



Grace Whitman Therapy

About Fees & Insurance

I am a therapist because I enjoy working with people. However, it is also the way I make my living. Professional relationships work best when client and professional have a shared understanding about financial issues.

For the past twenty years, most people have partly funded therapy with health insurance. It was a system that worked reasonably well but that has changed.

Because of changes in health insurance programs, using benefits for therapy may lead to new problems and highlight some long standing ones. Before you make a decision, please consider both sides. Unfortunately, it has become a complicated question.

Benefits of Using Health Insurance:

The primary benefit is clear. You paid premiums for health insurance, either directly, or indirectly through your employer. It was an investment. One return on that investment is reimbursement for part of your therapy bill. This helps your budget as those dollars can then go to other areas.

Complications of Using Health Insurance Benefits:

Problems come in three areas: loss of privacy, loss of control of therapy, and the effects of having a psychiatric diagnosis.

(1) Increasing Loss of Confidentiality: In the past, therapists only needed to provide insurance companies with a diagnostic code, identifying information, and dates of service. Now insurers usually want a thorough description of your problems, history, symptoms, family life, work life and so on.

This information may be reviewed by employees of both the insurance company and a separate managed care company. Many employees of these companies do not have the same training in confidentiality as professionals. Unfortunately, there have been increasing reports of disturbing breaches of privacy.

Insurance and managed care companies put your information into their computers. Managed care company ownership has been changing rapidly. Smaller companies are bought by larger ones, which are swallowed by even bigger ones. I am concerned about what will happen to client information as changes in ownership take place.

Some managed care companies are selling patient information to centralized medical data banks which are accessible by other types of insurance carriers, such as life and disability insurance. Other interested parties have also been gaining access to these centralized systems.

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Decreases in privacy may lead to decreases in your openness. The more that is true, the less effective our work together can be.

(2) Loss of Control of Therapy: Managed care companies use the information I must provide to decide if psychotherapy is medically necessary in the first place and, later, if it should continue. Many who make these decisions have limited training in therapy.

Managed care companies make money by reducing how much treatment occurs. Therapists worry that economic goals may color their decisions. In other words, the criteria they use may be quite different from those you and I use.

Reviewers have formulas they must follow in making decisions. Some formulas are economic. Others are based on "average" cases. However, formulas and averages cannot account for human individuality. Therapy done by formulas cannot afford the careful listening that years of research have shown to be the cornerstone of effective therapy. Therapists who belong to some managed care panels are pressured to follow the same formulas or lose membership on those panels.

The two people who can best make therapy decisions are the client and the therapist, in partnership. It used to work that way. Today, if you depend upon health insurance benefits, it may not.

Control over therapy is lost because some kinds of services and problems are not covered. For example, marital counseling and biofeedback are usually not covered even though their effectiveness is well known. Therapy for long term personality problems is almost never covered by managed care.

Managed care companies usually agree to cover therapy only to the extent that it focuses on symptoms. They usually refuse to cover therapy aimed at the underlying problems that cause symptoms. People often come to therapy when they feel they are in some kind of crisis. While they can sometimes experience symptom reduction in a few sessions, new crises are likely to develop if individuals do not come to terms with the underlying issues.

(3) The Effects of Psychiatric Diagnosis: Health insurance benefits can only be used for the treatment of illness. This means that your therapist must make a psychiatric diagnosis about you before benefits will be available.

I am increasingly seeing diagnoses come back to haunt people. Many people have found that using health insurance benefits for therapy has actually cost them money because, after making a claim, their premiums went up. This despite overwhelming scientific evidence that therapy improves general health and reduces total medical bills. Life and disability insurance applications have been affected. Military applications and security clearances have been held up. Employers are sometimes notified about all medical care visits, including therapy, by the insurance company.

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The very existence of psychiatric diagnoses creates a false impression that most people sail through life without serious problems and only the ill need help. That is just not true. All of us, in our fast paced, highly stressful society, have hard times. None of us today can be expected to automatically have all the coping skills we need.

Therapy helps people develop the skills they have not yet had a chance to develop.

The system of psychiatric diagnosis is only one way of looking at human problems. Its biggest advantage is that it helps get health insurance benefits, an advantage that is waning. Psychiatric diagnoses do not usually present issues in ways that help people actually solve problems. In fact, diagnoses often get in the way. Other ways of looking at human problems are more helpful.

Choosing not to use health insurance benefits means you do not have to have a psychiatric diagnosis. That means that as people make decisions about you in the future, such a diagnosis will not be an issue.

What Costs Can I Expect?

It is impossible to know, at the beginning, how many sessions or what kind of sessions will be most helpful. After a careful assessment of your situation and your goals, you and I can make an educated estimate. Such estimates are subject to change as we gain more information about your situation or as your therapy goals change.

It may be useful to know, however, that 90% of people employing psychotherapists go for less than 25 visits. Yours may last longer, depending on what kind of changes you are looking for in your life.

It may also help to know that many research studies show that many people gain financially by a successful course of outpatient psychotherapy. These gains may come in a variety of ways:

(A) There is a strong connection between mental and physical well being. Emotional distress uses up our physical resources. For the short term, that is not a problem. Long term distress makes the body more vulnerable to a wide range of ailments because its resources are depleted.

(B) For similar reasons, people who already suffer physical illness heal more quickly, and for fewer dollars, when needed therapy is included in their treatment.

(C) Emotional stress often interferes with productivity on the job. People cannot do their best when they are anxious or upset. Again, for the short term, this is usually not a problem. Long term distress often creates work problems and decreases in income. Studies show that people's earnings often go up after effective therapy.

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(D) Marital therapy that preserves a marriage lets people avoid high legal fees and other expenses of a divorce. Therapy that helps people who do divorce also lowers the high legal fees associated with ongoing post-divorce bitterness.

(E) Therapy with children often leads to higher self esteem and better academic performance. Both are associated with higher adult income.

It may be useful to think of therapy as an investment rather than a cost. Also, people do expect to pay most professional fees, such as lawyers, dentists, and CPA's out of pocket. Because of the growing problems with third party reimbursement, I anticipate that most therapy in the future will also be paid out of pocket.

If you do choose to use your health insurance, I will be glad to provide all reasonable assistance. Alternatively, you may wish to consider paying "out of pocket." I know this can create financial difficulties for people. Therefore, I am prepared to discuss alternative payment plans with you should this be a necessity for you.