THE MONEY ISSUE

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Like many of you, I chose a career path in psychology to help improve peoples’ lives. When I started out as a practitioner, the health care system was very different and competition from an array of mental health providers hardly existed. But as the marketplace changed during my 30 years as a clinician, I broadened the scope of my small-group practice to sustain our business, earn a good living and thrive professionally.

Graduate school prepared me very well for delivery of psychological interventions and making treatment decisions. However, I was never trained in the financial and business aspects of being a practitioner, in how to negotiate compensation and insurance contracts or in understanding the influence of policy and politics on professional psychology. Money, business and politics were not part of the curriculum.

In this issue of Good Practice magazine, we examine the topic of money and its relevance to professional practice. We look at the current landscape of the health care delivery system and the various factors influencing reimbursement and payment for psychological and behavioral health services. We talk to psychologists who have expanded their incomes through niche practices and those who prefer the financial stability of being an employee and receiving a steady paycheck. We explore psychologists’ perspective on money and how they view themselves professionally.

Whether you are just starting out, mid-career or winding down or working in an independent practice or institutional setting, I hope you find this issue helpful and insightful.

Sincerely,

Katherine C. Nordal, PhD
Executive Director for Professional Practice

Follow Katherine Nordal on Twitter, @drnordal.
**Practice Forecast**

*Prep will help with the changes ahead.*

Like the rest of health care, psychology practice is in the throes of a sea change, thanks to forces set in motion by the Affordable Care Act, the Mental Health Parity and Addiction Equity Act, and other public and private influences. These changes – which aim to replace profit-based care with care based more on quality and value – promise to affect every aspect of the way care is delivered and paid for, according to experts.

“There is no question that the federal government is moving in the direction of [these kinds of] alternative treatment systems and alternative payment methods,” says Nancy Lane, PhD, senior vice president for population health management at Vanderbilt University Medical Center. To underscore the government’s sense of urgency, the U.S Department of Health and Human Services is setting a goal this year of tying 30 percent of current Medicare fee-for-service payments to alternative payment models that focus on quality and value, and by 2018, to raise that bar to 50 percent.

The take-home message for psychologists? Now is the time to get educated on and involved in these changes, says Arthur C. Evans, PhD, commissioner of Philadelphia’s Department of Behavioral Health and Intellectual disAbility Services, who oversees services for approximately 600,000 Medicaid recipients in Philadelphia.

“Psychologists have to demonstrate how they can help payers save money and be more efficient in their use of service systems,” says Evans, “but also how they can add value and quality to the health care system.”

What’s more, psychologists have a potentially major role to play in crafting a new system that actually meets the ideals and goals the government is trying to set, Evans and others say. Getting a handle on the health care payment landscape now will help you better understand where the system is heading, fashion your practice in ways that are compatible with those trends, and add insight and expertise to new models that are emerging, these experts say.

**The big picture**

The good news is that health care changes are in line with the values and directions psychology has been taking for a long time, says Stuart Koman, PhD, founder, president and chief executive officer of Walden Behavioral Care, a practice dedicated to a whole-person approach to treating people with eating disorders and other psychiatric illnesses.

“There is an emerging understanding that providing adequate mental health care is essential to a healthy bottom line,” Koman says.

That understanding is fueled by statistics, which show that some 20 percent of the population uses about 80 percent of the health care dollars, and that they are likely to have mental health conditions along with physical ones, he says. Other factors that highlight the importance of and need for psychological services include the overwhelming opioid epidemic and a growing public awareness of how common mental health problems are.

“Very few families are untouched by mental illness,” as Koman puts it.

The Affordable Care Act and the Mental Health Parity and Addiction Equity Act recognize and address such factors, calling for expanded mental health and substance abuse coverage on both inpatient and outpatient levels, and barring discrimination for coverage based on pre-existing conditions, including mental illness. A bipartisan bill passed by the U.S. House of Representatives in June – H.R. 2646, the Helping Families in Mental Health Crisis Act – would support these developments by appointing an Assistant Secretary for Mental Health and Substance Use Disorders, who would help the federal government coordinate and highlight public mental health services.

In the private sector, managed care companies are moving in these directions as well, with the understanding that preventive care is less costly than acute care and that they need to square with the changes afoot under new models of health care delivery, says Pete Liggett, PhD, deputy director of long term care and behavioral health at the South Carolina Department of Health and Human Services. In interactions...
with managed care providers across his state, he perceives they’re driven by a positive mission.

“They truly believe that their members deserve to get the care they need, and recognize that they can cut costs when their members get that care,” he says.

Another development worth paying attention to is health care research and development, says Vanderbilt University’s Lane. Players from all parts of health care are busy creating and testing models that address the new paradigm in different ways. Names for such efforts include population-based care, patient-centered care and value-based care, and include terms that have been around for a while – integrated care, coordinated care and evidence-based practices, for example. People are also tinkering with a wide array of payment models that address cost and quality of care both on individual and systems levels. One example is the concept of bundled care, in which payment for a given condition – say a hip replacement – is delivered in a lump sum payment that is distributed among the care providers. On a large scale, the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA, is creating a new quality-based payment framework for physicians that will be rolled out in stages. The APA Practice Organization is advocating to define psychologists as physicians within this framework.

Undergirding these and related efforts is a thrust toward better, more holistic care for everyone, including the underserved and the elderly. For example, some new models seek to bring health care services to the homes of elderly people whenever possible, while Medicaid is offering payment incentives to providers to work with underserved populations.

Bringing many of these forces together is an entity called the Center for Medicare and Medicaid Innovation, created as part of the Affordable Care Act. It is charged with developing new payment and service delivery schemes in line with health care’s new foci, and as of August, had some 75 projects in the pipeline.

Of particular interest to psychologists is the Health Care Payment Learning and Action Network, part of the innovation center that brings together private payers, providers, employers, state partners, consumer groups, individual consumers and others in a nation-wide effort to accelerate the transition to these new models. Anyone is welcome to join – both individuals and organizations – and the network convenes regular webinars as well as an annual in-person meeting (visit https://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/ for more).

The network, along with other center innovation projects that seek input, offer an incredible opportunity for psychologists to make a difference. “Psychologists should absolutely consider getting involved in these efforts,” says Lane.

**Being a part of it**

There are many ways to proactively seize the opportunities presented by health care reform, both in relation to your own practice and to help improve the system, experts agree. They suggest that you:

**Stay current.** Because things are changing so quickly, it’s more important than ever to keep up with new developments, experts say. That includes staying educated on changes in diagnostic and procedural coding, keeping up with evidence-based interventions that are relevant to your specialty areas and remaining savvy to needs within the health care system. It is also increasingly important to use health care technology that facilitates accurate patient and payment data. Being “on board” in such ways is an essential aspect of successfully navigating the new health care landscape, experts agree.

It is also likely that some psychology-related billing codes will undergo revisions in the fairly near future, as will billing codes for many other providers, says APA and Practice Organization President-elect and coding expert Tony Puente, PhD.

These changes “reflect the very fast pace at which the entire health care system is going – it’s a sign of the times,” Puente says. As psychologists become increasingly integrated into the health care system and part of its reimbursement landscape, it’s of utmost necessity that they understand, attend to and properly use both diagnostic and procedural codes, for their own sake and that of their clients and the system, he says.

**Consider new career paths.** Early-career psychologists in particular should strongly consider entering emerging areas with long-term potential, such as joining integrated-care teams and other innovative care systems. They should also think about working in rural areas and low-income communities and neighborhoods, says Leighton Ku, PhD, MPH, professor and director of the Center for Health Policy Research at George Washington University.

“There continues to be a big geographic maldistribution of medical and mental health care, but especially mental health care,” he says. HHS is attempting to attract more behavioral and health care providers to underserved areas through programs like the National Health Service Corps and the Community Health Center programs. Medicare and other HHS programs also include financial incentives to work in such settings, he says.

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Why is It Hard to Talk about Money?

Analyzing the most avoided topic among psychologists

The results are in, and they are not surprising: Mental health professionals avoid talking about money and dealing with financial issues more than people in other careers. Money taboos pose risks for your patients, as well as for your own financial well-being. Fortunately, if you are reluctant to talk about money, you possess the right skill set to evaluate your own money beliefs and help your patients understand theirs.

“Money avoidance” is more common among mental health professionals than those in other careers, says Brad Klontz, PsyD, CFP®, Associate Professor at Creighton University Heider College of Business, referencing a recent study he co-authored with researchers at Kansas State University. Money avoiders associate negative traits with wealth and money, such as greed, shame and fear. Money avoiders also may unconsciously sabotage their own financial well-being.

In The Financial Health of Mental Health Professionals, Journal of Financial Therapy (2015), Klontz and his co-authors compared the money beliefs of mental health professionals with those of people in other careers. They found mental health professionals often exhibit money-avoidant beliefs, such as, “Good people should not care about money,” “It is not okay to have more than you need,” and “Money corrupts people.” The study was conducted using a self-report survey and the authors acknowledge that future research would benefit from larger, random sampling. The results, however, are consistent with an earlier study of money avoidance in mental health professionals.

“[M]ental health professionals are significantly less likely to report good global financial health, including paying off their credit cards each month, having money set aside for emergencies, having a budget, having adequate insurance, feeling comfortable with their financial status, being confident with their financial knowledge, and having adequate investment strategies to reach their financial goals,” the study concludes. The study notes that training for mental health professionals may reinforce money avoidance: “[I]t is not uncommon to be told that money is unimportant or that one should not enter the profession with the idea of making money or that an interest in money is somehow selfish or impure.”

Many mental health professionals choose the field for altruistic reasons and are drawn to the deeper human needs into which they are trained to delve. The pursuit of money is often seen as a morally inferior substitute for worthier goals such as love, self-evaluation, altruism and caregiving. Nonetheless everyone, psychologists and their patients included, is responsible for earning a living.

Money issues are part of the job.

The good news is that you already have been trained with the tools to tackle money taboos head on. In the clinical setting, you guide your patients in the honest evaluation of their beliefs. You can use these same self-evaluation skills to examine your own beliefs about money. In the growing field of financial therapy, psychologists use the same tools to treat patients for whom financial issues are central to mental health conditions, such as depression, anxiety and others.

“It is an important part of our ethics to talk about these issues,” says Mary Gresham, PhD, an Atlanta psychologist in private practice who also consults with small businesses owners and financial professionals on financial psychology and financial coaching. “It’s part of our job to open up uncomfortable topics.”

The American Psychological Association’s annual Stress in America Survey™ consistently finds money leading its list of stressors in U.S. households, yet psychologists often ignore financial stressors in clinical settings. In six of eight years since the survey launched in 2007, more than 70 percent of respondents said they were stressed about money, with dips to 69 percent in 2012 and 64 percent in 2015 when money stress still topped the list. The 2015 survey found that respondents coped with money stress in healthier ways when they reported having someone upon whom they could rely for emotional support.

Personal debt is a significant risk factor for common mental disorders, says William Martin, PsyD, MPH, MS, citing an ever-growing body of research. He is an associate professor and the director of Master of Science in Human Resources at DePaul University. Martin believes that addressing financial stressors with patients is necessary to embrace “the full wellness continuum.”

“If you work with couples it is often easier for them to talk about their sex lives than it is for them to talk about their money lives,” says Gresham. Vastly different needs and values concerning money may strain relationships as readily as vastly different needs and values concerning sex.

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A healthy cash flow is like an underground stream—it can keep your practice watered in unseen ways, allowing you to concentrate on what you do best.

There are lots of ways to ensure this stream is flowing well and nourishing your practice—among them diversifying your skills, marketing yourself and making sure you have good bookkeeping practices in place, to name some examples.

To help you maintain a healthy financial stream, veteran practitioners recommend that you:

**Diversify.** Psychologists are fortunate to be trained in multiple skills with a wide array of applications. Use this training to your advantage and build on it, advises Lauren Behrman, PhD, who provides counseling and psychotherapy services for children and adults in Westchester County, New York, and Manhattan. She also acts as a divorce mediator, collaborative divorce professional and parent coordinator, among other roles.

“There are so many niches you can get involved in—doing psychological evaluations for law enforcement agencies, psychological assessments for child-care agencies, evaluations for people for various surgeries, consulting to schools, clergy or residential treatment facilities” – not to mention gigs like teaching, writing and training. “There are literally hundreds of things you can get into,” she says.

Behrman’s first niche involved counseling, assessing and evaluating young children with developmental issues—a reflection of her own practice interests that she honed in a variety of practice settings and a four-year postdoc. When she had her own children, she developed an alternate niche doing divorce mediations and counseling high-conflict couples on parenting issues—an area that was interesting to her, compatible with what she was already doing, and allowed her to fit her work around her children’s schedules.

“Create niches based on your circumstances, on what is happening in your community, and that build on your skill sets in ways that keep you interested and engaged,” she advises.

**Tap into trends.** When considering niches, keep in mind the vast array of opportunities in health care, counsels Kevin Arnold, PhD, ABPP, director of the Center for Cognitive and Behavioral Therapy in Columbus, Ohio, a full-spectrum practice of 35 full- and part-time clinicians with plans to expand services into primary care practices.

“As the health care system speeds toward reform, psychologists will increasingly be held accountable for delivering services that improve overall population health and decrease health care costs,” Arnold says, “That means figuring out how our services best fit within the health care system, rather than seeing ourselves as separate.”

The good news is there is no dearth of jobs in the area, he says. Psychologists are equipped to provide a multitude of useful, rewarding and viable health care services—everything from providing surgical consults to helping people change poor health habits to managing chronic pain.
Gain competencies first. Before diversifying, however, Arnold strongly recommends gaining competency in the areas you’re adding. He’s a prime example: Originally trained in applied behavioral analysis, he felt he needed to gain additional competencies in order to be a well-rounded and effective clinician.

To that end, he received extensive training in psychodynamic and cognitive behavioral therapies from seasoned trainers in both areas. He also beefed up his forensic know-how by taking several workshops with the American Academy of Forensic Psychology and consulting with two well-known forensics experts.

“To have a broadly scoped practice, you either need to have existing competencies that go beyond those of a traditional clinical practice,” he says, “or you need to gain those competencies through rigorous education and consultative training opportunities.” Don’t try doing it the other way around, he adds: Putting the cart before the horse can harm your clients and your reputation.

Think financially. Arnold calls the many diversified aspects of his practice “revenue centers” — separate income streams that contribute to the overall health of his practice. A couple of these niches include applied behavior therapy for people with autism and interventions for children and adults with learning disabilities.

Similarly, Behrman thinks of her practice as an investment
Getting Your Proper Due

Filing proper claims and all that entails can mean the difference between a practice that’s flush and one that is bust. Still Waters Professional Counseling in Muncie, Ind., takes the matter seriously. To make sure they’re on track, the 14-provider practice hired a keen-eyed billing manager, Darci Palsrok, who suggests the following:

- **Get it right the first time.** Obtaining all of patient’s correct information up front – their legal name, correct birth date, up-to-date insurance information – is your first and best line of defense, Palsrok says. Drill down with clients on insurance-related questions, for example on whether they have secondary insurance, their insurance is up to date and whether they have changed employment or insurance, especially at the beginning of a new calendar year. Clients often forget such details, and they and your practice can lose money as a result.

  “Having the correct information up front will drive everything else and help you get successfully reimbursed,” Palsrok says.

- **Inform clients about payment policies.** Make sure clients clearly understand your fees and fee policies, for instance that co-pays are due at the time of service. Still Waters provides each client with a service agreement that educates them about their payment responsibilities and the practice’s no-show and cancellation policies, and has the client sign it. These policies are also covered in the Psychotherapist-Patient Agreement from The Trust and the HIPAA for Psychologists CE course and compliance product.

- **Document all of your work.** Carefully documenting your work can save your practice time and unnecessary aggravation, Palsrok adds. In fact, Still Waters has a policy requiring providers to enter their progress notes into the electronic record-keeping system before she can file a claim.

  Include in your notes the kinds of services your client needs, the services you provided, how your client benefitted from them, plans for future treatment, major topics you discussed, goals you have set, and professional observations about your client. Also include time and length of sessions, since extended sessions use different codes and therefore receive more reimbursement. Finally, make sure to connect each element to the proper diagnostic code.

  The bottom line is your bottom line, she says. “It’s a line we’ve heard for years: ‘If it’s not documented, it wasn’t done.’”

- **Examine claims carefully before sending them out.** Is the patient’s birth date correct? Are your insurance codes up to date – for example, are you using ICD-10 codes, not ICD-9 codes? Do you have your provider identification number in all the right places? If the subscriber is different from the patient, did you note his or her birth date?

  “Before I send out a claim, I review it thoroughly and make sure I have the right diagnostic codes, the correct pricing for the code that’s on there, and the correct subscriber information,” Palsrok says. Making a printout helps catch even more errors, she adds.

- **Understand the difference between “rejected” and “denied.”** A claim that’s been rejected has not yet entered insurance processing. Something is amiss with the identifying information, so you just need to correct the problem and send it back. Common errors include wrong codes and outdated insurance, for example.

  A claim that is denied is a bigger deal – it has already entered processing, and the insurer has found something wrong. In this case, “you have to put your detective hat on,” and carefully examine the returned paperwork to see what might be in error. If it’s still unclear, you may need to call the insurer to get to the bottom of it. As ever, prevention is always the best course of action, she says.

- **Conduct regular audits.** Self-audits can be extremely valuable in pointing out documentation problems within the practice or with insurers. Audit one thing at a time – say all of the extended sessions for the last two months, or all of your accounts receivable reports during that time. Such scans can highlight patterns you hadn’t noticed before, like an insurer who’s consistently failing to pay a certain type of claim, or a provider who keeps making the same coding error.

- **Keep staff up to date.** Every other month, Palsrok and the two practice owners hold a dinner meeting with staff providers to address issues and changes related to documentation and billing.

  “We’ll go over codes, give them examples of what their [report] notes should look like, when they should use extended sessions, and so on,” she says. “We had a nice long staff meeting when the ICD-10 came out,” she recalls with a chuckle.

  Taking a careful approach now bodes well for the future of your practice, Palsrok adds. While no one can predict exactly how the Medicare Access and CHIP Reauthorization Act, or MACRA, will change the claims and billing landscape, one thing seems clear: It’s likely to require more, not less documentation of everything you do.
portfolio where she puts varying degrees of time and energy into more or less risky investments.

In the beginning of her career, for instance, her practice was 100 percent in the “bonds” of managed care – financially safe and secure, but beholden to the system’s therapy model and financial arrangements.

About 15 years into her practice, she started taking more risks. “I realized I would much rather slide my fees to help people who couldn’t afford to come and have control over treatment decisions,” she says. She kept moving in the direction of greater autonomy, while retaining aspects of practice she could count on for regular income, such as consulting and evaluations. There are many other ways to make your “investment contributions,” but whatever balance you choose, reflect on it from time to time and tweak it as necessary, she advises.

“After 32 years, I figured out how to see myself not only as an independent practitioner, but also as a small business owner and an entrepreneur,” Behrman says.

Network. Virtually nothing bad can be said about networking: When things are going well, it provides collegiality and friendship; in moments of need, it proffers job leads and career opportunities.

Tyson Bailey, PsyD, credits networking with the opportunity to become a practice partner early in his career. He and his first practicum supervisor, Bill Heusler, PsyD, hit it off so well that they decided to form a group practice centered on trauma treatment, Spectrum Psychological Associates in the greater Seattle area.

That initial networking paid off. Today, Spectrum is a successful five-site practice that models the conditions for a healthy workplace by providing strong benefits, regular opportunities for staff to consult, and a collegial atmosphere.

At monthly breakfast meetings, for instance, “we spend more time laughing and joking around than we do talking about anything serious,” Bailey says. “Our goal from the beginning was to create an environment where people are happy and healthy and getting what they need.”

Befriend technology. Arnold has been using automated billing in his practice for a long time, and his office maintains databases that track patient process and progress and aid in overall planning, scheduling and business operations. Thanks to the recent installment of a new electronic health records system, his center will now enjoy a greater ability to analyze and plot data in ways that are useful to the practice, as well as provide patients with a portal to check appointment times, test results and other information.

After a number of other arrangements, Behrman now does her own billing with a type of user-friendly billing software. She can also accept credit cards, and uses a banking system that allows clients to deposit payments directly into her bank account.

Such techno-tools have helped a lot. “They’ve really helped me streamline my billing and cut down on the amount of accounts receivable I have,” she says.

Farm out. If you lack the resources or desire to take on certain office tasks, hiring out can be a smart option, experts add.

Behrman, for example, uses a virtual receptionist; she also pays an assistant to snail mail and email her bills. On the marketing end, she hired a graphics designer to create a functional and attractive web site, and uses a service that helps her write a newsletter, post blogs and maintain a presence on social media.

The cost of delegating such functions is worth it, with the time and money you save down the road amply compensating for the initial outlay, she says.

Stay flexible. Because their Seattle practice is relatively new, Bailey and Heusler are still ironing out issues of money flow and the best way to manage expenses. Unanticipated costs can and do arise, and the partners are also in the process of considering the types of external office management services they need and can pay for.

While the team is working hard to build a financially sound practice, they also recognize that nothing’s perfect – that a flexible attitude and sense of humor are important antidotes to financial concerns.

“Our model is we are constantly going to be learning,” Bailey says. “Bill and I share the philosophy that we’re never going to have it all, we’re never going to have it completely figured out. If we do things right,” he adds, “we, and our practice, will keep growing, changing and learning.”

Written by Tori DeAngelis
Managing with Fee Balances

Insights from a risk management consultant

One common question I have been asked over my 22 years as a risk management consultant for The Trust is whether psychologists should collect overdue accounts receivable and, if they should, how to do it. Contributing to the need for assistance in many cases is the psychologist’s lack of business expertise and discomfort with business issues.

Inappropriate handling of unpaid fees can have problematic consequences for both the client and the psychologist, so it is critical for the clinician to employ solid risk management techniques in this regard. Many psychologists react emotionally when clients fail to pay for services already received. They also often view non-payment from a clinical rather than a business perspective and see it as a continuation of the therapeutic process. Some psychologists want to write to non-paying clients elucidating clinical reasons the clients are not paying and the therapeutic importance of meeting one’s obligations. This is often expressed as “a matter of principle.” Any perspective other than the business perspective is extraneous to the issue and legally and ethically risky. A non-business approach to the problem can lead to a complex licensing board complaint.

Using a collection agency

Collection actions should be undertaken only when the psychologist has exhausted softer means of persuasion, including at least two written reminders to the clients of the amount owed. Pursuing collection will require some release of confidential information in an adversarial proceeding involving a collection agency or small claims court. Psychologists are limited to releasing only that information needed to collect the debt. In most cases, that means a general description of the services provided, the dates of service and the amount owed.

Psychologists should understand that the only leverage a collection agency has is to harass the debtor-client or damage his or her credit. Many psychologists find the use of collection agencies to be inconsistent with their own perceptions of the work they do with clients. Collection agencies are subject to the federal Fair Debt Collection Practices Act (FDCPA) and a host of state-specific laws which limit the means used by the collection agency. Psychologists must understand, however, that they may be held responsible for the collection agency’s actions, so it is critical to use only agencies with stellar reputations.

Bringing an action in small claims court gives a psychologist more control over the process without impacting the client’s credit. Small claims court involves considerable time and effort, however, and a client experienced with bad debt will know that a judgment is only the first step in effective collection. It also can be costly. Lawyers who specialize in small claims actions charge a high premium and will have to be aggressive in order to collect. That said, in some states, the parties to a small claim action cannot be represented by counsel.

Bringing an action in small claims court gives a psychologist more control over the process without impacting the client’s credit.

Collection activities may provoke retaliation by disgruntled clients who have convinced themselves they have no obligation to pay. The larger the account receivable, the more recalcitrant they can be. They may believe the psychologist’s services were an unsuccessful waste of time, or that the psychologist was incompetent. Some with real financial problems may believe that a caring psychologist would not be requiring payment, since the psychologist is “better off” financially and professionally. Further, those clients experienced with the debt collection process know that creditors have a difficult time collecting from debtors determined not to pay.

Licensure board complaints

A common form of retaliation is a licensure board complaint against the psychologist. Although many
threaten, few clients actually file complaints with the board; but a board complaint subjects a psychologist’s entire work with the client to scrutiny and always generates considerable anxiety and time and effort to defend. Social media also gives disgruntled clients an easy way to retaliate, even if they do not use the formal licensing complaint route.

The psychologist’s best strategy for dealing with bad debt is to avoid it by developing policies emphasizing payment for services when provided and minimizing the extension of credit to clients. If clients say they are covered by insurance, the psychologist must verify what coverage they actually have and what the deductibles and copayments are, preferably during each appointment. The psychologist must carefully monitor non-paying clients and raise the issue directly with them. If a client is not paying timely, suspending or ending treatment may be the psychologist’s best option. A psychologist is not required to provide services for free, but he or she must end the therapeutic relationship appropriately to avoid allegations of abandonment.

Address client debt head-on

Psychologists must understand the financial side of their practices, including how much bad debt they are accumulating over the course of a year. A low level of bad debt (perhaps 1-2 percent of total income) may not be cost-effectively collected (financially or psychologically). A higher level of bad debt should prompt a psychologist to reduce that percentage by addressing the matter head-on with the non-paying clients or by adopting electronic payment methods (credit and debit cards). The psychologist needs to be aware, however, that there is a cost (approximately 2.5 percent or more of the payment) for accepting electronic payments.

Informed consent contracts must spell out specifically the psychologist’s policies regarding payment of fees, the consequences of non-payment, and what information is released if a collection agency or small claims court is used.

The contract should also anticipate a scenario in which the client is involved in a legal case and explicitly address the client’s responsibility for fees to the psychologist, whether subpoenaed by the client or the other party. In many states a “treating expert” witness may be entitled only to a statutory witness fee (often less than $50). The psychologist must make it clear to their clients in advance what their responsibility is for the costs of preparation, travel and testimony time.

The business aspects of a practice are challenging, and those involving money can be uncomfortable as well. Psychologists reluctant to raise issues regarding outstanding fee balances with clients struggling with other stressors in their lives may unwittingly turn manageable debt into unmanageable debt. Rarely does letting a client run up an unmanageable balance due prove to be therapeutically helpful. Even if it does, the psychologist’s later collection action may end up eroding whatever improvement was achieved. Being aware of the risks when dealing with unpaid fees and ways to minimize those risks is good practice.

All the Right Career Moves

Points to consider when starting or changing your career path

Over the course of his 30-year career, Steven Moore, PhD, has made a number of moves, among them working clinically with people with physical disabilities, doing full-time management consulting, supervising adult services for a large community mental health center, and serving as chief operating officer for a company that provided administrative services for state-run Medicaid and other behavioral health services in Connecticut.

“One of the things I’ve always been intrigued by is how to apply my knowledge and training in new environments with new clients and new situations,” says Moore, now vice president for business development at The Village, a Hartford, Connecticut-based behavioral health organization for children and families.

Taking a different track has been Wendy Lippe, PhD, who’s been running a successful private practice in the Boston area for nearly 20 years.

“I am passionate about the work of listening, connecting and ‘being’ with patients, and I also have a strong drive for the creative and administrative control required for building and sustaining a business,” Lippe says.

Moore and Lippe represent just two of the ways you can craft your career, and there are many more. To choose your path – whether you are just starting your career or are thinking of switching gears – factors to consider include the type of work you want to do, the populations you’d like to serve and the settings and work pace that are most comfortable for you. Last but not least, think about your financial needs and desires – whether a steady paycheck is preferable for a while, or whether you want to chart your own course.

Ultimately, your own answers to these questions will determine your course of action, and life is likely to intervene as well. To make decisions that are right for you, here’s some advice from veterans.

Choose areas that excite you.

When Monica Kurylo, PhD, ABPP-Rp, did a practicum in neurological rehabilitation at the University of Kansas Medical School, she knew she had found her niche.

“I distinctly remember saying to myself, ‘Boy, it would be really cool to have this job,’” Kurylo says. She loved working on an integrated care team, helping people recover from stroke and other serious brain injuries and having a varied schedule. Today, as director of neurorehabilitation psychology at the same medical center, she still loves those things – not to mention training practicum students and interns to go on and do similar work.

For Iva Greywolf, PhD, helping indigenous people gain strength and hope has fueled a decades-long career doing clinical, consulting, supervisory and administrative work with and for Native American clients in remote areas of the country.

Coming from a reservation environment herself, “I know there’s a lot of violence, a lot of poverty, a lot of environmental stressors,” she says. “I want [Native people] to see that they can choose a different path, no matter what their circumstances have been up until that point.”

Honor your proclivities.

When structuring your work life, factor in your own personality and pace, others suggest.

Lippe’s strengths include strong executive functioning – the ability to create, organize and stay on top of systems, for example – as well as the ability to tolerate a high degree of uncertainty and ambiguity.

 “[Those traits] allow me to connect with and be with patients in a very natural way, and also to be organized and structured in ways that a large private practice requires,” says Lippe, who maintains thriving offices in Harvard Square and Brookline, Mass.
When Dawn Huber, PhD, switched from private practice to a clinical faculty position in pediatric neuropsychology at the University of Missouri, she knew it was a good fit for her extroverted personality.

“In private practice, I had to be really conscious of making sure I was getting time with professional colleagues and taking care of myself in those ways,” she says. “Now, I have the opportunity to interact with people on a regular basis,” including medical colleagues, patients and patients’ families. “I think this setting fits my needs a little better that way.”

**Don’t be afraid to take risks.**

The outreaches of Alaska aren’t everyone’s idea of an ideal practice spot, but for Greywolf, it felt just right.

A 20-year stint serving the indigenous community in that state began soon after she visited former classmates who were working on Baranof Island, an island in an archipelago off the western coast of Alaska.

“We went up an old logging road and [saw] a full moon cresting up over the mountains,” Greywolf recalls. “When you looked down from this high vantage point, you saw the scatter of islands and the ocean around them. On this magical night, they said, ‘Would you ever consider working in Alaska?’” The answer was yes, and she never regretted it, she says.

**As eager as you may be to choose or change paths, think hard about what you’re getting into. “Don’t move away from something you don’t like – only toward something you want.”**

– Steven Moore, PhD

**Don’t jump until you’re ready.**

As eager as you may be to choose or change paths, think hard about what you’re getting into, Moore adds.

“I know this is a cliché,” he says, “but don’t move away from something you don’t like – only toward something you want.” In the process, consider the reality of your finances and what you will likely be stepping into, as the grass tends to look greener on the other side, he says.

**But do jump.**

At the same time, don’t panic if you need to make choices – sometimes quick ones – based on personal and practical factors such as ailing parents or a spouse’s career needs.

“I’ve never had a plan that worked exactly the way I thought it would,” says Huber.

A couple of things to keep in mind: For one, as a trained psychologist, you have many skills that can be used in a variety of ways. For another, it’s important to be flexible with yourself, understanding that the situation you’re in is unique, and that you’re the best judge of your circumstances.

“The more I get into my career and talk with interesting, successful people, the more I see that most of us have had really different pathways to where we have landed,” she says. Draw on your clinical skills, she adds: “Use the same tools with yourself that you’d use with your patients who are making major decisions and coping with anxieties about life changes.”

**Factor in finances.**

Apply the same messages about your own personality style, preference and life situation to your finances, others add. Do you have a set income you’d like to make? Would you rather earn your income from a steady paycheck supplied by someone else, or be your own manager? Consider your level of comfort with financial uncertainty, ambiguity and risk, which will likely vary depending on the stage of your career and your life circumstances, they say.

Lippe felt comfortable starting a private practice right out of grad school because she knew she had a well-established network already in place, the result of attending graduate school and doing her internship and post-docs in Boston. Meanwhile, Moore opted for a pay cut when he decided to return to clinical work after several years of management consulting. “I thought my level of satisfaction and ultimate long-term financial gain would be better if I took a step back,” he says.

He also takes issue with the notion that you should never agree to a position that makes less than you’re making now.

“You have to walk a line between the immediate cost of making this decision and the long-term benefits,” he says.

The bottom line? Forging a successful career path is at least as much about choosing what keeps you excited and enthused as about the money you make—but with some intelligent strategizing, you can meet both goals at once.

Written by Tori DeAngelis
When Angela K. Lawson, PhD, MA, began working as a psychologist in a fertility and reproductive medicine clinic at Northwestern Medicine in Chicago eight years ago, her colleagues and friends were puzzled. Lawson was a feminist whose training focused on sexual trauma and harassment—wasn’t a fertility clinic far removed from that? While Lawson herself initially shared similar doubts, she found that both her feminism and her training were hugely applicable in the clinic.

“I’m helping women make tough decisions, and feel good about them. I’m helping people build their families, including single people and LGBTQ families,” she explains. “And because so many women have experienced sexual trauma, I still see a lot of that. Everyone quickly saw that this was a really good fit for me.”

Lawson has a joint appointment as assistant professor in the Department of Obstetrics & Gynecology and in the Department of Psychiatry & Behavioral Health at the Northwestern University Feinberg School of Medicine. She was always drawn to academia, and never considered full-time private practice. “At Northwestern, I get to see patients, teach, and do research,” she says. “The only way to do all three is to go into academic medicine.”

It’s an easy assumption that most practicing psychologists are all forging their own way in private practice. But, like Lawson, many of them find their niches as employees in institutions, where they may work as clinicians, teachers, researchers and administrators. For this group of psychologists, the stability, resources and support provided by their employers allow them to practice the way they want to practice—without the struggle of running a business.

More options, more opportunities

Amy N. Cohen, PhD, also forwent private practice so that she could focus on the patients she cared most about: people suffering from psychosis. A psychologist and co-director of Health Services Research within the VA Desert Pacific Mental Illness Research, Education, and Clinical Center in Los Angeles, Cohen briefly ran a small private practice while doing her post-doctoral training at UCLA. “I found it very hard to balance seeing clients privately who were working on personal development, and then going to the hospital and seeing people who were very ill,” she says. “My strengths were with the very ill, so I let go of the private practice.”
Terry Stancin, PhD, a pediatric psychologist at MetroHealth Medical Center in Cleveland, was never in private practice, but she is also in this category of practitioners who prefer the focus and structure of working for an institution. Like Lawson, Stancin is in academic medicine, and appreciates that her role enables her to be a clinician, a teacher and a researcher.

As vice chair for Research in Psychiatry and Director of Child & Adolescent Psychiatry & Psychology, Stancin says that integrated care has opened many opportunities for psychologists to work in medical settings, even in leadership roles.

“Within my division, everyone reports to me – the pediatric psychiatrists and psychologists, social workers, psychology interns and post-docs,” she says. Stancin, who has been at MetroHealth for 30 years, took the leadership role when MetroHealth merged its Psychology and Psychiatry departments. “Taking that role was actually not my choice; it was a hospital leadership decision,” she says. “But it’s worked out well.”

Steady pay without insurance battles

Stancin’s experience highlights the reality that psychologists working in institutional roles need to be reasonably accepting of their employers’ decisions, policies, and cultures.

“Institutional change can be slow, and you don’t have the same flexibility as in private practice,” says Olga M. Vera, PhD, the director of the Faculty and Staff Assistance Program (FSAP) at the University of Colorado-Boulder. “You can’t just make decisions on your own; you need consensus.” But, she says, the upside is the opportunity for lots of collaborative decision-making and consultation with colleagues.

The other upside to institutional employment is security: steady paychecks, benefits, and a framework for promotions, raises and bonuses. “My salary is my salary, my benefits are my benefits, I don’t have overhead costs or rent. I don’t have to worry about billing or fees,” Lawson says.

That kind of stability can make it easier for these psychologists to pursue additional professional opportunities part-time if they want to. For example, Lawson spends nights and weekends doing forensic evaluations for harassment and discrimination cases. Vera says her primary role gives her more freedom to be creative with her part-time private practice, where she is an EMDR, trauma and threat assessment specialist. She also serves as president of the Colorado Psychological Association.

“My salary is my salary, my benefits are my benefits, I don’t have overhead costs or rent. I don’t have to worry about billing or fees.”

– Angela K. Lawson, PhD

the community.” This is in addition to the reimbursement struggle that many private practitioners have with insurance companies.

Still, psychologists working in institutions can’t take their salaries for granted. Stancin says that employees in her division are incentivized by the hospital’s billing system, and their salaries are at risk if they don’t meet billing expectations. “I’m held responsible for the productivity of people in my department, so it’s not like we can do as little as we want and still get paid,” Stancin says. “We have very high expectations for clinical volume, and that can be challenging,” she says, especially since her hospital focuses on disadvantaged populations.

Cohen is in a similar situation. While she is a licensed clinician and has patient contact through her research and clinical supervision of junior colleagues, she is a full-time researcher and her salary is dependent on grant funding. “I’ve been immensely supported by the VA in terms of my research interests and funding,” she says, “but the stress of supporting the salaries of my team and hustling to write grants can be exhausting.”

Likewise, Vera says that outreach to the campus community is a priority for her FSAP team. “If our services aren’t being used, they can easily be outsourced, and that’s not what we want,” she says. “We’re constantly assessing for new problems to solve – how can we do better, or be more efficient?”

Private practitioners may cherish the flexibility of being their own boss. But Lawson, Cohen, Stancin and Vera demonstrate that those drawn to work in institutions can gain a different kind of flexibility: the kind that comes from stability, a steady income, focus and collegiality. Lawson, for instance, refers to her colleagues at the fertility clinic as “a family,” who are all working and supporting one another toward the same goals.

“I found my home. I know how lucky I am,” she says. “I found what I was meant to do. And I love it.”

Written by Hannah Calkins
How does the Practice Organization help practicing psychologists?

The Practice Organization is the only national organization advocating for professional psychology and promoting the professional interests of psychologists in all practice settings.

- Challenging reimbursement rates
- Confronting assaults on scope of practice
- Taking action against managed care and insurance company abuses
- Monitoring legal and regulatory issues affecting practice
- Advancing professional psychology with health insurers
- Affirming the doctoral standards for entry into the profession
- Tracking trends and expanding marketplace opportunities for practitioners

Practitioners benefit everyday from The Practice Organization’s resources and support.

- Access to staff expertise on practice-related legal and regulatory issues
- Business of practice resources on electronic health records, financial management, reimbursement, trademarking
- ICD-10-CM tools help you transition smoothly to the updated codes
- Medicare toolkit guides you successfully through the system
- Good Practice magazine and Practice Update e-newsletter keeps you on top of practice-related issues and topics
- Free listing in the Psychologist Locator helps consumers find your practice
- And lots more, including: Discounts on HIPAA compliance products and tools on alternative practice models

From start to finish, the Practice Organization and APA are with you every step of the way.
Wherever you are in your career or whatever professional issues you face, The Practice Organization and the American Psychological Association (APA) provide resources and tools to help you navigate your career and support your daily work.

In a nutshell:
What’s the difference between the Practice Organization and APA?

The Practice Organization exists to promote and support practicing psychologists. The Practice Organization provides you with access to staff expertise on practice-related legal and regulatory issues and a host of resources to help you in your day-to-day practice. Plus, it proactively advocates for practitioners on reimbursement and other pocketbook issues.

APA exists to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives. APA can provide you with practice guidelines, policies and educational materials about the value of psychological services that benefit the public.

The Practice Organization supports practitioners in ways that APA cannot. Because of its tax status as a charitable organization, APA cannot legally engage in the kinds of advocacy that protect practitioners’ economic and marketplace interests. The Practice Organization is a legally separate companion organization to APA. Membership to the Practice Organization is separate from APA.

Learn more about the Practice Organization’s work on behalf of practitioners at apapracticecentral.org and follow us on Twitter at @APAPractice and Facebook.
THE MONEY ISSUE

Niche Practices

Psychologists who’ve found success with specialized health care

The three niche practitioners we feature in this article are very different from one another: they practice in different niches, live in different cities, and hold differing philosophies on the role of entrepreneurship in their practices. But they do share a few key traits, most notably an intense and focused passion for their work.

“I wasn’t looking for a niche; it just happened because I found it so meaningful and rewarding,” says Beth Cooper, PhD, ABPP, who practices in Lakewood Ranch, Florida. Cooper has a niche within a niche. In addition to working with couples and family systems who are experiencing a variety of problems, she focuses specifically on couples who are experiencing infertility.

“I found that this was a population that I really wanted to learn about and help,” she says, describing how she found her focus. “It felt very significant to help couples with this kind of developmental crisis—and then, sometimes, to help them parent effectively afterward.”

Depending on where they practice, psychologists like Cooper who stake their reputations (and their incomes) on niche practices can have intellectual, professional and financial advantages.

Finding the novel niche

Successful niche practitioners—who may or may not be “specialists” in the formal, APA-recognized sense—are usually not only following deeply held interests or passions; they are also likely to benefit from having a visible professional identity based on their niche.

Part of that benefit: an automatic population of potential clients. “I know that psychologists may be concerned that specialization will restrict their client flow, but I haven’t found that to be the case,” says Mary Gresham, PhD, a financial psychologist in Atlanta. “Developing niche practices gives us a way to distinguish ourselves from other practitioners and develop our deep interests.”

Both Cooper and Gresham’s experiences demonstrate another trait these practitioners share: they carved their niches largely because they identified a need they wanted to fulfill.

For example, Gresham became interested in financial psychology—which she explains deals with values, beliefs, emotions and processes related to finances—when she noticed that her young professional clients’ relationship to debt and social spending was changing. Now, she offers individual, couples, and group therapy to help clients understand and change their dynamics with money, and she regularly holds workshops and has speaking engagements.

“The topic of money is still relatively taboo, and yet money continues to be the number-one stressor in APA’s Stress in America surveys,” Gresham says.

Psychologists themselves aren’t immune to this. “I know that the business side of practice may be an uncomfortable topic for some psychologists,” she says. “That may be because they lack training and opportunities to examine their personal beliefs about money and altruism.” She provides a space for psychologists to do that in supervision groups, where they talk openly about fees, money and the business of practice.

Practicing psychology and business

But niche practitioners may have an edge over other providers in these matters, says J. Kip Matthews, PhD. Attaching yourself to a visible professional identity and reputation based on your niche can boost your professional profile. “When other health care providers think of you, your specialty will immediately come to mind,” leading to more referrals, he says.

Matthews, who is a sport and performance psychologist in Athens, Ga, adds that this may be especially true in densely populated areas saturated with mental health care providers.

For these practitioners (and for many others in private practice), the challenge comes after they’ve established their practices and reputations. How can they reach their potential clients, keep their practice running, and earn a living for themselves?
“If you are involved in the provision of psychological services, you need to see yourself as an entrepreneur. That is essential for the success and advancement of our profession,” says Matthews.

Matthews is vice president and co-founder of AK Counseling & Consulting, Inc. There, he works with athletes, dancers, musicians and others who want to improve their performance. He also consults with coaches and sport leagues to help athletes perform at their best (and have fun, too). “I really like helping people strive to meet these incredible performance goals they set for themselves,” he says.

For Matthews, entrepreneurship is about far more than the success of himself and his clients. He says that psychologists have a responsibility to make the value of psychological services clear to the public.

“Thinking about ourselves as entrepreneurs or business people can run counter to a lot of our graduate training,” he says. “But we have to embrace the idea that our services are valuable, and that this service is something that many people are willing to pay for.”

To market his services and his business, Matthews relies on a fluid strategy that involves social media, engaging in public presentations, and more traditional forms of marketing, such as sponsoring local events or buying advertisements in certain publications.

**Getting away from third-party billing**

Not all niche practitioners share Matthews’ enthusiasm for entrepreneurship. Gresham, for example, doesn’t describe herself a natural entrepreneur, stating that she has had to study, learn and find external support to become more entrepreneurial. Similarly, Cooper acknowledges that administrative, bookkeeping and marketing duties are just part of the reality of running a business.

“We don’t become psychologists because we’re entrepreneurs,” she says. “We care about people, and we want to help people. The business aspects have become an important reality.”

Cooper has a website advertising her practice. She provides a targeted brochure detailing her experience and training to fertility clinics. She also uses a referral service and enjoys networking with other professionals. But Cooper’s focused passion and compassion may be her best marketing strategy.

“When you really believe in your mission – which, for me, is good, solid therapy and empowering people toward positive change – you’ll be successful in all aspects, including therapy outcomes and financial outcomes,” she says.

Part of this success may have to do with insurance and billing. Niche practices may be less impacted by reimbursement challenges than psychologists in a broader generalist practice, says Vaile Wright, PhD, who is director of research and special Projects in APA’s Practice Directorate. For instance, certain practices may not bill third-party insurance at all because there is no corresponding diagnosis code, she explains.

Furthermore, Wright says, “If they are one of only a few practitioners who work with a particular patient population or problem, clients may be more inclined to work with a psychologist who is out-of-network or to just pay out-of-pocket” than they would otherwise.

While the advantages of starting a niche practice are apparent for those inclined to do so, Matthews’ advice to burgeoning niche practitioners is to focus on gaining experience and becoming financially viable first. “During the initial period of marketing your practice and developing a referral base, you can start to brand yourself as a niche practitioner,” he says. Over time, a larger percentage of your caseload will be devoted to your niche.

“Running a business is not easy,” he acknowledges. To help, he recommends that practitioners surround themselves with a knowledgeable team of other professionals, such as accountants, lawyers and technology experts.

Matthews, Gresham and Cooper have distinct experiences, philosophies, and areas of expertise, but all three of these practitioners demonstrate that a combination of focused professional zeal and business savvy is the foundation of a successful niche practice.

Written by Hannah Calkins
Self-Reflection: Viewing Yourself as More Than a Psychologist

Have you ever been in a professional position in which your psychology training alone was not enough to get the job done? Maybe a lack of affordable transportation stood between you and a willing patient. Maybe you were called to help a patient group with needs that fell outside your traditional training. Maybe your resources were too limited to serve a large community’s needs.

*Good Practice* spoke with five psychologists who responded to such challenges by expanding beyond traditional roles as clinicians and researchers. Each forged a new path, leaving the roads traveled by most mental health professionals in order to serve the needs of patients or the mental health profession in innovative ways. Envisioning themselves as more than simply a psychologist was the first step.

**The Businesswoman**

A family-friendly work schedule appealed to Mary Alvord, PhD, when she entered private practice in Rockville, Maryland, in 1983. With few evidence-based practices in the area despite growing demand, business was good. A bit too good, in fact. Alvord did not like turning away patients knowing local options were scarce. As her children grew up and needed less of her time, she realized a large practice group could provide patients more access to services.

“I didn’t go in with the aim of having a large practice,” Alvord says. “Demand drove the growth.”

Alvord, Baker & Associates now includes 16 psychologists and three clinical social workers. Since doubling in size in 2006, the practice has diversified to include group therapy, continuing education and clinical research. The shift from small-practice clinician to businesswoman required long hours for the first three years, a good bit of stress and lots of self learning about business management.

Alvord needed to buy out her partner to transition toward a large practice. Her partner, Patricia Baker, PhD, did not share Alvord’s vision of managing such a large enterprise, which included a substantial real estate investment in an office building to house the expanding practice. Baker continued to work for the practice for many years.

“A lot of people are reluctant to make big changes, but I get excited by it,” Alvord says. Indeed, ten years later, she is enjoying variety and challenge in her work, and she no longer turns away patients for lack of clinicians or space.

**The Policymaker**

Le Ondra Clark Harvey, PhD, always felt a tension between her clinical work and the socio-economic challenges that stopped lower-income patients from taking full advantage of clinical services. The cost of bus fare to travel to a session, for example, was prohibitive for many patients.

“My desire to pursue policy as a career and understand policy better came from my clinical experiences,” recalls Harvey, chief consultant for the California State Assembly Committee on Business and Professions.

Between her internship and post-doctoral work, she took a policy internship at the Center for Policy Analysis in San Francisco to better understand the lawmaking behind mental healthcare policies. She was offered a faculty position at University of California Los Angeles following her post-doctoral work, but accepted a fellowship at the California Council on Science & Technology instead. She was the first psychologist accepted into the program. The fellowship turned into a full time job and she has not looked back.

Harvey’s research skills and grasp of the clinical end results of laws have proven valuable assets in her policymaking career. She marvels at how often legislative positions are supported by nothing more substantive than a Google search. During her prior job as policy consultant to the California State Senate Committee on Business and Professions, the governor cited her legislative analysis when he vetoed a poorly conceived bill specifying required continuing education courses for California psychologists.

Harvey recalls some trepidation when she decided to leave clinical practice. “How would I explain to others the connection between my passion for providing clinical services to the disenfranchised and working as a policy consultant at the state Capitol?” she wondered. “I quickly realized that there is a nexus between the two – for example regulating state boards and influencing policy that impacts practitioners – and once I recognized this I felt like my passions were being validated through the policy work I was doing.”
The Financial Planner

After the 2000 stock market crash, William Martin, PhD, MPH, MS, received calls inquiring about a clinical need that was new to him. Financial professionals were suffering from depression and anxiety, going through divorces, and some were suicidal. Clearly they needed mental health treatment, but what did Martin know about financial triggers of mental disorders? He felt unqualified to address the needs of these patients without a deeper understanding of their financial business world, but there were few places to which he could refer them either.

Martin transitioned into financial psychology. He enrolled in a five sequence course in financial planning to better understand his patients. While he had no desire to be a financial planner, after passing the preliminary sequence he completed the remaining courses to earn a financial planning certification. Armed with a new-found understanding of finance, he developed a keener understanding of the role financial triggers play in a range of mental health conditions.

“The path found me, but I responded to the call,” says Martin, associate professor and director of Master of Science in Human Resources at DePaul University. Martin feels he is meeting a clinical need that had been underserved and is pleased with his transition to financial psychology: “Overall I feel satisfied.”

He advocates for greater professional recognition of the financial psychology field. “Traditionally trained psychologists, psychiatrists and other licensed mental health professionals did not receive specific education and training to address money related matters,” he wrote in a July 2016 article for The National Psychologist. He supports the addition of a Financial Psychology Division to the American Psychological Association.

The Executive

David Young, PhD, figured out early that he enjoyed teamwork. He liked clinical practice in the acute care medical setting and thrived on collaboration. He gained an appreciation not only for the team process, but for the role the unit leader played in pulling it all together. Given the opportunity to become a unit program manager, he seized it, relying on his sensibilities as a psychologist to inform his managerial approach.

“So much of what psychology teaches you is a rigor and a discipline to look at a problem and attack it,” says Young. He adds, “The great psychologists are willing to be mentored.”

Young, now vice president of the Center for Clinical Excellence at Seniorlink, has been attacking new clinical challenges in management roles ever since. He currently is developing a model for positive mental health outcomes for seniors with dementia and their caregivers. His path to Seniorlink included several management roles in programs with interdisciplinary approaches in fields such as occupational health and program-model development.

“My plan was not a plan at all,” Young recalls. “It was something that evolved and happened.”

Part of his role, he says, is to act as the “clinical conscience” of Seniorlink. His latest project is a technology platform for in-home caregivers that would enable them to use their electronic devices to talk to a support coach, answer medicinal and medical questions, find local transportation and errand services, and more.

The Technology Innovator

Sherry Benton, PhD, already had stepped out of a traditional clinical role as director of the University of Florida’s student counseling services. Staffing for the service was generous, but still the counselors could not keep up with demand. Many students were placed on waitlists to receive services.

“It was intolerable to me to keep a student on a waitlist,” says Benton, founder, inventor and chief science officer at Therapist Assisted Online (TAO).

Benton presented the university with an alternative model, augmenting traditional services with online modules to be delivered through the e-learning lab. Students received personalized text reminders about individual goals. Outcomes among students served through the anxiety modules exceeded those of students in traditional face-to-face therapy sessions. TAO is operating in 40 universities and colleges nationwide.

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Second Gigs

*Psychology, with a bit of side work*

In his Twitter bio, Bedford Palmer II, PhD, describes himself as a licensed psychologist, assistant professor, multicultural consultant, writer, and legislative advocate. That he has so many roles isn’t unusual. Like many of his colleagues, Palmer supplements his primary job with part-time work. What is striking about Palmer is the ethos guiding all his professional endeavors, even the ones he isn’t necessarily compensated for. “Even if we’re for-profit as psychologists, we need to adopt a non-profit mindset and be mission-driven,” he says. “When I do anything professionally, I think about my mission: to further social justice.”

“When I do anything professionally, I think about my mission: to further social justice.”

– Bedford Palmer II, PhD

Palmer, who is based in Oakland, earns most of his income as an assistant professor in the counseling department at Saint Mary’s College in Moraga, Calif. He also has a private practice, where he offers psychotherapy, consultations, and training services, with a focus on multicultural issues and advocacy. In addition to this work, Palmer is highly active on social media, and recently launched “Naming It,” a weekly podcast on pop culture, current events, Blackness and psychology with his colleague, LaMisha Hill, PhD.

For Palmer, the decision to diversify his professional roles has more to do with community reach than income. Other psychologists may choose to take on additional work for different and complex reasons. Regardless of their motivations, it seems that many psychologists are opting to take on more than one job.

“I think it certainly is a growing trend,” says Lindsey Buckman, PsyD, a clinical psychologist in Phoenix who has a private practice and a consulting business. Psychologists may diversify their roles for intellectual reasons, or to reduce isolation and create opportunities for collaboration, she says. “A third reason would be to supplement their income—this might be related to the decrease in tenured faculty positions or difficulty surviving in the current health care reimbursement climate.”

For Buckman, expanding her professional scope has both financial and intellectual benefits. Her clinical specialties include chronic illness, LGBTQ concerns, and peak performance, and her consulting services include marketing strategies for independent practitioners, policy development and advocacy for LGBTQ people, and professional presentations. “Developing a consulting element to my practice allows me to think strategically, develop policies, and be a member of a team,” she says. The financial flexibility is also a perk: “It’s nice to have a financial stream that is not based on an hourly rate or face-to-face contact,” she says.

**Finding a new identity and paying off debt**

Building a coherent, integrated professional identity out of these multiple roles is the key for psychologists like Buckman and Palmer. “A few of my clinical specialties overlap with my consultation services, and they certainly
all influence one another,” says Buckman. “I use all my skills and knowledge to inform my business.”

For Palmer, podcast production and online engagement add about five hours to his 60-hour workweek. But because his digital media presence is a vital part of his professional identity and his mission, he can easily justify those unbillable hours blogging, Tweeting, and producing his podcast. Palmer integrates his work as a professor, clinician, and online as much as possible. “Even on practice days, I’m working on my research and teaching, I’m building and identifying my brand, and I’m integrating that brand into my work,” he says. “It’s important to go toward a specific focus.”

Kate Richmond, PhD, has also found that her primary and secondary roles influence one another in important ways. Like Palmer, she earns most of her income as a professor and supplements it with a private practice one day a week. She started the practice ten years ago to pay off her student loans, but now it’s a crucial part of her professional identity, and she plans to continue it once her loans are paid off.

“I’ve always been drawn to the idea of being a researcher-teacher-clinician,” says Richmond, who is an associate professor of psychology at Muhlenberg College in Allentown, Pa. “The roles really complement and inform one other. It keeps me energized, it keeps me from burning out, and my days are exciting because of the diversity of what I do.” Richmond says that many of her research questions come from her clients and students, and her research boosts her identity as a teacher and a clinician.

Richmond and Palmer both credit their respective employers for recognizing the value in their private work and its relevance to what they do on-campus. Without that kind of institutional support, they both say that private work would be difficult or impossible. And for Richmond, it goes both ways. “Financially, I couldn’t have stayed at Muhlenberg without my practice,” she says. “The student loans have to get paid off, and this is my way to do it.”

### Beyond financial benefits

For other practitioners with second jobs, that kind of financial necessity plays a bigger part in their decision to continue in their secondary roles. Gage Sternensky II, PsyD, is the director of behavioral health at the Community Action Partnership of Western Nebraska (CAPWN) in Gering, Ne. Additionally, he has a private practice, and an adjunct faculty position at Bellevue University near Omaha. He took the CAPWN position and went into part-time private practice because he saw needs for both roles in his rural community. But his decision to start the private practice was largely influenced by his own financial need: he has student loans, high insurance costs, and two young children.

“The private practice is a new part of my professional identity, and isn’t as visible as my work at CAPWN or my teaching position. Once I’m out of debt, I’m not sure what will happen to the practice,” Sternensky says. Still, he is grateful that the practice gives him the opportunity to do psychological evaluations, which he enjoys. The opportunity to be versatile and less isolated is a major advantage of having have more than one job, he says, in addition to the networking and financial benefits.

Of course, time management and work-life balance can be difficult. “I think the largest challenge is trying to figure out when to prioritize what,” Palmer says. Sternensky also emphasizes that rural psychologists face particular challenges. “Many of us have to supplement our private practice roles because there aren’t enough clients in the area,” he says, noting that he sometimes has to travel up to three hours away to meet clients.

Richmond shared similar sentiments about the difficulty of achieving a healthy work-life balance while juggling multiple roles. But, she says, “to be totally honest, the rewards and benefits have far outweighed the costs.”

Whatever their reasons for taking on secondary work—to ease the burden of debt, to supplement income, to reach and uplift their communities, to deepen their intellectual pursuits, or some combination of these—it’s clear that psychologists’ training allows them to apply their experience and skill in creative and enriching ways. “I would love to see more psychologists in positions that really highlight the diversity of knowledge and skills we possess,” says Buckman.

For many psychologists, the best way to demonstrate this diversity is by channeling their work into multiple, but integrated, pursuits—from private practices to podcasts. 

*Written by Hannah Calkins*
Politics and Money

Why it matters to psychologists

Radio ads, TV commercials, excessive news coverage and nonstop social media postings. It is election year 2016, and it feels like political campaigns dominate the airwaves and Internet in record numbers compared to other election cycles in the past 20 years. Behind so many ads are the political action committees trying to influence voters and strengthen ties with candidates.

According to a 2015 Associated Press-NORC Center for Public Affairs Research poll, more than 80 percent of the public, regardless of party identification, said campaign contributions directly impact the decisions made by elected officials, and half of them said that impact is large. The poll also revealed that the public favors the current campaign funding system of candidates raising money through donations. But when it comes to political action committees (PACs), people seemed less enthusiastic and divided, according to poll findings, with 44 percent considering PACs an acceptable method of political fundraising.

Political action committees are set up to raise money to support campaigns and elect candidates to public office whether it’s on the state, federal or presidential level. Many PACs represent big business, labor and even special interest groups like medicine.

So what does this all have to do with psychologists? Why should you care about PACs? Politics and money influence decisions that affect our health care system and the professionals working in it, including psychologists.

Advocacy is a core function of most health professional associations. It typically involves a multi-tiered approach including lobbying, grassroots action, coalition building and monitoring legislation and regulatory issues. As the U.S. health care system and marketplace evolved over the past several decades and Congress became increasingly involved in setting direction and policy for our nation’s health care structure, many health professional associations expanded their advocacy efforts into the political arena, establishing PACs.

“The health care climate is dominated by those who show up and in order to stay relevant we have to participate in the discussion,” says Lindsey Buckman, PsyD, an early career psychologist in Arizona. “I believe it is crucial for psychology to be at the table to educate and advocate for mental health and the profession. A PAC is one of the ways that we can advocate for psychology and educate legislators on the issues that are important to us.”

There are more than 4,000 registered PACs in Washington. Among those, 124 are health PACs representing medical and allied health professionals including physicians, nurses, optometrists, chiropractors, and dentists. PACs give health professionals a voice on important issues in local congressional districts and on Capitol Hill as well as face time with candidates and members of Congress to discuss their issues.

Psychology’s history on the Hill

Psychologists’ engagement with PACs dates back to the 1970s with the Association for the Advancement of Psychology’s (AAP) PAC, known as Psychologists for Legislative Action Now (PLAN). Through AAP, psychologists had a voice in the political process for 40 years. PLAN closed in 2012 and the APA Practice Organization launched a new political action committee called APAPO-PAC. This new PAC focuses intensely on addressing practitioners’ concerns, such as cuts in reimbursement for psychological services and inappropriate barriers to psychologists’ scope of practice. Further, APAPO-PAC, working with the Education Advocacy Trust (EdAT), supports efforts to advance psychology as a health profession through funding the education and training of psychologists in working with other health professions.

“Psychologists should understand that political giving enables them to influence broad social policies, which they have with passage of the Health Insurance Portability and Accountability and Mental Health Parity and Addiction Equity Act,” says Doug Walter, JD, government relations associate executive director for the Practice Organization. “But make no mistake, that giving also enables them to help themselves as professionals where they are in direct competition with psychiatrists, social workers and other health professionals vying for fair payment and recognition of their services in the healthcare market.”

“Psychology’s PAC communicates to legislators and to other groups that we are serious about advocating for mental health and for our profession,” says Buckman. “It allows us to support those who support our issues and creates opportunities for relationships.”

Yet, only one percent of psychologists in the US supported psychology’s PAC in 2015. PACs for social workers,
dentists, nutritionists and optometrists outrank the APAPO-PAC. As of July 2016, the American Dental Association’s PAC contributed more than 2 million dollars to political campaigns. PAC’s for psychiatrists and social workers contributed three to four times as much as psychology’s PAC.

“I believe some psychologists were taught that we are above the need for advocacy,” says Ohio psychologist Kevin Arnold, PhD, ABPP. “We do not address advocacy and political giving adequately in our education and training programs so that our colleagues understand the need for giving.”

Minnesota psychologist Robin McLeod, PhD, wonders if some psychologists have issues with how money and power work in politics. “When they read about special interest PACs, maybe they think about big money working for interests that do not benefit typical people living ordinary lives,” says McLeod. “Psychologists, in general, tend to have big hearts. Maybe they are associating PACs with hurting the little guy. If there is a PAC that has a heart, it would be the APAPO-PAC.”

According to Jennifer Johnson, director of the Political Action Committee at the APA Practice Organization, PACs are tightly regulated by the Federal Election Commission (FEC) and must comply with the Federal Election Campaign Act, the law governing the financing of federal elections. “The truth is PACs are transparent and must disclose the amounts of contributions received and disbursed,” says Johnson. “In other words, PACs ensure that money going to politicians is clearly visible and not ‘under the table’.”

Psychology’s Political Action Committee conducts legislative and political advocacy on behalf of the psychology profession. Also known as the APAPO-PAC, this bipartisan PAC advocates for practitioners and educators who are members of the American Psychological Association and APA Practice Organization.

The APAPO-PAC focuses intensely on addressing practitioners’ and educators’ concerns, such as reimbursement for psychological services, inappropriate barriers to psychologists’ scope of practice and funding for psychology education and training.

Part of the APA Practice Organization, the APAPO-PAC is dedicated to supporting candidates for the U.S. Senate and House of Representatives who have demonstrated their commitment to psychology and psychologists.

Learn more about the APAPO-PAC at www.supportpsychologypac.org.

Advocacy’s lasting impact

Some future psychologists already understand how the psychology profession benefits from having a PAC. Graduate student Giselle Gaviria thinks many students do not realize that legislation passed now will affect their training and employment prospects. “As a graduate student I understand the need of supporting candidates who support psychology and the need for services and grants in our communities both large and small.”

Other health professions are getting a head start when it comes to advocacy training for the next generation. The American Association of Nurse Anesthetists (AANA) implemented an advocacy training program for graduate students seven years ago. AANA also appoints a student representative to their PAC board who is involved in creating the organization’s advocacy training plan for graduate students.

“With more and more master’s level practitioners entering the field, if psychologists are not politically active, we will become invisible in the health care political fray,” says McLeod. “If we want our voice to have enough power to create change that is in the interests of psychologists, we need to put some umph behind that voice. And as much as I might wish it wasn’t the case, money is the umph that becomes a powerful voice for change.”

Written by Luana Bossolo
The American Psychological Association seeks comments from all interested individuals and groups – including psychologists, health care professionals, researchers, clients/patients and their families, APA governance members and the general public – on the draft Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults.

Comments will provide the panel that is developing the guideline with valuable input as it works to produce the final version. It is anticipated that the final version will be submitted to the Council of Representatives for approval as APA policy at its February 2017 meeting.

The 60-day comment period opened on Oct. 5, 2016, and closes on Dec. 3, 2016. The draft guideline document and comment portal are available online at apacustomout.apa.org/commentPracGuidelines/comment.aspx.

APA’s Clinical Practice Guideline Initiative

APA’s Council of Representatives approved an initiative for the development of clinical practice guidelines in 2010, following recommendations from the Board of Professional Affairs, Board of Scientific Affairs, Committee for the Advancement of Professional Practice, and Board of Directors.

Clinical practice guidelines provide evidence-based recommendations for the treatment of particular disorders or conditions. Such guidelines, which are playing an increasingly prominent role in health care, translate what is known from the most recent and highest quality research into a form that practitioners can use. They also serve to identify gaps in the literature where new research is needed.

(A note on terminology: APA originally called these “clinical treatment guidelines” but switched to “clinical practice guidelines” in order to be consistent with other health care organizations. In addition, APA develops “professional practice guidelines,” which generally address how practice is conducted with particular populations or in particular settings.)

The APA Board appointed an Advisory Steering Committee (ASC), composed of nine APA member psychologists, to design and oversee the process of clinical practice guideline development. The ASC has chosen to work within the Institute of Medicine’s widely accepted standards for conducting systematic reviews of evidence and producing guidelines. The ASC is informed as well by the work of other organizations, such as Guidelines International Network, that seek to strengthen methods for guideline development.

Other tasks of the ASC include selection of topics for guideline development, vetting of nominees for membership on guideline development panels, and formulation of plans for disseminating guidelines and encouraging their implementation by health care professionals.

Guideline development panels are composed of scientists, clinicians and client/community representatives. While the majority of members are psychologists, they also include specialists from other disciplines such as medicine and social work. The PTSD panel is chaired by psychologist Christine Courtois, PhD, ABPP.

The work of each guideline development panel includes: defining the scope of the guideline and the specific questions to be addressed (as it is not feasible to consider all aspects of treatment in a single guideline), obtaining independent systematic reviews of scientific evidence, evaluating that evidence and its limitations, assessing the benefits and harms of treatment options, obtaining and assessing clinician and patient perspectives, generating guideline recommendations and drafting the full guideline document.

In addition to the PTSD guideline, two other guidelines are currently being developed: one on depression across the lifespan and another on obesity in children and adolescents. It is expected that draft versions of those guidelines will be released for public comment by mid-2017.

For information on APA’s clinical practice guidelines steering committee, visit www.apa.org/about/offices/directorates/guidelines/clinical-practice.aspx.
APA Practice Organization
Governance

New members elected to the Committee for the Advancement of Professional Practice

Members of the APA Practice Organization elected three new members to the Committee for the Advancement of Professional Practice (CAPP) to serve a three-year term beginning on Jan. 1, 2017.

CAPP is the governance committee dedicated to the APA Practice Organization and reports to the APA Practice Organization Board of Directors.

CAPP works with the APA Practice Organization board to identify, plan and implement projects related to the defense and enhancement of professional practice. Members of CAPP must be licensed psychologists who are members of the APA Practice Organization and a state, provincial or territorial psychological association (SPTA), or an APA division. CAPP members are elected based on specific slates and represent all APA Practice Organization members.

CAPP elections were held between Aug. 1 and Sept. 30, 2016. The CAPP nomination period is held annually between February and March. Members of the Practice Organization – those who have paid the Practice Organization membership dues – are eligible to participate in the process of nominating and electing CAPP members. The Practice Organization is a legally separate companion organization to APA.

Membership in the Practice Organization is separate from APA.

Diana Prescott, PhD
Expanded Practice in Health Care

Jorge Wong, PhD
Development/Management/Administrative Experience in Large Systems

Lindsey Buckman, PsyD
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Practice Forecast  continued from page 4

Develop market-savvy niches. Specialty niches continue to be a key vehicle for successful psychological practice, and that is increasingly the case for niches related to health conditions. As psychologists become more involved as members of integrated-care teams, for instance, there are ample opportunities to demonstrate how psychology can improve health in evidence-based ways. That includes everything from behavioral strategies to help people quit smoking or get better sleep, to helping people cope with effects of chemotherapy, to name some examples. Communicating psychology’s effectiveness in such domains, underscores Evans, is also prime material for advocacy.

Assume leadership roles. Psychologists should also be thinking about using their unique professional skills – assessment, measurement and evaluation – in leadership and administrative roles. These include roles that blend psychologists’ interest in social justice, science and quality of care – for example, designing systemic strategies to reduce health disparities and improve health equity, Evans says.

Aim high, agrees Vanderbilt Medical Center’s Lane.

“Don’t be afraid of politics or administration or anything else,” Lane advises. “While these roles are not necessarily what psychologists are immediately drawn to,” they provide a fantastic opportunity to observe and influence the bigger picture of health care delivery, she says.

“You can get in there,” emphasizes Lane, “and you can make a difference.”

Written by Tori DeAngelis

Why is It Hard to Talk about Money?  continued from page 5

If you are in private practice, you face another side of the money taboo. As both business owner and caregiver, you must talk about your own financial needs with patients in so far as you must discuss payment policies and collect payments.

“In the context of the clinical relationship, it may seem that you are talking about your personal wants and needs instead of focusing on the patient,” says Jeff Zimmerman, PhD, ABPP, of The Practice Institute, which provides consulting services and management tools for behavioral health practices.

“The business side of the relationship, however, should not be personal either to you or to the patient. It is about the professional service relationship between you.”

Zimmerman, who is the co-author of Financial Management for Your Mental Health Practice: Key Concepts Made Simple with Diane Libby, CPA, recommends adopting the following well-established small business practices that professionalize and depersonalize the business side of private practice.

Have clearly defined policies. Decide what types of payment or insurance you will accept; when payment is due and if checks may be post-dated; what you will do in case of a missed payment; under which circumstances, if any, will you permit late payments or missed appointments, etc. These policies should be in writing.

Talk about policies during intake. Intake is the appropriate time to talk with new patients about their financial responsibilities as well as their treatment responsibilities.

Planning and metrics. Well-run businesses follow structured business plans and measure results. Metrics can be simple, for example, tracking the income from different revenue sources, your overhead costs and your ultimate earnings.

Improve your own financial health. Make sure you are taking care of yourself financially, including having money set aside for emergencies and saving for your retirement.

Few psychology graduate programs teach basic business practices. Many psychologists seek mentorship from a well-established peer. The Small Business Administration (sba.gov) offers free webinars on topics such as writing a business plan, creating a savings plan and basic marketing strategies. For complex legal and accounting questions, ask an expert. You’ll find it is easier to talk comfortably about financial policies the better you understand them.

Written by Sherry Delaney

Self-Reflection: Viewing Yourself as More Than a Psychologist  continued from page 21

Not only did these five psychologists challenge their own professional self-perceptions, they challenged the perceptions of their peers. Some colleagues were not supportive.

“It was not without its pain,” Benton recalls. Some peers accused her of “selling out” for money. Still she is happy with her choices, and with the knowledge that fewer college students in crisis will find themselves on counseling wait lists thanks to her work.

Written by Sherry Delaney
Scheduling & To-Do Lists
Track clinician schedules, patient appointments, notes, and billing. Appointments and other tasks are automatically added to your personal To-Do List. Sync your calendar to your smart phone to view your schedule on the go.

Patient Notes & EMR
Complete your notes quickly and easily. Our note templates have been uniquely designed for mental and behavioral health. Go paperless by uploading your patient files into TherapyNotes. All of your data is secure and encrypted.

Electronic Billing
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New Patient Portal!
Customers can request appointment times

My experience with TherapyNotes this past month has been fantastic!
Firstly, the system is easy to navigate, thorough, flexible, and extremely clinically intuitive. Secondly, technical and customer support has been efficient, fast, and very personal. I am leaving another EMR system for TherapyNotes... gladly. I'm very happy that you've created such a quality product. Thank you!
Dr. Christina Zampella, PT, Licensed Clinical Psychologist

Just want to say that I truly love the system!
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Kathleen Brewer, CCC-SLP

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