



Mackenzie Clark/Journal-World Photos

THE SIX THERAPISTS AND CO-FOUNDERS OF THE DBT CENTER OF LAWRENCE are shown on Wednesday in Juliet Nelson's office. Left to right are Killian Derusha, Beth Chao, Lydia Lequesne, Nelson, Brynne Schellenger and Rachel Kostura Polk.

Get help choosing a Medicare drug plan

By Janet Ikenberry



Fall has arrived, and you know what that means: cooler temperatures, beautiful leaves, football games and — for folks 65 and older — the annual Medicare open enrollment period.

Like the changing foliage, you don't want to miss the chance to review your Medicare prescription drug coverage. From Oct. 15 to Dec. 7 each year, beneficiaries have the opportunity to switch to a different Medicare prescription drug plan.

This is a crucial step in managing your prescription costs. You may be perfectly content with your current plan, but if you don't do your homework, you could be unpleasantly surprised when you pick up medications after Jan. 1. Prescription drug plans can change drastically from year to year. Formularies — another word for the lists of drugs that insurance plans cover — are different. Just because your medication is available and affordable on your current plan this year does not mean it will be next year.

Twenty-six Medicare prescription drug plans are available in Douglas County in 2019. How do you choose the best one for you? The Senior Resource Center for Douglas County has a program to help. The Senior Health Insurance Counseling for Kansas program — or SHICK — offers trained and certified volunteer counselors, overseen by the SRC staff, who can help you compare plans, understand your options and get you enrolled. You may schedule an appointment by calling the SHICK appointment line, 785-727-7872. Leave your name and contact number, and the scheduler will call you back with available appointment times. Once your appointment is set, you'll need to do a little preparation.

Here's what to bring to your appointment:

- Your red, white and blue Medicare card. Everyone should have received a new Medicare card this year with a new Medicare number that is unique and randomly generated to help protect you against fraud and identity theft. If you have not received your new card, call Medicare at 800-633-4227 to let them know. You will be able to use your old card for a while longer, but don't wait to make this call.

- A complete list of your medications, including the name and strength of each drug and how often you take it. If you visited the SRC last year and have your printout with your "drug list ID number," bring that, too.

A SHICK volunteer will enter your information into the Plan Finder tool on the medicare.gov website. The Plan Finder allows you to make a side-by-side comparison of the best and most affordable options based on your medications and pharmacy preference.

Because the medicare.gov website and the Plan Finder tool are user-friendly and designed so Medicare beneficiaries can easily access important information, you might be able to do this yourself. However, SHICK volunteers are trained to help people who aren't computer savvy, who don't have computer access or who have questions and

▶ PLAN, 5A

Therapists open DBT Center of Lawrence

About three months after giving their 30 days' notice at Bert Nash Community Mental Health Center, a team of specialized therapists met with the Journal-World to discuss their new business, the DBT Center of Lawrence.

"We're just working together, having conversations and helping the client live the life that they see as a life worth living."

— Killian Derusha, therapist and co-founder of DBT Center of Lawrence

Derusha said DBT targets clients who have a lot of chaos, misery or pain in their lives. Clients may have personality disorders or chronic depression that hasn't responded well to other treatments and therapy methods.

A major goal of standard DBT is to tame impulsivity and help establish control, and to help clients be effective, which in this context means making decisions and following through with actions and behaviors that work, as opposed to focusing on judgments of what's good or bad, right or wrong, fair or unfair.

Effectiveness also "promotes self-respect, as sometimes we act in ways that achieve our desired result, but compromise our self-respect," Kostura Polk said in an email response to follow-up questions — for instance, "throwing a tantrum to get someone to listen to you."

"So many of the people that are best served with DBT are kind of stopped at the door with traditional treatment because they're seen as intolerable for treaters," Nelson said. "They're either too suicidal, too dangerous or too ... angry and dysregulated."

The DBT Center of Lawrence is also offering radically open DBT, or RO DBT, which shifts the focus to clients who are overly controlling of their emotions and behaviors, Derusha said. That could

include, for example, clients who have eating disorders or obsessive compulsive personality disorder.

Some elements that set DBT apart

In DBT, the practitioner and the client function more as equals than in traditional therapy. Derusha said the clinician is not seen as the expert telling clients how to live their lives.

"We're just working together, having conversations and helping the client live the life that they see as a life worth living," he said.

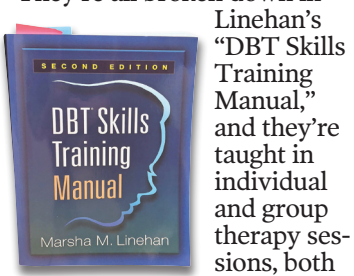
As an evidence-based treatment, DBT follows methodical protocol because it's been proven to work.

"When people stick to the protocol, the outcomes are better. In this setting we can better adhere to the way that the model was designed," Kostura Polk said, which is why she thinks the group will be able to do very effective work at the DBT Center.

Chao said that when clients first enter DBT, the practitioners first assess for safety concerns, such as suicidal ideation and self-harm; then the focus shifts to addressing therapy-interfering behaviors, such as skipping appointments or being late.

"If we're not working well together, they won't make progress," Chao said.

After that, Kostura Polk said, comes meeting basic needs and teaching the many skills of DBT. The skills are broken into four modules: mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance. They're all broken down in



Linehan's "DBT Skills Training Manual," and they're taught in individual and group therapy sessions, both of which are

held weekly for each client.

As an example, Schellenger said her favorite skill is alternate rebellion, which falls under addiction skills in the distress tolerance module — "Addiction as rebellion is ineffective," according to Linehan's book. Schellenger said alternate rebellion is not limited to addictive behaviors, though.

"Whenever you have an urge that probably wouldn't be effective for you, you can channel it in a different route," she said — such as wearing outrageous color combinations, showing up in black lipstick or even getting a piercing.

"Feeling a little bit naughty without getting in trouble," Chao added.

A career, a lifestyle

In some jobs, work ends when you clock out for the day. Practicing DBT is not one of those jobs.

Another major component

▶ DBT, 4A

HEALTHY OUTLOOK

By Mackenzie Clark
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The group of six, who spent roughly 50 years combined at Bert Nash, are practitioners of dialectical behavior therapy, or DBT. They are largely focused on the future; however, they also shed some light on their reasons for leaving the CMHC.

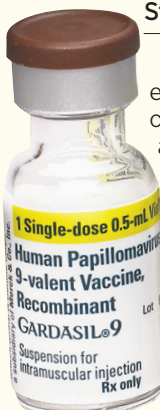
Here are a few of the highlights from a conversation with the six therapists and co-founders of the DBT Center: Juliet Nelson, licensed clinical psychotherapist (LCP); Beth Chao, licensed specialist clinical social worker (LSCSW); Lydia Lequesne, licensed clinical professional counselor (LCPC); Rachel Kostura Polk, licensed professional counselor (LPC); Brynne Schellenger, licensed master's level psychologist (LMLP); and Killian Derusha, licensed master social worker (LMSW).

Who they treat

DBT is an evidence-based treatment that psychologist Marsha Linehan developed. It is widely recognized as the gold standard of treatment for borderline personality disorder.

FDA expands use of cervical cancer vaccine up to age 45

Staff and Wire Report



Merck via AP

U.S. regulators have expanded the use of Merck's cervical cancer vaccine to adults up to age 45. The vaccine was previously only for preteens and young adults through 26.

The vaccine protects against the human papilloma virus — or HPV — which can cause cervical cancer, certain other cancers and genital warts. The virus is very common

and is spread through sex. In most cases, HPV doesn't cause problems, but some infections persist and eventually lead to cancer.

The Centers for Disease Control and Prevention estimates about 14 million people become newly infected with HPV each year, mostly teens and young adults.

Although Gardasil was approved for ages 9 through 26, the shots are especially recommended for boys and girls at 11 or 12, before they first have sex and could get infected. Company testing done in older adults showed the vaccine also worked for them, too. In women 24 through 45, the original Gardasil was about 90 percent effective three years after the women received a third dose.

Dr. Kevin Ault, a gynecologist at the University of Kansas Health System, said in a news release Friday that this is great news.

The HPV virus causes 43,000 new cancer cases each year, the release said, and of those, "we could prevent 90 percent of them if everyone was vaccinated," Ault said.

Rates of vaccination have been low in Kansas, however. According to data from the KU Cancer Center, as of August 2014, just 6 percent of Douglas County youths ages 11 to 18 had received all HPV vaccinations; 2016 data from the CDC shows that statewide in Kansas, 45.6 percent of girls and 26 percent of boys had completed the series by age 17.

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Center

CONTINUED FROM PAGE 4A

July 25. Seven total gave 30 days' notice on July 16. At the time, the center's CEO, Patrick Schmitz, told the Journal-World that letters had been sent to more than 250 clients who could potentially have been affected.

If they'd staggered their departures rather than leave at once, odds are good that their patients would have been transferred to new practitioners multiple times rather than just transitioning at once. The group acknowledged, though, that there was no ideal way to for them to leave.

"Also knowing that all of us were leaving at once was really painful — they both are hard," Lequesne said of their options.

Nelson said as hard as it is, she feels good that DBT will still be done, and done well, at Bert Nash. "There are some really great people that are there still, doing DBT," Derusha added.

In business

Nelson said the Lawrence community has a need for DBT, which she and the group saw every

day — Bert Nash was "overflowing." She said she thinks both the DBT Center and Bert Nash can be sustained.

"I just think there's more need for clinical care in general, but specifically for something as integrated as DBT, so that people with more complicated issues can get help quickly and have more options," she said.

Schmitz had told the Journal-World that Bert Nash would allow its clients to seek therapy with an outside practitioner and still use its other services; the DBT Center group said they will allow that, and some clients already are reaping both centers' benefits.

There are a lot of services the CMHC offers "that you can only get out of the community mental health center, which is why they're so important," Schellenger said. "That's why it's really great to have Bert Nash there for that."

Nelson said the center plans to seek Linehan certification. The DBT-Linehan Board of Certification certifies "individual therapists in their competency to deliver DBT effectively," and programs "that demonstrate their ability to deliver DBT programmatically with

fidelity to the model as it has been researched," according to its website, dbt-lbc.org.

Individually, Nelson is one of 194 Linehan-certified clinicians worldwide. The closest certified program — one of just 11 nationwide — is about 450 miles away in Rochester, Minn.

"That's next on our agenda. We've got to get ourselves up and rolling," Nelson said. "There are several things that are included in that process, and we've got to make sure we get all those things in place, but certainly we want to position ourselves that way."

The DBT Center is now credentialed with Blue Cross Blue Shield, and for the time being, it's handling other insurance providers on a case-by-case basis.

The group will host an open house starting at 6 p.m. Monday, Oct. 29 at the center, 1311 Wakarusa Drive, Suite 2100. For more information, the center can be reached at 785-424-7770, or go online to dbtlawrence.com.

— Mackenzie Clark writes for the LJWorld Health section in hopes of helping readers make their lives a little bit healthier, happier and more active. She can be reached at 832-7198. Follow her on Twitter: @mclark_ljw

Plan

CONTINUED FROM PAGE 3A

want help understanding the information. During your appointment, your SHICK counselor also will do a quick screening to see if you may qualify for Extra Help, a Medicare program that helps with prescription drug costs for people whose income and resources are limited.

We encourage everyone with a Medicare prescription drug plan to review

coverage during the annual open enrollment period. Even if you don't take any medications, you might find a plan with a lower monthly premium. For people who are on Medicare but have never had a Medicare prescription drug plan, this enrollment period also gives you the opportunity to sign up.

A penalty will be assessed and added to your monthly premium for signing up after you're first eligible, so don't wait. According to the "Medicare & You" handbook, that penalty "is calculated

by multiplying 1 percent of the 'national base beneficiary premium' (\$35.02 in 2018) by the number of full, uncovered months that you were eligible but didn't join a Medicare drug plan and went without other creditable prescription drug coverage." This penalty has to be paid every month for the rest of your life.

— Janet Ikenberry, director of health and human services at the Senior Resource Center for Douglas County, can be reached at 785-842-0543 or jikenberry@YourSRC.org.



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