



Newsletter November and December 2010



A Review of The General Membership Meeting By Bonnie Carroll, LCSW

Greetings to all NCAMHP Members,

There was a good turn out at the General Membership meeting on October 28th, 2010. Our new Education Coordinator Judy Judge arranged for a nice meal catered by Hurricane Kates, Scott Greer addressed the crowd, and Tod Fiste presented a great lecture on creating a web site and marketing your business on the internet. The presentation was interesting, educational, and everyone appeared to appreciate and enjoy it!

Board President Scott Greer announced the proposed 2011 Board of Directors, which included the elected positions of President- Lesley Manson, Secretary- Bonnie Carroll, Treasurer- Michelle Lee, as well as the other Board positions which will include Scott Greer as Past President, Jennifer Saffen, Loren Farber, and Patricia Jones. The NCAMHP members present at the meeting voted to approve the proposed Board of Directors for 2011.

Michelle Lee updated the membership on the current financial state of the North Coast Association of Mental Health Professionals, which is solvent at this time.

Scott Greer updated the attendees on new projects, progress on old projects, and other changes. The announcements included a reminder for the membership to update their NCAMHP website page with their "in" and "out of network" funding designations. The website changes will take effect on October 29th, 2010. Any members who failed to make the needed changes will have their funding accepted dropped from the website. The Red Book will be going to press soon, so please make sure all your information is up to date and accurate.

The Education Committee is requesting suggestions for future trainings. Please forward any additional suggestions to one of the Education Committee members.

Scott Sherman presented a proposal for NCAMHP to co-sponsor a play that deals with father issues and will be seeking approval to provide CEU's for attendance of the play and the discussion groups, which will be held following the performance.

Scott Greer introduced the new NCAMHP members and announced that we are developing a new member recruitment plan that will include organizations. Patricia Jones has done great work on preparing new recruitment letters and a mailing list is being created so we can send out the letters to therapists and organizations in the community that are not currently NCAMHP members.

Scott Greer also requested that any NCAMHP members who are interested in participating on the Board of Directors or one of our Committees please come to a Board meeting or join the committee. The Board and all of the committees will benefit from new member participation!

Scott Greer also recognized the hard work Lesley Manson and Tim Gomersall have been doing to put out the NCAMHP quarterly newsletter and the great job Jennifer Saffen and Loren Farber have done on the organization of the old NCAMHP files.

Finally, special recognition was given to the following four NCAMHP members with a Certificate of Appreciation and a gift card:

Karen M. Price, PhD- "For Your Years of Selfless Dedication and Service while Facilitating Continuing Education Units with the MCEP for the North Coast Association of Mental Health Professionals"

Katherine Salinas, ACSW- "For Your Many Years of Dedication and Service as the Treasurer of the Board of Directors for the North Coast Association of Mental Health Professionals."

Patricia A. Jones, MFT- "For Your Leadership, Dedication, and Years of Service, as well as your Guidance and Wisdom as the 2009 President of the Board of Directors for the North Coast Association of Mental Health Professionals."

Toni Martin, LEP- "For Your Dedication and Service while on the 2008 and 2009 Board of Directors for the North Coast Association of Mental Health Professionals."

Thank you NCAMHP members for attending and participating within the organization! We are looking forward to another great year of service.



Therapist Self-Care in the Arena of Helping Others

By Jennifer Saffen, MFT

Self-Care is a big topic and this article serves as a small if perhaps meaningful exploration and review.

First, when considering the term self-care what definitions or synonyms come to mind? Perhaps self-nurturing, tending of spirit, or simply add self in front of any of the following: compassion, mindfulness, conscientiousness; love; balance (and the list goes on and on). Ultimately, self-care is unique to one's own needs and hopefully can be (or already is) integrated mindfully into one's own life.

In the book *Caring for Ourselves, A Therapist's Guide to Personal and Professional Well-Being*, Author Ellen K. Baker, Ph.D. (2003) offers the following explanation:

This book conceptualizes and operationalizes therapist self-care as comprising the processes of self-awareness and self-regulation and the balancing of connections among self (involving the psychological, physical, and spiritual, as well as the professional), others (including personal and professional relationships), and the larger community (encompassing civic and professional involvement)(pgs. 13-14).

Baker (2003) refers back to the term balance throughout her book on self-care as does Lillie Weiss Ph.D. in her book *Therapist's Guide to Self-Care* (2004); here Dr. Weiss writes about balance:

A balanced life has been described as one with equal space devoted to work, relationships, and self, or 'I' time, those activities that sharpen the saw, that nourish and renew you, that make you more effective in the other two areas. If love and work define you and make life meaningful, then attentiveness to self helps you give your best to these. (p. 97).

Besides examining balance, Dr. Weiss seems to address issues that may arise around concerns of being selfish in self-care. It is true that many of the healers and givers in the world might have trouble receiving for themselves. A family friend shared that when he was in the seminary (in the 1940s) there was an exercise during which the aspiring ministers were requested to give gifts to one another. The giving was so effortless and rewarding and the receiving seemed awkward, perhaps even

embarrassing. Yet this exercise brought to light the importance of being able to accept gifts as well as offering them.

Baker's (2004) book is laid out in several chapters with varying self-care concepts from the sublime such as considering the deep meaning in our work as therapists, to the arguably more mundane of working with the healthcare system. She writes thought provoking questions throughout the book in a sort of "self-help" style. For example, in her "Therapist Self-Care Questionnaire" (p.55) she asks: "What do you do to take care of yourself as a therapist? Please be specific and give examples" (p. 57).

As I considered Baker's questions and information on self-care a certain galvanization occurred that will evolve and continue; I'm sure. Now there exists a one page 12-font list of practical to deep-and-meaningful things for me to keep in mind as I do my work. This list includes the practical of "make tea; take tens; collaborate with colleagues, even to say "Hi," to the deep and meaningful of reminding myself as the paperwork swells to a large looming wave and EBP, CBT, DBT, and other acronyms develop their own small yet powerful whirlpool in my office, to remember, "I walk with fellow travelers on intimate and profound parts of their journey; I can listen with compassion and offer guidance at times. The journey and the privilege to witness are cherished."

In closing, though self-care may be in our awareness, sometimes it may be marginalized rather than woven into everyday life. I hope this article can be a reminder to us all to be mindful of taking time and reflection for our selves.

References:

Baker, E.K. (2003). *Caring for ourselves, a therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association

Baker, E.K. (2003). *Caring for ourselves, a therapist's guide to personal and professional well-being*. Washington, DC: American Psychological Association.

Therapist Self-Care Questionnaire:

www.e-psychologist.org/index.html?mdl=exam/show_article.mdl&Material_ID=1

Weiss, L (2004). *Therapist's guide to self-care*. New York, NY: Brunner-Routledge



“10 Easy Ways to Lose Your License: Surprisingly Common Forms of Insurance Fraud”

By Barbara Griswold, LMFT

Author of *Navigating the Insurance Maze: The Therapist's Complete Guide to Working With Insurance – And Whether You Should* (www.navigatingtheinsurancemaze.com)

Most of us become therapists because we want to help people. But in all our coursework, we may never have taken a class in dealing with insurance. This lack of knowledge can lead us to make billing decisions that we don't even know are illegal or unethical. Our resentment about insurance contract discounts may also cause us to be less than honest in our billing. Or we may bend the truth in a well-intentioned attempt to help our clients afford therapy.

It is a challenge to stay ethical when you feel the cause is so just, and the chances of getting caught appear so small. However, the consequences for fraud can be quite severe, and include repaying the insurance company, fines, loss of license, and jail.

So how do you know when you've entered into the territory of insurance fraud? Michael Brandt, a fraud investigator from HealthNet Insurance, writes that "health care fraud is deception or misrepresentation by providers...with knowledge that the deception could result in some unauthorized payment or benefit."¹ Note that the definition requires intentional misrepresentation on the provider's part.

Here's a quick rundown of some common types of insurance fraud:

1. Diagnosing with reimbursement in mind. I can't tell you how often I get calls from therapists asking me "what diagnosis should I use on claims so that I can be sure to be paid?" You need to give the most accurate diagnosis, without regard for reimbursement.

- **Diagnosing a mental illness when one does not exist:** This may be tempting when seeing a client for self-esteem, communication, career, or personal growth issues, but there is no mental illness present. But remember -- this is medical insurance, and plans typically won't cover only a V-code diagnosis.
- **Changing Diagnoses:** It may be tempting to give a more serious diagnosis than your client actually has when you know it will afford better coverage. For example, if your client might pay a lower co-payment or get unlimited sessions for a particular diagnosis, you might think about giving that diagnosis. But a diagnosis should not be changed unless a mistake was made in the original diagnosis or unless the client's condition changed.
- **Under-diagnosing:** For example, your client may not want to document his substance abuse on a claim. But it could be considered fraud if you instead put Adjustment Disorder on the claim when that is not what you are treating. Why? Because the plan might have made different authorization or reimbursement decisions if the correct diagnosis had been known.

2. Billing insurance for a missed session without making it clear on the claim that it was missed. If you do bill, you must not use a CPT (Current Procedural Terminology) code on the claim that would give the impression that a session took place -- ask the plan what code to use. Most plans will not pay for missed sessions; check your contract (if you are a network provider) or call the plan.

3. Charging the plan more than your usual fee. In your practice, you need to have a “full fee” that you charge. You may have a sliding-fee scale, but you may not “slide up” from your full fee when billing insurance. It would be fraud, for example, to charge a client’s insurance \$150 per session if you would not charge a self-pay client this amount. (This issue does not apply to network therapists, who have a contracted fee).

4. Waiving client co-payments in advance. You may not tell the client he doesn’t need to pay his co-payment or deductible. Say your contracted fee is \$60, and your client’s co-payment is \$20, but you agree in advance to waive his portion. In essence, this is agreeing to see him for a total of \$40 but billing insurance for \$60, which is fraud. (While it is not acceptable to waive co-payments in advance, you may forgive unpaid balances, if you have made reasonable attempts to collect).

5. Billing for phone sessions using a CPT code for in-person therapy. Most plans will not reimburse for phone sessions -- check your contract if you are a network provider or call the insurance plan to be sure. If they allow you to bill for this, be sure to get preauthorization (if needed) and use the correct CPT Code on the claim.

6. Submitting a claim for individual therapy when you saw a couple, or vice versa. If you know the plan doesn’t cover couples sessions, it is fraud to use a CPT code for individual therapy on the claim in order to be reimbursed. Again, the plan has the right to know the type of service you are providing in order to make a reimbursement determination.

7. Providing couples therapy and billing both partners’ insurance companies for individual sessions. Again, because the CPT Codes are different, this would be misrepresenting the service provided. You may bill both insurance companies for the couples session, but you would need to bill the primary plan first (using the couples therapy CPT code), then include details of their payment when billing the secondary plan.

8. Having someone else sign your claims, or if unlicensed, signing in a way that makes you appear licensed. If you are not covered by the plan, you may not have a plan provider or covered license holder sign for you. Be sure to give the name and license status of the treating provider. If unlicensed providers are covered by the plan, the treating therapist and supervisor should both sign, identifying themselves on the claim as “treating therapist” and “supervising therapist.”

9. Rewriting case notes before an insurance plan review or audit. This may be equivalent to falsifying documents.

10. Changing service dates, or “splitting” two-hour sessions. You may be tempted to change dates on the claim so that a session will be covered by an authorization. Or if the plan won’t cover a two-hour session, you might want to bill for two one-hour sessions on different days. However, this would be misrepresentation.

“Do not allow yourself to be misled or manipulated by your clients who convincingly ask for your assistance in reducing their financial burdens at the expense of their

insurance companies,” writes Mary Riemersma, Executive Director of The California Association of Marriage and Family Therapists. “You are the therapist, the one in control of the situation, and you should be the role model.”² You would essentially be entering into an illicit conspiracy with your client against the insurance company, an agreement which could taint the relationship between you and your client, and negatively impact your treatment.

Barbara Griswold, MFT, is the author of Navigating the Insurance Maze: The Therapist’s Complete Guide to Working with Insurance—and Whether You Should (www.navigatingtheinsurancemaze.com). Barbara provides consultations on insurance questions and practice-building to therapists all over the county. Visit her website to view her workshop schedule, sign up to receive her free monthly insurance e-newsletter, or schedule a phone consultation. In addition to her private practice in San Jose, California, Barbara has served on the California Association of Marriage and Family Therapists’ Ethics Committee.

References

- 1 - Michael Brandt, “Health Care Fraud Affects Everyone.” Health Net Physician News (Spring 2000), p.7.
- 2 - Mary Riemersma, “What is Insurance Fraud?” *The California Therapist*, (March/April 2001).



WHEN SOMEONE YOU KNOW STRUGGLES WITH FEAR, ANXIETY AND STRESS

By Stanley Popovich

What do you do when someone you know has to deal with persistent fears, anxieties, or even depression? Well the first thing you need to do is to get the person to seek the services of a professional who can lead them in the right direction and give them the help they need. In addition, here are some other techniques you can use to help the person cope.

Learn as much as you can in managing anxiety and depression. There are many books and information that will educate you on how to deal with fear and anxiety. Share this information with the person who is struggling. Education is the key in finding the answers your looking for in managing your fears.

Be understanding and patient with the person struggling with their fears. Dealing with depression and anxiety can be difficult for the person so do not add more problems than what is already there.

In every anxiety-related situation you experience, begin to learn what works, what doesn't work, and what you need to improve on in managing your fears and anxieties. For instance, you have a lot of anxiety and you decide to take a walk to help you feel better. The next time you feel anxious you can remind yourself that you got through it the last time by taking a walk. This will give you the confidence to manage your anxiety the next time around.

Challenge your negative thinking with positive statements and realistic thinking. When encountering thoughts that make you fearful or anxious, challenge those thoughts by asking yourself questions that will maintain objectivity and common sense. For example, you are afraid that if you do not get that job promotion then you will be stuck at your job forever. This depresses you, however your thinking in this situation is unrealistic. The fact of the matter is that there all are kinds of jobs available and just because you don't get this job promotion doesn't mean that you will never get one. In addition, people change jobs all the time, and you always have that option of going elsewhere if you are unhappy at your present location. Changing your thinking can help you manage your fears.

Another thing to remember is that things change and events do not stay the same. For instance, you may feel overwhelmed today with your anxiety and feel that this is how you will feel the rest of the week or month. This isn't correct. No one can predict the future with one hundred percent accuracy. Even if the thing that you feared does happen there are circumstances and factors that you can't predict which can be used to your advantage. You never know when the help and answers you are looking for will come to you.

When your fears and anxieties have the best of you, seek help from a professional. The key is to be patient, take it slow, and not to give up. In time, you will be able to find those resources that will help you with your problems.

BIOGRAPHY:

Stan Popovich is the author of "A Layman's Guide to Managing Fear Using Psychology, Christianity and Non Resistant Methods" - an easy to read book that presents a general overview of techniques that are effective in managing persistent fears and anxieties. For additional information go to: www.managingfear.com



By Patricia Jones

In memory of Tyler Clementi, Asher Brown, Seth Walsh, Billy Lucas, and so many others, please take a few minutes to listen to Fort Worth City Council Member Joel Burns' October 12th "It Gets Better" speech to the City Council.

He speaks about young people who have lost their lives by suicide related to being bullied for sexual orientation or perception of sexual orientation. He also talks

about his own painful experiences; it is heartfelt and ultimately instills hope. (A box of tissues nearby is not a bad idea).

Go to <http://www.youtube.com/watch?v=ax96cghOnY4> and be sure to save the link and share it with others in your email or social network site circles.

The Trevor Project is another helpful online resource for GLBT clients, friends, and family. <http://www.thetrevorproject.org/> Please share other resources with us all on the ncamhp website message board.



Announcements

OFFICE SUBLET AVAILABLE

TWO LOVELY FURNISHED OFFICE SPACES AVAILABLE FOR SUBLET STARTING NOV 1ST.

QUIET AND PRIVATE ARCATA OFFICE IS LOCATED ON BAYSIDE ROAD. AVAILABLE 2 DAYS/WEEK AND EVENINGS INCLUDES PARKING LOT, SHARED WAITING ROOM, UTILITIES, COPY MACHINE, REFRIGERATOR AND MICROWAVE. \$160.00/MONTH PER DAY.

OLD TOWN EUREKA OFFICE HAS A BAY VIEW, AVAILABLE 3 DAYS/WEEK AND EVENINGS AND INCLUDES PARKING SPACE, SHARED WAITING ROOM, UTILITIES, USE OF SANDTRAY COLLECTION, AND MICROWAVE. \$120.00/MONTH PER DAY.

PLEASE CONTACT CHERYL BLATT-LEWIS AT 442-1346

Psy.D. Student Seeking Internship

Hello, my name is John Thomas. I'm a graduate student at Ryokan College, finishing my last few months of studies. My experience includes over 10 years of work with the Developmentally Disabled population at adult and child residential facilities, supported living and day programs. I have experience developing Individual Service Plans as well as management of staff and programs. I have also worked as a Temporary Case Manager at an adult residential facility for mental health clients.

I'm interested in gaining some individual and/or group therapy experience through a full or part-time internship. My therapeutic orientation is eclectic but lately I've been interested in the Cognitive Behavioral approach including REBT.

I can be reached at 707-499-4192 or johnnythomas@suddenlink.net

Your voice is important!

We welcome all members to contribute to the newsletter.

The NCAMHP newsletter is many things and among them a forum to share professional information; ideas; inspirations; experiences and knowledge.

The following topics are requests for those of you inspired to share:

1. A favorite quote or saying along with a story about its meaning
2. Self-care in the professional world
3. Being politically active in a rural community
4. Therapy 100 years from now
5. Book Reviews
6. Your own ideas related to our professional world!

Contributions are welcome; anything from a paragraph to a page would fit well in the newsletter. Send your ideas to the newsletter committee:

newsletter@ncamhp.org, Lesley Manson, Psy.D. at drmanson@msn.com or Jennifer Saffen, MFT at jes@humboldt1.com

November is Alzheimer's Awareness Month

In 2010, it is estimated that there are over 5 million Americans (over 16 million worldwide) living with Alzheimer's Disease. There is also an estimated 10 million family caregivers in the United States as well as a host of healthcare workers, social workers, volunteers and other professionals involved behind the scenes. Let's take the time to remember the families and dedicated professionals who advocate for individuals dealing with Alzheimer's Disease.

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The first offering of the Gay Affirmative Therapy for the Straight Clinician teleclass series was such a success that I have decided to offer the series again with all NEW TOPICS. The new series begins on November 2, 2010 and will run for four Tuesdays from 2-3pm ET. Topics included are:

Week 1: Lesbian and Gay Sexuality

Week 2: Family of Origin Dynamics

Week 3: Gay Parenting

Week 4: Personality Disorders in Lesbians and Gays

Please see below for additional information and to register. If you are unable to make any of the live calls, you will still have access to the recordings as long as you have registered.

Please contact me with any questions.

Joe Kort, Ph.D., LMSW

Thank you for “Chloe’s Legacy” (Oct 14). Tragically, transgender people often endure harassment and discrimination as well as suffering high rates of depression and suicide. Hopefully articles like this one and the bravery of Chloe’s parents in telling her story will inspire us all to be more open-minded, compassionate and better advocates in creating a safe and caring community.

One area of concern for transgender people is access to knowledgeable and sensitive health care. In order to better meet the needs of the local trans community, Humboldt Open Door Clinic has been having staff trainings, meeting with local and Bay Area trans advocates and is pleased to announce the opening of a monthly trans health clinic. Open Door is committed to providing excellent primary medical care to all members of our community, including gay, lesbian, bisexual and transgender people. For more information or to make an appointment call 826-8610. LGBT teens can also access many free and confidential services without an appointment at drop-in Teen Clinics.

Two additional Web resources that I have found helpful are: Transgender Law Center, an awesome advocacy group in SF with info on legal issues (health, employment, housing, IDs, name change, etc.) and Vancouver Coastal Health — clinician and patient level health information about hormones, surgery, staying healthy, etc.

From a Letter to the Editor Written By: David Horwitz, Physician Assistant,
Humboldt Open Door Clinic

Save The Date

Tentative February 2011, Carmela Wenger on Infidelity

April 9, 2011 Steven Frankel, PhD, JD: Law and Ethics



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