History and Attitudes Regarding Private Practice

Definition

- **Attitude**: a manner of acting, feeling, or thinking that shows one's disposition, opinion, etc.
  - One's attitude to motivate his/her action
  - Attitudes of others regarding one's action

- **Public's attitude**: any professional could be a private practitioner
  - Negative attitudes come from within the profession

History

- **1895**: Mary Richmond, a social worker, accepted direct pay for her services
  - Resulted in 40 year ethical debate
- **1950s**: "Those in private practice are no longer social workers" (President of NASW)
- **1961**:
  - NASW endorsed a definition of private practice
  - But, major debate issues remained:
    - What about those who could not pay?
    - Private practice was ill-defined
    - Private practice would create shortage of professional in other service delivery areas
    - Private practice of social work was an oxymoron

What About Speech-Language Pathology?

- Founders of the field accepted direct pay
- **1932**: Paul Knight (first trained SLP) accepted direct pay
- Attitudes facing SLPs in private practice:
  - Private practitioners are only interested in the money
  - If you can NOT guarantee a "cure", you can NOT charge
  - Fees are totally unrealistic
  - Private practitioners are unethical
  - You only see patients who could afford to pay, leaving others for more "traditional" service settings

OK, Let's Talk About Them

- Private practitioners are only interested in the money
  - Private practitioners use a sliding fee scale and/or
  - They do pro bono work

- If you can NOT guarantee a "cure", you can NOT charge
  - Oh yeah? What about physicians, lawyers, etc.?
  - Also, SLPs NOT in private practice receive indirect payment although no such guarantee is given

Continue…

- **Fees are totally unrealistic**
  - But, they cover all expenses, including the SLPs salary
    - Actually, during the first 5 years, the practitioner's salary is lower than his peers
- **Private practitioners are unethical**
  - Ethics depend on a person's values not on a work setting
- **You only see patients who could afford to pay, leaving others for more "traditional" service settings**
  - But, this is the same in the most "traditional" of service settings – if third-party payer's money runs out!
  - If taking direct pay is the issue, why accept paying an additional layer of administration from money you generated before getting paid?

Growth

- **1959**: 32% of public school clinicians in Indiana were engaged in private practice (Summers, 1959)
- **1962**: 40.8% of SLPs in Texas do private practice (Battin & Landes, 1962)
- **1964**: 2% of all ASHA members do private practice at least 30 hrs/wk
- 1965: Formation of AAPPSPA (American Academy of Private Practice in Speech-Pathology and Audiology)

ASHA's Definition of Private Practice

- A private practice is one in which a speech-language pathologist and/or an audiologist, singly or in affiliation with one or more individuals:
  - Has total ethical, professional, and administrative control of the practice
  - Has total financial and legal responsibility and liability for the practice
  - Is self-employed
  - Accepts referrals from multiple sources

What attitudes lead someone to open a private practice?

- Desire for autonomy (do it "my way")
- Desire for flexibility with hours and types of clients served
- Don't want to move into administration
- Face the challenge of survival on own merit
- Have the chance to work with motivated clients
- Involve the family more in the treatment of clients
- Have more control over one's work environment
- Anyone can do it!! → failure!!