

# MAY 2023 NEWSLETTER

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Greetings-

Welcome to those new to my Newsletter and hello again to my loyal subscribers. I'm glad you're here. I'm both exhausted and energized after just returning from the NASW-NJ Annual Conference in Atlantic City earlier this week. This was NASW-NJ's first in person conference since 2019 and it was clear that everyone was excited to be sharing the same physical space; myself included.

Over the past 26 years, I've had the opportunity to experience this conference from a variety of different vantage points- as a Board member, attendee, presenter and this year as an exhibitor. There is nothing like being



embraced by hundreds of like-minded individuals. I am always amazed at the indescribable feeling that comes over me as soon as I enter the conference space and this year was no different.

Over the course of three days, I reconnected with cherished colleagues and had the honor of meeting tons of fascinating, dedicated and diverse social workers at all stages of their careers. I spoke with students and soon to be graduating MSW's about their academic and career paths, seasoned clinicians contemplating their next steps and those winding down towards retirement. Many social workers spoke of their goals of launching their own private practices, starting non-profits, adding additional services to increase income, furthering their education by obtaining another masters or PhD, while others expressed trepidation around stepping back into the workforce after taking time off to heal, regroup or to care for aging parents and growing children. I appreciate everyone who took the time to introduce themselves, share their stories and allow me to talk about my upcoming projects and my passion for training and mentoring mental health professionals. A special thank you - I could not have made it through the conference without the tireless support and encouragement of Madeline and Caroline, who served as my "roadies," travel companions and as my marketing, design and display team. For you both, I am forever grateful.

#### Warning: Boundary Crossing Ahead

I hope you'll join me for a rich discussion of the ethical, legal, clinical and practical considerations regarding boundary management in mental health practice. Past attendees rave about the opportunity to discuss thoughtprovoking case examples that illuminate the real-life intricacies of the

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therapeutic relationship and potential pitfalls that can (and do) arise regarding boundary management, dual relationships and conflicts of interest.

#### **Course Description**

Studies indicate one of the most complex and challenging tasks for mental health professionals is effective boundary management. Despite ethics education, agency rules, and licensing regulations, boundary mismanagement remains commonplace for both the novice and seasoned practitioner. The potential for boundary crossings and dual relationships exists in a variety of different settings, in all areas of mental health practice and in every type of relationship. Through rich and culturally-diverse case scenarios, participants will discuss and explore the ethical standard of Conflicts of Interest with an emphasis on clinician self-disclosure, living and working in smaller communities, professional involvement with members of the same family and navigating the use of e-mail, text and social media. Practical and effective methods for identifying, approaching, avoiding and resolving boundary-related ethical dilemmas will be highlighted

### Objectives

1. Identify and successfully manage challenging ethical dilemmas involving boundaries in mental health practice

2. Implement practical strategies to strengthen boundaries in clinician/client, supervisor/supervisee, and employer/employee relationships.

3. Develop ethically-based, technology-related, policies and procedures for mental health practitioners in a variety of practice settings.

When: Saturday, May 20<sup>th</sup> Time: 11:00 AM-4:30 PM EST



Fee: \$125.00 5 Ethics CEs. Registration: <u>https://www.leslietsukroff.com/warning-boundary-crossing-</u> <u>ahead</u>

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**Perpetrating Fraud? Accurate Diagnosis, Documentation, Billing and Coding in Private Practice** (Formerly, Are You Ready for An Audit? Diagnosing, Documenting, Billing and Coding in Private Practice).

This workshop is designed for the intermediate level private practitioner who wants to avoid perpetrating fraud and to gain a better understanding of the most accurate and ethical ways to diagnose, code, document and bill. Even if you provide Superbills, it is risky to not fully understand topics such as:

- legitimate and reimbursable charges
- Fairness, fees and incorporating sliding scale and pro bono services into your practice utilizing the correct CPT Code
- > the perils of inaccurately diagnosing a client
- > waiving co-pays, deductibles and co-insurance
- > the importance of developing policies and procedures to protect your practice

### **Course Description**

Clinicians who fail to fully understand the laws, requirements and best practice standards around setting fees, documenting and billing for



services, applying standardized place of service, modifier and CPT codes, and formulating accurate diagnoses leave themselves and their practice open to serious risk.

Whether practitioners knowingly and deliberately violate the law in order to circumvent reimbursement requirements or act on misinformation obtained from well-meaning, but ill-informed colleagues, supervisors or Facebook, fraudulent practices can leave practitioners vulnerable to insurance company clawbacks, allegations of unethical conduct and licensing board complaints.

Centered around the core value of Integrity, the presenter will address the ethical, legal and financial implications of: improperly recording the services provided and fees charged and paid in the medical record; unfair and inequitable fee setting; and engaging in common fraudulent billing and collection practices.

### Objectives

1. Identify fraudulent practices around billing, coding, diagnosing and documentation

2. Outline key steps to ensure accurate and compliant billing, coding, diagnosing and documentation practices

3. Develop and implement practice policies that ethically and legally support and facilitate clients' access to mental health services

When: Sunday, June 11th Time: 11:00 AM-4:30 PM EST



Fee: \$125.00 5 Ethics CEs Registration: <u>https://www.leslietsukroff.com/perpetratingfraud</u>

## ETHICS MATTERS

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While at the conference, I had a lively discussion with a group of individuals who asked my opinion about working with more than one family member, either concurrently (at the same time) or sequentially (after one service relationship has ended). Before sharing my thoughts, I reflected that they had posed a well-debated topic, and noted that clinicians often fall into one of two camps- "there's nothing wrong with it" and "it's an ethical and legal minefield". For those who know me, you can guess which camp I'm in. For the rest of you, read on to find out.

As part of the informed consent process, at the outset of the service relationship, mental health professionals are tasked with explaining each person's rights and responsibilities and an important piece of informed consent is clarifying what role each will play. When working with couples (or families and minors), determining who holds "client status"- is it the couple, one part of the couple or both individuals- is an important step and one that should not be overlooked. The NASW Code of Ethics states: "When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals



will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services." (1.06 d).

Once client status is determined, other aspects of informed consent can be addressed. For example, when you know who the client is, you are able to advise clients (and collaterals) of your policies around privacy and confidentiality, access to the medical record, treatment planning, the nature and limits of the therapeutic relationship, and what happens when therapy ends.

Often overlooked, but a key aspect to your informed consent documents should be an explanation of the therapeutic relationship and the clinician's professional requirements around managing conflicts of interests and entering into dual or multiple relationships with clients and/or their family members. A dual relationship exists when a mental health professional interacts with a client in more than one role or capacity including but not limited to professional, social or business. When each party's role and responsibilities are clearly defined, clinicians are more likely to thoroughly weigh the pros and cons of entering into a dual relationship, consider the "what ifs" and make decisions based on the clients' best interests. While entering into a dual relationship may not always be unethical or illegal, they have the potential to lead to a negative outcome for the clinician and/or their clients, create a rupture in the therapeutic alliance and in some cases, ethics and licensing complaints.



Oftentimes, well-meaning, skilled clinicians enter into dual relationships that unintentionally cause psychological distress to all involved. In fact, According to NASW, entering into a dual relationship is the most frequent ethical mistake made by social workers in private practice.

# How can switching roles (sequentially or concurrently) cause harm to clients?

Let's take a quick look at this very common example (hypothetical of course).

A couple (the client) enters treatment for marital counseling, decides to separate and ends therapy. Party A starts treatment individually with the couples' therapist. Then, Party B seeks individual treatment with the couples' therapist. Our fictitious therapist now finds themselves right in the middle of a sticky ethical dilemma.

### What are our hypothetical therapist's options?

- > Accept Party B?
- > Keep Party A and refer out Party B, citing "conflict of interest"?
- > Keep Party A and accept Party B?
- > Terminate Party A and turn away Party B?
- Some of you might be thinking, "Just tell Party B you are full and avoid the whole thing." Read on.

## How can this scenario go south?

Our fictitious therapist decides to maintain Party A as a client and refers out Party B. Party B is aware that Party A "got the therapist" in the divorce, Party B has a litigious nature and they file a complaint with



the state licensing board alleging violations of the ethical/legal standards around client abandonment, conflicts of interest, and commitment to clients. Now our fictitious therapist must manage the complaint process which upends their life for years (yes, the system is broken), defend their actions and they are in a state of constant fear, worry, anger, frustration and despair.

# Why is transitioning from the couples' therapist (primary relationship) to Party A's individual's therapist (secondary relationship) problematic?

Because by engaging in a clinical relationship with two entities (the couple and Party A) who have a relationship with each other and whose interests may be in conflict, they created a dual relationship (Reamer 2009).

Before accepting Party A as a client, our fictitious therapist should have considered the potential ramifications of entering into a sequential relationship and switching roles from the couples' therapist to an individual therapist for one or both parts of the couple.

As it is not uncommon or unreasonable for clients to return to treatment at some point after termination, ethics experts (and licensing boards) might assert that our fictitious clinician should have considered the possibility of Party B contacting them for services in the future. The clinician's obligation to look into their crystal ball and assess for possible risks is supported by the NASW Code of Ethics which states, "Social workers should be alert to and avoid conflicts of interest" and to steer



clear of dual relationships in which clients (or former clients) have the potential to suffer harm (1.06 a).

# How does one assess the level of risk before engaging in a dual relationship?

When evaluating the potential pitfalls of engaging in sequential roles, it is important for the clinician to ask themselves the following:

- Is there the possibility that my judgement or objectivity could be impaired because I worked with Party A as part of this couple?
- Is there the potential, in this particular situation, with these specific clients (the couple, Party A and/or Party B) for anyone to experience harm if I become Party A's individual therapist?

Since it is often hard to assess these situations on our own, whenever we are faced with a boundary crossing, conflict of interest or dual relationship, we should seek consultation or supervision from trusted colleagues, who can help us brainstorm all of the possibilities, challenge our assumptions, consider and weigh any likely adverse effects, and develop an exit plan in the event that are actions lead to a negative outcome.

### Conclusion

Boundary crossings are complex and require careful consideration of ethics, the law, the standard of care and the particular nuances of each situation, the client(s) and the clinician. As mental health professionals we must place our client's interests at the forefront of most therapeutic decisions and should attempt to preserve the therapeutic relationship to



the best of our ability. Therapists are tasked with protecting the integrity of the clinician-client relationship, as trust is a necessary component. We must strive to provide clients with a safe space, remain neutral, hold appropriate boundaries and ensure that treatment is not compromised due to our actions, inactions, or involvement with others. When faced with the possibility of engaging in a sequential dual relationship, we must ask ourselves if it is likely that we will be able to uphold all of these tenets. My advice- tread cautiously.

### But wait. What should our fictitious clinician do?

Great question. Join me for my workshop "Warning: Boundary Crossing Ahead" for a review of ways to resolve this dilemma in a manner that minimizes harm to the clients, provides examples of viable exit strategies and offers risk management techniques. <u>https://www.leslietsukroff.com/warning-boundary-crossing-ahead</u>

#### Professionally-Led Consultation Groups

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Whether you have newly launched your practice or have been a practice owner for a long time, support and guidance from a knowledgeable mentor is invaluable.

For those who have recently started on their private practice journeys, I am in the process of organizing two separate consultation groups to meet your needs. While both groups will focus on clinicians who have started in private practice recently and are looking for support and guidance in



clinical interventions, documentation and record-keeping, growing and managing a private practice, ethical and legal considerations, they differ in clinician population.

Up and Comers--This group is appropriate for clinicians who are starting their careers, have recently obtained independent licensure and are new to private practice

Seasoned--This group is geared towards mental health professionals who have been in the field for some time, but are new to the world of private practice.

For those who have been in private practice for many years Veterans--This group is best suited for those who have well-established practices and are looking for clinical, ethics and practice-related support.

> Want to know more? Let's chat LTsukroffLCSW@Hushmail.com 973-879-1678

> > **Coming Soon**

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I'm pleased to announce that I plan to offer my newest workshop, **Minors' Rights Vs. Parents' Rights: Untangling the Web for New Jersey Clinicians** in the fall of 2023. Stay tuned for date and time. Course Description



Understanding minors' rights to privacy and confidentiality and the terms under which they are able to consent to their own treatment is complicated. Clinicians must sift through a variety of state and federal laws in order to find the legal answer, while also taking into consideration prevailing ethical standards and what is in the best interests of their minor clients. Although many clinicians believe that consent to treat minors and access to minors' medical/mental health records are the same thing, they are actually two very different, but connected issues. A minor's right to consent, rights of access/denial and privacy and confidentiality vary depending on factors such as the age and status of the minor, individual circumstances, the reason for seeking services, and who initiated services. Determining who legitimately holds these rights becomes even more complex when working with minors whose parents are divorced, separated or divorcing. This course is an invaluable resource for New Jersey clinicians, as it will help clarify the roles, responsibilities and rights of all parties involved.

#### Objectives

Upon completion of this workshop, New Jersey clinicians will be able to: 1. Apply the relevant New Jersey state laws, federal laws and ethical standards to determine New Jersey minors' rights regarding consent to treatment and privacy and confidentiality.

 Weigh the various clinical, ethical, practical and legal issues when working with minors whose parents are divorced, divorcing or separated
Describe under what circumstances a minor in NJ can consent to their own care and maintain control over who may gain access to their health care information



Social Workers: We have applied for consideration of 3 Ethics credits through ASWB

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