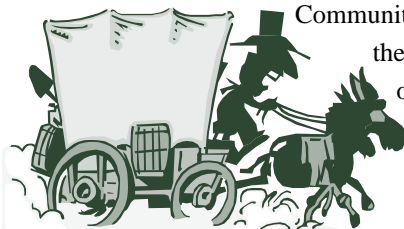


Continuing Ed Programs Move West

Starting with the September program, MSCSW continuing education programs are being held at the Wellness Community, 1058 Old Des Peres Road, west of I-270.

For the past two years member Don Wesemann generously allowed us to use a room in his office suite in Clayton. That room is no longer available and once again, a member has generously stepped forward to offer new accommodations.

Charli Prather, program director at the Wellness



Community has offered the cancer support organization's impressive facilities.

"We're delighted to have the chance to help out our clinical colleagues," Prather said. "We also welcome the opportunity to make more clinicians aware of the free services we offer for cancer patients."

With our growing membership, attendance at CE programs has steadily risen. The new space will be more comfortable for larger groups. In addition, the new location in West County may make it more convenient for members who have found it difficult to get to Clayton during the I-64 construction.

The Wellness Community is located across the parking lot from Casa Gallardo restaurant, in a shopping center on the southeast corner of Manchester and Old Des Peters Road.

For a map and directions, go to www.msosw.com.

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Compelling Topics Fill CE Schedule

The 2008-2009 continuing education season got off to a running start with MSCSW member Patricia Kyle Dennis's discussion on the challenges of symptom management in clients with eating disorders

"The program was terrific," said MSCSW board member Linda Pevnick. "It was very well thought-out and provocative with a good discussion."

In October, members will learn about marketing their private practices from Seattle-based psychotherapy marketing expert Deah Curry. A St. Louis native with a doctorate in psychology, Curry will discuss marketing challenges unique to clinicians.

"As a private practice, fee-for-service clinician myself, I know the challenges faced by independent business owners in the healing arts," Curry said. "I've had to face and solve them myself, and I believe we have to work with the emotional side of marketing as part of the solution."

Other topics on the schedule for this program year include spirituality in patient and family assessments in a hospice setting in November, the myths and realities of Gestalt therapy in December, cultural diversity issues in therapy in March, and more on psychopharmaceuticals in April.

For a complete schedule, go to www.msosw.com.

Practice Management

Practical, therapeutic considerations:

By Susan Frager, LCSW

Second of two parts

So now comes the big question: what do you do about no-shows that happen?

Everyone has their own approach. Discussions among therapists can last hours over what is the best way to handle no-shows. There's really no right or wrong way to handle it; adopt a trial-and-error approach to find the solution that works best for you. But one solution is not a solution: ignoring it. That is the one way to ensure no-shows multiply and take over your schedule.

The most common approach therapists take is to adopt a policy of charging patients for a no-show or an appointment which was cancelled at the last minute (usually defined as less than 24 hours notice). But what do you charge the client if you take insurance? Do you charge a Medicare or Medicaid patient? What about EAP patients?

Never, ever, ever charge an insurance company, Medicare, Tricare, or Medicaid for a missed visit. A no-show or late cancel is always the patient's responsibility.

Having said that, I've run into a couple EAP's that will let you charge the EAP one time for a broken appointment, especially if the no-show was the first visit or if it was a supervisor referral. But don't assume this is ok; ask the EAP representative who referred you the case what the policy is.

What to charge? Some people charge their full fee; others charge the full insurance or EAP contract rate; still others charge the copay. Actually, my suggestion is to do none of the above. Why? Because none of the above methods treats everyone equally. Some people have better insurance than others; why should a person who has a \$50 copay

be charged \$50 while someone who pays \$10 only have to pay \$10? Why should someone without insurance be charged your full \$100 while someone with insurance is only charged \$60? Another disadvantage to this system is that if you do your own billing, you then have to keep track of what the copay or contracted rate is so that you can charge the client the correct amount.

Instead, I suggest deciding on a fixed penalty for a no-show or late cancel, usually in the \$20-\$40 range, and applying it to everyone equally. An advantage to a relatively modest no-show fee is that you might actually get some money.

You could even get creative and decide to charge \$20 for the first no-show, \$30 for the second, and so forth. Some people allow one "freebie" no-show and then charge beginning with the second broken appointment. The only disadvantage to this system is having to keep track of the number of no-shows per client. But it's a much fairer system in that it doesn't penalize a patient for the first time (or penalizes them less), and becomes progressively more stringent the more no-shows or late cancels that occur.

Keep in mind that while most insurances/EAPs say you can do what you like about no-shows, their contracts sometimes specify that you have to have given the client a written notice of your office policies, and the client has to have signed consent to abide by these policies. But there are some insurance/EAP contracts that forbid charging patients for no-shows, and if you've signed a contract, you have to honor it. Also, do not charge a Medicaid patient for a no-show or late cancel. Medicaid forbids this practice. Medicare allows charging patients for no-shows IF you treat the Medicare patients exactly the same way that you treat non-Medicare patients, and

You could even get creative and decide to charge \$20 for the first no-show, \$30 for the second, and so forth. Some people allow one "freebie" no-show and then charge beginning with the second broken appointment.

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Addressing no-shows when they occur

No-shows (Continued from page 2)

if the client has signed consent to your office policies.

With regard to actually billing the patient for a no-show, I strongly believe from experience that you are probably only going to get paid for a no-show if you address the no-show with the client when they reschedule and then again at the next session and insist on payment at that time. Not discussing the issue sends the signal that you don't really expect to be paid. Don't just stick the no-show charge on a statement at the end of the month without saying anything and then expect the patient to pay up. Maybe 1 in 10 patients will...not good odds.

If the patient doesn't reschedule, it's ok to send a statement of the no-show or late cancel charge, but I recommend sending only one. Don't hammer a patient with repeated statements, for a number of reasons. For one thing, patients will think *"she's only in it for the money, she doesn't care"* – and they will tell others what they think about you. A no-show fee of even your full rate isn't worth bad publicity.

Another reason not to dun for no-shows is that patients get angry, and angry patients, especially borderlines, may strike back in the form of complaints. The client may think *"he just wasn't a good therapist,"* and a complain to the license board. A frivolous complaint may eventually be dismissed, but is the no-show fee worth the stress and expense

of defending yourself and any negative publicity that results? Then there's the possibility patients could complain to their insurance or EAP, causing an interruption in referrals. Complaints are free to the patient; they could be costly-on many levels-for you. Not worth it.

If the client eventually returns, you can bring up the no-show issue at that time. It's perfectly all right to say, even after a period of several years, that you'd be happy to work with them again, but the last time they were in treatment there was a problem with no-shows, and in order to come back they will have to pay the bill. Doing this will invest the client in the therapy and make him/her much less likely to no-show in the future.

When should you let a no-show charge go with a client who challenges it with an excuse? Therapists tend to differ the most in how strictly they enforce the policies they've made. Certainly emergencies and crises happen; I don't think any of us would enforce a no-show fee on someone that was rear-ended on the way to your office, or had to be hospitalized for pneumonia. Nobody plans to be in a car accident or

hospitalized.

It's the less severe, more common excuses that trip us up...and the ones that indicate poor planning on the part of the patient. *"I didn't have child care."* *"I had to work late."* And so on. This is where it's all about making that judgment call based on your relationship with the patient, and the therapeutic issues being addressed. The risk is, if you

(Continued on page 4)



More strategies to minimize no-shows

- **Don't schedule "tentative" appointments.**
It's either an appointment, or it isn't. If the patient isn't sure when they can come, let them call you back when they are sure. Also, in the patient's mind a "tentative" appointment might be one that they get the message it's ok to miss, since after all you agreed it was "tentative."
- **Don't schedule a "hesitant" client.**
If after the first or second appointment the client appears somewhat ambivalent about scheduling a subsequent appointment, suggest they think about what they want to do and call you back to schedule when they are ready. Sometimes an ambivalent patient will schedule just to avoid having to say "no" to you in your office.
- **Don't keep re-scheduling a habitual no-show client.**

If the client was serious about therapy, he/she would show up.

- **Don't expect people to keep appointments in severe weather.**
If they are predicting an ice storm, reschedule your clients. It's safer for everyone, especially you. Is it really safe for you to struggle to get to your office just to see that one client out of eight who might manage to make it in?

And, perhaps most important...

- **Discuss the no-show with the client at the next visit.**
If you ignore it, you give the signal that it's ok. It's not, and you want to convey that message while at the same time finding out what happened and, if relevant, working to understand it in the therapy context.

- Susan Frager

(Continued from page 3)

waive a missed appointment charge at the next visit, you may unwittingly be sending a signal to the patient that 1) you don't value your time/services; 2) it's ok to break appointments; and 3) boundaries are there to be bent/twisted/broken.

I think it's all in how you approach it with your client. The mindset of therapists that are successful at collecting for no-shows is that it's a shame the patient had a circumstance that prevented him/her from attending your appointment; however, they booked your time, and your time is worth money. It's not punitive. It's not personal. It's not emotional. It's simply a business transaction. Maybe the client should have planned ahead better. If they had bought baseball or football tickets and couldn't go to the game because they didn't have child care or had to work late, would they expect the Cardinals or the Rams to refund the

price of the ticket? I doubt it. So why is your time less valuable than a ticket to a sporting event?

Of course there are going to be those times where for whatever reason, you waive a missed appointment fee. It may just make good business sense; i.e. not to anger someone who has been a loyal client for a number of years without no-shows, or someone who has referred you to family and friends. Or the patient says they will pay and doesn't, and you decide not to make an issue of it. That's life in this business. Nobody collects 100% of their no-show fees. But the important thing when dealing with no-shows is to be mindful of the message you are sending clients about the way you value yourself and your services. If you value yourself, chances are they will value you too – with fewer no-shows.

Susan Frager, LCSW, is a nationally recognized managed care expert. © Psych Administrative Partners 2008.

One Therapist's Opinion: We give up patient confidentiality too easily

By Glenn McGowan, LCSW

There has been more than one occasion when a client has informed me that they are involved in some legal matter that may require the release of their clinical record to the



court. After some discussion, the client makes clear that there are certain details contained in the written record that s/he wants kept confidential.

I advise the client of his or her rights and of the power of a court order. In most cases the information the client wants kept confidential has no bearing on the case in question. Making this information public would be damaging to the client, the therapeutic relationship and to the profession overall. As is often the case, the order for the clinical record is used as a threat or bargaining chip which is evidence of the lack of respect officers of the court have for psychotherapy. Too often clients agree to release their record against my advice.

I always ask myself how far I am willing to go to protect my client. Am I willing to defy a court order? Am I willing to sit in jail? Given the assault that has been waged against our profession in terms of limitation of length-of-stay and in terms of privacy reduction imposed by HIPAA, I believe it's time to draw a line in the sand. If not, people who are suffering may be reluctant to seek professional help thinking that ultimately, it's not truly confidential. Or, people will withhold important information from their therapist. I believe it is an enormous risk to relinquish control over personal secrets and entrust them to another person who will further give up control by writing this information on paper.

To what lengths should we go to honor that risk and trust? How trustworthy are we professionals? We complain loudly about how freely managed care and insurance companies divulge personal data and yet we clinicians are the data miners. When we educate our clients about confidentiality in the first session, can we advise them that we will defy a court order that is considered to be detrimental to the client's well being? Where in our code of ethics does it state that the nearly sacred trust relationship between therapist and client is appropriately nullified by a judge who cares only about the law? Is it possible to be law abiding and ethical? If I accept jail time as a consequence of protecting my client, am I not law abiding still? Can I get backup for the rest of my caseload while my attorney works for my release?

When I step back and look around I see that privatization and deregulation of all things is rampant in our society and is given an approving nod from our elected officials. These actions tend to serve the elite and powerful, not us and probably not our clients. That we are slowly being insinuated by big businesses/United Way that worship Peter Drucker should be alarming us. There are organizations that probably ought not operate like a business. Forgive me, but I don't consider my clients to be my "customers." I think our profession as a whole shows a blithe acceptance of our place during what looks like class warfare. Instead, we seem to diligently attend to how we'll get paid for our services.

Glenn McGowan is a member in private practice in south St. Louis County, specializing in adolescents and pathological gambling.

Have something to say on this or another topic affecting clinicians? Let us know!

I always ask myself how far I am willing to go to protect my client.

Am I willing to defy a court order?

Am I willing to sit in jail?

Who We Are, How to Contact Us

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

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or visit us online at www.mcschw.com

Member News

MSCSW board member **Tina Dale** returned in July from a three-week trip to Guyana where she taught school children techniques to deal with the daily trauma they suffer as a result of the severe violence that takes place near their school. Tina plans to return in October.

Post-grad member **Michelle Vollmar** received her LCSW in April and was hired as a therapist by Safe Connections, formerly known as Women's Support/Community Services.

Patricia Kyle Dennis wrote two chapters titled "The Fee Payment as an Aspect of Group Communication" and "Changing Chairs: Experiential Exercise for Exploration of Interpersonal Boundaries" in the book, 101 Interventions in Group Therapy. The book was edited by Scott Simon Fehr, The Haworth Press, published this spring.

Student member **Candice Nenninger** received her MSW from Washington University in May and a graduate certificate in Nonprofit Management & Leadership from UM-St. Louis in August.

You've Gotta Eat!
Plan to join us for an opportunity to socialize with your clinical colleagues and check out an area restaurant at



our new "Sample St. Louis" program immediately following the next continuing education program on **Saturday, October 11.**

Roster updates:

The following information should be updated in your membership roster.

Shirley Crenshaw—Office Phone Number (314) 374-4753

Diane Jacobs Kopp— Office Phone Number (314) 994-9888

Welcome New Members!

Sarah Coffman
Joyce Estes
Marilyn Muckerman
Charli Prather-Levinson