Restructuring the Practice Model to Create Space for Professional Growth

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Growing a therapy practice is about the growth of its greatest assets: therapists. Creating a clinical space that provides professional support to a play therapist community while simultaneously providing the best care possible to clients was the primary goal in re-creating policy and business practice guidelines for an outpatient mental health clinic in Hillsboro, Oregon. The clinic originally followed a hybrid of models from other organizations and private practices; a fee-for-service group practice with a productivity based percentage compensation plan where counselors completed the administrative duties. The clinic opened with four clinicians and quickly expanded to six. This allowed for low initial investment, high clinician autonomy, and some protections of a corporate structure.

This plan potentially permitted for excellent pay and a lot of clinician independence, however, it provided minimal standard benefits. Problems quickly materialized. Therapists showed signs of burnout in attempting to “get ahead” financially by packing their schedules with clients. They would come to work sick out of fear of financial strain. They were overwhelmed with the administrative aspects of client care, calling insurance companies in between sessions to check benefits or to investigate claim submission issues, or calling community partners to coordinate care. Clinicians found it challenging to create a holding space for parents in which to process the emotional toll of bearing witness to their child’s suffering and, then, within the same session, ask for the client’s account balance to be paid. These challenges are familiar to play therapists working within the current healthcare industry, whether they are in an agency or a private practice setting.

CLINICAL EDITOR’S COMMENTS:
Promoting therapist wellness through business structure.
We restructured our practice model to create a space for professional growth. All profits generated by the organization cycle back into the people to support health, wellness, research, and educational pursuits.

**Lessons Learned and Growing Pains**
A founding concept of the practice was to support both therapists and clients; we clearly had not reached that goal. The process of reformulating the model to fit this larger goal of supporting both the provider and recipient of therapy was multi-faceted and necessary to promote therapist wellness and reduce burnout. The progression included separating administrative work from clinical duties, and providing a high level of support for both administrative and clinical staff, all while creating sustainability. The organization secured funding to restructure compensation to a salary-based model, doubled the size of the clinic, doubled the number of clinicians, and brought on a full array of administrative staff. The amount of money needed was significant and the loan difficult to obtain; a highly detailed business plan showing mathematical long-term viability was required, along with dogged persistence. Many unpaid hours of work were required of the owners to secure this type of funding; it is not for the faint of heart.

Building a corporation is a lot of work, and the primary reason why so many clinics operate on variations of the productivity compensation model is because the single largest overhead cost for most clinics is payroll. The previous model did not have this payroll concern because if the money wasn’t generated by the therapist, it did not have to be paid to the therapist. However, in a salaried model, the company must have months of salary in reserve to ensure sustainability. Using the salary model means the number of clients seen does not determine clinician pay, significantly reducing clinician stress while increasing owner stress. It also means the company is responsible for ensuring there are enough clients to provide a steady income flow. This necessitated contacting all the major insurance companies to establish a means for contracting and credentialing clinical staff, thereby allowing clients to use “in-network” benefits. Additionally, a clear separation was made between clinical and administrative staff duties, eliminating the burden on therapists for scheduling, insurance processing, and client finances. The company holds the burden of fiscal management and separates therapy from the business of healthcare to allow for both the clinician and the client to focus on wellness.

**Structuring Supervision and Professional Growth**
The need to create a supervisory support process for quality and compliance was critical for caseload management and for staffing complex cases. Restructuring the business to a salary-based system required a plan for consistent supervisory oversight, guaranteeing an ongoing caseload balance to make budgetary sense for clinic programs. Ownership carries the weight of liability; the decisions clinicians make directly correlate with the owner’s malpractice and liability plan. This model includes the knowledge that if the clinic is sued or fined for wrongdoing, the owner is financially responsible. The supervision process is a delicate balance that provides professional growth and support but reduces individual autonomy due to the application of a consistent set of protocols.

Supervision is recognized as an essential component of clinician education and training, for play therapists included, and provides an opportunity for exploration within the pedagogy of our field (Luke, 2008). Establishing peer consultation groups without regard to independent licensing or number of years in the field creates opportunity for fresh ideas to mingle with proven practices in the supervisory process. The clinic contacted local university programs and offered graduate student intern positions, fostering teaching and learning as foundational aspects of the company. Supervision and consultation are considered highly valued to many clinicians and should be available throughout a career, as evidenced by its mention in the ethical guidelines for different mental health fields (American Counseling Association, 2014; National Association of Social Workers, 2018).

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The clinic also sought to support professional growth of all clinicians through specific company benefits. The benefits package provides multiple days of paid time off for training within the calendar year, in addition to vacation or sick leave. This time is designed to support the staff’s educational endeavors without detracting from their time off to rejuvenate. The business also financially supports therapists’ training by providing funding for workshops and conferences through a loan program where therapist time and expertise is given back to the community as repayment. The dollar amount invested into the employee to train or attend conferences is tied to an expectation of staying with the organization for a specific length of time, which is outlined in the employee loan contract. The employee benefits from not paying out-of-pocket for potentially expensive training, and the company benefits from the employee’s acquired expertise. Clinicians also have support from the organization for initial play therapy setup, including toys, materials, furniture, and artwork; the agency provides consumable supplies. The goal of this business model is to support therapists, so they can support their clients. These benefits are paid for through intense scrutiny of financial efficiency and continuous management of compensation expectations.

**Promoting Clinician Wellness**
Newell and MacNeil (2010) described the risks of providing care for those who experience trauma. Compassion fatigue is a syndrome comprising a combination of symptoms due to secondary traumatic stress and professional burnout (Newell & MacNeil, 2010). Therefore, this clinic monitors compassion fatigue and burnout to provide sustained quality in the therapy space. Our clinicians and care coordinators believe trauma stewardship is not simply an idea. It is a
daily practice through which individuals, organizations, and societies
tend to the hardship, pain, or trauma experienced by humans,
other living beings, or our planet itself (Van Den Noot Lipsky, 2009).
A culture of “Wellness Wednesday” was created to foster a space
every month for the entire team to come together to talk about trauma stewardship. We begin by deconstructing literature about vicarious trauma, allowing for opportunities to engage in critical discussion and to hold discourse about the ways of incorporating this research and learning into our clinic community. Therapists take turns leading the topic and introduce their own creative, therapeutic arts practices to the discussion. Wellness Wednesdays have helped everyone highlight his or her clinical expertise and use expressive arts as a vehicle to put theory into practice. The clinic community engages on topics through expressive arts, such as collage making, mindfulness, yoga meditation, as well as individual and community sandtray practices. In May, we welcomed a play therapist who is a Lego Serious Play® facilitator to lead a half-day Wellness Wednesday workshop through this model. This time enhances and strengthens the clinic community, and therapist presence within clinical practice by addressing the impact of vicarious trauma to reduce compassion fatigue. This ethos fosters therapists’ capacity to enter the playroom and to connect with children and families with authenticity.

There is an increasing need for practitioners to demonstrate accountability for a chosen modality (e.g., play therapy, animal-assisted therapy, etc.) to understand its effectiveness in practice. Therapists must be responsible for what they do with clients, and this responsibility is crucial to the commitment of delivering effective services (Corcoran & Fischer, 2007). The institute provides clinicians financial and logistical support to collect data to do basic determinations of effectiveness to further the field of play therapy and practice outcomes for the larger community. Through the institute, play therapists are encouraged to critically investigate the practice of expressive arts through case studies and to write about the clinical practice of play therapy. Part of the company profits fund this research, which is conducted on therapists’ and company time, and is approved by an independent board or committee that reviews research proposals to ensure ethical guidelines are being followed for human subjects. The practical value of this research helps the clinic gauge the effectiveness of play therapy service delivery, and it ensures the evaluation of the changes to clinical practice that need to be made concerning the theoretical base of the play therapy, supervision, clinician education, or training.

Continuing to Innovate and Create
This year, the business will add another branch to the overall structure as we break ground on a therapeutic farm. Funding comes through the donation of time from dedicated staff, persistence in grant writing, and significant personal donations. The therapeutic farm will be a collaboration among play therapists who have completed additional educational training and certification within the field of animal-assisted human health or ecotherapy. Louv (2008) discussed how nature offers healing for a child living in a complex family or a neighborhood impacted by adversity. It serves as a blank canvas upon which a child can reinterpret his or her culture and community; nature inspires creativity within the child by offering visualization and the full use of the sensory process (Louv, 2008). The therapeutic farm will enhance clinical practice by allowing clients and families to step outside of the playroom into a world of nature with therapy grounded in an ecological and animal-assisted human health theoretical lens.

Research and Teaching
The overall model created the opportunity to add another branch to the organization: an institute for research and education. The institute is staffed by the clinic therapists and graduate students. This creates openings for employees to facilitate continuing education workshops, to serve as faculty for certification programs, or to attend educational programs at no out-of-pocket costs. The institute has multiple secondary gains, including enhanced graduate student education and organizational cohesion. Graduate students breathe life into the work with their ambition, ideas, and eagerness to learn. The excitement is contagious. Therapists find enjoyment in mentorship, because they are challenged to support their treatment planning with research and theory by explaining their processes to the next generation of play therapy professionals. The institute also adds diversity to the work by layering teaching within a therapist’s schedule, bringing professional growth to the clinician’s life.

“...by investing in the training and wellness of its therapists, the therapeutic work is strengthened, creating better practice outcomes for the clients and families served.”

References


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