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Special Report
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NICHE MARKETING: Reaching out to clients with debt and money troubles

The financial crisis is creating or exacerbating stress, anxiety, marital discord, and a general unease about the future. So even if debt and money problems aren't a regular part of your clinical work, reaching out to potential patients with financial concerns makes sense. If there's such a thing as a "broad niche," this is it.

In this report, we talk with three therapists who, in different ways, have made money issues part of their marketing approach. One is in New York, one in Southern California, and one is at Ground Zero of the real estate crash: Detroit. All three agree that demand outstrips the supply of therapists who offer relief to these patients.

And in case you were wondering, not everyone who needs help in this area is broke, or unable to access benefits. In many cases, even the unemployed have benefits they can tap--either as part of their severance package, or with health insurance they've hung onto through the COBRA program.

● Detroit's Sally Palaian started offering money-focused therapy as a small sideline about five years ago--long before the financial crisis. Now, she tells us, about 25% of her caseload--which ranges upwards of 25 clients per week--is talking to her about money problems.

Additionally, she offers two money-based workshops, each twice a year. One is called "Couples Talk Money," and the other "Money Matters." They draw an average of 10 attendees at \$120 per head.

She considers her in-office work in the financial area to be a mix of therapy and coaching. And her rates are high: \$145 for individual sessions, and \$200 for 75-minute couples sessions.

Although Detroit is struggling, Palaian's practice has dipped only slightly in the past two years. And she still has an all-cash practice.

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The accidental money specialist

Jan Broderick launched her part-time practice in Santa Barbara, CA, only last summer. She hadn't planned to become a go-to source for economic problems.

"It's something I got into last fall, when out of the blue I got a call from our local television station wanting to interview me about marriage and money. I said sure, and then did a lot of research on it.

"Since then, I've had a lot of people coming to me because of that interview. Even other clients who see me for something else, the first thing out of their mouths is about the financial mess that's going on and how it's impacting

them."

(You can watch the interview on her Web site home page: www.janbroderick.com. It was aired several times over the Thanksgiving weekend.)

How did she get the attention of the TV station? Pure luck. In early 2008, the station, KEYT, picked her at random to talk about holiday overspending. They liked her enough to get back in touch about how money matters impact marriages.

"I've learned a lot about it since then and have really gotten into it. I think people are really fearful. They're very

"Because I work with money and financial recovery, [the financial crisis] hasn't affected me that much."

Until five years ago, she concentrated her work on eating disorders. But she saw even then that people were getting in over their heads with debt, and realized this was an underserved niche.

Now, she talks to clients about credit card management, banking skills, spending plans--and helps them create a sustainable vision for the future. "People need a spending plan so they can see how much it costs to live." Traditional therapy comes into the picture when necessary.

Palaian has marketed her services through public speaking and by networking--forming relationships with other therapists and physicians. She gets many of her referrals from one family physician in particular "who really believes in therapy."

"Public speaking does enhance your practice," she adds. "I can look back on small speeches I've given and see that they've turned up clients. And even if no one from an audience contacts me, it still helps to have your name out there."

In May, she's coming out with a book titled, *Spent: Break the Buying Obsession and Discover Your True Worth*.

"People would approach me after a speech and say, 'Where's your book? I want to read about this.' So I decided I better do one." She'll be promoting it with a series of speaking engagements.

● April Benson, a New York therapist, has also written a book on this topic: *To Buy Or Not to Buy: Why We Over-shop and How to Stop*. She's been tapping the over-shopping niche in

One-way movers

How bad have things gotten in Detroit? Sally Palaian offers the following:

- "Someone I know applied for a job as a bookkeeper with a chiropractor. There were 700 other applicants."
- "Another friend applied for one of 100 positions that had opened, and 1,000 people showed up."
- "I know someone else who sold her house a year and a half ago for \$60,000. It recently resold for \$5,900."
- "A therapist I know decided to move to Los Angeles. She had to wait for a month to get a moving truck, because all the moving trucks are going out. None of them are coming back."

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anxious, and if they already had anxiety issues, now it's over the top."

She has added a link to her Web site promoting a "Money & Marriage" specialty. "Now I'd say 90% of my clients are talking about money. And it's both individuals and couples." She starts by giving them "a financial well-being inventory. It asks, "What do you feel is the level of your financial stress today?"

"Then I talk to them about how to do a budget, and I have a packet I give them with budget information in it. I'm not a financial advisor, but I can work with them on goal setting."

Most clients find her through her Web site. To augment her Web marketing, she's putting together a 30-minute presentation on how to cope with financial crisis.

She also has a physician referring clients to her, and hopes to expand on that. "I have to sit down and target who else would be good, and make that a priority."

About 75% of her clients (about 13 a week on average) tap insurance and managed care benefits to pay her, typically at \$65 per session. Private pay clients pay \$100.

You can reach Jan Broderick at 914 Anacapa St., Ste. D, Santa Barbara, CA 93101, (805)689-6377, www.janbroderick.com.

her clinical practice for several years, with groups and individual therapy.

When we first spoke to her, the movie *Confessions of a Shopaholic* had just been released--and that alone was generating traffic to her Web site and into her waiting room. "I'm getting more visitors to my site than ever," she tells us. (See her site here: www.stoppingovershopping.com.) "I don't know whether it's the movie, the economy, or because I hired a search engine optimization guy. It could be all of the above."

She also works the overshopping angle with a \$350 "Stopping Over-Shopping" kit that includes an audio CD, a workbook, a diary to keep track of shopping habits, and a laminated card with questions clients need to ask themselves before purchasing anything.

From fishermen to ballerinas

Who's upset about money these days? Lots of people, regardless of their income or assets. Unemployment is not a prerequisite.

New York clinician April Benson, featured in the article nearby, tells us she's seen only one client recently who has actually been fired.

On the other hand, she has plenty of patients who might be called "the worried wealthy." (That's our term, not hers.)

One of her clients lost a fortune when Lehman Brothers imploded. Another is a million dollars in debt and struggling through a grueling bankruptcy procedure.

"And I'm working with a ballerina whose parents have supported her habits, but it's just gotten too extreme."

On the other side of the country—and the income scale—Jan Broderick is working with a number of state employees.

In California, state workers have been hit with a mandatory two-day-per-month furlough, with corresponding pay reduction. On the upside, these workers are hanging onto their health care benefits.

But of course, Broderick tells us, state employees are just the beginning. "One gal I've been seeing, her husband is a fisherman and he's not getting paid when he's bringing the fish in. So she's worried."

Next, she plans to start a telephone-based psychoeducational group on the topic. Her target is a \$1,350 price tag for 12 sessions. She has a list of 50 prospects who've expressed interest in the product. "I know I'll get a group together," she says.

Finally, Benson tells us, she's begun training other therapists in the treatment of overshoppers.

Of course, all of this leads us to ask the question: Given the state of the economy, isn't the population of over-shoppers dropping? Benson says no. Overshoppers don't stop shopping just because money's tight.

"Some of them are using the incredible bargains out there as a justification to keep over-shopping," she explains.

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PRACTICE ALTERNATIVES: Group therapy is the basis for a whole practice

Many practitioners stay away from group therapy, either because they lack the training and experience to run groups, or because of the headaches involved with keeping them full.

But Michelle Maidenberg, a therapist in White Plains, NY, has made group therapy a central part of her business. Here's the twist: She's not leading any of these groups herself--at least not at the moment. Instead, she pays four other clinicians to hold groups in her office.

Once expenses are paid, profits from the group program are small--but that doesn't matter. The constant flow of patients through the office feeds her own individual therapy practice. She says 75% of her own clients come from one of the groups. "It's kind of roundabout way of marketing your practice--but it works."

Her practice is called "Westchester Group Works." She started it three years ago, after shutting down her solo practice in Manhattan. "There is definitely a need for groups here, and I think everywhere," she says "There is a lack of awareness about group therapy--among young populations especially. So I'm trying to be a hub for these services."

Maidenberg created a referral network from scratch when she relocated. She painstakingly went through the phone book and prepared introductory packages for every primary care physician, pediatrician, nutritionist, physical therapist, and attorney in the book. She also tracked down every school psychologist in the county.

"I followed up with phone calls to make sure I had valid names and addresses." Over 2,000 packages went out. The mailing included a brochure for adult, child, and adolescent groups. There was a letter of introduction outlining the services she would be providing.

It paid off almost immediately, Maidenberg says, and all of her early patients were referred by those professionals.

But over time, that's changed. She's built a reputation among her fellow behavioral health specialists. Now, 90% of group referrals come from other therapists--who generally don't offer groups themselves.

She's tweaked the group offerings as demand in certain areas waxed and waned. At the moment, there are six active ones: 1) adolescent self-discovery group; 2) young adult/college-age female group; 3) co-ed general adult group; 4) an early latency social skills group; 5) middle latency social skills group; 6) late latency social skills group.

(See a complete list of Group Works' offerings at www.westchestergroupworks.com.)

Why aren't there more groups?

For one thing, Michelle Maidenberg says, group work isn't given adequate emphasis in most university programs.

Another reason is that clients tend to drop out unexpectedly, which wastes the time of other group members as well as the therapist. Naturally, that discourages many therapists from getting involved.

Maidenberg asks for a three-month commitment from her new group clients. "The policy is that they have to pay for every session, whether they attend or not."

If a group runs out of steam, she doesn't push it. "I'll drop it and try to market another group."

If you're looking for specific training, or more information on the group therapy market, try the American Group Psychotherapy Association, www.agpa.org. The site includes a national list of resources.

California therapists battle licensing board proposal

California psychologists are fighting two proposals intended to save money in the financially strapped state. One is a plan from the governor's office to consolidate the licensing boards for psychologists, MFTs, clinical social workers, and other professionals.

The California Psychological Association (CPA) is pushing members to protest, we're told by Charles Faltz, CPA professional affairs director. A letter has been sent to every psychologist in the state. "We've included a pink card they can tear off and send to the governor," Faltz says. "This is a major concern."

Why? For one thing, psychologists don't want other professionals sitting in judgment when it comes to board complaints. There's also a fear that mingling so closely could lead to an erosion of privileges and perquisites. Potentially, a mixed licensing board might make the fight for prescription authority more difficult.

And Faltz says savings would be negligible—perhaps \$108,000 in office space. (California faces a \$42 billion budget shortfall.)

"The (psychology) board is completely supported by the licensing fees for psychologists," Faltz adds. "So it's puzzling why the people in Sacramento are spending time on this."

And the psychologists are not alone in opposing the plan. The California chapter of AAMFT has weighed in against it. And Janlee Wong, executive director of

NASW's California chapter, says, "The professions are quite different and one board could not adequately address their unique needs." She echoes Faltz in saying the savings involved don't justify the change.

The Clinical Social Work Association (CSWA) hasn't taken a formal position. But Laura Groshong, CSWA government relations director, doesn't think it's necessarily a bad idea. She notes that combined boards have worked in other states, including Colorado and Washington.

A decision should come at the end of June when legislators complete their budget work.

Also in the governor's plan is a \$1 million cut in psychological services under Medi-Cal, the state's Medicaid program. Most of these services are administered at the county level, so the cuts will affect a relatively small number of patients who receive services directly from the state. (Developmentally disabled patients are among them.)

"In the overall scheme of things it's a very small number," Faltz says. "But we're taking it as a serious threat."

In case you were wondering what effect the new federal parity law could have on such cuts, the answer is none. Medicaid services are excluded from parity.

Contacts: 1) Charles Faltz, Palo Alto, CA, (650)494-1854, email: cpadpa@pacbell.net; 2) Laura Groshong, Seattle, WA, (206)524-3690, email: lwgroshong@comcast.net; 3) Janlee Wong, NASW, Sacramento, CA, (916)442-4565, ext. 11, email: jwong@naswca.org.

All groups are open-ended, with a minimum of five people and a maximum of 10. Adults pay \$75 per session; children \$60. Maidenberg leases space at an office building, and has an assistant to give clients the paperwork necessary for filing insurance claims.

And on request, she'll put together specialty groups for other therapists or physicians. "You may have people who have had heart surgery and have cardiovascular issues. I'll find a therapist who can run the group."

All of Maidenberg's therapists are independent practitioners, with their own practices to run when they're not working for her. Maidenberg handles intake, and determines where new group members will fit in best.

Networking is a big part of keeping groups active. "I do a lot of coffees and lunches. I'm constantly meeting people." Individual work flows to her naturally as a consequence, she says. (Her clinical work is eclectic, she adds, including a lot of couples therapy and college students. Her standard fee is \$175.)

"Colleagues often refer clients to me and I don't even know who they are. So I get a release from the client and I follow that up by contacting that person. I send them a whole packet as well, so they know all about Group Works...Other than that, I don't really market my own private practice."

You can contact Michelle Maidenberg at Westchester Group Works, 1241 Mamaroneck Ave., White Plains, NY 10605, (914)421-1500, www.westchestergroupworks.com.

SPECIAL REPORT

For easy, effective Web marketing, start sending e-newsletters

By now, it's pretty clear even to technophobic therapists that having a dedicated practice Web site is more than a good idea. For most people aged 50 and under (and more than a few over-50s), the Web is the first place to go for info about anything—including mental health.

But once you have a Web site up and running, the challenge is bringing people to it. A good way to do that—to expand the universe of people who know who you are and what you do—is an e-mail newsletter.

For the uninitiated, an e-newsletter is a comparatively short bulletin you send regularly to Web surfers who've signed up for it.

Like a conventional newsletter, an e-letter keeps your name in front of potential patients and referral sources. But unlike regular newsletters, the costs are low. There are no copies to be made, or envelopes to stuff, lick, and stamp.

In this report, we speak to three clinicians who've gone this route. We detail their experiences with e-newsletters, and get the basic facts about the software and costs.

By the way, if you think you might want to start your own e-newsletter program, your first step might be to get some ideas by signing up for the letters these clinicians are sending.

● **Yaffa Balsam is a California therapist** who specializes in working with stepfamilies. She tells us she's been doing her e-newsletter for two years now. "I think it adds credibility." It's also a way to get the word out when she has a new group, or something else to announce.

Her letter, titled "Tips for Stepfamily Success," consists of a single article, and she sends it to about 100 subscribers per month.

How do subscribers find her newsletter? Most of them found her when they searched online for content on "stepfamilies" or "relationships."

Balsam uses an e-mail marketing service called "aweber.com" to distribute and manage the newsletter. She says it's not that difficult to use. "You have to choose the template, then there's a format that has to be fitted into the template...Someone with a little experience with computers can do it without much trouble." The cost is \$19 per month.

As far as topics go, Balsam says that marketing coaches she's talked to suggest that you stick to one topic per newsletter issue.

She usually starts with a couple of introductory paragraphs, then finishes up with five "tips." It takes her 30 to 60 minutes to write it each month.

"It's brought in a few clients, but most of all, it lets me stay in touch with referral sources," says Balsam. "I can't judge if I get clients only from newsletters. I'm a believer that a combination of elements bring clients in."

If you're going to do an e-newsletter, Balsam tells us it's

really important to make a commitment and do it on a schedule: weekly, biweekly, or like Balsam herself, monthly. "While the information you provide is important, just having people remember you is the real key."

Beyond the basic marketing benefit, Balsam feels that regularly adding fresh content to her site (the newsletter articles also appear on her homepage) boosts her position in search engine results.

Incidentally, she's adding other wrinkles to her Web menu. She's selling an "e-book" called *Your Stepfamily Holiday Survival Guide*, as well as a free Web-based course by the same name. And she's started a blog, called "Remarried with Children."

"I wouldn't stop doing it even if it didn't bring in clients directly."

Overall, stepfamily issues occupy 50% to 75% of Balsam's practice. Her caseload ranges up to 20 clients per week, and she charges \$125 per session. Half of her clients are covered by managed care, usually paying about \$60.

One final tip from Balsam on e-newsletters: One of the features of the aweber.com service that she likes is their "auto-responder." It requires people signing up for her newsletter to confirm right away that they want it—heading off problems with their spam filters.

● **Maryland's Kim West has 15,000 active subscribers** for her e-newsletter, "Snooze Week." West calls herself the SleepLady, and her practice is built around coaching services for parents of children with sleep problems. (She was featured in a Niche Marketing article in the July, 2008, *PsyFin*.)

West has been sending her letter out monthly for five years. While she writes most of the articles herself, she occasionally has a guest columnist. Portions of the material printed in the newsletter are reprinted from her book, *Good Night, Sleep Tight*.

"Snooze Week" has featured a variety of topics for parents of young children, including: golden rules of sleep; napping strategies; moving from crib to bed; when Mom and Dad can't sleep; picky eaters (toddlers); medical sleep problems; relationships after having a baby; potty training; and great parenting ideas.

West uses Constant Contact (www.constantcontact.com) to manage her mailings. She tells us she shopped around, and went with this product because of its authentication process and 97% delivery rate.

She pays \$150 per month for her Constant Contact account. Prices vary according to the size of your mailing list.

She adds that Constant Contact's training workshops have been very helpful. They hold these in locations throughout the country.

In addition to her online sign-ups, West gathers subscribers at public speaking events. She also offers a sign-up opportunity on her intake forms.

(Note: the online sign-up is particularly fruitful for her because she includes the form on every single page of her Web site, not just the homepage.)

West tells us the newsletters generate direct referrals, though she can't quantify it. Some of her subscribers end up buying her books as well.

"The e-newsletter is such an excellent marketing tool that I wouldn't stop doing it even if I didn't bring clients in directly," she adds.

West's practice is international. She coaches parents by phone, with email follow-up. She also does a certain amount of traveling for public speaking engagements. So she's able to use her newsletter in ways other clinicians might not.

"One time, I had to go to San Diego, and I asked in my newsletter if there were any groups that would like to hear me speak," she explains. Since she was already going to be there, she was able to line up an engagement without charging them for her travel expenses. She's also used the newsletter to find clients who were willing to appear on TV with her.

She even sells ad space to companies she feels comfortable recommending. They buy an ad within the newsletter for a year, paying her each time a reader clicks through to their Web sites. She set up the ads on her own—though Constant Contact can do that job.

She prefers not to specify her ad rates, but says this part of the business merely helps her cover expenses. It doesn't actually generate profits for her.

West has been in practice for 16 years as a solo practitioner. She works with 20 to 30 clients per week, and puts

Shopping for e-newsletter software

There are a variety of e-marketing services available to make it easier to build and maintain an e-mail database, and to send newsletters and promotions to your subscribers.

Prices vary, so shop around. The ones mentioned in this article share many features, such as a risk-free trial period, tracking and reporting, e-mail authentication (see below), newsletter templates, autoresponder features, and customer support.

Most of them offer unlimited usage, but they charge according to the size of your list. These are the services mentioned in this article:

- **ConstantContact.com.** Prices: 0-500 names, \$15 per month; 501-2500 names, \$30 per month.

- **Getresponse.com.** Starts at \$145.40 per year, or \$17.95 per month.

- **Aweber.com.** Starts at \$19 per month for 0-500 subscribers.

What is e-mail authentication? In addition to your subscribers' own spam filters, you have to evade the filters used by the Internet service providers (ISPs). Authentication gets you a pass at the ISP stage, allowing more of your emails to reach their destinations.

in 10 to 30 hours per week writing, speaking, and doing other marketing activities. She charges \$150 an hour for sleep consultations.

Contacts: 1) Yaffa Balsam, 1151 Dove St., Ste. 280, Newport Beach, CA, (714)527-8111, www.connectingstepfamilies.com; 2) Kim West, 819 Ritchie Hwy., Ste. 2005, Severna Park, MD 21146, (410)647-6005, www.sleep lady.com.

Low-maintenance approach

In Birmingham, AL, Michael G. Semon has an altogether different take on e-letters. Instead of an ongoing newsletter, he sends his subscribers a limited-run "e-zine" called "Seven Stages to Relationship Success."

After signing up, subscribers get one email a day for seven days, each containing a single "stage."

Not surprisingly, Semon's work is mostly with couples. (He calls his practice Relationships, Inc.) And his Web site is heavy on relationship-oriented content. There's a library of articles with titles like "Getting Your Brain Cells From Your Partner's Head" and "Do You Love Me? The Eternal Question."

E-zine subscribers are encouraged to come back to the site and read these articles, and Semon says most recipients do come back.

The e-zine doesn't take much time to maintain since the "subscription" is short-term and everyone gets the same material.

To manage his list and do the actual mailing, Semon uses "getresponse.com," an e-mail marketing service that

includes an auto responder feature. When someone subscribes, getresponse.com e-mails the e-zine to the subscriber, and the name and e-mail address to Semon.

He keeps his own list of subscriber info. "I'd love to say that follow-up is my strength," he says. "But it's not. I'm a one man show."

Mind you, Semons isn't reaching very many people with his e-zine—just a handful over the last two years. "I didn't do it as a way to generate clients, but simply to provide a service to the clients I have."

Semon has had a solo practice for 25 years, focusing on Christian couples counseling. He sees 30 to 35 private pay clients a week at \$135 per hour. He also does some employee relationship awareness training, as well as online assessments and inventories that he offers through Consulting Psychologists Press (www.cpp.com). He does not do insurance or managed care business.

You can contact Michael Semon at 2540 Valleydale Rd., Birmingham, AL 35244, (205)991-3683, www.relationshipsincorporated.com.

PRACTICE BUILDING: 11 things not to do as a public speaker

The virtues of going into the community to deliver a talk are self-evident. But making the most of the engagement is another story. Recently, we chatted with four public speaking experts--all of them therapists. They tell us that even experienced public speakers hurt themselves by indulging bad habits that obscure the message they're trying to convey. Below, these clinician-consultants give us checklist of public speaking DON'Ts.

1. Don't focus too much on your own interests. "One problem is that people talk about themselves and not about what their audience might get from the presentation," says Bill O'Hanlon, a therapist who gave up his private practice a few years ago for the lecture circuit. "It's OK to get excited about something, but you need to make it relevant to the audience."

2. Don't be too general. Therapists are sometimes afraid of specifics, says O'Hanlon. "There's a lot of competition out there, so what do you have that's new and different? You might give a talk on stress management. But if you said, 'Stress Management in Five Minutes a Day,' that's something a little different. 'How to Get Your Child to Do His Homework' is another good title. It's better to have a specialty so you can become the go-to person for that."

3. Don't be too promotional, says Dan Grandstaff, a therapist and speaking coach in Chapel Hill, NC. "Give people solid content. You want them to go away and say, 'That guy really clarified this for me. He seems to be somebody I could talk to.'" That doesn't mean you shouldn't market at all. Your brochures, business cards, etc., should be available for people to take home. And if you have handouts, your contact info should be prominent.

4. Don't do an elaborate intro. Therapists often get off to a slow start, according to Grandstaff. They thank their host, talk about people they know in the audience, and generally ramble on. "Jump right into it," he advises. "Thanks for having me. Here's what I'm going to talk to you about tonight." If you have confidence in your material, you don't need an intro.

5. Don't rely on PowerPoint. This software is the best thing that ever

Making the most of public speaking opportunities

Public talks are prime opportunities to collect email addresses from potential clients. A valid email list is solid gold when it comes to promoting products and events.

That's an approach recommended by Sally Wright, a therapist in Neshanic Station, NJ, who started her private practice six years ago and has relied on public speaking to build it.

Novices should start at the public library, Wright says. "They run the programs free of charge, and it's a great way to get experience." And they'll do some publicity for you.

To enhance the marketing impact of her talks, Wright goes a step beyond the usual "handouts and business cards" approach. She asks her attendees to fill out an evaluation form.

"I ask, 'How did you like the program overall? How would you rate the instructor? Can you think of other groups that could use a speaker?' I ask for permission to quote them. Then at the bottom of the page I ask if they want to be on

my mailing list for future talks.

"That way I not only have a useful evaluation of my performance, I also have testimonials from people who allow me to quote them. And I have a list of other groups that may need speakers."

Giving your talks for free is certainly worthwhile, just for the exposure. But once you gain some experience, you might try to do a little better.

When someone inquires about Wright's availability, she says, "What's in your budget for something like this?"

If they come up with a few dollars, that helps with copying and travel costs. On the other hand, if they say there's nothing in the budget, she offers to give them a "no fee talk." The distinction between a "no fee" and a free talk is important, she believes. "Free" suggests a lack of value.

Keep your eyes open for other opportunities, Wright adds. At one of her library gigs, a sports coach asked if she did team training. Although she'd never done one before,

happened to public speakers, but it's often a curse for the audience. Nothing puts a crowd to sleep faster than a speaker who reads the Powerpoint presentation line by line.

"You need to connect with people," says O'Hanlon. "I've seen people talk with no slides, no visuals at all, and they were riveting. And I've seen people with slides who were as boring as can be."

But it's fine to use props, when appropriate. For example, suggests Grandstaff, if you're talking about time management, you could bring an egg timer. "It's something to remind people that time is passing."

6. Don't use too much jargon, Grandstaff says. If you use clinical terms, define them.

7. Don't stand still. O'Hanlon suggests moving "systematically," making a point from one spot, strolling to a second or third spot to make other points, and then returning to the first spot to elaborate on the first point. "That's an enhancing thing to do," O'Hanlon says. But don't pace, he continues. That makes you look nervous.

8. Don't read your presentation as if it were a school book report. This is as bad as reading your Powerpoint slides. Instead, work from notecards or a one-page outline, says Grandstaff.

9. Don't be afraid to include interesting and illustrative stories in your talk. "Even stories about clients," Grandstaff adds, as long as you've adequately disguised their identities. "And always refer to them in a very respectful way." Again, specific is better than general.

10. Don't dress too casually. O'Hanlon recalls seeing a nationally re-

Marketing the presentation

If you're new to public speaking, Bill O'Hanlon recommends getting started in either of these ways:

- **Ask a church, community group, or library to host you.** Naturally, these organizations will be more interested if you're doing it for free. The big advantage is that local newspapers generally carry listings for these kinds of talks at no charge. Churches and libraries sometimes circulate their own bulletins, as well.

- **Self-sponsor.** "That's how I started," O'Hanlon tells us. "I set up in hotels or halls and began to give my own talks. I advertised them with newspaper and on radio, and I put notices up on bulletin boards in laundromats and supermarkets."

she said yes and submitted a bid.

She got the job and received \$800 for a four-hour team building program.

Finally, be aggressive. "If somebody tells you she'd like you to speak to her daughter's Girl Scout group, take her number and call her. I don't wait for people to call me. A lot of times they don't follow up, so I do."

Karen Carnabucci of Racine, WI, is another experienced therapist-speaker. These are a few of her tips for smoothing the rough edges off your community presentations:

- Give an up-to-date bio to the sponsor in advance, so your practice info can be noted in promotional material.

- Pay attention to the nuts and bolts. Confirm dates, times, and venues, and driving directions. Call to make sure the sponsors are adequately prepared with audio-visual equipment, white boards and markers, and adequate seating.

- Arrive early to check it out. The door to the confer-

ence room and building should be unlocked at least an hour before the talk. Make sure there's a table to hold your handout materials, brochures, and business cards.

- The next day, write a note of thanks to the sponsors. You can send this either by email or snail mail.

Finally, here are some timely speaking topics offered by Wright and Carnabucci:

"The First Year After a Divorce;" "How to Parent a Difficult Child;" "Kids and Drugs;" "Stress Management for Caregivers;" "Relationships After 40;" "The Psychology of Stress in Hard Times;" "The Psychology of a Job Search."

As Wright notes, "The good thing about therapists is that we're trained in a lot of areas. You can take almost any topic and talk about the psychology of that topic."

Contacts: 1) Karen Carnabucci, Lake House Health & Learning Center, 932 Lake Ave., Racine, WI 53403, (262)633-2645, www.lakehousecenter.com; 2) Sally Wright, Well-spring Resources Unlimited, Neshanic Station, NJ, (908)448-8880, email: drsally1@comcast.net.

Other things to talk about

According to Daniel Grandstaff, one hot topic is “psychological issues related to pornography.” He also recommends “dealing with aging parents” and almost any kind of Baby Boomer/aging topic, such as memory loss: how to identify it, what it really is, etc.

Another subject is healthy sex. “It’s a sensitive issue so most of us don’t touch it,” Grandstaff notes.

You can also tie your presentations on stress, anxiety, or relationship troubles with the economic recession.

Check the newspapers and news Web sites, suggests Grandstaff. “What do people seem to be concerned about?”

Bill O’Hanlon suggests “positive psychology,” and “mindfulness”—which he describes as a sort of meditative path to stress and anxiety treatment.

owned speaker who looked like he just woke up. (He later found out that the speaker actually had just rolled out of bed.) “You can be casual, if that’s your style, but don’t be insulting. Make it so that people don’t even notice how you’re dressed.”

11. Don’t lean too hard on the Q&A. A brief question-and-answer is useful. But if you’re too interactive, O’Hanlon warns, you invite cranks to take over the show. “Some people will stand up and say, ‘Don’t you feel...’ and then talk for five minutes.”

Grandstaff recommends against putting the Q&A at the very end of your time. Instead, he says, do a few minutes of question-and-answer toward the end, but conclude the presentation yourself with a brief wrap-up.

“Have a prepared summary you can come back to,” Grandstaff says. “Let’s say someone gets up and says, ‘As far as I’m concerned therapists are just paid friends.’ You don’t want the event to end that way. Go back and give your summary, and say, ‘If I can be of further help to you, please contact me.’”

Contacts: **1)** Daniel Grandstaff, 725 Kenmore Rd., Chapel Hill, NC 27514, (919) 968-2122, www.confidentpresenter.com and www.winwithpeople.com; **2)** Bill O’Hanlon, Santa Fe, NM, (505) 983-2843, www.billohanlon.com.

MANAGED CARE NOTES:

Will hard times make workers fatter? ComPsych thinks it might. The EAP company polled members and found that 47% plan to cut back on eating out in 2009. Why is that bad? “As people cut spending on food, trends show a step down from higher quality restaurants to fast food,” says CEO Richard Chaifetz. “This is obviously bad for employer-sponsored wellness programs, as workers’ diets may become significantly less healthy.” On the upside, just 1% of respondents said they plan to cut back on health care expenditures. See <http://tinyurl.com/dglnwp> for more.

LMSW reprieve on supervisor issue in New York

More than a thousand LMSWs (licensed master social workers) in New York, who were told last year that their supervisory experience wouldn’t count toward LCSW licensure, have been granted a reprieve.

State officials announced February 2 that their supervisory hours would be grandfathered in if they apply for special consideration before July 2.

Last July, LMSWs raised a ruckus over a ruling by the New York State Office of the Professions (NYSOP) stating that they could not see patients in their own private offices, even working under a supervisor.

Essentially, the ruling required MSWs who had previ-

ously been permitted to work independently (but under supervision) to go out and find an agency job in order to log the hours necessary for full LCSW status.

Hours they’d already logged would have been lost, and hundreds of social workers would have been required to start from scratch.

But amidst noisy protests, the NYSOP decided that LMSWs who apply for the waiver by July 2 will keep the hours they’ve got, and will have until February, 2015, to complete their supervisory hours for the CSW license.

To apply for the waiver, or for more information on it, go to www.op.nysed.gov/swprivatepractice.htm.

Managed Care Alert: New Opportunities for Providers *

Alternatives EAP, based in Kansas City, MO, has most of its contracts in Missouri, Kansas and Florida—but describes itself as a national provider of employee assistance services. (No managed behavioral health.) The rep we spoke to allowed that they have “some business” in California and Nevada, but declined to be specific about other parts of the country. Fees vary regionally—they pay \$60 in Kansas and Missouri. To request an application, call Alternatives at (813)753-8283. This is one of the few companies we know of that actually prefers telephone inquiries to Web contact—but you can also see them online at www.alternativeseap.com.

Claremont EAP, based in Alameda, CA, operates primarily on the West Coast, though they have small contracts in the Midwest and along the East Coast. The rep we spoke to declined to quote specific rates, but the last time we spoke to them in mid-2007, they said they paid \$70 for PhD-psychologists and \$62 for master’s-level clinicians—identical to the numbers quoted in 2005. You can request an application online at www.claremonteap.com. Click on “Provider” and then “Become a Provider.” Their phone number is (800)834-3773.

CorpCare, based in Atlanta, has openings—primarily in “outlying areas” rather than urban centers—in various parts of the country. The rep we spoke to says their business is “mostly from Texas eastward,” with a smattering of covered lives in California. “We have less utilization there,” she said, adding that they are full in metro-Atlanta. Fees vary by region, level of experience, and according to special qualifications such as SAP certification and languages spoken. You can reach the company by phone at (877)843-6036, but they prefer application inquiries by email: nicole@corpcareeap.com. See the company online at www.corpcareeap.com. (**Note:** Despite the similarity in names, CorpCare has nothing to do with either CompCare, based in Tampa, or Corphealth of Ft. Worth, TX.)

* **Using Managed Care Alert:** We generally specify the department within a company that you’ll need to reach. But sometimes it isn’t possible. If you don’t know who you need to contact, try asking for “provider relations.” Some companies use the terms “network development” or “network manager.” **And please note:** Listings in “Managed Care Alert” are verified by our editors. At times, however, clinician response overwhelms company employees—and they are less than accommodating to you. Our advice is to stick with it. If you’re discouraged from applying, put the info away for a while—then try again.

Insurers are getting battered. Humana reported a 28% loss in profit for the fourth quarter of 2008, much of it due to higher payments in its Medicare drug program, a plunge in its investments, and a loss in its commercial plans. Meanwhile, Aetna’s profit fell 57% in the fourth quarter as health care costs increased. And the company paid out \$35.6 million in severance last year as it slashed 1,000 jobs. In December, Aetna announced it would eliminate 3% of its work force. (Sources: *Associated Press*, February 2; *Reuters*, February 12.)

Empire plan finalized: OptumHealth Behavioral Solutions was given final approval to take over New York State’s Empire Plan contract. OptumHealth was awarded the contract in December, but ValueOptions filed an appeal with the state. The appeal was denied and ValueOptions stopped providing services on December 31, 2008. The contract covers about a million lives. Meanwhile, ValueOptions has filed another appeal for the New Mexico Medicaid contract, which is also headed to OptumHealth.

ValueOptions nets Home Depot contract: The managed care company began providing EAP services to Home Depot employees and family members on February 1. Home Depot has 350,000 full- and part-time workers. The contract will be serviced out of ValueOptions’ North Carolina Center in Morrisville. (Source: *The Valued Provider*, February, 2009.)

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3/09

PROFESSIONAL NOTES:

Do you have clients who suffer from cyberchondria? These people scour the Web compulsively for information about their symptoms and assume the worst about their health. For example: An Internet user who has a headache goes online to do some research, then self-diagnoses a brain tumor. The term was coined by Microsoft researchers who examined results from popular search engines.

Climate change and mental health. A 17-year-old Australian boy was hospitalized with dehydration after he refused to drink water--because he was convinced that if he did, millions of people would die. The fear stems from his belief that global warming will trigger severe droughts, psychiatrists said. Australian physicians declared it the first case of "climate change delusion." (Source: *Boston Globe*, February 9.)

Almost half of all adults age 19 to 25 have a mental illness. That includes substance abuse, according to a study in the December *Archives of General Psychiatry*. Researchers looked at data on more than 5,000 young adults. The most common disorders in college students involve alcohol use and personality disorders. Youth not in college were more apt to meet criteria for nicotine dependence. For more, see <http://tinyurl.com/635f8a>.

A Florida therapist was arrested for allegedly trying to blackmail one of his patients. Police said Paul Sandman, head of a practice called Adjustment & Awareness in Winter Haven, told a client he needed \$2,500 in back rent for a storage unit. He said he was having financial problems, needed the money to move to Tennessee, and wanted the storage unit for patient records. The patient, a registered sex offender, was told he had to pay up before the therapist would provide verification that the patient had completed his four-year, court-mandated therapy program. The patient was one month shy of completing the program when Sandman was arrested for marijuana possession and removed from the state's acceptable list of providers. (Source: *Orlando Sentinel*, February 17.)

Montana has instituted a new anti-suicide program for soldiers. The Obama Administration is looking at it as a model for possible national rollout. It involves mandatory counseling sessions to check for substance abuse, PTSD, and other mental health issues every six months for two years after a soldier's return from Afghanistan or Iraq. In addition, TriWest, the TRICARE provider in Montana, is stationing counselors with the Army National Guard on weekends when soldiers attend drills. The policies are a response to public outcry after a Montana soldier committed suicide in 2007.

International

- **Write two blogs and call me in the morning.** Researchers in Taiwan say blogging can make people happier. They administered a survey to 596 college students age 16 to 22. They found that the bloggers, most of whom wrote personal daily journals, were better at self-disclosure and had better social connections. Their report was published in the December issue of *Cyberpsychology and Behavior*. (Source: *PsychCentral*, February 16. Find an abstract here: <http://tinyurl.com/ddxwlt>.)

- **A Christian therapist in Britain was fired for not counseling a gay couple.** The therapist, Gary McFarlane, had sued the national counseling service for unlawful discrimination, but a court upheld the dismissal. (Source: *The Telegraph*—Britain, January 9.)

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