

Beginning and Ending With Practice Building In Mind

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Do good and do well. Clinicians in private practice can, and do, live by these words. At best, our professional marketing and sales activities are good clinical practice and ethically sound. By reflecting on how we begin and end our work with clients from a practice building perspective, we can become better able to engage and retain new clients and to cultivate better endings with those who are leaving, thereby leaving the door open to resuming the work at a future time. Here I share some of my thoughts and practices. What I do won't suit everyone. However, it's my hope that this discussion will be useful to you in spurring you to think about your own practice with an eye towards incorporating ethically and clinically sound practice building considerations into the mix.

Getting to know you.....

The First Call

Whenever possible, I try to answer the phone myself, rather than having my voicemail pick up the call. In doing this, I'm hoping to avoid having an anxious applicant hang up without leaving a message. Using a "call forwarding" service provided by the phone company, I can arrange to forward my calls to my cell phone (or another phone) anytime I am away from my office, making it easier for potential clients to reach me directly, rather than my voicemail. Using call forwarding also has the advantage of permitting me to disseminate just one phone number in my marketing endeavors; it's my hope that applicants, clients and referral sources find it's easier not to have to keep track of more than one phone number. I avoid using my cell phone as my primary phone for my business and I aim to conduct business calls from a landline telephone, because an old-fashioned landline phone provides better reception as well as a greater degree of privacy.

Think of your outgoing voicemail message as the "welcome mat" to your practice. With this in mind, I recommend that you craft an outgoing voicemail message that is "short and sweet," with a welcoming, friendly tone. My own outgoing message consists of fifteen words, and takes about ten seconds. It's my hope that busy referral sources and clients will appreciate my brevity. Take care to record the outgoing message in a quiet indoor location. I prefer not to use my outgoing

voicemail message to inform clients about emergency procedures, which I imagine creates an inhospitable first impression. (Instead, I discuss emergency procedures in the first meeting.)

With this call forwarding arrangement, I am quickly apprised of new voicemail messages. I make an effort to return calls from applicants and referral sources as promptly as possible. Frequently, cases go to the clinician who responds first. If my schedule is too busy or I don't have the privacy to have a substantial discussion with the applicant, I make a quick call back to arrange for a time for us to speak later that same day.

In my work as a practice building consultant, I often recommend the effective and low cost marketing technique of giving things away. In this case, consider giving away some of your time: offer to have an extended telephone conversation with potential clients. Keep in mind that someone who is calling you may be calling other clinicians; being generous with your time will set you apart from the others. While I've found that many applicants are grateful for the opportunity to talk on the phone, some prefer not to; for this reason I present it as an opportunity and a choice. With applicants who choose to have an extended discussion, I also give away some free advice: after learning a bit about the caller's presenting problem, I may recommend a pertinent book, website or self-help group. Conducting extended telephone applications has other benefits: it permits me to screen out applicants who are inappropriate for my practice, and I believe that it may reduce the number of broken first appointments. It gives us the opportunity to discover what led the applicant to pick up the phone at that moment; which can provide valuable clinical information that might otherwise get lost in the days before our first meeting.

On the other hand, some risk management experts caution clinicians not to engage applicants in any substantial clinical discussions on the phone out of concern that such involvement might be construed as having accepting the applicant as a client and the responsibilities which that relationship entails; it's certainly wise to keep this in mind when speaking with potential clients on the phone. [For further discussion

of this issue from the risk management perspective, see Houston-Vega, M., Nuehring, E. & Daguio, E. (1996). Prudent practice: A guide for managing malpractice risk. Washington, DC: NASW Press. Chapter 3- Beginning Service]

Needless to say, you will find that some callers may try to exploit your generosity; however, in my experience they are the minority, and it's generally not difficult to determine who they are and to gently set some limits with them. For the most part, applicants are grateful for the time and attention.

Clinicians with a high volume of managed care work will find it difficult to adopt some of these time-consuming and time-sensitive methods. If you find yourself in this situation, I would encourage you to consider whether your income is what you'd like it to be, and whether your earnings match your workload. If not, you may want to contemplate making a substantial change in your practice: consider reducing the volume of your managed care work in order to carve out more time to market to private pay clients in these and other ways. While scary to do, devoting time to marketing can ultimately lead to earning more while maintaining a more manageable workload.

Setting the First Appointment

Don't press a caller to set an appointment. I realize that this may seem counterintuitive – bear with me, please. Sometimes our own enthusiasm (and sometimes our desperation!) leads us to overlook signs that a caller may still be undecided about coming to counseling. If by the end of the call the applicant has not requested a meeting, I might ask an open ended question such as “where would you like to go from here?” If the caller doesn't request a meeting, I would invite her to call me back “if I can be of help”. Knowing that some callers may not decide to pursue counseling for some months or years, I make it clear to them that they are welcome to call me back at any time in the future. Sometimes they do.

I believe that taking care not to get too far ahead of the client is good practice building and good clinical practice: it reassures prospective clients that we are attuned to them, and not allowing our own agenda to blind us to their needs and wishes. However it may be difficult to do if you are hungry for new clients. For this reason it's important to be actively marketing your practice; if your phone is ringing often enough, any one call won't feel too important to the welfare of your practice income.

When an applicant expresses interest in setting up a meeting, I try to offer her an appointment within the next couple of days; in other words, “strike while the iron is

hot.” If your private practice is a part time one, you may want to consider arranging your weekly schedule so that your office hours are divided between two (or more) non-contiguous days; if you have two offices, try to have that same arrangement for each of the office locations. In other words, having office hours on Mondays and Thursdays is better than Mondays and Tuesdays, in that you will be better situated to offer new clients a quick appointment. (This schedule also allows you to better accommodate existing clients who request an additional meeting or who occasionally need to reschedule due to illness.)

Sometimes prospective clients request weekend meetings. Offering weekend office hours is another way to distinguish your practice from your colleagues', and can be a significant selling point. If you're not willing to regularly give up part of your weekend to work, you might consider occasionally offering an initial appointment on a weekend to those new clients who request it; you can explain that while you don't regularly offer weekend hours, you can accommodate this preference for this first meeting. Doing so may, for some, make the difference for some wary applicants between coming and not coming. If you decide to see clients on the weekends, do make sure that you set aside time during the weekdays to make up for those lost leisure hours!

After setting the appointment, I ask the caller to let me know in advance and “as soon as you know” if she finds that she won't be able to keep the appointment. I let her know that I will do the same, and that it's extremely unlikely that I would need to cancel a meeting: “only if there were an emergency - - and thankfully, that's a very rare occurrence!” This sets a tone of mutuality and the expectation that she will make every effort to come or, at least, to call if she doesn't come.

Finally, I conclude the call by asking the caller if she has any other questions, and inviting her to call me back before the meeting, if any questions or concerns arise.

If the appointment is made more than a week or two in advance, you may want to consider asking the caller's permission to give them a call a day or two in advance of the appointment.

The first meeting (or two)

Once the first meeting has been set, we may feel inclined to believe that the “sales” work is done. It's not. Your “applicant” may not be a bona-fide client for two or three meetings! Some clients are consciously “shopping around.” Many are skittish about settling into counseling,

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From the President, continued from page 3

If you catch a glimpse of the important work we are doing throughout New York State, we invite you to become a part of this great organization. We are always looking for new members, but we are also looking for leaders with vision and dedication to help drive some of our committees and to run for local and/or statewide office. Contact your local CNLI Representative or our office about volunteer opportunities that match your interests and expertise.

Please Plan Early. **Mark your calendar for the 2010 Annual Power of Social Work Conference, to be held on Friday, March 12, 2010, in Albany, NY.** You don't want to miss this conference. I am looking forward to meeting you there.

In Unity,

Ruth Negrón-Gaines, MSW

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and some may bolt after the first meeting or two.

With this in mind, it's my custom to set aside 90 minutes for the first meeting; this allows me to have sufficient time to take care of all of the many issues that need to be addressed in that first meeting. I use about one third of that time to provide something the client will find useful, whether it's a new conceptualization of their problem, teaching a cognitive behavioral skill or recommending a complementary treatment technique such as exercise or bright light therapy to treat depression. It's my aim for the client to leave our first meeting feeling that she was not just heard, but also having acquired a new skill or technique which helps move her closer to her goal. Needless to say, there are some treatments that cannot and should not precede a thorough assessment. However, I have found that I can always find some helpful technique or recommendation to offer a client in the first meeting, even if the assessment process is complicated and prolonged. It's my hope that by interspersing the assessment and treatment processes, the new client has an opportunity to begin to experience how I work and the value of therapy, helping her to feel more hopeful about the prospect of getting some relief and achieving her goals.

In that first meeting, I also set aside time near the end of the meeting to ask the client for feedback about my work with her thus far, and I ask again at the beginning of our second meeting. Some master clinicians like David Burns urge us to get our clients' feedback at every meeting, and to do so using a simple form, perhaps easier for clients than confronting us face to face about their dissatisfactions. Getting such feedback is likely to help reduce the number of clients who drop out prematurely because they are dissatisfied with our work, rather than ending because they have completed the work.

As part of the orientation I provide to new clients, I incorporate some discussion about ending. I may ask new clients what thoughts, if any, they have about the length of treatment, and to begin to help them to

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Why should I join NASW?

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something what we put into it. If you are active and participate in the many benefits of membership, the fee actually becomes a bargain.

I encourage you to sign up to become a member, or rejoin. I challenge you to become actively involved in your division. Let the chapter know of your professional needs and be willing to partner with others to meet those needs. I bet in the process, you will connect with other social workers and feel a real sense of closeness to the profession from your heart.

We are fortunate at NASW NYS to have a dedicated, passionate professional staff to work with. They have extended the hand, we just need to reach out and grasp it.

**As Margaret Mead said,
"Never doubt that a
small group of thoughtful
committed citizens can
change the world; indeed, it
is the only thing that
ever has."**

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conceptualize what will be different when they are ready to end our work. I explain that I do not expect our work to go on endlessly, but rather that we will set specific goals which will help us both to know when it's time to end our work. It may be that some people who would be interested in our services may avoid getting started for fear of being engulfed in an endless therapy. Having some discussion at the beginning of the work which acknowledges and anticipates the end may be a relief to those clients, and may help them to feel more comfortable about settling into the work.

Breaking up is hard to do...

Endings

In the past, when a client in my private practice proposed ending our work "prematurely," not infrequently I found myself engaged in a power struggle which (needless to say) generally didn't turn out well. I'm embarrassed to recall how I would self-righteously remind clients of the important work we had yet to accomplish, and urging them to reconsider their decision, while giving little or no consideration to the other side of the issue. (To be honest with you, there are times when I still catch myself backsliding into some of these old behaviors!) Looking back, I now see that challenging my clients' decisions meant that their last impression of our work would be an unpleasant one. The bad feelings generated by a contentious ending were likely to overshadow the good work we had done before that. I've come to realize that using a lighter touch is not only good treatment, but also, in the long run, good for business. Having been in private practice for some years, I see that at any given moment a substantial portion of my practice consists of former clients who have returned to do another piece of work, and friends, family members and colleagues referred by former clients. It's clear to me that the way our work ends is likely to impact whether terminating clients will feel comfortable resuming our work in the future.

For clients who decide to end, I now aim to end well. Or as well as we can. Over the years, I've come to a broader and more flexible conceptualization of what it means to "end well." I've come to see that for each client, ending well will mean something different; while it may not be my idea of an ideal ending, it may be this client's best ending at this time in her life. So although I may imagine taking several meetings to wrap up a long therapy, for some clients it may be an accomplishment to have a single in-person meeting rather than disappearing or

"phoning it in." In the past I imagined that a good ending would mean we would have "completed" all of the work. I now realize that some clients are inclined to dip in and out of therapy, and this is a reasonable approach and can work just as well. As long as there are no dangerous circumstances (e.g., suicidality, domestic violence) I'm now inclined to endorse any stopping point that works well for the client.

So what does "ending well" look like? Nowadays, I aim to take a more impartial stance, encouraging the client to discuss and reflect on her thoughts and reasons for ending or, as clients sometimes say, "taking a break." I've learned to try to explore more, and argue less.

These explorations can, of course, go in many different directions. In some cases, the client may be disgruntled, and there may be an opportunity to change my approach or the course of our work. As I explore more and argue less, I've discovered that clients who talk about ending often harbor mixed feelings about it. When I'm able to refrain from participating in polarizing the issue between us, I'm better able to help clients to contain their own ambivalent feelings about ending, and some of those clients ultimately change their minds and decide, themselves, to continue with our work.

But many clients who talk about ending do decide to leave. Sometimes, I have been certain that the client's decision to end is a bad one. Sometimes, I've been wrong about this. This realization has led me to more carefully consider my current clients' reasons for ending, and not be too quick to dismiss them. Now, I aim to weigh the benefits and costs of continuing or ending the work, rather than single-mindedly focusing on the "unfinished" goals. Sometimes I see that the (non-financial) costs of continuing and the benefits of ending may outweigh the benefits of "completing" the work. Sometimes the "cost" of therapy is the client's dependence on me; when I consider the big picture, I realize that she may be better off continuing the work on her own. As much as I may like the tidy, comforting concept of "finishing" the work, I have to accept that my clients' work will never really be "finished," and this, of course, is as it should be.

If a client leaves feeling dissatisfied or angry, I reach out to her to do what I can to bridge the chasm between us. If she won't return my calls, I may write to her. In some cases clients have been receptive to this outreach, and even pleasantly surprised to see that I would continue to be interested in them despite the tempestuous moment in

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our relationship - interested enough to devote some time to reaching out to them, without being paid for that time. Some have returned, sometimes much later.

Some clients may be interested in planning a follow up meeting or phone call some months after ending the work. There are some practice building consultants who recommend inviting clients to come in for regular, periodic meetings that might be considered to be akin to the regular “tune ups” we provide for our cars or a preventive “check up” that we have with our doctor or dentist. I encourage my clients to stay in touch, if they are so inclined. Another approach might be to devise ways and reasons to stay in touch with former clients. This may be easier to do if one’s practice is focused on a particular niche, in which case the clinician might compose a regular free informational newsletter that clients and former clients can choose to “subscribe” to. Ideally, such a newsletter would keep clients apprised of new information pertinent to their condition – a new treatment or a book review, for example.

Ending well means that while we make note of whatever unfinished business there may be, I aim to place the emphasis on reviewing and celebrating the client’s accomplishments over the course of our work together, and conceptualizing the changes she has made and the skills she has learned that have helped her to make these achievements. Here again, as in our first meeting, it’s my intention that she depart therapy taking something valuable with her – hopefully a feeling of pride as well as an understanding of what she’s done, and can continue to do, to help her maintain her successes.

Ending well has gotten easier for me to do as I’ve gotten better at marketing. As I’ve become more informed, skilled and comfortable with practice building, I have greater confidence in my ability to generate income, and I know that my financial security is not dependent on my clients, but rather on my own skills and efforts. This allows me to be better able to maintain my focus on the client’s best interests as we consider the possibility of ending our work.



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