

# PRIVATE PRACTICE MADE SIMPLE

***Creating and Sustaining  
a Successful Business***

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changeways.com

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## The Plan

1. Designing your business.
2. The money side.
3. Creating your space.
4. Service promotion.
5. Expanding your service.
6. Making it sustainable.

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## Write Me!

Why are you taking this course?  
What do you MOST want to know?  
Email me:  
paterson@changeways.com

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# SESSION 1

## *Designing Your Business*

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### Today ...

- Arguments in favour, arguments against.
- Defining your target population.
- Defining your activities.
- Naming your practice.
- How much do you need to earn?
- Developing a business plan.

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## Private Practice: WHY and WHY NOT

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## Why not?

I won't get clients.

It will be isolating.

I won't have any benefits.

I have no training in running a business.

I'm not experienced enough.

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## Then why?

I become my own boss.

No bureaucracy, no meetings.

I can see who I want, how I want.

I can set my own hours.

I'll make a better income.

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Private Practice  
 is **NOT**  
 a *Meritocracy*

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## SETTING UP A PRACTICE

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## WHO? Defining Your Population

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## Populations

- Linguistic groups
- National origin / recent immigrant
- Sexual orientation / gender identity
- Disability
- Faith groups
- Couples / families / parenting
- Women's / men's issues

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## Population Balance

No matter how interesting the population, you will get bored if that's all you see.

By all means, have a specialization or two.

But balance it with something else.

ESPECIALLY if your specialty is very challenging.

- Child abuse, severe depression, psychosis.
- Balance with something you see "for fun"

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## Difficulties

Specific diagnoses (depression, anxiety, psychosis...)

Personality disorders

Health concerns

Vocational concerns / Return to work

Neurological populations

Reproductive health

Addictions

Educational / learning

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## Services

Assessment-only?

Custody and access / medicolegal / IME

Neuropsychology

Therapy modalities

Life / executive / wellness coaching

Sport coaching

Career finding

Return to work after disability

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## Your Own Exclusions

Your own incompetencies  
Problems you cannot identify with  
Problems too close to home?

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## WHAT? Defining Your Activities

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## Your Task Balance

Create a "long list" of EVERYTHING you might want to do in your work.

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## Your Task Balance

Score each activity on relevant criteria:

How many hours do you do this now?

How satisfying is it (or: would it be)? (0-10)

How remunerative is it? (0-10, or \$/hr or month)

How well does it support other bits of your work?

What would your future ideal be? (hrs/wk or mo)

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## Clinical Services

Individual psychotherapy

Couples/family therapy

Assessment only (IME, others?)

Group therapy

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## Other Services

Teaching courses

University

Community college

Night school, community centres

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## Other Services

Providing consultation services

Practica

Pre-registration supervision

To other clinicians

For organizations, private sector

For government services

Boards

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## Other Services

Presentations

CE workshops for professionals

Public workshops & seminars

Talks for corporations, other organizations

Webinars

Online courses (Udemy, Teachable, etc)

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## Other Services

Writing

Research papers

Articles for popular media

Newspaper columns

Blogs

Books

e-Books

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## Look for Passive Income

Work with high (often unpaid) early demands -  
- But long-term residual payouts.

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## Creating Task Balance

Too much of one thing becomes dull.  
Different tasks can produce synergy.

For example:

- Producing a workshop on bulimia can
  - cement your own knowledge of the subject
  - spur referrals to your clinical service

Some things you may do for money, others for interest.

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## Case in Point: A Private Practice Workshop

The workshop reflects an interest & makes money.  
And can become a book, which makes royalties.\*  
Which spurs further workshop registrations.  
And paid practice consultation.  
And is easily converted into an online webinar.  
And an online pre-recorded course.\*

\* Passive income.

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## Or a free public lecture ...

Forces you to come up with a talk,

Which helps you organize your thoughts on the topic.

And may produce referrals to your clinic.

And requests for the talk on a paid basis.

And interest in a book.

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## Naming Your Practice

Should you use your own name?

Make it easy to spell.

Make it short.

Don't name it after your street or area.

Don't name it after a disorder.

Don't name it after you and your partner.

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## Check with your College

Most Colleges regulate the names you can take.

Can you use restricted titles (eg., "Psychologists" or "Psychological")

If you do use a restricted title, this may restrict the types of business you can do.

If you are NOT a member of a college, restricted titles are likely off limits in company names.

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# Your Business Plan

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## Calculate your non-practice income by month

- Salaried positions you will keep.
- Existing speaker & workshop fees.
- Teaching revenue.
- Royalties, investments, trusts.
- Spouse income (if calculating expenses for both of you).
- All other sources.

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## Calculate your nonpractice expenses by month

- Home:
  - Mortgage/rent
  - Condo fees
  - Property taxes
  - Home insurance
  - Maintenance/repairs (average)

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Utilities:

- Phones
- Cable/internet
- Electricity
- Water/sewer
- Gas
- Heating

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Services:

- Gym / health clubs / etc
- Gardening / snow removal / other exterior
- Cleaning / painting / other interior
- Extended health insurance (if paid by you, or what you will need to pay if you quit work)
- Medical/dental/optic/meds not covered
- Other allied health (massage, chiro, etc)
- Appearance / grooming
- Accounting / financial services

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Vehicle:

- Car payment
- Car maintenance
- Fuel / month
- Insurance / month
- Transit / taxis / carshare
- Tolls

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Products

Clothing

Groceries

Restaurants & take-out (incl lunch, coffee)

Entertainment (movies, concerts)

Home furnishings

Household products

Electronic hardware

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And everything else:

Gifts

Charity giving

Travel

All else, and ...

Miscellaneous (at least \$100/mo)

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Dependents

Payments to spouse

Child support / alimony

Support for elders

School bills

Babysitting / daycare

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Taxes / Liabilities

Income tax (unless using after-tax income for calculation)

Student loans

Other loans

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Investments you want to continue making

Retirement savings

Education savings funds

Tax Free Savings Account (TFSA)

All others

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**How much does your practice have to make?**

A. Total up your continuing income.

B. Total up your continuing expenses.

C. Subtract B from A.

If C is positive: You earn more than you need, even if your practice earns ZERO.

If C is negative: Your practice must NET this amount in order for you to barely get by.

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### Will it make that?

How much will you charge per hour?

How many billable hours will you have PER DAY?

Be conservative! Count on 4 or less to start.

This depends on referrals, not your stamina!

How many days per week will you work?

Multiply this by 4 to get revenue per month.

(This builds in a FEW holidays.)

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### Predict your GROSS practice income.

If you have a practice, calculate average monthly income.

If you started recently, calculate average monthly income starting from the THIRD month of operations.

No practice? Guess VERY conservatively.

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“So is that my income?”

**NO!** That’s your gross revenue.

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## Now calculate your PRACTICE expenses.

Mortgage or lease payment (incl maintenance & taxes)

Utilities

All business licenses

Professional fees & licensure

Practice insurance (YES you need this)

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## ... and

Assistant's salary & benefits

Phones, internet, web hosting

Business travel expenses

CE expenses (including travel)

Bank and credit card fees

(Estimate 2.5% of gross revenue for this)

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## Total Your Business Expenses

Add them all up, calculated by month.

If starting up this year, guess your startup costs

(Furniture, space renovations, computers)

Divide startup costs by 12 (monthly)

Add regular + startup expenses

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## Calculate your NET revenue

Subtract Monthly Expenses  
from Gross Monthly Revenue.

This is your predicted monthly NET.

If it's negative: Your estimates point to a money-losing business.

If it's positive: This points to likely personal income.

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## Is it ENOUGH?

Compare your predicted monthly income to Amount C

Existing NonPractice Income -  
NonPractice Expenses.

IF C is positive, you don't NEED practice income.

IF C is negative, Practice Net Income must equal it - at least.

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## Homework

Print out your Practice Forms package.

Complete the forms relevant to your stage of practice development.

Do at least PART of the Private Practice Income form.

Some of it may have to wait for material in coming classes.

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## SESSION 2

### *The Money Side*

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### Today ...

- Startup costs.
- Setting fees.
- Your type of business.
- Registering your business.
- Taxes and licenses.
- Accountants and bookkeepers.
- Financial records.

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## Why don't we pay more attention to finances?

- You want to do therapy, not run a business.
- You have no training in business.
- You're not supposed to be in it for the money.
- Money for a service: Bad associations.

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# Startup Vs Ongoing

Most businesses cost something to start up.

Rent and deposit.

Renovations and furnishings.

Stocking up on supplies.

Computers.

Once you are going, maintaining the practice is cheaper.

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# Some Good News

Psychotherapy practices are cheap to set up.

Minimal equipment is needed.

So: Unlike dentistry, you should not need a loan to get started.

Joining a group practice: \$0

Creating your own: <\$8,000

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# Setting Fees

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## Will I Be Rich?

Government wage for psychologists: \$40 to \$55 per hour

Recommended fee in BC: \$195 per hour

How can you justify earning 3 to 4.5 times as much as a public servant?

Not to worry. You won't.

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## What earns money?

	Priv Prac	Gov't
Preparing for sessions	No	Yes
Writing session notes	No	Yes
Correspondence	No	Yes
Attending meetings	No	Yes
Supervising assistant	No	Yes
Marketing	No	Yes
Sick time	No	Yes
Vacation, stat holidays	No	Yes
Working on finances	No	Yes
Seeing clients	Yes	Yes

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## What does your fee pay for?

	Priv Prac	Gov't
Office lease	Yes	No
Telecoms, internet	Yes	No
All furnishings	Yes	No
Business licenses	Yes	No
Assistant salary	Yes	No
Office & test supplies	Yes	No
Printing & promotion	Yes	No
Insurance	Yes	No
All benefits	Yes	No
Take home pay	If any	Yes

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## So what do you take home?

Some months you may pay for the privilege of practicing.

Usually you take home less than 70% of your fee.

And you will be paid for many fewer than 40 hours per week.

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## Setting Fees

Private practitioners look VERY expensive!

Temptation: Charge less.

You're new at this.

You'll get people through competition.

But: If you are not competent, don't practice.

And few pick the cheapest therapist.

Recommendation: Look at the going rate in your region. Charge that.

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## Recommended Fees Registered Psychologists

BC: \$200

AB: \$190

SA: \$160

ON: \$225

NS: \$170

NL: \$150

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## How much, really?

	Hours	Total
Presentation	6	6
Setup and breakdown	2	8
Travel time	4 x 2	16
Research and writing	6 x 2	28
Audiovisual prep	6	34
Materials prep & packing	1	35
At \$150 x 6 hours	\$900	
Actual hourly rate	/ 35	\$25.71

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## Charge for the time things actually take

Temptation: Bill for the hours you think a task SHOULD take.

If you were more efficient, never got distracted, were as competent as you imagine others are.

Result: Fine - IF you can accept the resulting REAL hourly rate you receive.

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## Charge for the time things actually take

Suggestion: If you are doing a NEW clinical task, like a RTW assessment, consider charging less.

Don't bill for figuring out your format, etc.

Just bill for the time it would take if you had done it 3-4x before.

Then: Once you are familiar with the task, charge for the time it ACTUALLY takes you.

Don't keep under-billing out of guilt.

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## Sliding Scales

Consult your governing body for regulations.

Most professionals do SOME tasks for reduced or waived rates.

- Volunteer committee work
- Public education
- Advocacy
- And sometimes therapy.

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68

## Sliding Scales for Therapy

Mention when appropriate, not universally.

Either:

- Offer a specific reduced rate.

- Indicate a range and ask client to choose.

Remember your overhead.

Only rarely offer therapy at no fee.

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## Taking Money

You'll get used to it.

Practice your "Fee spiel" until it feels natural.

Do not be apologetic.

- Decide re sliding scale in advance.

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## Raising Your Rates

Give ongoing clients 3 months notice.

Chart that this was done.

New clients < 1 mo before increase date:

Start charging the higher rate.

Returning clients (>6 months) expect rate changes over time.

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## Longer Sessions

Be VERY clear in advance regarding rates for longer sessions.

No surprises!

Many of us run long assessments (up to 80 min)

My practice: Charge the regular hour rate.

“We’ve run long today; in future we’ll be 50 min.”

Others: Tell clients in advance it will be x1.5.

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## Shorter Sessions

Most clients have limited coverage.

Consider 25min sessions.

Check-ins

Followups

Brief coaching, where feasible

Fee = 50%

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## Types of Businesses

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## Sole Proprietorship

The simplest form of business.

Most common for psychologists.

One owner, but can have many employees or contractors.

All revenue is your personal income.

All business expenses are deducted from this.

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## Partnership

Two or more individuals.

General partnership:

All partners are responsible for activities and liabilities of the company.

Limited partnership:

Usually at least one general partner.

Plus limited partners: With limited liability.

Uncommon for psychologists.

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## Partnership Problems

How will you negotiate disagreement?

With 2 partners, you can deadlock over any decision.

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## NEVER ...

... start a business with anyone without a clear understanding of:

Responsibilities

Decision-making

Division of revenue

How to dissolve the partnership

This MUST be in CLEAR writing.

Use a lawyer, or it will end in tears.

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## And ...

Think twice before starting a business with your spouse.

Do you want 24 hrs a day together?

Making difficult business decisions?

If you can't agree on where socks go, how can you run a business together?

If your marriage falls apart,

Do you want the other foundation of your life to collapse too?

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## Incorporation: YES

### Limited liability

Usually, financial liability of owners is limited to their investment in the firm.

In healthcare, you are not really protected this way.

Your practice insurance is your protection against liability.

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## Incorporation: YES

### Lower tax rate

Corporate profits are taxed at a lower rate than personal income.

BUT: When revenues exit the corporation to your private account, it IS personal income.

This benefit only applies to money you plan to leave inside the corporation.

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## Incorporation: NO

### Cost of incorporation

Government fee: In BC, \$350.

Lawyer/accountant fee.

### More complex reporting, accounting

Not a huge burden.

But consider WHY you want it.

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## My Bias

Private practice offers autonomy and freedom.

Don't give that up!

Incorporation offers few benefits for most.

Partnerships enslave you to others.

I recommend owning - or joining - a sole proprietorship.

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## Register your business

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## The Registration Process

A provincial responsibility.

Look for instructions online.

**DO NOT WAIT:** This can take time.

No need to open the moment it is approved.

If approved as a proprietorship, you will become:

Jane Smith dba Fairview Consulting.

dba = doing business as

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## Step One

Search the Name Choice Database.

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86

## Step Two

Submit a Name Approval Request.

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## Step Three

Complete the Registration application.

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## dba

“Doing Business As”

Once approved, you may need to link your name to your business.

This may entail a further form.

Jane Smith dba Fairview Consulting.

You need this to be official to get bank accounts, etc, in your business name.

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## Taxes and Licenses

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## Registration

As a psychologist, psychological associate, social worker, etc.

Most are already registered if they have worked elsewhere.

Required for some forms of reimbursement.

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## Practice Insurance

Practitioner liability insurance

One firm does much of this (google)

Business Commercial General Liability

Slip-and-fall

Tenants liability

Office contents

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## Federal Business Number (BN)

A federal number linked to your tax accounts.

You need this IF

You have to register as a GST collector.

You have employees.

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## GST/HST

Registered Psychologists

**MOST** psychological clinical services are not taxable under GST.

Including assessments/reports for lawyers, courts.

Services for nonclinical purposes **ARE** taxable.

Workshop fees, consulting to business, speakers' fees.

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CPA document on GST and psychological services

[http://www.cpa.ca/cpaside/UserFiles/Documents/Practice\\_Page/GSTandPsychology\\_Sept2006.pdf](http://www.cpa.ca/cpaside/UserFiles/Documents/Practice_Page/GSTandPsychology_Sept2006.pdf)

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### GST/HST

Other providers

Check to see if your profession is likewise exempt.

Most with Colleges and counting as a "regulated healthcare profession" are exempt.

BUT: the nature of the activity is critical.

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### GST/HST

For GST-applicable revenue

If you exceed \$30,000 across 4 consecutive quarters, you MUST register.

If you earn less than \$30G in GST-applicable revenue, you need not do so. But you CAN.

Less than \$30G and NOT a registrant?

Don't charge GST on anything.

Registrant, but this year <\$30G?

You still have to charge GST.

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## GST/HST can help you!

Charge GST on relevant services/products.  
 Record all the GST you PAY on related items.  
 In June each year, you pay  
     GST collected - GST paid out.  
 Only claim GST paid on GST-applicable activities.  
 EG, workshop supplies, but not tissues.

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## GST/HST Example

Your service is 50% clinical, 50% workshops.  
     You collect \$35,000/yr in workshop fees.  
     = \$1,750 GST (in BC)  
 You pay \$1000 GST on workshop expenses.  
     And \$800 GST on your office lease.  
     / 2 = \$400  
 You remit \$1750 - (\$1000+\$400) = \$350 tax  
 If you weren't a registrant, you'd pay \$1800 tax.

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## In an HST area?

As a registrant, you will charge much more for HST-applicable items.  
 You will also be PAYING more HST.  
 The benefits may be greater.

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100

## GST registrant conducting business in an HST area?

Live in BC, but presenting a workshop in NS?

You bill NS's HST rates, not BC's.

NS person registers for a BC workshop?

They pay BC GST.

The tax charged is based on where the service is performed.

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101

## PST

Varies by province

Usually only applicable on PRODUCTS, not SERVICES.

Not an issue unless you sell products.

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102

## Business License

Generally, municipal.

A permit to carry on a business at a particular location.

Usually fairly cheap (<\$200/year)

Do you need one for the business?

Or one for each clinician?

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103

## Payroll tax

Deductions from income for all of your employees.

We'll cover this in an upcoming session.

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104

## Income Tax

You will have to submit tax quarterly.

Look at CRA's site:

Paying your income tax by instalments.

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105

## What's Deductible from Your Income?

Ask an accountant. But ...

All clinic expenses

All CE expenses, including travel

All associations, registration, insurance

All promotional costs

Including promotion-related entertaining

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## Why so much?

The tax code is written to encourage business and entrepreneurship.

You will be surprised how much you can deduct.

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## Your first clients are tax-free!

If you start small ...

Many deductions kick in immediately.

Furnishings, supplies, workshops, insurance, lease, association membership fees, etc.

A 2 hr / week practice usually enables you to write off as much as you make.

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## Accountants and Bookkeepers

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## Hire an accountant

Accountants are cheaper than free.

Good accountants will save you more money than they bill.

And that's BEFORE you start counting the time you'd spend doing their job.

Or the time you'd spend worrying whether you'd done it right.

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## Using an Accountant

Only for the complicated stuff.

Year-end taxes

Occasional consulting

GST returns

Get one familiar with private practices.

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## But a bookkeeper?

Your system should be simple enough for an assistant.

Good assistant? No bookkeeper necessary.

Assistant can do own payroll deductions.

Bookkeepers won't be best for year-end.

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112

## Recording Revenue and Expenses

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113

## Two Options

Practice Management software

Can integrate notes, billing, and accounting

Many systems are designed for the USA ...

... and store confidential information there.

Basic accounting software

Like Quickbooks.

But: Complicated? More than you need?

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114

## A Third Option

2 Excel Spreadsheets

Revenue

1 page for each provider

Use client numbers for ID, not names

Separate pages for other revenue (royalties, workshop fees)

Enter when payment RECEIVED, not billed.

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Expenses

1 page per expense type

Keep track of GST/HST!

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116

Fees/licenses

Taxes

Bank fees

Assistant salary

Entertaining

Promo

Office supplies

Clinician payouts

Travel

Rent

Postage/courier

CE expenses (like this course!)

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117

The single most important number in your practice.

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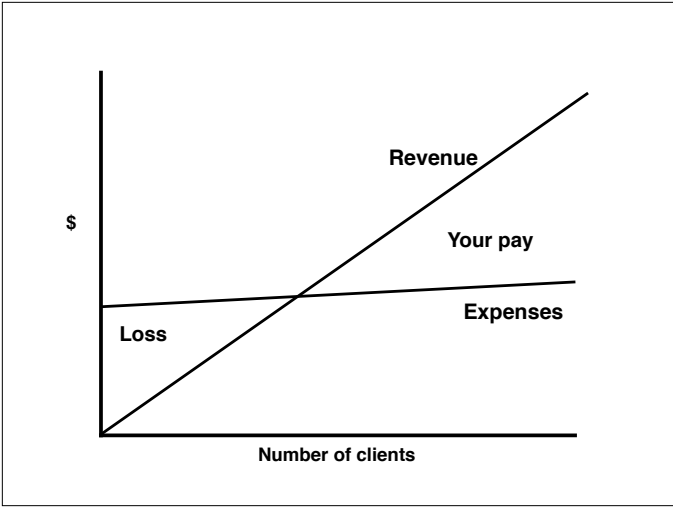
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**Revenue - Expenses**

Every month,

- Calculate total revenue
- Subtract from it EITHER
  - Total actual expenses
  - An estimate of average monthly expenses

This number tells you

- Are you making or losing money?
- Do you need to act fast to change something?

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**Last Tips**

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## Watch your expenses!

Remember

Your bills get paid first.

All you get are the leftovers.

Every biz expense comes out of your pay.

So: Every dime you save on rent & expenses raises your own salary.

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## Set up your own retirement plan & benefits

Ensure you contribute to your RRSP.

Via automatic monthly payments.

Start your tax-free savings account (TFSA) NOW.

Investigate benefit plans for private practitioners.

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## Homework

Complete the Private Practice Income form.

Complete a rough calculation of your baseline monthly expenses.

If you haven't begun a practice, decide on the type of business: Sole proprietorship, Partnership, Corporation.

Ask colleagues for a good accountant who knows private practice.

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## SESSION 3

### *Launching Into Space*

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### Today ...

- Choosing a location.
- Home office?
- Evaluating office space.
- Leases and zoning.
- Soundproofing how-to.
- Furnishings.
- Logos, letterhead, business cards.
- Props and layout.

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## Choosing a Location

- Near transit
- Adequate parking
- Medical class building
- With appropriate referral source neighbours
- And look at your OTHER neighbours
- Comfortable, clean, but not too high-end
- Likely future redevelopment of the area
- After hours access
- Psychological barriers (eg bridges)

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## Home office benefits

- Cheaper (& can write off part of mortgage)
- No lease
- No commute
- Convenient for food, files
- Good control over environment

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## Home office drawbacks

- Zoning?
- Giving up your personal space
- Poor work/home separation
- Need a separate entrance
- Difficult clients know where you live
- Clients can drive past anytime
- Will the rest of the family maintain professionalism?

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## Turnkey Offices

- Receptionist & waiting area included
- Waiting room is distant from your office
- Telephone always answered
- Can rent the number of days you need
- Bookable boardrooms

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130

## Turnkeys can be great - but ...

If you rent by the day, you have to empty out the office every time

You may need a bigger home office for files

Less control over furniture etc

Reputation is influenced by other renters

Your office looks less established

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131

## The Office Itself

Waiting area

Washrooms

Soundproofing

Consulting room size

Plumbed?

Cleaning

Exterior noise

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132

## Spy on the Property Manager

Ask neighbours about:

Management company responsiveness

Quality of cleaning and services

General maintenance

Insect problems

Heating: Reliability and control

Noise problems

Neighbours

Hidden charges

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## Setting the Stage

“Therapy is the ultimate low-capital-investment profession. Two chairs, a box of kleenex, and you’re set.” - Dr Bill Newby

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## Building Out Your Suite

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## Soundproofing

- Insulate above office walls: Roxul Safe N Sound
- Fill the walls - injectable or Safe N Sound
- Replace one side of walls - QuietRock
- Replace doors - solid core
- Weatherstrip doors

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## Floors, walls, ceilings

Wall to wall carpet for sound dampening

Not too expensive!

Paint: Warm colours, relatively neutral

Good blinds - even if windows are mirrored

Replace and match stained ceiling tiles

Replace fluorescents with pots or lamps

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## Furnishing Your Suite

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## Furniture

Functional is fine

Desk: against wall or window

Lockable file drawers!

Comfortable client seating, two types

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## Furnishings

Spend more on your chair than theirs

A flipchart or whiteboard

Degrees & qualifications

Clocks

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## Take the Client's View

What do you see behind the therapist?

In the rest of the immediate visual field?

What books are most visible?

This POV is the most important to stage-manage.

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## The Waiting Room is Therapy

Furniture alignment: Furthest from consulting room.

Lighting: Consider a switch to lamps.

Sound: White noise? MP3 Player.

Water.

Washroom keys.

Coatrack?

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142

Do your magazines echo or contradict your message?

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143

Electronica

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144

## Business Phones

- Number of lines / voicemail boxes.
- Dual ring service for fax?
- Consult with >1 supplier - and tell them so.
- Haggle.
- Buy your own phones.

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145

## Broadband

Have a wired-in option for webinars etc.

Do not ID your clinic by name.

Avoid giving access to clients.

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146

## Point of Sale Terminal

Debit:

About \$0.14 per transaction.

Credit:

Up to 3% of amt, or \$4.80 for \$160.

Ensure you bargain for the lowest % rate.

TELL THEM you are a healthcare service.

Do not accept American Express.

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147

## Computers

Just your own, & one for reception.

Avoid desktops with confidential info.

These can be stolen from unoccupied offices.

If you supply computers to others, you become the computer tech.

All client info encrypted.

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## Printers

Have one type throughout the suite.

So you only stock one cartridge type.

One per consulting room.

Choose by ink cartridge price, not unit price.

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## All-In-One

One, for reception.

Printer / copier / fax / scanner.

Wireless access for  
everyone else.

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## Shredder

Indispensable

Quiet and cross-cut.

Don't get cheapest.

What about a service?

Your volume is low.

You have to store  
confidential trash until  
they arrive.

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## Logos and Documents

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### I want a logo!

Helpful for stationery, website, business cards, signage.

DO NOT design your own.

One designer may cost \$1200-3000.

... and what if you don't like their work?

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### Consider 99designs.ca

A clearinghouse for thousands of graphic designers to work on spec.

You choose a price, define what you want.

Any number of designers can work on your project.

You choose the one you like.

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## Business Cards

You **MUST** have these - and carry them.

To pass to colleagues and prospects.

Use for appt reminder cards.

**ALWAYS** include logo, email, and website.

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## Business Cards

Using a regular printshop and have several staff?

Get "shells" made up in bulk - colour elements only.

As needed, have them print the black bits.

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## Letterhead

For:

Client-related reports and correspondence.

Promotional letters to colleagues.

Business correspondence.

The fewer colours the cheaper.

Generally 500 sheets or more per order.

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## Brochures

Formerly, a prime source of information.

Now: Primary function is to drive people to website.

Traditional tri-panel.

Postcard style.

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## Calculate your requirements!

For biz cards, letterhead, brochures:

Cost per copy varies enormously by number ordered.

EG Vistaprint brochures

For 25 copies: 14.99 = 0.60 / copy

For 10,000 copies: 1049.99 = 0.11 / copy

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## Electronic Letterhead

A blank file with b&w logo

Plus name, address, phone, web, email.

For documents you email or print on plain paper.

Quotes, bills, faxes, etc.

No cost per sheet.

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160

## Props & Tools

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161

Empty drawer	
2 clipboards	
Brain model	Blue lens
Heart monitor	Counterfactual tools
Area maps	Crystal ball
Toy cars	Exposure stimuli
Pomodoro timer	Finger trap
Hand mirror	

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162

## Homework

Looking for a suite?  
Choose a neighbourhood.  
Use the Office Space Viewing Sheet for each one.

Renovating?  
Use the Office Preparation Sheet.

Furnishing / Shopping?  
Identify the tools or props that you'd like to have.

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## SESSION 4

### *Promoting Your Service*

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### Today ...

Developing a website.

Monitoring visitors and usage.

Adwords and Analytics.

Identifying your best referral sources.

Practice announcements and more.

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### Creating a website

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# Don't look for clients!

Instead, be easily found by them.  
 A website is no longer an optional extra.  
 If you don't have one, they will assume your business doesn't exist.

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# Why a website?

Almost all prospective private clients are on internet  
 Many get therapist by internet search  
 Many google referral names before calling  
 They need to know where you are  
 Lack of net presence suggests a small nonprofessional organization  
 Our website: Source of about 50% of referrals

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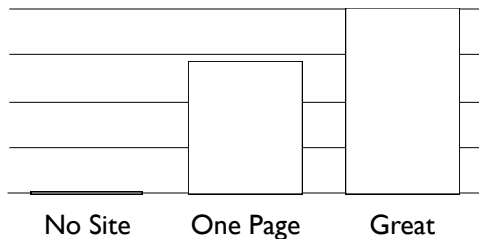
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# How good must it be?




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169

## Get a Domain Name

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170

## Easy to spell

[www.quattrociacchicounselling.com](http://www.quattrociacchicounselling.com)

Avoid "Counseling/counselling"

Avoid "psychology"

Avoid words with spelling variants

behaviour/behavior

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171

## Easy to recall

Avoid hard-to-remember initials

e.g.: South Delta / White Rock Consulting,  
Assessment and Therapy Services

⇒ [www.sdwrcats.com](http://www.sdwrcats.com)

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## Got a name?

Check to see if it's taken at [whois.com](http://whois.com).

Check various suffixes:

.com, .net, .ca, .biz

Which do you want?

Ideally .com or .ca

Others are cheaper, but cost is minimal / year.

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## Register your name!

Decide on a website host (get input from others).

Register your domain name through them.

OR: Via another service, like [godaddy.com](http://godaddy.com).

Registrar and host do not have to be the same.

Buy the rights for AT LEAST 10 years (<\$150).

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## Defining Your Content

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## What info should you include?

1. Start by brainstorming.
2. Then survey 10 therapist sites.

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## Sample Content: Clinic

- Location, phone, fax, clinic email
- Parking
- Google Map insert
- Fees
- How to refer
- Self-referrals allowed?
- Building picture
- Disability access?

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## Sample Content: Services

- Ages seen
- Therapy modality practiced
- Disorders/difficulties seen  
( & descriptions of each)
- Mass media work done
- Upcoming talks/lectures

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## Sample Content: Providers

Name

Photo

Brief bio sketch

Experience/training

Publications

Populations of particular interest

Languages spoken

Email address

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## Laying Out Your Content

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## The prime real estate

Home page, "Above the fold"

EVERYONE sees this.

Be stingy with it.

In our case:

"We offer 5 things: Client services,  
Presentations, Products, Resources,  
Consulting/Media."

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181

## Contact info accessible?

ON home page  
or AT MOST one click from home page  
Preferably on EVERY page

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182

## DO NOT start with your philosophy

This is NOT the main thing viewers want, so don't put it on your front page.  
If you want, include a link to it.  
The way we have been taught to write is Intro, Content, Conclusion.  
This is WRONG with webpages.  
CORE CONTENT FIRST!

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183

## Don't be vague

You are selling something.  
Tell them exactly what it is.  
Who do you see?  
What do you do?

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## Website Design

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## Get design help

You can waste a lot of your own time and still have major flaws.

A designer will be faster and better.

Decide on content and pages first.

Avoid high end designers.

Be EXPLICIT: You want it SIMPLE.

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## No flashy graphics!

People come to a website for information, not flash.

The simpler the design, the faster it loads.

Examine top websites: None have flashy openers.

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187

## Welcome animation...

Delays the display of the content the consumer wants.

Shows disrespect by wasting the viewer's time.

NO ONE will be more likely to use your service because of it.

SOME viewers will abandon your site out of impatience.

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188

## Make it simple to navigate

Creative button design is a negative, not a positive.

Avoid having a "new look."

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189

## Looks good on ALL web browsers?

Some browsers load pages differently.

Check your site on several browsers before finalizing.

The more complicated the design, the greater the chance of problems.

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## Break it up!

Max page length: 3 screens.

Use links to multiple pages.

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## Make it findable

Add search terms to the page.

Ensure you repeat keywords in your page content: psychology, Vancouver, therapy, etc.

Title every page differently, with keywords.

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## Do not have a blog

You will not keep it up.

Want to add your opinion pieces?

Put them on as Q&A, or as short essays on separate pages.

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## Using Google Analytics

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## Analytics provides:

Number of visits by day, week, and month.

Traffic source:

Search engines, Referring sites, Direct

Which pages your viewers visit.

Which countries / cities they are from.

How long they spend on each page.

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## Google Maps

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196

## Get listed on Google Maps

Google.com/placesforbusiness

This puts your result early for local searchers.

AND helps them SEE where you are located.

The service is free.

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197

## Google AdWords

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198

## Open an AdWords account

Visit [adwords.google.com](http://adwords.google.com)

Provide a valid email address.

Select your time zone & currency.

Verify your email address by responding to their message to you.

And you're ready to begin.

Cost so far: Zero.

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## About CPC adverts

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CPC: Cost per click.

Ads are displayed to many viewers at no charge to you.

You pay only if they click on the link in your ad.

Most CPC for therapists: \$0.50 to \$2.50 per click.

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## Create your ad

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Title line:

Dr Jane Doe, Oakville Psychologist - doe.com

Short description of service:

Compassionate care for bereavement & life change.

When you complete your ad, it will take a day to be approved by AdWords.

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## How do they see your ad?

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You create LARGE sets of possible search terms for which you might be the answer.

When people google, eg, "Panic psychologist" google displays 2 to 4 ads from those who specify those search terms.

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## Search terms?

- Panic psychologist
- Panic therapy
- Panic therapist
- Treatment for panic
- Panic disorder
- Panic disorder therapy
- Panic disorder treatment

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## How do I generate all these?

- You don't.
- Create as many as you can.
- Enter them into your account.
- Google will suggest more terms similar to these.
- Pick the ones that fit what you do.

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## Where do ads show?

- “Search network only”
  - Mainly on google search pages.
- “Search network with display select” OR  
“Search network with display opt-in”
  - Google search pages
  - And up to 2 million other websites with ads.
- I suggest “Search network only”

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## How does Google choose whose ads to show?

You specify a maximum “bid” for a click.

For example, \$2.00

AdWords will tell you if your bid is too low.

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## How does Google choose whose ads to show?

If 5 advertisers all bid on that search term,

Google picks the highest bid

But actually charges you only as much as you would need to beat the next highest bid.

You may pay \$1.43, for example.

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## The highest bid isn't always best

The highest bidder's ads are likely to show - until they reach their budget.

Then lower bidders' ads show - and at a lower price.

Check your number of views to see if your ad is actually showing for that search term.

If not, consider raising your bid - a little.

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## How do I budget?

You specify a maximum budget per day.

Perhaps \$10.00

Once your budget is reached, AdWords stops showing your ads.

The next day, your ad shows again.

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## When do the ads show?

When you say they do.

You might run your ads:

Only on weekdays.

Only when your phone is being answered.

You can also specify the date your ad stops running.

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## Watch the tap!

When you are full, pause your campaign.

When you are nearly full, reduce your daily budget.

When you need more clients, raise your budget.

Don't spend money advertising a product you do not have!

If you've done it right, google will ALWAYS say your campaign is "limited by budget."

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## Set your location

Google knows where the searcher is located.

Specify searchers must be local for your ad to show.

(Don't advertise a Toronto clinic in Calgary!)

Do add locations to your search terms, though.

“Panic psychologist Vancouver”

Why? Because that's how people search.

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## Don't compete with your FREE google results.

Don't include your name or clinic name.

If they google that, it'll top the search results anyway, for free.

If they click on the ad, you pay for it.

Most people at least glance down at the non-ad results. They'll find you.

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## Check your results.

AdWords shows which search terms had the most views ...

... and which had the highest percentage of clicks.

Use these results to generate more search terms.

**BUT:** unpopular terms and views without clicks don't cost you anything.

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## Test your ads

Occasionally alter your ads to see if variations result in more clicks.

You can also run more than one type of campaign.

EG, for your anxiety clients.

And your colleague's bereavement clients.

Customize the ads for each.

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## Getting Referrals from Other Professionals

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## Target your efforts

“Hmm...

Chance someone makes a referral: 2%

SO: Inform 2000 professionals...

Result: 40 referrals.”

Actual result: NOTHING.

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## Target your efforts

Ninety percent of your early referrals will come from ten sources.

SO: Devote most of your efforts to cultivating those sources.

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## Brainstorm about referral sources

Use the form in your workbook to identify:

Existing referral sources

Potential referral sources

Directories, research groups, agencies

Insurers and more.

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## Develop a simple Referral Form

It's a gift.

Looks professional.

Increases chance of getting needed info.

Makes writing a referral easier.

Makes deciphering handwriting easier.

Indicates you're not asking for much.

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# Referral Form Guidelines

- One page only, full size margins.
- Your logo and all contact info, all modes.
- 12 point font or larger.
- Double or 1.5 space for answers.
- A white block for address stamp.
- Ask the client's gender.
- End with a Comment block.

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# Develop a Telephone Intake Form

- When clients get your name (from physician or web) they may call to self-refer.
- You or your assistant need a form to collect the necessary information.
- Have a clipboard with multiple copies by the phone.

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# Telephone Intake Form: Contents

- Client name (maybe phonetic if necessary)
- Gender (so you can call "Chris" without awkwardness)
- All contact information (OK to leave messages?)
- Preferred clinician / language / gender
- Nature of difficulty
- How did you hear about us?

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# Practice Announcement

Every clear statement about your practice  
EXCLUDES something.

Temptation: Be excessively vague.

Recommendation: BE SPECIFIC "... and other  
concerns."

List of specialties no more than 4 items.

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# Practice Announcement

Location and contact info

Website address

Payment options

Can clients self-refer?

Type of therapy

Assessment-only? Medicolegal?

Your training/background, briefly

One page only

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# Practice Announcement Mailing List

Develop an Excel mailing list from internet listings.

Your colleagues

Other therapists in your area

Physicians (esply GPs & psychiatrists)

Identify their profession in Excel

Why Excel? From it you can generate mailing labels.

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# Sending the Practice Announcement

226

Determine how much you can send in one envelope at the lowest cost.

Usually about 4 sheets of paper.

Announcement

Brochure

Business card

Referral form

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# Sending the Practice Announcement

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For group practices and particularly good referral sources:

A more expensive mailing:

Multiple copies of brochure or postcard.

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# Subsequent Announcements

228

Send mailings no more than 3x / year.

Briefly re-introduce the clinic.

Have an announcement to make.

A new clinician

An added service

New hours

Why you are even better now.

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## Refer to your referral sources

The exchange is ideally two-way.

People refer to people who refer to them.

First priority: Are they competent and the right person?

If so, refer to them.

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## Choose directories wisely

Yellow Pages. Fading fast. Don't bother.

Your local professional organization online list.

National organizations: Seldom as useful.

Local business directories: Ignore.

Exception: Special community groups.

Community social service directories.

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## Get on referral lists

Publicly funded agencies.

Clinical trials research groups.

Disability insurers.

HR Departments in large organizations.

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# Keep a referral book

## Referrals FROM

Client's initials and date.

Ensure you send referrer updates, announcements, etc.

## Referrals TO

Page for each person you send referrals.

Note each referral, and outcome.

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# Return referral calls FAST

What is the half-life of a client call?

(When a returned call is half as likely to produce a confirmed appointment.)

Why is it so short?

People want help immediately and have several options in hand.

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# Communicate with referral sources regularly

Referral "Thank You" notes

Seasonal cards

Practice updates

Invitations to events

Professional development events

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## Homework: Websites

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If needed, brainstorm website names using the form in your workbook.

Using the Survey of Website Content form, visit 10 therapist websites to identify bits of content they include.

Use the Your Website Design form to begin designing your site.

Consider setting up Google Maps and/or AdWords.

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## Homework: Referrals

236

Complete the brainstorming list of potential referral sources (in workbook).

Create a referral form for your service using the example in your workbook as a guide.

Create a telephone intake form using the workbook example as a guide.

Create a draft practice announcement.

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## SESSION 5

### *Growing Your Business*

237

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## Today ...

Hiring an assistant.

Handling payroll.

Adding colleagues.

Financial arrangements.

Online/telehealth services.

Books & workshops.

Practica & internships.

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## The Clinic Assistant

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## “I can’t afford an assistant!”

You don’t need an assistant on Day One.

Once your client slots fill, consider it.

Don’t assume you have to hire an assistant full time.

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241

## Step One

# hours of administrative work / week.

Answering messages

Photocopying

Recording payments

Conducting mailouts

Straightening waiting room

Booking clients; accepting payment.

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242

## Step Two

# hours you have to (or want to) retain.

Tasks you find enjoyable.

Tasks that cannot be off-loaded.

e.g., Returning urgent client calls.

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## Step Three

Step One (admin hours)

- Step Two (hours you will retain)

= Hours of work for an assistant.

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## Step Four

Most assistants will be slower than you.

4a: Multiply Step 3 hrs x 1.25

4b: Multiply Step 3 hrs x 1.75

This is the usual range for assistant efficiency.

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## Step Five

How much will you pay your assistant?

More than minimum wage!

You get what you pay for.

Remember: It's easier to give raises than to reduce pay.

So: Don't start with too high a pay rate.

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## Step Six

6a: Multiply hourly rate x 4a.

This is the lower bound of what it will cost.

6b: Multiply hourly rate x 4b.

This SHOULD be the upper bound of what it will cost.

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## Step Seven

7a: Divide 6a by YOUR hourly rate  
(The amount you charge clients.)

7b: Divide 6b by your hourly rate.

Results: This tells you how many extra client hours you need each week to pay for an assistant.  
(Low to high range.)

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## Let's try that again...

Your fee: \$150 an hour

Your assistant: \$18 an hour

$$150 / 18 = 8.3$$

You can afford 8.3 hours of their time by seeing one more clinical hour each week.

So don't do the photocopying. You're no better at it than they are.

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## Setting the hourly rate

Consult colleagues for your regional average.

Pitch below what you can afford.

You can give raises, you cannot give cuts.

Minimum wage attracts minimal skills.

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## Never hire friends

Friendship: Equals.

Employeeship: You're the boss.

You will see your employee much more than you are used to seeing your friend.

You can't let them "do what they do."

You MUST be in a position to let an employee go.

How do you do this and keep the friend?

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## If you must hire friends / kids ...

Do not do this on an ongoing basis.

Hire them only for "special projects."

Assembling furniture.

Conducting a mailout.

Building an email list.

This avoids the problem of how to end your commitment to them.

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## How to hire

This should be simple.

Craigslist / Kajiji.

Your professional listserve.

Colleagues in the local psych dept.

What are you looking for?

Medical office assistant (MOA) training.

Post - bachelors grad planning on grad school.

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## Screening applicants

You may get up to 150.

Create email subfolders: Yes, Maybe, No.

Cull immediately:

Any without cover letter or tailored content in email (at least a paragraph).

Those living too far from clinic to last.

Badly spelled or worded vita or letter.

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## Screening applicants

Then:

Read more carefully & sort: Yes, Maybe, No.

Aim to interview 5 - preferably with more than one interviewer.

Offer, but don't tell the others until your choice has agreed to take the job.

Write a thank you for those you interviewed.

& a shorter mass email to those culled.

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## Specify a trial period

Generally three months.

Put this in YOUR calendar after TWO months.

Don't let 3 months pass before you re-evaluate.

If they are not working after 3 months, they won't after 6.

When they pass the 3 months, tell them so.

Note the transition to full team member.

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# Upon hiring

Get employee's Social Insurance Number.

Have them complete a FEDERAL TDI form (from CRA website) and keep it on file.

This determines their basic personal deduction - important for calculating taxes to be withheld from pay.

If they claim MORE than the basic amount, they must also complete a PROVINCIAL TDI.

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# Upon hiring

Determine what to do about vacation days:

Give required number of paid vacation days.

Most often for full-time employees.

OR Give vacation pay (min 4% of gross pay) each month.

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# Handling Payroll

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## Employee or Contractor?

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Contractor: They bill you for the hours worked and you write a cheque. Simple!

Your builder, plumber, accountant.

Employee: You must set up payroll for them.

Your assistant is almost certainly an employee.

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## Employee or Contractor?

260

Contractor:

Usually uses own tools.

Sets the pay s/he charges, not you.

Has control over time of work, methods of work, which jobs to do.

Employee:

Uses tools you supply at your place of work, doing tasks you specify, at a rate of pay you set and at times you control.

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## Setting up payroll

261

Clinic assistants are employees, not contract workers. Payroll is not optional.

This is easier than it looks.

Get a business number and sign on as an employer.

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# Payroll

Have employee report hours, once or twice per month.

At month end, total hours for the month.

Use CRA's deductions calculator to determine how much to deduct from their paycheque.

Google CRA PDOC.

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# Steps 1 and 2

Enter employee name or identifier.

This is a CALCULATOR, not a report; can enter "Jane A."

Enter province, frequency of pay, date of pay.

Enter gross pay and vacation pay (usually 4%).

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# Step 3

Enter TDI claim from employee (usually the default minimum).

Generally, ignore the rest (your assistant is unlikely to reach annual maximum contributions).

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## Deductions

Federal and provincial tax.

This may be zero if employee is part time.

Canada Pension Plan (CPP) deduction amount.

Employment Insurance (EI) deduction amount.

Add these together, subtract from total pay, and issue cheque to your assistant.

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## Deduction Example

Monthly pay	1000.00
Vacation pay @ 5%	50.00
From PDOC:	
Federal, provincial tax	0.00
CPP contribution	37.04
EI premium	16.95
Cheque to employee:	
$(1000.00 + 50.00) - (0.00 + 37.04 + 16.95)$	

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## Submitting Deductions

Once a month, complete PD7A form listing:

Taxes deducted

CPP from employees

PLUS a matching amount from employer

EI from employees

PLUS 1.4x this amount from employer

Pay total from your bank or online.

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## Submitting Deductions

Once you've paid, they will send you another PD7A for next time.

After one year of paying on time,  
CRA will allow quarterly payments.  
EASY!

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## Issuing T4s

At year-end, issue a T4 for each employee.

Total pay

Total Deductions (taxes, EI, CPP)

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## The T4 Summary

Totals of amounts from all T4s issued.

Tax, CPP/QPP, EI deducted

Instalments paid.

Create a T4Summary.

Send T4Summary and T4 copies to CRA.

All forms downloadable from CRA site, with instructions.

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271

## Being a boss

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272

## Raises are cheaper than turnover.

Turnover:

At least 8 hours of your time to replace ...

... And 30 to train and cope with mistakes.

If you are worth \$150 / hr, this is

$$150 \times 38 = \$5700$$

or: \$3.04 / hr for a YEAR.

Even after that, there's no guarantee the next one will be better or last longer.

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273

## Raises are cheaper than turnover.

Give no raises until 3-month trial is complete.

Raises should be:

Big enough to be a real increase.

Small enough you can do them regularly.

When giving the raise, link it to their performance.

It's merit, not longevity.

Long-lasting assistants can be invaluable.

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## Make routine things routine

Every task takes time.

Coming up with a system takes longer.

Temptation: Just do it quickly.

Result: For repeated tasks, time gets wasted.

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## Imagine a 15-minute task...

	No Sys	Total	W Sys	Total
1	15	15	45	45
2	15	30	5	50
3	15	45	5	55
4	15	60	5	60
5	15	75	5	65
6	15	90	5	70
7	15	105	5	75
52	15	780	5	300

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## Develop a clinic manual

You can teach it every time you get a new assistant.

Or you can write it down.

Turnover? Your new person can learn from it.

Temp? Ditto.

Who writes it? Not you. Your job is to EDIT.

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## Encourage ownership

277

You want staff who see the clinic as THEIRS.

Use this in your language:

“Your desk, your files, your computer”

Ask their suggestions for new procedures.

Do not make arbitrary changes.

Use consultative (not authoritarian) problem-solving as much as possible.

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## Don't steal your assistant's job.

278

Think before delegating to your assistant.

It's easier to give a task than to take it back.

Break down the task into bits, hand it over a bit at a time.

Once you've handed over a task, it's THEIRS.

You have input, but reclaiming it is undermining.

Don't take and do it for them. This isn't a favour.

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## Give corrective feedback effectively

279

Give more positive than corrective feedback.

Barbara Fredrickson: 3:1 ratio.

Praise publicly; correct privately.

Be precise.

Behavioural, not characterological.

Talk about what you want.

Not about what you don't want.

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## Adding colleagues

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## Why Grow?

Economies of scale.

Waiting rooms, admin areas of space.

Assistant time & systems.

Advertising your services.

The base clinic expenses are spread over more people & more revenue.

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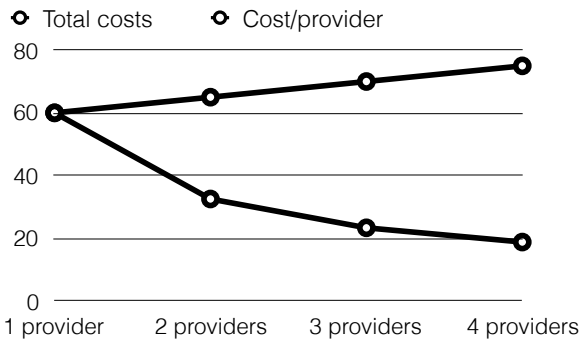
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## Cost Savings




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## Why Grow?

Community profile.

Bigger service, bigger presence.

Do referrers have to remember 10 different clinics, or one clinic with 10 providers?

Your service can be their go-to source.

“Send her to Changeways; they’ll have someone who can do it.”

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## Why Grow?

Branch offices.

Can open satellites in nearby communities.

e.g., Scarborough, Mississauga.

But: This eliminates some advantages.

You’ll need to rent space (often turnkey).

May need a separate assistant.

Most clinics stick with one site.

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## Why Grow?

Collegiality.

Solitude is a major problem in private practice.

Colleagues with whom to consult.

CE requirements for peer consultation.

Can have in-house consultation groups.

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# Why Grow?

Work balance and income.

Eventually you may not want client contact to be your sole income source.

Can see clients AND manage clinic.

(Less pleasant aspects: Covered by assistant.)

Most colleague revenue goes to clinic expenses.

Some comes to you.

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# Two Opposing Ideas

1. Create a brand.

Collect providers within a defined area of practice.

Adults, CBT, anxiety disorders, neuro.

2. Diversify for a broader referral base.

Some see adults, some children.

Have an in-house couples therapist.

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# Two Opposing Ideas

Suggestion: Find the mushy middle.

Enough similarities among clinicians that your service has some identity.

Changeways: Adult CBT-like psychotherapy.

Enough variety that:

Providers aren't all drawing from the same client pool (e.g., PTSD).

Referrers will suspect "They'll have someone who can handle X."

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## Financial arrangements with colleagues

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## Space Rental

Rent space, maintain separate businesses.

Joan Smith Psychological Services

& Frank Lo Counselling are in same office.

Joan charges Frank a fee for the space & assistant services.

Maybe: Rent a spare office outright.

Maybe: "All Thursdays & Fridays"

Maybe: Per day, per half-day, per hour.

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## Space Rental

Advantages:

Less responsibility for Frank's service.

More independence.

Can earn income from unused space.

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# Space Rental

Disadvantages:

Mostly helps cover SOME expenses;  
doesn't produce take-home for you.

This is the least remunerative option.

Doesn't help increase service profile.

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# Employees

Hire clinicians, pay flat salary, assign them clients.

Expect \_ hours of client contact per day.

But:

This makes them employees - with all the  
paperwork, T4s, benefits involved.

All risk of a low referral rate falls on you.

You and staff are in oppositional relationship:  
You benefit if they see more, they benefit by  
seeing fewer.

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# Fee Split

Client billings are split:

Most goes to the clinician.

Some goes to the clinic.

Clinic portion pays for:

Rent, furniture, supplies, phones, etc.

Assistant services (you decide how extensive).

Promotional efforts to get clients.

Leftovers (if any) go to clinic owner.

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# Working the Fee Split

Percentage:

e.g., 65% clinician, 35% clinic.

Clinic portion depends on what clinician charges.

Flat fee:

e.g., \$50 / client hour; clinician keeps the rest.

Clinic portion independent of what clinician charges.

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# Fee Split: Ontario

Psychologists are to set their own fees & make own decisions re sliding scale.

If percentage split, the clinic owner “suffers” from a low fee & so may pressure clinicians to charge more.

Flat fee eliminates this risk - supposedly.

College of Psychologists of Ontario forbids % split. (Standards; 10-5)

But: Flat fee arguably discourages lower fees MORE than % split.

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# Fee Split Recommendation

Check your regulatory body to see what is recommended & permitted.

Fee sharing (of some form) is the most common arrangement in multiple-provider practices.

Set your “overhead fee” or % higher to begin.

It’s easier to make it more generous later.

45% is the highest I’ve seen, 25% the lowest.

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## Setting Fees with Multiple Clinicians

Providers are independent professionals.

Make it explicit: They may charge the fees they choose, and use sliding scale or not.

Clinic survey in BC:

Most providers within a clinic charge roughly comparable fees.

Many clinics use association fee recommendations as a general guide.

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## Running groups in private practice

You need a bigger consulting room.

Is it worth it for 1-2 groups / week?

Can you get 6-10 clients to start at once?

Most private groups are open.

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## Running groups in private practice

Fees generally 1/4 of 1-on-1 rates.

For 1.5 hour group; \$150/hr base; 8 people:

$$\$150 \times .25 \times 1.5 \text{ hr} \times 8 \text{ people} = \$450$$

$$= \$300 / \text{hr}$$

Record-keeping is x 8.

Pre and post group time is longer.

With drop-outs, revenue will often be lower.

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301

## Online & Telehealth Services

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302

## Providing Online Service

This area of practice is likely to expand.

Remote communities are underserved.

Some clients are housebound.

Platforms continue to improve.

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## Online Service Downsides

Confidentiality / security concerns.

Especially routing through USA.

Is it as effective as in-person contact?

Why bother if your in-person referral rate is sufficient?

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# Online Service: 2 Routes

## General services

Skype, GoToMeeting, Zoom

Ease of use for clients? Confidentiality?

## Dedicated healthcare services

OnCall Health; others.

Do they set fees, expect online record-keeping?

Do you have adequate control of the service?

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# Why Not Write Books?

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# Book Publishing

## Reasons to consider:

Forces you to organize your thoughts / experience.

Raises your profile - and referrals.

Increases opportunities for public speaking / media work.

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# Book Publishing

Reasons NOT to consider:

Remuneration is VERY low (usually < minimum wage).

Most books do not sell well.

Writing is isolating; therapists are isolated enough.

Re-writes and coping with publishers / editors is endless.

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# Prominent Publishers

New Harbinger Publications

PESI

Guilford

Norton

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# Two Strategies

Write the book you want, then pitch it.

Less interference from publisher.

Good chance it won't be published.

Pitch the IDEA and see if they bite.

If so, much greater likelihood of publication.

Endless "guidance" on how to write the book.

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310

## Does it pay?

Per copy: Generally about 12% of publisher's gross.

In most cases, about 1.50 per copy.

For Kindle: Higher. Perhaps 20%.

Foreign translation: One-time sale of rights.

Audible: One-time sale.

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311

## Workshops

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312

## Two Models

Host your own workshops.

Endless details.

Promotion is very difficult!

Risk is high.

Revenue depends on registrations.

Will you have enough registrants to offset costs?

Revenue can be greater than if someone hires you.

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## Two Models

Offer programs to other hosts.

Health regions.

Professional bodies (preconvention workshops, hosted events)

Generally a per diem speaker's fee, plus travel expenses.

Less organizational hassle, and they do all the promotions and registrations.

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## Workshops: Why bother?

Developing training programs hones your own knowledge.

It's a counterpoint to the isolating work of therapy.

Referral rates will generally climb.

Revenue can be significant once you develop your reputation.

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## Practica and Internships

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316

## Training Students

Public service practica/internships are under pressure.

Training programs need other sites.

Students want exposure to private practice.

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317

## Training Students

Challenge: Helping students without huge out-of-pocket costs.

4 mo practicum, 1 hr / wk supervision, \$150 fee:

18 weeks x \$150 = \$2700

Charge clients reduced fee to see clients?

Can they be reimbursed from extended health for this?

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318

## Homework

Complete the Calculation Form for Assistant Hours.

Try out the Payroll Deductions Online Calculator at the CRA website (do a search for it).

Consider brainstorming what would go in your clinic manual?

If you were to add colleagues, which financial model would you use?

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319

## SESSION 6

### ***In It for the Long Haul: Sustainability and Burnout***

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320

### Today ...

- Managing client data
- Everyday sustainability
- Financial sustainability
- Burnout basics
- Client sustainability
- Lifestyle sustainability
- Retirement and selling a practice

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321

### Managing Client Data

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## Demographic form contents

322

Complete name  
Address  
Home & daytime contact nos. (msg ok?)  
Email  
Age, birthdate, birthplace  
Education  
Occupation

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## Demographic form contents

323

Person to alert if medical emergency  
Family Dr and phone  
Relationship status S M P Sep Div Wid  
Partner's 1st name, age, yrs in relnship  
Children (gender, age)  
Current/past medical conditions  
Medications currently taken

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## Demographic form contents

324

Have you had prev. counseling?  
Name of clinician(s), dates, difficulty  
Psychiatric hospitalizations; problem?  
Nature of concern to be addressed?  
Goal to be accomplished in therapy?

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325

## Release of Info Form

Get one for every client, during the first contact.

Usually: For the GP.

Sometimes: For referral source, funder, previous therapist.

It's tempting to think we know which clients we will need this for.

We don't. And once we need one, it's often too late.

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326

## Use a Limits to Confidentiality Form

OR: A consent to treatment form, with the limits to confidentiality included.

These may be specific to jurisdiction, so are not supplied here.

Review the Limits EARLY in the 1st session.

Not after they've disclosed something reportable.

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327

## Assign Each Client a Number

Why?

Client info appears on files, letters, computer files, test documents, supervision tapes, billing info for accountant...

Our scheme:

The year client first seen, dash, order for that year, initials.

2007-101HM

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# Client Computer Files

- 2017-101HMan: Assessment note
- 2017-101HMpn: Progress notes
- 2017-101HMbill: Bills
- 2017-101HMgoals: Goal setting file
- 2017-101HMtn: Termination note

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# Keep computer data secure

3 main problems:

1. Others can look at your files.
2. Viruses can cause release of info.
3. Thieves can steal the computer.

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# Keep computer data secure

3 strategies:

1. Ensure virus software automatically updates.
2. Practice good computer hygiene.
  - Caution re sites visited.
  - All know not to open suspect email.
3. Store client data on flash drive.
  - Encrypted.
  - Remove and lock away each day.

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## Working vs Closed Files

331

### Working:

You've seen the client recently.

Close at hand, in your consulting room.

### Closed:

When you end with a client.

After 6 months (or so) of no contact.

Elsewhere in the clinic, or off-site.

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## Clean out your own files

332

Never give your files to an assistant to cull or shred.

Check your regulatory body:

What must you keep, and for how long?

Serious problems can arise.

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## Seven Years Later

333

When your regulatory body permits:

Generally, 7 years after LAST contact.

Cull and shred old files.

Consider booking an appt with self each year.

Jan 2 is file culling day.

Culling files is a service to those who've seen you.

Check: Do you need to record that you had a file on them and when you destroyed it?

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## Practice Managem't Software?

334

Most do not use.

Questions:

Data security?

Storage within Canadian boundaries?

Which aspects will you use?

How much does it cost per therapist per month?

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## Practice Managem't Software?

335

Survey of BCPA and CACBT listserves:

6 replies from users of PMSoftware

1 JaneApp, 1 Practice Perfect, 1 MS OneNote, 3 Owl

All respondents using Owl liked it, felt it enhanced productivity and saved time.

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## PMSw - Elements

336

Appointment calendar (online for patients may be extra).

Recording payments, issuing receipts.

Online session notes, kept with billing & other info.

Can automatically send email reminders.

Tailorable session note blanks.

Create spreadsheet (for accountant); graphs of revenue (for you).

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337

## Everyday Sustainability

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## Make weeks sustainable

Few work 9-5, M-F.

Don't like Monday mornings? Don't work them.

Want to work some evenings?

Don't work that morning - or the next.

Consider working 4 or fewer days per week.

Or a 9-day fortnight.

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## Appointment Times

Standardize these.

Easier for you and assistant to remember.

Assistant can enter your appt times for you.

Fewer double-bookings, awkward gaps.

Every 2 appointments, schedule at least 15 min break.

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## Assessment Slots

340

Have a regular intake slot.

EG: Every other Tuesday, 10 am. Forever.

You and assistant can gauge length of waiting list.

Can book clients rather than put them on list.

Then: Can offer them a space earlier if one comes up.

Book the MINIMUM number you can handle.

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## Assessment Slots

341

If you can take MORE intakes,

Add additional one-time-only intake slots.

Offer these first to people awaiting later intake appointments.

Then offer them to new referrals.

For all intakes, book with a gap afterwards.

Many intakes run long; leave space for this.

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## A Sample Schedule

342

Mon	Tues	Wed	Th	Fri
	9 am	9 am	9 am	9 am
	10 am	10 am	10 am	10 am
11:15	11:15	11:15	11:15	11:15
1 pm	1 pm	1 pm		1 pm
2 pm	2 pm	2 pm		2 pm
3:15	3:15	3:15		3:15
4:30	4:30	4:30		

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## Early in Practice

343

Your time is YOURS. You have no boss.

Prove it so you get it.

Skip out to a matinee.

Bring frivolous novel into work, and read it.

Book a mid-week day off and go shopping/hiking.

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## Unlist Your Home Phone

344

Consider giving up your land line.

If you keep it, get it unlisted.

You WILL have clients who should NOT have your phone number.

Do NOT use your standard cell for clients.

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## Boost Collegial Contact

345

Private practice can be lonely!

Ensure you see colleagues.

Peer supervision/ethics review groups.

Your mentor.

Someone you mentor.

Lunch with colleagues.

Organize regular dinners / pub nights.

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## Attend Local CE events

CE is PARTLY for training.

And partly for networking & socializing.

Arrive early, lunch with others, and stay late.

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## Financial Sustainability

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## Avoid optimism

“I could see 6 people a day, 5 days a week, 50 weeks a year, at \$180/hr ...”

“That’s \$270,000 a year! Wonderful!”

This way lies madness. Don’t think about it.

Positive thinking kills businesses and burns out clinicians.

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## Take on 3/4 of your manageable load

What do you think you can manage long-term?

This is probably still optimistic.

Aim for 3/4 of this.

See if energy fades or maintains with time.

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## A Problem

In regular employment, monthly pay is predictable.

In private practice it varies.

Anxiety and self-esteem can rise and fall based on your monthly income.

“I’m slipping!”

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## A Solution

Pay yourself a stable monthly salary from the business.

Make this:

As low as you can get by on.

Every three months, look at the amount remaining in the business account.

Issue yourself an affordable bonus.

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352

Month	Revenue	Salary	Remainder	Bonus
Jan	4946	4000	946	
Feb	4684	4000	1630	
Mar	4365	4000	1995	1000
Apr	5932	4000	2927	
May	5225	4000	4152	
Jun	5691	4000	5843	2500
Jul	5053	4000	4396	
Aug	5636	4000	6032	
Sep	3746	4000	5778	2500

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353

## Live a more (financially) conservative life

Salaried work: Earnings are stable.

Your cheques vary by \$100 or less.

You can live within \$100 of your means.

Private practice: Earnings vary.

Living within \$100 of your means will produce anxiety & stress.

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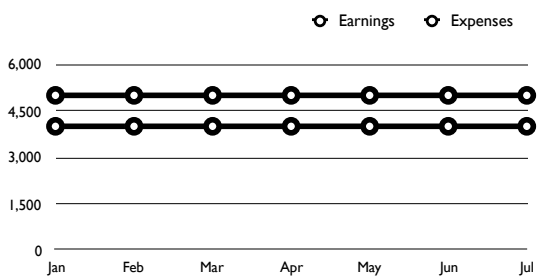
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354

## Salaried work




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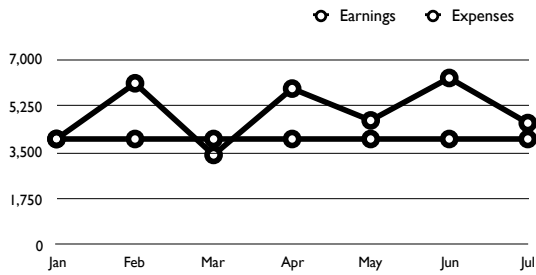
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355

# Private practice




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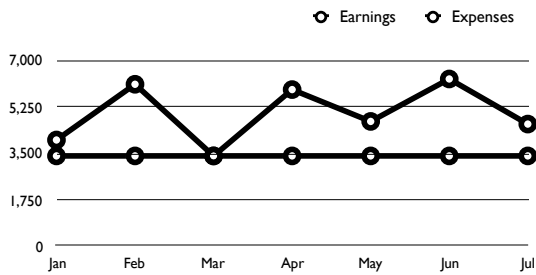
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356

# A less stressful life:




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357

# A suggestion

Create a life with lower **STABLE** expenses (mortgage, car payment, loan payments, etc).  
 Save more than you would if your income was reliable.  
 Then treat yourself with more **UNSTABLE** expenses (travel, dining out, skiing, etc).  
 Have a better life: Less stuff, less stress.

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# Burnout Basics

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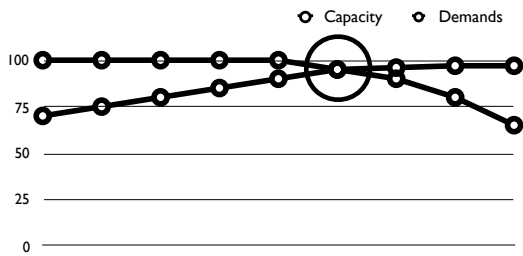
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# Burnout




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# Welcome the signs

Burnout is a continuum, not a dichotomy.  
 You are ALREADY on it.  
 You move along it.  
 Identify the signs you are moving toward burnout.  
 Welcome these. Then take the message.

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## Learning from burnout upswings

361

Identify times when you have been closer to burnout.

Notice the temptation to self-criticize.

“If only I was stronger, more professional, ...”

Normalize & decatastrophize the feeling.

Identify factors that seem to have contributed.

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## Burnout: The signs for YOU

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Identify your burnout-like symptoms.

How do you know when you are moving in that direction?

In your everyday life?

In your work activities?

In the way you view or treat your clients?

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## Burnout: Then what?

363

In the PAST, what has helped you move toward non-burnout?

What feeds/sustains/energizes you?

Regular self-care (eg exercise)?

Breaks, days off, holidays?

Changing your workload?

Doing something new?

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## Burnout: Prevention

How do we prevent burnout, reduce the risk, or self-correct if we are burning out?

Much of what we've already covered in this course.

And ...

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## Client Sustainability

365

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## Client variety

No matter how much you like your favourite group, you will get sick of "nothing but."

Cultivate several specialties and see a mix.

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## “But my waiting list ...”

The next 8 people are all seriously depressed ...

Who says you have to take people in order?

Seeing a mix can keep you balanced and effective.

So: Consider taking first what is under-represented in your practice.

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## Watch out for clinical fantasies.

I will cure them all. No, you won't.

I am only as good as my last client. No, you aren't.

Their life is now my responsibility. No, it isn't.

I can treat in x sessions. Probably not.

I should be as fast as the experts report. They don't talk about their problem cases.

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## Relax your cure focus.

A focus on THEIR cure makes your client an obstacle, not an ally.

If they don't cooperate, they are blocking YOUR goal.

Result: Oppositional, unproductive therapy.

Focus on what YOU can do to be the best you can be. More clients will improve.

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## Know why they're there.

370

Many clients aren't expecting to have all their problems resolved by you.

Nor do most want to be diagnosed as "disordered."

Many want ongoing support, someone to listen, problem management strategies.

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## Expect boomerangs

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Many clients come back.

This doesn't mean you failed.

It means you succeeded and are now their "psychological GP."

With time, many clients will call and return when life becomes difficult.

Expect and welcome this.

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## Refer nonresponders

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Take on 10 clients.

6 get better and leave, 2 drop out, 2 don't get better and stay.

Take on 8 clients. 5 improve, 1 drops, 2 stay.

Take on 6 clients. 4 improve, 1 drops, 1 stays.

Take on 5 clients...

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## Refer nonresponders

373

Fantasy: People I'm not helping will stop coming.

Fact: Many of them will keep coming forever.

Result: Your service can get plugged with nonresponders.

You'll spend 90% of your time with the people you are ineffective at treating.

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## Refer nonresponders

374

Develop a general policy about noticing and handling people who are not being helped.

Like: If a client hasn't improved somewhat after 25 sessions, it is very unlikely they will in the next 75.

So: After 25 sessions, re-evaluate and consider ending therapy or seeking out-referral.

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## Take the long view

375

With some clients we seem to have no obvious effect.

And we may be right.

But some will have changed after they stopped seeing us.

You will repeatedly get these reports from clients you thought you hadn't helped.

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376

## Lifestyle Sustainability

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377

## Live the life you recommend

What is the good life?

If anyone knows, we do.

We tell clients about it every day.

We are less effective if we are poor models.

AND: Therapy is taxing. You MUST take care of yourself.

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378

## Live the life you recommend

So...

Watch the alcohol/drug intake.

Have a regular exercise program.

Eat well.

Play with your friends!

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## Encapsulate the office

379

Create clear separation between work and non-work.

Separate personal and work email accounts.

Create work bans (eg, weekends).

Avoid bringing home work.

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## Have an office arrival ritual

380

Don't race in 5 min before first client.

Coat off, tea made before checking voicemail.

Tidy & prepare your environment.

Breathe and relax at desk.

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## Have a home arrival ritual

381

Mark the transition very deliberately. Examples:

Think in parking space before going in to home.

Change clothes.

Interact with pets.

Take time before jumping in to next activity.

Avoid the homecoming "work rant."

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## Give your life importance

382

Our clients' lives are important.

So are ours.

Do not give up seeing your children grow.

Do not give up your marriage for this.

Do not give up your friends.

If you are too busy, you are **TOO BUSY**.

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## Take your vacation

383

Amount of paid holiday in regular employment:

2-5 weeks, plus 10 stats or more.

And in private practice:

Zero. You earn nothing when not working.

5 cts/day x 4 days x \$150/hr = \$3000/week

Plus: You still pay all of your overhead.

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## Take your vacation

384

Temptation: Avoid taking holidays.

Result: Burnout; a missed life.

Your holidays are not optional.

Ensure you take as much vacation as you **EVER** did at regular work.

Strongly consider taking **MUCH** more.

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## Recalibrate task balance

385

EVERY year: Redo your task balance exercise.

New year's day?

Your birthday?

September 1?

It will change with time.

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## Cultivate an avocation

386

Therapy is not a full life.

It is, in large part, about self-suppression.

Outcomes are uncertain.

Even good outcomes may not be due to your efforts.

You need something for YOU, where the product is YOURS.

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## The essential questions

387

Is this making me happy?

Do I feel like I am on my life path?

What do I want, really?

What would I be doing if I took my life seriously?

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388

If there were no applause, and no criticism,  
who would you be?

- Quentin Crisp

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389

All Things End

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390

## Retirement

Old private practitioners don't die, they just fade away.

A last advantage of private practice:

The option of tapering.

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391

## Retirement

Hand more clients and office days to colleagues.

Transition to seeing more of your favourite client types.

Do more public speaking, writing (or webinars!).

Take more and more vacation days.

Make a conscious plan. What will you DO?

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## Selling your practice

In most cases this is not feasible.

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393

## The problem

Your equipment & furnishings are worth little - unlike dentists.

If your practice is your name, it's hard to sell.

The relationship is with you, not with your office.

Psychological clients are usually short-term.

Unlike accountants, dentists, law practices.

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# The situation

Few single-clinician practices are sold.

They just close down or phase out.

Or get passed on for the value of furnishings & lease.

Larger practices & partnerships may be sold.

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# Valuation

Asset-based valuation

Current salable assets - liabilities.

Assets are minimal, liabilities should be none.

Earnings-based valuation

(Gross income - expenses) x year multiplier.

Clinician time is an expense.

So profit = billings - all expenses.

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# Homework

Create a Client Intake Form.

Complete your Burnout Warning Signs exercise.

Using handouts, develop a home-to-work transition - even if you do not yet have a practice.

Develop a work-to-home transition.

Work on additional exercises you have not yet completed.

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# More Resources

My blog: [PsychologySalon.com](http://PsychologySalon.com).

Search using keyword "Practice."

Changeways.com: [Resources](#) > [Books](#) > [Private Practice Made Simple](#) > [Private Practice Resources](#)

Private practice coaching

Contact me at [paterson@changeways.com](mailto:paterson@changeways.com)

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