



It's time to renew your membership!

Missouri Society members should find their membership renewal form included in this newsletter.

There are several new aspects to membership renewal this year. Rather than filling out the usual membership application for the umpteenth time, members will receive a document with the information we

currently have on file for you. You will simply verify and correct any information as necessary and mail it in with your payment. In addition, we are asking that you indicate the best way for us to contact you as well as the information you'd like included in the member roster you will receive earlier next year.

Another change is that the Missouri Society can now accept credit card payments through PayPal.

You can either log on to Paypal.com and submit your payment through your own Pay Pal account on their secure site, or

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Survey shows members value CE programs

It was no surprise that the continuing education programs are the most important benefit of membership in the Missouri Society for Clinical Social Workers, according to our recent member survey.

While only about one third of members responded to the survey that we included with our Summer 2006 newsletter, every one of those who did listed continuing education as among the most important benefits of membership.

Other reasons members listed for being a part of MSCSW include the opportunities for professional interaction, the sense of

community and a desire to show pride in your profession.

In response to the survey question regarding additional continuing education program times, Saturday mornings, and Fridays during the day were mentioned most. Sunday afternoons and Monday evenings were also mentioned by several people.

"Continuing education is at the core of the Society's mission to provide resources and support for clinicians," said MSCSW Execu-

tive Director Stacy Ross. "We offered one additional program to our schedule last program year and plan to add several more this year."

Respondents would also like to see more social, legislative and advocacy activities.

Plans are currently being discussed for an annual membership meeting as well as other social events.

Concern over managed care, insurance and access to care for

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- We want to use your membership dues wisely. Help us save money and trees and make sure we have your e-mail address. Send us your address at mcschw@swbell.net. Please let us know if you prefer hard-copy mailings.

Clinical Topics: Addiction

Helping Clients Quit Tobacco Use

By Linda Guhe

Many social work clinicians treat clients who, in addition to other behavior disorders, smoke or use tobacco. Tobacco researchers and specialists have increased our awareness of the dangers of tobacco. We now know that tobacco products contain both 1) *harmful toxins* that damage health and 2) *nicotine*, a powerful psychoactive addictive drug. Common forms of tobacco include cigarettes, cigars, pipe, snuff, and chewing tobacco.

Nicotine in tobacco smoke is absorbed in the lungs and quickly transported in the blood to the brain, providing an immediate “hit.” In addition to nicotine, the smoke inhaled from tobacco contains over 4,000 various chemical substances and gases. Chewing tobacco contains over 2,000 chemicals, along with nicotine, that are absorbed orally through the mouth. Nicotine in chewing tobacco reaches the brain more slowly than in cigarette smoke. However, smokeless tobacco contains higher concentrations of nicotine than cigarettes that can lead to an intensely intractable addiction.



Most tobacco use begins during adolescence. About 5,000 adolescents a day experiment with smoking, of which approximately 2,000 will go on to become addicted to tobacco smoke.

While Nicotine Dependence 305.1 is listed as a **Substance-Related Disorder** in the *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR*, it is rarely diagnosed in the mental healthcare community. Although it does not produce or lead to intoxication, nicotine has the same criteria for substance dependence such as tolerance, withdrawal, compulsive behavior, continued use despite health problems, etc. Also, treatment for Nicotine Dependence is rarely covered by insurance.

The majority of former smokers quit on their own without professional help. Of the remaining number of adults who smoke, around 20-25% nationally, most want to quit but experience greater difficulty and are more highly addicted to and dependent on tobacco. The more important a role nicotine plays in coping, the more difficult to give up tobacco. For example, nicotine plays a significant role in coping and managing strong emotions (like anger) for individuals suffering from mental and behavioral disorders and/or who lack basic needs such as stable environments and jobs.

This leads back to the number of clients we see in clinical practice who smoke. Treatment is focused on presenting problems such as substance use, a psychiatric disorder, or combination of both. Clinicians unwittingly may consider smoking as a secondary problem that too often takes a back seat, or worse is never confronted. But, what good is treatment if we help clients overcome other addictions, trauma, and/or manage psychiatric illness for them to go on to die from tobacco-related illness?

Of all the people who smoke today, 50% will eventually die from a smoking-related illness. This is shocking news considering that there are effective treatments available for smoking cessation. Also, the cost of smoking related illness is exorbitant and puts a financial burden on society ... money that could go toward the treatment programs for all those other behavior disorders we clinicians see every day.

Social workers and other health care professionals recognize that change at the social level can encourage and enhance change at the individual level. Here are just a few facts along with suggestions for effective ways to slow the impact of tobacco in Missouri from *Show Me Health: Clearing The Air About Tobacco*:

The problem of tobacco use in Missouri

High rates of tobacco use

Of the fifty states, Missouri ranks 13th highest in adult smoking at the rate of 24.1%. US rate 20.9%.

Smoking rates for Missouri high

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What good is treatment if we help clients overcome other addictions, trauma, and/or manage psychiatric illness for them to go on to die from tobacco-related illness?

Public Policy Position

MSCSW Board Votes to Endorse Amendment 3

The Missouri Society for Clinical Social Work Board voted unanimously at its meeting Sept. 17 to support Amendment 3, the proposed ballot initiative to raise the sales tax on cigarettes by 80 cents per pack.

"We are an organization of clinicians who work to help individuals build health in every area of life," said Board Member Nicki McClusky. "We devote our lives to sponsoring constructive living. Smoking destroys lives. A tax more reflective of the damage smoking creates in the lives of our citizens, including our children, would be much higher. How-

ever, we think this 80 cent tax is an excellent step in the right direction, hopefully motivating people to think twice and halt their toxic addiction. We encourage people to seek out treatment to understand and deal with their difficult feelings rather than anesthetizing themselves with nicotine and blowing these important messengers – their feelings – away."

McClusky said the Missouri Society also supports Amendment 3's provision that proceeds of the tax be

used to reduce and prevent tobacco use, to increase funding for healthcare access and treatment for eligible low-income individuals and Medicaid recipients.

"We applaud all efforts at the state level to increase funding for healthcare access," McClusky said, "especially for those who have the most difficulty procuring it."

To read the text of Amendment 3, go to the Missouri Secretary of State's web page at: www.sos.mo.gov/elections/2006ballot/

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school students are 23.7%. The national high school rate 21.7%.

The impact of tobacco in Missouri:

Health and economic costs

Each day, 26 Missourians die from tobacco-related illness.

Smoking costs Missouri up to \$4.3 billion yearly in lost productivity and direct medical costs. Health costs for State Medicaid for tobacco related illness have been estimated at \$548.9 million.

The solution to Missouri tobacco use

Discourage consumption -increase cost of tobacco and increase funding for prevention and cessation programs

A 10% increase in the price of a pack of cigarettes results in reduced smoking by 7% in youths and by 4% in adults. Missouri ranks at 49th

in cigarette tax rates at **17 cents** a pack.

Specify and direct a portion of funds from the tobacco tax increase toward prevention and cessation programs in Missouri.

To request a speaker, get involved, and/or to learn more about the impact of tobacco in Missouri, visit website: **Show Me Health: Clearing the Air About Tobacco:**

www.ShowMeHealthMo.org.

To learn more about tobacco and how to help clients quit tobacco visit NASW website **Help Starts Here** www.HelpStartsHere.org.

References

National Center for Tobacco-Free Kids: www.tobaccofreekids.org

Office on Smoking and Health at the Centers for Disease Control and Prevention: www.cdc.gov/tobacco

American Psychiatric Association: *Diagnostic & Statistical Manual of*

Mental Disorders, 4th Edition.

Washington, DC, American Psychiatric Association, 1994.

Suggested Reading

Hughes JR, Fiester S, Goldstein M, et al: *American Psychiatric Association Practice Guideline for the Treatment of Nicotine Dependence.* Am. J. Psychiatry 153 (suppl):S1-S31, 1996.

Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.

Linda M. Guhe, MSW, LCSW is a Licensed Clinical Social Worker, Certified Tobacco Addiction Specialist, Certified Medical/Analytical Hypnotherapist, and a member of the Missouri Partnership on Smoking or Health. She maintains a private practice in St. Louis and St. Charles, Missouri.

What Are Your Practice Management Issues?

By Susan Frager

Why is it that graduate schools don't teach us the basic business skills to manage our practices? We seem to struggle in the isolation of private practice for years, making the same mistakes, losing money that we could have earned, before we finally figure out a method that works for us.

It may be because graduate school is taught by academics who have never had private practices, but whatever the reason, the Missouri Society for Clinical Social Work is committed to providing information on practice management topics to its members. We feel this is a benefit to our members that other professional organizations do not offer.

For example, on January 13, 2007 we are offering a workshop panel discussion on private practice management. The Society also offers a Billing Hotline, 30 free minutes yearly of consultation with a social worker/billing expert. Finally, there is this news-

letter column.

The first column featured the National Provider Identifier which looms as the biggest threat to private practice cash flow for 2007, for anyone who depends even in part on insurance reimbursements.

In this column, I would like to suggest topics for future columns, and open a dialogue. What practice management or reimbursement topics would you, the members, be most interested in having me write about?

These are just a few of the challenges I encounter on a daily basis, which could be interesting future newsletter columns:

- Is it ok to waive copays? How do you handle patients who can't afford their copays?
- What is insurance fraud, and how do you protect yourself?
- What do CPT codes really mean and why is coding

important?

- How can you maximize your collection rate?
- What are common mistakes when submitting claims and how can you avoid them
- Why are claims denied?
- Verifying benefits – the how and the why
- Tips for dealing with Medicare
- When to participate/resign from managed care
- Considerations in setting fees
- The use of technology in practice management: where is it all going and what's right for you?

Susan Frager is a nationally recognized managed care expert. To access the Billing Hotline or to suggest future newsletter column topics, call Susan at 636-464-8422, or email: susan@psychadminpartners.com.



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Continuing Education Visitor Policy Changes

The Missouri Society Board has voted to change its policy regarding visitors to continuing education programs.

In the past, continuing education programs were open to MSCSW members only, although an individual considering joining could attend one program for free.

The Board has elected to allow non-member LCSWs and other licensed mental health professionals to attend for \$25 per program.

Individuals will no longer be able to attend a program for free.

"We feel it's important to maintain the value of membership for our members," said board member Vincent Marino.

"The intent of the program was to give non-members the opportunity to 'sample' a program before joining."

Added board member Linda Pevnick, "We have had instances when individuals have attended several programs for free and even past members have come for free.

"We simply don't have the resources to track non-member at-

tendance. In addition, we incur costs, such as printing and copying, as well maintaining documentation required under state statutes," Pevnick said. "It doesn't seem fair to ask members to bear the full burden while non-members come for free."

"We are trying to keep membership dues low, while costs continue to rise," she said.

"Most other societies around the country charge even members for programs. After comparing the cost of other continuing education programs, \$25 seems like a reasonable fee."

Board tables membership expansion question

The Missouri Society Board has voted to table discussion on whether to admit other licensed professionals as MSCSW members.

The discussion was initiated after several current members provided the names of non-LCSWs for membership recruitment or expressed a desire that

non-LCSW colleagues be allowed to join.

“I think if we were to further contemplate a change we should find out if enough people want to continue under our present by-laws before we consider forming essentially a new organization,” said Board Member Linda Pevnick.

Added board member Nicki McClusky: “We’re focusing on increasing our reach and service to social workers, including students and faculty at the three universities. We want to reach more clinical social workers who are actively practicing and who would benefit greatly from joining our community.”

MSCSW Considers Offering Medical Coverage

The Missouri Society Board is considering an adding a new benefit for members: health insurance.

State law allows groups and associations that meet certain criteria to offer medical coverage to their members and a recent change in the law makes the Missouri Society eligible to do this.

The board would like to hear from members to see if there is interest in pursuing the option of medical coverage.

Not all members would have to accept the coverage.

“This is something we’re looking at very carefully to examine all our options,” said MSCSW Board member Susan Frager.

“We would love to be able to offer this as a benefit to members, if there is interest.”

If you are interested in obtaining coverage and /or would like to serve on a committee to explore options, please let us know by calling (314) 719-2902 or e-mailing us at mcschw@swbell.net.

Member Spotlight: Christine McNaughton

Missouri Society member Christine McNaughton is uncomfortably familiar with bombs, real ones. But that familiarity helps her deal with emotional bombs as well.

Born in England in the midst of an air raid during World War II, McNaughton also experienced crises up close in Namibia in Southern African while conflict raged in nearby Angola and later in northern Ireland.

A microbiologist during her first career, McNaughton moved to the United States and earned a degree in Psych Counseling at Webster University. She completed her supervision under a social worker and under state law at the time, was able to become a

licensed clinical social worker. She is also a licensed professional counselor.

When TWA Flight 800 crashed just off Long Island in 1996, McNaughton volunteered to counsel family members and TWA staff in St. Louis.

“What TWA did for me is it triggered all my own experiences with trauma,” McNaughton said.

Today, McNaughton is in private practice with an office in Kirkwood. She likes to think of herself as a generalist – “It’s just too hard to work on one thing all the time,” she says – she sees a number of clients with post-traumatic stress disorder as well as depression and anxiety and provides marital counseling.

McNaughton said she was drawn to join the MSCSW because of her respect for social workers’ training. Asked if she would encourage others to join she quickly replied, “Absolutely. It’s been a great experience for me.”

McNaughton MSCSW Past President Barbara Edelman have developed a presentation discussing their experiences and how they have helped them learn about themselves and help others.

McNaughton and Edelman had planned to present a continuing education program titled, “The Effects on the Therapist: Recovering from Mental Health Disaster Relief” on Oct. 13. However, it had to be postponed until a later date.

We’ve got some exciting continuing education programs scheduled for the coming year. Please let us know if there is a particular topic or speaker you’d like to hear. Contact us at mcschw@swbell.net or (314) 719-2902.

Who We Are, How to Contact Us

The Missouri Society for Clinical Social Work is a non-profit professional membership organization representing the interests of Licensed Clinical Social Workers. We are affiliated with the Clinical Social Work Association, based in Washington, D.C.

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Survey (Continued from page 1)

patients topped the list major issues facing clinical social workers.

“This survey will be our road map as we plan the direction of the Society in the coming months,” said Board member Linda Pevnick. “It will help us determine

where to invest our limited time and resources. We truly appreciate all who took the time to respond.”

If you haven't responded, it's not too late! Send your survey in today. If you need another copy, contact Stacy Ross at (314) 719-2902 or mcschw@swbell.net

Membership (Continued from page 1)

include the information with your renewal form and we'll do the rest.

In addition, we are changing our membership classifications slightly. The full membership (\$125) will apply to anyone with an LCSW. We have added a post-graduate membership level (\$75) for individuals with an MSW who are in their supervision period working toward licensure. This membership category can be used for a maximum of two years. Student membership remains at \$35 for individuals currently pursuing an MSW.

“The membership renewal letter outlines some of our accomplishments in the past year as well as our plans for the coming year,” said board member Al Barton.

“We've added a billing hotline, we're expanding the Access-A-Therapist program and we've added more continuing education opportunities,” Barton continued.

Membership in the Missouri Society is still a tremendous bargain,” he said. “But being a part of a community of clinicians who really care about the profession is probably most important of all.”

You've
Gotta
Eat!



Plan to join us
for an
opportunity
to **socialize**
with your
clinical
colleagues
and check out
an area
restaurant at
our new
“**Sample St.
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gram
immediately
following the
next continuing
education
program on
**Saturday,
November**