MUSINGS ON THE TIMING OF ENTRY INTO PRIVATE PRACTICE

Jan Wolff Bensdorf, CSW, LCSW

I teach in a clinical social work program that attracts many students whose career goal is to be in private practice. While I believe that we prepare them well academically, academic knowledge is not the only type of wisdom necessary to be a good clinician. We must also learn to gather, nurture and respect practice wisdom to inform the work we do. In addition, we need to learn about ourselves as therapists from an internal perspective, and then combine that knowledge with the public world of therapy, the articles in journals, workshop presentations, continuing education programs, and ethical and policy statements set forth by our professional organizations.

Often, during class discussions where case material is presented, students talk about the timing for starting a practice. It is always difficult for me to answer that question. Most states require licenses in order to practice independently. This usually delays the opening of an independent practice by a minimum of two years. In addition, third party payers require practitioners to have clinical licenses in order for them to be paid for services. During those two years of apprenticeship, the novice is required to obtain regular supervision. While this helps to codify the timing of beginning a private practice, it does not totally address the question asked by my students.

It is an almost universal concept that we become better therapists by doing therapy. That, in and of itself, encourages people to quickly become therapists with the goal of getting better sooner. But what experience and knowledge is necessary before setting out on one’s own? Is there a way to identify certain characteristics, knowledge bases, and self-understanding? Certainly there are specific areas of practice, which we need to examine. We need to understand and deal with our fears of being inadequate and the potential for failure.

While this is a career-long issue, it is most prevalent in new therapists. We evolve in our understanding of inadequacy and failure, as well. There is a realization that grows over time, for instance, that when a client does not return to treatment it does not mean we have performed at a sub-par level. One area of knowledge is recognizing those intuitive understandings which lead us to trust what we know about ourselves as practitioners, and which indicate successful work. This should be based on practice experience, for it is in this way that we really gain a sense of comfort in our role in the therapeutic process. Charles Kramer, in his book, Therapeutic Mastery, says, “Becoming a good therapist demands a long period of learning, examining and appreciating mistakes, finding correctives, making new ones, and evolving our own style” (p. 30).

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From the Chair

When NASW decided to increase the number of sections from four to eight, I worried and wondered about the impact it would have on recruiting and retaining our members. A year after the new sections were added, the Private Practice Section’s membership has not only increased, but remains the largest one.

Many changes have taken place, which have contributed to our growth. For example, the NASW Section Web pages have been updated, and are more user-friendly. You can now visit the Private Practice section Web site and gather pertinent updates about issues that directly affect your practice. The updates are informative, researched based, to-the-point, and address a variety of subjects. The Web site also features an online forum/bulletin board for section members to communicate with each other. You can also use the online forum to communicate directly with our committee members. We encourage you to share your ideas and suggestions. In addition, we also have developed a new brochure answering the questions most frequently asked by social workers interested in opening a private practice. And, thanks to the hard work and dedication of previous committee members, the Private Practice Guidelines have been revised. The brochure and guidelines can both be purchased through the NASW Press at www.naswpress.org

We continue to be dedicated to providing you with information that would make your practice successful and rewarding.

Pat Herrera-Thomas, LSCSW, LCSW
Chair, Private Practice Specialty Practice Section Committee
From the Editor

In this, the first Private Practice Section newsletter of 2004, we are featuring authors and articles that we hope will grab your attention and interest. The articles represent a range of perspectives and topic areas, while the authors reside in geographically diverse places, like Connecticut, Illinois, and Montana.

You will find something written by Mirean Coleman, LICSW, ACSW, in all of the Private Practice Specialty Practice Section newsletters. Mirean is the National NASW senior policy associate for clinical practice, and is extremely knowledgeable about policies that affect our practice. Based in Washington, D.C., Mirean produces the Practice Updates we receive periodically.

Two other authors, Steve McArthur and Meg Kallman O’Connor, have both contributed to previous newsletters. Both are Section members and serve on the Section Leadership Committee. Steve writes from Missoula, Mont., where he works as a management consultant, having transitioned from private practice. His subject is “Appreciative Inquiry,” a way to approach systems—from organizations to families—using a focus on what works, rather than on the problem. Meg, on the other hand, shares her experiences as an NASW trainer, a workshop presenter on bereavement guidelines for social workers in hospital emergency departments. Meg has a clinical practice in Morristown, N.J.

This newsletter also has a new author, Jan Wolff Bensdorf, LCSW, who is adjunct professor and coordinator of continuing education at Loyola University School of Social Work, in Chicago. She has maintained a private practice for 23 years and is also secretary of the Illinois Chapter of NASW. In her article, Jan addresses the dilemma of readiness for entry into private practice, from her experience as an educator. All of these authors, by the way, invite your e-mailed comments.

You may be curious about how articles and authors are selected for participation in the newsletter. The newsletter is planned by the Private Practice Specialty Practice Section Leadership Committee at a face-to-face annual meeting in the fall and subsequent conference calls. Each section committee member is asked to contribute an article, either personally or by soliciting one from a colleague.

We have also invited articles from you, the Section membership. Articles are to be submitted to the Section Committee Editor in Microsoft Word or rich text format, are limited to 1500 words, and must be accompanied by information about the author, including an e-mail address. They are chosen for publication based on their relevance to private practice social work, at the discretion of the Private Practice Committee and Specialty Practice Sections staff. Of course, the lifeblood of the Private Practice Section is the interest and contribution of members, so your investment in the Section—in the form of a submitted article—brings cheers!

SOMETHING NEW ...

In response to feedback from Section members, we are looking for ways to foster networking via the newsletter. In Committee brainstorming we came up with three ideas, two of which are implemented in this newsletter. First, we have a “Did You Know” column, a series of facts that may influence our practice.

Secondly, we would like to introduce a “What is Happening in Other States” column that includes news blurbs from the membership. An example, since I am from Wisconsin, is our problem with licensure rules. The
development of rules defining alcohol and drug abuse treatment by licensed clinical social workers is being blocked by the alcohol and drug abuse certification folks. The Wisconsin Certification Board wants all clinical social workers (currently licensed to practice clinical social work) to undergo separate expensive certification if we are to treat anyone, even briefly, who has an alcohol/drug abuse diagnosis, even if that diagnosis is secondary. NASW-WI is strongly opposed to this, and is working to prevent what could be a nightmare for all of us.

News from your state that may be of interest to Section members should also be forwarded to the editor.

**MEMBER HIGHLIGHTS**

Finally, we want to regularly highlight member accomplishments, to recognize the heroes in our Section, those who go above and beyond to contribute to the profession. In this issue, we acknowledge member Stephen Knezek, RN, LCSW, CGP, who practices in New Haven, Conn., working at a full time private practice, as well as full time clinical supervision and private practice consulting. Stephen writes a column on Private Practice Questions and Answers for NASW-CT newsletters.

Stephen has also conducted a three-hour seminar on “Building and Maintaining a Thriving Private Practice” for the annual NASW-CT statewide conference. Last October the NASW-CT Chapter was awarded a $1,000 grant by the NASW Specialty Practice Sections to sponsor this seminar, attended by more than 45 social workers.

Stephen frequently answers questions on private practice issues all over Connecticut via phone, mail, and e-mail. He works closely with Steve Karp, executive director of NASW-CT for all issues that affect clinical social workers in, and out of, private practice. Stephen’s biggest victory in working with the chapter executive director was, “To have Anthem change its policy requiring LCSWs to work with psychiatrists before they would allow us to be full network providers for their HMO Medicaid product (Blue Care Family Plan) in May 2003.” He continues, “Many LCSWs in Connecticut have taken advantage of the rule change that Mr. Karp and I instituted, and are full network providers for one of the neediest sections of our state. People on HMO Medicaid can go to private practice clinicians, as well as clinics that often have long waiting lists.”

Stephen Knezek, LCSW, is one of our heroes and deserves the recognition of the collective private practice community. On behalf of the Private Practice Specialty Practice Section, I congratulate Stephen.

The Private Practice Section Committee hopes that you find this newsletter relevant to your practice. We can grow and improve, but only with your input. Please e-mail me with your feedback, articles, book reviews, news from your state, and information about social work heroes at rdulteig@msn.com

Donna M. Ulteig, ACSW, LCSW, DCSW serves as the Private Practice Section Committee Editor

**Ms. Ulteig is a clinical social worker in private practice at Psychiatric Services, SC, in Madison, Wisc.**
NASW TRAINING OPPORTUNITIES

Meg Kallman O’Connor, MSW, LCSW, CTS

On November 14, 2003, I returned from Nashville, Tenn., where enthusiastic social workers attended the workshop entitled “Bereavement Practice Guidelines for Social Workers in Emergency Departments.” This was the fourth and final occasion for me to present this program, developed by NASW and made possible with funding from Emergency Medical Services for Children, a division of the Maternal and Child Health Bureau under the Department of Health and Human Services.

In October, the 19 inches of snow that fell did not prevent about a dozen hearty folks from showing up in Casper, Wyo., for the same program. The “jackalope,” true to its nature, did not make an appearance. However, a friendly shuttle driver took the time to search a bit for me—a city slicker—and the local antelope herd presented quite a photo op for me along the way.

In Rhode Island, a month later, the gale force winds that caused such a stir and cancelled plane flights up and down the East Coast, only served to whip up my enthusiasm. Additionally, I was forced to enjoy yet another culinary experience in Providence—they have great restaurants there. Sadly, Pawtucket, R.I., was the site of a raging fire on the second day of those winds. My thoughts were with those first responders who, just one year ago, were also involved working the tragic Station fire. The training program did include a critical incident stress management piece, which was timelier than we could have known.

I am an unabashed devotee of social work, and the social workers I have had the privilege to meet throughout these travels are an honor to know. The New Jersey Chapter of NASW, of which I am proud to be a member, invited the presentation of this program in Spring 2002, without hesitation. Social work is not a job. It is a career that provides the opportunity to combine matters of the heart with public as well as personal service.

The Bereavement Project

When seriously injured or critically ill children arrive in most emergency departments, they are whisked into a treatment room where medical professionals of varied disciplines descend upon them. Parents and family members are generally asked to remain in the waiting room, where they do just that: wait.

The bereavement project is focused on this time in a family’s life. From the moment of the patient’s and/or the family’s arrival at the emergency room, the program’s goals, as stated in the training, include the following:

• To enhance the social worker’s knowledge of the grief process of the family

• To develop and enhance the social worker’s skills and ability to help the bereaved family

Family-centered care, advance preparation, reactions inclusive of sibling reactions, follow-up, and health care provider issues are among the topics addressed in this program. An additional goal of the training includes a brief piece “to develop and enhance the social worker’s skills in disaster situations.”

No Harm in Asking

I have been asked how it was that I became a “trained trainer” for NASW. In November 1998, an article appeared in the NASW News, entitled “Project Seeks to Benefit Bereaved Families.” The topic is one that is close to my heart, and working with families in the wake of sudden or traumatic death has been the focus of my work since 1988. I took a chance, a first step: I sent a letter of interest

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to Mirean Coleman (NASW’s senior policy associate for clinical practice), who was noted in the article. I included my curriculum vitae, along with a pamphlet entitled “What Now?” I had published the pamphlet—which is written for family members and friends of those whose loved one has died suddenly—in March of that year. “What Now?” has become a useful guide that first responders, emergency room workers, and funeral directors can provide to relatives in those first crucial minutes, hours, and days following the notification of the death.

I cannot tell you how excited I was to be contacted by Mirean Coleman, and to be invited to be a panel participant. This work is a passion of mine, and this was a treasured opportunity.

I encourage all social workers to “take a first step,” in whatever direction your interests and circumstances point you. Beyond the richness of the countless professional friendships my speaking programs have opened to me, each program gives me greater insight and understanding of the universal, common problems that confront all of us who work and seek to ease the pain of grieving. Shared experiences flow from shared conversations, and many valuable lessons learned can be discovered over a cup of coffee, away from the speaker’s podium or the quiet response of the listening audience.

I strongly urge you to share your unique and exclusive ideas for tackling what may seem to be nearly inuperable situations and intractable problems. You may not only help one of your colleagues find that path to a desired destination, but you might just come away with a new appreciation, new understandings of your own professionalism, or unlock a hidden kernel of wisdom for use in your daily practice.

The pamphlet, “What Now?” grew out of notes I prepared for an acquaintance whose close friend’s child had just died in a motor vehicle crash. Over time, it has become a resource for acute care medical settings, outpatient treatment programs, prosecutor’s offices, and funeral homes. Although not intentionally a marketing tool, “What Now?” has become a source of referrals to my practice, and has also provided me with opportunities to give presentations to professional and community groups.

**An Expression of Gratitude**

Surely, social work has, as its foundation, an appreciation of collaboration, an appeal for mutual respect, and recognition of our fundamental connectedness. This was no more apparent than on the occasions when the trained trainers nationwide, along with NASW staff, met to review and revise the program. I end this expression of gratitude with the names of those with whom I have been fortunate to collaborate over the years that this project has taken place.

If my loved ones and I find ourselves in an emergency department involving a life-threatening situation, I only hope that the staff has in place the practices advocated through this bereavement project. Although the manner in which we will each die is uncertain, what is certain is that the time will come. Thank you, NASW, for your attention to this vulnerable time in people’s lives and deaths.

**Thank You**

Liz Adkins (New Mexico), Kimberly Barker (North Carolina), Kimberly Bridgman (Pennsylvania), Mirean Coleman (NASW-National), Lori Groenewold (Arizona), Maria Lauria (NASW-National), Doris Mitnick (Virginia), Orlando Manaois (Washington), Amy O’Brien (Michigan), Karyn Walsh (NASW-National), Tracy Whitaker (NASW-National), and Rochelle Wilder (NASW-National).

With hopes for peace in 2004, Meg Kallman O’Connor, MSW
BOOK REVIEW

Psychosocial Treatment for Medical Conditions: Principles and Techniques
Edited by Leon A. Schein, Harold Bernard, Henry Spitzz, and Philip Muskin
Reviewed by Mirean Coleman, MSW, LICSW, CT

Psychosocial Treatment for Medical Conditions: Principles and Techniques, edited by Leon A. Schein, Harold Bernard, Henry Spitzz, and Philip Muskin, is an outstanding book for private practitioners seeking comprehensive information on psychosocial interventions for chronic and life-threatening medical conditions. The book applies individual, group, and family therapy to a variety of medical conditions, and provides a description of medical conditions, treatments, side effects, prognoses and psychological sequelae that help the private practitioner to understand patients’ and families’ concerns.

Some of the diseases discussed, along with appropriate psychosocial interventions, include: the psychosocial aspects of neurological illnesses; endocrine disorders; hypertension; coronary heart disease; end-stage renal disease; and gastrointestinal disorders. The book conveys the historical and contemporary influences of personality and emotional styles on the development of illnesses and diseases. It also stresses the importance of mental health practitioners and physicians working together to provide effective treatment outcomes for patients suffering emotional problems precipitated by medical conditions.

Psychosocial Treatment for Medical Conditions: Principles and Techniques is most helpful to private practitioners working in primary care settings or specializing in the psychosocial aspects of medical illnesses.

Mirean Coleman, MSW, LICSW, CT is Senior Policy Associate for Clinical Social Workers at the national office of NASW.

NEWS BRIEF

NASW has published a new product to assist private practitioners in the workplace. Clinical Social Workers in Private Practice: A Reference Guide, was developed by a subcommittee of the Private Practice Specialty Practice Section Committee. The booklet is a helpful guide for clinical social workers starting a private practice or veteran private practitioners seeking information on specific issues.

Clinical Social Workers in Private Practice outlines the knowledge and skills required for an effective practice in today’s marketplace. It discusses topics like technology, record keeping and audits, reimbursement, risk management and malpractice, managed care, and third-party payers. Confidentiality, privileged communication, informed consent, and subpoenas are other major areas covered. In addition, the role of HIPAA in private practice is integrated within the content of relevant topics.

An asset to any private practitioner’s office, the guide can be purchased for $5.50 through the NASW Press at www.socialworkers.org/pub
APPRECIATIVE INQUIRY: A TOOL FOR FACILITATING CHANGE

Steve McArthur, ACSW

Appreciative Inquiry (AI) is a wonderful philosophy for facilitating change. Its primary belief is that change can be managed best by identifying what works in an organization (system), and discovering how to do more of what works. Sue Annis Hammond, the author of The Thin Book of Appreciative Inquiry, Second Edition (1998), credits David Cooperrider of Case Western Reserve University and his associates as being her teachers in discovering the power of this approach (Hammond, 1998, p. 3).

The purpose of this article is to introduce the reader to what Appreciative Inquiry is and is not, and to assist the private practitioner in deciding if this approach might be useful in working with organizations, family systems, and individuals. There is no way to adequately cover all of the pieces which comprise AI in such a brief article; my hope is simply that this “taste” will inspire the reader to want to learn more. Thus, I have included a number of published references to assist the reader in the journey to become competent in the use of this philosophy in their private practice.

In order to understand AI, it is important to clarify that it is best conceptualized as a generative process. There is no cookbook to this approach, as AI arises from thought processes. Therefore, understanding the mental model that participants in a system accept and operate within is one important step in this process. It is understood that practitioners will add their unique contribution to this field of work.

Traditional approaches ask “What problems are you having?” while AI asks “What is working around here?” AI moves from the problem/diagnosis/solution equation to the artistic approach of discovery and exploration. AI applies the notion that systems (organizations) can be seen as expressions of beauty. With an appreciative eye, those involved in the process end up describing, in a series of statements, where the organization wants to be.

This organic view of the system implies that the whole is truly greater than the sum of its parts. In order to understand the beauty (what works), it is, thus, necessary to look at the whole. Accordingly, participants in an AI process are asked to think back to a time when the system was at its best, its highest point. They are then asked to develop statements (based on their real experiences and history in this system), which describe in practical ways where they want the organization to be in the future. The “how we get there” is less problematic because the statements are grounded in the actual successes of their past actions, with those involved knowing how to repeat those successes.

The process of AI usually involves a workshop format that helps the participants access their own positive, energizing moments of success. This generative process results in everyone gaining a deeper sense of commitment to the future. There is also greater confidence in the capacity for being successful in the future, based on an increased affirmation that they have been successful in the past. As a result of this process, participants learn how to create more moments of success. The resulting new “energy” is a hallmark of the Appreciative Inquiry process.

The idea of approaching systems with an appreciative eye is likely to be initially viewed by all of us as rather simplistic and naïve. We are challenged by Hammond to “suppress (our) cynicism and experience Appreciative Inquiry.” One way to experiment that I have
found useful is to ask at the end of a meeting or session, “What did we, as a group, do well in this meeting?” At first there is little comprehension of exactly what is being asked, because we are all taught to focus on the problem and what potential solutions might be found (Hammond, 1998). AI turns this approach on its head, asking us to replace our obsession for fixing an organization/system by identifying what doesn’t work, with an approach that focuses on what does work. In so doing, we are encouraging our clients to leave little room for mistakes by learning to multiply their successes to the point that they crowd out the unsuccessful.

An example of this philosophy would be a company focusing on and identifying their successes when it comes to customer service. By lifting up the success stories that have occurred and understanding why they are powerful examples of how to treat customers, others in the organization are able to “see” ways they, too, could interact with customers. In a family system this might mean focusing on a time when the family successfully overcame a particularly difficult problem, such as a financial crisis, the sudden loss of a parent or child, or illness. By focusing the family on their past successes and helping them identify what it was that enabled them to be successful, they are able to see how to create more of these successes and thus refocus their emotional/psychic energies from problems. By leading the client to talk about and better understand what works, they are much more likely to be aware of and use the skills that have brought them success in the past.

The author, Alex Haley, once offered this piece of advice: “Find the good and praise it.” This simple mantra could well assist many parents raising children, or couples seeking to strengthen their relationship. It is also an approach that we as helping professionals could use to assist us in change efforts within our own organizational and family of origin systems no matter what the size.

Change is difficult. Being effective change agents who are able to facilitate systems changes is often a frustrating and long-term proposition. By using the AI philosophy and encouraging exploration into what is already working, we may be able to effectively move the system by appealing to what it already does so well.

Stephen Glenn, a well-known mental health professional, in his work with at-risk youth (over thirty years ago) said something in a workshop I attended that I have used in much of my work with clients. His principle of logical consequences and the idea that any attention is better than no attention may assist us, by underscoring the importance of re-framing and lifting up what is going well. Often, in my work, I continue to find myself wrestling with the “presenting problem,” and trying to identify ways to break the cycle of negative action/negative reaction.

AI offers one way out of this dilemma and I am hopeful it will yield results in my practice. I would encourage the strong of heart to take the plunge and experiment with this philosophy. The best way I know to begin is to read Hammond’s book, The Thin Book of Appreciative Inquiry, and Lessons From the Field: Applying Appreciative Inquiry (revised edition), edited by Hammond and Cathy Royal, PhD. Both books can be ordered online at www.thinbook.com

We need not jettison our many years of experience of what works. We do, however, need to learn new ways to help systems grow and learn. Appreciative Inquiry may be one way to help us become better private practitioners. If you are interested in sharing what you discover with others in private practice, log onto the Private Practice Specialty Practice Section Web site and Online Forum at www.socialworkers.org/sections/
It is important to understand our criteria for success, our attitudes and feelings towards certain difficult clients, how our behaviors influence our effectiveness and to be comfortable with our motivation for being a therapist before engaging in private practice. We hope there is a way to both learn as we go and to minimize the effects on our first clients.

In addition to learning and making a determination about when to go into private practice, we also face the issue of supervision and consultation. As social workers, we pride ourselves on requiring novices to engage in two nine-month internships (give or take a few months), or to complete one lengthier internship that takes place during the two years of a master’s degree program. Also, in clinical doctoral programs, regardless of how long a candidate has been practicing, an internship is often required. These practical components of our education are based on the concepts of self-knowledge gained through supervision. Rather than contemplate the quality of supervision, it will be assumed that clinicians who supervise are helpful for their supervisees.

When looking at engaging in private practice, especially initially, continued supervision is a necessary component. It is through supervision that issues like those mentioned above can be addressed. Additionally, the supervisor also helps with the following: “The neophyte is brought into the culture of the profession where he or she learns to internalize fundamental values, beliefs, and behavioral norms” (Phillips, 2000, p. 217). Perhaps it is through acculturation that we know when to begin to practice independently.

This brings us to recognizing that there is a transition to be made, which is often difficult—that of changing from being an intern to being a practitioner. If one moves from trainee to a position in an agency, and then to private practice, a further transition is necessary. As an intern, our work is scrutinized and discussed. We use the material from our experience often: in classes, verbally, or in required papers, where it receives further comments. In our apprenticeship period, prior to obtaining advanced credentials, we meet for weekly supervision with a social worker who is responsible for guiding our professional behaviors on an advanced level. At the end of this formal training period, we are finally fully credentialed and are able to practice independently. Supervision changes to consultation at this point and we ease into independent practice.

Jeffrey Kottler, in his book, On Becoming a Therapist, speaks of the issue of isolation for the therapist. He acknowledges the physical separation from the outside world that takes place, and says, “It is as if when we are ‘in session’ we cease to exist in the outside world” (p. 104). It can be difficult for a new practitioner who has depended on supervision, consultation, and frequent informal discussions with colleagues, to be in this new space. Certainly, peer supervision and engaging a consultant is a responsible way to smooth the transition. But eventually, as Kramer notes, many clinicians reach a stage where they find the freedom from supervision wonderful.

Most social workers in private practice recognize the need for dialogue regarding their work; but as they become increasingly experienced, they seek it less often. Knowing how to benefit from a mentoring relationship, and when to be more independent, is not always easy.

I suspect that every therapist in private practice will honestly look back on early private practice experiences with horror. Kramer articulates what many therapists think: “Ours is a field in which beginners expect to do perfectly the first time…Some of my earlier cases should never have been started, let alone struggled with. Often patients had enough sense to quit before I did” (p. 27). In retrospect, I think it took 10 years for me to have real confidence in my
work, and I, too, shudder at some of the blunders I made. I know that I would have been a better therapist for many of my earliest clients if I could have begun seeing them now, 23 years later.

Is confidence in the ability to make a positive difference in a client’s life a requirement for determining the timing of hanging a shingle? Or is the knowledge that we will get better with experience—that we need to start someplace, perhaps not at the peak of our game—a requisite for beginning?

I contend that all of these issues need to be considered, and my answer to my students’ queries includes the following: You need to meet the legal and ethical requirements before you even entertain the idea of starting a practice. Hence, you need to have a clinical license, so you alone are responsible for the treatment that takes place, and no one signs off for you. You need to avail yourselves of appropriate supervision and consultation as you begin this venture. You need to understand the culture of therapy and private practice, and the isolation that can accompany it. Above all, it is important to understand your motivation for becoming a therapist; your own issues, which have the potential to sabotage your work; the ethics of the profession; your particular style; and how to use yourself as the facilitator of change. You need not expect perfection. You should anticipate maturity, growth, and increasing competence. When you can do all that, then you will no doubt be in a position to receive referrals from colleagues and be on your way to a successful practice.

References

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SOCIAL WORKERS’ RIGHTS TO PROMPT PAYMENT

One of the constant complaints about managed care by social workers and other healthcare professionals is the lengthy delays in payment of claims. The problems are so pervasive and chronic that they appear to be standard operating procedure in some sectors of the managed care and health insurance industries. The problem of delayed payments has become so widespread that states have responded to this bottom-line issue by enacting legislation to compel third-party payers to make timely reimbursement to health care practitioners or suffer financial penalties for violations.

Social workers, including those in private practice, will want to diligently monitor prompt payment legislation in their respective states. To learn more about this and other legal issues affecting social workers, go to http://www.socialworkers.org/ldf/legal_issue/default.asp
Steve McArthur, ACSW, is an independent management consultant living and working in Missoula, Montana. Over the last 20 years, he has worked with hundreds of not-for-profit and for-profit organizations around the world. Steve earned an MSSW from the University of Tennessee, and an MA in Religious Studies from Chicago Theological Seminary. He worked for 12 years as a clinician in community mental health, hospital, and private practice settings. He is currently a member of the Private Practice Specialty Practice Section Committee, and is active in the NASW Montana Chapter. Steve can be reached via email at stevemcarthur@aol.com

Resources

DID YOU KNOW?
• In 2004, clinical social workers can expect to see a 1.6 percent increase in Medicare reimbursement.
• The ICD-9-CM and CPT codes have become the standard codes for diagnosis and procedures when seeking reimbursement from third-party payers.
• NASW has more than 25 practice updates specifically for clinical social workers and private practitioners. These updates are available to NASW members at www.socialworkers.org/practice/