



PRACTICAL RESOURCES
for the
Mental Health
PROFESSIONAL



Successful Private Practice in Neuropsychology

A Scientist-Practitioner Model

Mary Pepping



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A Scientist-Practitioner Model

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**Successful
Private Practice
in Neuropsychology**

**A Scientist-Practitioner
Model**

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For my Parents, Elvira Dolly Pepping and John Joseph Pepping.

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First and foremost, the International Society

for Clinical Neuropsychology (ISCN)

The International Society for Clinical Neuropsychology

On the way to the future: the future of neuropsychology

Conclusion: the future of neuropsychology

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FOREWORD

In 1993, after many years of work in institutional settings I decided to enter private practice and to become fully self-employed. Although I had a general sense of what would be required, it was only in day-to-day implementation of myriad clinical and business details over the next 6 years (as well as in trying to maintain some teaching and research interests) that I felt I learned most comprehensively what might constitute a good practice model.

I have designed this book to be a helpful guide for reviewing the issues and meeting the challenges of self-employment as a neuropsychologist, regardless of your particular clinical, research or teaching interests. This book will help practitioners who want to establish a practice, those who have been in practice for a few years and want to expand or refine their business, as well as those seasoned practitioners who simply wish to compare notes with another experienced neuropsychologist.

Psychology graduate students, interns and postdoctoral fellows exploring career options may find it helpful to learn more details about private practice here than they are likely to learn within the walls of academia. Psychologists of all stripes, even those employed in institutional settings, are likely to find portions of this book that could be implemented at their place of work, to maximize quality of work life there.

The conversational tone of the book is intended to allow the kind of open-minded review of ideas that leads to effective brain-storming and business development. This book also necessarily reflects my own approach to the topic of neuropsychological practice in general, and private practice in particular. There are many additional viewpoints, and I encourage you to find and consider them.

Three caveats:

This book is not intended as a primer on how to become a neuropsychologist. Those basic criteria are well described both in the National Academy of Neuropsychology's definition of what constitutes a neuropsychologist, and in the requirements for candidacy that are listed as part of the neuropsychology diplomate processes.

Nor is this book intended as a primer on how to create or conduct a forensic practice. While the medical-legal work described here can be an interesting, challenging and satisfying source of work for private practitioners, the skills you need to develop for that work go beyond the intent of this book.

Finally, while I discuss billing procedures, potential tax deductions, or other business matters, these represent my opinions, and should not be construed as legal advice. You need to determine what is appropriate for your own practice and then assure yourself that it conforms to local, state and federal laws.

People enter private practice for a variety of reasons. I did so to increase control of my work hours and daily schedule, clinical emphasis, and patient mix. While I had enjoyed a busy and varied psychotherapy practice for 15 years, I felt it was time for a break from that intense involvement in another person's intrapsychic life. I preferred not to have the daily responsibilities of an individual psychotherapy practice. I also wanted to shift my practice emphasis from its 60/40 neuropsychology/general clinical mix to an exclusively neuropsychological emphasis in my private practice.

When I started working as a self-employed person, I created a neuropsychological evaluation and consultation practice. In this practice, I evaluated patients, met with them and their families to review evaluation results and then referred them to the various outpatient therapies they needed, such as psychotherapy, speech therapy, vocational help. Although I had thorough contact with each patient during the evaluation and treatment planning phase, and typically performed most of the testing myself, I was not involved in the delivery of daily treatment activities that required my on-going presence. It was easier for me to achieve an enjoyable and productive balance of clinical work, teaching or writing, and research projects when I wasn't scheduled to see patients or supervise staff every day.

I also designed an actual 4-day work week that didn't simply stretch to accomplish 5 days work in the 4 days. I was able to decide which days of the week I would see patients, and which days I would reserve for paperwork,

teaching, or other professional and personal activities. And I didn't have to take on other colleagues' workloads at various times throughout the year, when they were on vacation, out sick, or at conferences.

I was amazed at how simple it became to schedule a dentist appointment or other personal appointments. It no longer required the orchestration and long-term planning often required when working full-time in an institution. And I could run errands at a time of day that didn't involve weekend traffic and crowds. With this flexibility came a reduced amount of work commute in a city—Seattle—whose traffic problems are becoming increasingly renown.

In private practice, I also found that it was far easier to protect large blocks of time for record review, test data review, report preparation, journal reading, or for various writing projects, than it had been in a clinic setting. Settling down without interruptions to dictate reports improved the efficiency of my report preparation. I also had more space in which to work than the typical institutional office provides. And, if I wanted to take a break by taking a walk around the block to clear my mind and realign my posture, no one would look askance at this clear departure from clinic or departmental protocol.

The great irony for me in all this was that I had more time in which to develop my professional craft as a neuropsychologist when I was no longer in an institutional setting. The bulk of the work on this book and other academic writing and research projects were undertaken as part of my private practice.

A further irony is that while happily ensconced in my private practice, I was approached during the summer of 1999 by colleagues at the University of Washington School of Medicine (UWMC) and offered a full-time faculty position in the Rehabilitation Medicine Department. The new position was an intriguing one to me; I was asked to direct and expand the neuropsychology testing service as well as the outpatient neuro-rehabilitation treatment program. Both would involve the chance to see some additional populations of neurologic patients that I did not typically encounter in my private practice and also to reconnect with an experienced multi-disciplinary brain injury treatment team.

So at the age of 49, I decided it would be a positive professional development to tackle this version of academic life. I was excited by the opportunity to apply entrepreneurial and private practice principles to finding creative solutions to systems issues that were known to impede the delivery of optimal clinical services. The position also gave me the chance to work closely with many talented faculty and clinicians I liked and respected.

One of the most important things I have learned from alternating between institutional life and private practice is, regardless of our work setting, we have more freedom to craft a practice that works well for us than we think we do. Although some jobs do not lend themselves to the flexibility I advocate in this book, it is equally true that those of us with a

strong work ethic may find it difficult to even consider these kinds of changes. This may be for fear of being perceived as less than productive, as not carrying our own weight, or as somehow not being fully up to the task of working ourselves to death. There is a funny (and I don't mean humorous) unspoken competition in many institutions, about who is toughest when it comes to bearing unreasonable demands, and a subtle pecking order established on those principles. So, you may have some decisions to make about your own quality of life and career. To borrow a phrase from Winnicott, you can be "the good enough" neuropsychologist and find that a sufficiently meaningful, satisfying, and lucrative goal.

You can still play a satisfying role in evaluation, treatment, teaching, training and research projects, in both the private and institutional setting. You can maximize what is positive about each, and reduce what is negative about each form of employment. For me, after almost four years of intense full time work in an institutional setting, the need for regaining balance is asserting itself. A schedule that includes the very structured part-time work in my medical school setting with the more flexible hours in my private practice is ideal for me. It is my hope that this book can help you find the combination of activities that will provide you with satisfying work, good connections with colleagues, and equitable reimbursement.

I would like to publicly thank my family and friends, and the many teachers, colleagues, mentors, and patients, who have been so instrumental in my personal and professional development. I will spare you this list but now that this book is completed, will get those thank you cards and letters out where they belong.

I thank Nikki Levy, Executive Editor at Academic Press and Elsevier Science, who initiated this project, Barbara Makinster, Senior Development Editor who kept it moving, Molly Wofford, Senior Project Manager who made sure its final form was clear and readable, and Trevor Daul for his assistance with marketing. Thank you all for your patience and cooperative spirit throughout this lengthy process. Finally, but most importantly, I want to thank my husband, who has been a source of ongoing inspiration, delight, intellectual challenge and emotional support to me, at every phase of this book.

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PREFACE

Here is a description of the overall logic and layout of the ensuing chapters.

Chapter 1 is an overview of the key issues and challenges that are inherent in private practice, with some suggested solutions. Chapter 2 is the equivalent of “get out while you still can,” and goes into some detail about the more harrowing aspects of self-employment and how to mitigate them. Chapter 3 provides a further antidote to the difficulties discussed in chapter 2, by reminding you of all of the outstanding advantages of self-employment.

Chapters 4, 5, and 6 are about developing your own unique private practice. In Chapter 4, the initial survey of the various ways you could spend your work time allows you to evaluate and determine what you really like to do. Chapter 5 has practical suggestions on ways to start safely and gradually accrue contracts and other sources of paid employment. Chapter 6 discusses marketing; most particularly, how to take advantage of professional activities you already enjoy and transform them into marketing tools.

Chapter 7 looks more closely at the expense side of the business and suggests creative approaches to managing costs.

Chapters 8 and 9 are devoted to special topics (as is Chapter 13), looking first at medical-legal work (Chap. 8) and at consulting work (Chap. 9) as interesting sources of income. Chapter 13 is devoted to a hands-on discussion of how to develop and deliver a cognitive group, to pique your interest about considering group treatment formats as part of your practice.

Chapters 10 and 11 examine specific neuropsychological concerns, with an emphasis on the interview and testing process in Chapter 10. A review of the clinical nuts and bolts of running a practice are included in Chapter 11, which covers topics ranging from referral etiquette to billing and collections.

Chapter 12 explores ways to design a therapy practice in the context of various kinds of neuropsychological services. Chapter 13 provides a practical example of a group treatment. Even people who don't want to have an individual treatment practice may find the suggestions in Chapter 13 for group treatment of interest. One can use an educational model that is not primarily psychotherapeutic in nature, and run it much as a class or course for participants.

Chapter 14 describes ways to keep the scientist alive in your self-employment framework, through research and publication. Chapter 15 is a final set of comments and a summary of the major ideas presented in this volume.

The appendices were developed to provide you with practical examples of helpful forms that I have used in my practice over the years. These forms range from consent forms to information sheets for patients, as well good reference sheets for typical Current Procedural Terminology codes and diagnostic codes that are common in neuropsychological practice. In addition, you will find a sample outline and handouts for a cognitive group. You are welcome to use any and all of the appendix materials, as long as you credit this source, and do not sell or distribute these pages for profit.

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