

COMPASS

The Newsletter for the Association of Private Practice Therapists

Health Care Prompt Pay Act Passed

On April 22, 2005, the Nebraska legislature passed LB 389, adopting the Health Care Prompt Payment Act. The act requires health insurers (regardless of whether they use third party claims processors) to pay claims submitted by health care providers in a timely manner. The Director of Insurance has the power to develop rules and regulations to enforce the Act. At this time, no rules or regulations have been created to support it.

The Act provides that claims submitted on the proper claim form with all fields completed with enough information to adjudicate the claim (a "clean claim") must be paid within 30 days (if filed electronically) or 45 days (if filed other than electronically) from the date the claim is received by the insurer. If the claim requires additional information, the insurer must give a written explanation to the health care provider within 30 days after receiving the claim, setting forth the additional information required for processing.

The required processing time for the insurer is calculated during the time the health care provider provides the requested information to the insurer. The health care provider must provide the requested information within 30 days. The insurer may deny the claim if the required additional information is not submitted to the insurer.

If an insurer fails to pay, deny, or settle a clean claim within the designated time period, the insurer must pay interest to the health care provider at the rate of 12% per year on the total amount ultimately allowed on the claim. Insurers can be exempted from the interest requirements of the Act for one year if

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Psychological Testing Highlighted at Conference

How can private practice therapists make the best use of psychological testing in their clinical practice? That was the topic of the Association of Private Practice Therapists 2005 Fall Conference.

Stephanie Peterson, Ph.D., of Woodhaven Counseling Associates, kicked off the conference with an overview of the basics of psychological testing.

She noted that formal assessments are especially helpful when:

- A client is diagnostically complex;
- A client's treatment stalls; and/or
- A client is involved in the legal system.

She also noted that appropriate referrals are in the form of a question designed to:

• Elicit An Accurate Diagnosis

- ** Are this person's problems a result of Axis I or Axis II pathology (or both, or neither)?
- ** What role does this person's substance abuse, medical condition, cognitive limitation, family dynamic, personal history, etc., play in the creation and maintenance of his or her problems?

• Assist in Treatment Planning

- ** Which of this person's problems should be addressed first?
- ** What treatment approach is most likely to be successful?
- ** Does this person need psychiatric or other medical consultation, family therapy, substance abuse evaluation, domestic violence intervention, yoga, meditation, financial planning, etc.?
- ** This person's progress in therapy has stalled. What might get things moving again?



• Make Informed Predictions

- ** Is this person likely to benefit from therapy?
- ** Is this person likely to present a danger to self or others?
- ** Is this person a good candidate for ___?

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Glen Fineman – President of APPT

From the President's Desk

It's been an eventful year for your association so far! We've held numerous mini-series workshops focusing on a variety of clinical topics, and just wrapped up our Fall Conference on Psychological Testing.

In looking ahead to the second half of my (second!) term as your president, we're working on even more educational programming, including the possibility of holding our Spring Conference at Mahoney State Park in order to attract more of our Lincoln members to the conference.

Please be sure to check your e-mail for notices about upcoming events and programs, including three planned Mini-Series workshops in the first quarter of 2006, and our annual APPT Winter Social Get-Together.

Additional Member Benefits

In addition to our many low-cost CEU educational programs, we offer numerous member benefits, including this newsletter, a free one-hour consultation with an attorney with the Erickson & Sederstrom Law Firm, and our newest benefit — discounted long-term care insurance.

You can learn more about long-term care insurance by contacting Chris Krueger at (402) 758-1313, ext. 16. This is one of those things that we hope we never need to use — but realistically, most of us will.

Another great thing about this new APPT benefit is that the discount extends to your family members, so if you have parents (or children) who are interested in the program, you can have them contact Chris as well. Just make sure that they mention APPT to receive the extra discount.

Membership Recruitment

As we reach the end of the year, we are also looking to increase our membership numbers. Continuing the emphasis of my predecessor, Bob Atherton, we are actively recruiting new members to the association. We currently have 138 members.

If you know of any therapists who are new to the area — or new to private practice — please let them know about APPT! Call Bridget at (402) 393-4600 and ask her to send them a membership packet. Encourage them to join the association and get involved in our educational programs.

Recent Speakers

Speaking of our educational programs, I don't know about you, but I sometimes have to search for the contact information for speakers I've heard at recent APPT conferences and workshops.

So here's the information about our last couple of mini-series speakers:

Collaborative Divorce:

Mary Likes
Nebraska Academy of Collaborative Professionals
Blackstone Centre
202 S. 36 Street, Suite 215
Omaha, NE 68131
(402) 991-3424

Parents United:

Andi Schuler
Women's Therapy & Learning Center
2833 S. 87th Avenue
Omaha, NE 68124
(402) 398-9852

Spiritual Healing:

Deborah Swenson, M.S., LMHP
11912 Elm Street, Suite 117
Omaha, NE 68144
(402) 330-4440



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Article submissions are welcome. Call for deadlines for member submissions.

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

Editor Bridget (Weide) Brooks
Publisher/Newsletter Advisor ... Glen Fineman

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

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THANK YOU!

On behalf of Chef Walter Hecht, Morgan,
and the staff of Bistro 121

*We enjoyed hosting the APPT Winter Social Get-Together
and look forward to serving APPT again in 2006!*

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Services

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Elmorine R. Hites, M.S.

Nebraska State
Certified Professional Counselor

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Omaha, NE 68144
(402) 330-4440

Up to \$100 Scholarship Available For Continuing Education

We've had several therapists take advantage of the APPT continuing education scholarships — and we will have four scholarships available in 2005. If you see a session you're interested in attending — and want to get a little financial help (and give back to the association at the same time!), then we've got an offer that you won't want to miss out on!

The APPT Scholarship for Continuing Education is designed to help APPT members defray the cost of a workshop they attend (75 percent of the cost of the workshop, up to a maximum of \$100).

Complete the scholarship application form and submit it along with a copy of the workshop brochure (if available). Up to four scholarships are awarded each year.

Your scholarship request will be reviewed by the APPT Scholarship Committee and you will be notified of their decision within 10 days of your application.

If selected, you will be reimbursed for the awarded amount after attending the workshop and sharing the information with APPT members, either through a presentation or by writing an article for *The Compass* summarizing the content of the workshop.

Questions? Call Pam Feldman at (402) 334-1122.

Application for APPT Scholarship For Continuing Education

Name _____

Practice Location _____

City/State/Zip _____

Phone _____

Conference Title and Location (please attach a copy of brochure, if available)

Date: _____ Cost: _____

I am willing to:

- Present a brief summary of the workshop at a mini-practice workshop
- Write an article for *The Compass* summarizing the content of the workshop.

Please note: The maximum amount awarded is 75 percent of the cost of the workshop, up to \$100. If selected, you will be reimbursed the awarded amount after attending the workshop and sharing the information with APPT members through a presentation or article.

Submit completed application to: Pam Feldman, LPC, 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.

ADDRESS CHANGE

Please note the following *new* address for this APPT member:

Sheralyn Cox, Ph.D.
 Psychotherapy Associates
 1919 S. 40th Street
 Suite 312
 Lincoln, NE 68506
 (402) 475-5069
psychotherapy@alltel.net

ADVERTISE FOR THERAPISTS HERE

Do you have office space available for rent? Looking to reach more than 130 members of the Association of Private Practice Therapists?

Call Bridget at (402) 393-4600 for advertising rates and deadlines.

Upcoming Lincoln Trainings

There are two upcoming Hispanic Treatment training sessions sponsored by the Nebraska Council on Compulsive Gambling. Both workshops will be in Lincoln.

ADDICTIONS IN THE LATINO CULTURE – Dec. 1
 Hampton Inn Airport
 1301 W. Bond Circle in Lincoln
 8:30 a.m. to 4:30 p.m.

The goal of this training is to present historical, traditional, cultural, and current issues relative to counseling the Latino population in their recovery from addiction and to impact the skill of the therapists and counselors in understanding and offering effective services to the Latino Community.

The cost is \$75 in advance, or \$80 at the door. Call NCCG Executive Director Jerry Bauerkemper at 402-292-0061 for more information or to register for any of these trainings.

FORGETTING THE DANCE STEPS IN MARRIAGE – Dec. 2
 at the Hampton Inn Airport in Lincoln
 8:30 a.m. to 4:30 p.m.

The goal of this training is to recapture the joy, openness, and intimacy of love in the marriage relationship.

The cost is \$75 in advance, or \$80 at the door. To register, call NCCG Executive Director Jerry Bauerkemper at 402-292-0061 for more information or to register for this training.

Presenters for both sessions are Jim Santa Cruz, MC, LPC, and Jane Santa Cruz, MA, a bilingual co-therapy team in private practice in Phoenix, AZ. They work with couples, individuals, adolescents and families with addictions, panic attacks, depression, and relaxation.

Legislative Update: TRICARE, Medicare Counselor Bill Updates

In March 2005, two bills were introduced which would establish equal reimbursement of Licensed Professional Counselors under federal health programs. Introduction of the bills was spurred by lobbying from the American Counseling Association (ACA) and the American Mental Health Counselors Association (AMHCA).

Rep. Robin Hayes (R.-N.C.) introduced the "TRICARE Mental Health Services Enhancement Act" (H.R. 1358) to establish independent reimbursement and full recognition of LPCs under Department of Defense (DOD) health care programs.

Hayes expressed concern that soldiers and their families were not being provided full access to mental health services, especially since as many as one in four soldiers may return from combat duty with a mental disorder.

Under current law, LPCs are the only core mental health provider group required to have physician referral and supervision under TRICARE. H.R. 1358 would give counselors independent practice authority and extend recognition of counselors to other DOD programs.

H.R. 1358 is part of the Fiscal Year 2006 "National Defense Authorization Act." The House Armed Services Committee adopted legislative language in June which would remove the TRICARE program's physician referral and supervision requirement for counselors' services.

The joint efforts of the ACA and AMHCA were instrumental in inclusion of the counselor provision in the underlying version of the legislation considered by the committee.

Although adoption by the House is a necessary first step, the Senate Armed Services Committee has not yet agreed to the provision, which will likely require a Senate floor amendment or House and Senate conferees will need to agree on the House-passed language.

On July 25, Senator Elizabeth Dole (R.-N.C.), filed an amendment to the National Defense Authorization Act for Fiscal Year 2006 (S. 1042) that will grant independent practice authority to LPCs participating in TRICARE. The amendment that Sen. Dole offered is almost identical to the language included in the bill that passed the House in May.

However, Sen. John Warner (R-VA) offered an amendment to the Defense bill that

would only grant independent practice authority to LPCs who practice in locations designated as "underserved areas."

As of press time, this issue had not yet been resolved.

ACA Seeks Recognition for LPCs in the Department of Veterans Affairs

On a related issue, the American Counseling Association is working with the American Mental Health Counselors Association to support several bills that would increase access to mental health care for veterans.

The bills are the "Veterans Health Care Act of 2005" (S. 1182), the "Veterans Mental Health Care Capacity Enhancement Act of 2005" (S. 1177), and the "Comprehensive Assistance for Veterans Exposed to Traumatic Stressors Act of 2005" (H.R. 1588). Currently, S. 1182 includes a provision establishing recognition of licensed mental health counselors within the Veterans Health Administration (VHA).

The VA is the largest employer of clinical social workers in the country. While there is no

formal policy excluding LPCs from being hired, the VA does not recognize their licensure in some cases, and can provide a barrier to independent practice, advancement, and hiring. Currently, LPCs cannot be hired at the skill level and pay grade that other master's level mental health professionals can be hired.

Medicare Coverage of LPCs

On Nov. 3, the U.S. Senate passed legislation that includes reimbursement under Medicare for licensed mental health counselors. The bill which includes the provision is known as the "reconciliation" bill and includes many provisions that affect issues such as Medicaid, agriculture spending, and education for victims of Hurricane Katrina.

The bill passed the Senate by a vote of 52-47. The provision for counseling is not currently included in the companion House bill. The bill now moves to conference committee for further consideration.

For more information on these legislative issues, visit <http://capwiz.com/counseling>.

— Source: American Counseling Association.

FOR SALE... 'A Womb With a View'

A wonderfully unique therapeutic environment resembling a children's playhouse. Beautifully constructed, extremely sturdy wood frame with trim and door entry. *Measures approximately 8 feet square by 6 feet tall.*

Interior floor, walls, and ceiling consist of 5-1/2 inch dense foam, covered with rip stop nylon. There are two built-in fans and electrical outlets for soft lighting.

Exterior and interior are clean and in excellent condition.

Clear, easy, illustrated instructions for assembly are included with purchase; or, alternatively, my carpenter can disassemble here, deliver to you, and reassemble at your chosen location for his fees.

This room was custom-built and provides a *safe and comfortable* atmosphere for many forms of therapy, counseling, body and breathwork, emotional processing, rebirthing, meditation, etc. *It serves to enhance and facilitate an inner view.*

I am happy to answer questions or set up appointments for showing.

Cost of room: \$800

Call Paula at 397-1945

State Passes Prompt Payment Act

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the insurer files a compliance statement with the Director of Insurance certifying that the insurer paid, denied, or settled more than 90% of its clean claims in compliance with the Act for the 24-month period ending the preceding June 30.

The Act does not apply to any claim submitted before Jan. 1, 2006, and does not apply to individual or group policies that provide coverage for a specific disease, accident-only coverage, hospital indemnity coverage, disability income coverage, Medicare supplement coverage, long-term care, or other limited-benefit coverage.

— Reprinted from *Legal Perspectives* newsletter, Summer/Fall 2005.

Parents United

AGAINST CHILD SEXUAL ABUSE

Parents United offers support groups to anyone affected by child sexual abuse. Adults served by Parents United include adults molested as children, non-offending parents, offenders, and people who support any of the above (such as partners, parents, or siblings). Children served by Daughters and Sons United include both primary victims and secondary victims, such as siblings of the victim. Children in these groups must be between 8 and 18 years old.

Groups for children are free; adult groups are offered at a very low cost (only \$12 per 12-week cycle). Groups run in 12-week cycles. Call Chris Wick at 978-5635 for more information.

Parents United:

Tuesdays from 7 p.m. to 9 p.m.

Winter: Nov. 29, 2005 to Feb. 14, 2006

Spring: Feb. 28, 2006 to May 16, 2006

Parents United:

Wednesdays from 2 p.m. to 3 p.m.

Winter: Nov. 30, 2005 to Feb. 15, 2006

Spring: March 1, 2006 to May 17, 2006

Daughters & Sons United

Wednesdays from 5:45 to 7 p.m.

Winter: Nov. 30, 2005 to Feb. 15, 2006

Spring: March 1, 2006 to May 17, 2006



October 28, 2005

Ms. Julie Luzarraga
Association of Private Practice Therapists
PO Box 241621
Omaha NE 68124-5621

Dear Ms. Luzarraga and Members:

Because of your generosity, the many victims of Hurricane Katrina will have the chance to recover and move forward.

Thank you for your \$500.00 gift in support of American Red Cross relief efforts for Hurricane Katrina. Per your instructions, your gift will be used towards mental health services for Hurricane Katrina victims. Your gift makes it possible for the Red Cross to help the victims of Hurricane Katrina recover from this massive storm.

Hurricane Katrina has ripped apart thousands of lives and left tens of thousands homeless. At its peak, it was one of the fiercest hurricanes in recorded history and measured about 460 miles wide – the distance from New Orleans to Atlanta. Katrina has affected nearly half of the entire United States. Even after its passing, the danger remains. Flooded roads, downed power lines and debris are all major hazards. Unsafe or unsanitary conditions for desperate evacuees also pose a rising threat. The recovery efforts will challenge even the most patient, and the Red Cross is working to bring communities back together as quickly as possible.

The American Red Cross launched the largest mobilization of resources for a single natural disaster, involving thousands of trained disaster relief workers, tons of supplies and shoulders to lean on. Well before Hurricane Katrina made landfall, the American Red Cross was hard at work, opening and stocking shelters, sending Emergency Response Vehicles to storm-vulnerable areas, and preparing relief supplies for immediate distribution. The Red Cross will continue to respond to the emerging needs of the people affected by Hurricane Katrina.

Our highest priority will always be to those facing challenges from natural or man-made disasters. You helped make their lives a little easier. Thank you for your support of the lifesaving mission of the American Red Cross.

Sincerely,



Judy
Judith A. Peschio
Chief Executive Officer

P.S. Enclosed is a Red Cross tribute envelope for your convenience. We hope you will use this envelope on special occasions when you wish to honor a friend or loved one, or at any time you would like to make a gift to the American Red Cross. Thank you for your continued support.

This letter serves as the tax receipt for your gift. The American Red Cross is a tax-exempt, nonprofit organization as described in section 501(c)(3) of the IRS Code for 1984, as amended. Our tax identification number is 53-0196605. Adequate records will be maintained and made available to the IRS upon request. In accordance with IRS regulations, no goods or services were provided by the American Red Cross as part of this contribution. Your gift may be recognized in future Red Cross publications. If you prefer your gift to remain anonymous, or have questions about your gift's designation, or would like to learn more about the services that the Red Cross is committed to providing, please call 402/343-7700.

***This is the acknowledgment letter received by APPT
for our donation to Hurricane Katrina relief.***

Advertise in The Compass!

For more information, call Bridget at 393-4600.



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NOT A MEMBER? JOIN TODAY!

Join the Association of Private Practice Therapists and You'll Receive EVERY Issue of The Compass, Plus These Other Membership Benefits:

- **Membership Directory.** This directory is circulated to members and the media as well as to community groups who use it to make referrals.
- **Networking Opportunities.** Join us for our annual conferences (Spring and Fall) as well as social get-togethers and practice management mini-series workshops. Low-cost CEUs available!
- **Free Legal Consultation with Erickson & Sederstrom P.C.** Attorneys at Law (free initial consultation of up to one hour; APPT discount on further services). Call the APPT office at 402-393-4600 for details!

MEMBERSHIP TYPE (all memberships are individual memberships):

- Traditional (private practice therapist); dues equal to your fee for one hour of therapy
- Agency (employed by a non-profit agency); dues are \$25/year
- Affiliate (retired or non-practicing therapist or academician); dues are \$25/year
- Student (currently enrolled); dues are \$25/year

Therapist Name _____

Practice/Group Name _____

Address _____

City _____ State _____ Zip _____

Home No. _____ Work No. _____

Fax No. _____ E-mail _____

State Senator Name _____ District No. _____

Professional Affiliation: Counseling Social Work Psychology Psychiatry Marriage & Family

My Practice is: Full-time Part-time Not in private practice at present

DUES (See Membership Type, above) \$ _____

Voluntary Donation for Legislative Action \$ _____

TOTAL \$ _____

Please enclose your check, payable to APPT

Mail to: APPT
PO Box 241621
Omaha, NE 68124-5621

Questions? Call Bridget at 402-393-4600

Long-Term Care Insurance

One of APPT's newest member benefits is Long-Term Care Insurance. Here are some answers to frequently-asked questions about this coverage. For more information, or for rates, call Chris at the number listed at the end of the article.

By Chris Krueger

What is Long-Term Care Insurance?

This is an insurance program that covers charges incurred in a nursing home, assisted living facility, and charges from home health care agencies and adult day cares.

These policies have a number of components that you must choose to build your policy. A few of these are:

- The dollar amount that the policy will pay out at the time of care.
- The length of time the policy will pay out, ranging from two years to unlimited coverage.
- The waiting period, or number of days before the policy will pay out once care begins.
- The inflation protection.
- Any other optional riders the policy may have that would suit your situation.



When Should You Purchase This Coverage?

Besides the factors above, premiums are based on age and health. Thus, the younger and healthier you are, the less the cost. Don't wait until something happens to your health that will disqualify you from receiving the coverage or have a highly rated (more costly) policy. There are preferred health discounts, marital discounts, and for members of APPT, sponsored group discounts available.

Why Do People Buy This Insurance?

The reasons vary from asset protection and aversion to welfare, to control and independence and peace of mind. Why should you not purchase this coverage? You should reconsider the purchase of this policy if you do not have assets to protect or cannot pay for the insurance premiums without incurring a financial burden.

What Are The Statistics?

The nationwide average for nursing home costs are currently at \$57,000/year. The average stay in a nursing home is 2.7 years. This does not include any home health care or assisted living facility services prior to the nursing home stay, which is common.

There is roughly a 50% chance once a person reaches age 65 that they will need some sort of nursing home services and 40% of the people using long-term care (including home health care) are between the ages of 18-64. Next to medical insurance, long-term care — and the insurance to pay for it — has rapidly become a top priority for people of all ages.

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

Psychological Testing

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• Determining Competencies or Capacities

- ** Could this person _____?
- ** Would it be reasonable to expect this person to _____?
- ** What kind of help would this person need in order to successfully _____?

The second speaker, LeeAnn Lape-Brinkman, Ph.D., also of Woodhaven Counseling Associates, outlined the different types of testings that can be conducted. While Lape-Brinkman works only with children, the general categories of tests she mentioned are appropriate for all ages. These include:

Objective Tests

- Behavioral Checklists – completed by parents, teachers, and other relevant caregivers;
- Self-Report/Personality Assessments (such as the MMPI, or BASC Self-Report of Personality)

Projective Testing

- Rorschach, Thematic Apperception Test, or Incomplete Sentences Test.

Lape-Brinkman also noted that academic and achievement testing can provide insight, as can measures of adaptive behavior functioning (such as the Vineland Adaptive Behavior Scales).

The third speaker, Colleen Conoley, specializes in pediatric neuropsychology, a professional speciality concerned with learning and behavior in relationship to a child's brain.

Children may be referred for a neuropsychological assessment for one or more problems:

- Difficulty in learning, attention, behavior, socialization, or emotional control;
- A disease or inborn developmental problem that affects the brain in some way; or
- A brain injury from an accident, birth trauma, or other physical stress.

Using the Expressive Arts for Healing

By Deborah Shaddy, MS, LMHP

There is a growing movement that uses image-making, movement, and sound to facilitate healing on physical, emotional, and spiritual levels. The power of these methods was known intuitively in native cultures, but for many centuries access to expression or emotion in this way has been seen to be available only to those in the professional art fields.

Increasingly, through the work of researchers in the body/mind connection, expression of emotion through non-verbal methods is known to produce physical and emotional benefits both for the creator and for those who view the finished products.

The field of expressive arts is bringing together art, movement, and sound to facilitate the expression, release, and transformation of negative emotions in a holistic healing process. As such, it crosses the boundaries of medicine, psychotherapy, and spirituality.

While expressive arts work is therapeutic, it is not considered to be psychotherapy unless done by a trained professional with the intention of using the process to explore the deeper aspects of an expressed feeling or emotion. It differs from art, music, or dance therapy in that the facilitator does not provide any assessment or interpretation. Perhaps its best use in psychotherapy is when it is taught as a self-healing tool for clients.

Body/mind research has demonstrated repeatedly the distinct connection between stress-producing emotions and the eventual onset of illness and disease. Perhaps the quickest way to understand this process is through the following stress equation:

$$\begin{aligned} &\text{Painful, unexpressed emotions} \\ &+ \text{negative thoughts} \\ &= \text{physiological stress} \\ &= \text{immune system dysfunction} \end{aligned}$$

We also know that immune system dysfunction, over an extended period of time causes cellular malfunction and system degeneration, leading to illness and disease. While many of us do not work directly with

physical health problems, our clients present to us with a wide variety of physical health issues, from asthma to fibromyalgia to migraines and we know that these problems are part and parcel of the emotional distress clients bring to our offices.

All of the aspects of expressive arts — sound, dance, and art — enhance and complement each other when used together. However, for purposes of this article, I will focus primarily on image-making art since this is the method therapists may feel most comfortable using in the context of a psychotherapy session.

“Imagery is the body-mind’s language,” says Barbara Ganim, author of several books and director of the Institute for the Expressive Arts and a faculty member in the Holistic Counseling program at Salve Regina University in Newport, Rhode Island, “and if a picture is worth a thousand words, an imagistic metaphor describing that feeling is worth a thousand pictures.”

While for some, the thought of “doing art” may be intimidating, one needs only to be able to make marks on paper and draw rudimentary stick figures for it to be helpful. Visualized imagery, expressed through art, can activate the body to produce chemical, neural, respiratory, and cellular changes that can boost the immune system. This has the potential to alter the progression of disease, as well as enhance a client’s ability to prompt the body to work cooperatively with medical treatment.

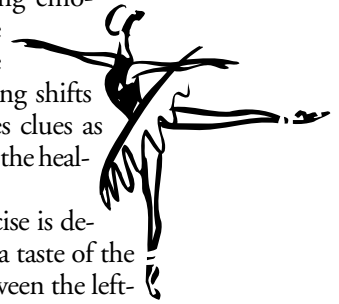
To understand the difference between verbal forms of expression and expressive arts, try this simple exercise. Think of an emotion that has been troubling you. Now write a sentence or two describing how that emotion feels in your body. Next, close your



eyes, and ask your body for an image of how that emotion feels in your body. You can then use any kind of marking materials, markers, crayons, or more sophisticated art materials to draw the image.

Some people are naturally imagistic and can easily see in their “mind’s eye” an image, others just get a “felt sense” of what the image is, and others don’t have either experience, but when they trust themselves to pick up drawing materials and start to draw, an image emerges. When images are used to express in color, shape and form what a stress-producing emotion feels like inside the body, the feeling shifts and often gives clues as to next steps in the healing process.

This exercise is designed to give a taste of the difference between the left-brain, language-based processing of feeling, and a right-brained descriptions of the same feeling. If you are interested in pursuing a fuller experience of this process, I suggest the following resources.



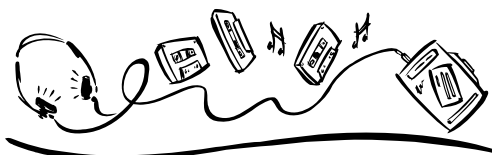
Ganim, Barbara, and Fox, Susan: *Visual Journaling: Going Deeper Than Words to Give Voice to your Soul*. 1999. The Theosophical Publishing House.

Ganim, Barbara: *Art and Healing: Using Expressive Art to Heal Your Body, Mind, and Spirit*. 1998, Random House.

McNiff, Shaun. *Art as Medicine*. Boston, Mass. Shambhala Publications, Inc. 1992.

Samuels, Michael, MD, Lane M. Rockwood, RN, MSN. *Creative Healing: How to Heal Yourself by Tapping your Hidden Creativity*. New York: HarperCollins/HarperSanFrancisco, 1998.

Art as Healing, Michael Samuel, MD website: www.artashealing.org.



Everything You Can Write About Hypnosis in About 45 Minutes

By Terry Moore, LCSW
 ASCH Approved Consultant in Clinical Hypnosis

Given that many APPT members couldn't join us for the July Mini-Series workshop meeting, I thought I would jot down a few items about the ASCH [American Society of Clinical Hypnosis] Annual Meeting that I attended in March of this year in St. Louis. The first thing to mention, of course, is my thanks to the Board of APPT for awarding me a scholarship that softened the economic impact of attending the meeting (*see page 3 for details*).

ASCH trainings are always top-notch, but I had never attended the Annual Meeting before. I had gone to several of its Regional trainings over the years — since I joined the organization in the early 1990s.

If you would like to find out more about ASCH, check out the website at www.asch.net.

Imagine a cooking class with Wolfgang Puck, or a guitar clinic with Les Paul — okay, hold that thought — and you have a sense of what it can be like to attend these sessions. Many of the instructors are the researchers, educators, and writers whose work is published and distributed widely in the field of hypnosis. Yes, it's that good. Over the course of five days, I only saw one disappointing presentation. That's about a 30:1 ratio of greatness!

Personal highlights:

- Seeing video of a psychiatrist work with teens in hypnosis communicating by keyboards and computers only — and seeing the fast results possible
- Seeing that hypnosis is finding validation in the lab: fMRI scans during hypnosis showing activation of the brain in key areas that mediate pain, cognition, and emotion
- Finding out the latest research on the efficacy of using hypnotic training in preparation for childbirth — and —
- Later attending a full-day workshop to learn their model for teaching hypnosis to couples in a hospital-based setting
- A half-day intensive on the use of Ideomotor communication and the treatment

of psychosomatic illness, led by Dabney Ewin, MD

- An extended workshop on wellness and weight management, led by Areed Barabacz, Ph.D. [current editor of the international *Journal of Clinical Hypnosis*] and Carol Low, Ph.D.
- Pain management information featuring the work of Harold Crasilneck, MD
- Featured short presentations:
 - The history of mesmerism & its clash with hypnosis
 - Working with our returning vets: Hal Wain, Ph.D.
 - Hypnotic Jedi Knight [my term]: Jeff Zeig, Ph.D.

Five days at a conference is a bit long. The regional trainings that I've attended in the past are not so demanding: they typically start on a Thursday evening, then full days on Friday and Saturday, with a wrap-up by noon on Sunday. Nonetheless, I am toying with the idea of attending next March's meeting — the 2006 meeting will be in Orlando, Fla.

I use hypnosis every day in my practice. Some people are referred by their physician, another therapist, or by a friend — and are specifically coming for hypnosis. Some are self-referred from the Yellow Pages or the Internet. Others are simply coming for assessment or counseling, but don't have the idea of hypnosis in mind as they cross the threshold. But I incorporate it into just about everything I do — even if I am not using formal hypnotic induction. I think about how to frame problems, and how to conceptualize symptoms. I could not practice well these days without this collection of ideas, interventions, and ways of communicating.

I use hypnosis for habit control, as you might suspect. This is not easy; especially the weight management clients who seem genuinely surprised when I ask what brand of cross-training shoe they wear, and inquire as to how often they add resistance training to their workout routine. I also see individuals for work with medical problems [gagging, irritable bowel, tics], pain, depression, and anxiety. As is the case for all therapy, I

am successful once in a while — surprisingly successful occasionally — and woefully inadequate at other times.

So, there is no magic at work here. Just useful ways of communicating ideas, reducing symptoms, and helping people adapt. If you have questions about hypnosis, give me a call at 402-334-1122 or drop me a line at terrance.moore@gmail.com.

APPT E-List

If you have e-mail access from home, work or both, but aren't on the APPT E-List, you're missing out!

Join the E-List and receive legislative updates and first notification of upcoming APPT events. And it's a great way to stay connected with other private practice therapists!

If you are a current APPT member, you are eligible to join the E-List. We just need your e-mail address to sign you up!

Call Bridget at (402) 393-4600 with your e-mail address, or send an e-mail to appt@ibc.omhcoxmail.com (subject: APPT Member E-List). You will receive an e-mail confirming your addition to the E-List.



Calendar of Events

January 5, 2005
 APPT MINI-SERIES WORKSHOP
Tax Planning Strategies with Kelly Fletcher
 Olive Garden • 76th & Dodge
 11:30 – 11:55 a.m. – Networking
 12 to 12:45 p.m. – Program

January 15, 2005
 APPT WINTER GET-TOGETHER
 Bistro 121 • 120th & Center
 Details to Follow



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Address Service Requested

How Long Do Therapists Need to Keep Mental Health Records?

A frequent question for mental health therapists concerns records retention. Here's some guidelines; however, if you have specific questions, please contact a qualified attorney. APPT members are entitled to a free one-hour consultation with an attorney with Erickson & Sederstrom (see information below).

Keeping records isn't optional — that's indisputable. You must keep records to comply with the ethical expectations of having a practice. Many states also require licensed mental health professionals to keep records.

Clinical records include your schedule or datebook, case records (intake forms, treatment plans, progress notes, referral notes, periodic summaries, termination plans), as well as correspondence with clients and with others whom you've consulted about clients, etc.

Not keeping records is now grounds for a malpractice claim. Having no records is both illegal and unprofessional, and can be considered proof of "poor care." Keeping adequate records allows you to defend yourself in the event of a malpractice or ethics complaint or other litigation. Recordkeeping also documents the provision of services and is a necessary legal obligation in order to receive payment for your services.

Unfortunately, there isn't a clear-cut answer for all types of record retention. The American Psychological Association provides record-keeping guidelines that were adopted in 1993. Many states have very different standards for how long records must be kept, and federal, state, and local laws take precedence over the guidelines established by the various professional associations.

APA guidelines state that "in the absence of such laws and regulations, complete records are maintained for a minimum of three years after the last contact with the client. Records, or a summary, are then maintained for an additional 12 years before disposal. If the client is a minor, the record period is extended until three years after the age of majority."

In Nebraska, the general guideline is five years, or five years after the client reaches the age of majority.

The IRS also requires you to keep all business records of your income for seven years. Different areas of law have different time-frame rules; malpractice typically has a three-year statute of limitations, and the limit for breach of contract is usually six years.

Be sure to thoroughly document whatever procedures you choose. Also be consistent in using your procedures.

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.

If you access this service, please give us feedback. Call Bridget at the APPT Office at (402) 393-4600 and let us know!