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NICHE MARKETING: Bullying--in many forms--creates a need for therapy services

Sometime in the last 10 years, "bullying" crossed a threshold and became not just a serious problem, but a kind of buzzword. Everyone from school officials to parents to the media is concerned about it. According to a recent survey by the Los Angeles-based Josephson Institute of Ethics, fully half of U.S. high schoolers admit to bullying or teasing someone at least once in the past year; nearly half say they've been bullied themselves during that time.

And now the term "cyberbullying" has entered the language--particularly since September, in the wake of the widely reported suicide of a Rutgers University student whose roommate had secretly recorded a sexual encounter and then streamed it online.

In this report, we talk to three clinicians who have developed specialties that involve bullying. Their experience highlights the diverse nature of the problem and the variety of services therapists offer to address it.

- High-priced, "boutique services." Andrea Corn says half the patients in her South Florida practice are kids and teens. Bullying has become a recurring theme in her work. And the root causes, she adds, are often different than most people assume.

"Sometimes, if [a child] has seen one parent verbally harassing or being aggressive to the other parent, they suffer in their own way, depending on who they identify with." These and other home-based experiences spill over into school. "For instance, if they've been abandoned by a parent, they can be very fragile and quickly perceived as an easy target by a bully."

Bullying--either dishing it out or being forced to take it--often ties into issues like trauma, anxiety, ADHD, and oppositional defiance. "Bullying might not have been the primary thing that brought them in. But for at least

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Working with the bullies—by court order

Caroline Hatton works a tougher side of the street than the two other clinicians featured nearby. Her clientele includes state-referred juvenile offenders (including sex offenders), whom she treats for anger management and related problems.

“The contract with the state is a good way to go,” she says, suggesting that clinicians interested in doing likewise check out RFPs coming out in their own communities. In Florida where she practices, there’s a website called Sunbiz.org. Most other jurisdictions have something similar, Hatton says, and if you register online, they’ll send emails letting you know what’s going on.

Another suggestion: Call your local probation office to learn about other resources. In her area, there are meetings

on juvenile sexual offenders under the auspices of SAIN (Sexual Abuse Intervention Network).

“It consists of probation, police, and the court, and they all meet once a month. They welcomed me, even though I’m not with the community mental health center anymore.”

She sees some of these patients in groups, and some individually. A lot of it depends on scheduling. She has two groups going currently, and if a family can’t make it during those times, she’ll work to schedule individually. All told, she’s seeing 18 juvenile offenders, and that amounts to about half her current caseload.

Hatton has a sliding scale of \$25 to \$80 for groups and \$50 to \$125 for individual sessions. About 25% of her juve-

half if not two thirds of the kids I see, bullying becomes part of the list of things they’re upset about--because they don’t know how to deal with their anger and frustration.”

When working with children on bullying issues, her end goal is to help them develop empathy and tolerance for themselves, and the person on the other end of the problem. “They’re embarrassed, hurt, sad, mad, would like revenge, or feel they deserved it; they think they’re no good, unpopular.”

Corn operates a practice that falls somewhere between “busy part-time” and “light full-time.” In addition to seeing 12-14 patients per week (she’d prefer 20, she says), she’s working on a book and doing some freelance writing on parenting.

Meanwhile, her fees are quite high despite the sluggish economy: \$200 for a 50-minute session. She says she can do this because of her post-doctoral credentials in psychoanalysis. “I’ve carved out my own boutique practice over the years with advanced training, and developing an expertise in particular areas,” she says.

Corn runs insurance-free, though her bookkeeper provides documentation for patients who are pursuing reimbursement on their own. “I could have three times the number of patients, and probably many more children and teens if I was on panels, but I don’t know how much real therapy I’d actually be doing... When people invest in it--both time and money--they work harder to change.”

Corn’s been in solo practice for 15 years, and over the years has generally geared her marketing efforts toward personal contacts with pediatricians, attorneys, and other professionals. (This past summer she met with attorneys for lunch regularly, and that has brought in some referrals.)

In addition, from time to time, she’s been able to line up speaking engagements through schools and divorce support groups--some serve a pure marketing function, and others have actually put a few dollars in her pocket.

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nile offender clients come through Medicaid, which pays \$66.30 for individual and \$33 for groups.

(Amerigroup and Magellan are the Medicaid mental health contractors in her area. Nationwide, 13 other managed care companies handle this business.)

One of her juvenile groups is for sex offenders, and the other is for anger management; the former is open-ended, and the latter has a 12-week format. All of her group sessions run 90 minutes.

“There’s a lot of coordinating with the Department of Juvenile Justice,” says Hatton. “It takes up a lot of time, but I see progress in these kids and that’s great.” She has to do monthly reports and phone calls to the other professionals in the child’s life, including school guidance counselors, probation officers, and family. She sometimes does

family sessions as well.

Meanwhile, Hatton is also doing more mainstream work. In that vein, she recently conducted a kind of bullying seminar for parents through a private school. It was essentially a briefing with Q&A afterward. To ensure confidentiality, parents wrote their questions down and dropped them in a hat. The school advertised it in their newsletter, and 25 parents showed up.

She says four new clients came in as a direct result—and now another school has gotten in touch to ask her to participate in a health fair.

“It’s interesting how you can be creative in marketing without spending a lot of money.”

You can contact Caroline Hatton at Attainable Solutions in Tampa, FL, (813)541-3509, www.attainablesolutions.net.

● “I’ve become known for working with kids that other people can’t or won’t work with,” says Jason Mihalko, **who’s** been in solo practice in Cambridge, MA, since 2005. He adds that his experience working with traumatized clients goes back to 1992 when he worked at a rape crisis center.

Later, after completing his schooling, “I did a post-doc here in Cambridge, working solely with teenagers in a DBT (Dialectical Behavior Therapy) oriented treatment program...It’s not at all what I expected to be doing after getting my degree, but I learned that I work well with these populations, and that was the beginning of some really good referrals.”

That post-doc work was at an adolescent day treatment program for teenagers who self-injured—many of whom had a history of being bullied at school. “They cut, they burned, had suicidal tendencies, had probably been hospitalized multiple times, and often fired by a number of therapists,” he says.

Today, in his private practice, Mihalko sees 8-10 teens per week. Duration of therapy is sometimes short—hinging on specific, narrow problems. But

Marketing tips: Low cost advertising, web directories, free presentations

Andrea Corn used to do a lot of advertising and write columns for *South Florida Parenting* and *The Miami Herald*. Now she just advertises in a local publication—a business card size ad. It costs \$85 per month, with a three-month-at-a-time commitment. “I always ask new patients how they came to call me. In the past month, two patients have said it was the ad.

Caroline Hatton has a listing at *PsychologyToday.com* for \$29.95 a month and *GoodTherapy.org* at \$14.95 a month, as well as a print ad in a small directory published by her local school system. The rates for school directories vary from \$25 to \$100 for the year, she says.

“Most often, I just use my business card—they reprint it with others in the back of the directory...They don’t do fancy stuff.”

Hatton also recommends going to local meetings of the Department of Juvenile Justice, and offering to provide services to staff. “I do it at no charge to get my name out there,” she explains. She started doing that a few

years ago while working at a community mental health center and continued as she moved into full-time private practice.

“Stay connected with partners in the community,” she adds. “Juvenile Justice authorities are a great referral source, so start to seek them out.” Other useful agencies include the Department of Children and Families, probation offices, etc. “When you offer services to them, they get to know you, and they’re more likely to refer to you.”

Example: Hutton offered a stress management class to the probation officers. “I think the ladies liked it a bit more than the men, but they all took to it pretty well.”

That presentation lasted about an hour. She introduced the officers to relaxation techniques including guided imagery, and encouraged them to practice the technique at their desks when they’re overwhelmed.

By the way, although their supervisor made attendance at the session voluntary, the entire staff showed up. “I let them know I was bringing food,” Hutton explains.

This all-cash practice doesn't depend on the courts for anger referrals

Caroline Hatton, featured in the boxes on pages 2-3, gets many of her bullying clients as the result of court order. The same is true of many clinicians working in the related niche of anger management.

But Maddie Blomgren, an anger management specialist in Princeton, NJ, rarely takes a court-ordered cases—because, she says, those clients aren't motivated to change. She offers three basic products: individual therapy at \$130 a session; weekly therapy groups; and psychoeducational classes. She describes her practice as all cash.

The groups are two hours long and run for 12 weeks. There's one for men and another for women, each made up of five clients who pay \$50 per session.

She only offers the psychoeducational classes—also centering on anger management—occasionally. For these, people pay \$400 upfront for eight weeks, two hours per class.

Instead of looking to judges and attorneys for referrals, Blomgren generates business herself with newspaper ads. She runs quarter-page display ads in two area weeklies, a daily and a monthly.

"I get people whose wives or husbands say, 'Something has to change, or I'm gone.' My practice is mostly 40s and up. These are people who are sort of looking over

their lives and saying, 'Gee, I've had a lot of jobs and I don't seem to be able to keep them.' Or, 'I've had a lot of relationships and I don't seem to be able to keep them.' So they come in and say, 'I've got a problem.'

"Or it may be that they've hit one of their kids and they're absolutely horrified at themselves. 'This is something I thought I would never do, and I'm scared to death. I don't want it to happen again.' They're motivated. I don't take anyone who isn't."

A typical case: a woman who'd recently been divorced. "She was carrying a lot of anger," Blomgren recalls. "She had a teenage son who no longer wanted to live at home because of her anger.

"Her profession was working with children and she was noticing her anger coming out on the job, too. She said, 'I like to think of myself as a fun person, but I see myself lashing out at people all the time.'"

Most of Blomgren's patients stay for quite a while. A typical case is nine months to a year, but some clients stay up to three years. She finds that beneath the anger problems often lurk serious conditions, such as bipolar disorder or post traumatic stress disorder (PTSD). "It can get to be a very heavy duty practice," she says.

You can contact Maddie Blomgren in Princeton, NJ, through her website: www.angerandrelationships.com.

more often, it's long-term. Many of his teenage patients are with him for several years, often until they go away to college. "Usually when I take on a teenager, it's a high-demand kid who's self-injuring or self-mutilating."

Not surprisingly, these patients are often referred directly by school employees or hospital staff. And there's some work involved in establishing and maintaining those relationships. Mihalko tries to be an active part of school and hospital team meetings, and has gotten to know principals, guidance counselors, and admissions staff at private schools. (Many public schools have a policy of not making direct referrals--not so for private schools.)

Communication breakdown

Just checking your answering machine doesn't cut it with this population, Jason Mihalko tells us. "They communicate through texting, emails, and Facebook. It doesn't occur to teens to leave a voice message."

Mind you, Mihalko doesn't become "Facebook friends" with clients, and tells them that up-front. But texting is OK, as long as they don't expect an answer at 4:00 a.m.

"It's important to be accessible in ways that respect boundaries and are relevant to this day and age. Otherwise, they'll think I'm out of touch and won't stay in therapy."

"I'm not the kind of therapist who locks myself in my office, or who returns phone calls during the five or 10 minutes between office appointments. I really try to make myself available for longer phone calls--and team meetings when it's possible. People see my face and they see how I think and how I work, and my level of interest."

The team meetings he's talking about involve developing an Individual Educational Plan for kids who require special services. Team members usually include the teacher, school psychologist, guidance counselor, a school district rep, special ed professionals, parents--and sometimes a therapist or other advocate selected by the parents. That's Mihalko's role.

School officials "get really nervous" when

faced with a kid who's cutting, burning, threatening suicide, etc. "Schools want to minimize their own problems by getting them out of school...They need a little encouragement to find better ways to be supportive."

He also likes to be present at clients' hospital discharge meetings--sometimes to slow the process down. "Due to insurance issues, they may want to move someone out very quickly. Other times, I want to advocate for outpatient services to be put in place, or to encourage the family to get into family therapy."

Mihalko's an active web marketer, operating two blogs as well as his practice website, www.drjasonmihalko.com. The blogging, he says, is less about reaching out to new clients than solidifying relationships with current clients and referral sources.

Mihalko's standard rate is \$150. And although he'll take Blue Cross PPO reimbursement as well as a couple of the local university student health plans, he goes out-of-network with most of his clients. "I find the more I deal with insurance, the less income I make," he says. "Even working with a handful of patients on a sliding scale, I still end up with more income than when I was on a lot of panels."

Contacts: 1) Andrea Corn, Lighthouse Point, FL, (954)942-3344, www.drandreacorn.com; 2) Jason Mihalko, Cambridge, MA, (617)491-0326, www.drjasonmihalko.com, www.irreverentpsychologist.blogspot.com, www.therapydogblog.blogspot.com.

PRACTICE BUILDING: Beef up the bottom line with a phone consultation policy

Providing additional services for patients outside the therapy room can be a sticky issue, particularly if you derive much of your income from managed care. How much telephone time can you spend with patients? Can you bill managed care for this time? Should you bill the client directly?

In the box on page 6, we look at some of the legal issues. The word we get is that you might--in some cases--be reimbursed for this time while keeping your practice on firm legal and ethical ground.

But first we hear from Holly Hunt, a therapist and practice consultant in Los Angeles, who believes that clinicians should charge for phone chats on a pro-rated basis--just as attorneys do.

Hunt works with managed care clients, but she makes it clear at intake that if they need to talk to her by phone, they'll be charged over and above their co-pay. The outgoing message on her answering machine spells out the times during the day when she'll be returning calls.

She bases her phone charges not on managed care rates but on her own standard fee--\$130 for a 45-minute session. "That way, they're paying something for the service, which keeps it professional," Hunt says. "And they have to decide: Is this important enough for me to pay for a phone visit?"

Hunt uses the 15-minute gaps between sessions to return calls. "You can do a little bit each hour," she says. "You can get a lot done, and then you

Legal and ethical issues

Should you check with a patient's managed care company before billing directly for a brief phone call? Yes, advises Bryant Welch, a risk management attorney who works with the American Professional Agency, a malpractice insurance broker.

He says some contracts prohibit clinicians from charging additional fees. "Some require that the therapist accept the managed care fee as payment *in full* for treatment," Welch points out. "It doesn't provide for billing for telephone contacts. The billing could be interpreted as a violation of that provision."

Jean Thoensen, the billing professional quoted in the accompanying article, hasn't found that to be a problem. She says billing the client directly for short phone conversations is akin to billing them for no-shows.

Many managed care contracts, including some Magellan contracts she's seen, allow a clinician to charge a client for a no-show at the managed care rate. Thoensen suggests staying within that rate for phone consults, too, rather than charging your full rate.

"As long as the patient has signed an agreement at intake that they will pay for phone calls out of pocket, then there's no problem at all. It doesn't even need to be reported to your managed care company—no managed care company is going to say you can't talk to your patient on the phone."

Thoensen adds that she's never heard of anyone get-

ting into hot water with a managed care company or licensing board over phone billing or billing for no-shows. In fact, she works with one client who charges clients over and above her full fee for missed appointments.

"If the client cancels within 24 hours, she charges \$100, which is her full fee," says Thoensen. "But if the person just doesn't show up, she charges \$125." Does she ever collect? "Sometimes," Thoensen says.

Our advice is to check your managed care agreements to see if these questions are addressed. Some companies cover these issues on their websites as well.

By the way, the American Psychological Association ethics code—adopted verbatim by many state licensing boards—approves of billing for phone therapy. The same goes for email, according to Stephen Behnke from the APA's office of ethics.

"The ethics code doesn't specify modality, so it would apply to any type of service the [therapist] would be providing," Behnke says.

Phone therapy, "is something people are interested in looking at for a variety of reasons—maybe they live in rural areas, or they may be ill and can't travel. There are a lot of people within the APA who think that can be done successfully."

A final note: Bryant Welch reminds us that even with private pay clients, policies concerning billing for phone sessions should be spelled out at intake.

don't have that much to do at the end of your client week." (Of course, it's not necessarily that simple--see the box.)

A lot of therapists try to bill managed care for this kind of phone work. But that's a mistake, says Jean Thoensen, who owns PsychBiller, a therapist billing service in Centreville, VA. She says therapists often try to bill phone sessions using a 90806 for individual therapy.

"This is outright fraud," she says. "Because the definition of CPT Code 90806 specifically includes the phrase, 'face-to-face.' A phone session clearly doesn't meet that definition."

Rarely, she goes on to say, a managed care company will approve a phone session for reimbursement. But you should check with the company ahead of time--don't try for it after the fact. "I suggest using CPT codes 99371, 99372, or 99373, depending on the length of the call. Otherwise I tell my providers that this is a no-no, and phone sessions are self-pay."

Those codes were adopted by the AMA in 1995, by the way. Use a 99371 for a brief phone consultation, 99372 for an intermediate call, and 99373 for a complex exchange. The definition of terms like "brief" and "complex" are subjective, Thoensen adds. She defines "brief" as 15 minutes.

Contacts: 1) Holly Hunt, Long Beach, CA, (562)987-8947, www.essentials ofprivatepractice.com; 2) Jean Thoensen, PsychBiller, centreville, VA, (703) 266-8612, www.psychbiller.com

Marketing lesson: Selling over the Web

In some quarters, the idea of therapists selling products other than therapy is controversial. But some clinicians manage to do it successfully while staying within the ethical boundaries.

A stand-out example is Barbara Becker Holstein, a New Jersey therapist who bills herself as a “positive psychologist and happiness coach.” She operates within a niche she created herself—where traditional therapy, high-tech marketing, and new age philosophy come together.

The particular things that she’s chosen to sell may not be to the taste of some readers. But her strategy is worth a look by anyone interested in web marketing.

Holstein developed a brand name several years ago with a book titled *The Enchanted Self: A Positive Therapy*. She sells that book for \$26.95 through her website, www.enchantedself.com, and she’s developed a variety of related products which she promotes with a colorful e-newsletter of the same name: *The Enchanted Self*.

Subsequently, she added a line of enchanted jewelry (necklaces and anklets) to her product line, and has been selling them online, as well as in local boutiques. She designed these herself and has them made by a local artist. Prices range from \$14 to \$32.

One of these pieces is the “enchanted self heart.”

“I’m trying to get them around the necks of all these wonderful women in the country. The purpose is having something beautiful to wear, but also to have something that reminds them that they are an enchanted self. This is important, because women’s egos can get deflated very quickly. Negative remarks can roll off a man’s back, but we’re sensitive.”

Also in that vein, Holstein’s written a series of books aimed at girls in their teens and younger. The emphasis is on self-esteem, with titles like: *The Truth: I’m a Girl, I’m Smart and I Know Everything!* as well as *The Truth: I’m*

10, I’m Smart & I Know Everything.

Sales have been good, but Becker Holstein also points out that a site like this serves to build an email list. Some sort of free e-newsletter or other giveaway is key to making that work, and at the moment, the Enchanted Self site gives visitors to chance to sign up for a publication called “7 Gateways to Happiness.”

Product buyers are sent information about Holstein’s therapy services as well. “I give them the web address and the toll-free number, so they do have access to me. But I don’t push the private practice part of it.”

Another book on offer at Holstein’s Web site is *Delight*, for \$11.95. It’s an account of Holstein’s life, punctuated with a set of provocative questions. Using *Delight* as a launching point, she developed a multi-media CD, which she sells for \$14.95.

“You put it in your computer. When it loads you hear my voice, you hear music, and you see art. It was an expensive project, but sometimes I put it on special.”

Other books include *Feel Good Stories* featuring personal experiences written by her mother, and *Recipes For Enchantment* which “teaches...how to recall positive memories.”

One final marketing tool: She’s established a “web affiliate program,” allowing other sites to link to her products. “If somebody goes to their site, and bounces to me and places an order, they get a 20% cut.”

In addition to her various publishing and web marketing activities, Holstein sees 12 to 16 clients per week. She tells us she’s careful not to push any of her products.

She does, however, display the books in her waiting room. She sells to clients “only if someone approaches me about it. I keep very much within the guidelines.”

You can reach Barbara Becker Holstein in Long Branch, NJ, (887)256-9385, www.enchantedself.com.

Therapist web watch: 4 sites to see

What makes a good practice website? Opinions vary. But keeping an eye on your colleagues’ web offerings is always a good idea. Here are a handful of the therapist sites we saw this month.

● **www.maplegrovecounselingcenter.com**. The four clinicians in this Minneapolis-area practice promise to help patients “find calm in stressful times.” To that end, their site provides a set of five online “mindful mini-vacations.” These are slideshows with beautiful pictures of wildlife, flowers, scenic vistas, etc.

● **www.timkobehavioralhealthcare.com**. This is a child, adolescent and family practice in Miami. The site has one feature clinicians who do similar work might want to imitate. The homepage features a set of 12 questions “every parent should ask” to determine if their child might need help: “Does my child spend a lot of time alone? Show

sudden changes in eating patterns? Seem to have lost interest in hobbies?” And so on.

● **www.orensteinsolutions.com**. This is one of the more elaborate therapist sites we’ve seen. The six North Carolina psychologists present a wealth of interesting material geared to adults, couples, kids, teens, and college students. Much of it is very specific, with headings such as “Preparing your ADD student for college life.” The problem? The site is hard to navigate, pages load slowly, and links to many articles go nowhere.

● **www.randersoncares.com**. If you’d like to use your own name in your web address, but can’t because someone else beat you to it, follow this New York clinician’s example—simply tack a word like “cares” or “help” onto your name to create a more unique URL: joebrowncares.com or annsmithcanhelp.com.

Resource: A brochure for a practice with a diverse book of business

In September's *PsyFin*, we profiled Ingram & Associates, a six-therapist practice located in South Florida. Practice owner Connie Ingram provides a variety of services including executive coaching, life coaching, and business

development, while her colleagues focus mainly on conventional psychotherapy.

When we've consulted marketing experts on the subject of practice brochures, they've generally told us that

**First we make choices.
Then our choices make us.**
- Anne Frank

Connie L. Ingram
Ph.D., LMHC, NCC

Connie is a Licensed Mental Health Counselor and Supreme Court Certified Family Mediator. She has a MS in Psychology, a MA in Human Resource Development and a PhD in Organizational Leadership. She has been in private practice as a Psychotherapist since 1989. Connie is a Corporate Trainer and Speaker both nationally and internationally.

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I & a

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Setting Standards in Integrity

Ingram & Associates

you can't do too much with one marketing piece. They recommend developing separate brochures or fliers for each service.

But Ingram wanted an overall practice brochure with broad appeal to the variety of clients that she and her

colleagues are seeing.

The reproduction below gives you a good idea of the format. Bear in mind that we've reduced it slightly for space considerations. Also, the real thing is printed in four colors, with high quality photos.

<h2><u>Counseling</u></h2> <ul style="list-style-type: none"> ◆ Addictions ◆ Adoption Homestudies ◆ Anxiety/Stress ◆ Child/Adolescent Issues ◆ Custody Evaluations ◆ Depression ◆ Eating Disorders ◆ Family Conflict ◆ Family Mediation ◆ Major Life Change Issues ◆ Psychological Testing ◆ Relationships ◆ Sexual/Emotional Abuse ◆ Womens Issues 	<p><i>Our Counseling Mission is to take your circumstances seriously and guide you toward real, lasting change so you can more effectively interface with your family, the community & society.</i></p> <p style="text-align: center;">Ia</p> <p><i>Our Consulting Mission is to develop leadership and personal performance skills that deliver an exceptional degree of effectiveness & organizational productivity.</i></p>	<h2><u>Consulting</u></h2> <ul style="list-style-type: none"> ◆ Communication Skills ◆ Cultural Diversity ◆ Customer Service Skills ◆ Effective Team Training ◆ Ethics/Values Training ◆ Executive Coaching ◆ Instructional Design ◆ Leadership Skills Training ◆ Manager Development ◆ Stress Management ◆ Supervisor Development ◆ Time/Project Management 		
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PRACTICE BASICS: What can you do when you hate your client?

Jean Carter is a Washington, DC, clinician who's been researching that question for the American Psychological Association (APA). One thing she's found out is that most therapists feel that way about a client at one time or another. And the feeling puts both patient and therapist at risk.

What triggers the hatred? "The hardest thing is when they're very critical of the therapist," says Carter. "The message is that somehow you're always screwing up. You never understand the client. You can't give them what they need--you're not capable of it."

The typical reaction is disengagement, Carter says. "You pull back. The problem is, when we pull back we do a real disservice to the patient. They're getting a strong response from people, but they probably don't even know how to make sense of it. If we withdraw we leave them alone with those feelings. In a certain sense we're abandoning them."

Carter does a lot of trauma work--booking about 40 clients per week in a mostly-cash practice. She says trauma clients can sometimes trigger these feelings in a therapist. But it's borderline patients, not surprisingly, who are most likely to become a problem. "They tend to approach the world in very black and white terms. When they express their feelings, it's going to be either very positive or very negative."

And here's the meat of the problem from a risk-management standpoint: "These are the people who are most likely to be litigious, and more likely to be threatening in other ways. One of the things that prompts a therapist to refer a patient out is when they're afraid of the patient--sometimes physically afraid, but more often afraid of a lawsuit."

That's not necessarily a bad thing, Carter adds. But before taking that step, Carter suggests consulting with a colleague. "You need to have somebody with whom you can share these things. Get some guidance and perspective from someone who knows you and knows how you work."

"The other thing that always helps me is to remember that what I'm feeling is only a reflection of how unhappy my patient is. I have to live with what's happening for an hour, but they're living with it 24 hours a day. That helps me regain some empathy."

Set clear boundaries at intake, Carter suggests. And keep reminding them of those boundaries. "It's helpful to say things that are much more clear and direct than what you were told in training. I might say, 'You need to speak to me with respect and care because I don't let people treat me in ways that are damaging to me.'"

You can contact Jean Carter in Washington, DC, at (202)244-3505.

'Stealing my lunch money'

"I remember the first time I realized I hated a patient," says Jean Carter. The patient, who suffered from depression, was "hostile and demanding. She was continually insulting me." She berated Carter for "stealing my lunch money" so she could pay for therapy.

"I was beside myself with rage," Carter recalls. Then came the breaking point.

"She told me, 'You're sitting there doing anything you want.' I said, 'No, I'm not. If I could do anything I want, I'd throw you out the window.'"

"She said, 'You wouldn't dare—you'd get sued.' I said, 'I have malpractice insurance.' We looked at each other and both laughed. It was a defining moment."

The relationship slowly improved, as did the patient. Today, Carter says she's glad she took a stand.

"But I wouldn't do it again in that way... Our relationship was strong enough that it ended up being an effective intervention. I learned that it's very helpful to draw lines."

Managed Care Alert: New Opportunities for Providers *

EAP Works, aka EAP Worklife Services, is a small Georgia EAP operating strictly in that state. Current areas of expansion were not forthcoming, but the last time we dealt with the company, they were moving to build additional business in the Southeast part of the state. Contact the company at (800)882-1985. Inquiries can also be made through the company's website, www.eapworklife.com—click “Contact us.”

Jorgensen/Brooks Group, a Tucson, AZ-based EAP, tells us they operate “nationwide and internationally.” The rep we spoke to wouldn't cite specific rates, and figures we've heard in the past varied widely. They seem to adjust based on location, and how badly services are needed. Providers certified by the EAPA are preferred, but it's not a requirement. The company's phone numbers are (888)520-5400 and (520)575-8623. See them online at www.jorgensenbrooks.com.

LifeWatch EAP, based in Rhode Island, operates primarily in New England, with a few large employer-clients that require a national panel. Amica is a major national client. They work with both public and private sector employers. The standard reimbursement rate is \$65 for an initial session and \$55 thereafter. However, we've been told that rates are sometimes negotiable, depending on local needs and the clinician's qualifications. (As always, there's a particular need for certified SAPs.) Call the company to request an application packet: (800)333-6228. Interestingly, the company's website, www.lifewatch-eap.com, has virtually no content for providers. And plan members need a log-in number to get past the p.r. material.

Metropolitan Family Services, based in Chicago, has a smattering of network openings around the country. The rep we spoke to cited “Arizona, Utah, New Mexico, some on the West Coast, New York City, a bit in Pennsylvania, some in Massachusetts...and we have needs in Florida from time to time.” Metropolitan is a non-profit that provides services to both public and private sector employers—including several manufacturing companies. “We have a strong presence in the Chicago-land area.” Special needs exist for SAP-certified clinicians as well as CEAPs. Standard reimbursement is \$60 per session, the rep tells us. The company's standard product is a 3-6 session package, and self-referral is allowed. For application info, call (800)905-0994. The website is www.metrofamily.org, but it's a bit of a maze. Follow prompts for “Programs and Services,” then “Employee Assistance Network,” and then “EAN Providers.” There you'll find a link to the provider application..

* **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.

PROFESSIONAL NOTES :

New York is at the bottom of the population growth chart, according to Census Bureau projections. The state will post a net loss for 2010, with 49,000 more people leaving than arriving, the federal agency reports. Other net population losers are: Illinois--27,000, Ohio--5,900, Nebraska--5,900, Kansas--4,200, Iowa--3,500, Louisiana--3,400, North Dakota--2,800, South Dakota--1,800, and Mississippi--1,600. As has been true almost continuously since World War II, the country's population is shifting South and West, with highest population growth in the sunbelt. But in general, fewer Americans than normal have moved this year, owing largely to the economy. (Source: *Forbes.com*, December 12.)

(Professional Notes continue...)

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PROFESSIONAL NOTES (continued):

Private schools can be fertile marketing ground. If you offer any kind of service for parents or for kids, you have a better chance of being heard by decision-makers there than in bureaucracy-laden public schools. So we were reminded recently by Caroline Hatton, a Florida clinician who held a bullying seminar for parents at a small private school. "I just walked in, asked for the principal, and told her what I did. I said I could offer a parenting class at no charge." Smaller schools that may not have their own mental health specialists are especially amenable, she adds. (Hatton discusses her work with kids, including juvenile offenders, on pages 2-3.)

Congress will be short one psychologist in January when the new House of Representatives is seated. Brian Baird, PhD, from Washington state, didn't seek reelection in November, and is leaving the House after six terms. However, there is still a psychiatrist in the House: Rep. Jim McDermott, MD, also of Washington, was reelected with more than 80% of the vote. This will be his eleventh term.

Advertising on Facebook may be the next step for therapists who are actively marketing online. David Steinberg, who was featured in our August report on clinicians who promote through Google AdWords, tells us he's experimenting with web advertising targeted at particular groups--in his case, young adults in Washington, DC. Web marketing can be hit-and-miss--but the extensive personal data gathered by social networking sites make target marketing feasible. We'll be looking at costs and potential results early in 2011.

OppositesConnect.com is a dating website that bucks the formula that's been promoted successfully by E-Harmony, Match.com, and other popular online dating resources. Instead of "scientifically matching" its clients with people who have similar personalities and interests, OppositesConnect promises to match clients with people completely unlike themselves. The company's tagline: "Find your yang."

Not afraid to admit it: Wisconsin is the top drunk driving state in the Union, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Nationwide, the federal agency reports, about 13% of all adults admit to driving under the influence at least once in the previous 12 months. But in Wisconsin, the number is 23.7%--that's tops in the country. North Dakota is second at 22.4. At the low end is Utah at 7.4%, then Mississippi at 8.7%. Figures for driving while on drugs are also available. For more, see www.tinyurl.com/pf1010a.

International

- ***A "demon squirrel" has been enlisted by Russian authorities*** to combat the country's rampant alcoholism. In a public service video released by the government, the threadbare and extremely inebriated rodent mutters, rambles, and sings for nearly a minute before asking the camera, "Are you a boozer? Then I am coming around to your place." According to some estimates, the average Russian consumes the equivalent of four gallons of pure alcohol per year. See the video here: www.tinyurl.com/pf1110a.

- ***Unemployment's not so bad for your mental health***, according to German researchers. While participants in the "German Socioeconomic Panel Study" experienced a dip in self-esteem and general life satisfaction immediately after losing their jobs, their state of mind had returned to normal a year later, regardless of whether they'd found a new job. (**Source:** *Journal of Neuroscience, Psychology, and Economics*, November, 2010.)

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