Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association's 2015 podcast series. Today, we are speaking with Dr. Delise Dickard about going out-of-network. Delise Dickard EdD, LPC, is Riverside Counseling Center's founder and clinical director. She has worked in the mental health field since 1984, and founded Riverside Counseling in 2001. She is licensed by the Virginia Board of Counseling. Her experience includes employment at the Harvard University Division of Continuing Education, the Current Treatment Center of Stafford, Fredericksburg Counseling Service, and Rutherford House, where she started her career as a counselor and juvenile case worker. She completed her doctorate in counseling psychology at the University of Sarasota and is trained in EMDR. An award winning playwright, Dr. Dickard also earned a master’s degree in Drama from Harvard University. She has published mental health columns, and a series called Mindset for the Healthy Living a section of the Free Lance Star newspaper. Welcome, Dr. Dickard.

Dr. Delise Dickard: Thank you for having me, Rebecca.

Dr. Rebecca Daniel-Burke: Okay, we'll jump right into the questions. The first one is, how did you start your practice, and did you do so on the intention of working out-of-network?

Dr. Delise Dickard: Well, I started my practice in Fredericksburg, Virginia about 14 years ago as you say. I was in a tiny little office. It was barely bigger than a closet, no window. I bought my tiny little couch, it was very expensive to fit in there, and I had no clients, no money, and a lot of confidence in myself as a clinician, but not so much confidence in myself as a small business owner. So I was really worried about what I didn't know that I didn't know.

So I was worried about that. What I would do, and I've done this throughout my career, is when I don't know how to do something, I think about who does do what I'm wanting to do, and who does it well, and I go directly to that person and sometimes it's a cold call and just say, "Hello, do you mind spending a lunch hour with me, and let me pick your brain a bit". So in my community, that was a way early on that I was able to learn about billing insurance companies, and whether I wanted to be in network with a lot of them or none of them, or a couple of them -- Our clinicians in Fredericksburg are really welcoming, and eager to share their information.

One of them said, "Come on over with a Subway sandwich, and we'll have lunch and I'll tell you all I know."

Dr. Rebecca Daniel-Burke: Aww, that's great.
Dr. Delise Dickard: Yes, it's a really good community that's not competitive. So I learned that there were a couple of companies that were really good in our area, and one that actually had paid our full fee at the time. So I joined those three companies, and the one that paid the full fee ended up leaving. So I stuck with two, and then eventually I would drop off completely. So that's how I got started.

Dr. Rebecca Daniel-Burke: You know, it's interesting because often I'll get a call from members and they will say, "You know, I'm brand new to private practice, and I'm trying to figure out how to get started," and I often say to them, "Call some LPCs in your area. It's a good way to get to know more LPCs, and it's a good way to find the ins and outs of the location you're at."

Dr. Delise Dickard: Absolutely, and I just found that they were so welcoming. I don't think I had a person to seem competitive with me. They were just, "Oh, you know, this is your specialty. That's fantastic. I'll be sending you clients." So we really pull together in our community, and I imagine elsewhere as well.

Dr. Rebecca Daniel-Burke: That's great. So what were some of the bumps in the road as you started from that little office to where you are today? Talk a little about that.

Dr. Delise Dickard: Well, my first problem was that I had a lot of time on my hands, and as I said I didn't -- and when you're starting out, you don't know a lot of people, and you don't have clients so you don't have an income, and I couldn't afford a fax machine. So I like to think that out of that problem came a greater solution, but because I didn't have a fax machine, I decided that I would just deliver faxes by hand. So I ended up going to doctors' offices, to the mental health wing of the local hospital; I met all the receptionists, I met the assistants -- it was wonderful to be able to meet the people that I would be working with for the duration of my career as a counselor. And they were able to lay their eyes on me and meet me as a person, as a human being. And eventually, what would happen, and I didn't really know it then, but what would happen is that I would have started my referral base. Eventually, I would not have to be reliant, I was never reliant on the insurance companies for my client referrals. So this turned out to be a really good win-win situation.

Dr. Rebecca Daniel-Burke: Absolutely. So you don't have a fax machine, which makes you go out into the community and get to know people. That's fantastic. Were there some other strategies you began to use to market your services?

Dr. Delise Dickard: Yes, absolutely. I coach counselors. In my practice, because there's several counselors come-and-go, I've helped them build up their client load, they stay with me for a while. So I've had the opportunity to build up several different practices, many different practices actually, over the years, and what I tell these new clinicians is that it's better to market with your time and not with your money. So in my opinion, all this junk mail we get coming in saying that this is a great marketing opportunity or list with this directory, or with that directory -- a few of them are okay, but
many times that's to me just -- it's mass marketing, it may get you a few clients, but it's better to market to your particular audience, and for your particular needs.

So with the clinician, I would use what I call the magic wand - you know the magic wand, we all use the magic wand question with our clients - with the counselors, I would use this, and I would say, "Okay, number one, what is your perfect population? If you had a perfect week as a counselor this week, what would that look like?" And in that, they would tell me, "These are the hours I would like to work, these are the people that I would like to be seeing, this is what interests me," And so, then, the marketing would be targeted to that particular population. So if they say, "I like college students, I love working with them," then we might prepare a speech that they would give to the college students on test anxiety or they may go to the counseling office at the local college. Things like that.

**Dr. Rebecca Daniel-Burke:** That sounds great. So when you would ask them, "What is your perfect week? What does your perfect week look like?" In the beginning, with new counselors, would it sometimes be very unrealistic?

**Dr. Delise Dickard:** Absolutely. It would. I would have the counselor--

**Dr. Rebecca Daniel-Burke:** I was talking to a counselor once, and she was telling me, "I want to see 40 clients a week." 40, I was like, "Wait a minute."

**Dr. Delise Dickard:** I've had them tell me 60. I'm not kidding. But no, I've had them to tell me that they want to see children, and they want to work from 9 to 3, three days a week. That's hard, because children are in school during those times. Yes. Sometimes, it's unrealistic. And what we'll do is we'll talk about those problems and strategies for tailoring it just a little bit. I mean, some strategies for -- sometimes, what I do in that case for example, is we strategize to say, "Okay, when you get a child in, you might suggest that they take any time slot that they can get, and then tell you what their perfect timeslot is". So if they have one or two hours in the week after school, eventually that client will be able to work into those hours.

So like that, we would put shoulder-to-shoulder, figure out what strategy might work for this sort of difficult hurdle.

**Dr. Rebecca Daniel-Burke:** Yes. We hear a lot about finding a special niche. What do you think about that?

**Dr. Delise Dickard:** Well, I think that kind of goes along with the idea of having some unrealistic expectations. So as a counselor, I think that's another area where you need to be looking at what's realistic. I try to have someone match their area of natural interest with the needs of the community. For example, I think if the two don't match, then you have to go and create a demand for your service. I have one example, I'm interested in neuro-feedback, and it's fascinating and I went and did a weekend -- how
you can go for four days, you get enough of a certification that you can actually start looking at doing some things. I came back and realized that no one was calling to ask for that.

And so, in other communities, that might be a big demand, and in our community there was no demand. So I actually ended up doing -- I did that and I did the EMDR. And with the EMDR, being near Washington D.C., there's a lot of military people, a niche for trauma is huge. So EMDR turned out to be a much better fit for my community than neuro-feedback, just because of--

Dr. Rebecca Daniel-Burke: Oh.

Dr. Delise Dickard: Yes.

Dr. Rebecca Daniel-Burke: Okay, so there might be something you're interested in, and you're drawn to, but it really doesn't fit with your community, so you have to be willing to adjust?

Dr. Delise Dickard: Yes. I think you have a choice. You can either adjust, or you can go out and market harder and create a demand by talking about it, telling people how good it is. I actually, in neuro-feedback, I do know someone in our community who does excellent work in neuro-feedback, and she was able to do that working through school systems and talking with people. But that's quite time-consuming, so you just have to go into it with your eyes open, knowing that you're going to have to create that demand in your community.

When people start seeing it work, then they do go to our -- maybe everybody goes to her, and that's why I don't ever get any calls.

Dr. Rebecca Daniel-Burke: Well, because you're probably known as the EMDR lady now.

Dr. Delise Dickard: That's right. We do refer back and forth. She sends me the EMDR stuff—

Dr. Rebecca Daniel-Burke: Absolutely.

Dr. Delise Dickard: --so it's all good.

Dr. Rebecca Daniel-Burke: It is all good. And I think when you're starting a private practice, I know when I started my first private practice, to be as open to new clients as possible, I think is positive.
Dr. Delise Dickard: Yes, I do too. I think that you want to meet them where they are, you want to look at what they need in the interaction, what they're looking for, and see what you have in your tool bag. I know we've all probably done those courses where they say, "Let's fill up the tool bag with our tools", and see what you have to meet their need.

Dr. Rebecca Daniel-Burke: Absolutely. And I know you're from a smaller town than where I live for example, and especially in a small town which is where my first private practice was, there sometimes aren't a lot of specialties available, so you have to be willing to see whoever needs help.

Dr. Delise Dickard: That's absolutely correct. You have to look. I mean, that's what happened with me and EMDR. I was interested in it, probably equal to my interest in neuro-feedback, but the demand was huge and with clients going away with healing that creates even more demand, because then they tell their friends, they tell their doctors and other people.

Dr. Rebecca Daniel-Burke: Yes. So here's another question that we get all the time at ACA, "How do you know where to set your price?" That's a difficult question for a lot of people.

Dr. Delise Dickard: Yes. That is a bit of a -- you're not going to know the perfect answer. In my experience, you're just going to have to jump in at a point that’s your best educated guess. You're wanting to look between the amount that the insurance is paying for your services, because I'm assuming that if you're able to get your referrals from a place other than insurance, then you could feasibly go almost as low as the insurance is paying you and still make ends meet in a little bit of a better way, because you wouldn't be paying for the service of having the billing done, and you wouldn't be waiting for your income.

On the other side, I think is the higher-end, I typically have found that counselors, probably more so than other professions that I've seen, tend to undervalue our service. Often, when I'm working with interns or other clinicians, if they're setting their price, I'm encouraging them to set their price higher, because we provide a great service, we have a lot of education -- My husband's always reminding me how much people make in other professions. It's his mantra to come home and say, "Well, this is how much you would make if you were a masseuse or whatever."

So I think that, if anything, we have to be careful not to undervalue our services. I think that happens too often, and I think that also sometimes clinicians come in thinking that lower is better, and that people will really want the lowest price that they can get. And I disagree with that. I think that people want healing, so they want to know that they're coming to someone who's the best fit for them, and they're willing to pay for that healing and then go get reimbursement from their insurance out-of-network if necessary.
Dr. Rebecca Daniel-Burke: Do you ever have a sliding fee scale?

Dr. Delise Dickard: I started out thinking about that. I ran into some trouble because I began to think I had a form to fill out, and the people who had more money actually did a better job of filling out my form. Maybe it wasn't so good. So I didn't find that I was really helping the people that were most in need. One component of not going with a sliding scale for me in my practice was that I just didn't know how to make it fair. And the other thing is, looking again at my community, and I think if anything it's highlighted here, you really want to look at your own community to see what's needed. But in my community, there are several really good low cost or free services, like Fredericksburg Counseling Center that I worked at before.

So those services were available, so instead of making my fee so much lower, what I did is count that I have some extra time to spend at no charge, helping anyone who calls through our main number get connected with the right service, even if that's not going to be me or anyone in my practice.

Dr. Rebecca Daniel-Burke: It's wonderful that you do that. Some of us who didn't have a sliding fee scale had a couple of pro bono slots, and I know I always did that because sliding fee scales -- some people can see it as discriminatory, "This person's paying this much; this person's paying that--" So instead, I had two slots for sliding fee -- pardon me - two slots for pro bono. And what I would do is, when somebody called and they were saying, "I want to see you, but I can't afford it". I would say, "You can get on the list. The two slots are taken now, but sometimes they don't last that long, and I'll call you again. You can get on the list." So I was offering something to those people who really couldn't afford to see me. Have you ever had pro bono slots?

Dr. Delise Dickard: Yes, I have. And I think that's what I'm thinking about when I'm setting my fee, is that it should be reasonable, but it should be high enough for me to have those pro bono slots. And another thing that I do in addition to that -- that's a really good idea -- I allow people to run a tab if they need to. So if somebody loses their job in the midst of a recession, or anything occurs where they really do need the services -- especially with EMDR, you just need to continue on and finish it up -- but I'll allow people to run a tab and they can pay it later and I'm very, very flexible in terms of -- I think I have one client paying 10 dollars a month. That, to me, is also a way to be ethical about it and not to --

Dr. Rebecca Daniel-Burke: To help the community?

Dr. Delise Dickard: Absolutely, right. And to continue to help the community.

Dr. Rebecca Daniel-Burke: Okay, but what about the flip side of that? So let's say somebody has run a tab and they've gotten a job, and they aren't paying me back, what are your thoughts about that?
Dr. Delise Dickard: Well, there's one thing I think and one thing I do. Another thing I do, it's a common difficulty -- I go back to the person, I issue a bill each month, but sometimes people just will not pay, and I have known clinicians that take this into collection. I don't think that's a bad idea. I think that's fair and that's reasonable and that's in the original paperwork that they sign. Personally, I probably shouldn't announce this, but that's been very hard for me to do.

I think you just have to, again, look at yourself and your own practice, and decide is it worth going into collections over something? Is it something small? To me, it's rarely worth it. I'd rather just look forward and continue doing good work with new clients. But some clinicians -- I don't begrudge the clinicians who feel like that's something that they should keep track of and do -- we're just like everyone else, we deserve to get paid. So that's a little bit of a hard one for me, but I believe clinicians should be paid.

Dr. Rebecca Daniel-Burke: It's a hard one for a lot of us, but I agree with you. Clinicians should be paid. Okay, now here's a question that I think you have a lot of information for our members on, and that is, "When people call and just expect you to be in network with various insurance companies, how do you handle that?"

Dr. Delise Dickard: You're right, Rebecca. That is really a key question in all this, is how do you handle that phone call? How do you explain this situation? More and more different clinicians are going out-of-network, but still a lot of people do not understand what it means to work out-of-network for insurance companies. So I think one important point is to remember that you can do all of these things correctly, and you can have your price points set correctly, you can have your referral sources flowing, sending people in to you, but you can lose the client in three sentences. If they say, "Are you in network with my insurance--" and you say no, then they will often say, "Okay, bye". And that's the end of the conversation.

So I think it's very important to explain to people -- I say it like this, that I work out-of-network with insurance companies, so with my clients at the end of the session, I charge the fee, I give you a receipt, and with that receipt you can turn that into your insurance company and they will pay you per your out-of-network benefits. And if I don't think they have any, or they don't or they're wondering about them, then I have them call their insurance companies on the back of their insurance card, their mental health/behavioral health benefits, to find out what their out-of-network benefits are.

So that they realize, and have the power to decide, do they want to pay for this upfront, worry about it later? Do they want to call the insurance first, and find out exactly what the situation is going to be? Or do they want to find another clinician that is in network with their insurance companies? And again, I will help them do that if that's what they choose.
Dr. Rebecca Daniel-Burke: So you don’t say, "I don’t take insurance"? Because that will put people off, and maybe because some people will not understand what exactly that means.

Dr. Delise Dickard: Yes. I think it's because there's a misunderstanding. I think they think when you say I don't work with insurance companies, or I don't work with your insurance companies, I think that they believe -- many people don't realize that it's just a misunderstanding. They think that they can't see you then, or that there's no way that they're going to get any reimbursement. And I actually have clients who get sometimes full reimbursement, just depending on their -- Typically, it's less. Typically, they have maybe a higher deductible and maybe pay a little bit more. But I don't know, actually. Things are changing, and it's quite nice not to even know what's going on with that.

Dr. Rebecca Daniel-Burke: I am hearing about a lot of high deductibles right now.

Dr. Delise Dickard: Right, I am. I've heard about that. And so, you have to wonder, are out-of-network benefits sometimes -- are they getting close to being almost as good or even better in some cases than in-network? Yes.

Dr. Rebecca Daniel-Burke: Yes, one clinician told me that somebody who was seeing her had a thousand dollar deductible, and I thought, "Oh my gosh, that's a lot for people who don't have money to pay for counseling and need it."

Dr. Delise Dickard: Absolutely. And then I've also been hearing that sometimes -- it's been a few years since I've been in-network with any insurance company, but then people would have a $15 co-pay, sometimes even a $10 co-pay, and now I'm hearing of insurance companies having such a high co-pay that you're going to the insurance company for a very small amount of money. And it makes you question, is it even worth having the billing hassle to get the -- I don't know the difference, but it took a small amount.

Dr. Rebecca Daniel-Burke: Yes. So it must make it easier doing your office work, because you don't have to hire a biller or try to work with all the billing pieces yourself. Is that correct?

Dr. Delise Dickard: Oh, absolutely. My office, my day is all about the clients and about my sessions with them. I spend less than five minutes, probably three minutes just filling out a quick little receipt that shows the amount that they pay, I run the credit card or -- usually credit card or a check -- and then make a copy of the receipt, give it to them and that's the paperwork. It's over with.

Dr. Rebecca Daniel-Burke: And do you have a diagnosis on your receipt?
Dr. Delise Dickard: Yes. You have to have the diagnosis or they will -- What I have on my receipt, it's probably what comes out on the super bill, but I have obviously the name and the address, the tax ID for your business; I have the license number, the NPI number, the diagnosis code has to be on there.

Dr. Rebecca Daniel-Burke: CPT code?

Dr. Delise Dickard: Also the CPT code as well, and then provider's signature. So I've never had anyone, any company that I know of reject my receipt, so I don't even run a super bill. In that moment, I circle a few things, write in the codes and make a copy, give it to them. Usually, we're still wrapping up the session as I'm finishing up the paperwork, because it's such a little bit of effort.

Dr. Rebecca Daniel-Burke: Yes. That sounds like an ideal way to work, if you can. Do you also talk to clients? So let's say a client, let's say that you know that the client basically can afford the services, but they're just not used to spending that money on themselves. Do you have a way of talking to a client so they can value spending that money on themselves?

Dr. Delise Dickard: That's a very good question. I actually don't go into anything like that, about how they should pay me, because I'm going to help them. It's a very good question, but I don't do any negotiating like that. What I do, and I do this for every client, every person who picks up the phone to call our office, is I try to give about 20 minutes, whether it's my time, whether it's someone else in the office who's picked up the phone, whomever is going to be the person answering needs to be sensitive to the fact that this might be the first phone call that this client has ever made to a counselor. So we spend a lot of time. If I'm answering calls, I will give as much time as possible, usually about 15 or 20 minutes, unless I'm between clients then I'll call them back if I am.

But I've spend that time, talking with them about their problem, what's going on. I'm doing a couple of things. One thing is that they're learning a little bit about me and about my style, but I'm also learning about them and learning who in the community might be the best match for them regardless of whether it's in my office or not. And that, I think, is just like paying forward. It's just what it's supposed to do in the community. So if in that 20 minutes, they feel comfortable with me, then I don't really have to go into explaining - - I mean, I do explain to them how I work out-of-network with insurance companies, and that I give them the receipt, but beyond that if they do have the money but they don't want to spend it on services with me, then I have no problem at all connecting them with the most appropriate person who's in-network with their insurance.

Dr. Rebecca Daniel-Burke: Do some people call you, and they say, "I really need to use my in-network benefits", and if so, how do you handle that?
Dr. Delise Dickard: Yes, absolutely. It's hard to say what percentage of people call who definitely want to work in-network, and that's also changing. I've also noticed that actually changes with how much time, I believe, that you give the person when they call. But, like as I said before, some people will call, and they are just calling down the list of clinicians in-network with their insurance company. And again, for them, I listen to what's going on for them. I've been in the community long enough that I have a pretty good guess who might be in-network with them, who might be a good match. I give them the three names per the protocol, the three names of clinicians in the--

Dr. Rebecca Daniel-Burke: The Three Names.

Dr. Delise Dickard: Yes. Because like I said, that may be their first call, and I don't want them to have to call through every person on the list. So if I can give them three names that are already in-network with their insurance, or three names that specialize in their particular problem, then that saves them some time. So that's, again, part of that pro bono.

Dr. Rebecca Daniel-Burke: Are your sessions any different because you are working fee-for-service? Does it change anything about your sessions?

Dr. Delise Dickard: Yes, a little bit. What happens is people have higher expectations in the sense that they want to feel like they are getting their money's worth. I think that's the flipside of people being willing to pay. I think that the expectations are less, especially when the co-pays were so low. I think that if the session ended promptly in 45 minutes, even if it was a difficult ending, then get back to it next week, not a big deal. But with fee-for-service clients, I think that they need to feel every single session gets them a little bit closer to their goal of being well, being happier, being more connected, whatever their particular issue is. So I think you have to notice that, and you have to be careful about that. Time is a big deal. What I say is I'm not great with clock time. I'm a little bit better with just feeling that this is the closing of the session.

Dr. Rebecca Daniel-Burke: Well, when I think of myself – I'm not seeing clients now, but when I used to -- I would see client after client after client, and I would need that 10 to 15 minutes between sessions, because I would have to do a progress note, which you don't really have to do, not in the way you have to do for insurance reimbursement. Correct?

Dr. Delise Dickard: Exactly. That's exactly it. My progress note has got a few places to circle, and some topic names, but it doesn't have to be anyway the level that it did with insurance. So I do have more time. I really think it would be hard to do a 45 minute session, fee-for-service and unless your fee was very low, or unless you're working with children. At least for myself, I shoot for close to 50 minutes, and then I have a 10 minute buffer. And if I start late, I may get to where I'm going late during the day. And some of that is knowing that every client really needs to go out, basically feeling a lot better than they did when they came in.
Dr. Rebecca Daniel-Burke: Right. I'm going to ask you a few questions about your actual physical private practice, and what questions that some of our clinicians have when they're going into private practice. First, they always ask, should I or shouldn't I have an LLC? What is your opinion on that?

Dr. Delise Dickard: I believe you should have an LLC. I can't imagine having a small business without having at least that level of protection. To me, it's actually very easy to get an LLC. You call the corporation commission of your state, and fill out -- in our state, it's a one page form and I think it's $100. So there's really, in my opinion, no reason not to have that level of protection.

Dr. Rebecca Daniel-Burke: Then, can you talk a little bit about selecting office space, and are you in things like Better Business Bureau, those kinds of things? Can you talk a little about that?

Dr. Delise Dickard: Yes. This is one thing that I think may not come up on some clinician's radar when it comes to working fee-for-service, and that is that I think the office space needs to look -- I always say I want my office to look as good as my richest client's living room.

Dr. Rebecca Daniel-Burke: Way to go.

Dr. Delise Dickard: I don't know if that's the best way to say it, but that's the standard that they're expecting.

Dr. Rebecca Daniel-Burke: Yes. I mean, people expect when they go into a community center, where they're going to pay nothing, they expect it to be not very nice surroundings. That's an expectation I would say. And maybe there's a similar opposite expectation here, so yes, go on, talk a little more about office space.

Dr. Delise Dickard: I think that that's an investment that pays you back. And even in my very small office, I did get that expensive, very small couch. That was perfect. But I think it's not that hard if you don't have a knack for making a space look beautiful, then call up your friend who does and have some fun, making soothing colors, nice pictures on the wall. I don't make it a working space. If I did do paperwork or other projects in my office, I would certainly find a drawer or a closet to stuff it in when my clients -- I hear too many stories where the space is not conducive to a serene, comfortable environment. I also offer a bottle of cold water or a cup of tea, if someone's quite upset, I will say, "Let's just take a breather and have a cup of tea". I think all of those little extras are really helpful for you, and it's just a win-win situation.

Another idea is I collect little journals. When I find nice journals on sale somewhere, I may buy 10 of them and stick them in a basket. And if someone likes the journal, I'll give them a journal.
Dr. Rebecca Daniel-Burke: Oh, that's a nice touch.

Dr. Delise Dickard: Yes, just some little gestures that I think any small business owner does to make their particular space and environment pleasing.

Dr. Rebecca Daniel-Burke: Yes. And what about being involved in things like the Better Business Bureau, or those kinds of community organizations?

Dr. Delise Dickard: I have been to one of those meetings. Just about every one that I can think of, I've maybe gone once and then I just get overwhelmed with the number of clients. If you have time and they work for you in your community, I think they're great. An alternative that I think is probably a better fit for me is I would probably rather spend my time calling up a school, a high school, and run a self-esteem group for three weeks or something like that. That kind of free service, speaking when I'm asked to speak, or to join a board, I do those kinds of things. And I speak pro bono.

So those kinds of things, I've found do more good in terms of getting your name out in the community, more so than your traditional ways of swapping business cards. Because you're really wanting to target the people who need your services the most. So it does some brainstorming to think, with my particular interest, who needs my services the most, and how do I reach out to that community?

Dr. Rebecca Daniel-Burke: And then how many clients do you see? What's the lower end and what's the higher end of the number of clients you might see in a week?

Dr. Delise Dickard: Well, I have to say, this is a great question. Because as you might imagine, it has gone way down since I've been out-of-network; down at my request, because I do other things. I write, I have three teenagers—

Dr. Rebecca Daniel-Burke: Wow, that's a full time job.

Dr. Delise Dickard: One's 21, so I'm moving into new territory. So I have a lot of other things that I like to do with my time. Now, I see about 15 clients a week at the upper end, and at the lower end maybe 12, 12 to 15 is about where I stay. If you're fee-for-service, and you don't have to pay an office manager or someone to do your billing, it's a nice range to stay in.

Could I go up if I wanted to? Yes. I have friends who work out-of-network, and probably see a few more than that, but that's where I like to stay.

Dr. Rebecca Daniel-Burke: In terms of looking for a place to rent, I know a lot of people will rent by the hour because they just don't have the money in the beginning to pay for an office. Do you have any thoughts for people who are looking for offices and don't quite know where to turn?
Dr. Delise Dickard: Well, if you're in Fredericksburg--

Dr. Rebecca Daniel-Burke: You could come to Riverside, yes.

Dr. Delise Dickard: I have one office, but yes. But otherwise, office space, now that is - - I've heard a friend of mine in Pennsylvania with office space by the hour. So our community, as far as I know, does not have a place like that, but that's not a bad idea to rent it by the hour so that you don't -- For me, where I like to see clients, Tuesday/Wednesday/Thursday and not Monday/Friday, there's a lot of down time in my office. I own the space, but if I didn't I would want to be sharing with another clinician on the days that I just don't come in.

I would say office sharing is one way, if you don't have a per hour office space. Other clinicians, I know we have the place where I started, which is a very, very small office space, and they're also very inexpensive, so you can then afford not to be working 40 hours a week, and still afford it. But that is the tricky question, and I think that is probably one of the reasons why many people are looking to get out-of-network with insurance, because they have not really adjusted their fees or our pay in tune with the inflation rate. So our office spaces have gone up in price and our payment from the insurance companies have not gone up. So I think that is what is making people ask this question, "Can I work out-of-network and survive?"

Dr. Rebecca Daniel-Burke: Right, yes. Okay, this is the last question I'm going to ask. ACA now has over 55,000 members, most of whom are clinicians, is there anything I've not asked you that you want our members to know?

Dr. Delise Dickard: Okay, yes. I would say that one of the most important things that I did over the years, and is just a fluke that happened, but a couple of people were starting practices at the same time, or already in practices, and several of us decided to have a monthly meeting; to just get together once a month, on a schedule, and to talk about issues that we were having, to do peer review, and these were a couple of people that I wouldn't have run into otherwise. So we have some of that in the office, but it was nice to be able to talk to other practice directors, and to find out what issues and to get support on different issues.

So that was a wonderful suggestion. One of the three friends, there was three of us, and one suggested that, and we did that for close to 10 years.

Dr. Rebecca Daniel-Burke: That's great. You know, another thing I've seen people do in community, is to start a journal club, where -- let's say you have five to eight people, and you send out a journal article, and you all meet to discuss it, and the one person who suggested that leads that discussion. And then you do it the next week or the next month, another person. And so, that's a good idea too.
Dr. Delise Dickard: That's a fabulous idea, yes. It really is, because I think that our work is just so taxing, and we do shoulder a lot of difficult stories and a lot of pain, and I think anything that gets us together to discuss anything, have a cup of coffee and to just really have a place where we can let our hair down and just be ourselves, and really compare notes or ideas on a certain journal article, any of those things is a really good way, and it meets a need that I think can sometimes go unnoticed for clinicians, and that is to just be connected.

Dr. Rebecca Daniel-Burke: Speaking of letting your hair down, is there something you do for self-care, or if you're supervising somebody? Is there something you suggest that they do for self-care? Because you're right, we hear the worst imaginable stories all day, every day, you have to really work out a way to help yourself be able to cope with all of that.

Dr. Delise Dickard: That's a good question. At the office during the work day, I've noticed that over the years, we use a lot of humor. We share personal information, and so we know each other well. And we just use a lot of humor in terms of handling things. And I think that's good, just an upbeat, happy environment in your day to day work. For myself, I'm a big fan of yoga and meditation, and I'm lucky enough here in Virginia to live close to a little place called Yogaville that has wonderful little retreats, and they're usually three-day-weekend retreats. And I've been known to, on a Thursday night say, "Okay," at the dinner table at my house, say "Okay, I'm headed off for my three-day retreat. I've decided to go tomorrow."

I think to have a last-minute place that you can go for healing, that's serene and nature, anything like that is a little getaway.

Dr. Rebecca Daniel-Burke: And to have some kind of plan for self-care.

Dr. Delise Dickard: Yes, that is absolutely true. And now that I think about it, another thing that I do is, I have a very strict boundary on my weekends. I try to use Monday and Friday as my writing days, but sometimes that will get eaten up with a client issue or extra people who need to be seen, or a clinician or something like that. But my weekends are sacred. So I really get everything off my mind by Friday night. I watch a movie, and after that movie I'm not on again until Monday morning.

Dr. Rebecca Daniel-Burke: That is fantastic. And that's one of the things about putting in our informed consent that they need to call 911 or go to the emergency room.

Dr. Delise Dickard: Absolutely.

Dr. Rebecca Daniel-Burke: Because they're available all the time, and we can't be available all the time and stay sane.
Dr. Delise Dickard: Absolutely, that is absolutely the case. And as I explained to my clients, even if they could reach me in an emergency like that, over the phone, on a Friday night, I'm not going to be able to give them the kind of service that they need. If it's an emergency, then they really need to be at the emergency room, or in someone's constant care, because I'm not going to feel comfortable talking with them for an hour, and then going back to my movie. That would be -- I just feel like I would be doing them a disservice, they need a higher level of treatment than I can give.

Dr. Rebecca Daniel-Burke: And doing yourself a disservice.

Dr. Delise Dickard: And doing myself a disservice, absolutely. Because in every weekend is...

Dr. Rebecca Daniel-Burke: Up for grabs.

Dr. Delise Dickard: Yes, up for grabs. We absolutely have to have a sane life to ourselves, don't we?

Dr. Rebecca Daniel-Burke: That's right. Well, I want to thank you so much, Dr. Delise Dickard, for joining us today to discuss going out-of-network.

Dr. Delise Dickard: Well, thank you for the opportunity Rebecca. I really enjoyed it, and I'm glad to be of help, if this is helpful.

Dr. Rebecca Daniel-Burke: I know, it is. Thank you so much.

Dr. Delise Dickard: Okay.

Dr. Rebecca Daniel-Burke: To view links to this program, to write to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series, signing off.