

0121 Non-Therapist Networking with Kieran Grosman

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Alright guys. I am here with Kieran Grosman at kgrosmanpsyd.com. That's Grosman with one S.com. How can I help, Kieran?

Kieran: Yeah. So, I'm actually, it's a little less of a structured question than it was going to be. I worked with Tiffany McClain in the last Lean and Make Bank Cohort. And had what seemed to me like some ambitious financial goals that were, and actually just achieved them as of last week.

Allison: Nice! Congratulations.

Kieran: Yeah, thank you! So, my practice is full for where I want it to be. And that feels cool. And, so just sort of wondering, I think that I need help when I look back at how I've actually

gotten patients over the last 8 months. It has not been super effective and pretty scattered. And so, I think what I want help with is figuring out how to be more effective in networking.

Allison: okay.

Kieran: But I will sort of give you the data and maybe we can kind of figure out what to do next.

Allison: Alright! I got my pen.

Kieran: Excellent. So, my goal is to have 20 patients at an average of \$125 per session. And I just hit that, so that's awesome. And, I thought, so I cut out of two of my lowest paying insurance panels in January. So, I'm on one insurance panel. Which is now 40% of my practice. and what I'm thinking I'll do is I'll just not accept new patients from that panel. [unknown 4:04] because I think you're not really allowed to do that. But my practice will be full for all intent and purposes when people call about Blue Cross/Blue Shield. But what I noticed is that in terms of where my patients are coming from, over the last 8 months, it has been, let me get my data, hold on. Three from Psychology Today. So, I'll leave that be. One from Google Maps. I'll leave that be. One from a friend. Which is stuff that I do on Facebook where I don't have a huge presence on it, but if I write a blog post, I'll be like hey guys, here's the blog post I wrote. Three were former patients coming back into treatment, which I think speaks well that they liked it enough that they wanted to come back. And six were from insurance. So that's a big part of it, which if I don't want to do, I need to increase where I'm getting my patients from for other people. But only one has been from networking. And I did 35 networking meetings over the past year. So definitely wasn't doing like a 90 and 90. But was pretty into it. And I've gotten a ton of it in terms of people that I can sort of network within terms of hey, I'm thinking about this. Does this make sense? Or, I've joined a peer supervision group. Where somebody had me do presentations for CEU, so its been like all this amazing stuff that's happened with the networking. But it hasn't actually turned into patients calling and then converting.

Allison: Got it. With your networking are you nurturing the relationships that felt really easy when you met?

Kieran: I tend to. Yeah. So, for some people I have been sort of, I'm better at one on one. So, it tends to be more like, hey let's go do this coffee thing again. I'd say there are 3-4 people that I've been doing that with. And those are lovely. But they feel like they are forming more friendships rather than oh these are people who are actually referring to me. And part of my concern is that maybe I don't have like my [unknown 5:59] who I work with really clear? Or its not clear that oh this is a person that would be really good for me. So, that may also need some refining.

Allison: Yeah. Let's talk about that real quick.

Kieran: Cool. So, the people that I sort of get most excited about are queer people who are 35-45, professionally successful. And their interpersonal relationships are shit shows. I tend to work with the people who are sort of more the care takers who have narcissistic wounds of

narcissistic parents, alcoholic parents, you know that type. Abusive parents, whatever. [unknown 6:29] that they have to make themselves kind of small and accommodating.

Allison: Okay. So, here I'm thinking, here may be one reason that you're not getting a lot of referrals from networking. Its that those people are not always easily identifiable from that initial phone call.

Kieran: I agree.

Allison: Are there any tells?

Kieran: Say more about what you mean for that?

Allison: So, when somebody is calling you and you're having that initial phone call and you're like, this is like the best fit client. I'm super stoked. Do they know all that you just said? Or is that something they come to in therapy? And if they come to it in therapy, what is it that they think they are coming in for?

Kieran: So, they think they are coming in for anxiety or depression. Or a combination of the two. They've had it for a long, long time. Like, I definitely work better with people who life has just beaten home this message of like, you have to do something different. Because if you don't, this shit is going to last for another 40 years. So, it's interesting. They tend to be highly driven, and that drive has made them very successful up to a point. So, I have a lot of people who are graduated from Ivy league schools. Or are world class powerlifters. Or they do something where like, they can focus all of their energy and desire to achieve into like really concrete things. And that are sort of befuddled and angry of like why isn't this working in terms of my interpersonal relationships.

Allison: Yeah.

Kieran: Which is not an exact answer to your question, but its....

Allison: It fleshes it out. it's good. it's good. do they tend to feel overwhelmed at all?

Kieran: I don't think that's their go-to, sometimes yes. I think any sense of sort of overwhelm is met with a sense of, there's something a little bit fucked up with me that I'm overwhelmed by this thing. I just need to work harder.

Allison: Okay. Okay. I feel like I have a really good idea who this person is. Okay, this is good. So, there's probably some level, when they are calling, there's this interesting mix of, I can't keep going like this. Like that high motivation, which goes along with this high achieving person, right? But they are just like basically miserable enough that they have to do something about it.

Kieran: Exactly.

Allison: in combination with maybe a certain level of needing to save face and not be seen as a total fuck up.

Kieran: Yep.

Allison: Okay. Which is an interesting dynamic on an initial phone call. Right? Like, we're all a little bit nervous, even therapists, when we make that initial phone call to see a new therapist ourselves.

Kieran: Totally.

Allison: So, like our defenses are going to come up. So, it may be looking at, and there are probably not disclosing a lot of the demographic information. Unless they are looking for a queer friendly therapist.

Kieran: I think most of them would be, yeah, they've been queer their whole life. Of course, they want to work with a queer.... like the queerness is not sort of the issue.

Allison: Right. Right.

Kieran: That feels sort of like the least, sort of, revealing, of any of it.

Allison: Okay. Because I can see that, it's a piece of it that I can imagine other therapists being like, oh, like, I'm not queer, and this person is. And I know somebody who does great work with this exact population. Whether or not it's actually the same issue that you love to work with. Right?

Kieran: Totally. Exactly.

Allison: And that's where you are probably going to need to screen out some of the referrals you do end up getting from networking. Is they just make the queer connection and keep running? So, one of the things we have to consider is that there are going to be a lot of therapists who are also feeling really competent working with somebody with relationship issues and overachieving. So, its either finding the therapists who are full, who are likely, like something about their website or something about their presence is getting your ideal clients to call them. Maybe they've been established longer so they are easier to find online. I don't know. So, to be able to get in with those folks, you may be getting those phone calls so that you can become a referral source. I'm always a big fan of full therapists who have similar niches or the same niche as ours.

Kieran: Yeah.

Allison: Next, I would be sure that you were talking more, like the narcissistic wounds, for instance, that's going to come up later in session. Right? Like, that's going to be something that they come to maybe a few weeks in.

Kieran: That's very, I would say months or years. But, you know, that's....

Allison: Right. Maybe like there's an inkling that the therapist might be like, I wonder if there's something like, that sounds like a problem. So, by then, the therapist is probably unlikely to refer. I think the biggest bang for your time is going to be talking to full therapists who have similar niches. And there are tons of, you know, I work with high achieving women who have

everything right on paper but feel like something's missing inside. So, it will be aligned with your ideal client. It might not be your exact ideal client that you're getting from these people, when you are looking for other folks with similar niches.

Kieran: No, that's actually very helpful. Because it is interesting, because there is something about like this specific brand of perfectionism that tends to be with like heterosexual women that is actually totally out of my wheelhouse. Like, there's a way in which, they have a way of seeing the world, because they just don't have the [unknown 11:45] of being queer, or whatever. That like I actually cannot relate to some of the shit they are saying. So, its like I'll get other people where it feels like, oh this should be, it seems like they should be a really good fit, but yet, if the queer piece isn't there, somehow it sort of, its actually profoundly different enough that it sort of doesn't work.

Allison: Got it. Okay. So, maybe you're still networking with those therapists and just being very clear that if a queer client that has similar kinds of struggles that your clients describe in that initial phone call, like I'm going to be a great fit for them. Because there are certain things that I am going to understand.

Kieran: Exactly. And that's the part, I think, my guess is that since I have that experience with sort of like straight patients, I'm wondering if there aren't other sort of straight therapists who I've been networking mainly with queer people just because I prefer interacting with queer people, whatever. But, like if I expanded it just a little bit, like professional, successful women, for instance, that might be enough of an overlap where it would be like, oh, that would actually be a good person for me to know so that when I get this person, that I'm like, uh, this actually doesn't fit. I can refer out, and they can, and they might likewise be feeling like uh, I kind of feel like I should be able to work with these queer people, but like somehow, I can't.

Allison: Yeah. I think there's just enough like Venn diagram overlap that it could be really helpful.

Kieran: Yeah.

Allison: So, amongst the queer therapists that you've been networking with, are they working with a similar population and is that part of it and they are just not yet full and able to send you some work?

Kieran: I don't know. like, I know a couple, the two people that I am thinking of, they are both generalists and also sort of like, you know, they keep their practice at 20-28. If they need to, they'll, they are sort of not wanting to refer out. which, we live in New York. Like I get it, we all have our money shit that comes up. And then, other people, I've heard from a bit, one person was like, oh, I've referred you like 4 people in the last two months. I heard from one of them. So, I also just don't know what the numbers are in terms of....

Allison: Right. Like, how many people are still checking out your website and deciding. That happens a lot.

Kieran: Totally.

Allison: Yeah. Because 4 people, that's definitely that relationship to nurture. I guess that's the one networking person you have. So, they are clearly feeling like you're a great referral, and they are wanting to send people your way.

Kieran: Yeah. And totally, I'll continue to nurture that relationship with the psychiatrist who is in Manhattan, and I'm only in Manhattan one day a week, and that day is full, and that both are important and flattering, and also like that's not where I need...

Allison: Right. Do you do online therapy?

Kieran: That's a big question. I'm making the transition hesitantly. And it's something I'm thinking about in terms of next steps. But, right now, no.

Allison: Okay. Yeah, I was thinking that would be a way to catch that overflow. And psychiatrists wherever your other office is, too, if you can find...

Kieran: I have not had a lot of, I've been pleased because she's really, really good at collaborating. And my experience with other psychiatrists is that they have not been very good at collaborating. So, I'll keep trying, but it sort of feels like, you send out the little call or email or whatever, and you know, silence. And you're like okay.

Allison: Yeah. Fine then. Yeah. And what about other businesses that are targeting the same population you are? Maybe not even in healthcare?

Kieran: Yeah. I have not done that. and that has been mainly because I sort of come up with a blank. It just seemed like enough of my patients actually work with personal trainers. I guess that's something I could think about doing. Queer trainers, maybe? I don't know. that's an idea. I'm obviously having some internal resistance to it. But that doesn't mean it's a bad idea.

Allison: Yeah. it also doesn't mean you have to do it. You could just write it down.

Kieran: Exactly. That's one of my favorite action steps, writing it down.

Allison: To maybe be checked off later. But, hey, it was considered.

Kieran: Exactly.

Allison: I'm thinking about other high achieving, like thinking about hot yoga studios. Or...

Kieran: Can I tell you a secret?

Allison: Yeah.

Kieran: I was a hot yoga teacher for 4 years in San Francisco.

Allison: There we go. So, you've already got an in!

Kieran: Totally.

Allison: Other high achieving activities. When you were describing your person, you talked about like powerlifting. What was the other descriptor you had of activity?

Kieran: I don't remember what I said.

Allison: We have it recorded. So that might be another opportunity.

Kieran: Alright.

Allison: Potentially, like dieticians. Any queer dieticians you can find for any of your clients who may be on hormone therapies. Finding the prescribers for that who are likely to see a lot of your clients.

Kieran: Yeah, I'm thinking now just more generally, people who promise a system, right? Like if you just perfect the system you will, like, basically all of your problems will be solved.

Allison: Ah, don't you just wish that existed in all arenas?

Kieran: Of course, I do, I was a [unknown 16:48] teacher. I trained for triathlons, like oh, if I just get my triathlon time down to a certain thing, like somehow my life will make sense. Like, yeah. of course. That's like the, that's the most compelling fantasy in the world.

Allison: Yeah. So, running coaches, too.

Kieran: Yep. Yep.

Allison: I mean, there's already so much pressure in New York in general, to do and be everything perfect. There are lots of opportunities for those systems, I think, to spring up. And for your clients to take part. And to hear all about you.

Kieran: Totally. Totally.

Allison: So, I think that might be where a lot of where your networking is going to land.

Kieran: Beautiful. No, that's good. because that sort of gives me other avenues to explore other than psychologists or other therapists. And I like the idea, also, of the other therapists who are working with high achieving, sort of women, stuff like that.

Allison: And couple's counselors. If their relationships are shit shows, they might be going there, first.

Kieran: yep.

Allison: So, finding all the more queer centric couples' counselors. And the folks who are supportive and affirming. You know, finding all those couple counselors, too. Because I know from all the couple's counselors I collaborate with, they are looking for individual counselors in the way that I'm looking for couples' counselors. Like, here would you please take this. Take this situation and you handle this part. And I'll work with this part. And hopefully we'll get people squared away.

Kieran: Yeah, right.

Allison: Yeah. Awesome. Well, does that give you kind of a leaping off point?

Kieran: Yes. That seems super good. because I think I would not have come up with many of the people on my list. So, it gives me a new thing to do.

Allison: Awesome. A new thing to write down, at least. We'll see where it goes from there.

Kieran: Exactly. Exactly.

Allison: Awesome. Well, keep us updated in the Party. And yeah. let me know if there's anything else you need from me.

Kieran: Alright. Thanks so much for your help. Have a good one!

Allison: Sure! You, too! Bye.

Kieran: Bye.

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