How to Exit a Group Counseling Practice with Ethics & Integrity

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It's natural that psychotherapists who work for a group practices often eventually wish to leave to start their own practices. It's also very understandable that clients and therapists frequently want to continue their work together as the clinician moves from group to solo practice, and sometimes it is actually clinically and ethically imperative that they are able to do so. These factors pose a long-standing industry challenge for group practice owners, who invest a tremendous amount of time, money and energy developing referral sources and generating clients for their staff. In order to stay financially viable, group practice owners typically cannot afford for their businesses to be a revolving door of clinicians' filling up their caseloads and departing. This conundrum highlights a gray area for that requires both clinicians and group practice owners to reflect thoughtfully and behave in a way that demonstrates both clinical and professional ethics and integrity.

As a clinician who previously worked at a group practice and departed to start my own solo practice, and as an founder/owner of a large, group practice (<u>Urban Balance</u>) for more than a decade, I can appreciate both perspectives. In my role as a practice owner, I learned some lessons the hard way by losing talented staff and countless clients. My longtime mental health attorney, Jonathan Nye, and I have had several conversations about how to strike a healthy balance with fairness and grace. The following are our joint recommendations:

For Group Practice Owners:

Do's	Don'ts
Do hire clinicians who are attracted to the many benefits that come from being part of a group (i.e. no overhead, marketing support, billing services, etc.)	Don't hire clinicians who are obviously chomping at the bit to start their own private practices.
Do have a non-solicitation clause included in your attorney-reviewed W-2 employment and independent contractor agreements.	Don't forget to have a non-solicitation clause.
Do have a non-compete clause in your attorney-reviewed W-2 employment and independent contractor agreements that is reasonable in terms of geographic and time constraints.	Don't overreach with unreasonable constraints in terms of geography and duration.
Do explain during the interview process that the expectation is to stay longer than one year.	Don't fail to explain this and have it be part of your practice culture.
Do offer ways for clinicians to grow with your business through opportunities for increased pay, learning or benefits.	Don't have a cap on earnings and opportunities that essentially forces people to move on.
Do facilitate a culture that demonstrates mutual professional respect, collaboration and open communication.	Don't facilitate a culture that is threatening, controlling, devaluing or with closed communication.
Do have reasonable expectations about length of stay (staying two or more years and wanting to leave after that is understandable).	Don't think that everyone is going to stay forever.
Do expect that the clinician would like to retain at least a few clients, especially those for whom it is clinically necessary recommended.	Don't have extreme rigidity around expectations that no clients will ever leave your practice with a clinician who is leaving.
Do maintain positive collegial relationships with staff who have exited your practice.	Don't hold a grudge or take it personally when people leave.
Do have this article as part of your onboarding packet.	Don't fail to articulate expectations until they are violated.

For Clinicians Moving From Group to Solo Practice:

Don'ts
Don't leave within one year to start your own practice and expect to take clients and leave on good terms.
Don't give less than two weeks notice.
Don't violate your contract by seeing group practice clients at your own separate practice, or opening your own practice if not pursuant to the contract, without prior consent.
Don't transition your clients to your practice and refuse to collaborate with the practice owner.
Don't fail to be truthful about taking some clients with you to your practice.
Don't expect to take your full caseload or directly solicit clients to follow you to your new practice.
Don't assume you will be able to accept the same insurance and EAP plans on your own without going through individual credentialing.
Don't take as many clients as you can just before you leave.
Don't take what has been provided without honoring it's value.

I always say that healthy self-esteem is midway between Diva and Doormat. The Diva is entitled and disrespectful of other people's boundaries. The Doormat is not respectful of his or her own. In the middle is the Diplomat; a person who shows respect for both self and others and communicates in a way that is assertive, honest, and clear. It's a small clinical world, so be mindful not to burn bridges by being a Diva, or hurt yourself or your business by being a Doormat. Use these guidelines to be a Diplomat who operates with professional and clinical ethics and integrity.

We hope that these guidelines will help you and your practices succeed and prosper! For more information, please contact <u>me</u> at <u>jmarter@refreshmh.com</u> for practice consultation or to learn about opportunities with <u>Refresh Mental Health</u> or Jonathan Nye at office@nyelawyer.com for legal services.