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 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

$150 K/Year
25 Hours/Week
6 Wks Vacation
$130/session

Average: $130

$0 Free
X2 Sessions

$70
X4 Sessions

$155
X19 Sessions
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
Show up! ➔ Present yourself well ➔ Referrals

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

You Resources Page should be:
- Informative
- Specific
- Educational
- Helpful

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
- 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 appointments
- 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
3. Enhancing Therapeutic Effectiveness
   - School play, Tour w/ an architect, B-Ball
4. Relationships in the Community-DR!
   - Social relations in small communities
5. 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

www.ZurInstitute.com