

## THE NOT-SO-OBVIOUS DOWNSIDES OF USING INSURANCE FOR PSYCHOTHERAPY

It may seem like the more economical (and therefore wiser) choice to use your insurance coverage to access psychotherapy services. Though there are undoubtedly benefits to using insurance, I would like to make you aware of some drawbacks so that you can make an informed decision. Here are some things to consider:

- (1) Diagnosis of a Mental Disorder:** Insurance companies require that I diagnose you with a mental disorder before they approve treatment, which they interpret to mean as you having a mental illness. This diagnosis will become part of your permanent medical record, and may affect your eligibility for coverage or premium prices in the future. I know that many of those seeking psychotherapy services are not mentally ill, but rather are experiencing normal human suffering for which psychotherapy can provide some relief and healing.
- (2) Conflicts of Interest:** As a Marriage and Family Therapist, I am required to avoid *potential conflicts of interest*. My primary concern is for my client's well-being. Therapists working under the constraints of managed care companies are sometimes put in the position of having to choose between what is in their own best interest and what is in their client's best interest. I do not want to be put in that position. Managed care companies were created to "manage" and contain escalating health care costs. Their bottom line is to reduce costs and raise profits; it is *not* to increase the quality of care or quality of life for my client.
- (3) Restricted Choice:** Often managed care companies restrict the client's choice of therapist by offering *only* short term / brief therapy that I refer to as "drive-by" therapy. Such therapy meets the financial criteria of managed care companies but may fail to afford my client the opportunity to get the information / therapy that s/he wants / needs. It is my belief that this often results in my client's *quality of care* being compromised. And, this, of course, can result in the possibility of my client's needs going unmet. Managed care companies often choose to limit what therapies are offered, can restrict what is discussed in therapy, and decide which clients can be seen and for how long. Some managed care companies have even included "gag clauses" in their contracts to *prevent therapists from suggesting more effective treatments*.
- (4) Professional Expertise:** I believe that my client should be able to access the full range of mental health professionals according to client needs. Often managed care companies restrict the professionals that clients are allowed to work with – preferring to refer clients to therapists who have *a record of providing short term therapy rather than to other therapists who may provide better results or offer a different packaging of services*.
- (5) Contractual Limitations:** I believe that a client has the right to full disclosure of any arrangements, agreements, contracts, or restrictions between any third party and me that could interfere with or impact your treatment. Managed care companies may label counselors' choices to advocate for clients in this manner as "Managed Care Unfriendly Behaviors" and take such actions as they deem fit. Typically "violations" such as these result in *therapists being removed from provider panels or censured* in other ways.
- (6) Privacy / Confidentiality:** By contracting with managed care companies, it is likely that I would be required to share my client's deeply personal information with gatekeepers and utilization review professionals; it would mean potentially allowing literally hundreds of other to have access to my client's personal information.

Portions of this document are from a blog by Tamara Suttle, M.Ed., LPC. The relevant post can be found at: <http://www.allthingsprivatepractice.com/8-reasons-why-i-do-not-work-with-managed-care-companies/>.