We Are On FaceBook!

Please visit us on Facebook and Twitter for the latest news, announcements, event and membership information. Connect with us on Facebook and Twitter to instantly share your comments, ideas, videos, pictures and links.

Membership Notes

VACC has created a new membership application, which one can download from our website (www.vacc.org). It includes a membership category for those under supervision toward their license. You can send the application with a check made payable to VACC or use your credit card on our website. Contact Kristen Davidson at sportpsychdoc@yahoo.com for membership issues, or our Treasurer, Theresa Johnson-Sion at Teressa249@cox.net. Keep us updated with your address or e-mail changes by contacting Kristen.

Serving the needs of Virginia Clinical Counselors since 1980

ISSUE 32 September 2012

QUARTERLY JOURNAL FROM VIRGINIA ASSOCIATION OF CLINICAL COUNSELORS

VACC Headlines

Serving the needs of Virginia Clinical Counselors since 1980

Upcoming Conference

VAMFT Present:
A Solution-focused Approach to Working With Abuse and PSTD
Yvonne Dolan, M.A.

Friday, October 19, 2012
Fredericksburg Expo
&
Conference Center

Visit www.vacc.org for information. For questions about the conference please contact
Shardae Washington
302-593-3487
spulliam18@gmail.com

* Discount rates apply for VACC members

this issue

PRESIDENT'S CORNER

Dear Colleagues,

About eight years ago, I had the honor of being president of VACC. Times change. As I look back, things seemed calm. Today we are looking at a Board of Counseling that seems to be six or more months behind requests, a General Assembly ridiculed by the national press, and a growing list of our fellow professionals being sanctioned for various violations of our ethical code.

VACC is committed to helping our profession and, since we all are independent businessmen and businesswomen, our livelihood. The VACC Board is committed to continue developing the relationships with the two other clinical associations (VSCSW & VAMFT) to share resources, especially information at General Assembly time. We all aspire to work together to solve problems between our professions and present a united front. Your continued support of VACC is all we ask, except perhaps to one day serve on the VACC Board. Keep bugging your colleagues to re-join or join VACC and communicate to us your concerns.

We ask you one more thing; take care of yourselves..

Michael F. Jeffrey, LPC, LMFT

Board of Counseling Meeting August 17th

I attended the Board of Counseling Meeting on behalf of VACC and our membership on Friday, August 17th. It was interesting. There were seven people in the audience, including myself, and the other six were there to complain about the slow process of the Board making decisions about licensure applications. One couple brought an attorney. Another man had started the process four years ago. The Board did not have enough members present to vote on anything, so all of their travel and time was wasted. The attendees were very angry. I met with them afterwards and explained what the professional organizations were doing to try and speed up the process. Two of the individuals were convinced that there was a conspiracy by University programs to prevent anyone from getting licensed who was from anything but a counseling masters program. Then the board went into a private meeting and required us to leave. Everyone agreed that a state board that would not answer the phone was a problem.

I look forward to going to the next one.

Michael F. Jeffrey, LPC, LMFT

JOB OFFER

LINDSEY WILSON COLLEGE

The Lindsey Wilson College School of Professional Counseling is seeking applicants to fill the position of assistant professor of Counseling and Human Services. Responsibilities include graduate and undergraduate teaching, student advising, and clinical supervision.

Visit WWW.VACC.ORG for the list of requirements or visit www.lindsey.edu for details.

If you have questions call Ms. Jacquelyn Montgomery, MA Associate Dean at 270-384-8171!

Medicare Is Key to Professional Survival (Whether We Want It or Not)

Licensed professional mental health counselors must adapt and grow in Virginia (and nationally) or be left behind. We must become part of larger integrated groups of health and behavioral health professionals working in a payment environment dictated by Medicare and the Affordable Care Act (ACA) requirements, or we will go the way of eight track tapes and disco music. Our changing practice environment is a lot about money, but it's also about improving the quality of care we deliver and demonstrating the value of our services to a broader group of payers and business partners.

Our professional survival requires us to change in a number of ways, and Medicare inclusion is an essential and urgent step into our future. This approach was preached to VACC by AMHCA's lobbyist James Finley at the association's conference in Orlando. In order to make this transition, more LPCs must join VACC and AMHCA to more aggressively lobby for Medicare inclusion to assert our position in the new delivery models envisioned under the Affordable Care Act. At present, we are on the outside looking in.

Under the Affordable Care Act, millions more Americans will be eligible for Medicaid or private insurance with greatly improved coverage for behavioral health services. Congressional Republicans and some Democrats believe the growing number of covered Americans will require increased privatization of federal health entitlements with firm limits on federal spending. Everyone agrees that greater privatization will occur over time, regardless of who wins in November.

"So, why should I care? I only take B/C&B/S PPO in my practice. I don't take Medicare." Because as health reform is implemented, privatization of Medicare will expand and service delivery models piloted under the Affordable Care Act will be extended by many private payers. Without Medicare provider status, LPC won't be a part of the enlarging privatized delivery systems now being piloted under the Affordable Care Act. The Affordable Care Act will foster flexible new delivery systems that could be a group of physicians and hospitals or any group offering an integrated approach to treatment. Blue Cross and Blue Shield, for example, could integrate its plans and provider panels with its Medicare plans to serve clients from either group.

Under the new models, care for a hip replacement procedure could include a primary care physician, hospital, surgical team, nurses, various therapists, care coordinators, and hopefully LPCs, to address depression or other mental disorders that occur in about 15% of such procedures. The LPC could be part of the enlarged provider group to prevent re-hospitalization and thus save money in the long run. Alternatively, an LPC could practice with a psychiatrist or multi-physician group to ensure patients with diagnosed mental disorders adhere to medications, have their side effects addressed, and receive psychotherapy to improve their functioning.

Eventually successful hospitals, primary care groups, specialists, and behavioral health professionals will be integrated by Medicare and the Affordable Health Care Act. LPCs could join with integrated clinical and business teams to deliver a broad range of health services. These changes are likely to affect your practice five to ten years from now, but the delivery system is already changing. If we are not included in Medicare fast, we will find ourselves shut out later when once these changes are settled.

LPC's have been recently recognized by TRICARE and the Veterans Administration for independent practice, but we must meet stringent uniform national criteria for participation. AMHCA and VACC are trying to secure changes in the rules to ensure more well-qualified practitioners are able to participate. LPCs need to understand what's going on to make informed decisions about their practice direction. Your support by joining VACC (vacc.org) and AMHCA (amhca.org) is vital. AMHCA will hold its 2013 national conference in Washington, DC. VACC and our Northern Virginia chapter (NVLPC) are helping to plan it, and we expect to "storm the Hill." I believe LPC's from across the nation (after agreeing on a united platform) will present a united and strong front meet in meetings with their legislators. It will be a sight to see; hundreds of Virginia's LPC's walking into the halls of Congress and talking to our legislators! This will happen and you can be a part of it, if you get involved. Think AHMCA and think July 18-20, 2013 in Washington DC. It's just up the road.

Most of us have only some idea of where we will be five to ten years from now, but we know it will involve making a living by our skills as an LPC. Our livelihood and our future are at risk. Now is the time to impact our future. We will either grow our profession by lobbying and demanding equality, or get left behind.

Be a part, get involved! VACC and AMHCA will keep you informed on our websites: vacc.org and amhca.org. We believe a crisis is here. Feel free to contact any of our board members to talk this out. It is a lot to take in. Best to all of us!

By: Michael F. Jeffrey, LPC, LMFT

Now is the Time!

by Michael F. Jeffrey LPC, LMFT

We have enemies. They are gathering as I write to you and started their agenda in mid January 2012. They are well funded and staffed, and have a nationwide agenda. Many of then are, in fact, on a mission from God.

Everything has changed. Republicans now control the offices of the Governor, Lt. Governor, Attorney General, and both the Senate and House. We used to be able to count on the moderate Republicans and Democrats who controlled the subcommittees of both houses to question, reject, or table legislation that was either detrimental to our ethical standards or our ability to earn a living. They have gone with the wind.

The Republicans in power were put there by a number of factors and groups. Certain of these groups are anti-abortion, anti-lesbian/gay, anti-mental health funding, and pro big business (read insurance companies.) By the ethics of our profession, and I would suggest many personal convictions, we will be in opposition to these groups. We take no direct stand on abortion but we often have held the emotional hand of those who have had to make this most difficult decision, We do not believe that lesbian/gay people are evil nor do they have a mental health disorder because of their sexuality. We strongly support public funding for individuals with mental disabilities. And to my knowledge, no LPC supports insurance companies having more power and less regulation.

These largely Republican interest groups either now or in the future will see us as their enemy because we will oppose them.

The protection of, and advocacy for, LPC's in Virginia has always been the main reason for the existence of VACC. We have over the years put on workshops, talked to legislators and the Board of Counseling, run a website and put out a newsletter, all the time waiting for the next attack on our profession. The last one was over ten years ago and we spent over $40,000 to defend LPC's. The waiting is over. It is coming.

Over the past year VACC has met with the state representatives of LCSW's and LMFT's, invited them to our board meetings, and established a working relationship. We continue to meet and determine how we can assist each other in handling state legislative issues.

What can you do? Join. Not just VACC but AMHCA. We represent you on a state level and AMHCA represents you on a national level. Find out the names and phone numbers of your senators and legislators and be ready to call. Talk to your colleagues who are LCSW and LMFT's, discuss the issues, and ask they contact their state professional organizations. Numbers count. VACC will keep you informed by emails and our website (www.vacc.org). Help us protect our professional future!

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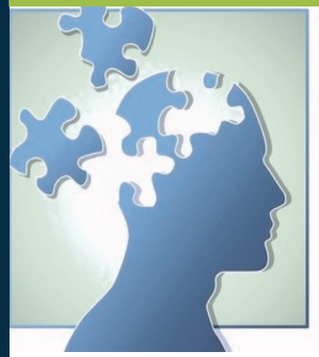

Psychological Testing by LPC's (and recent concerns)

by Michael E. Nahl, LPC

The counseling profession had its origins in the educational and vocational sectors. As such, we have had considerable familiarity with testing. Virginia LPCs have had the right to do psychological testing since we were first licensed in 1976. LPCs could perform objective personality assessment, IQ testing, vocational testing, neuropsychological testing, and the like given proper training and education. Until the early 1990's, the Board of Counseling would stipulate on our licenses the areas of specialty, among them the various forms of psychological testing just referenced. However, our original license law stipulated that we could not perform projective testing.

In 1987, LPC's passed a law requiring our reimbursement by third party providers. Although we had already been reimbursed for psychotherapy and psychological testing by Blue Cross and Blue Shield and CHAMPUS, all insurers were now required to recognize and reimburse clinical services by professional counselors. In 1993, after an extensive survey by the Virginia Association of Clinical Counselors and the Virginia Counselors Association, we updated and redefined our licensure law, in the process removing the stipulation against performing projective testing. For the last 18 years, LPC's have been performing projective testing with the Board of Counseling's approval. At this point in time, LPCs who perform psychological testing are reimbursed by virtually every third-party payor, including TRICARE, Medicaid, Optima, Anthem Blue Cross, Aetna, CIGNA, Value Options, and myriad others. The only exception at this time is Medicare, and our national organization expects that to change very soon.

One of our members recently was investigated by Virginia Premier, one of the local Medicaid managers. As he puts it, "As an LPC, I have been conducting Psychological Evaluations for Medicaid for a number of years. I was generally evaluating for ADHD and co-morbid conditions in children, as well as testing for other disorders. Following what appeared to be a random audit from Medicaid, investigators contacted testing clients I had seen and the clients reported attending a one and one-half hour testing session at my office. Investigators then examined my billing profile and determined that I was billing for 4 to 5 hours under CPT code 96101. I used this code because Medicaid initially said this was the code to use. I billed for the time to score, analyze and integrate test data and formulate a diagnosis. CPT code 96101 allows for these activities, per AMA and APA guidelines. Investigators found an exclusion in the Virginia Medicaid manual, as listed below, that they believe applies to code 96101."

[Interpretation of examinations, procedures, and data, and the preparation of reports are non-covered services. This includes CPT Code 90885 (psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.]

Our member continues, "We believe that investigators are misinterpreting an archaic standard that was originally intended to apply to interpreting tests results and procedures for the client. The issue is that if you bill Medicaid for these typical testing activities under 96101 you could be guilty of fraud by charging for a service that is not allowed. The penalties may be severe. Our concern is that LPC's and Psychologists in Virginia do not know of this issue and may be at risk, legally and financially."

Our member is correct in that the procedure codes (96101, 96102, 96103) allow for the scoring, interpretation, and creation of the report. In fact, the CPT Code 96103 expressly covers the cost of computer usage to score and process standardized tests. All insurance companies recognize this and reimburse for these services. After all, psychological testing would be impractical and financially unfeasible if one could get paid for administering the tests but not for interpreting them and developing a report. No one would do testing (unless they secured self-payment). It is conceivable that this insurance company is trying to save money by excluding psychological testing in a sneaky way, but it is more likely that a misinformed audit crew has misinterpreted the situation. After all, testing usually saves money but expeditiously diagnosing conditions and cutting down on trial and error by therapists and medication providers. [Continues on next page]

Needless to say, our member is experiencing great concern. He has hired an attorney and reached out to the Board of Psychology (which supports his point of view). He has also researched the CPT codes and other background. Nevertheless, he would welcome any collaboration or support from members conversant with these issues. Contact Dan Porter, Ph.D., LPC by phone (540-989-5640) or e-mail at dporter2@swva.net. Copy Michael Nahl (who will be monitoring the situation) at michaelnahl@cox.net.

Liability Insurance Update

The Virginia Legislature recently amended Code section 8.01-58.15 to change the minimum malpractice occurrence level of $2,000,000. As of July 1, 2012, the minimum amount required will be $2,050,000, rising 50K a year until it tops out at $2,950,000 in 2031. Failure to comply with the minimum is a violation of state law. Some malpractice carriers (e.g. CPH & Associates) have offered a 3 million/5 million policy; others will not raise their coverage levels. Please feel free to contact me (michaelnahl@cox.net) about your carrier so we can update our members where they can obtain coverage.

What Is HPMP?

Ever wonder what happens to a counselor who has his or her own problems with mental health or substance abuse? What becomes of those professionals who are reported to the Board? Does everyone who gets in trouble lose their license to practice? Do you believe that none of these issues apply to you? Are you convinced that you would never do anything so foolish or reckless? These and other questions related to health care providers in Virginia will be answered in future editions of the VACC newsletter. Stay tuned.

Peer consultation group in Richmond Notes

Peer consultation group in Richmond for Clinical Supervisors is now forming. Meetings will be 1-2x per month on the Southside of Richmond. Contact Susan Kohler, LPC for more information at twinswim@hotmail.com or go to the meet-up group LMHP 2 LMHP for more information.

Borderline Personality Disorder Follow-Up

by Michael F. Jeffrey LPC, LMFT

This article is a follow up to the Borderline Personality Disorder training given last year by VACC and featuring Dr. Robert O. Friedel, MD, the author of Borderline Personality Disorder, Demystified.

Dr. Friedel has put on his website www.bpddemystified.com a follow up article to the conference entitled "A Three Phase Model of Integrative Treatment of BPD with Medication and Psychotherapy." This article discussed medication as the first line of treatment for many of the core symptoms of borderline disorder.

I have worked with Dr. Friedel for the past eight years and will briefly discuss the use of medication during Phase 1. In order for psychotherapy to work, the emotions of the client need to be brought under management. The new treatment of BPD looks at BPD as a disorder of the emotional regulating neuropathways of the brain. A BPD client interprets an ounce of criticism as a pound of condemnation. The neuropathways of the brain that should be able to recognize the ounce of criticism as simply what it is, do not work. Conversely, a pound of praise heaped on the client is received as an ounce of praise.

The emotional regulating center is located in the anxiety part of the brain, which accounts for the impulsive, obsessive, and distorted thinking that are among the symptoms. Much of the current thinking about BPD puts it as an anxiety disorder v. personality disorder, and talking to a client about their symptoms as an anxiety disorder helps the client from demonizing the disorder.

The medication group that is the most successful in controlling the emotional regulating centers is the atypical antipsychotics such as Abilify, Saphris, and Risperdal.

A typical client with moderate BPD symptoms and no presenting depression would be put on 2.5 milligrams of Abilify and within two days would report "something is different" and "I don't get as upset or angry." The dose is increased to 5 or perhaps 7.5 milligrams as symptoms decrease. After three weeks the client is ready for psychotherapy.

Dr. Friedel is very accepting of therapists contacting him on his website to ask questions or to get information on psychiatrists who have been trained at the Borderline Clinic at the Medical College of Virginia by Dr. Friedel. Also, an excellent booklet on medication is Clinical Psychopharmacology made ridiculously simple, Edition 6, by Preston & Johnson, 2011, Med Master, Inc.

Virginia Association of Clinical Counselors: 2012 ESSAY CONTEST WINNERS

Twelve contestants submitted essays for the two Linda Heacock Memorial Fellowships worth $1000 each. The 12 contestants, one male and 11 female, represented seven different graduate schools. ODU had three contestants. Virginia Tech, Virginia Commonwealth, and Regent University had two each. Also represented were Saybrook, Cappella, and Eastern Mennonite, each with one contestant. We appreciate each and every submission, and hope that each contestant learned something about themselves and the profession. This year's topic was about whether it is necessary, or desirable, to experience one's own psychotherapy (counseling) before providing therapy for others.

Our winners are:

- Jenna Rhodes (Old Dominion University)
- Katherine Rosemond (Saybrook University)

Honorable Mention goes to:

- Randall J. Rhodes (Regent University)

We will also be writing up an account of the contest, with our scoring rubric, in our next newsletter. If our winning authors agree, we may be able to publish their essays as well. We look forward to next year's fellowship contest, but hope that our contestants will make the most of their membership in the interim. Our website (www.vacc.org) provides a wealth of information, and members receive occasional e-mails regarding education opportunities and legislative/advocacy issues that come up. Our Board is also eager to understand how we can be of even greater service to our members, so don't hesitate to contact Board members with your ideas. Warmest regards from the VACC Board!

Board of Counseling Meeting

by Elaine Wescoat, LPC

As a service to our members, a representative of the VACC attends scheduled Board of Counseling meetings in effort to stay apprised of developments and activities on the state level as they relate to our profession. Elaine Wescoat attended the meeting on May 17, 2012. The following represents a synopsis of material reviewed at that meeting:

- A survey of clinical counselors (specific occupations were not specified) in Virginia revealed an increase in median age (52). Hours worked had also increased as opposed to the expected decrease of time worked with respect to age. All respondents indicated that their practices were either full or nearly full.
- The Board had been aware of the back-log of applications and processing since last year. The new administration claimed that they were now reviewing applications that had been submitted in March 2012. The Executive Director also had reported increased efforts to both improve the process "strives for transparency in advising applicants" regarding their application status. Outreach efforts with interested parties had been referenced. An article, "Why is my application taking so long?" had been submitted for publication in the Virginia Counselors Association's professional journal. *Elaine spoke privately with two persons who had been identified in association with the application review process. She shared her concern that, in spite of the claim that March applications were now being reviewed, there were still applications from last year that had not received any response from the Board. The two staff members indicated a willingness to address the issue and asked that specific applicants who may be experiencing delays call the office directly.*
- Disciplinary data was reviewed with regard to open and closed cases, hearings, and investigations.
- A revision of statute was approved to acknowledge a "resident" level of credentialing and to clarify language regarding "counseling" and "professional counseling."

Details of this and every Board of Counseling meeting are available online at the www.dhp.virginia.gov.

Information received by the VACC Board at the July 13, 2012 meeting suggested that the delay in application review has, indeed, continued. The VACC Board has been maintaining contact with a representative from the MFT profession who is actively involved in efforts to further address this matter with the Board of Counseling. This representative attended the VACC meeting and indicated that direct calls to the licensing office may not produce any change in the delays. Further information regarding these efforts will be made available as it is revealed. In the meantime, applicants who are still awaiting responses may contact members of the VACC or prospective or current clinical supervisors for further guidance.