

Calendar of Events

Tuesday, Feb. 2, 2010

11:30 a.m. – 12:45 p.m.

APPT MINI-SERIES (OMAHA)

“Effective Alternatives to Antidepressants:
 Enhancing Therapy With Brain-Targeted Nutrition”

Presented by Dr. Josh Friedman

Olive Garden Restaurant • 74th & Dodge Street

Thursday, Feb. 25 • 12:15 – 1:45 p.m.

APPT PLAY THERAPY PEER CONSULTATION GROUP (OMAHA)

Led by Allan Gonsler, LCSW, RPT-S

Kid’s Inc. • 11414 W. Center Road, Suite 220

Friday, Feb. 26 • 11:30 a.m.

APPT PEER CONSULTATION GROUP (OMAHA)

Adlerian Center • 11911 Arbor St.

Friday, March 12 • 11:30 a.m. – 12:45 p.m.

APPT MINI-SERIES WORKSHOP (LINCOLN)

Effective Alternatives to Antidepressants:

Enhancing Therapy With Brain-Targeted Nutrition

Presented by Dr. Josh Friedman

The Lighthouse • 26th & N Street

Thursday, March 25 • 12:15 – 1:45 p.m.

APPT PLAY THERAPY PEER CONSULTATION GROUP (OMAHA)

Led by Allan Gonsler, LCSW, RPT-S

Kid’s Inc. • 11414 W. Center Road, Suite 220

Friday, March 26 • 11:30 a.m.

APPT PEER CONSULTATION GROUP (OMAHA)

Adlerian Center • 11911 Arbor St.

Friday, March 26 • 8:30 a.m. – 4 p.m.

“Starting, Maintaining, and Expanding A
 Successful Private Practice: Surviving or Thriving?”

Co-Sponsored by APPT

Presented by Robert Walsh and Norm Dasenbrook

Westside Community Conference Center

3534 S. 108 Street (Omaha)

Visit www.privatepractice.org
 for details about these events.

* Both Peer Consultation groups are open to
 Traditional APPT Members only. RSVPs are handled
 by online invitation through Socializr.
 Questions? Call Bridget at (402) 393-4600.

Confidentiality of Alcohol and Drug Records in the 21st Century

Excerpted from a white paper written by the staff of the Legal Action Center, with the participation of Professors Ellen M. Weber and Richard C. Boldt of the University of Maryland School of Law. To read the full white paper, visit <http://www.privatepractice.org/ConfidentialityofAlcohol.pdf>.

Ensuring confidentiality in medical records is one of the greatest responsibilities of health care providers. Perhaps one of the most important needs for privacy of medical records has to do with confidentiality of alcohol and drug patient records. The use of technology in managing health information has drawn attention to substance abuse recovery providers and programs, with increasing attention on the need to secure information even as providers fulfill the need to communicate with other health professionals in order to ensure an integrated approach to recovery.

There is a shared goal among affected health care providers: To identify the policies and practices that will encourage health care providers to talk to their patients about substance use disorders while protecting the confidentiality of those who seek treatment.

The Health Insurance Portability and Accountability Act (HIPAA) law, enacted in 2003, was meant to ensure patient privacy. However, the authors of this paper contend, it does not go far enough.

The authors write:

The federal law and regulations governing Confidentiality of Alcohol and Drug Patient Records (42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2) strike a sensible and workable balance by requiring alcohol and drug patients’ informed consent for disclosure in most circumstances, with limited exceptions that allow these individuals’ health care providers

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Confidentiality of Alcohol and Drug Records

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to share that information when needed to provide safe, effective health care.

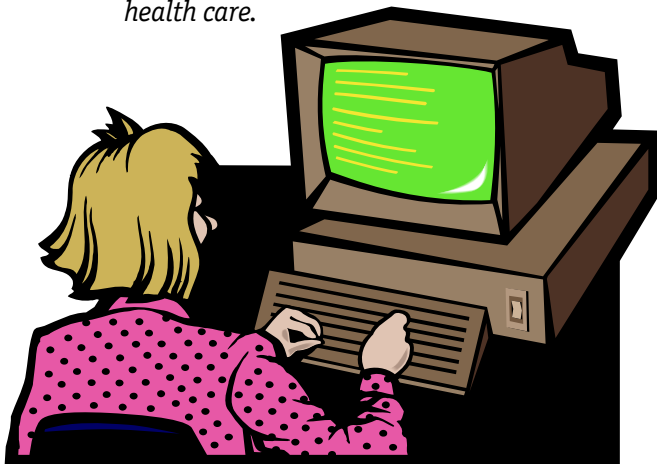
The current regulations were adopted in 1975 in response to a series of incidents in which law enforcement officials and others sought to obtain substance use records of many patients.

In contrast, the HIPAA approach — which allows virtually unfettered disclosure of alcohol and drug patient records without individual patient consent to the full range of individuals and organizations involved in law enforcement, health care payment, and health care operations and allows those entities to redisclose those records without restriction — would keep many people from entering critically needed treatment for substance use disorders.

For example, the authors note, illegal drug users are not protected under current anti-discrimination laws, such as the Americans with Disabilities Act. Thus, people seeking help for their drug problems can legally be fired.

Their justified fear of being arrested and prosecuted, losing custody of their children, and suffering employment, insurance, and other discrimination would overwhelm their desire to obtain care.

Indeed, many have criticized HIPAA for its insufficient protection of patient privacy in these and other contexts, and people with substance abuse histories unfortunately are more stigmatized than most recipients of health care.



Paramount with these issues are the ongoing efforts of the public and private sectors to develop and maintain electronic health record (EHR) systems. The authors note the question is being raised whether alcohol and drug records should be included in EHR systems.

The discussions are becoming more relevant following the enactment of the American Recovery and Reinvestment Act (ARRA) in 2009, and the efforts underway to implement the health information technology provisions of ARRA, called the “Health Information Technology for Economic and Clinical Health Act” or HITECH. HITECH is designed to promote the development of the governing policies, standards, and technological infrastructure for what is envisioned as a nationwide health information network.

The authors note that “EHR systems can and should be constructed so that alcohol and drug patient records are included and shared with other treating professionals, as allowed by the federal confidentiality rules. The technology exists to do this, and, as a result, the adoption and use of EHR systems has the potential to dramatically improve the communication of information about substance use treatment to other health care providers, without compromising patient confidentiality. But we must make sure that EHR systems are constructed correctly, and that substance abuse disorder and mental health providers receive the resources, technology, and technical assistance they need to participate.”

This, of course, includes private practice therapists.

Federal law and regulations that protect the confidentiality of alcohol and drug records ordinarily allow disclosures by an alcohol and drug program only by way of an individual’s voluntary, prior informed consent, in a medical emergency, or when a treatment program has signed a Qualified Service Organization/Business Associate Agreement with the recipient.

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HIPAA, HITECH, and Patient Records

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The authors note:

This governing principle — which also underlies most state laws protecting the confidentiality of mental health, HIV, and other highly sensitive and still stigmatizing health information — is much different from HIPAA in several important respects. Unlike HIPAA, 42 C.F.R. Part 2's limitations on disclosure apply to communications of alcohol and drug patient information to payors and to a patient's other health care providers when disclosures are sought or are being made for purposes of the individual's treatment for other health conditions.

Also, unlike HIPAA, which bows to state laws that mandate disclosure to law enforcement and for litigation, including judicial and administrative hearings (such as divorce and child custody proceedings) as soon as a health care provider receives a subpoena, judicial or administrative order, or even a discovery request, 42 C.F.R. Part 2 requires a special court order, predicated on the satisfaction of much higher standards, before disclosure can be made to law enforcement.

The issues covered in this policy paper have implications not only for therapists who provide substance abuse services, but also have wider applications for behavioral health care records, especially as it relates to EHR, HIPAA, and HITECH, and other legislation affecting health care records and patient privacy.

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ARTICLES WANTED!

We need your contributions for *The Compass!* Submit your article for the April 2010 issue by March 15. We welcome articles on clinical or practice management topics.

Send articles via e-mail (Word format) to Bridget at appt@ibc.omhcoxmail.com or fax to (402) 393-4603. *

Welcome New Members

October 2009

Coleen Cusick-Brown, LIMHP (Associate Member)
Children's Hospital Behavioral Health • (402) 955-3900

Lisa Vogel, MEd., ATR-BC, LMHP • lgvogel@aol.com
West Maple Counseling Associates • (402) 393-0133
Referred by Shari Conner

November 2009

Pam Bass • Pamela Bass Counseling
(402) 960-1652 • pbcspc@msn.com
Referred by Ellie Fields

Jill Bolin, MS, LIMHP
Therapy Resource Associates
(402) 330-6060 • jbolintra@aol.com

Barbara L. Dewey (Lincoln)
(402) 525-9825 • bdewey@neb.rr.com

Melissa Ibanez, MA, LMHP • Creative Paradigm
(402) 203-6243 • agibanez@yahoo.com
Referred by Lisa Merrifield

Susan Meyerle (Lincoln)
Orr Psychotherapy Resources
(402) 484-0595 • susanmeyerle@neb.rr.com

Cathy Schweitzer
The Attachment & Trauma Center of Nebraska
(402) 981-2120 • cathy@atcnebraska.com

December 2009

Julie Allen, LMHP (Associate Member)
Cell (402) 212-2122 • counselor@tconl.com

Stefanie Armstrong • Work: (402) 403-0190
The Attachment & Trauma Center of Nebraska
stefanie.armstrong@gmail.com

Dr. Shelley Freeman (Lincoln, NE)
The Psychology Center • (402) 483-4251
sfreeman@unlserve.unl.edu

Gina Fricke (full-time practice as of 1/2010)
Peace & Power Counseling • (402) 515-7412
ginafricke@peaceandpowercounseling.com
Referred by Kendra McCallie

Mary Haskins, PLCSW, PLADC
Park Professional Group (Fremont)
(402) 727-4886 x 2 • haskins812@msn.com

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From the President's Desk: New Frontiers



Adrian Martin

By Adrian Martin, MS, LIMFT

Welcome to our first all-electronic edition of *The Compass*. The APPT Board decided, after much discussion, that continuing to print and mail out hard copies of the publication was so last decade.

But in all seriousness, we saw a number of advantages to producing *The Compass* electronically — including easier distribution, the ability to seamlessly follow links to web and e-mail addresses published in the articles and advertisements, and if your desk is anything like mine, always knowing where your current issue is for those snatched few minutes of reading.

We recognize that some of you might still prefer to read from paper, and so the choice of the very widely accepted Acrobat PDF format will allow you to both read on screen and print out to paper, if you wish.


Legislative Update

Well, spring is nearly here, or is that just my wishful thinking? Certainly the legislative session has started and bill introduction has begun. This is a 60-day “short” session which will run through to the middle of April. There are carry-over bills from the 2009 session and new bill introduction ran through Jan. 20.

One bill of interest is Senator McGill’s bill ([LB 519](#)), in which NABHO has had considerable interest, which intends to ensure reasonable annual rate increases to providers of state-funded behavioral health services, including Medicaid, through the creation of a provider reimbursement rate commission.

The APPT legislative committee next meets in February and we’ll make every effort to inform you of any additional bills of interest. You can explore the bills for yourself at www.nebraskalegislature.gov/index.php, which includes the option to link to live streaming video of some of the debates.

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Editor Bridget Brooks
 Publisher/Newsletter Advisor Adrian Martin, MS
www.PrivatePractice.org

Message From the President

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The feedback from the APPT Fall Conference back in November at Mahoney State Park was generally very positive and we will use that feedback to help guide us in planning our next conference event. The line-up and the exact date for our Spring Conference are still to be finalized, but our intention is to provide an entertaining and educational program to support license renewals due this September.

I look forward to seeing you at the Spring Conference and at our forthcoming mini-series events in both Omaha and Lincoln.



Effective Alternatives to Antidepressants: Enhancing Therapy With Brain-Targeted Nutrition

Many of our depressed and anxious patients have had less-than-satisfying experiences on antidepressant medications and still others are afraid of the bad press some medicines receive. Yet we continue to send all of our biochemically imbalanced patients the psychiatric route because we are unaware of other options.

Please join Dr. Josh Friedman for an informative presentation about nutritional tools for biochemical restoration of brain function. He will deliver his presentation at the Omaha APPT Mini-Series Workshop at the Olive Garden on Tuesday, Feb. 2 and in Lincoln at The Lighthouse on Friday, March 12.

Research has identified numerous over-the-counter supplements that have proven to be as effective as the SSRIs, without many of the side effects. Find out what dietary changes can help your patients most with mood symptoms. Studies have shown how simple nutritional changes can facilitate the therapeutic process and make our work more productive and satisfying.

For more information about these workshops — or to RSVP — call Bridget at (402) 393-4600 or e-mail appt@ibc.omhcoxmail.com.

APPT Continuing Education Scholarship

It's a new year, which means APPT has four new opportunities for therapists to take advantage of our scholarship program.

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). Four scholarships are available annually.

Complete the form (at right) and submit it, along with a copy of the workshop brochure (if available). Your application/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*.

Application for APPT Scholarship For Continuing Education

The APPT Scholarship for Continuing Education is designed to help members defray the cost of a workshop they attend. Submit this form with a copy of the workshop brochure.

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
2255 S. 132 St., Ste. 200, Omaha, NE 68144 or fax to (402) 334-8171.**

Applications will be considered and a decision reached within 10 days of receiving your application.

– MEMBER NEWS –

New member **Pat Smith, MS, LMHP** would like to announce a new website, www.Psychswap.com. This website allows psychology practitioners to sell their books and conference CDs and DVDs, list office space, and promote trainings and conferences, all free of charge. She encourages you to use the site, and tell your friends!

Smith's practice is New Potentials Counseling, in Broken Bow, Nebraska. She uses biofeedback, neurofeedback, and hypnosis in her practice, and facilitates small groups for wellness and weight loss. Pat says, "I'm strongly considering converting my practice to personal pay (many clients are paying this way anyway) and would like to hear others' experiences with this." If you have input on this topic, e-mail her directly at npc@inebraska.com.

Gail Olson, Ph.D., LIMHP, LADC, has opened a full-time private practice at Montclair Professional Center, 13057 W. Center Rd, Suite 25. She joins APPT member **Cassi Wigington** at New Image Counseling at Montclair on Center.

Gail worked at Alegent Health as Manager of Psychiatric Associates Outpatient Clinics (Lakeside and Immanuel) for two years prior to her practice. She was in private practice for 15 years prior to her position at Alegent. Her specialty areas are couples/relationship counseling, trauma and addiction recovery, and ADD/ADHD disorders. Gail also offers men's and women's groups.

Her website is www.gailaolson.vpweb.com. She will be holding an open house to show off her new practice soon.

Great Plains Counseling Center, of Bellevue, received The Pat Kelly Award in October, presented by the Mayor of the City of Bellevue. The award is given to organizations that show outstanding service to the youth in the community in the prevention of drug and alcohol abuse.

Current therapists at Great Plains include: **Sherry Hubbard**, Vicki Holoubeck, **Hope Valentine**, LeAnna Ludlow, John Genereux, **Christina Broekemeier**, and **Pam Aldinger**.

To learn more about Great Plains Counseling Center, visit www.greatplainscounseling.com.

Anna K. Terman-White would like to introduce her practice, HeronSwan Counseling in Omaha, located at 7020 Cass Street in the Northeast education wing of First United Methodist Church.

After many years as a parish pastor in the ELCA, Anna returned to school to expand her skills in the area of counseling. She received a Masters in Counseling from Doane College in 2007. Anna works with clients who need help with anxiety, depression, grief, relationships, and lifestyle change — particularly in the area of weight management. She also works with clients who wish to consider their spirituality in the course of therapy.

Currently, Anna is working toward completing the requirements for certification with the American Association of Pastoral Counselors. She writes, "In pastoral counseling, I come from a perspective of hospitality, compassion, and non-judgment." She does not accept insurance, but "is willing to work with clients who have no insurance by negotiating with them a workable fee."

You can reach her at (402) 290-1044.

Sharon Anderson, LICSW is now a Certified Trauma and Loss Clinical Specialist, having completed training from the National Institute for Trauma and Loss in Children. The SITCAP model (or Structured Sensory Intervention for Traumatized Children, Adolescents and Parents) is an evidence-based intervention used to alleviate trauma. It is appropriate for pre-schoolers through adults. The training focuses on resolution of the trauma through a series of drawings, with treatment-specific questions that focus on the sensory experience of trauma — fear, terror, worry, hurt, anger, revenge, and feeling totally unsafe and powerless.

Sharon writes, "It is not my job to interpret the drawings, but to be a witness to the child's experience. This model has proven to be valuable in relieving trauma symptoms, regardless of exposure frequency or the nature of exposure, whether violent or non-violent. Studies have shown that post-traumatic stress disorder in children can be induced by fires, accidents, critical injuries, divorce, separation from parent, respiratory arrest, cancer, surgery, and catastrophic events such as floods or hurricanes."

You can reach Sharon at Rizzo and Associates in Omaha. Her number is (402) 397-0330.

Woodhaven Counseling Associates has opened a new practice, Forensic Behavioral Health, Inc., which includes **Dr. Stephanie Peterson**. She specializes in psychological evaluations, child custody, competency, and diagnostic fitness-for-duty evaluations. Dr. Peterson has completed more than 100 hours of training through the American Academy of Forensic Psychology. She has testified in county, district, and federal courts. You can reach her at (402) 557-6027 or visit the practice website, www.fbhnebraska.com.



Gail Olson

THE MEDICINAL INQUIRER: Medicines for Alzheimer's Disease

A series designed to help private practice therapists learn more about psychiatric medications and get their questions answered.

By Joyce Sasse, APRN

Alzheimer's Dementia is a common but tragic illness that claims the minds and lives of many people. It is not simple forgetfulness. Alzheimer's disease is characterized by the four As: **Amnesia**, or memory deficit, **Aphasia**, or deficit in language, **Apraxia**, which is a deficit in motor functions, and **Agnosia**, or deficits in recognition. Personality changes may have already occurred before these other defects are noticed. Alzheimer's is a progressive fatal illness. The aim of medication therapy is to stabilize the patient and prolong length and quality of life.

Current theory holds that toxic amyloid plaques and neurofibrillary tangles cause the symptoms of the disease. Genetic errors cause certain people to abnormally process amyloid proteins, causing the beta amyloid plaques. The abnormal processing of the amyloid proteins starts the cascade of events that eventually results in the toxic amyloid plaques. The abnormal plaques are toxic to the health of the cells where the plaques form. A biologic cascade of effects begins within these neuronal cells, including abnormal phosphorylation of tau proteins in the microtubules, causing neurofibrillary tangles. The amyloid plaques cause deregulation around the effected neurons that include an inflammation response. This flood of cytokines, excessive glutamate, and the neurofibrillary tangles eventually destroys the neurons (Stahl, 2008).

The nucleus basalis of Meynert in the basal forebrain is the major brain source of cholinergic neurons. From that point, the acetylcholine neurotransmitters are projected outward to memory organs through the brain. Alzheimer's targets cholinergic neurons in the basal forebrain in the early stages of the disease. Eventually, the toxic plaques go on to destroy neurons throughout the brain.

Treatment for Alzheimer's disease with cholinesterase inhibitors focuses on increasing acetylcholine to improve memory and function. Early treatment is key to slowing down the progression of the disease. Unfortunately, these medications have many side effects and they cannot be used without care and judgment on the part of the practitioner.

Treatment with medications for Alzheimer's is currently seen as slowing the progress of the disease.

In the best-case scenarios, the patient will see an improvement, but he or she will not return to his prediagnosis functioning. In the usual response, the patient will not notice a difference, but the caregiver will note an improvement and testing can document an increase in memory. These drugs can only stabilize a patient and slow progression of the disease — there is no current cure.

Aricept/Donezapil is a reversible, long-acting acetylcholinesterase inhibitor. It inhibits the actions of acetylcholinesterase from breaking down acetylcholine in the pre- and post-synaptic areas, so more is available in the brain. Common and life-threatening side effects can include headache, insomnia, seizures, slowed heart rate, heart block, nausea, diarrhea, and gastrointestinal bleeding. This drug has a long half-life of 70 hours. This medication is used for mild-to-severe Alzheimer's disease.

Exelon oral and Exelon dermal patch are forms of **Rivastigmine**. Rivastigmine is a self-reversing, intermediate-acting agent that acts on both acetylcholinesterase and butyrylcholinesterase. This medication increases acetylcholine in the brain like other acetylcholinesterase inhibitors. Common and life-threatening side effects can include headache, dizziness, slowed heart rate, anorexia, nausea, vomiting, diarrhea, and abdominal pain. This medication has a short half-life of 1.5 hours for the oral preparation and 3 hours for the

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**Joyce K. Sasse,
MS, APRN-BC, CARN**
Psychiatric Nurse Practitioner
Clinical Nurse Specialist

WOODHAVEN COUNSELING ASSOCIATES, INC.

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The Medicinal Enquirer: Medicines for Alzheimer's Disease

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dermal patch. The medication is used for mild-to-moderate Alzheimer's disease.

Razadyne and Razadyne ER are short- and long-acting preparations of *Galantamine*. Galantamine is an acetylcholinesterase inhibitor. Common and life-threatening side effects can include slowed heart rate, heart block, nausea, vomiting, and diarrhea. This medication is used for mild-to-moderate Alzheimer's disease.

Namenda/Memantine works as a type of NMDA antagonist to stop abnormal activation of glutamate neurotransmission. The medication comes in oral pill and liquid preparations. Memantine blocks NMDA receptors from excessive

glutamate and preserves cell health. This medication can cause stroke and heart failure and should be dosed carefully. Memantine is used for patients with moderate-to-severe Alzheimer's disease. It has a long half-life of 60-80 hours and has numerous drug/drug and drug/food interactions.

For the Future...

There is hope in the future for more medical interventions. The genetic nature of this disease is being explored. Medications that can stem the errors in the amyloid protein processing are being considered. As this Inquirer has often been known to say, that offers the hope of "better living through chemistry."

I have only included the bare bones of information on this subject in this brief review. The Medicinal Inquirer admits that she owes most of her information to the brilliant Dr. Stephen Stahl and his third edition of "Stahl's Essential Psychopharmacology."

— *Joyce K. Sasse, MS, APRN-BC, CARN is a psychiatric nurse practitioner and clinical nurse specialist with Woodhaven Counseling Associates in Omaha.*

Please send your questions about psychiatric medications to **The Medicinal Inquirer** and I will endeavor to answer them to your satisfaction. E-mail joyesse1@cox.net with your questions or call (402) 592-0328.

Starting, Maintaining, and Expanding a Successful Private Mental Health Practice: Surviving or Thriving?

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- Take an existing practice to the next level
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- Discover the three essential components of a marketing plan
- Develop multiple "income streams"
- Make managed care work for you
- Streamline office procedures, billing, and fee collection



with Robert Walsh, MA, LCPC
and Norm Dasenbrook, MS, LCPC

Authors of "The Complete Guide to Private Practice for Licensed Mental Health Professionals"

**Friday, March 26
8:30 a.m. – 4 p.m.**

**Westside Community
Conference Center**

3534 S. 108 Street • Omaha

To Register, Call Bridget at (402) 393-4600

For more information / a registration brochure / to register online, visit: www.buildimage.com/privatepractice.html

Combined Calendar of Events

*These programs are neither affiliated with,
nor endorsed by, APPT.*

Nebraska Behavioral Health Education Center Orientation Meetings • 1:30 to 4 p.m. • FREE

Feb. 1 – Scottsbluff Regional West Medical Center

Feb. 2 – Kearney – Good Samaritan Hospital

Feb. 3 – Lincoln – Bryan Medical Plaza

Feb. 9 – Omaha – UNMC

Overview of NeBHEC (established by LB 603), discussions of local behavioral health workforce, identification of barriers to workforce development, and understanding your regional needs. To register, e-mail jshaw@wiche.edu or call (303) 541-0311.

Tuesday, Feb. 2, 2010 • 11:30 a.m. to 12:30 p.m. • FREE "Gambling Addiction & Services"

With Gina Fricke, LCSW

Peace & Power Counseling, 6901 Dodge Street, Suite 101

No charge. Space is limited. 1 CEU. To register, call 515-7412.

Thursday, Feb. 4, 2010 • 12 to 1:30 p.m. • FREE "Beyond CBT: Longer-Term Therapy"

With Bob Kraft

Kairos Brown Bag Series • 11905 Arbor Street. Call Mary at (402) 330-2800 for details or e-mail mary@omahatherapy.com.

Holistic Healing (6-month program)

Begins Saturday, Feb. 6 • 9 a.m. to 4 p.m. (6 Saturdays)

Offered by Dixie Clark

33 CEUs for LMHPs. Call 884-0621 to register.

The Soul's Journey (6-month program)

Begins Saturday, Feb. 20 • Noon to 4 p.m. (6 Saturdays)

Offered by Dixie Clark • Call 884-0621 for more information

Friday, April 23 or Friday, May 7, 2010 • 9 a.m. to Noon

"Treatment, Reconciliation, and Reunification"

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Renee Johnson (Student Member)
(402) 492-9806 • reneeljohnson@gmail.com
Referred by Crystal Anzalone

Bertine Loop-Schenken, LCSW (Associate Member)
Lifespan Psychology Associates (Lincoln)
Work: (402) 420-1617 x 202 • bloopgardens@aol.com

Patricia Smith (Broken Bow, NE) • New Potentials
(308) 872-6651 • npc@inebraska.com
Referred by Mary Glassman and Wes Wingett

January 2010

Dixie Clark • Morning Star Center • (402) 884-0621
dixieclark@cox.net

Christine Gill (Associate Member)
(402) 917-6785 • chris_eilat@yahoo.com
Referred by Renee Johnson

Susan Ann Meyer • Omaha Psychiatric Associates
(402) 558-1858 x 112 • susanmeyer5832@msn.com

If you have questions about your membership, call Bridget at (402) 393-4600 or e-mail appt@ibc.omhcoxmail.com.

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Regional Relations *Kathy Dombrowski, MA*

Psychology Liaison *Stephanie Peterson, Ph.D.*

Social Work Liaison *Julie Luzarraga, LCSW*

Counseling Liaison *John Atherton, MS*

Marriage & Family Liaison *Sherry Hubbard, MS*

Address Service Requested

APPT E-List Reminders

With APPT membership exceeding 200 therapists, traffic on the association's E-List has increased dramatically. In order to keep the E-List manageable, please follow the guidelines established by the association for E-List use.

One of the major benefits of membership in APPT is access to other clinicians through the E-List. With just one e-mail, you can reach more than 200 other therapists. This is also the primary method that the APPT office and board of directors uses to communicate with members.

Members may use the E-List to communicate with other members — asking for resources or referrals, sharing information about groups or events, and querying other therapists on practice management topics or reimbursement issues.

The current APPT policy is to allow limited self-promotion on the E-List, including advertising groups, workshops, or specific services.

There are several guidelines to follow when using the E-List in order to keep it informative and user-friendly for all subscribed.

Too Many Individual E-mails?

If you are concerned about the volume of e-mails you are receiving from the E-List, consider changing your subscription to "Daily Digest" before opting out entirely.

Members can manage their listserv settings through Yahoo. Go to: www.yahoogroups.com and sign in.

You will be able to select if you would like to receive individual e-mail messages, a daily digest, or "no e-mail." (If you elect "no e-mail," you

will still be able to sign into YahooGroups and access the e-mail messages there, including reading and responding to posts.)

Etiquette

One of the biggest issues of concern is accidentally sending e-mail messages to the entire E-List instead of an individual member.

Please note that when you hit "Reply" to a message, your message will be sent to the entire E-List.

If you wish to send a message to a single member, you must change the e-mail address (replace: "APPTMembers@yahoogroups.com" with the specific e-mail address of the individual). Make sure you intend the message to go to the full group, as there is no way to "recall" the message once it's sent.