

Robert Henley Woody

QUALITY CARE IN MENTAL HEALTH

**ASSURING
THE BEST
CLINICAL
SERVICES**



Quality Care in Mental Health

Assuring the Best Clinical Services



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Assuring the Best Clinical Services

by Robert Henley Woody

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Quality Care in Mental Health

Robert Henley Woody



**The Jossey-Bass
Social and Behavioral
Science Series**

*To my wife and professional partner,
Jane Divita Woody,
and to our children,
Matthew, Bob III, and Jennifer*

*And to my colleagues in
the Department of Psychology and
the School of Social Work at
the University of Nebraska at Omaha*



Preface

With the coming dawn of the twenty-first century, mental health practitioners must provide services within a business framework and accommodate public policy and legal requirements relevant to quality care. This is an era full of such complexities as competing for clients and satisfying the requirements of third-party sources (for example, health insurance carriers and managed health care systems). Not only does business success depend on conveying high-quality care to the marketplace, but failure to consistently maintain quality care subjects the mental health practitioner, regardless of professional discipline or seniority, to ethical, regulatory (licensing), and legal (malpractice) complaints. Overall, professional training programs have yet to equip the practitioner for the reality of accountability for quality care and the demands of business and risk management. Good intentions alone will not suffice. Specialized knowledge about client management and business and legal strategies is mandatory.

Quality-care safeguards are possible through well-defined case management and operational policies. It is especially important that clients be fully informed of the nature of the practice and that they be served according to an effective treatment

plan and client-management system; such a strategy should move them toward therapeutic compliance with desired client goals and benefits and cooperation with the business dimension (making payments) and risk-management dimension (minimizing liability) for desired practitioner goals. The term *client management* refers to regarding a client as the source of sustenance for the mental health practice, a human resource who deserves to be cultivated, nurtured, and protected. Mental health service is based on exchange theory: the *quid pro quo* whereby the practitioner exchanges expert services for the client's payment and "following the doctor's orders." The client-management system determines how the practitioner will operate the business and maintain the required standard of care and how the client will cooperate with the professional service delivery system. *Client management* is distinguished from *clinical* or *case* management, which connotes the theories and techniques used for treatment per se. Client management is for the benefit of both the client and the practitioner; and when a successful professional service relationship is achieved, our society also benefits.

This book is a follow-up to *Protecting Your Mental Health Practice: How to Minimize Legal and Financial Risk* (1988b) and *Business Success in Mental Health Practice: Modern Marketing, Management, and Legal Strategies* (1989), which focused on business- and risk-management objectives. But more is needed. Specifically, my work as an attorney for mental health practitioners has revealed that too often there is a lack of understanding of the importance of client management. Some practitioners incorrectly view therapeutic control (client adherence to the plan and strategies set forth by the therapist) as a detriment to treatment. In fact, therapeutic control furthers treatment benefits. It requires that the professional have a rationale predicated on behavioral science as a basis for interventions (for example, a psychological diagnosis, an individualized treatment plan, and monitoring for alternative procedures), and it requires that the client adhere to the treatment. This approach accommodates quality care as well as business and risk management.

This book accepts that therapeutic control and treatment adherence are necessary to assure quality care for the client. Careful planning and information collection and dissemination

enhance treatment and complement business and risk management. The ideas in this book are intended to be highly practical and to provide an operational system for routine treatment decision making.

Audience

The material in *Quality Care in Mental Health* will be useful to all mental health professionals, regardless of employment context or discipline. Therefore, professionals from psychology, social work, mental health counseling, psychiatry, and nursing, among other disciplines, will find practical guidance for quality care and successful business and risk management. The ideas can be adapted for private practice or for a social agency, clinic, or hospital, and they can be applied by junior or senior practitioners. A guidebook format is followed, but the instructional contents make the book appropriate as a textbook in mental health training programs.

From mental health practitioners attending my seminars and those with whom I work as an attorney, there is a frequently expressed wish for a standardized approach to case management that will promote quality care as well as business and risk management (especially for clients under managed health care systems). While a universal approach is illogical, this book offers a pragmatic view on how to deal with everyday problems. After presenting, explaining, and illustrating academic and clinical ideas, I have offered "Practice Guidelines" that emphasize what can be done in everyday practice. In addition to practical suggestions, I have included numerous examples, outlines, and forms for policies and practices. The outlines and forms can be adapted to be efficacious and efficient for communicating with clients and to take into consideration preferences of the practitioner, types of clients served, unique business issues, and jurisdictional directives for the area in which the practice is located.

Overview of the Contents

Chapter One defines quality care, noting the prerequisite of careful assessment of clients and accurate self-recognition

of professional skills. Risk management contributes to quality care by promoting quality assurance (assessing client care and improving its quality) and preparing for accountability to third-party payers, ethics committees, regulatory agencies, and courts of law. The chapter defines and discusses client and case management, with emphasis on being selective about clients and dealing with third-party payment sources (for example, health insurance companies and managed health care systems), accepting accountability and cost containment, and changing the system. It also offers a set of guidelines for individualized treatment planning.

Chapter Two points out that the personal needs and professional status of the practitioner must be consonant with changes in public policy. Self-regulation by professional disciplines (for example, through ethics committees) has been superseded by governmental regulation through licensing and the legal system. The prudent mental health practitioner operates according to astute legal and managerial plans and relies on a systems point of view. Safeguards by proaction, such as business-planning and risk-management techniques, are recommended.

Chapter Three notes the shortcomings of the “quick-fix mentality” and describes how treatment, as well as business and risk management, will benefit from marketing information. It describes the service brochure, offering suggestions for contents and for the presentation of professional credentials (for instance, avoidance of quasi-professional credentials in favor of accuracy and prudence). In addition, it gives an example of professional self-presentation.

Chapter Four defines the treatment relationship in contemporary terms—namely, that it provides the structure for professional service and must encompass public policy as well as therapeutic theory. A historical tracing of such therapeutic theories as the psychoanalytic, humanistic, and behavioral theories leads to the current transition to quality-care accountability and the need for therapeutic control. The chapter then presents reasonably objective criteria for measuring client progress, a contractlike definition of the roles and responsibilities for practitioner and client, and consideration of business, ac-

countability, and legal issues. Included is a checklist of prerequisites, with practical suggestions, for client management.

Chapter Five recommends limiting the scope of professional services to produce business- and risk-management benefits. Included are exemplary definitions of service scope and descriptions of services (for example, psychological services, individual problems, marriage and intimate relations, sexual problems, divorce and remarriage, parent-child relationships, family crises, promoting physical health, forensic psychology, and behavioral science).

Chapter Six explains the nature and importance of policies and tells how the mental health practitioner can develop a "policy book" for quality-care and business- and risk-management objectives. Since the legal system tends to be positive toward an established, contemporaneously prepared business record, guidelines provide policy safeguards. There are recommendations for determination of policies that take into account the application of the management system, task environments, and domain consensus. Included are examples of forms for creating policies relevant to limits of service, location of office, hours, scheduling appointments, emergency situations, cancellations and missed appointments, requests for first appointments, financial arrangements, contracts for mental health services, confidentiality and privileged communications, and responding to a subpoena.

Chapter Seven points out the benefits and limitations of using standard forms versus clinical interviewing for effective client management. The chapter gives guidelines for gaining historical and current personal information. It also describes the importance of clinical information as a prerequisite to service. There are exemplary forms for financial information, the release of confidential and privileged communications, and clinical data.

Chapter Eight emphasizes the value of keeping the client fully informed about the qualities and conditions for practices and procedures. It gives suggestions for recording entries, including what should be recorded; how to be systematic, organized, and consistent; and how to preserve confidential records.

Chapter Nine envisages quality care and the role of client management, control, and treatment adherence in the coming years. It considers the following: owning the new treatment alliance (which involves the client, the practitioner, professional ethics committees, politicians, bureaucratic personnel, licensing boards, attorneys, judges, and juries); evaluating organizational identification; exercising learned persuasion and being politically empowered to change and improve health care policy; accepting entrepreneurship and marketing; and forming professional alliances.

My daily dealings with mental health professionals make me keenly aware of the business uncertainty and legal liability imposed on everyday decision making. I wish that there were a simple solution, but such is not the case. As an alternative, I believe that we must continue to search for an improved academic basis for clinical interventions and greater awareness of public-policy and legal expectations, which will open our eyes to new ways to achieve quality care for our clients and success in business and risk management for ourselves. I hope this book makes a contribution toward that goal.

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In preparing this manuscript, I have gleaned ideas, guidelines, examples, outlines, and forms from many mental health practitioners who were colleagues, students, clients, and seminar participants. To each of them, I express my appreciation. Also, Jane Divita Woody, my spouse and professional colleague, has offered valuable information and editorial suggestions. Gracia A. Alkema, my friend and a former senior editor with Jossey-Bass, encouraged me to undertake this project and has influenced my professional writing.

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and Fort Myers, Florida
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Robert Henley Woody

A Cautionary Note

This book is intended to provide accurate and authoritative information about the subject matter. It is sold with the understanding that the publisher and the author are not engaged in rendering legal, accounting, or other professional services. Specifically, all outlines and forms contained herein are for *exemplary purposes only*, and the publisher and the author do not warrant, in any manner, their suitability for any particular usage. If legal advice or other expert assistance is required, the services of a competent professional, with knowledge of all laws pertaining to the reader, should be sought.



The Author

Robert Henley Woody is a practicing attorney and psychologist. His law practice is focused on protecting mental health practitioners from ethical, regulatory, and legal complaints. He is professor of psychology and social work and serves as director of school psychology training at the University of Nebraska at Omaha. He is also an adjunct professor of psychiatry at Michigan State University. He received his Ph.D. degree (1964) from Michigan State University in counseling psychology, his Sc.D. degree (1975) from the University of Pittsburgh in health services administration and research, and his J.D. degree (1981) from the Creighton University School of Law. During 1966–1967, Woody was a postdoctoral fellow in clinical psychology at the University of London's Institute of Psychiatry (Maudsley Hospital). In 1969, he received the two-year Postdoctoral Certificate in Group Psychotherapy from the Washington School of Psychiatry.

Woody has been admitted by the Nebraska, Michigan, and Florida state bars for the practice of law. He is a licensed psychologist in all three states, as well as a licensed marriage and family therapist in Michigan and Florida. He has been ac-

corded the status of diplomate in clinical psychology by the American Board of Professional Psychology, diplomate in forensic psychology by the American Board of Forensic Psychology, and diplomate in (experimental) psychological hypnosis by the American Board of Psychological Hypnosis. He has been named a fellow of the American Psychological Association, the American Association for Marriage and Family Therapy, the Society for Personality Assessment, the National Academy of Neuropsychologists, and the American Society of Clinical Hypnosis. He is a certified sex therapist and sex educator with the American Association of Sex Educators, Counselors, and Therapists.

In addition to these professional activities, Woody has authored or edited twenty-three books and approximately three hundred articles for professional journals. His books include *Business Success in Mental Health Practice* (1989), *Counseling Psychology: Strategies and Services* (with J. C. Hansen and R. H. Rossberg, 1989), *Protecting Your Mental Health Practice: How to Minimize Legal and Financial Risk* (1988), *Fifty Ways to Avoid Malpractice: A Guidebook for Mental Health Professionals* (1988), *Becoming a Clinical Psychologist* (with M. Robertson, 1988), *The Law and the Practice of Human Services* (1984), and *The Encyclopedia of Clinical Assessment* (1980).



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