D. is a psychologist in private practice with Woodhaven Counseling Associates at 11319 P Street, Suite 1 in Omaha, Neb. She can be reached at (402) 592-0328 or e-mail shari.conner@gmail.com.*

## — MEMBER NEWS —

*continued from page 4*

Matt has experience working with adolescents in residential treatment and corrections environments. Matt has a gentle, respectful, and enthusiastic spirit. He enjoys working with adolescents to facilitate healing relationships. Treatment is based on a solution-focused model with long-term results.

Please contact [mbroberg@cox.net](mailto:mbroberg@cox.net) for more information or call Rizzo and Associates at (402) 397-0330.

**Jeff Stormberg, Ph.D.** is celebrating more than two years since starting his private practice in Omaha at 1403 Farnam Street in the historic Paxton Hotel building. Also in the office is Adrian Martin, M.S.

Jeff lived and practiced in Lincoln for 17 years, but decided to relocate to his hometown of Omaha. Clientele include couples, adults, adolescents, and families. Jeff earned his M.S. in Counseling at UNO, and his Ph.D. in Marriage and Family Therapy from Nova Southeastern University in South Florida.

Please stop by the office anytime, at least to see the beautiful interior of this Art Deco building. You can learn more about Jeff at his website, [www.stormbergtherapy.com](http://www.stormbergtherapy.com).

*Inroads*, an outpatient mental health and substance abuse practice established in 2004 by **Dr. Pirzada Sattar** and **Kevin Kaminski, LIMHP**, has expanded to include a residential treatment center.

The eight-bed adult program offers residents a blend of traditional as well as non-traditional treatment options for substance abuse and concurrent mental health issues. *Inroads* has incorporated the traditions of the 12-step philosophy as well as the medical model for the treatment of addictive disorders. *Inroads* utilizes a multidisciplinary approach, with a staff focused on providing a comprehensive psychiatric assessment, medication management, individual and group psychotherapy, and individualized treatment. Underlying psychiatric conditions are diagnosed and treated aggressively as they often impact the addictive disease.

Non-traditional methods and components that can be included in an individual's treatment program include: natural detoxification options utilizing an on-site sauna, exercise programs, massage therapy, and aroma therapy.

*Inroads...to Recovery* offers residents a 24/7 clinically monitored, structured environment for the treatment of substance abuse. For more information, call (402) 932-2248.

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

## APPT Medicaid Survey Reveals Provider Concerns, Frustrations

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Sixty-five therapists participated in the APPT Medicaid Survey, conducted between September and December 2008. Of these, 81 percent were contracted as a Medicaid and/or Magellan provider in the 12 months prior to taking the survey.

Eighty-seven percent of therapists surveyed reported they were providers for both Medicaid and Magellan during that time. (A few providers were Medicaid-only or Magellan only.)

While Medicaid and Magellan clients can be a large part of a successful private practice caseload (28 percent of therapists reported these clients made up more than half of their caseload), the results of the survey suggest that therapists are considering reducing the number of Medicaid/Magellan clients they serve — or they already have.

Some reasons given for discontinuing accepting Medicaid and/or Magellan clients:

- Paperwork requirements (16%)
- Lack of clarity for compliance (16%)
- Risk of not getting paid (16%)
- Time involved in keeping up with system changes (14%)
- Interference with client-therapist relationship (11%)
- Low pay (11%)
- Difference in policies from other insurance company requirements (11%)
- High no-show rate (5%)

Thirty therapists (53%) reported they limit the number of Medicaid and/or Magellan clients they see. Another 12 therapists (22%) said they have decided to informally (without notifying Medicaid or Magellan) discontinue accepting new clients.

"I am self-limited to one patient on Medicaid that I see. This person was a self-payor before tragedy struck and I've remained dedicated to their service," one therapist wrote. "I've informed Medicaid I am not open to new patients. I do not like

*continued on page 10*



## APPT Elects New Officers at March 27 Conference

Members at the APPT Spring Conference voted to elect these officers:

Elected as president of the 180-member association was Adrian Martin, M.S. President-elect Shari Conner, Ph.D. will also continue to serve as the Psychology Liaison for the time being. Pam Feldman, M.S. moved to the past-president role. Glen Fineman, LCSW, was elected to another term as treasurer.

New to the board of directors is Connie Lofgreen, MSW, in the role of Member-at-Large in charge of Membership Retention. Julie Luzarraga was re-elected and will continue as Social Work Liaison.

Also on the board (elected in 2008-09) are secretary Kevin McKenzie, LCSW; Member-at-Large Steve Brownrigg, M.S., Regional Relations designate Kathy Dombrowski, M.S., and liaisons John Atherton, M.S. (NCA) and Sherry Hubbard, M.S. (NAMFT).

## Association Increases Its Reach With Podcasts of Select Events

For years, therapists have been lamenting scheduling conflicts or their distance from conference venues when reading about some of the unique programming offered by APPT.

In response to these concerns, the association purchased a podcast recorder in 2008 and — led by the able technological efforts of Adrian Martin, M.S. — has been working to record sessions to offer for purchase to members and non-members.

The first series of recordings and associated handouts is now available for purchase. The recordings and handouts can be purchased securely online and downloaded immediately using your credit card or check (through PayPal). The recordings are in MP3 format and can be played on most any computer or personal music player.

Visit [www.privatepractice.org](http://www.privatepractice.org) (click on “Store”) to purchase podcasts. Or, if you are an APPT member, save \$5 on each recording using the link which will be supplied on the APPT E-List.

Current podcasts (\$15 each; \$10 for APPT members) include:

- “Psychological Impact of Infertility Treatment” (Julie Luzarraga, presented June 2008)
- “Obesity Overview and Treatment” (Dr. Kathleen Dylla, Dec. 2008)

Additional recordings are being prepared for sale, so check back regularly. And if you are an APPT member, watch the E-List for announcements of new programs and the link to the Member Store.

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the piece you need for a complete picture?*



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## THE MEDICINAL INQUIRER: In Praise of Trazodone

*A series designed to help private practice therapists learn more about psychiatric medications and get their questions answered.*

By Joyce Sasse, APRN

Back in the early 1980s, psychiatry depended on a group of antidepressants called tri- and quatracyclics (TCAs). These medications were an improvement over the Monoamine Oxidase Inhibitors (MAOIs) that required a restricted diet and restrictions from several over-the-counter medications. But Elavil was a big cardiac prisoner and you had to be as afraid of the patient taking an overdose as you did of not treating their suicidal ideations. Pamelor and Tofranil were not much better. While these medications did help many people, there were serious side effects that caused concerns.

In 1982, the Federal Drug Administration approved a bicyclic antidepressant that was unlike anything seen before — Deseryl (generic Trazodone). This medication did not have the heart-damaging side effects that were so troublesome with the tricyclics and quatracyclics. The medication was very effective in managing depression caused by a lack of serotonin. In addition, the sedating effect of the medication made it effective in managing the insomnia that is a frequent companion of depression.

Deseryl was a wonderful medication but it was unfortunately overshadowed by the debut of Prozac a few years later. Deseryl eventually went off patent and it is now available in its generic form as Trazodone. It is most often used for a safe, non-addictive sleep medication. It can still be used as an antidepressant with a sedative component and low potential for weight gain. It also is usually on the \$4 generic drug lists at most pharmacies.

Trazodone works by inhibiting the uptake of serotonin by the presynaptic nerves in the brain and also by direct action on serotonin itself.

Like all antidepressants, it takes 3-4 weeks to build up in the brain to its optimum level of effectiveness.

Trazodone does have side effects: the most common are sedation, dizziness, and tiredness. In addition, users might experience upset stomach, insomnia, agitation, headache, dry mouth, constipation, and low blood pressure. While not common, some men may experience prolonged painful erections while on this medication. This condition, priapism, is a medical emergency and must be treated immediately.

— Joyce K. Sasse, MS, APRN-BC, CARN is a psychiatric nurse practitioner and clinical nurse specialist with Woodhaven Counseling Associates in Omaha.

Please send your questions about psychiatric medications to **The Medicinal Inquirer** and I will endeavor to answer them to your satisfaction. E-mail [joyesse1@cox.net](mailto:joyesse1@cox.net) with your questions or call me at (402) 592-0328.

**ARTICLES WANTED!** We need your contributions for *The Compass*! Submit your article for the July 2009 issue by June 15. We welcome articles on clinical or practice management topics. Send articles via e-mail to Bridget at [appt@ibc.omhcoxmail.com](mailto:appt@ibc.omhcoxmail.com) or via fax to (402) 393-4603. \*

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## Creativity, Brain Plasticity and Therapeutic Hypnosis

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spontaneously, tears began to stream from my right eye, and my right arm began to move in the characteristically incremental and halting movements of ideomotor activation. I thought to myself “Hmm, this is interesting.” I was in the midst of creative activation. I have drifted into this posture several times hence as I have thought deeply about what has been vexing me.

I had heard Ernest Rossi, Ph.D., speak at the 1992 International Congress of Ericksonian Psychotherapy. Fascinating, brilliant guy; an engaging teacher. As a result, I have read a number of his books and articles. It was his book (with David Cheek, M.D.) that introduced me to the use of ideomotor signaling during hypnosis. I use these concepts nearly every day in my work. So, when I got a mailing announcing the workshop — well, I just knew I had to go. After all, if a painter could take two days of lessons from Leonardo da Vinci, he or she would go, right?

Now, the only problem with studying with da Vinci is this: he knows Italian, and you don’t! Maybe your high school Latin classes will help a bit, but you are not gonna get everything. Fasten your seat belt and hold on tight!

Rossi speaks his own language. Sure, it’s similar to English, but it’s just not equivalent. Rossi is a Jungian analyst who studied with Milton Erickson, M.D., during the last decade of his life. He has gone on to study art, music, literature, neurobiology, brain plasticity, and the creative process. In his spare time, he went through rehabilitation for a stroke that occurred about 10 years ago. Dr. Rossi speaks softly, but a decent microphone helps with that in a roomful of seminar attendees.

For two days, Rossi talked about his personal and professional journey, his curiosity with human creativity, his stroke and subsequent rehabilitation, and how he elegantly practices hypnosis after about 40 years of warm-ups. He is engaging, passionate, insightful, and smart as hell.

If you’d like to learn a bit more about this remarkable fellow, pop over to his website: [www.ernestrossi.com/](http://www.ernestrossi.com/)

You’ll quickly discover that he is married to a psychologist, Kathryn L. Rossi, Ph.D.; she helped Ernie with the logistics of the seminar, but did very little direct teaching. Also of note on his website is the availability of a free book (in Adobe Acrobat PDF format): *“The New Neuroscience of Psychotherapy, Therapeutic Hypnosis and Rehabilitation: A Creative Dialogue with Our Genes.”*

If you have some spare cash, Ernie is looking to expand his research to support his notion that hypnosis

can influence gene expression. He’s been working with a group of researchers in Italy who have helped document these initial findings: gene expression is activated right after hypnosis, and the process continues with additional activation in the next 24 hours post-hypnosis. The sample group is very small at this point, and how this activation can be harnessed for therapy is not yet clear — not to me at least! — but it will be interesting to see where this goes from here.

Even if you read only the first chapter, it’s worthwhile to download the PDF file. Rossi does a masterful job of reviewing the highlights of Milton Erickson’s contributions to the fields of psychotherapy and hypnosis. You get a clear sense of the respect he feels for Erickson, and the legacy that persists in his own work.

If you go on to read the rest of the book, you’ll discover it’s only 69 pages long (as of today). I say that because he and Kathryn plan to update it from time to time.

So, let me see now if I can summarize what I learned: Hypnosis can be used therapeutically to mobilize an internal creative process. That creative process is generated within the environment of the therapeutic relationship, where support, guidance, and encouragement are offered. Naturalistic induction and deepening are employed in a manner that facilitates the outward manifestation of ideodynamic motor movement — an outward sign of internal work. Internal work intends to mobilize these elements: an internal struggle; a creative “aha” moment; future orientation to be able to use what one learns.

You’ll see some of the methods for this in the final chapters of the downloadable book. On the surface, these methods look quite simple — and you’d be right. On the other hand, I am glad to have over 25 years of experience using hypnosis as I approach this material.

There is an elegance and complexity to Rossi’s ideas that I may not fully appreciate quite yet. Rossi does caution that you might want to have a bit of experience before using some of these ideas, especially what he calls “The Merry Symptom Chase” — a method for helping with psychosomatic or other body-based symptoms. So, read carefully!

\* \* \*

Oh, by the way — I did not meet Sharon Stone. I mention her only because I drove by her house. You can, too. I don’t know the precise address, but I can tell you that she lives on Mulholland Drive. If you go to Los Angeles, get a map and find this street. Drive slowly, and savor the jillion-dollar homes. Stop at the scenic overlooks to see the lights twinkle in Hollywood.



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## *Organization Reports Results of 2008-09 Medicaid Survey*

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the Medicaid process and prefer to negotiate payments with patients myself."

A total of 19 therapists (35%) said they are considering officially terminating their status as a Medicaid/Magellan provider in the next 12 months. Another 14 (25%) "may" take that step.

One major reason is frustration with the Medicaid system, with therapists saying there's "too much time and regulation involved."

"The system doesn't really seem to focus on the welfare of the clients," noted one counselor. "It felt like some kind of paperwork game. Denials were not based on whether services had been provided, but on whether you'd jumped through the hoops in the correct order."

Another added, "Why Medicaid is operating in the Dark Ages is beyond me. Every other insurance panel I deal with — about 40 of them — acknowledges the expertise I have without having to seek extra evaluative assessments or MSEs. I can just do the work I was trained to do without the rest of the malarkey."

Some therapists are taking steps to protect themselves: "Our office started recording all conversations with Medicaid and Magellan as 'the left hand does not know what the right hand is doing.' We want to make sure we have a record of the inconsistency of their responses."

One therapist noted the desire to opt out of Medicaid/Magellan because of "the antagonistic nature of their recent decisions regarding these audits. It's as if they are accusing us of intentionally trying to defraud

Medicaid as a group rather than identifying offenders on a case-by-case situation. These are Nebraska's most vulnerable citizens and these 'reviews and audits' are merely a sham for trying to reduce the already few therapists who work with this at-risk population."

More than a few therapists expressed a similar concern about veteran therapists refusing to serve Medicaid and Magellan clients — because of these issues.

One wrote: "Very few therapists, with options to serve clientele and remain reasonably busy, will ultimately remain [providers]."

Several therapists expressed gratitude for the survey.

"No one that I know feels comfortable addressing the Medicaid/Magellan administrators directly on these issues for fear of retribution."