



PRIVATE PRACTICE MADE SIMPLE

CREATING AND SUSTAINING A SUCCESSFUL BUSINESS

WORKBOOK

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You are form-free this week!

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Why NOT? Concerns about Private Practice

If you don't yet have a private practice, what has held you back? If you aren't sure you want one, why not? If you do have one, what stopped you from opening it sooner than you did? Try to express your fears and reservations in words. Some of them may be quite valid, while others can be worked through.

[illegible]

WHY? The Attractions of Private Practice

Why are you contemplating private practice, or why have you already started one? If you are reading *Private Practice Made Simple* or taking the workshop, then clearly there are aspects of private practice that interest you. Try to express these in words. This may help you to focus your work when you look at the other resource sheets in this series.

[illegible]

Practice Populations

This exercise sheet is designed to help you identify the groups of clients you most wish to see. The intent is to help guide your selection of office space, your practice announcement, your continuing education choices, and, most of all, your promotional efforts.

Part 1: Ages, Genders

Place a checkmark (✓) beside the populations you wish to see. If the types of difficulty vary by population (for example, if you only want to see children for mood-related issues), specify this in the space provided.

Children	_____
Infants	_____
Adults	_____
Seniors	_____
Couples	_____
Families	_____
Males	_____
Females	_____

Part 2: Population Groups

You will probably not wish to exclude most people, but perhaps you will want to make a special effort to recruit people from certain groups. For example, a knowledge of sign language might make the deaf population particularly attractive to you. Specify the nature of your preferred populations below.

Linguistic groups	_____
Disabilities	_____
Sexual minorities	_____
Athletes	_____
Parents	_____
Faith populations	_____
Health concerns	_____
Neurological issues	_____
Custody/access	_____

Caregivers (eg of elderly) _____

Professions _____

Students _____

Reproductive issues _____

Other (specify) _____

Other (specify) _____

Part 3: Concerns

What are the primary client concerns that you would like to emphasize in your work? Addictions? Obsessive compulsive disorder? Life satisfaction enhancement? Preparation for gender reassignment?

Begin by considering the DSM or ICD diagnostic categories. Which would you most like to work with?

Now consider the issues that might bring people to see you that do not involve diagnosable disorders: custody/access disputes, return to work, dating skill enhancement, executive coaching, forensic issues, bereavement, and so on.

Private Practice Task Balancing

Most people find that they cannot do one thing all day every day. A sustainable career usually involves balancing various types of activities. It's easy for that balance to fall away over time. As well, your preferences may change over time.

Consequently, it's a good idea to review your task balance once a year and decide how you might like it to change. Use this form to help. For each task, estimate the following:

Time Now: The percentage of your time, or the number of hours per week, that you spend on that task currently.

Satisfaction 0-10: How satisfying you find this type of work.

Revenue/hour: The approximate amount of money you receive per hour for this work (include preparation time).

Synergy 0-10: A poor word – but essentially the degree to which this activity supports or promotes other valued work activities.

Future Ideal: Based on the above, the amount of your time you would like to spend on this activity in the coming year. Be realistic: emphasize activities that might actually be available to you.

Task	Time Now	Satis'n 0-10	Rev/ Hour	Synergy 0-10	Future Ideal
Individual psychotherapy (break down by population, if desired)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Assessment-only (break down by population, if desired)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Group therapy (break down by population, if desired)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Task	Time Now	Satis'n 0-10	Rev/ Hour	Synergy 0-10	Future Ideal
College/University teaching	_____	_____	_____	_____	_____
Night school / public educ'n	_____	_____	_____	_____	_____
Consultation: Practicum students	_____	_____	_____	_____	_____
Consultation: Candidates for professional registration	_____	_____	_____	_____	_____
Consultation: Fellow professionals	_____	_____	_____	_____	_____
Consultation: Practicum students	_____	_____	_____	_____	_____
Consultation: Organizational	_____	_____	_____	_____	_____
Consultation: Governmental Committees/Boards (break down by type, if desired)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Workshops (break down by type, if desired)	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Writing: Academic	_____	_____	_____	_____	_____
Writing: Nonacademic but for the profession	_____	_____	_____	_____	_____
Writing: For the public	_____	_____	_____	_____	_____
Writing: Nonrelated (fiction, memoir)	_____	_____	_____	_____	_____

Private Practice Income: Requirements and Projections

This worksheet is designed to help you assess your personal financial situation and your projected income from your practice in the coming year. Once you have created your estimates, there is a strategy for stabilizing your monthly income from the practice. As you work through the form, make your best estimates of the figures requested. Avoid being optimistic about revenues or downplaying the amount you spend. Your goal is to create a very conservative prediction.

Step One: Calculate your monthly non-practice income. Enter your monthly income from all sources *except* for your private practice.

- Make it monthly. Some revenue may appear only once a year. Divide by 12 to get the average monthly amount.
- Avoid overestimating. Do not expect that stock market income will match the previous year, do not count any income that is expected but not yet certain (e.g., anticipated raises), and do not count any jobs that you have not yet secured (e.g., a university course you have applied to teach but have yet to hear about).
- Only include continuing income. You are estimating your income once you start your practice. So if you will give up a part-time position once you open your practice, do not include it in your estimate.
- In or out? Some income streams (such as speaker's fees) might or might not be considered part of your practice. If you will deposit the money in your personal account, then count it here. If it will go into your practice account, don't include it.

Amount	Source
_____	Part-time salaried position: _____
_____	Part-time salaried position: _____
_____	Speaker and workshop fees
_____	Teaching revenue
_____	Publisher's royalties
_____	Investment and interest income
_____	Family trusts
_____	Spouse's income (if you have calculated expenses above for both of you)
_____	Other source of income: _____
_____	Other source of income: _____

Line A: _____ Total of all monthly non-practice income.

Step Two: Calculate your personal expenses. Enter all of your non-practice expenses. Where these vary by month, either estimate your average monthly bill or total your bills for the past year and divide by 12.

Do not include expenses that will be paid directly from your practice account before issuing your personal salary: Office rent and furnishings, assistant salary, conference travel expenses, practice insurance, license fees, and so on.

To ensure you include everything, take a look at recent bank account and credit card statements for items you may have forgotten.

Home Expenses

_____ Mortgage payment (on your home, not your office)

_____ Second property payment

_____ Rent on home

_____ Condominium/strata fees or _____

_____ Property/municipal taxes

_____ Home insurance

_____ Home maintenance / repair

_____ Other bills: _____

_____ Other bills: _____

Telecoms / Electronics (for home, not your practice)

_____ Land line phone

_____ Mobile phone

_____ Cable television

_____ Broadband Internet

_____ Other bills: _____

Utilities (for home, not your practice)

_____ Electricity

_____ Water / sewer

_____ Natural gas

_____ Heating

_____ Trash removal

_____ Other bills: _____

Services (estimate average cost per month)

_____ Gym / health club / or _____

_____ Gardening / snow removal / other home exterior: _____

_____ Cleaners / painters / other home interior: _____

_____ Medical / dental insurance payments

_____ Dental (if not covered by insurance plan)

_____ Medical-related (if not covered by insurance plan)

_____ Allied health (chiropractic/massage/etc): _____

_____ Appearance services (hair, etc): _____

_____ Accounting / financial services (exclude accountant bills for practice)

_____ Other bills: _____

_____ Other bills: _____

Vehicles

_____ Car payment

_____ Car maintenance (pessimistic total for a year, divide by 12)

_____ Fuel (cost per fillup x fillups per month)

_____ Vehicle insurance

_____ Bus/transit/toll related bills

_____ Other bills: _____

_____ Other bills: _____

Other purchases

_____ Clothing (self and family)

_____ Groceries

_____ Restaurants and take-out

_____ Entertainment (movies, plays, concerts)

_____ Home furnishings (furniture, electronics)

_____ Household products (cleaners, toiletries, etc)

_____ Electronics hardware (phone, iPad, computer, television, network)

_____ Gifts (birthdays, holidays, anniversaries)

_____ Charity giving

_____ Travel (hotels, airfare, transportation, meals, purchases, ski lifts, etc)

_____ Other bills: _____

_____ Other bills: _____

_____ Other bills: _____

_____ Plus miscellaneous (minimum \$100 per month)

Dependents

_____ Payments to spouse

_____ Child support / alimony

_____ Support payments for family elders

_____ School bills

_____ Babysitting, daycare

_____ Other bills related to dependents: _____

_____ Other bills related to dependents: _____

Taxes / Liabilities

_____ Income tax (use previous year as guide, or projection for practice)

_____ Student Loans (monthly payments)

_____ Other loans not covered elsewhere: _____

_____ Other taxes not covered elsewhere: _____

Investments (monthly payments into these funds)

_____ Retirement savings (401(k), RRSP, etc)

_____ Education Savings Funds

_____ Other investment: _____

_____ Other investment: _____

Line B: _____ Total of all monthly expenses

Step Three: How much does your practice have to earn? Now look back at your personal income and expenses.

Line C: _____ Line A (non-practice revenue) minus Line B (expenses)

This is the amount of money from your non-practice income that is left over once you pay your personal expenses.

If Line C is positive, congratulations! You already earn more than enough to cover your existing spending. All of your private practice income (after expenses) will be a bonus. You will be able to save more, and you may be able to make additional purchases. You should not take on any firm commitments (such as a second home) until you are certain that your practice income will cover the additional expenses.

If Line C is negative, your private practice will have to earn at least this amount if you want to maintain your existing spending. You will not be able to increase your saving or spending until you are reliably making more each month than the amount in Line C.

Step Four: Estimate your practice income. If you already have a practice, use your total revenue for the past year and divide by 12. Do not assume that you will make more this year than last.

Line D: _____ Past year's revenue (_____) divided by 12.

OR: If you started your practice in the past year, then ignore the revenue from your first two months. These months probably aren't your best estimate of your income. Calculate the revenue from the third month of your practice to the present, then divide by the number of months you are counting.

Line D: _____ Revenue, 3rd month to present (_____) / ____ months.

OR: If you have not yet started a practice, estimate the monthly revenue that you are almost certain to achieve. One way of doing this is to multiply your hourly client fee by the number of client hours you expect to have each month. Do not be optimistic. Consider reducing this figure by a third, just to be safe (multiply by .67).

Line D: _____ Estimated monthly revenue (_____) x 0.67.

Step Five: Calculate your practice expenses. If you already have a practice, use your actual expenses from the past year. Adjust for changes where necessary (for example, if you hired an assistant or moved to more expensive office space).

If you are opening a new practice, make your best estimate based on what you know of these costs. If you don't know the costs, take some time to find out before completing the form.

_____ Mortgage or lease payment (including maintenance fees and taxes)

_____ Utilities (heat, electricity, water) if not included in lease

_____ Business and other licenses

_____ Professional fees and licensure

_____ Assistant's salary and benefits

_____ Telephone

_____ Cell (if paid for through practice revenue)

_____ Internet connection service

_____ Web hosting

_____ Business travel expenses (e.g., to provide workshops)

_____ Continuing professional education (workshop & conference fees)

_____ Bank and credit card processing fees (often about 2% of revenues)

_____ Other expenses: _____

_____ Other expenses: _____

Line E: _____ Total monthly practice expenses

If you are starting your practice and opening a new space, consider spreading your startup costs over the first year. These include renovations of the suite (those not reimbursed by your landlord), carpets, furniture, computers, test scoring programs, and so on. If you have already paid for these costs, enter \$0.

Line F: _____ Total of all one-time startup costs

Line G: _____ Line F divided by 12: Startup costs by month

Line H: _____ Line G plus Line E: Ongoing plus startup costs.

Step Six: Calculate your net practice revenue. Now calculate the amount of money you expect your practice to make each month, less expenses.

Line I: _____ Line D minus Line H: Monthly Net Revenue.

If you will be paying off your startup costs this year, then next year your projected net revenue may be higher by the amount in Line G.

Office Space Viewing Sheet

Date viewed: _____

Suite Address: _____

Agent, Contact Info: _____

The Building Neighborhood: _____

Public transit nearby: _____

Parking (in building or nearby): _____

Correct zoning: _____ Quality of public areas: _____

Ambient noise levels: _____

Disabled access: _____

Washrooms (clean, quality, accessibility): _____

Bldg hours: _____

Entry system: _____

Signage: _____ Recycling/refuse system? _____

Neighbors (Appropriate? Referral sources?): _____

The Suite Square feet: _____ # Rooms: _____ Rental rate: _____

Plus maintenance fee (& what is included?) _____

Waiting room (size, qualities): _____

Space for reception/assistant: _____

Consulting room sizes? _____

Locks, entry door, security: _____

Interior doors, soundproofing: _____

Heating (type, controls in suite, AC?): _____

Windows (Single, double glazed? Openable? Sills?): _____

Ceiling, lights (include changes needed): _____

Do interior walls stop at dropped ceiling? _____

Renovations required: _____

Neighbor's reviews of management company: _____

Overall impression: _____

Office Preparation Sheet

Date: _____

SOUNDPROOFING

Fill the walls? _____

Install sound-dampening drywall? _____

Extend office walls above dropped ceiling? _____

Insulate above walls? _____

Door replacement? _____

Insulate or weather-strip door jambs? _____

Door bottom sweeps? _____

Other: _____

FLOOR TO CEILING (INCLUDE POTENTIAL VENDORS)

Carpets: _____

Wall color, painting: _____

Curtains, blinds: _____

Ceiling tiles replaced: _____

Lighting changes: _____

Signage in lobby, landings: _____

Signage at suite entry: _____

“In session / Available” door sliders _____

Other: _____

FURNITURE CHECKLIST (INDICATE QUANTITIES AND VENDORS)

Desks: _____

Client chairs: _____

Waiting area chairs: _____

Clinician chairs: _____

Assistant's chair: _____

Bookshelves (heights, widths): _____

File cabinets (vertical/lateral, # drawers, color): _____

Desk lamps: _____

Floor lamps: _____

Coffee/side tables: _____

Storage unit: _____

Whiteboard/flipchart: _____

Other: _____

ADDITIONAL FURNISHINGS

Artwork: _____

Clocks: _____

Sound system: _____

White noise generator or fan: _____

Water cooler/service: _____

Magazines: _____

Pamphlet/display racks: _____

Other: _____

STATIONERY (QUANTITIES AND DESIGNER/PRINTER/VENDOR)

Logo design: _____

Electronic letterhead (for e-mail, etc): _____

Business cards: _____

Letterhead: _____

Brochures: _____

Other: _____

ELECTRONICS (BRAND/VENDOR)

Computers: _____

Printer/fax/scanners: _____

Phone system: _____

voicemail boxes? _____

with fax line? _____

Wireless broadband: _____

Calculators: _____

Point-of-sale terminal: _____

Other: _____

Logo and MyClinic Name

John Smith, PhD RPsych Jane Smith, MA (Coun)
Suite 111 – 1111 Any Street, Mytown AA Zip/Postal Code
Phone: 111 111 1111 Fax: 111 111 1112
emailaddress@mywebsite.com www.mywebsite.com

This is an example of electronic letterhead.

Create your own, then keep it as a blank file on your computer.

Use it when creating documents that you need to email, as a substitute for printing on your paper letterhead and then scanning it back into electronic format.

Create duplicates of the file, and make templates for various common purposes:

- A client bill.
- A letter to physician.
- A letter to lawyer requesting records.
- Your consent to treatment form.
- Your consent to release information form.
- Your Limits to Confidentiality form, if separate from your consent to treatment.
- ...and other documents you frequently use.

Naming Your Website

A website is little use unless people remember it and relate it to your own service. Here are some tips from *Private Practice Made Simple*:

- Make it short. The longer it is, the easier it is for viewers to make a mistake.
- Make it easy to spell.
- Avoid words with spelling variants (counseling/counselling).
- The name should be easy to spell.
- Avoid acronyms unless they are memorable.
- The name should resemble or relate to your business name.
- You will probably want a .com or a country-specific address (.ca, .au).

Take some time to brainstorm as many possible names as you can. Do not try to decide between them.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Use additional paper if you wish.

Once you have a long list, set it aside for several days, then come back to it. Show your top five choices to friends, colleagues, and perhaps to prospective clients.

Then check to see if the address is available for purchase.

Survey of Website Content

This worksheet is designed to help you define content for your website. First, locate at least 10 websites for businesses similar to yours (it's fine if these are in other cities). Go through the first site and list all of the bits of content that you see, on every page of the site.

Then look at the second site. When you see content that was also on your first site (e.g., a picture of the clinician), place a checkmark (✓) beside that item on your list. If there is content that did not appear on the first site, add it to the bottom of the list. Do this for the remaining websites as well.

When you are done, you will have a survey of the types of content that appear most frequently on websites in your line of work. An item with four checkmarks appears on 5 of your survey sites (or 50%, if you surveyed 10 sites). An item with no checkmarks appears on only 1 site. This will tell you the types of content you almost certainly should have, the types you could have, and the types few people have. Then you can use your creativity to make your site unique.

[illegible]

Your Website Design

This worksheet is designed to help you lay out the various bits of content for your website. First, take some time to list all of the items that you want on your site, perhaps on index cards. Then identify bits of content that logically go together (e.g., populations seen, information about your background, or details about contacting you).

Print out a single copy of this page and the one following, and multiple copies of pages 3 and 4 in this document. A “theme” is a major section of content that branches directly from your home page. A “subtheme” is a subsection that branches from one of your major sections. A “subsubtheme” branches from a “subtheme”.

Select a small amount of content that must appear on your Home Page, and write it down on this sheet. Remember that the Home Page should be very simple, and serves mainly as a menu directing the viewer to the appropriate subtheme pages.

Then title your major theme pages. Write down the appropriate content that should appear on the major theme page. Then create a limited number of subtheme and subsubtheme pages that will branch from the major theme pages, and enter the relevant content on each.

When you are done, order your pages the way you might arrange the topics in an essay outline:

```

Home page
  Theme Page 1
    Subtheme 1
      Subsubtheme 1
      Subsubtheme 2
    Subtheme 2
    Subtheme 3
  Theme Page 2
  Theme Page 3
    Subtheme 1
    Subtheme 2
      Subsubtheme 1
      Subsubtheme 2
  Theme Page 4
    Subtheme 1
    Subtheme 2
    Subtheme 3
  
```

That's your website content and layout. Look it over and have someone else examine it for clarity and logic. Once you have settled on the content layout, it's time to design the site itself.

If you have a particularly complex site, you may need “Subsubsubtheme” pages. For the vast majority of private practitioners, however, this level of detail should be unnecessary.

Home Page Contents

[illegible]

MAJOR THEME: _____

[illegible]

[illegible]

SUB SUB THEME: _____ (from SubTheme _____)

[illegible]

Potential Referral Sources

This worksheet is designed to help you identify the most promising referral sources for your practice. If you already have a practice complete Part 1 first. If not, proceed to Part 2.

Part 1: Your Existing Referral Sources

The past is the best predictor of the future. It's easy to neglect your existing referral sources, and to underestimate or overestimate how many referrals you get from various sources.

Pick a sample of fifty to one hundred of your most recent cases. If the client self-referred, indicate how they learned about you with a check mark (✓). If a client was referred by another professional, write down the name of the source. Add a check mark for each additional referral from the same person or source. This will show you where your existing clients come from.

HOW DID THEY LEARN ABOUT THE SERVICE?

Your website _____

Previous clients _____

Family/friends _____

Yellow pages _____

Other directory _____

Ad in _____

Ad in _____

Ad in _____

Other _____

FROM PROFESSIONALS (RECORD NAME OF REFERRER)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use additional paper if necessary.

OTHER PROFESSIONALS WHO KNOW YOUR TARGET CLIENT POPULATION(S)

MyClinic Referral Form

John Smith, PhD RPsych Jane Smith, MA (Coun)
 Suite 111 – 1111 Any Street, Mytown AA Zip/Postal Code
 Phone: 111 111 1111 Fax: 111 111 1112
 emailaddress@mywebsite.com www.mywebsite.com

Myclinic is a private, fee-for-service psychological clinic offering one-to-one therapy for a, b, c, and related concerns. Your patient will be assigned the earliest available clinician with expertise in the problem area, unless a preference is expressed below.

Date of Referral: _____

Patient Name: _____

Patient Gender: _____ Birth Date: _____

Address: _____

Patient Telephone: _____

Reason for Referral/Presenting Problem: _____

Current Medications, if any: _____

Additional Comments: _____

Referring Physician/Professional (please complete or use stamp):

Telephone: _____

Address: _____

Signed: _____

Many thanks for your referral.

MyClinic Telephone Intake Form

Name of client (incl gender): _____

Phone number(s): _____

Is it ok to leave messages on their voicemail? YES NO

Reminders: PHONE EMAIL BOTH

Address/email: _____

Referred by (self or?) _____

Nature of difficulty: _____

Is there a current short- or long-term disability claim? YES NO

Advised of Fees? (\$xxx)

Any preference for psychologist? _____

Contact Record & notes: (availability for appointments, additional information)

How did you hear about our clinic? _____

Has an information package been sent out? YES NO

Date of initial call by client or referral source: _____

MyClinic Letterhead

Joan Smith, PhD RPsych John Smith, MA (Coun)
 Suite 111 – 1111 Any Street, Mytown AA Zip/Postal Code
 Phone: (111) 111 1111 Fax: (111) 111 1112
 emailaddress@mywebsite.com www.mywebsite.com

January 1 20xx

Dear Dr _____,

Announcing MyClinic.

We are happy to announce the opening of MyClinic, an assessment and psychotherapy service in the Fairmont area of OurCity. We have # counselors available and ready to provide service to your patients.

Here are the types of concern we specialize in:

- Eating disorders, including bulimia.
- Weight-loss management via lifestyle modification and exercise enhancement.
- Anxiety disorders, including obsessive compulsive disorder, panic, and post traumatic stress.
- Medicolegal assessments related to psychological functioning following motor vehicle accidents.

We use cognitive behavior therapy and include training in mindfulness-based strategies. Services are offered in English, Cantonese, and American Sign Language.

Joan Smith is a registered psychologist trained at Smith University. She has been the Program Coordinator for the Eating Disorders Program at Yourtown Hospital (2004-14) and has published in the areas of anorexia nervosa, panic disorder, and public health policy.

John Smith is a counselor and former teacher with the Bigtown School District (1996-2006). He has since provided service through Traumacare Associates and was the Training Coordinator of Thistown Crisis Line (2006-15).

Patients can be referred by physician, and can also self-refer. Our services are reimbursable through many extended health plans. For clients paying for their own service we accept credit card, bank cards, checks, and cash.

If you have any questions about our services, please do not hesitate to call us at (111) 111-1111 or email us at smith@mywebsite.com. We enclose copies of our referral form (optional; please feel free to use your own), brochure, and cards. We hope that MyClinic will prove to be a useful resource for yourself and your patients.

Sincerely,

Joan Smith PhD

John Smith MA

Calculation Form for Your Clinic Assistant's Hours

Does your practice require the services of an assistant? If so, how many hours of assistance are required? Use this worksheet to come up with an estimate.

Step 1. Estimate the number of hours of administrative or clerical work the clinic generates in a week. For a more accurate estimate, keep a record of the hours you spend for a week. _____ hrs

Step 2. You cannot pass all of these tasks to your assistant. Some chores must be done by the owner of the service. How many hours of this type of work will you have to keep doing, even if you hire someone? _____ hrs

Step 3. Subtract the hours in Step 2 from those in Step 1. This is the number of hours that you could pass to an assistant. _____ hrs

Step 4a. Multiply Step 3 by 1.25. Your assistant will probably take more time to complete some tasks than you would. Also, your practice will probably grow a bit more when your own time is freed up. _____ hrs

Step 4b. Multiply Step 3 by 1.75. This is a more generous estimate of how much time your assistant will take to perform these tasks. _____ hrs

Step 5. Estimate how much you will pay your assistant. \$_____ /hr

Step 6a. Multiply Step 5 by Step 4a. This is how much it would cost to hire an assistant for the lower estimate of the hours required. \$_____ /wk

Step 6b. Multiply Step 5 by Step 4b. This is how much it would cost to hire an assistant for the upper estimate of the hours required. \$_____ /wk

Step 7a. Divide the amount in Step 6a by the hourly fee you charge clients. _____ hrs

Step 7b. Divide the amount in Step 6b by the hourly fee you charge clients. _____ hrs

You have calculated the number of extra hours you will have to see clients each week to pay for your assistant. If you hire someone for the conservative estimate in Step 4a, it will take you the number of hours in Step 7a. If you opt for the higher estimate in Step 4b, it will take you the number of hours in Step 7b. The figure is approximate, because it doesn't count things like employee benefits, but it is close enough to give you a hint of the approximate cost in terms of your time.

If this looks like a good trade-off, consider hiring someone for the number of hours calculated in step 4b or, if you are still uncertain, in step 4a.

[MYLOGO]

Confidential Client Information

Welcome to ThisClinic. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Home phone: _____ Daytime number: _____

Age: _____ Birthdate: _____ Birthplace: _____

Education (grade completed, any postsecondary): _____

Current Occupation: _____

Person to alert in the event of medical emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's 1st name: _____ Age: ____ Yrs in relationship: _____

Children (gender, age): _____

Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

Have you had previous psychological care or counseling? ☐ Yes ☐ No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Have you ever been hospitalized for a psychological difficulty? ☐ Yes ☐ No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Feel free to list more than one goal if you wish.

Your Burnout Warning Signs

Will you burn out in private practice? The question reveals a hidden assumption that burnout is a dichotomous variable: either present or absent. But it isn't. Burnout exists on a continuum. Consequently, you can use your own signs of burnout as welcome warning signs that you need to adjust something in your work life.

So: Think of a time when you have been closest to burnout: exhausted, disliking your work, not wanting to go in to the office. In fact, think of two. When did they happen, and what was the job?

1. _____

2. _____

Now do some analysis. What seems to have led to the feeling of being overwhelmed and unmotivated? What were the external factors? Too many committees? Too many clients in a week? Troubles at home? Too much of one type of work? Use the occasions you listed above, and consider other times when you felt yourself sliding. List as many as you can. (Use additional paper if necessary.)

Perhaps your previous brushes with burnout were caused by internal, personal factors as well as external stresses. What were they? Back pain disrupting your sleep? Too much alcohol? Grief? Clients' problems that mirror your own too closely? No exercise? Come up with as many factors as you can.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Now go back over these two lists of risk factors. Put a “1” beside the most significant factor on either list. Then find the second most damaging factor and give it a “2.” Continue until you run out of factors or get to at least “10.”

Now: How many of these factors are an issue for you *right now*? Write their numbers here:

[illegible]

In the past, how have you managed to get your energy back? What helped to alleviate the sense of burnout? Include both the things that you did for yourself (sought therapy, cut back at work, hired an accountant) and the things that simply happened outside your control (summer arrived, your nasty boss quit, you got laid off).

What additional strategies might be helpful? Include things you haven't tried, but suspect might assist you given your current work and life situation. Hire babysitters more often? Take up tai chi? Start a consultation group? Take Fridays off?

When you catch yourself showing some of the initial signs of burnout that you have identified, welcome these as helpful messages telling you to implement an anti-burnout plan. Don't wait for it to become unbearable or try to "just tough it out." It's always easier to create change before things get to the crisis point.

Consider making a commitment to yourself to make a specific helpful ritual a part of your daily workday for one week. At the end of the week, evaluate the results and decide whether to continue the ritual.

The Work to Home Transition

Just as you might benefit from having a ritual to prepare yourself for your clinical day, it can be a good idea to have another ritual to set your clinical role aside and prepare for life at home.

Some clinicians park the car at home and sit there breathing for a few minutes before facing the demands of a busy family. Some go straight to the closet and change clothes. Some wash their face, consciously washing away the persona of the therapist as they do so. Some take the dog for a walk or get on the carpet with the cat.

Take some time to consider the rituals that might help you to let go of the demands and expectations of clinical work and to relax into a more casual home style. What has helped you in the past? What have you found yourself doing that has not helped?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Consider making a commitment to practice a specific helpful ritual as part of your work-to-home transition for one week. At the end of the week, evaluate the results and decide whether to continue the ritual.

References and Resources

Online

Canada Revenue Agency. <https://www.canada.ca/en/revenue-agency.html>. Information about payroll, GST/HST, and all related taxation issues.

Changeways.com My clinic site – currently an example of what not to do when designing a website, but not yet updated due to laziness and lack of need (we are usually full).

Grey, CGP. 7 ways to maximize misery. Referenced in the workshop as an example of how random opportunities can sometimes be helpful. Search Grey on YouTube or go to: www.youtube.com/watch?v=LO1mTELoj6o.

PsychologySalon.com My blog, now seldom updated, including many entries regarding private practice – and providing a lesson in why not to write a blog (you won't keep it up).

PsychologySalon.Teachable.com My online education site, with courses for professionals and for the general public.

Books

Diana, D (2010). Marketing for the mental health professional: An innovative guide for practitioners. New York: Wiley.

Grodzki, L (2015). Building your ideal private practice: A guide for therapists and other healing professionals. 2nd ed. New York: Norton.

Grodzki, L (2003). Twelve months to your ideal private practice: A workbook. New York: Norton.

Kottler, J (2017). On being a therapist. New York: Oxford University Press.

Maslach, C (2003). Burnout: The cost of caring. Los Altos: Malor Books.

Paterson, RJ (2016). How to be miserable: 40 strategies you already use. Oakland CA: New Harbinger.

Paterson, RJ (2011). Private practice made simple. Oakland CA: New Harbinger.

Reynolds, G (2011). Presentation zen: Simple ideas on presentation design and delivery. 2nd ed. San Francisco: New Riders.

Schwartz, B, & Flowers, J (2016). How to fail as a therapist: 50+ ways to lose or damage your patients. 2nd ed. Oakland CA: Impact.

Stout, CE, & Grand, LC (2004). Getting started in private practice: The complete guide to building your mental health practice. New York: Wiley.

Yalon, ID (2003). The gift of therapy: An open letter to a new generation of therapists and their patients. New York: Harper Perennial.