



DECEMBER GENERAL MEETING 2017

VC-CAMFT December Holiday General Meeting

By Denise Dalgarn, LMFT

VC-CAMFT's December meeting was truly special. Due to the fires, it had been a hard few weeks for quite a few of our members so it was nice to get together with colleagues and friends to visit and support each other. The dining room was warm and nicely decorated giving everyone the opportunity to relax and enjoy the holiday. Once again our membership surprised us with their generosity towards our holiday charity. Ventura County Military Collaborative, represented by Kim Evans, LMFT, received your generous donations. Your donations are made all the more special because the fires had made the need among our military and veteran



communities even greater. Thanks again for your generosity and thanks to Jim Dwziak for making the event festive by playing the piano for us. If you didn't get to be at this year's holiday meeting, we hope you join us next time. ☺



JANUARY GENERAL MEETING 2018

The Business of Practice: Is Your Practice at Risk?

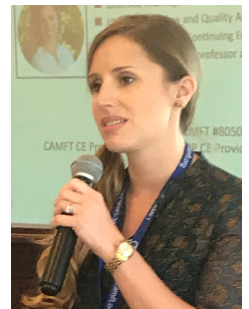
By Ellyn Goldstein, LMFT, and
Elizabeth Irias, LMFT

Elizabeth Irias, LMFT addressed the VC CAMFT January General Meeting about how clinicians typically put themselves at risk via clinical documentation oversights, and how to minimize this risk by properly documenting our work. She also offered some helpful information about how to improve our documentation processes, as well as discussed some ways that documentation impacts treatment outcomes in relation to Best Practice.

Elizabeth began by describing why documentation is an important part of behavioral health treatment. She explained that documentation ought to represent the story of a client's mental health treatment, and include 'who, what, where, why and when'. This reasoning applies to all therapists, in-

cluding private practitioners, as well as clinicians working in agency and non-profit settings. Elizabeth shared that CAMFT attorney David Jensen calls clinical documentation a 'persuasive tool', which can be used for multiple purposes, such as part of custody cases or the investigation of complaints conducted by the licensing board. Relating to an investigation with the licensing board or a third-party like a managed care company, the investigation outcome may come down to whether our documentation can illustrate that our records are credible, and that we demonstrated sound clinical judgement. Per Elizabeth, quality documentation reduces our liability risk, can increase our clinical reflection and responsiveness, and also leads to improved Utilization Review outcomes, which may all lead to better quality of care for our clients.

Elizabeth reminded us that the Board of Behavioral Sciences (BBS) cites the California law requiring MFTs and LCSWs to keep clinical records that would be typical of other 'reasonable & prudent therapists'. According to California law, licensed clinicians can have our licenses suspended or revoked due to unprofessional conduct, including failures to keep records consistent with sound clinical judgment, and the consequences can be as far-reaching as medical negligence charges. Additionally, per California Health & Safety Code §123130, we may provide a treatment summary in response to record requests, which may include the following: The client's chief



(Continued on Page 4)

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E-MAIL BLASTS TO MEMBERS

Check for details in this edition on page 4.

CONTINUED FROM COVER The Business of Practice: Is Your Practice at Risk?

complaint, findings from consultations and referrals, diagnosis, treatment plan, course of treatment, progress and prognosis, pertinent reports of diagnostic tests, and discharge summary. Elizabeth pointed out that the information mentioned in this law should therefore be in our clinical records in order to be consistent with Best Practice. As an aside regarding phone or video-based therapy, Elizabeth advised that tele-therapy notes ought to document where the client is located (per the client's report) since our licenses are valid in California only.

Elizabeth then described what could happen when documentation is inadequate, including the consequences for ourselves, our clients, and our practices. She said, "if it's not in the chart, then it didn't happen," reinforcing the importance of sound record-keeping for auditing purposes. In addition to documenting standards like symptoms and Mental Status, Elizabeth recommended clearly documenting conversations with third parties, such as consultation calls with psychiatrists or emails with family members. With relation to managed care-related contacts, Elizabeth recommended that we keep record of any communication we have with third parties, who we talked to, and a reference number if applicable, as this information may need to be referenced down the line.

Elizabeth described some Best Practices that were geared at helping us relate to our documentation in a more collaborative manner. For example, research indicates that a client is more likely to have a successful treatment experience if he/she/they sees some positive change within the first few visits, and is less likely to drop out of treatment. To help the client evaluate whether they are getting better, we can ask them for feedback, and integrate this feedback into our clinical treat-

ment planning practices. Per Elizabeth, studies have shown that when we listen to the client's expressed needs and respond by altering our treatment provision, our clients are more satisfied and the outcomes are better. In this way, clinical documentation can help encourage therapists to reflect on the clinical process by continually asking ourselves, "Why am I doing what I'm doing?," and, if treatment is not working, then we need to be proactive in making the appropriate changes.

Regarding record keeping, Elizabeth stated that California law stipulates that we should retain records for seven years, or for minors, seven years the after age of majority. It is important to keep in mind that a BBS complaint can be filed for up to ten years after the service occurred, which indicates that we ought to consider keeping our records for ten years. Additionally, should there be a board complaint, the BBS may go into the chart looking for one thing and find other inadequacies. Elizabeth shared that therapists need to consider what would happen if we need to abruptly leave our practices, become disabled, or pass away. "What stories do our records tell, and how could this affect our clients?," she asked. Our documentation needs to tell the story of the client's treatment, it must be clear, specific, and legible in order to serve its purpose.

Elizabeth described actions we can take to protect ourselves from some of the negative consequences associated with poor clinical documentation. Firstly, it's important that our charts reflect medical necessity, which requires that there is a legitimate clinical need for treatment services; California law says that medical necessity is met when, "... services are reasonable and necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain." Elizabeth described the use of a mnemonic she created, called "Safety FIRST" in order to evaluate whether our



notes are capturing the most critical information. With respect to 'Safety', our documentation should always reflect safety and risk factors, the client's presentation, and what the therapist in response. Additionally, the acronym 'FIRST' includes documentation of the client's Functional impairment, the therapists Interventions, the client's Response, the client's Symptoms, and the Therapist's interpretation. Elizabeth recommended continually asking ourselves questions to evaluate the client's functional impairment, such as, "What might happen if the client were to continue this behavior or experience a worsening of a particular symptom?," and, "What risks or losses might happen as a result of lack of treatment?"

In summation, Elizabeth's talk was an opportunity for us, as clinicians, to slow down and reflect on the impact of some of the choices we make in relation to our progress notes and other documentation, and ways to improve our

practices. Medical necessity is the backbone of the care we provide, the quality of the charts we maintain is critical, and small changes in what we are currently doing can make a big difference in terms of treatment results and liability reduction.

Elizabeth Irias, LMFT is a psychotherapist and consultant with specializations in Utilization Review and Quality Assurance, and has a private practice in Westlake Village where she provides psychotherapy to adolescents, young adults, members of the LGBT population, and individuals with addictive disorders. As a consultant and trainer, Elizabeth works closely with clinical teams across the United States to improve their quality of care, documentation practices, and utilization review outcomes. She is a CAMFT and CCAPP-approved Continuing Education provider, and a Graduate Psychology professor at Pepperdine University in Malibu, California.

Ventura County Chapter - CAMFT Outstanding Chapter Leader of the Year Denise Dalgarn, MS, LMFT

By Denise Butler-Foley, LMFT

The Ventura County Chapter – CAMFT is proud and pleased to elect Denise Dalgarn, MS, LMFT, as our Outstanding Chapter Leader of the Year. As the Chapter's current President, Denise brings over 8 years of experience in various Board positions, including serving as President for two years. Her leadership skills, along with her vast knowledge of, and experience with, the Chapter, is evident in how she runs the monthly Board Meetings, the monthly General Luncheon Meetings, and the Executive Board Meetings. Her contributions in the past 8 years are too numerous to list, but she has set high standards for handling the Chapter's membership, membership drive, the production of the Resource Guide, selecting our



Sharon Crane, Past President, giving an award to Denise Dalgarn, President

annual Holiday Charity along with serving on The Soldiers Project, the Chapter's Bylaws committee, and the Website committee. Denise's passion is working with the military and currently is employed full time at one of our local military bases.

Denise's easy and sunny disposition provides a warm welcome at all Chapter events and

encourages others to explore volunteer opportunities. We greatly appreciate and value her time and energy in providing the stability, continuity, and future-thinking of our Ventura County Chapter. Denise will leave her future successors a well-organized, efficient Chapter and she will continue to be a valued asset and resource for the Chapter's future.

Welcome!

Please join us in welcoming the following new members:

Clinical

Dawn Chandler, MS
Kim Greeley, LMFT
Trina Hole, MA
John Irias, MS
Deborah Paster, MA, LMFT
Kelly Ruotolo, LMFT
Robert Scholz, LMFT
Pamela Suraci, MA

Pre-licensed

Bazyar Mehrzad, MS
LJ Lumpkin, III
Rochida McClure, MA

Ventura County Mental Health Professionals Connect

<http://www.meetup.com/VCCAMFTconnects/>

sponsored by VCCAMFT

Are you looking for additional programs and gatherings to compliment, enhance, or grow your practice? Are you interested in creating small, professional support groups? Meet up is a tool to find, create or host professional gatherings for these purposes. If you need venue, I have listings for no fee/low fee venues. Log onto our site or e-mail me, bowiehah@gmail.com, so that I may help you understand how to set up, engage, and organize your profile to take advantage of this free and easy-to-use tool to grow our local mental health community. ☺



The Ventura NAMI Walk has been moved to October out of respect for the people who lost their homes in the fire.

