0069_Sacrificing an Ideal Client for Private Practice

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Allison: Hey guys. I am here with Asha Bauer who you can see at doctorashabauer.com if you want to check it out. So, Asha, how can I help today?

Asha: Well, lots of ways. I'm going to try and narrow it down to one or two questions and center it around that. So, I'm coming out of VA, so that's where most of my clinical work has been. And I have switched gears in VA, so I'm still there full-time, but not in a clinical role anymore. So, I've actually switched into project management for clinical trials. So, its research. Super exciting. I love it. I geek out about psychology research, so I love this stuff. I am not someone who wants to leave my full-time agency job because it serves a different role for me in that kind of putting on my research hat, my scientist hat, but a lot of my colleagues have started a part-time private practice to kind of heed that need to do therapy. So, I felt super inspired and a couple months ago, I did the same. And what I'm quickly realizing is that one, I have no idea what I'm doing. Especially in regards to marketing. Because I've always just had clients just fall in my lap. I've never had to actually market. And specifically, my area is in trauma. Which I really wanted to continue to do, its deeply, meaningful work. And there's nothing like it to me. So, I still want to continue to do that. but I don't know how to market to a population where the key symptom is avoidance. And so, normally in VA, veterans get screened for PTSD constantly. So, they end up getting warm handoffs from their doctors and I don't really need to do anything. but that is not the case in the community. So, I'm really struggling with how to fill my very small, baby, practice with ideal clients. And I think, just to add on top of that, since it's a baby practice, I only have 4 slots right now. so, there's that anxiety to fill at least two at all times. Just to get the overhead set. So, it's hard to kind of wait for the ideal clients when you don't have many slots to begin with. And I'm 50% full right now, meaning I have two.

Allison: Awesome.

Asha: So that's what's going on.

Allison: So, I know in the application that you filled out, you said something about how you were told that people aren't able to fill trauma-based practices. And I'm going to call BS on that. I know tons of people with full trauma-based practices. My people with group practices based

exclusively on trauma. So, its definitely, definitely doable. Its about honing in on which trauma, you know? Are we talking about serving the combat vets? Are we talking about sexual trauma? Are we talking about a traumatic event, a mass shooting, something like that? So, it's getting really clear about which trauma is your favorite. Which is an awful way to put it, but you know what I mean. And you'll still get probably other people calling, who experience trauma and people who have never experienced trauma, that just really like something about you, the way that you've positioned yourself. You'll still get some diversity, if you want it you can take it. otherwise you can save those four spots for these ideal clients. So which type of trauma is the one you work best with?

Asha: So that's a hard one. in VA, I'm known for sexual trauma. Because I specialized with working with MST which means military sexual trauma. So, it's a very, kind of specialized area in VA, so I'm known for that. I mostly work with women who are veterans. So, there's that. but I also loved working with other forms of trauma, too. So, I've had trouble with narrowing it down. Partially because the two routes I see as ideal, are so different. And marketing to them is so different. So, I almost worry about pigeon-holing. And I know I've heard, I've listened to other times where you said that's not the case, that's not the case. But I think if I said sexual trauma on my website, on my materials, someone who was just in a car accident, I want to get them, too. So, I worry about being too narrow. But, I guess if I had to choose one, it would be adult sexual trauma. I do have a specialization in survivors of childhood sexual trauma as well. It's a very different presentation. So, I think if I had to choose one out of those two, it would be adults who experience trauma in adulthood. But there's a variety I like. So, it's really hard.

Allison: So, I'll say, too, out of all of the different places that people come from when they are starting a private practice that I've worked with, I've had more people come from the VA into the things that I offer than even community mental health. And a lot of them are in that position where they are like, I really love this veteran population. And I would love to continue working with them. but they have the VA, what do they need me for? And that's partly because they are surrounded by the system and they don't realize there are all these people who want nothing to do with the system. And are willing to pay out of pocket. And they will probably, if you want to continue in the niche you had at the VA, like female combat vets who experience sexual trauma, you could probably fill your slots pretty well, outpatient if you wanted to.

Asha: I had not even considered that. I was surrendering to the idea that veterans would not be as on the table. But its interesting because if I think back on my most powerful experiences, it was usually with veterans who were in positions of leadership. Who were in the military and probably many of those who were in upper, upper leadership don't even go to the VA after their service.

Allison: If at all. I mean, I've known of a lot of officers or officer's families, or officers exclusively, with the VA who were like, I don't want to pass the people on the next tier below me in the hall in the psych area. I've got the funds, I'll pay out of pocket. I don't want people in my business.

Asha: I had not, honestly, not even considered that. so, it is true. That is my primary area of experience, so I guess I could put veterans on the table as someone I market to. I honestly wouldn't even know how to do that.

Allison: I think you write your website for them. if I'm working with a college student that has been sexually assaulted, for instance, I have a softer, gentler presentation, I'm going to use different kinds of words than I'm likely to use with a veteran who has steeled him or herself and been strong and been hard and handled it because it had to be handled in the midst of all the trauma that they experienced. They are like first responders, I that an ounce of pity is going to turn them off on your website. Right? So, if you're like a soft-talker, they are done with you. Right?

Asha: Yeah. and they have fit my clinical style really well. I have a more direct clinical style. I have a pretty solid DVT background as well, so just coming in with that irreverent humor and just getting alliance going really strong, so you can have some real talk is definitely part of my style. Which isn't for everyone, but those who are looking for that, are really looking for that.

Allison: Absolutely. Yeah. and making sure that your website reflects that, making sure that you come across as confident. I think if you're going to do something like videos, we're all really awkward on video initially. And making sure those are like the first pancake, you just throw them out. Those don't go on your website. You practice, and you practice until your confidence comes through. Because if you don't seem confident, they aren't going to call you, right?

Asha: I've been blogging, too. And I'm trying to make my voice very authentic to me and my blog and just kind of telling it and just speaking like, I'm just sitting in a coffee shop chatting with them, rather than giving like a formal, here's some psycho-education on PTSD.

Allison: Right. And taking your researcher mind that you use all day long and setting it on the table and getting into that more relational. I think when you specified like your female vets that have experienced sexual trauma, that is an amazing niche that is so needed. And if you're like, I've had a lot of that for awhile and I'd like a little break, that's totally fine, too. But if its, ah, if only I could keep serving them, then know that that's entirely possible.

Asha: Yeah. I think I'm kind of two minds. I do want to keep being of service to them. and I also want to experience something outside of that as well. And I think, just to kind of throw in, too, I know I said I'm worried about being able to fill a practice. I think part of it is I'm finding that community, people who refer to people for trauma therapy, it's a little different in the community than it is in VA. VA is all about, alphabet soup, Evans space, manualized therapy is being turned out. And in particular prolonged exposure is sort of like that thing. And I actually love doing exposure therapy. I guess I'm just like a weirdo because a lot of people don't like it. but I love it. I've like ridden in elevators with veterans, so I like, lets just nail this out guys. And they love it. and it goes really well. And its hard work, but again, its really meaningful work. So then, I'm in the community, I get a lot of, I just need someone for EMDR. I'm not certified in EMDR. I'm not planning on getting certified in EMDR any time soon. Partly because its incredibly expensive. But also, I already love the modality I work in. and I don't feel a need to change it. but I feel like it's a really hard thing to market. Like let's do something that's super uncomfortable and unpleasant for the first six sessions until it feels better. that is not an easy thing to sell. And, its also not something that community providers are referring for. I get a lot of no, I need someone for EMDR. And I'll say, I'm for exposure therapy. And they say oh, for OCD? And I'm like no, for…and I just end up in this circle with [unknown 11:39] providers often. So, it hasn't been successful so far. So, the referrals I've gotten so far are from other providers

are for the other area that I'm interested in which is mindfulness. So, they send people to me, the first two people sent to me they were like, these people need to meditate. They are just for garden variety anxiety. And they are great, its going well. But its not my ideal client.

Allison: Yeah. So, I think its finding the providers, because there are a lot of docs out there where the only thing they've ever heard about with therapy is CBT, so you can be like hey, hey. Let me tell you about how this fits into CBT. Let me talk to you about…it might mean some provider education. And that might include a case study. It might be going to a doctor's office during lunch. Probably its going to be the nurses that are going to stick around for most of it rather than the doctors. But the nurses have more power for referrals usually than most doctors do anyway. So that's fine.

So, I think if you're able to kind of explain what you do. And again, none of us, I think the selling the hard is probably, because it's the same for eating disorder recovery. You've got to go through hell, really, before you're anywhere close to recovering. And if I was on my website or to other providers, I'm going to make their lives really hard for a little while. and they are going to feel really uncomfortable in their skin for months maybe. Like no one would send anyone to me. Right? So, there's a certain level of informed consent that we need to have from our clients in that first appointment of this is how this works. Its super hard. I'm here with you. and I'm cheering for you between sessions. And I got your back. And here's what's available if you go through this process. That's a much easier sell. The dream is what people want. So, thinking about what is available for these people when this trauma isn't running their lives anymore.

Asha: Yeah. what's on the other side of this.

Allison: When their suds hits one or zero, both of you are like, yes.

Asha: And that's the part I live for in this job is that moment when someone comes in like huh, I just realized I haven't had a nightmare in four weeks. And I'm like wow. You just can see that they've gotten back to their life and its really powerful. But I'm still struggling a little bit with what content to put out that even if I do end up targeting veterans, that kinds of gets at it without going straight to it. because I feel like with that avoidance piece, if you hit it too dead on, they'll run. really fast. And its like how to speak around trauma without hitting that trigger on the head. And I don't know how to do that. and again, part of it is probably that I don't know what I'm doing in general. My vote of confidence for myself there wasn't very high. But I'm bringing it. I mean, I've got two clients. I figured something out. But I entirely know what I'm doing. And I certainly don't know what I'm doing when it comes to marketing. So, I'm just like starting a Facebook page. What do I do? Do I post random picture quotes? I'm not really sure what I'm doing.

Allison: Don't do that. no. no. no.

Well, I think first, going through the know your niche course in the party and that will walk you through the ideal client exercise so that you have one ideal client that you vet everything through. What does Jeremy Vicaucia, my ideal client, that's the most random name. like what does Jeremy Vicaucia think about this image I chose? Would this pull him in, or would this repel him? how does he feel, and sometimes the walking around the trauma instead of being did you have tons of people shooting at you all the time while you were serving? Instead of hitting the

actual trauma itself, go into, are nightmares keeping you up? Does your partner wake up, or if its Jeremy and he's straight, is your wife talking to you about the things you're saying in your dreams? Do you sometimes feel like you're having these experiences? But without the salesy questions. But basically, like going through the edges of the trauma. Like how the trauma is affecting their actual life now. and talking about that. and having pictures of people, I don't know if it's legal to have pictures of people in uniform on your website. I'm real big on copyright stuff, so I don't know if they allow that. but people who look like the people they were in the military with. People who look like them. and for your Facebook page, we've got that module on social media in general. And also, Facebook in specific in the marketing fundamentals course. And that'll talk you through the 80/20 rule and the rule of thirds and creating a strategy around it. and because Facebook is pay to play, its also looking at, does it make sense for that to be one of your marketing efforts? Because it's a busy one. it's kind of a lot of busy work. And it means you're going to have to throw money at it. so, does that make sense if you're only looking for four clients?

Asha: Yeah. that's the problem I'm almost worried about opening up a flood gate and just having to refer out clients, that sort of busy-work really quickly. I am hoping by the end of the year to open up a couple online therapy slots. Because in the VA, the clinical research, which I do, is in online therapy. That's what we're doing now, is online therapy for women veterans. So great area! So, I would love to kind of tie that into my practice.

Allison: Absolutely. And that could happen now if you want it to. You think about all the people who went back to a town that they lived in before. And there's not a VA anywhere within driving distance. And they are experiencing this. or, making a name for yourself. I mean, being a researcher is pretty badass. So, it gives you clout. It gives you added credibility. And I think that's something you could also highlight. Without being like, so I'm a researcher. In your about me, you could talk about being a researcher in PTSD or being a researcher, I don't know whether or not you would want to specify VA or not, depending on how your ideal client feels about the VA.

Asha: Right now, I currently do have it in my about me. I think it says something, so specifically, I work at the national center for PTSD. So, it's a national research hub for PTSD. And I think I said something like, we're studying ways to use technology for social good. So just left it very vague. I didn't know how, I don't want to blur the lines too much between my research job and my private practice.

Allison: I might mention, outside of my practice. because they might think, if they read your doing research, they might be like, I don't want research done on me. So, to say, outside of my private practice, I'm involved with the center for PTSD, is that what you said?

Asha: yeah.

Allison: I think I butchered that. but I do research with this group, and just leave it at that.

Asha: Ok. I'm glad you're saying people might think its cool. Because I think I posted something on the group at one point that my very first client had almost, do you do enough therapy to know what you're doing kind of question. That might also just relate to having a small practice and having only four slots might raise this question of, I felt like I had to defend myself and be

like I just came off from doing full time clinical work. But its still ongoing will be something I continue to kind of look at how I respond to that. people feel confident in my ability, even though I am keeping it a baby practice.

Allison: they don't need to know it's a baby practice, necessarily, either. Because if you were a full-time practice, but you only had 2-4 slots available, you could just say it looks like I have some availability Monday at 6, or you know, 7. And work it that way, instead of, I only do this part time. Because then, they might get the impression that they are not as important.

Asha: Right, I'm getting over like the initial like awkwardness of the whole thing. And I think in time, I won't sound so completely, I must sound off-kilter sometimes when I'm answering phone calls and everything. But I think it's just a matter of just doing it. and doing it and doing it.

Allison: I mean, that's the whole reason I created the scripts and templates course. I started it with those initial phone calls. Because we all fumble around on those awkwardly when we're first starting. Until we get into a flow. So, it's like, if at least I can give people the words, then they can practice them, tweak them and practice them out loud. And I'm a total practice it while driving, practice it in the shower, kind of thing.

Asha: I have been. It's helpful. I want to thank you so much. Because I think I came into this having really no idea what I was doing. And I think I attribute, I don't know if you'd call it success, but being 50% done after a month and a half, it feels really good. And I thank the Abundance Party for that. because I really got all the support I needed. And the confidence boosts and the mindset shift and just the practicalities. So, thank you so much.

Allison: Absolutely, absolutely! And to also put it into context, when I was starting my first full-time practice, I had moved across the country. I had moved to Seattle June 8th, I still remember this. June 8th, I moved to Seattle and I had things lined up. I met 90 people in 90 days. I was like a beast with it. and I did not get a single call until my birthday August 20th. And so, the fact that you already have two clients, and you've had other calls is really great. That's fantastic! You're killing it! So, I know it doesn't always feel like it.

Asha: Yeah. I've had one consultation yesterday and another one this week. So, I think I'm keeping a steady 2-3 a week. And I'm just, I don't know, I'm bringing a little woo woo to it. I'm just like believing that it will happen. So, I think I'm just going to try to keep staying in that mindset. Because I guess its working. But I need to not be so anxious about it. because I can't do my best work if I'm anxious myself.

Allison: Yeah, you are already killing it. its only going to get easier from here. You're thinking through it, you're thinking about how to make it less anxiety provoking. It sounds by being in action. Which is one of my favorite defense mechanisms, too. So, yeah. you'll just be in action. And you'll get more and more of your ideal clients. And you'll need to build up a pretty robust referral list it sounds like. And hopefully you won't spend more time referring people out than you do seeing clients. Because I think there's more of a risk of that, because I think you're really going to end up calling in a lot of people. So yeah.

Asha: Awesome.

Allison: Alright. I will see you around the party. And I hope this gave you some things to implement or think about or all of it.

Asha: Very, very helpful. Thank you so much!

Allison: Absolutely. Take care.

Asha: Bye.

Allison: Bye.

Thanks for joining us on the Abundance Practice Podcast. Check out this week's show notes for relevant links, resources and homework. If you're new to private practice, check out the free checklist you need to get started at Abundancepracticebuilding.com/checklist. And if you need more support, check out the Abundance Party at abundanceparty.com. See you next week!