

COMPASS

The Newsletter for the Association of Private Practice Therapists
– SUMMER 2007 –

New Legislation Creates ‘Licensed Independent Mental Health Practitioner’

In Amendment 1221 to LB 247, State Sen. Joel Johnson introduced legislation to create a new healthcare credential, the “Licensed Independent Mental Health Practitioner,” or LIMHP.

Incorporating the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, independent mental health practice includes diagnosing major mental illness or disorder, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.

Previously, state statutes required Licensed Mental Health Therapists (LMHPs) to diagnose major mental illness or disorders only in consultation with a qualified physician or licensed psychologist, and to use psy-

chotherapy with individuals suspected of having major mental or emotional disorders only in consultation with a supervising physician or psychologist.

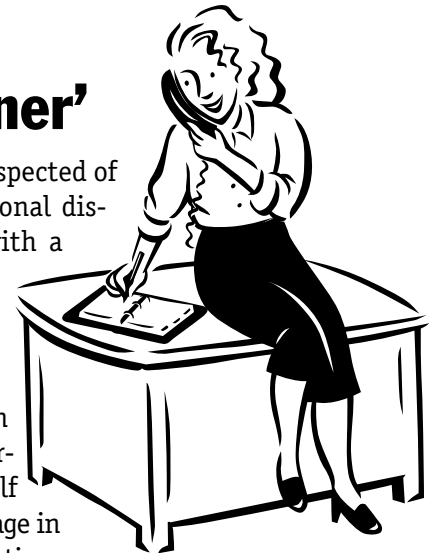
AM 1221 creates a new category of practitioner, the “independent mental health practitioner,” — defined as “a person who holds himself or herself out as a person qualified to engage in independent mental health practice or a person who offers or renders independent mental health practice services.”

Independent mental health practice does not include the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injury, or deformity, or measuring personality or intelligence for the purpose of diagnosis or treatment planning.

LB 247 (including Amendment 1221), was passed by the Nebraska Unicameral on May 30, 2007 and signed into law by Gov. Dave Heineman on May 31.

Currently, the Board of Mental Health Practice and the Credentialing Department are working on how to implement the new credential. This is expected to take some time.

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Calendar of Events

Thursday, July 12, 2007

APPT MINI-SERIES WORKSHOP

Counseling & The College Student
Olive Garden • 76th & Dodge

11:15 – 11:35 a.m. – Networking
11:35 a.m. to 12:35 p.m. – Program

Watch your e-mail for more information, or call Bridget at 393-4600 to reserve your spot!

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Ellie Fields**

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From the President's Desk



Ellie Fields, MS

"Come Together"

This just seems to be a phrase I most connect with when I think of APPT. Whether I am at a board meeting with psychologists, social workers, marriage and family therapists, and counselors, attending a miniseries speaker or conference event, or enjoying a laid-back social get-together with peers, I am enjoying the benefits of belonging to a unique group of professionals united for a common purpose...connection. As your president this year, I invite you to enhance your connection with APPT.

2007 promises to be another interesting year for the field of mental health and private practitioners. I hope to make being an informed professional easier by making sure APPT keeps you in the loop. In response to the changes in our profession and growth in membership, committees have been established to facilitate and develop the information you need to know. For the first time, members are now encouraged to initiate contact with a chair of a committee they are interested in participating with. The Com-

munications Committee (*Compass* & website) is chaired by Julie Luzarraga; Event Planning (miniseries, conference & social planning) is chaired by Pam Feldman and Glen Fineman; and the Legislative Committee is me, Ellie Fields.

Legislative Update

On the legislative front, the uniform licensing bill was passed and signed (*see story, page 1*), allowing for LMHPs who graduated from accredited programs to obtain a license that will be called an LIMHP, Licensed Independent Mental Health Practitioner. The independent status entitles the clinician to provide a mental health diagnosis without the supervision of a psychologist or psychiatrist. This process has NOT been finalized, so be on the lookout for updates and what this might mean for you. APPT advocates for continuing some form of supervision or peer consultation as the clinical benefits are countless and it is a professional, ethical standard we adhere to.

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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 Ellie Fields, MS

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

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MEMBER BENEFIT: Long-Term Care Insurance

My grandfather, John Miller, passed away May 6, 2007. He had been in the nursing home since December of 2005 after suffering his second major stroke. My grandmother, Geneva, went into the nursing home at the same time, as her memory had been deteriorating and she could not be left home alone.

During this timeframe, they spent over \$100,000 in nursing home costs, which is *below average* for two people over an 18-month period. Geneva is physically stable, so her stay in the nursing home could last several more years. Unfortunately, they are paying this entirely out-of-pocket, as they could not qualify medically for long-term care insurance.

Long-term care insurance is a strategy to help in paying for these costs, along with home-health care, assisted living facilities, and adult day cares.

You have the opportunity to purchase this coverage at a discount through your membership with APPT. This is on top of any spousal and/or preferred health discounts you may also qualify for. In addition, this discount extends to your spouse, parents, grandparents, children, siblings, and in-laws, all between the ages of 18-84.

For additional incentive, if you are self-employed, you may be able to deduct the entire premium for this insurance from your taxes.

I encourage you to consider this protection to see if it's appropriate for you and your family. *

– *Chris Krueger is a Financial Advisor for John Hancock Financial Network and is the contact person for APPT's sponsored group plan. 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.*



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APPT SCHOLARSHIP SUMMARY

Powerful Healing: The Next Level of Mind-Body Practice

What: ASCH regional training —
Advanced level
Where: Albuquerque, New Mexico
When: Oct. 12-15, 2006

By Terry Moore, LCSW

Going to a workshop is a bit like going to the poker tables in Las Vegas, don't you think? The stakes are high, you arrive with great expectations, and sometimes you go bust. If I had a nickel for every workshop I'd attended that promised vital insights and new innovations, but failed to deliver — well, I'd have one helluva pile of nickels.

So, I thought I was going that way from the start. The travel was problematic, due to a flight arriving late from Chicago. I had to fly standby out of my connection in Denver, and I just arrived in time for the start of the workshop.

Luckily, the American Society of Clinical Hypnosis [ASCH — www.asch.net] has been putting on regional trainings for several years, and they seem to have the formula down. All of their trainings of this sort begin on a Thursday evening, continuing for two full days, and wrapping up on Sunday at noon. Everyone convenes for an organizational meeting at the outset, and then on to the specific course you are attending. Generally, three classes run concurrently — beginners, intermediates, and advanced. The first two classes are conducted by an assembled faculty of experts, and have a set agenda. The advanced class topics vary by date and city, and offer the experienced clinician lots to choose from over the course of time.

I seem to be encountering more clients lately with complex clinical presentations, and unusual medical complications, so this advanced class drew my attention from the moment the brochure arrived. I was hoping to gain more ideas and more confidence in handling these types of cases.

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Up to \$100 Scholarship Available For Continuing Education

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.

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.



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Unicameral Passes New Law Creating LIMHPs

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History of the Law

Originally introduced in the 2006-07 legislative session as LB 369 by Sen. Philip Erdman, the legislation was intended to redefine mental health practice for licensure of mental health practitioners under the auspices of the Health and Human Services committee (chaired by Sen. Joel Johnson). The bill later became an amendment to LB 267.

LB 369 is a reintroduction of LB 271 (2005). The bill relates to an expansion of the scope of practice of licensed mental health practitioners (LMHPs). The bill was drafted to implement recommendations of the review of the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat §§ 71-6201 to 71-6229). A "407 Review" related to the scope of practice of LMHPs was completed in December 2005.

In 2006, LB 271 was advanced by the HHS Committee with amendments. Proponents included the Nebraska Association for Marriage and Family Therapy (NAMFT) and the Nebraska Counseling Association (NCA). Opponents were the Nebraska Psychological Association (NPA) and the Nebraska Medical Associations. The Nebraska chapter of the National Association of Social Workers (NASW-NE) was also opposed, but did not testify.

Meetings were held in the summer of 2006 to try to find opportunities for consensus. The Nebraska Medical Association remained opposed, but NASW-NE and NPA would support the bill, with certain amendments.

In the Introducer's Statement of Intent, Sen. Erdman wrote, "Under current law, Licensed Mental Health Practitioners (LMHPs) are required to refer patients with serious mental illness or disorder to a psychologist or a psychiatrist for diagnosis and treatment. These oversight provisions often result in lengthy delays and impede the timely delivery of care."

He added, "This bill makes necessary changes to improve patient access to care

by permitting qualified mental health practitioners to provide independent services to individuals with a serious mental illness or disorder."

Requirements for Licensure as a LIMHP

The bill outlines several avenues towards becoming a LIMHP. The first avenue is for LMHPs or Provisional LMHPs (PLMHPs) who graduated with a masters' or doctoral degree from an accredited program (or a program that was accredited within four years of graduation by the Council for Accreditation of Counseling and Related Educational Programs [CACREP], the Commission on Accreditation for Marriage and Family Therapy Education [COAMFTE], or the Council on Social Work Education [CSWE]), or LMHPs or PLMHPs who graduated with a masters' or doctoral degree from a program deemed equivalent in didactic content and supervised clinical experience to an accredited program. These individuals must also complete 3,000 hours (not less than two nor more than five years) of supervised clinical experience (by a licensed physician, licensed psychologist, or LIMHP), post-degree. One-half of this must be comprised of experience with Major Mental Disorders (MMD).

The second avenue is for those LMHPs or PLMHPs who graduated from a non-accredited and non-equivalent program. These individuals must have 7,000 hours (not less than 10 years) of supervised clinical experience, one-half of which must be experience with MMD.

The ultimate authority deciding who shall be a LIMHP is the Board of Mental Health Practice and the state's Credentialing Department. The statute gives latitude to the board in certifying this experience, saying documentation "may consist of sworn statements from the applicant and his or her employers or supervisors."

It also notes, "The board shall not in any case require the applicant to produce individual case records."

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Amendment 1221 creates ‘LIMHPs’

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How This Affects Therapists

According to an NAMFT fact sheet, currently up to 25 percent of LMHPs have degrees in fields other than Professional Counseling, Social Work, or Marriage and Family Therapy.

Kris Chiles, Section Administrator of the state’s Credentialing Department, notes there are currently 423 actively-licensed LMHPs who have never held a CPC, MFT, or MSW certificate. In addition, there are an additional 143 actively-licensed LMHPs who, at one time, held either a CPC, MFT, or MSW certification, but who have subsequently let this credential expire.

Many organizations will continue to include a supervision or consultation requirement or advisement in their professional code of conduct and ethics. Therapists on both

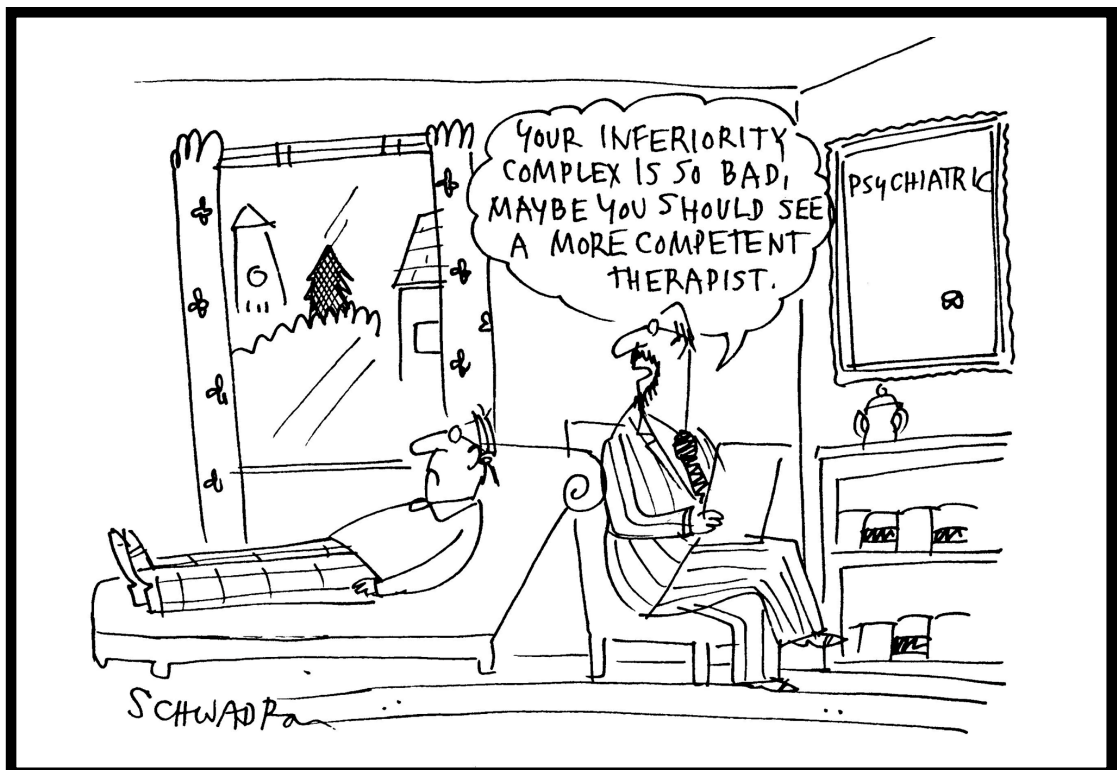
sides of the issue agree on the importance of consulting with peers or supervisors on an ongoing basis as a necessary part of the therapeutic process, particularly when working with complex client issues.

APPT Involvement

APPT had taken an advisory position on the legislation, informing members about its status through postings on the APPT E-List, but the board (representing the multiple disciplines of APPT membership) did not directly advocate for or against the legislation. Instead, member therapists were advised to consult their representative professional discipline for more information.

The organization will continue to track developments on the implementation of the LIMHP credential, so stay tuned to your e-mail for updates on the APPT E-List! *

Free Legal Consultation. Each APPT member is entitled to a free legal consultation with an attorney from Erickson & Sederstrom, P.C. (up to one hour) per year. Contact Bridget at the APPT Office at (402) 393-4600 for access information. If you use this service, please give us feedback. Call Bridget at the APPT Office at (402) 393-4600 and let us know!



Other Legislative News: Court-Ordered Mediation

LB 554, introduced by Sen. Mike Flood of Norfolk, directs parents to develop a parenting plan, either on their own or through mediation. If the parents are unable to do so in a particular case, the court will create a parenting plan that is in the best interests of the child.

Parents involved in custody and parenting time cases are required to attend at least one session with a mediator. Cases involving allegations of domestic abuse or unresolved parental conflict will be referred to a specialized alternative dispute resolution process with mediators trained to deal with high-conflict cases.

Flood has called the bill "the first substantive rewrite of Nebraska's parenting laws in 20 years."

Among other issues, LB 554:

- Retains the "best-interests of the child" standard as the standard by which child custody and parenting time issues are resolved;
- Recognizes the importance of maintaining parent-child relationships while at the same time protecting victims of abuse and neglect;
- Codifies the court-recognized distinc-

tion between joint legal and joint physical custody arrangements;

- Requires parenting plans to include considerable detail as to what will happen in the life of children after a divorce; and
- Requires parents involved in custody and parenting time cases to attend a parenting education course.

All parties who do not submit a parenting plan within the time ordered by the court will be required to participate in an initial individual screening session with a mediator as well as an initial mediation session.

LB 554 requires judges, attorneys, and mediators involved in parenting cases to participate in training focused on recognizing abuse and unresolved parental conflict. Under the bill, mediation centers are required to provide services to those who can't afford them. The filing fee for a divorce is raised by \$50 to cover the cost of the program. Those who cannot afford the fee can apply to waive it.

The mandatory mediation law will go into effect July 1, 2010. *

THANK YOU JANE!

Jane Karges, Psy.D., has very capably served as our Nebraska Psychological Association (NPA) liaison to the APPT Board.

Jane is resigning her position, effective in July. Thank you for your service, Jane! We will miss your input!

Consequently, the APPT Board is seeking a new NPA Liaison to the APPT Board. If you are interested in serving, please contact APPT President Ellie Fields at (402) 505-7587 or you can e-mail her at lablovers3@aol.com.



ARTICLES WANTED! We need your contributions for *The Compass*! Submit your article for the October 2007 issue by Sept. 1. We welcome articles on clinical or practice management topics. Send articles via e-mail to Bridget at appt@ibc.omhcoxmail.com or via fax to (402) 393-4603. *

THERAPIST NEWS...

... Congratulations to **Jim Marx**, M.Ed., M.S., of Pacific Counseling Associates, on his retirement!

... Our thoughts are with former APPT President **John Atherton**, who had triple bypass surgery in early June.

*Do you have member news to share?
E-mail your news to Bridget at
appt@ibc.omhcoxmail.com.*

Committee Update

The APPT Communications Committee (Julie Luzarraga, Terry Moore, and Bridget Brooks) has met to discuss guidelines for the APPT E-List.

The committee's recommendations will be presented to the APPT Board for ratification and will be shared with the APPT membership via e-mail as well as in the October issue of *The Compass*. *

Powerful Healing Workshop Review

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I am happy to report that this class delivered on its promise.

The instructor was Sheryll Daniel, Ph.D. of Raleigh, North Carolina — a past ASCH president, and private practitioner. She had a big job, as her co-instructor had a death in the family one day before the workshop. Despite this last-moment adjustment, the level of instruction was superb.

The 20 hours of instruction cut a wide path through topics including: psychoneuro-immunology, neurobiology, hypnotic strategies for bleeding, dental work, and pre-surgery. Chronic pain and immune system problems also were discussed.

The use of hypnosis in the treatment of Irritable Bowel Syndrome was reviewed in-depth. You might be interested to know that IBS researchers using hypnosis have five-year follow data suggesting that results are positive, lasting, and superior to medication-only treatment for IBS. See www.ibshypnosis.com for more on this.

The audience for this advanced class was one of the larger ones in my memory. More than 80 attendees from around the country were on hand for the excellent presentations and provided for lively case discussions. Psychiatry and dentistry, plus all the typical mental health specialties were on hand.

We were also fortunate to have Moshe Torem, MD pop in for part of Friday morning's discussions. He is an expert in dissociation and is the medical director of the Center for Mind-Body Medicine in Akron, Ohio. He showed us many remarkable videotapes of

hypnotic interventions with burns, skin conditions, and surgery. His message was simple and clear: use your creativity and skills to help your patients reduce their suffering.

Albuquerque was a good setting for the meeting. Mild weather made for easy access to the neighborhood adjacent to the meeting site in order to grab a meal. The Balloon Festival was in full-swing (or should I say full-ascent) during the time I was there, though I did not travel to the site of the balloonists.

I am deeply grateful to the Board of Directors of APPT in their generosity in helping me with my workshop expenses. I would be delighted to speak with any reader of this newsletter about the workshop, about hypnosis, or anything else related to the event I attended. *

— Terry Moore, LCSW is an ASCH-Approved Consultant in Clinical Hypnosis. He can be reached at (402) 334-1122 or via e-mail at terrance.moore@gmail.com.

Visit APPT's Web Site: www.privatepractice.org

The APPT website offers members the opportunity to catch up on back issues of *The Compass* newsletter, find out about upcoming events, obtain contact information for the APPT board, and access information about APPT member benefits.

If you have any other ideas about content you think we should add to the site, please e-mail them to Bridget at appt@ibc.omhcoxmail.com. *

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An Excellent Practice: Marketing Your Practice

This series of articles on developing “An Excellent Practice,” is designed to share information that will make you a better practitioner, move you further towards excellence, and might even make your practice more profitable.

By Bob Kraft

Given that you are an APPT member, you are concerned about yourself as a practitioner and want to do the best you can.

For various reasons, we all have areas in which we could improve ourselves and our practices. Any place you can glean a bit of information about improving your practice is worth your time because one small change might make the difference of one new referral, for example, that is worth approximately \$5,000 (that is, 50 sessions or a client for a year at \$100 per session) or maybe only \$1,000 (if you saw the patient only 10 times). Small changes can make big differences.

The topics that will be covered in this series include: Marketing a Private Practice, Collaboration with Therapists, Working with Clients, HIPAA, Computers in Private Practice, and Money Issues in Private Practice. Remember that these topics could each fill a chapter in a book (or even fill a book, in the case of HIPAA), so the attempt here is to provide useful information in brief fashion.

Marketing a Private Practice

You may be lucky and not need to market, but the therapist who doesn't need to market is a rare individual, even if your group is doing it for you.

Marketing is an ongoing part of a practice — really, of most businesses — and, in private practice, if you don't market for yourself, it will probably not get done.

Choosing to do one activity every week towards getting referrals would be an excellent

plan. Below is a list of activities that work, though some will work better than others for you.

But before you read the list, know this: **You, in most cases, will need to get your name in front of someone many times before they will call you.** Being repetitive in a polite way is crucial to acquire referrals and to become known to referral sources.

Of course, there are times when someone asks an ex-patient of yours for the name of a therapist and they call you, and that is excellent. But you can't wait for the phone to ring to have a successful practice.

Here's a list of proven marketing techniques:

- Network with other professionals — go to meetings (like APPT, conferences, workshops, etc.) where other professionals go. When you can, mention that you are building your caseload.

Call your friends that are professionals and say, “I have a couple openings and would appreciate any referrals you would be comfortable making.”

I remember when a friend first called and left that message. I thought, “Wow, I'll remember that,” and I was glad to **send a referral** when I could; I saw it as a strength that he could let me know his need. Referring

to others will return to you if you do it as a part of your networking, and we all get referrals we can't take (wrong insurance, wrong time, etc.)

- **Send a thank you note**, personally written, personally addressed, to every referral source every time you get a new client

(make sure you have consent or do it without mentioning the patient's name).

- **Take a referral source out to lunch**, including pastors, lawyers, nurses, psychiatrists, other therapists — in fact, anyone who might want to get to know you and what you do.

- **Speak in public**, if you can, on related topics, at churches, schools... anywhere you can. You could develop an hourlong seminar and offer it for free and put an ad in the newspaper (probably by the movie section).

- **Send a thank you letter to ex-clients**, indicating that you have a new associate, or new hours, or some other new information.

- **Develop a website** and get it to the top of Google.

- **Call InfoUSA and get a listing of new residents** in the zip code of your choice, get them to send you (or even better, to a company that does mass mailings) address labels and send prospects a brochure and cover letter introducing yourself.

- **Ask your friends who are colleagues what works for them.**

There are more ways to increase referrals, but to **do something for one hour or more a week** you **are** moving towards excellence. *

— Robert G. Kraft, Ph.D., has been in private practice in Omaha for over 20 years. He founded Kairos Psychological, P.C., 15 years ago, has developed billing software for therapists that is sold nationwide, and continues his personal training in psychotherapy practices. He is the director of the Center for Psychotherapy and Psychoanalysis and is an Associate Clinical Professor in the Department of Psychiatry at Creighton University School of Medicine.





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Ellie Fields: 'Coming Together'

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There are updates soon to be announced regarding LB 647, the mental health parity bill, and I will be sure to get that to our members as soon as it is announced. It was our hope the bill would be carried over to the next legislative session.

APPT Events

We had an impressive turnout for our Spring Conference at Mahoney State Park. We learned about the deployment process and how to connect with the families and soldiers returning from Iraq. Please see our last *Compass* newsletter for more details on that event.

On July 12, the miniseries topic is a panel discussion on the treatment of a special population: College Students and Medical School Students.

In August, we will have a representative from Erickson & Sederstrom law firm to talk about how to handle a subpoena.

Equine therapy and techniques for treating difficult adolescents are two other topics we hope to have on the calendar this year.

Also on the horizon is our Fall Social Event in September! This year we plan to combine socializing with a panel of speakers willing to share some of their secrets of success as private practitioners.

Goals for 2007-08

Membership growth is a perennial goal. It is reasonable to assume a membership goal of 150, adding 12 members from last year's total.

I also hope to extend the hand of APPT's mission to professionals throughout the state of Nebraska.

Going to our local colleges to connect with prospective graduates is another route we take to heighten awareness of APPT and its benefits.

I would like to see greater use of our mentoring opportunities as well. We have so many skilled and seasoned practitioners who are willing to share and support a newcomer to the challenges of private practice, let's take advantage of them!

I am proud to lead this professional group for a year and I am delighted to have the assistance and support of an experienced board. I am grateful Pam Feldman said "yes" to the President-Elect position. She is a Past President (2002) and a natural leader. I have already benefited from her wisdom and leadership.

I look forward to connecting with you throughout the 2007-08 year. Thank you. *