

Thriving In Private Practice Outside Managed Care

Ofer Zur, Ph.D.
Zur Institute, LLC
www.ZurInstitute.com
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5 Year Ideal Goals—Your Vision

- Part-time vs. Full-time
- Private or Group Practice
- Working from Home, Clinic, Office, Online
- Client population: Children/Adult; Ind/Fam; DX
- Clinical Orientation/s
- Focus: Assessment, Therapy, Eval, Forensic
- Supervise, Teach, Write, Blog, Teach Online
- Active in professional organization/s
- Hours/Week & Days/Week
- \$/Month or \$/Year

Characteristics of Successful Therapists Part I - **Personal**

- Emotionally healthy person
- Emotionally present, appropriately involved
- Flexible: Meets client where they are
- Not cold, rigid or dogmatic
- *Uses humor*
- Competent clinician
- "Show up" - Dare to be present with clients and respond emotionally or morally as appropriate
- Comfortable with self-disclosure & transparency

Characteristics of Successful Therapists
Part II – Business Person

- Skilled manager
- Manages well: time, money, billing, taxes, etc.
- Comfortable in marketing
- Gives ongoing attention to promote the practice
- Has public's confidence in being an expert
- Thrives in the private practice realm
- Manages well responsibilities, burdens, freedom
- Understands & exploits managed care systems
- Takes advantage of the Internet

Characteristics of Successful Therapists
Part II – Business Person

**Knows how to run a
successful small
business**

Characteristics of Successful Therapists
Part III – Clinical Skills

Generalist vs. Specialist

Characteristics of Successful Therapists
Part III – Clinical Skills

Generalist

- Diversify: skills, orientations, populations, markets
- Intermittent long-term therapy
- Goes beyond the DSM
- Most general areas:
 - Parenting, Aging, major illness
 - Existential: Meaning, Death, Calling/Vocation

Characteristics of Successful Therapists
Part III – **Clinical Skills**

Specialist

Identify specific:

- Skills
- Population – Market
- Tools

Characteristics of Successful Therapists
Part IV – **Community Member**

- Active in one's community
- Visible expert contributor
- Exemplifies to one's community
- Consultant & educator
- Contribute to local causes:
 - Education, Health
 - Recreation & Arts
 - Social Justice, Politics

Characteristics of Successful Therapists
Part V – **Prevent Burnout**

- Diversify activities and interests
- Exercise
- Take time off
- Balance :
 - Work – Play
 - Family – Friends – Solitude
 - Mind-Body-Spirit
 - Online – Offline
 - Nature – Urban

When I think of \$\$\$\$, what is the first thing that comes to mind?

**What, How and Who
shaped your relationship
to**

- **Money, Profit & Wealth?**

Practice: \$/Time

- **\$150,000/Year**
- **\$12,500/Month**
- **25 Hours/Week**
- **6 Wks Vacation**

\$\$\$ - Hours



Average: \$130

\$0 Free	\$70	\$155
X2	X4	X19
Sessions	Sessions	Sessions



- Your office is a reflection of who you are
- Your office also determines how comfortable people are with you
- How 'homey' is it
- Temperature, size, accessibility
- Reflects your take of healing space

Your Office & You

- Carefully select: Office location, decor, furniture, seating arrangements
- Size & shape of room
- Decide on style of waiting room
- Neighbors and neighborhood, parking, accessibility, security
- General impression of your office

Disclosures in Office

- Books
- Art
- Certificates
- Family photos
- Artifacts, Icons, Images
- Not disclosing is . . . Disclosing!

Home Office Unexpected occurrences

- Children or cats wandering into office
- Dogs barking
- Neighbors and friends visiting
- Abusive boyfriend drops in . . .
- Alcohol is being served/consumed
- Phone ringing - TV blasting – Computers humming
- Cooking aromas

First Call from a potential client:

- Be personal, take your time
- Listen well - People like to feel heard
- Don't rush
- Be helpful, give:
 - Something useful-helpful
 - Insight, advice, suggestions
 - Food for thought
 - Suggestion for books, Web sites

First Call from a potential client:

- Educate clients about their concerns
 - Give practical suggestions
 - Normalize, when appropriate
 - Suggest solution
- Give them:
 - Referrals & References
 - Introduce them to resources
 - Follow up e-mail with links to web sites or online articles, guidelines, & resources

Managed Care 101

- Educate them about the hazards of managed care:
 - Privacy!!!
 - Control of treatment
 - Continuity of treatment
 - Managed care isn't associated w/ quality
- Be prepared with a rehearsed 'mini lecture'
- Be ready to send them links to web sites that support your claims
- Explain the benefit of private pay therapy

‘Show up’ on the first call!!

- **Emotionally**
- **Morally**
- **Empathically**
- **Personally**
- **Be transparent**

Fees

- **Garry syndrome**
- **No dealing with insurance**
- **State your fees in the Office Policies**
- **Do not bring it up, automatically, in the first phone call**

**Marketing challenges you
to present yourself as:**

**An EXPERT who can HELP
people live better, happier,
healthier, and longer**

Marketing 101

People pay for what they value:

**Cars, clothes, houses, vacations,
gardeners, hairdressers, private
schools, health clubs, personal
trainers, cosmetic surgery,
acupuncture, relationships**

Marketing 101

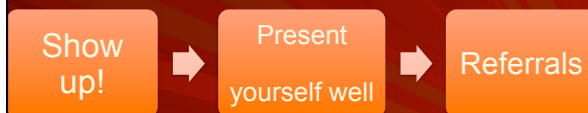
People pay you if they:

- Value what they get from you
- Think you are helpful
- Like what they get

Marketing 101

People will perceive you as an expert who can help and refer clients to you if they get a sense of who you are, your personality, values, and competence

Marketing 101



How to position oneself as an Expert-Educator who can help?

Free lectures on:

- Love – Relationships
- Parenting the young
- Dealing with teens
- Balancing life in a hurried times
- Internet/Facebook obsessed children
- More . . .

How to position oneself as an Expert-Educator who can help?

Articles in local Newspaper

- Local events
- Holiday issues
- Specific issues in the community: Bullying, Domestic Violence, Rape, Gangs, etc
- Internet obsessed children
- More . . .

How to position oneself as an Expert-Educator who can help?

Call local paper or radio station for an interview regarding local or highly publicized event:

- Domestic violence, Drug abuse
- School shooting, Gangs
- Rape, Robbery, Crime
- Financial crisis, Loss of employment
- More . . .

How Can I Help You?

Wow can you help potential referral sources

- Local physicians
- Priests
- School principles and Teachers
- Educational director of Rotary Club
- ER - Hospitals

Overcoming Public Speaking Apprehension

- Coaches
- Toastmaster
- Workshops
- Retreats
- More . . .

Mangled Care 101

- Not being an insurance panel provider can be helpful in obtaining referrals from physicians
 - It can reduce their client load
 - Can save them money
- Make practice outside managed care a virtue

Mangled Care

Main hazards of managed care:

- Privacy!!!
 - National data bank
 - Companies may sell data
 - Companies may share data
- Control of treatment
- Continuity of treatment

Managed Care

Managed Care Presents Potential Risks:

- Life insurance
- Health insurance
- Employment (police, pilot, etc.)
- Security ratings

Your Web Site

Create a helpful and personal web site that reflects your Taste, Style, & Values

Importance of Web Presence

- Business legitimacy
- Many people Google you before they call you
- Plumbers, physicians, psychics, trainers, dietician, gardeners, all have web presence

How Do People Get to Your Web Site?

- Google you before they call you
- See your web sites after they were referred to you
- Do comparative shopping
- Via directories

Web Site Should Include

- Home Page
- 'Contact Me'
- Directions to Office
- 'About me', CV, Personal Bio
- Mission statement or Philosophy of Treatment
- Resources !!!!

Home Page

- Photo
- Name, Degree, License
- Statement of who you are
- What services you provide
- Menu
- Short Video (optional)

Avoid

- Too much flash or animation
- Long statement about how good you are
- Testimonials (can be unethical)
- Complicated animations
- Too many photo's of you (unless it appropriately fits in the bio)

Ways To Construct a Web Site

Do it yourself

- * From scratch: Know your staff
- * Using existing general templates: Google or Yahoo: Often free but may have ads
- * Create a blog: Simple, cheap wordpress.com
- * Do it yourself by using exiting templates for therapists: www.therapysites.com, www.successful-therapist.com

Hire a Web Designer or a Company

Does not need to very expensive

Web Page: On Being Helpful

Modern-day consumers expect to get information and help from web sites.



You Resources Page should be:
informative
Specific
Educational
Helpful

Web Page: Transparency

Modern-day consumers expect to learn about you on your web site



Be transparent in regard to your values, background, approaches

Examples: Resources Web Page

- 10 ways to . .
- Beat the Holiday blues
- Break free of depression
- Start flying again
- Jump-start your marriage
- Assess teen depression
- Learn from grief

Resources Page

- You don't need to write the resources
- Provide links to article on other web sites
- Link to large organizations are generally not as helpful as direct link to actual articles or guidelines
- There are millions(!) of free resources to choose from

Standard of Care is Based on:

- Statutes
- Licensing Boards' regulations
- Case law
- Ethics codes
- Consensus of the professionals
- Consensus in the community/setting
- The "respected minority" doctrine

Standard of Care Is NOT!

- A standard of perfection
- Following risk management principles
- Following psychoanalytic principles
- Permanent or fixed
- Determined by outcome
- Determined by cost of treatment

Standard of Care

- There is no one textbook or set of rules that define the standard of care
- Some argue: "Standard of perception"
- Most of the time the standard of care is determined in court by testimonies from expert witnesses, hired by opposing attorneys, who testify 'against' each other

Proof of Compliance with the SOC

- Records!!!
- Documented Consultations
 - The therapist next door (does not hold much weight)
 - Peer consultation
 - Arms length consultation with an expert
 - Differentiate: Clinical-Ethical-Legal

Why Keep Records?

- Increase quality care
- Part of the standard of care
- In case of litigation
- Continuity of care in case of abrupt termination

Assume that no records are immune from disclosure

Clinical Records - Forms

- Office Policies
- Bio
- Authorizations
- Consents
- HIPAA Forms
- More . . .

Entries - Notes

- Each session
- Important e-mails and phone calls
- Emergencies, Suicide Eval
- Gifts, Extensive Touch, Bartering
- Dual Relationships
- Out of Office Experiences: Home visits
- Extensive digital communications

Retaining Records

- Retain records as long as it is legally mandated
- Generally, there are no legal requirements to maintain any records beyond the required time unless there is a reason (i.e., Law Suit, WC)

In Litigation

It is often not the therapist's word
against client's word

It is often client's word against the
therapist's records

HIPAA:

About Privacy-Confidentiality & Autonomy

HIPAA

- Password and firewall on laptop/computer
- Lock files cabinets and office
- Make sure that files do not show clients' names
- Use shredders
- Document disclosures
- "Need to know"
- "Minimum necessary"
- More . . .

Professional Will

- Who to notify
- How to notify
- Access to files, computers, office
- Who takes care of records
- Referrals
- More

Mental Health Directive

- If client dies
- Therapists may not need to disclose records to the executor of the estate
- Clients should add it to their will or living trust

Subpoena

- Neither ignore nor send records
- When served do not acknowledge that you know or treated the client
- Don't avoid being served a subpoena
- Contact client and get a release, when appropriate
- Consider source: Attorney vs. Judge
- Careful with test data and protocols

When the board comes knocking

- **Don't ignore a board investigation**
- **Don't talk to investigator w/out an attorney**
- **Don't respond to letters from the board w/out an attorney**
- **Don't assume your innocence will become apparent when you talk to the investigator**
- **Don't turn over any material without legal advise**
- **Don't discuss your case with others**
- **Don't assume: No harm -> No case**

When the board comes knocking

- * **Contact your malpractice insurance**
- * **Contact a knowledgeable attorney**
- * **Help your attorney identify top expert/s**
- * **Be active in your defense**
- * **Prepare for the long run**
- * **Focus on self-care**

What To Do Today –

Before you are being investigated

- **Make sure that your malpractice insurance includes coverage for investigation by boards**
- **Preempt board inquiry by:**
 - Keeping good records
 - Consulting with expert/s on difficult cases

Avoiding Litigation & Board Investigation

- Do good therapy
- Connect well with your clients
- Keep reasonable records
- In special circumstances, keep extensive records (suicidality, violence, custody, forensic, BPD, complex dual relationships, etc.)
- Consult, Consult & Consult (peers/experts)

*You are always one
borderline
away . . . from
losing your license*

E-Mail in Therapy

- Are E-mails considered psychotherapy?
- If I give my E-M must I check it often?
- Does E-M mean I must be HIPAA Compliant?
- Must E-M be encrypted?
- What is an E-M signature?
- If we E-M to clients, does it mean we are conducting tele-health or e-therapy?
- Is an E-M part of the clinical record?

E-Mail in Therapy

- Clarify your thoughts regarding e-mail communication with clients
- Discuss the issue of e-mail with clients
- Office Policies include a section on e-mails
- If you are conducting tele-health, follow state laws, and relevant codes of ethics
- Make sure that each e-mail includes an electronic signature

Facebook & Therapy

- What is on your Facebook profile
- Who is the client
- **Confidentiality!!!**
- Privacy settings
- Public access
- Office Policies
- Dual Relationships
- Proceed with caution!!

Make sure your computer has:

- A password
- Virus protection
- A firewall
- A back up system
- Access to Logs (if necessary)

Therapeutic Boundaries

- Gifts
- Touch
- Self disclosure
- Out of Office Experience (home visit)
- Home Office
- Dual Relationships
- Fees, Bartering, Time, length of sessions
- Proximity, Spacing, Clothing & Language
- E-mails between sessions
- Texting or phone calls during sessions
- Social Networking & Googling

Therapeutic Boundaries

- **Define** the therapeutic-fiduciary relationship
- **Outline** the “therapeutic frame”
- **Distinguish** psychotherapy from social, familial, sexual, business and other types of relationships

Types Of Boundaries:

- **Boundary Violations**
- vs.
- **Boundary Crossings**

Boundary Violations

When therapists cross the line of decency, violate or exploit their clients, or intentionally harm them.

E.g.:

- Sexual exploitation
- Abuse of power
- Financial exploitation

Boundary Crossings

Neutral, appropriate, ethical, benign or clinically effective interventions

Examples of Boundary Crossings

- Clinically appropriate self-disclosure
- Home visits to bedridden client
- Non-sexual, comforting touch
- Appropriate gifts
- Ethical and appropriate bartering
- Attending a wedding
- Anorexic lunch
- Escorting clients to important medical appt
- Appropriate e-mails between sessions

Types of Boundaries

Around the therapeutic relationship

Vs.

Between therapists and clients

Around

- Time
- Place of sessions:
 - Home office
 - In or 'Out-of-Office' Experiences
- Fees
- Bartering
- Confidentiality & Privacy

Between

- Self-disclosure
- Touch
- Gifts
- Dual Relationships
- Language & Dress/Attire
- Proximity-Distance
- Social networking
- E-mails, texts, Google

Important Self- Disclosure With Special Populations

- LGBT
- Veterans
- Alcohol and Drug Abuse
- Parenting
- Spirituality & Religion
- Ethnicity
- Abused women
- Small community

Therapists' Transparency In the Digital Age

- **Clients Googling Therapists**
- **Online Evaluations (Yelp.com)**
- **Social Networking (Facebook)**
- **Licensing Boards web sites**
- **Complaint web sites**
– (i.e., www.complaintsboard.com)

The “Google Factor”

- **Level 1:** Curiosity ('Google light')
- **Level 2:** Due diligence-Thorough search
- **Level 3:** Intrusive search to listserves
- **Level 4:** Deceitful: FaceBook, chatrooms
- **Level 5:** Illegal search - Cyber-stalking

What Can Therapists Do About Internet Disclosures:

- **Expect modern, informed consumers/clients to Google you**
- **Be careful with any web posting**
- **Google yourself regularly**
- **Sign up for (free) “Google Alerts”**
- **Evaluate your options regarding negative postings about you**
- **... Surrender**

The Facebook Dilemma: How to respond to Friends requests on Facebook?

- **Consider your profile: Personal vs. Professional, or Both**
- **Does this constitute dual relationship?**
- **What is the client privy to?**
- **Privacy settings**
- **Who is the client?**
- **Context of therapy**

Phones or Texting During Sessions

- Clients:
 - Receiving or making phone calls
 - Receiving or sending texts
- Therapists:
 - Receiving or initiating phone calls
 - Receiving or sending texts

Clients' Phones or Texting During Sessions

- Minimally disruptive
- Significantly disruptive & rude
- Can be 'telling': Giving therapists additional perspective and new understanding

Out-Of-Office Experiences

1. **Part of a Treatment Plan**
 - Fear of flying, Agoraphobic
2. **Unavoidable**
 - Home/hospital visit of bedridden client
2. **Enhancing Therapeutic Effectiveness**
 - School play, Tour w/ an architect, B-Ball
3. **Relationships in the Community-DR!**
 - Social relations in small communities
4. **Accidental encounters**
 - Encountering a client in the community

Types of Dual Relationships

- Social
- Professional
- Business
- Communal
- Forensic
- Sexual
- Online
- Others (i.e., Adoption)

Dual Relationships can be:

- **Voluntary - Avoidable:**
 - Large cities
- **Unavoidable:**
 - Small-Rural Communities, Sport Psych.
- **Mandated:**
 - Military, Police, Prisons/Jails, CPS
- **Unexpected:**
 - Online. *Prime:* Therapist's son dates patient

Concurrent - Simultaneous

- Therapist and friend **at the same time**
- Therapist and client attend same church, club, church, or gym
- Therapist and client participate in same professional wks/conference (today?)

Sequential - Chronological

- Friendship starts **after** termination
- Therapist becomes business coach **after** termination
- Therapist played tennis or attended a church with client **prior** to start of therapy

Intensity of DR

- **Low - Minimal involvement**
 - Shopping in the same food market
 - Children going to the same school
- **Medium Level**
 - Meeting every Sunday at church
 - Marching in the same political rally
- **Intense Level or Involvement**
 - Serving on a committee together
 - Playing in a recreation league

Multiple Loyalties & DR

Public agencies, CPS, Prisons, Jails,
Psychiatric Hospitals, Clinics, DMH

- Institution vs. Clients
- Parents vs. Children
- Client vs. Community

Risk Management . . .

- Is **not** synonymous with ethical principles
- Is **not** the same as clinical guidelines
- Does **not** define the standard of care
- Can be unethical and counter-clinical

Ethical Risk Management

- Do whatever it takes to help clients
- Do not harm or exploit clients
- Respect your clients
- Never humiliate your client or assail their dignity
- **Place clients' welfare above your fear of boards, courts, ethics committees and attorneys**
- Remember - you are not paid to practice defensive medicine or risk management
- Intervene with your clients according to their problems, concerns, needs, personality, situation, venue, environment and culture

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