

# North Carolina Family Therapist



*Strengthening family, couple, and individual health*

## North Carolina Association for Marriage and Family Therapy

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Cathy Womack

P O Box 98073

Raleigh, NC 27624

Toll free 877-862-2638

Local 919-518-1919

cathywomack@

customassociation.com

## From the President's Desk!

by Tim Smith, MS, LMFT



NCAMFT Board members and membership meet with AAMFT executive director Michael Bowers to discuss details of AAMFT's strategic plan

NCAMFT leaders and members from around the state met in Raleigh on Friday, May 20 to talk with Michael Bowers of AAMFT about plans for the future of AAMFT and to talk about the core issues addressed by the strategic planning task force, a team of seasoned MFT professionals who have been tasked with the job of facilitating the creation of a strategic plan for

AAMFT, a plan that will chart the course for our national organization well into the future. Michael Bowers was picked up at Raleigh-Durham International Airport by NCAMFT executive director, Cathy Womack on Friday morning and brought to the American Institute of Healthcare & Fitness Conference Center (AIHF) in Raleigh where the NCAMFT board was gathered for our quarterly board meeting. The AIHF Conference Center is the location for NCAMFT's fall conference which is scheduled for October 21, 2011.

Michael was invited to join our board meeting and offered helpful information about the history of AAMFT as we met and talked about the fall conference, next year's annual conference, and the legislative issues that were on the agenda for the state legislature that would impact the practice of marriage and family therapy in our state. More specifics will be shared in the newsletter about legislative issues and details of the 2011 fall conference and 2012 annual conference. The board meeting concluded just before 1:00pm and for the next two hours Michael Bowers presented information to an audience of board members and membership about the new strategic plan of AAMFT, specifically addressing the new proposed changes in membership categories. The membership was encouraged to ask questions and the format of the presentation was an open forum that invited questions about how the proposed changes would affect the organization and the practice of marriage and family therapy. Michael reminded the audience that the strategic planning task force had met for two years and had sent numerous surveys soliciting feedback from the members and leaders of AAMFT. The final strategic planning document entitled, "AAMFT: The Next Decade and Beyond" is 52 pages, has 7 appendices and is located on the AAMFT web site. The plan is scheduled to be presented to the membership of AAMFT in June 2011 for a vote on the members category change, which will be a change to AAMFT by-laws.

The core issues brought up at the AAMFT Strategic Planning Task Force review at the Leadership Conference in March of this year focused on (1) membership growth and the proposed changes to our membership categories, (2) reimagining the

## President's Report Continued

AAMFT Research and Education Foundation for the purpose of advancing research, theory, and practice in systemic therapy, (3) advocating for the profession of MFT and the need to decide the future relationship between Central and the divisions, (4) looking to the future with respect to students and associate members and how to support the professional growth and development of students and associate members and (5) addressing and better understanding the needs of the next generation of MFTs. Michael Bowers was asked to focus on two areas in his presentation: (1) the proposed changes to membership categories and how this would influence future leadership of AAMFT and (2) proposed changes in the governance of AAMFT and its impact on division autonomy. The meeting with the national executive director of AAMFT has historical implications and it marks the first time that the leadership of AAMFT has come to the Tar Heel state for a meeting with state leaders and membership.

At the conclusion of Michael's presentation, the NCAMFT board of directors met briefly to talk about any issues and concerns that were brought out in the presentation. There were no issues we felt that we needed to discuss any further and the board decided that we, as a state association, would not take a position on the



items covered by the proposed by-law changes. The members of NCAMFT and AAMFT will have an opportunity to cast their vote at the appropriate time and I am confident the right decisions will be made on the proposed changes. Before Michael left to return to Arlington, Virginia, we thanked him for coming to North Carolina and for sharing his thoughts about the strategic plan and we presented him with a polo shirt with the NCAMFT logo affixed. Most of the board members were present for this historic meeting with our national executive director and I believe all enjoyed having him come and speak. As always, thanks to the leadership of NCAMFT, past and present for your commitment and service to NCAMFT and a special thanks to Jeff Krepps and Cathy Womack for working out the details for this meeting and presentation.

## Updates and Changes to the State's Mental Healthcare System by Megan Castle, MS, LMFT

First, I would like to introduce myself as the new Professional Practice chair. I hope you will join me in wishing Chad Jordan luck in his next professional endeavors. Chad left me with big shoes to fill, but I am delighted to take over providing you with political updates that impact MFTs in North Carolina.

Over the past year, there have been several noteworthy changes to the state's mental healthcare system, including the development of CABHA (Critical Access Behavioral Health Agency), a new category of provider agency approved by the NCDHHS. CABHAs provide a continuum of care through the provision of core services, including outpatient therapy and medication management, in addition to at least two enhanced services (e.g., Intensive In-Home, Multisystemic Therapy). In order for an agency to be certified as a CABHA, it must successfully pass a rigorous process including submission of an attestation letter, participation in a desk review and interview, and a verification process conducted by DMH/DD/SAS and the

local management entity (LME). It also must demonstrate clinical competency overseen by a Medical Director, Clinical Director, Quality Management Director, and Training Director whose responsibilities are regulated by the state. At this time, there are approximately 200 CABHAs across the state.

Nevertheless, since the creation of CABHA, it looks like North Carolina is moving forward with another significant mental health care initiative with the statewide expansion of the Medicaid 1915 (b)(c) waiver. You may have experienced the waiver with Piedmont Behavioral Healthcare (PBH), an LME that has piloted the waiver for some time now. The waiver is an agreement between the state and Center for Medicaid Services to be released from certain Medicaid regulations. For instance, under the waiver, states can limit consumer choice of providers to those within the waiver network. Despite the restrictions, the waiver will serve the purpose of enhancing access to care, increasing the quality of care, and managing costs.

## Updates and Changes Continued

North Carolina will operate its waivers through managed care organizations that will take over the authorization of Medicaid services, replacing Value Options. You may have heard that your community's LME is either applying to become a managed care organization or is merging with an LME that is already one. Under the waiver, LMEs will be required to have a minimum of 300,000 consumers by July 1, 2012 and 500,000 by July 1, 2013. With these mergers, the 23 current LMEs will likely decrease to between 8 and 10. These mergers should promote efficiencies and cost savings.

Despite the changes, LMEs should still be able to respond to their communities' needs. Individuals will have free choice of providers within the waiver network, and if an individual is working with a provider not in the network, the LME will try to ensure that services with that provider can continue. However, that provider will be expected to meet the same standards as other providers within the network. My understanding is that independent practitioners will be welcomed into the waiver network, although the network will be limited to providers with good outcomes, which I believe

## Continuing Education From This Day Forward

by Emma Wallace, MS, LMFT

Our February annual conference was successful in many ways, and I have heard from many attendees who say they want to take further training in IFS. Richard Schwartz is a true pioneer in our field and has such a wide range of experience and training that we only saw a small part of his expertise during our conference.

I have reviewed the evaluations that you submitted for the conference, the accommodations, the pre-conference institutes, and the social activity on Friday night. The evals for the main conference were primarily positive, but a couple of attendees were displeased with both content and style of presentation. Many of you expressed your displeasure with Dr. Schwartz allowing too many questions/comments during his presentation, which took up too much time and distracted from his presentation. I spoke with Dr. Schwartz during the conference about this and he made some adjustment, but I agree that this was a distraction. The pre-conference institute evals were positive. The comments regarding food, service and other hotel issues were basically good except for a few complaints about minor oversights that could happen anywhere. Most everyone seemed to enjoy the social event on Friday evening. I will use these suggestions in the future when making suggestions to our presenters. Thank you for your comments and suggestions.

I am looking forward to Scott Miller in 2012. For those of us who have experienced him, you know what I mean when I say, "Get ready for a great conference!" He is such a dynamic, energetic presenter and has so much to offer us. Please mark your calendars now for March 1-3, 2012 at the Embassy Suites in Cary.

Our fall conference is shaping up and we have two wonderful presenters: Our own Deborah Klinger, who will present on working with individuals and families who struggle with eating disorders; and Cheyenne Corbett, who will present on working with families who are facing grief and loss. The location of the fall conference will be at the AIHF Conference Center in Raleigh on Friday, October 21, 2011, from 8:30 until 4:00, with lunch on your own from 11:30 to 1:00. Please see our website for additional information. These two sessions will provide 6 hours of CE credits.

I am already working with our presenters for 2013. Many of you have asked for different speakers for the two days, and this is when it will happen. We will have one speaker on Friday and another on Saturday. We will provide enough hours – including 3 hours of required ethics training during the pre-conference institutes – for you to receive the entire 20 hours that is required by the NC MFT Licensure Board at our future conferences. In addition, we will offer the fall conference if you are unable to acquire all of the hours you need at the annual conference. We've got your back!

Take care and have a safe and happy summer!



## PUBLIC RELATIONSHIPS

by Liza Shaw, MS, LMFT

I was unable to attend the May Board and Membership Meeting due to the date-change. I am hoping a good representative sample of our statewide membership turned out to participate in AAMFT Executive Director, Michael Bowers' discussion about the National Board's proposed by-law changes, which I believe will be up for a vote very soon. If you were unable to attend, I strongly encourage you to go to AAMFT's website to learn about these proposals, and I urge all Clinical Members to exercise your right to vote your opinion! If passed, these changes could permanently change the National Association as we have known it.

I learned about these proposed changes in March, when I had the privilege of attending the National Leadership Conference in Arlington, VA, with our division President, Tim Smith. On this trip, I got to experience one of Washington, D.C.'s most well known pastimes—lobbying on Capital Hill!

Talk about Public Relations!!!

Tim and I met with various North Carolina Representatives' offices, discussing matters important to MFTs. Attending this conference was a great learning experience for me, one which truly gave me an appreciation for the importance of staying involved in the political conversations that affect MFTs at both the statewide, and national level.

Now, to update you all on our NCAMFT website overhaul: I am excited to report that our membership's own Larry Green has been working diligently with me on the transformation of our admittedly outdated site. I think we are about halfway complete, and I am hoping we can have the new site up and running by the end of the summer. Get ready for a much more interactive experience, with the ability to connect with fellow NCAMFT members (Facebook-style), link the public back to your own profile and website, and



NCAMFT President, Tim Smith and PR Chair Liza Shaw in Washington, DC in March

lots of other exciting new developments! The intention is to allow the NCAMFT website to become a much more useful tool to not only inform the public about the profession of MFT as a whole, but also to market your practice in your local community!

Speaking of marketing your practice... In the last newsletter, I began a conversation about developing a marketing strategy. I would like to pick up where I left off, with a topic known as "Media Relations." Now, all you PR-phobic people, please don't run for the anxiety meds... J My suggestions are meant to simplify and de-mystify this usually strange world of schmoozing...

Any MFT who is interested in developing professional relationships with the public, would be wise to learn something about the good old-fashioned press release. This time-honored instrument is like a golden-key to free advertising in the local press and other media outlets. These days, with most communications occurring via email, the only cost of sending out a press release is the time it takes to develop one. You can use press releases to announce upcoming events or publicize registrations for classes. Another way to use the press release is to "pitch" a guest column story, written by you, to the editor of a newspaper. (The term "pitch" simply means to present an idea.) Authoring a guest column is a sure-fire way to establish expertise in your field, as well as develop new referrals. You don't have to be an award-winning writer to catch an editor's attention. You simply need to start with a "pitch formula" that is known to work, and write the article according to the areas in which you are most knowledgeable. Also, be sure you ask someone with excellent grammar skills to proof read it before you send it off. Here are a few pitch formulas and examples of ways they can be used. They are considered fill-in-the-blank formulas, meaning you can apply them to myriad different topics, not only the suggestions listed here.

## PUBLIC RELATIONSHIPS Continued

“How to \_\_\_\_\_ without \_\_\_\_\_” e.g., “*How to Affair-Proof Your Marriage Without Spending Thousands on Therapy.*” – this is known as the “Free-Lunch” formula. Editors tend to love stories that offer the public “something for nothing.”

“Is/Are \_\_\_\_\_ really \_\_\_\_\_? \_\_\_\_\_ ways to tell” e.g., “*Are Your Children Really Telling You The Truth? Three Ways to Tell.*” This is known as the lie-detector formula. This is a particularly powerful formula because no one wants to be lied to, and people want the tools to sense when someone is lying to them. As a therapist, you might even want to add follow-up commentary such as “And What To Do About It If They Aren’t.”

“How To Keep \_\_\_\_\_ from \_\_\_\_\_” e.g., “*How To Keep Children Safe From Online Predators,*” or “*How To Keep Your Career Immune From Burnout.*” This formula speaks to people’s desire to hold dear those things that are precious to them.

(The above pitch formulas are taken from “Rick Frishman’s Sunday Tips,” a super-valuable and FREE email resource for your PR tool-box. You can subscribe at <http://www.rickfrishman.com> and receive Rick’s “Million Dollar Rolodex.”)

I have developed a Press Release template that provides a simple guide you can use to develop your own press release. If you would like a free copy of this, please email me at [lizashaw@powertothrive.com](mailto:lizashaw@powertothrive.com) and put the words “Request for Press Release Template” in the subject line. I’d also love to hear from members who are using some of these Public Relations tips to build their presence in their local communities. Success stories are always inspiring!



Have a wonderful Spring and Summer!

## ELECTRONIC BALLOTING APPROVED!

by Melissa Parlier, MA, LMFT, Elections Committee Chair

We’re gearing up for election time again, and with the recently approved changes in the bylaws we will be utilizing an electronic ballot this year. The Board of Directors hopes that the ease of an electronic ballot will encourage more members to vote in this year’s election. Last year only about 20% of mailed ballots were returned.

The Elections Committee is currently seeking individuals interested in volunteering their time and talents through service on the NCAMFT Board of Directors for the following positions:

- Secretary
- Director At-Large
- Southwest Chapter Director
- North Central Chapter Director
- Northeast Chapter Director
- Elections Committee
- Student/Associate Representative - East and Student/Associate Representative - West\*

\*Please note that recently approved changes in the bylaws created a third Student/Associate Representative position for the Central region. The Student-Associate Representative – Central is Katie Church.

Cathy will be sending out a Call for Nominations very soon. Please watch your inbox for this. Members are welcome to nominate themselves or others who are willing to serve on the Board if elected. Service on the board is a wonderful opportunity to give back to your profession and to the community.

## Chapter News!

### South Central Chapter 2011 Meeting Schedule

Pearl Wong, PhD, LMFT

704.945.7344

[pearl.wong@fsmail.pfeiffer.edu](mailto:pearl.wong@fsmail.pfeiffer.edu)

June 16 Social Integration Theory with Pasadena Villa,  
Patricia Adlerman, MSW, LCSW

July 21 Reel Culture: The Impact of Diversity on the  
Healthcare Professional, Michael Kahn, LPC, JD

September 15 Collaborative Divorce Mediation, Nancy C.  
Gorgone

October 20 Men's Issues, Randy Wall, Ph.D.

November 17 Transgender Issues, Kimball Sargent, MSN,  
PMHCNS-BC

*\*Some titles are not finalized.*

### North Central Chapter News

Theresa Palmer, LCSW, LMFT

[theresapalmer@hotmail.com](mailto:theresapalmer@hotmail.com)

(336)416-5069

The North Central Chapter's last meeting was on Thursday, March 31<sup>st</sup> at Centenary United Methodist Church in Winston-Salem. Bob Nations presented on Right Brain/ Left Brain Theory in Couples Counseling. Thanks to Bob for a wonderful presentation! Although our next Chapter meeting isn't yet scheduled, look for an announcement after we've all enjoyed a summer respite (hopefully this includes vacationing at the beach, mountains, or even a restful staycation for each of you). For more information about chapter meetings, feel free to contact Theresa Palmer, Chapter Director at [theresapalmer@hotmail.com](mailto:theresapalmer@hotmail.com).

### Northeast Chapter Schedule for 2011

Ruth Cox, PhD, LMFT

(910)347-3010

[ruthpcox@msn.com](mailto:ruthpcox@msn.com)

As we are a large Chapter by area, I will be happy to assist in setting up any programs in your area. Any ideas for workshops or programs, please contact Dr. Ruth Cox at [ruthpcox@msn.com](mailto:ruthpcox@msn.com).

### Northwest Chapter

Jody Gardner, MA, LMFT

[jgardner4138@charter.net](mailto:jgardner4138@charter.net)

### Southeast Chapter

Jerry Powell, DMin, LMFT

(910)484-0176

[powjerry@gmail.com](mailto:powjerry@gmail.com)

### Southwest Chapter 2011 Meeting Schedule

Trip Woodard, MSW, LMFT

828-606-8607

[wescom@bellsouth.net](mailto:wescom@bellsouth.net)

July 13 Family Therapy and Dissociative Identity  
Disorder, Carmen Copenhaver, LMFT

August 10 Somatic Treatment Considerations and  
Family Therapy, Chandra Passeo, LMFT

September 14 Issues Unique to Men in Therapy,  
Joseph Howard, LCSW

October 12 Family Therapy with Adult Attachment  
Issues, Beth Starling, LMFT

November 19 Substance Abuse Issues and Family  
Therapy, Karen Smith, LMFT

December...our annual celebrity presentation and  
NCAMFT capital fund drive

### Mid-Central Chapter News

Judith Bobo, MEd, LMFT

[bobo.judith@gmail.com](mailto:bobo.judith@gmail.com)

336-227-8412

September 9 Financial Therapy for clients with  
compulsive spending patterns, Carla McNeil

December 2 TBA



## Ethics Report

### by Mary McKinney, MS, LMFT, Committee Chair

As the Ethics Committee Chairperson, I was surprised to receive multiple questions about reduced-fee and sliding-fee scale services since this practice is so common in our field. But, since I received the question repeatedly, it seemed very appropriate for an article to summarize my consultation with the AAMFT attorneys, my literature review, which of course, includes the AAMFT Code of Ethics, and my discussions with several peers with whom I regularly meet for ethical consultation.

Lee Greenwood, previous AAMFT Attorney (as this position very recently changed personnel), advised that North Carolina has no statutes relevant to sliding-fee scales or reduced-fee services. Therefore, the therapist's responsibility is to consider ethical guidelines. Mr. Greenwood presented a very straightforward opinion for setting a policy that if a sliding-fee scale is to be used, a clear formula must be developed regarding how the scale will be applied across all clientele. For example, if the scale is income based and all clients whose household income is \$50,000 will have a fee of \$50.00, then that must be applied across the board for all clients.

Our current Code of Ethics doesn't directly address reduced-fee or sliding-scale services. The only direction given about setting fees is:

7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments.

Certainly, that method of practice appears to be consistent with what is common practice in agencies and private practices across our state as policy. The straightforward policy espoused by the AAMFT attorney and utilized across the industry is based upon fairness among clients and nondiscrimination. The ethical standard to which this would apply would include:

1.1 Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

And, of course, in addition to this standard of non-discrimination, in an office that files insurance claims, it is also important to charge the same fees for the same services in order to avoid committing insurance fraud, which is a legal matter. Amanda Reeves, current AAMFT Attorney, also reiterated that that when using a sliding-scale fees, whether a particular client is insured should not be considered. That is, if the client uses insurance or not to pay for therapy should not be taken into consideration when determining the sliding-scale fee.

However, as with any ethical discussion, the difficulty comes when ethical standards conflict, as they often do. Two such potential ethical standards which may pose conflict are:

6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

and

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

Dr. Jon Winek (1996) described one creative alternative to deal with the first dilemma, which was published in both *Community Service Intervention* In Nelson, T. & Trepper, T. (Eds.), 101 Interventions in Family Therapy: Volume II and *Journal of Family Psychotherapy*, 7(3), 63-67. He outlines a practice of having clients contract to perform volunteer community service in exchange for reduced-fee services. This practice may be helpful for clients who have a temporary financial setback and find paying full session fees difficult or in other circumstances. Therefore, the therapist is able to continue treatment during such a difficult time for the client. Dr. Winek even provided sample contracts for this practice.

So, the initial policy set up appears clear enough with regards to being sure to have a clearly delineated and non-discriminatory policy that is described for clients at the onset of therapy. And, as with any ethical question, it is critical to review the relevant Code of Ethics standards and any relevant laws. As AAMFT members, we have the resource of the AAMFT attorney for consultation. It is definitely best practice to maintain a core group of peers for consultation regarding clinical and ethical matters on a regular basis, in addition to any supervision.