May/June 2002

COMPASS

The Newsletter for the Association of Private Practice Therapists

House Hearing Debates Mental Health Parity

A U.S. House of Representatives hearing March 13 on mental health parity matched proponents of pending legislation and employers opposed to paying more costly health care premiums for their workers.

The House Education and the Workforce Committee's Employer-Employee Relations Subcommittee brought together representatives of health care providers and employer groups attacking skyrocketing health care costs. Both sides acknowledged a need for mental health care coverage but disagreed about how to provide it.

Rep. Marge Roukema, R-N.J., who is January introduced the Mental Health and Substance Abuse Parity Amendments of 2001 (H.R. 12), testified that her bill would require health plans that offer mental illness coverage to provide the same coverage as for other medical care. But she emphasized that the bill does not require employers to offer mental health benefits.

"We are not mandating what businesses should cover," Roukema told subcommittee Chairman Rep. Sam Johnson, R-Texas.

Testifying on behalf of the American Managed Behavioral Healthcare Association, Dr. Henry Harbin, chairman of Magellan Health Services, reported that the costs of reaching parity may be less than most businesses think. Harbin said that Magellan manages care in 29 states with state-sponsored mental health parity legislation, and premiums have increased only slightly.

"At Magellan we have yet to see an increase of greater than 1 percent of the total health care premium as a result of state

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April 26 Conference Coverage

How Private Practice Therapists Can Get Involved in Disaster Relief Efforts

After viewing a slide show and hearing a presentation by Robin Zagurski, LCSW, about her experiences as a Red Cross Disaster Relief volunteer at Ground Zero, therapists attending the APPT Spring Conference on Friday, April 26 and found out how they could fit into crisis response plans as a private practice therapist.

"Victims and relief workers will be changed by their encounters with disaster, but the majority of them will not be damaged," read a slide in Zagurki's presentation.

This was the message shared by all four of the conference presenters. Though each of them have to make sacrifices (in their time donated and time away from their families), they are willing to use their skills and expertise to help in times of need.

Zagurski shared some of the incredible statistics about the services rendered at Ground Zero. From September 11 until March 22, 55,347 cases were opened and 236,259 mental health contacts were made. Most interventions occur outside the office, wherever the victims are and most contacts are 15 minutes or less. More than 14 million meals and snacks have also been served.

Nancy Carlson, a National Instructor with Disaster Mental Health also volunteered at Ground Zero. However, her presentation at the conference focused on how therapists can get involved in the disaster relief volunteer program, in particular, the Disaster Mental Health effort. She reviewed the process of getting involved with the program, including training opportunities.

Carlson noted that one common question from volunteers is how they can "practice" in another state. She replied that the Red Cross has an agreement with every state that all trained Red Cross volunteers can respond.

Carlson emphasized that flexibility is a key attribute for volunteering. "It's not office work, it's fieldwork," she said. "You need to be flexible. You kind of make it up as you go," while relying on your Red Cross training as a guide.

Trainings are two-day session which provide you with the parameters of service. Carlson said the training assumes you have the clinical skills necessary to serve. Volunteer opportunities are available both close to home and far away.

"Every time there is a fire that affects a dwelling space in Omaha, the Red Cross responds — because for that family, it is a disaster," she said.

If you are interested in learning more about becoming a Red Cross Disaster Mental Health Team member, attend an informational meeting at the Omaha Chapter on Wednesday, May 22 at 5:30 p.m. at 2912 South 80th Avenue.

Carlson's presentation was followed by Dr. John Dudley, the former director of counseling in the Lincoln school district. Dudley has earned an international repu-

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From the President

By Glen H. Fineman, LCSW — President of APPT

My term as president of APPT is ending as I write this letter to you. It seems like just yesterday that I outlined my goals for the association … and time has flown by as we worked to accomplish these tasks.

My goals, which I outlined in the July issue of *The Compass,* included:

1. Enact Legislation Affecting Mental Health Issues

The Unicameral made some advances in the area of additional funding for mental health services — but many of these gains were quickly reduced or eliminated when revenue receipts fell short of state projections.

On the national front, another key concern was the 1996 Mental Health Parity Act, which was set to expire in September 2001. As the cover story indicates, we got a reprieve on this issue. It was extended through Dec. 31. This will be a continuing concern through the rest of the year.

2. Focus on Membership Renewal, Retention and Recruitment

As I highlighted in my first article as president, in order to have the loudest voice, we must also focus on APPT membership. I am pleased to announce that our membership held steady, despite tough economic times which were made even more challenging by the decision of some key insurance providers to reduce rates *yet again.* There is strength in numbers.

Some of our special events — including conferences and mini-series workshops — helped to draw the interest of prospective members. Our list of benefits continues to grow … we just need to spread the word!

A voice in the legislative process, access to free legal consultation, *The Compass* newsletter, access to web resources and a detailed membership directory are just some of our membership benefits.

3. Develop Mentorship Opportunities

My third goal was mentorship. This was an area that we did not advance as far as I would have liked this year. Several of our members reported that they were developing mentorships through their own practices — but we had hoped to help the mentorship opportunities grow through lending our association's support. I will encourage our new President, Pam Feldman, to continue this worthwhile goal.

Look to the Future

We are working on some other projects (including an educational scholarship program) which we will be unveiling in the near future. In my role as past president, I will continue to work to advance the goals I established a year ago, including a proactive approach to legislative issues with a special eye on managed care, along with greater networking with other mental health organizations.

Along those lines, in this issue, we are enclosing a survey that we would like your assistance in completing. We would like to develop relationships with psychiatrists who are interested in working with private practice therapists in a collaborative, not competitive manner. Please take a moment to complete and return the postage-paid survey by June 10, 2002. This would be yet another benefit of membership.

Finally, I'd just like to say "thank you." I am grateful for the support and assistance of our board members during my tenure as president. Special appreciation is extended to Bridget Weide, editor of *The Compass*, who continues to be a pillar of strength to the APPT Board — and, therefore, the entire association.

I urge you to consider offering your time and expertise to this association. We are a volunteer group and we rely on our members to continue to grow.

Thank you again!

Free Legal Consultation

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

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

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Subscription to *The Compass* is a benefit of membership in APPT. Write or call if you have questions about membership.

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The Cost of Depression in the Workplace

A recent article in the May 2002 issue of *HR Magazine* spotlighted the issue of depression in the workplace.

According to the article, eight out of 10 HR professionals responding to the *1999 SHRM Depression in the Workplace Survey* said depression had been a problem for one or more employees during the past three years.

Moreover, since the events of September 11, nearly one in four Americans report feeling more depressed or anxious than before, according to a January study by Greenberg Quinlan Rosner Research.

"Depression is increasingly the reason stated by employees requesting leaves of absence, disability benefits, job changes and reasonable accommodations. There are nearly twice as many employees stating 'depression' as their primary diagnosis [by physicians] for 2001 as in 1999," says Roslyn Stone, COO of Corporate Wellness Inc., a national occupational health service provider headquartered in Mount Kisco, New York.

Depression affects an estimated 10 percent of American adults annually, according to a 1999 study by the National Institute of Mental Health. The SHRM survey estimates that depression costs employers between $30 billion and $40 billion per year.

A study published in the May 2000 issue of the *American Journal of Psychiatry* found that depression is significantly associated with decreased work productivity. Researchers conducted two surveys over two years at three large U.S. corporations. At the end of the second year, the researchers found that employees with chronic depression reported a twofold increase in missed days and a sevenfold increase in lost productivity.

"Depression is a tremendous cost to the employers in terms of lost productivity," says Robert L. Leahy, Ph.D., director of the American Institute for Cognitive Therapy in New York.

"Depressed employees are most likely to be absent from work, less creative, more argumentative and more likely to lose their jobs," he says.

Of those with depression, only about a third are getting any type of treatment, says Lydia Lewis, executive director of the National Depressive and Manic-Depressive Association (National DMDA) in Chicago.

Those who are getting treatment are relying in increasingly on medication alone, according to a January report in the *Journal of the American Medical Association* (JAMA).

Treatment Options

Most mental health experts agree that depression is best treated by a combination of medication and therapy.

In fact, a 2001 study by Brown University professor Martin Keller, M.D., found that when clients were treated with both medication and psychotherapy, 85 percent improved. By contrast, little more than 50 percent of clients showed improvement when treated with medication (55 percent) or therapy (52 percent) alone.

Medication alone, however, is now the most common treatment for depression.

According to the January *JAMA* article, between 1987 and 1997, the proportion of individuals being treated with antidepressant medications increased from 37.3 percent to 74.5 percent.

At the same time, the proportion receiving psychotherapy dropped from 71.1 percent to 60.2 percent.

And depressed individuals who stick with a regimen of medication may see only partial results. More than 75 percent of patients who have been taking antidepressant medications for an average of three to five years say their depression is not completely under control and that they have experienced few specific quality-of-life improvements, according to a study by the National DMDA.

"In clinical practice, only 60 to 70 percent of patients respond to each of the antidepressant drugs currently on the market," says Tim Daley, sales and marketing manager at Decision Resources Inc., of Waltham, Mass.

The company, which conducts market research in pharmaceutical and health care trends, conducted a study on depression in late 2001. The study found that up to 40 percent of patients do not respond to the first medication prescribed and must be switched to another antidepressant.

The study was based on interviews with doctors as well as sales data, Daley notes.

Another potential problem is that the majority of individuals on antidepressant

Continued On Page 4

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Object Relations Study Group

A second object relations study has formed at Steve Abraham's office. We present and follow cases as well as study the current and classic literature in the field. We focus on learning and using the language of psychoanalysis while effectively learning the appropriate interpretations towards wisdom within the therapeutic relationship.
Phone Steve Abraham at 398-9055 for more information.

The Cost of Depression Can Be High

Continued From Page 3

medication receive their prescriptions through primary care physicians, who have neither the time nor the expertise to properly manage depression, mental health experts say. Thus, employees may be receiving the wrong medication, an incorrect dose or inadequate follow-up care.

The article advises HR professionals who are concerned about employees to make a referral to the company's Employee Assistance Program (EAP), to avoid violating legal statutes concerning depression as a disability.

The Cost of Depression

Treating depression is expensive. The average wholesale price for a 30-day supply of a name-brand prescription ranges from $72 to $124, according to a 2000 report by Harvard Pilgrim Health Care, a nonprofit managed health care system. Generic antidepressants are available, but the costs are still significant.

Therapy typically costs $125 to $165 an hour (Nebraska figures are somewhat lower, in the $80 to $130 range).

Clients in therapy often see results in just a few months — 15 to 20 sessions — whereas clients who are treated only with medication may take prescriptions for years, if not for life, experts say.

The cost of untreated depression can be much higher than the treatment costs, however. When depression is not managed, it can manifest itself in other physical ailments for which the employee might seek treatment. Up to one-half of all visits to primary care physicians are due to conditions that are caused by or exacerbated by mental problems, and people with depression are four times more likely to have a heart attack than those with no history of depression, according to the National Mental Health Association.

Another study calculated the health and disability costs of depressive illness among more than 15,000 employees in a large U.S. corporation and compared these costs with the costs of four other chronic medical illnesses. The results showed that depression led to health and disability costs of more than $5,000 per person annually — significantly greater than the costs for hypertension and comparable to the costs for heart disease, diabetes, and back problems. Depressive illness was also linked with many more sick days per year (9.8) than any other condition.

— Information in this article was excerpted from the May 2002 HR Magazine. For more information, visit ***www.shrm.org.*** *Additional research is from the NAMI web site,* ***www.nami.org.***

Association of Private Practice Therapists Member Benefits

What do your APPT membership dollars buy you?

• ***Free Legal Consultation with Erickson & Sederstrom, P.C. Attorneys*** — One of our most powerful – and popular – membership benefits. APPT members receive a free initial consultation of up to one hour and then a discount on future services.

• ***Membership Directory*** — your networking and referral connection with other members. This directory is circulated to members and the media and community groups who use it to refer individuals for services.

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Interested in Reviewing A Book for APPT?

We have several books at the APPT office that are available for therapists to review for an upcoming issue of *The Compass.*

Reviewers may keep the book when they are finished. Reviews of between 350 and 750 words must be submitted to the APPT office for publication in the newsletter.

Requests for books will be honored on a first-come, first-served basis. APPT will send you the book and assign you a deadline for an upcoming issue (you will usually have 90-120 days to read the book and complete the review).

Call Bridget at (402) 393-4600 to request one of the following books:

1. ***Tracking Mental Health Outcomes: A Therapist's Guide to Measuring Client Progress, Analyzing Data and Improving Your Practice*** by Donald E. Wiger and Kenneth B. Solberg. April '01. $49.95 (paperback).
2. ***The Psychologist's Book of Personality Tests*** by Louis Janda, Ph.D. $12.95 (paperback).
3. ***The Clinical Documentation Sourcebook (Second Edition)*** by Donald E. Wiger. $49.95 (paperback).
4. ***Divorce Counseling Homework Planner*** by Phil Rich, Ed.D., MSW. $49.95. January '02 (paperback).
5. ***Traumatic Relationships and Serious Mental Disorders*** by Jon G. Allen. $50.00. June '01 (hardcover).

DO YOU HAVE EXPERIENCE VIDEOTAPING EVENTS — OR KNOW SOMEONE WHO DOES? We are looking to videotape our workshops and conferences. Contact Bridget at (402) 393-4600.

Book Review: The Memory Program

By M. Diane Estes, LMHP
Womens' Therapy and Learning Center

My interest was piqued at the opportunity to review the book "The Memory Program," *(John Wiley and Sons, 2001)* because I teach about empowering the brain. The author, D.P. Devanand, of Columbia University Memory Disorders Center, writes with the lay person in mind about memory preservation and treatment of mild memory loss.

Recommendations for tests and assessment follow the medical model. Some assessment tools are included, along with case histories which illustrate clues to different diagnoses and treatment. Common reversible causes of memory loss are discussed, with typical symptoms, diagnosis and treatment: *Stress, depression, alcohol abuse, medication toxicity, thyroid deficiency, Vit. B12 deficiency and mini-strokes.*

Medications that prevent and treat memory loss, natural/alternative remedies and appropriate lifestyle changes are recommended. The suggestion is that the program be long-term and is developed with the reader's age, sex, issues and interest in mind.

I'd like to mention three other texts to supplement Devanand's book:

1. *"Brain Builders" by Richard Levitons (Reward Books, 1995). Lists over 100 Brain Builders' secrets and workouts.*
2. *"Brain Gym," published in 1994 by Edu-Kinesthetics, Inc. of Ventura, California (888-388-9898) illustrates the relationship between movement and whole brain learning.*
3. *"Teaching Memory Improvement to Adults (Revised Ed.)" (John Hopkins University Press, 1994, 800-537-5487) is a self-paced guidebook to help older adults to understand and improve their memories.*

Book Review: Read Two Books and Let's Talk Next Week

By William M. Rucker

One of my greatest luxuries in life happens to be spending hours at Borders or Barnes and Noble paging through book after book, looking for the perfectly clear explanation for myself or for a client.

This luxury usually happens too rarely and then, unfortunately, ends with both a whimper and a bang. The cost of the 10 or 15 books is prohibitive and my ability to recall the titles of so many books also has failed by the time I'm back at the office.

"Read Two Books and Let's Talk Next Week: Using Bibliotherapy in Clinical Practice," by Janice Maidman Joshua and Donna DiMenna (John Wiley & Sons, 2000), has provided a remedy for these dilemmas.

Now you can browse in the comfort of your own office, accomplishing in a few minutes what can take hours at the bookstore. Furthermore, they keep me focused. No more wandering into other sections where I would be distracted by hobbies or other interests.

The book presents 317 books that deal with the topics that come to our offices daily. Each book is described in four sections: the title and publication information, a brief summary of the book, a list of suggested readers and a list of five therapeutic insights that the reader might take from the book.

In addition to the expected topics such as divorce, parenting and relationships, the authors also present books on topics as diverse as adoption, infertility, money, workplace issues and chronic illness. They also treat the area of spirituality extensively.

Vocational Rehabilitation Offers Hope, Skills

In Nebraska, more than 49,000 individuals are significantly impeded in their ability to work because of a physical or mental impairment. The mission of Vocational Rehabilitation is to enable these persons to prepare for and obtain jobs based on their skills and abilities.

Private practice therapists can refer clients to access services offered through the Vocational Rehabilitation division of the Nebraska Department of Education.

These services, offered to individuals who face employment barriers to due a physical, mental, emotional or learning disability, include:

- **Evaluation** to figure out what work goal is best;
- **Counseling and Guidance** to help clients make choices and plans;
- **Referral and Assistance** with procurement of treatment, therapy, and prosthetic devices;
- **Assistive Technology** and modifications at the job site;
- **Training** provided by vocational/technical schools, universities, and on-the-job training;
- **Independent Living Services,** including barrier removal, home and money management.
- **Placement/Retention Services.**

If you would like to learn more about Vocational Rehabilitation, call Elaine Wells at 595-1947 or Jane Dalen at 595-2132. www.vocrehab.state.ne.us

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The U.S. Can Afford Health Care For All

By Maryjean Lyon
Greater Omaha Branch of the American Association of University Women.

About a year ago, several members of the AAUW's Greater Omaha Branch began researching health care systems here and abroad. They have been dismayed to learn how poorly the U.S. compares to other industrialized countries, all of which have universal health care.

While spending more per capita than any other country, the U.S. fails to protect some 15 percent of its people. AAUW members think most Americans are probably as uninformed as they previously were, even though health care is a vital issue for everyone. TO help educate others of our area on this issue, the AAUW members and others who have joined them on this are preparing an informational slide show presentation for interested community groups.

Some of their findings about universal health care systems in other industrialized countries:

- **Eligibility.** Everyone, from conception until death.
- **Coverage.** All standard medical care, including preventative care, mental health care, geriatric and long-term care, medications and prostheses.
- **Choice of doctors and care institutions.** Usually free choice.
- **Education of medical personnel.** In several countries, doctors and nurses receive free education, paid by the health care system.
- **Overall quality of care.** Ranked better than the U.S. by the World Health Organizations. Although the U.S. has developed many advanced technologies, for the most part, these are only available to those who can afford them. Health insurance often fails to cover medications and services provided under most universal health care systems.
- **Affordability.** Health care is a major cost in all industrialized countries, but health providers often feel pinched by government budgets. But the U.S. spends more per capita and a higher percentage of its GDP than any other country. If its per capita costs were the same as Canada's, Germany's or Sweden's, for instance, the U.S. could provide health care to its entire population and still spend less than it does now.

In other industrialized countries, health care is valued as a human right, rather than a commodity available to those who can afford it. In the U.S., over 40 million people have no protection from financially debilitating medical expenses. Emergency rooms are no answer. In 1999, 50 percent of those seeking care were employed, 5 percent were unemployed, 25 percent were children and 20 percent were out of the labor force (students, homemakers, disabled, early retirees). Thirty-three percent of employed women had no insurance in 2000.

From a history of employment-based health insurance, the for-profit system in the U.S. has grown to a hodgepodge of wasteful, market-driven practices with administrative costs averaging 10 to 30 percent. By contrast, U.S. government-managed Medicare averages 2-3 percent and Canada's universal health care averages 1-2 percent.

With health costs now soaring in the U.S., citizens need to be informed so they can better understand the present system and possible alternatives. The slide show presentation being prepared by Greater Omaha AAUW will help. For questions or comments, call Maryjean Lyon at 393-4362 or Beth Furlong at 553-3220.

Calendar of Events

Tuesday, June 4, 2002
Mini-Practice Series Workshop
Olive Garden *(76 & Dodge – Omaha)*
(Topic To Be Announced)

Tuesday, August 6, 2002
Mini-Practice Series Workshop
Olive Garden *(76 & Dodge – Omaha)*
(Topic To Be Announced)

Watch for further details in The Compass!

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MEMBER NEWS

Jack Wineman, Ph.D., contributed to a book about September 11 published by The Centering Corporation in Omaha. The book, titled, "No One Should See What I've Seen," incorporates the work of 20 authors to address different aspects of the terrorism effects on individuals who witnessed the events. Several thousand copies were distributed in New York in the months since September 11.

Individual copies of are also available for purchase through The Centering Corporation. Call (402) 553-1200 to order and pay with Visa, Mastercard, American Express or Discover. Cost to order a single-copy is $7.27 ($4.95 per book, plus $.32 sales tax and $2 shipping.) Or you can send your order to: Centering Corp., PO Box 4600, Omaha, NE 68104.

If you have information for "Member News," please send it to: APPT, PO Box 241621, Omaha, NE 68124-5621.

Conference Highlights Opportunities to Help

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tation for his work in managing tragedies in schools. He conducts nationwide training to assist teachers, aides and school personnel to manage crisis situations. He has trained more than 5,000 crisis response people in the U.S. and Canada.

Dudley primarily trains laypeople to perform the direct response in the aftermath of an event, noting that most often "it's not a counseling experience — it's a listening experience." His goal is to keep the school going — to get the educational process "back on track."

He just worked with his 2500th student death, although he does not do much direct response anymore, except for school shooting.

Dudley noted that school personnel don't reach out to mental health professionals for assistance with these tragedies, although he sees the need for follow-up assistance for the crisis response teams (i.e., "Helping the Helpers" programs). He says debriefings for the stress teams and CISM work will help them continue to do their front-line work. This is also a potential opportunity for private practice therapists to engage in schools.

You can reach Dudley through his web site, **www.schoolcrisis.org.**

The last presenter of the day, Dr. Jack Wineman, also identified the need to "help those who help others."

Wineman's interest is in helping the "first responders — those who are running in when we're running out."

Nebraska's Critical Incident Stress Management (CISM) program started in 1997 when the state fire marshal went to a training and began a pilot program in Scottsbluff.

Nebraska has since developed the first statewide integrated system for debriefing first responders. The program offers demobilization, defusing and training session and counts 400 active members throughout the state (30 percent all mental health people).

However, even this large group can't satisfy all the needs of individuals in the state, which help keep first responders in the system, providing services.

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Employers Tell Congress: Keep Parity Voluntary

Continued From Page 1

parity legislation," Harbin said. "These modest increases are similar for both large and small employers, and in rural, urban and suburban areas."

But employers are still fearful of cost increases. Jane Greenman, vice president and deputy general counsel for human resources, labor and benefits at Honeywell in Morristown, N.J., testified on behalf of the ERISA Industry Committee (ERIC), which represents large employers sponsoring benefit plans.

Greenman said that employers believed costs would vary greatly according to changes employers would have to make to existing health care plans, the type of workforce and the availability of services.

The Mental Health Parity Act of 1996 prevented employers from establishing mental health care coverage limits unless the limits also applied to medical and surgical benefits. The law expired in September 2001, but was extended through Dec. 31, 2002.

Last September the Senate passed the Mental Health Equitable Treatment Act (S. 543), which would expand the law's requirements. Small employers would be exempt.

H.R. 162 was referred to the House Ways and Means Committee's Subcommittee on Health, but Roukema said she would support companion legislation for the less-extensive Wellstone-Dominici bill in the House.

Federal Court Strikes Down Boundary Between Physical And Mental Illness

The U.S. District Court for the District of Columbia has opened a breach in the artificial wall that has long separated insurance coverage of physical and mental illnesses.

In Fitts v. Federal National Mortgage Association (Civil Action 98-00617), Judge Harold H. Kennedy ruled on Feb. 26, 2002 that Fannie Mae and Unum Life Insurance Company of America (Unum) improperly classified an employee's bipolar disorder (manic depression) as a mental rather than physical illness, which subjected her to a 24-month limit in benefits.

"The decision has symbolic importance in the ongoing Congressional debate over parity for mental illnesses in health insurance," said Ron Honberg, legal director of the National Alliance for the Mentally Ill (NAMI). "It will have a practical impact on precisely how the industry drafts long-term disability insurance contracts in the future. It also is another step toward ending discrimination based on myths and stigma."

To view the full decision in the case of Fitts v. Federal National Mortgage Association, visit www.dcd.uscourts.gov/Opinions/2002/Kennedy/98-617.pdf.

Sources for this article include the Society for Human Resource Management (SHRM) and NAMI.

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