Introducing Yourself to Other Health Care Professionals

Guidance on making yourself and your services known to potential referral sources

A network of strong referral sources can be crucial to helping grow a new practice and to maintaining or building referral streams for an existing one. Marketing tools that help inform others about you and the services you offer include having a website and practice brochure, as well as a listing in the APA Practice Organization’s Psychologist Locator (see ad on page 13). The overarching strategy involves being active and visible in your community.

One tool to connect with local health care professionals is a letter of introduction. Below are pointers to consider in preparing such a letter. A sample template letter to physicians that psychologists can adapt for their own use appears at right.

Keep it brief. Director of Behavioral Health Services at St. Luke’s Humphreys Diabetes Center in Boise, ID, Amy Walters, PhD, says, “I work in a medical setting and the number-one thing I hear from doctors is that their time is limited.” Be short and to the point.

Describe yourself. Formulate and present your sound bite: Clearly describe who you are, the services you provide and the clients you serve. In her letter of introduction, Valerie Shebroe, PhD, of East Lansing, MI, notes her practice areas, including chronic pain, depression and disordered eating. She also makes clear her openness to working with health care providers and school personnel, naming two local registered dieticians with whom she collaborates in caring for patients with eating disorders.

Communicate the value proposition. How can you be of help? Explain the benefits and value of what you can provide to the professional to whom you are writing and his or her clients. Write about problem areas and issues you can address, not treatment modalities, Shebroe says. She cautions that a physician might not be familiar with certain kinds of psychological treatment, so it’s best to avoid including a laundry list of techniques. Consider giving a couple examples of the kind of issues you handle and the benefits you can...
provide. For example, for an OB/GYN you could cite how common postpartum depression and anxiety are and explain that you can help improve maternal and infant health. For an oncologist you could discuss the prevalence of comorbid depression in patients with cancer, as well as family and relationship issues. Mention that treating the whole person, including the related mental/behavioral health issues, not only helps address the mental health aspects, but can improve physical health outcomes and adherence to difficult treatment regimens and management of unpleasant side effects.

Focus on an appropriate target audience. Don’t try to be all things to all people. Target your mailing to those professionals whose patients can benefit from your areas of expertise. You can search online for particular specialists in your geographic area by combining the specialty name and your zip code. In addition, you can search many physician review websites by zip code.

Tailor your message to your audience. You may have an extensive curriculum vitae and offer a broad range of services, but when trying to connect to another health care professional many of your services may not be applicable. Identify the particular services that pertain directly to what the target provider does and focus on those areas.

Back yourself up. Consider including a nugget of research or a statistic to substantiate your claims. Phyllis Koch-Sheras, PhD, of Charlottesville, VA, is a partner in a women’s therapy group. In her letters to physicians, she points to research showing women who suffer from fibromyalgia and other immune deficiency disorders benefit from psychotherapy in combination with their medical treatment.

Say where your practice is. In addition to giving the address of your practice space, indicate the neighborhoods your practice serves and the convenient commute to the health care practitioner’s office. If you are close to the downtown office area of your city, point out that working clients can easily come to see you during their lunch break. If you offer evening or weekend hours, be sure to include that information.

Include the insurance you accept. Julie Steck, PhD, has been in practice in Indiana for 20 years. Recently, her practice started accepting insurance from two additional payers. So she sent a letter to physicians who already referred to her group, as well as additional medical groups, and her referrals doubled. She plans to send a similar letter every six months to remind the administrative staff of medical offices what insurance her group accepts.

A few days later, visit the office. “When I set up practice in my rural area, I sent out 50 or 60 letters of introduction,” says Michael Schwartz, PsyD, of Liberty, NY. Then he stopped in the offices and in the few minutes he had with each professional, he introduced himself again, told them what kinds of issues he works with, and offered to speak to their staff when it was convenient for them. Schwartz says it was crucial to “make the connection visually [and] verbally.”

Include additional materials. Along with the letter of introduction, include your business card and a copy of your practice brochure or a recent article you have had published. Be sure to note the URL for your website in your letter so the professional can learn more about you and pass on the information to those he or she refers to you. Pauline Wallin, PhD, of Camp Hill, PA, suggests including tip sheet handouts with information of interest to patients and encouraging the physician to make copies for his or her clientele.

Keep the momentum going
When your letter yields referrals, it’s important to keep the momentum up. Here are some next steps.

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Communicate regularly. Don’t let too much time go by without being in touch with your referral sources. Depending on your relationship with a particular individual, call, email, send a follow-up letter or meet for lunch periodically to build and maintain the relationship.

Express your gratitude. When professionals begin to refer to you, call to thank them personally. If someone refers to you regularly, be sure to periodically let that person know you appreciate him or her sending business your way. During the winter holidays, send a card or a nominal token of thanks.

Make referrals to your referral sources. Your contacts will view their relationship with you as mutually beneficial and will be more likely to reciprocate.

Grow your referrals exponentially. Once you have an established relationship with referral sources, consider asking them to send information to, or put you in touch with, other professionals they know who might be interested in your services. In some cases, your referral sources may even be willing to put a stack of your business cards and brochures in their waiting area.

Cyberbullying

Effects bullying has on each participant, including bystanders. Identifying the different roles individuals may play in cyberbullying situations may determine different intervention strategies and coping mechanisms. Additionally, clinicians must be mindful of the duality of bullying roles in that one person might be in more than one role at different times. Teaching students how to deflect rather than reciprocate cyberbullying may help to reduce the incidence of mutual bullying. Clinicians may also need to identify their state’s legislation on bullying and cyberbullying to inform their decisions regarding necessary actions to help parents intervene or prevent the cyberbullying. The importance of contextual factors surrounding bullying is emphasized, illuminating the need to consider the systemic and environmental factors when addressing bullying. Lastly, although different mental health problems are associated with bullies compared to victims, treating those problems in full recognition of the impact of bullying on the individual’s life may serve to both improve the mental health disorder as well as reduce the incidence of bullying.


Summary

Using the same data described in the previous article, the authors evaluated the relationships among bullying, cyberbullying and suicide. Twenty percent of the almost 2,000 middle school respondents reported seriously thinking about suicide. Youth who had either engaged in bullying behaviors or been victims of bullying behaviors (both traditional and cyber) were more likely to report suicidal ideation, although being a victim was a stronger predictor of having suicidal ideation. Bullying victims and offenders (both traditional and cyber) were more likely to have attempted suicide than those who were not exposed to bullying. The researchers caution, however, that exposure to bullying (traditional or cyber, offender or victim) was only a small contributor to youth experience of suicidal ideation or attempt at suicide. The researchers noted that a variety of other factors also contributed to these outcomes.

Practical Implications

Just as traditional forms of peer aggression are known to be linked to increases in suicidal thoughts, cyberbullying is linked as well to increased suicidal ideation. Prevention and intervention programs related to cyberbullying may need to incorporate a component on suicidal thoughts and behavior. While cyberbullying itself may not lead to suicide attempts, cyberbullying may be another factor that adds to a young person’s feelings of isolation or hopelessness that ultimately can lead to suicidal ideation.

NOTE: Subscribers to PsycNet can read articles published in APA journals. Other articles may be accessible through Medline or other databases.