Virginia Association of Clinical Counselors

HEADLINES

Virginia Association of Clinical Counselors

MARCH 2006 VOLUME 05-06, ISSUE 2

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Letter From the President

by: Kimberly Finn, LPC

In July, I took over the reins from last year's President, Michael Nahl. Michael will be a tough act to follow. I had never had the privilege of working with someone who is so dedicated to an organization and committed to a profession before meeting Michael.

Last year, under Michael's leadership, VACC was able to accomplish several goals. Three major goals were accomplished including holding conferences pertinent to our members including the two hours of ethics training now being required annually by the State Board of Counseling. Our conferences were highly successful and received positive feedback from attendees.

We were also successful in continuing to increase our membership base. Since our separation from VCA, our membership has grown by over 400%! Promoting our conferences statewide, utilizing mailings, and sharing legislative issues important to LPCs were all helpful in increasing VACCs visibility and membership throughout the state. VACC also continued to be active in legislative issues by supporting legislation beneficial to LPCs including the Tricare Bill HR 1358 which would require that Tricare directly reimburse LPCs; S. 784 which would allow LPCs to become Medicaid providers; and the Paul Wellstone Mental Health Parity act. VACC also supported legislation that would allow LPCs to be reimbursed without a physician referral as part of the Fiscal Year 2006 Defense Authorization Act as well as the inclusion of LPCs as providers in Virginia's VA programs.

This year, the VACC Board continues to have an ambitious list of goals. The Board plans to continue to provide members with conferences that will help LPCs build their practice. The Board is working diligently to increase Board membership. We have recently added three new Board Members and encourage LPCs interested in promoting their profession to become involved as a Board Member or on a subcommittee. We also hope to continue to increase our membership base and are exploring strategies to increase membership especially student members and newly licensed LPCs. As always, VACC remains committed to legislative issues that affect our practice. We will continue to represent LPCs on the legislative front and make members aware of legislative issues that they may want to become involved with.

I would like to thank the '04-'05 Board of Directors for all of their hard work and commitment, especially Michael Nahl, Roger Laplace, Lynessa Sprivey, Daryl Keeler, Ed Navis, Christina D'Amato, and Michael Jeffrey. I welcome our new Board Members Shelby Dodd, Loretta Schultz, and Anna Epperson and am excited about working with the Board to serve our members. ▫ VACC

On the Web

To read articles online, participate in the VACC forum, or subscribe visit the *Virginia Association of Clinical Counselor* Web site at

http://www.vacc.org

Psychological Testing Billing Codes Revised

by: Michael Nahl, LPC

The American Mental Health Counselors Association, a member of the Steering Committee of the Fair Access Coalition on Testing (FACT), was represented by Michael Nahl at its most recent teleconference on December 9, 2005. FACT, which has been in existence for over 10 years, is a coalition of national and state provider groups whose mission is that of protecting fair access to diagnostic testing for all individuals who are appropriately trained or credentialed. The reader is referred to the webpage, www.fairaccess.org, for further information regarding FACT's mission and members.

One major concern has been the publication of new testing codes by the American Psychological Association, designed to increase compensation for psychological testing by breaking testing codes into three. The code for psychological testing, interpretation and reporting, formerly known as 96100, is now:

96101: for psychological testing, interpretation and reporting per hour by a psychologist

96102: for psychological testing per hour by a technician

96103: for psychological testing by a computer

These changes took effect January 1, 2006. However, the code 96101 is entitled "Psychological Testing by Psychologist/Physician" (sic). No mention of LPCs or other professionals who use diagnostic testing. However, individuals involved in the redefinition process assure us that the codes do not prevent any licensed clinician from utilizing them. The APA website (http://www.apapractice.org/apo/Q_A.html#) addresses this with the response to a question as to whether students or unlicensed users can be reimbursed: "Only a licensed psychologist or other licensed health care professional may bill for time spent on interpretation and reporting psychological and neuropsychological tests." FACT and other organizations challenge the notion that psychologists are the arbiters of who may use diagnostic tests. State laws govern such use, and in Virginia LPCs are reimbursed for psychological testing. VACC has been reassured by companies such as Value Options and Sentara, among others, that there will be no problem in utilizing these codes.

Recent issues of concern include ongoing efforts by psychologists in Indiana and Maryland to restrict testing to their profession. FACT has been providing support to coalitions of counselors, social workers, and marriage and family therapists in these states as they challenge these restrictive situations. Most recently, FACT has been revising its bylaws, pursuing incorporation, and developing model legislative language to include testing in state licensure laws. An ethical code, "Model Testing Practices" is already available on the website.

VACC Events

Conference Announcement

The Virginia Association of Clinical Counselors announces two upcoming one-day conferences. **The first will be held on April 14th** in Alexandria,Virginia. One of our PowerHouse Practice series, it will show you how to expand your practice and income with niches that are easy to develop. It includes two hours of an ethics presentation by Steve Strosnider, former Chair of the Board of Counseling. In addition, attending will meet the requirements for licensing renewal.

Our May conference will be in Chesapeake, Virginia on May 12th. (Chesapeake is adjacent to Norfolk and Virginia Beach, and right off 64.) Details will be on our website (www.vacc.org) in the next few days. This will be a conference on Clinical Supervision by Suzan Thompson, Ph.D., LPC.

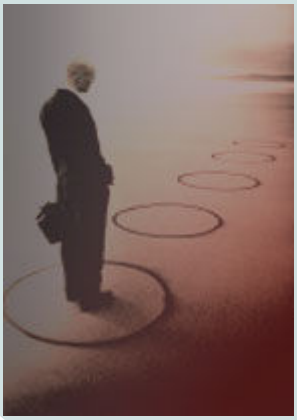
Membership applications are available on our website in case you want to take advantage of lower conference fees for members. Join now and you will get the rest of this year (until July 1) free.

Clinical Supervision

by: Michael Jeffrey

In the most recent edition of Headlines, VACC published an article on the topic of clinical supervision. After the newsletter's distribution, I received a number of phone calls on this topic and thought that it might be helpful to discuss the concerns that were shared. As a disclaimer, I do not hold myself to be an expert on ethics, but I have been hired by a law firm on a civil malpractice case to testify as an expert witness on the standards of practice for LPCs. This required that I take a class and spend a lot of time reading on this topic. I invite anyone who has a different opinion, or who disagrees with me, to send a letter to Headlines or call me. Now, back to the concerns.

An LPC has a supervisee who is having significant emotional problems. The LPC feels that the supervisee needs therapy and suggests that he participate in his own counseling. The supervisee does not follow the supervisor's suggestion because he doesn't feel that the problem warrants counseling and/or he doesn't feel that counseling will be helpful to him. What does this response say? Does the supervisee really believe in therapy? How can he practice therapy if he doesn't really believe in it? How can the supervisee understand therapy's benefits if he or she has never experienced it? Does the supervisee think that his emotional state will not effect his work? As the supervisor, do you have the right to demand that he get help? Can a supervisor 'fire' a supervisee if he remains unwilling to seek professional help? As a supervisor you are not doing therapy, you are doing supervision. Can an LPC really make a judgment call that his supervisee 'needs' therapy? Personally, in this situation, I would first discuss the concern with my clinical supervisor or a fellow therapist. I feel that if my supervisee is emotionally impaired and I do not intervene, I may have liability if an issue arises as the result of his instability. An entire clinical training concept called 'Person and Practice of the Therapist' exists. This concept focuses on how the family of origin and personal belief systems of the therapist has a major impact on success with a client. I think that this is a belief system held by most licensed clinicians. If a therapist is not dealing appropriately with his own issues, it has the capacity to impact his work with clients. I think that a supervisor has the right, if not the ethical obligation, to insist that the supervisee become involved in therapy. It says something about the supervisee's lack of experience, training, and clinical theory that he doesn't think that therapy will work for him.



Another LPC called requesting information about the scope of practice. The LPC's supervisee had only worked with adolescents in an impatient shelter program doing individual counseling and group work and was nearing the end of his supervisory period. All of the clinical supervision, from three supervisors, had been with adolescents. The LPC strongly suggested that the supervisee seek out additional experiences in order to expand his clinical and supervision training. Despite this suggestion, the supervisee opted not to pursue additional experiences because he said that he was only comfortable working with adolescents. The LPC was concerned that once the supervisee was licensed that he could work with anyone, adult or juvenile.

The LPC ethical code explains that a clinician may only work with clients for which he has been trained and received clinical supervision. I think that it is appropriate to suggest to any supervisee that they receive clinical supervision for as wide a population as possible. This can be a great learning experience as it allows the supervisee to discover a variety of populations. To understand what populations a therapist does not feel comfortable or productive with is perhaps more important than learning what groups the therapist enjoys. However, not everyone is alike and some LPCs choose to limit the client population that they serve for a number of reasons. If a supervisee chooses to limit his clinical experience to one population, the supervisor needs to document this when they report their supervision to the Licensing Board. It should be noted that the supervisor explained 'scope of practice' to their supervisee. The LPC should note that he advised the supervisee of the necessity of receiving additional training and clinical supervision prior to providing services to a population for which he has not been trained.

For the supervisee, clinical supervision offers an opportunity to develop a niche that he may choose to pursue as he explores a wide variety of client populations. For the supervisor, supervision can be an opportunity to mentor another person in a profession. It is easy to dwell on the risks and forget those who mentored us. If your experience of clinical supervision was similar to mine, you were lucky enough to have inspiring supervisors. You admired them and wanted to be just like them. Wouldn't it be great if you could offer someone else the same experience?

Ethics Committee Update

http: www.vacc.org CLICK HERE

by: Daryl Keeler, Chair

Welcome back to the ethics column!

At our VACC board retreat last May we discussed professional counseling organizations' ethical guidelines and the Board of Counseling's standards of practice. It was a stimulating discussion and one we thought we should summarize for you, our members.

Have you ever wondered if professional counseling organizations' ethical guidelines and the Virginia Board of Counseling's standards of practice are the same thing? Have you ever wondered if they are two totally different things? Have you ever wondered how they are related? We did, and our conclusions went something like this:

The Virginia Board of Counseling's standards of practice are minimal legal requirements established to protect the health, safety, welfare and best interest of the public. The standards are part of the regulations governing the practice of professional counseling and violation of the standards could result in the loss of one's license to practice as a professional counselor.

Professional counseling organizations' ethical guidelines typically encompass the standards of practice established by state regulatory bodies but they may also reach beyond the minimal requirements with aspirational statements that guide a profession toward a higher level of practice. Being that they are aspirational and not legal statements, violation of them does not run the risk of revocation of one's license to practice a profession. That being said, however, members of professional organizations who violate the ethical guidelines of that organization could risk censure or loss of membership in that organization.

The board members of VACC are currently drafting ethical guidelines for our organization. In the near future we will be publishing them to the website for your comments. In the meantime we highly encourage you to review the standards of practice established by the *Virginia Board of Counseling* (http://vacc.org/vac_counseling_laws.html) to ensure you are practicing within the scope of the regulations, and to stimulate your thinking about how we as a professional association can provide a higher level of practice to the public.

Chair, Ethics and Standards Committee

by: Daryl Keeler, Ph.D., LPC

I attended the November 4, 2005 meeting of the Board of Counseling on behalf of VACC. One of the key agenda items was the development of disciplinary guidelines for noncompliance with continuing education requirements. Each year, two percent of LPCs are audited in regard to continuing education. This year, 50% of those audited were not in compliance. The noncompliant LPCs either did not have enough hours, or had hours that were not acceptable to the Board. (See our website – www.vacc.org - for a link to the Board of Counseling website and the requirements for acceptable hours. VACC workshops, by the way, are approved.)

There are four categories for action against LPCs who are noncompliant:

- Short due to unacceptable hours. Confidential consent agreement with 30 day make up.
- Short 1 – 10 hours. Confidential consent agreement with 30 day make up.
- Short 11-20 hours. Consent order and $100-$5000 penalty and 30 day make up.
- No response to audit request. Informal fact-finding conference.

In all cases, the noncompliant LPC will be audited the following year.

Final Conference Report on Budget Legislation Excludes Counselors from Medicare

Despite the combined efforts of the American Mental Health Counselors Association (AMHCA) and the American Counseling Association (ACA) the current version of the budget reconciliation bill conference report does not include a provision that would allow licensed professional counselors to be reimbursed by Medicare. On Sunday, December 19th at 1:00 a.m., the U.S. House of Representatives filed a conference report and five hours later that report was passed by the House. On December 21st, the Senate passed the conference report with three minor changes. Because there are small differences between the conference report that the House and Senate passed, the House will have to revisit the conference report when it reconvenes in January. However, neither version of the conference report currently has the Medicare reimbursement provision.

Medicare reimbursement for mental health counselors has long been a top policy goal for both AMHCA and ACA. The provision would have established Medicare coverage of mental health services provided by licensed mental health counselors and marriage and family therapists. The language was sponsored by Sens. Craig Thomas (R-WY) and Blanche Lincoln (D-AR) and was passed on November 3, 2005, as an amendment offered by Sen. Rick Santorum (R-PA) to S. 1932, the Deficit Reduction Omnibus Reconciliation Act of 2005. The House of Representatives passed its version of the budget reconciliation bill on November 18, 2005. The House-passed version did not include Medicare reimbursement for LPCs.

During the month between House passage of its version of the budget reconciliation bill and the filing of the conference report, AMHCA and ACA members generated many calls to a list of 55 targeted members of the House of Representatives. In addition, multiple presidents and executive directors of state branches of both organizations wrote letters to the members of Congress from their state that ACA and AMHCA were targeting. Finally, AMHCA and ACA built a coalition of provider and consumer groups that wrote a letter to all 55 targeted members urging them to accede to the provision in the Senate bill that would have allowed Medicare reimbursement. The efforts of our members, leaders, and coalition partners are greatly appreciated.

In the coming year, AMHCA and ACA will concentrate on finding a key sponsor from the House of Representatives for the Medicare reimbursement provision. We truly appreciate the heroic efforts of Sen. Thomas in obtaining inclusion of the Medicare reimbursement provision in two bills that passed the Senate over the last two years. However, it is clear that in order to obtain enactment in a conference report, AMHCA and ACA need a similar champion on the House side.

DOD Conferees Fail to Remove TRICARE Physician Referral Requirements for Counselors

On December 18, 2005, conferees from the U.S. House and Senate filed the conference report for the Defense Authorization Act of 2005 (H.R. 1815) versions of which had contained provisions to allow licensed professional counselors (LPCs) to practice independently in TRICARE. Unfortunately, the final conference report, adopted by the U.S. House on December 19, and the U.S. Senate on December 21, did not contain the language that was included in the House or Senate passed versions of the Defense Authorization Act. ***Continue reading on page 7***

Senate Passes Legislation to Include Counselors in VA Programs

by: Roger Snapp-Laplace, Chair Government Relations Committee

The American Mental Health Counselors Association (AMHCA) and the American Counseling Association (ACA) are pleased to announce that the U.S. Senate, on December 22, 2005, approved S. 1182; the Veterans Health Care Act of 2005, legislation to recognize licensed mental health counselors as providers in Department of Veterans Affairs (VA) programs. AMHCA and ACA have been lobbying both the House and Senate Committee on Veterans' Affairs on this issue for more than a year.

The counselor provision, which would allow mental health counselors to be eligible for better paying jobs with a greater potential for promotion at the VA, was included in S. 1182, the "Veterans Health Care Act of 2005," sponsored by Sen. Larry Craig (R-ID), chairman of the Committee. The legislation also requires the VA to make additional improvements in mental health services, including care for veterans with Post-Traumatic Stress Disorder (PTSD).

Currently, the VA cannot hire mental health counselors at the pay grade that clinical social workers can be hired. Psychiatrists, psychologists and clinical social workers fill most supervisory positions at the Department's hospitals and outpatient clinics. The VA is the largest employer of clinical social workers in the United States and because social workers are in abundant supply, the VA on a full-time basis employs very few mental health counselors. In addition, social workers on staff develop many of the new positions in mental health services, and therefore the agency is most likely to hire social workers first. Psychiatrists, psychologists and clinical social workers are specifically named in VA statutes.

Among other provisions included in the bill, S. 1182 would allow veterans who live in the area impacted by Hurricane Katrina to receive free health care until January 31, 2006. The legislation also contains a provision to expand outreach services at veterans' centers and would clarify that the parents of an Armed Services member who dies in active service are eligible to receive bereavement counseling as members of that person's immediate family.

In 2003, the Advisory Committee on the Readjustment of Veterans, established by the Secretary of Veterans Affairs, published recommendations calling for the expansion of counseling by qualified providers. These recommendations were not only suggested by the Readjustment Advisory Committee, but were formally concurred upon by the VA.

AMHCA and ACA have also met with staff of the House Veterans' Affairs Committee to make a similar request to allow the VA to add licensed professional counselors to the list of health providers that are eligible to be appointed positions to the VA. At this time, it is unclear as to when the House Committee will act on similar legislation.

Congress Extends Mental Health Parity Act

On December 21, 2005, the Senate also passed legislation extending the Mental Health Parity Act (MHPA) for an additional year. This law requires health plans to meet a standard parity for mental illnesses by having equal annual and lifetime dollar limits for all health benefits (i.e., they cannot impose lower dollar limits on an annual or lifetime basis for mental illness that do not apply to all other health benefits).

The original MHPA (passed in 1996) has required renewal every year since 2001. The legislation passed by the Senate (HR 4579) extends the MHPA through 2006. The House passed the bill on December 18 and the President is expected to sign the measure. AMHCA and ACA are continuing to work with the sponsors of full federal parity to bring forward separate legislation to ensure that health plans are not able to impose discriminatory durational treatment limits, cost sharing, and deductibles as applied against treatment for mental illness.

For more information regarding these issues, please contact: ***Beth Powell, AMHCA Director*** *of Public Policy and Professional Issues at bpowell@amhca.org*

AMHCA Awards VACC with Special Recognition Award

This summer, at the American Mental Health Counselors Association National Conference, VACC was awarded a Special Recognition Award. AMHCA recognized VACC for its efforts and success in developing a strong membership base after separating from the Virginia Counselors Association. In response to membership feedback, VACC separated from VCA in 2003. Since that time, our organization has been successful in increasing membership by over 400%! Kimberly Finn, VACC's current President, was present at the AMHCA Leadership Training held as part of the national conference in Philadelphia, where she obtained ideas from various states throughout the country. VACC is recognized as the only state chapter of AMHCA.

Web Site Add-ons

The VACC membership section is complete! You may now have access at your fingertips to check membership status, renew membership, change newsletter address delivery and more exciting features. Your access to it will be granted upon submission of the web site signup form. The online submission form can be found on the Home page where it says "Join VACC!" You may also request lost username\password.

Supervision Opportunities

VACC now includes a supervision section on our website! If you are interested in becoming listed as a clinical supervisor, please visit our site to fill out an application. Clinicians interested in obtaining supervision can locate registered supervisors in their area by visiting the site. Members only.

Member's Spotlight

VACC Members can introduce themselves and their practice on the website (www.vacc.org). Look for the MEMBER'S SPOTLIGHT section and complete the easy to follow instructions!

Discussion Board

VACC members who visit our website can avail themselves of our new Discussion Board, where you leave comments, questions, or feedback.

Continued from page 5.

The House bill contained a provision (sec. 701) that would allow professional counselors to be reimbursed for services provided to TRICARE beneficiaries without prior physician referral or supervision. The provision would also permit mental health counselors to enter into personnel service contracts with the Department of Defense (DOD). The Senate amendment contained a provision (sec. 721) that would authorize professional counselors who are state-licensed to provide services without physician referral or supervision in "medically underserved areas," pursuant to section 332 of the Public Health Service Act (42 U.S.C. 254e).

Instead of including either pr vision, the conferees simply encouraged the DOD to promote greater utilization of LPCs as part of an integrated health care team and to examine ways to make as efficient as possible communication between primary care and mental health care providers involved in the TRICARE program. In addition, the conferees are requiring that the DOD report within 120 days to Congress on actions taken to improve the efficiency and effectiveness of procedures to facilitate physician referral and supervision of LPCs. The report from DOD to Congress is supposed to review the quality of care being provided under the program. Finally, the conferees encourage DOD to monitor the progress toward achievement of a national standard for graduate education professional accreditation, in order to have uniform professional credentials for licensed mental health counselors.

AMHCA and ACA are disappointed that the conference committee chose to ignore the will of both the House and Senate and not allow LPCs to practice independently within TRICARE. For all of the soldiers and their families who will continue to be forced to wade through the bureaucratic mess of physician supervision and referral, AMHCA and ACA are truly sorry that the members of the conference committee ignored the wishes of the majority of the members of their respective bodies, our members, and the TRICARE beneficiaries who our members treat.

Read more of the article at http://www.vacc.org!

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Mailing Address Label

Virginia Association of Clinical Counselors

We're on the web!

www.vacc.org

2006 CME Spring Conference

Carilion Saint Albans Behavioral Health presents

Advancements in the

Treatment of Mood Disorders

Conference Speakers

Philip Ninan, M.D.
Emory University School of Medicine

John Rush, M.D.
University of Texas Southwestern Medical Center

Location: The Inn at Virginia Tech and Skelton Conference Center, Blacksburg, VA

Date: Thursday, Apr 20, 5-9 p.m.
Friday, Apr 21, 8 a.m. to 4:30 p.m.

Cost: $189 per participant (does not include hotel)

Register: Call Carilion Direct 1-800-422-8482
Space is limited!

Policy agreement, guidelines, and more information may be found at http://www.vacc.org/