



## Managed Care: Closer Than We Think?

Managed care has become a term in our cultural vocabulary as commonplace as El Nino and Prozac. As counseling center professionals we are lured sometimes into thinking of managed care as separate from ourselves and our endeavors. It seems, however, that most counseling centers have been engaged in the practice of managed care from their beginnings. Most counseling centers, regardless of their funding source, receive set funds which they must allocate for a variety of clinical services. The sum received usually is not sufficient to support the plethora of services that a center could offer a university community, so administrators and staff must make difficult choices, explicitly or implicitly, in deciding how to utilize limited resources for seemingly limitless needs.

Unlike many traditional managed care models, the scope of services provided by counseling centers is colossal. Undoubtedly, many counseling centers could not compete financially with managed care competitors offering only individual psychotherapy. These competitors could employ a legion of less credentialed clinicians seeing clients around the clock. Fortunate for us, however, is that the array of services we render, focused both on prevention and treatment, for the monies we receive, would prompt even the most seasoned managed care company to seek shelter. This is both a saving grace and constant challenge.

The most difficult component of our managed care practice is dictating how to utilize our limited resources for campuses awash with psychological needs. We must grapple with the reality that more likely than not, we cannot meet all of these needs. We must struggle with whom we help and whom we do not, because no matter how committed we are we cannot meet all of the complex needs of our students and institutions. Explicitly acknowledging that we are limited in our ability to do everything, can be both painful and liberating. It is indeed an awesome responsibility to decide who becomes the recipient of our services.

The most important factor in the process of resource allocation is a well developed mission statement. Such a statement reflects the values, beliefs, and aspirations of the center across all staff levels situated within the larger institutional context. A mission statement, no matter how articulately composed, is relegated to failure without staff participation, investment, and acceptance. This collective sense of common purpose provides a focus to evaluate the provision of center clinical services. The central responsibility of the counseling center director is to keep the question, "Does this fit with our mission and purpose?" consistently in front of the staff. Without an explicit mission statement that becomes an inherent part of the center's culture, it is a short step to reactive management by crisis and shifting university proclivities.

A well developed mission statement affords a center the ability to develop a structure and plan of action that supports its purpose. This allows center administrators and staff to communicate what they do and why they do it to a wide audience. It helps the larger university community, and those to whom we report, understand the scope of what we can achieve with resources that are finite. This focus and purpose sustains a center over time amidst a tapestry of changing institutional dynamics.

Making and taking time to be thoughtful and planful is of great value when deciding how limited resources are allocated. Setting aside time for administrators and staff to think about what they are doing, what they could be doing, and what they should be doing is essential to avoid the inclination to respond to every seemingly important university

psychological need in an almost reflexive manner. Hasty decisions, actions taken without reflection, and the addition of services inconsistent with center mission and purpose, often result in a chaotic sense of diffuse purpose. Taking time to think and reflect creates the ability to be responsive both to current and anticipated future needs. The discipline of taking time to remind ourselves of our mission and purpose in the midst of our latest invitation to expand our clinical service is difficult to master but essential to our success.

Accepting our limited capacities and providing fewer or less extensive clinical services can be difficult. It can be excruciating to decline participation in a service that we know would have value to our university population, but that does not support our mission. It may be more beneficial for those we serve, however, to maintain our focus and realistically accomplish what we can in a manner that meets our high standards.

Denying that we practice managed care only serves to diminish our responsibility to our constituents and thwarts our efforts to make intentionally mindful decisions about clinical care. We can be seduced into thinking that we can surpass our limits and resources. Lack of recognition that we are faced with tremendously complex decisions regarding resource allocation dilutes our ability to best utilize the resources we do possess. An explicit recognition of what we can realistically accomplish best serves our clients, universities, and ourselves.

If we embrace the concept that we are also in the managed care mix, we find that are afforded significant opportunity to consciously determine what shape our presence will take within our university communities. As a result, we experience a sense of renewed purpose, empowerment, and possibility.

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**This page was last updated 4/13/05.**