Dan's TALKING POINTS Memo Ch. 7

Wilcoxon, Remley, and Gladding; Chapter 7 (v5.2)
For discussion on October 19, 2017

Contemporary Ethical Issues:
Contextual Matters

1. Green and Hansen (p. 121) have noted that some ethical guidelines *prohibit* certain behaviors (e.g., sex with patient), others *obligate* certain behaviors (mandates, confidentiality), and still others imply *discretionary* behaviors (Should I take a refresher course on that new test that I'm using?). It's not all black and white. This is important.

2. Note the case of Aiko on pages 121-122. Here she clearly has a discretionary decision to make. What do you recommend? Why?

3. What do you think about Victor's "chain in purse" assignment to alleviate guilt for having an affair? (p. 122). What do you think about the author's commentary of Victor's ignoring of the diversity issues that prevented the assignment from being successful?

4. The authors note that one can re-traumatize patients who are suffering trauma issues if the therapist is not sensitive to timing, depth, complexity, resistance, and patient vulnerability. Repeating a notion from Chapter 1, this is the "art" part of our work, knowing when to *do*, and when to *wait* (p. 123).

5. Let's talk about those four DSM-5 concerns for MFTs: 1) incompatibility of orientations, 2) the stigma of diagnosis, 3) misrepresentation of diagnoses, and 4) competence to diagnose … (beginning p. 124).

6. It is really true that the DSM and MFT are highly **in**compatible. DSM relates to diagnoses that are almost exclusively individual and relate to the "IP," etc.; MFT generally relates to systemic issues that may not have an individual emphasis at all. Yet, we are expected to utilize the DSM to justify our work and diagnose our clients for insurance payment purposes. How do we bridge the abyss? What are the ethics here? (pp. 124-125)

7. What about the stigma of diagnosis? Clients may find family pressures relieved by an accurate mental health diagnosis. Others may use their diagnosis as an excuse to justify their behaviors. (p. 126)

8. I like the inset on pages 126 - 127 that says the health insurance was never intended to pay for non-medical problems such as "floundering marriages" and "trouble raising kids." But, isn't that what we deal with? We have an ethical (and legal) commitment to accurately represent a client's diagnosis.

9. Take a look at the Case of Meg and Kevin on page 127. It appears that LaMoya (the therapist) did the right thing by issuing a V62.89 - Phase of Life Problem DSM-IV-TR code (Now Z60.0 in the DSM-5), but the patient-couple was angry about her accurate diagnosis. Why? Can you see yourself being pressed to "fudge" a diagnosis for the reasons this couple presented? Be honest here …

10. Understand what Packer has termed the "insurance diagnosis" (which constitutes "insurance fraud").

11. We should chat about Christensen and Miller's notion that we are faced with the dilemma of "fudging on diagnosis at times" in order to resolve diagnostic vs. reimbursement quandaries (p. 128).

12. Take a look at the entire section on Managed Mental Health Care (MMHC). Note the list of questions by Haas and Cummings for providers who are considering participation in an MMHC program (p. 129). We will discuss each of the areas in question:

    - Who takes the risk? (p. 129)
    - How much does the plan intrude into the relationship and the services provided? (p. 130)
    - Are there provisions for exceptions to the rules? Time to learn about capitation! (p. 131)
    - Can clients get help if the client's needs exceed the plan's benefits? (p. 131)
    - Is there training for providers to be more efficient/effective? (per Zimet; "Most clinicians resent having their practices subject to external control," p. 132)
    - Do providers get a chance to have input? (p. 133)
    - Are policyholders clearly informed of the limits of their benefit? E.g., informed consent. (p. 134)

13. Carefully examine the little section on "Institutional Values and Legal Duty in Conflict with Professional Values" (pp. 136-137). There will very likely be times that you will be asked to do something that rubs you the wrong way per your perception of legal duty or your professional values. The little inset here is a good example regarding how the therapist was in conflict over new rules on institutional record keeping.