

0125 Stephanie Dobbin

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Alright guys. I'm here with Stephanie Dobbin. You can check her out at StephanieDobbin.com or Grouptherapyrules.com. Welcome, Stephanie. How can I help?

Stephanie: Yes. So, would it be helpful for you to tell you just a little bit about where my practice is at right now?

Allison: Yeah, totally.

Stephanie: before I ask my question?

Allison: Sure.

Stephanie: So, I've been full time in private practice for, it will be 2 years in August. I would say I'm hovering around full most of the time. I say that because I kind of have a window of amount of people I feel good seeing. So, I've been seeing probably between 18-22 people a week. and I have two groups. And I do a lot of relational work. A lot of blended family stuff. And then, I work a lot with health care professionals who are struggling with their relationships and often times its connected to how stressful their jobs are. In some form or fashion. I see a lot of other therapists. I see a lot of physicians, nurses, things like that. My question is, I'm having trouble, and I think it's like a mindset issue. Because I have a grasp on why this would be helpful to do, but I'm having trouble actually doing it, which is moving into having more recurring slots for appointments. Rather than having people just kind of haphazardly schedule.

Allison: Uh huh.

Stephanie: And I know you like talked about this at other times, I think just maybe not ready to absorb it yet. For awhile it didn't feel that important because I wasn't full. And now, the

complicating factors around it, I think, are a few things. One, I have trained my clients poorly around this. So, they are not used to needing to commit to a slot. So, some of it is about needing to reshape what their expectations are around it. Because I work with people in health care, I also have people that do change, like their schedules change. And so, some of it is driven by my population where it is really hard for them to commit to a slot. If they are on call, or whatever they have going on, where they work nights and days. And I mean, you name it, there's something going on with it with a lot of my folks. So, I've accommodated that for a while. But the reason I really want to get under control is its getting hard for me to figure out when I am full, when I can take on new people. And I've had the experience recently where I've taken somebody on, and then realized a month in, I'm not going to consistently have the time they are going to probably need. And then, we've had to kind of negotiate that. and it hasn't been any huge problem yet. But I can see it happening in the near future. So, I think I just need some help figuring out whether this can work for me. And how to talk about it so I can have more peace in knowing how many people I have to work with at a time.

Allison: I love that you said that, you've heard me talk about it, but you weren't full yet, so it just didn't feel relevant. I think that probably so many of us are in that position. And then we're like, oh wait, now.... I'm full. I get it.

Stephanie: It's happening!

Allison: Yeah. Yeah. So, and it's funny. Because I never heard anybody say anything about having a set time. It was just something I like organically did. Because I'm a little bit controlling. And I was like, wait, I don't understand my schedule if we don't have a set time. So, I started doing it probably when I was half full in my first full time practice. And was like, oh, I feel like I know what's coming. And exactly what you're saying, do I have a space for another person that needs to be seen weekly or every other week, or not? And if people have their set time, you know exactly what you have available.

Stephanie: Yes.

Allison: So, okay. When you talk about people in healthcare. Because I'm thinking about some people in hospital healthcare. Who I think have a, its like this is a different scheduling conundrum than somebody in PCP practice? where they might have called, but in general they work the same hours every week. So, you're talking about kind of hospital healthcare?

Stephanie: Yes. I would say that most, the people that have the hardest time committing to slots are those folks. So, their schedule either changes, they actually switch shifts from nights to days, types of things. Which happens more often with nurses. Or, I see a number of physicians that are in academic medicine where their day off changes. Their day off isn't always consistent. Or they just have enough irregularities in their commitments and schedule that they bock at it. Which doesn't mean that they can't do it. I'm aware of that. But that there's been, initially, a lot of kind of, I can't find the time, or whatever. So, I think some of it is probably a resistance to just making the commitment, which I could work through with them, but have not, really.

Allison: Yeah. So, I think the people for whom it is just resistance and committing feels hard for some reason, even though they are already seeing you weekly, like committing to a time feels hard. You can also say, I mean, I have a certain amount of wiggle room. There might be one or

two slots that I leave unfilled every week. and that way, you might be left with those as the dregs, if you're not wanting to commit to a weekly time. But that might mean that we don't get to see each other as often as we have been. So, like what hours do you want to work each week? Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, which days and which hours?

Stephanie: I work pretty much 8 or 9am to 5. Those are my hours Monday, Wednesday and Friday. and then Tuesdays, I work, I usually start around 11 or 12. And I have my groups late into the evening. That's the only day I'm here late. But it's because I have two back to back groups. So, I don't have evening slots, really, for people at all. And this summer, I'm taking Thursday afternoons off. So, I'm just going to be working a half day.

Allison: Okay. So, what does Thursday look like then?

Stephanie: Thursday is 8-2.

Allison: So, that's a lot more than 18-22 hours per week that you have available.

Stephanie: um hm.

Allison: Do you like your schedule like this? Is this what you want to keep?

Stephanie: Yes. So, part of also why it looks like a lot more is I have my own therapy in there. So that's not actually all ... usually in the middle of the day, I either have one day I have therapy, one day I have a consult group. So, some of those times are actually blocked further. I guess I'm okay with it for now. I'm happy, the thing I've been happiest about is like not seeing people past 5 and not working on the weekend.

Allison: Yeah.

Stephanie: And then Thursday afternoons, that was tough. Because the 3 and 4 pm times tend to go, because I don't have later than that. So, taking those off on Thursday, I'm struggling with a little bit. Because also I need to, because of childcare stuff. So that's why I'm doing that.

Allison: Yeah. I ask that, because you're going to have a lot more wiggle room even with therapy and consult groups and all these things kind of throughout the week. you're still going to have a lot more. So, if you wanted to get off at 4 one day, or you wanted to come in at 10 one day, it's all available. I don't know if you've had a chance to do the Build the Right Practice course in the party. It's the new one that just dropped.

Stephanie: No, I saw it. Yeah, I saw that advertised. I haven't looked at it.

Allison: Yeah.

Stephanie: Oh, I forgot, too, Mondays. That's not quite right anymore. I just made a change. Mondays are more like, I have my own group in the morning and then, I'm doing a training group for my group consulting. So, I actually only see clients from about 1:30 to 5 on Mondays.

Allison: Okay. Got it. Okay cool. So, I think, having this, you've already started having conversations with your clients about this change, right? Or are you just anticipating...

Stephanie: No, not really. Yeah. I'm anticipating. I mean, I've tried before in kind of not a super assertive way. Like, I've sort of tried to feel people out a little bit. I haven't really been committing myself, so I haven't really pushed. I'm just feeling lately, when new people reach out to me, I'm suddenly like, I don't really know. or like I was saying, they need a certain time frame, and I think I can do it, I'm not always a hundred percent sure.

Allison: Yeah. So, I might say something like, make it feel official. So, I'm making some changes in my practice around the hours that I work and how I work them. I'm finding that because people are scheduling from the next session or whenever, I'm not able to see all of my clients each week in the way that they need to be seen. So, I'm shifting this model to people designating the times that work for them. And we will have one recurring time every week until it makes sense to go down to every other week. or whatever. Then, we'll renegotiate all that then. So, I'd love to know, during the week, what are the top three times that make sense to you? So, you're giving them, its unwavering. Its like this is a change that's happening. Now, let's figure out how it can work best for you. And you can also say, I find that this works a lot easier for people in terms of people asking off of work, because it's a consistent time. They can just say, I'm going to come in late on Mondays. Or, I'm going to leave a little bit early on Thursdays. And the clients that I have shifted to this model have really appreciated it for that reason. So, I'm going to be some Jenga, basically, and trying to figure out times. Can you give me the top three times that make the most sense for you?

Stephanie: Okay. That's helpful.

Allison: And that way, if you've got some people that can only come one time, and you have other people who are more flexible, if you have everybody's time kind of spread out in front of you like a logic problem, you can figure that out. and then, for those who, like we talked about are resistant, because their schedule changes out from under them, and there's nothing they can do about it, then, you can say, like I will have two or three open spots in the weeks as well. But there's no guarantee they are going to work with your schedule. You might want to put some things on their radar that they might now...like I know I was working with an ER doc for awhile that would get her schedule in three-month blocks, I think? And she'd be like, alright, here's what it is for the next three months. So, we would schedule out those three months. But sometimes she would schedule after coming off a third shift. And she's tired. She'd been working her butt off. So, trying to do meaningful therapy when somebody is sleep deprived, and has been working hard, just putting that on their radar. If they are like, well I get off work at 7, so I could probably be here by 8.

Stephanie: And you're on hour like 23, be awake.

Allison: Yeah. And I wonder if it might shift to some empowering conversations about how people can be assertive in the workplace. If they are getting shifted back and forth between days and nights. Because we all know that's bad for our bodies. We don't have to be in healthcare for that.

Stephanie: It's so bad. I had somebody that was, this was somebody that was consistently overnights. But he just actually finally advocated to get moved to days. Because he couldn't do it anymore. He was in his 50s and he's not 25 anymore. And trying to work overnight every day. Like it's just not good. so, like sometimes that works. Unfortunately, the biggest health system

in town, this is what they do with their nurses. They make them change every, it's so crazy, that it's a healthcare system that does this to people. Because. So, yeah. I know that sometimes people are stuck. But the thing is about that is, that usually when they switch to nights, they have actually a pretty good availability during the day. So, it may be that as long as their daytime slots are chosen, that maybe there's more wiggle room for when they move, you know? It could be more like a hybrid?

Allison: Yeah. And since you will have a little bit of cushion with the extra spots in your schedule, probably people get shifted ...do they end up getting shifted kind of at the same time? Where they could just maybe even switch?

Stephanie: I don't know. It would probably depend on who I had. It depends on what unit you're on, and all kinds of stuff. And you know, this definitely isn't everybody. Like I have some people this affects. But, it's not enough people that I feel like it will cripple my ability to do this. Like, I think the vast majority of why I haven't done it is just, and I have some people that do come recurring. So, it's like I just have kind of all over the board. Like I have some people who have committed to times. Some people who kind of commit to times. And then, I have some people who are like every week it's a different, or every other week, it's a different schedule.

Allison: Yeah. So, I'm thinking about new people coming in. do you get to just kind of usher them right into this recurring slot that's available? And if it doesn't work for them, then, you give them a referral. And it just makes it cleaner and easier in that way. Like, once all this is set up. It's just one of those systems that once its instituted in your practice, is so much easier to maintain than spending a few minutes with somebody at the end of session trying to find a time. Or even them going online to schedule themselves. It's just, in the way people will sometimes drop off.

Stephanie: That's the other thing, is the people I have on recurring times now, it's so much better, because we don't wait, we actually get more time.

Allison: Absolutely

Stephanie: We don't waste the time.

Allison: Yeah. it's not the calendar game.

Stephanie: Or we don't go over. Like sometimes, oh 5 minutes will be enough. Then, its 12 minutes of trying to figure this out. I can't do this every time. So, yeah, and there's a lot of reasons why I just need to do it. I think, too, there's a fear that if I'm more rigid about this, that I won't be able to be full or something. Which doesn't really make sense. Because really, I would just be not taking people on, I don't have room for anyway. But I think there's a little bit of a sense of, if I really know what's going on, and I'm like turning people away because of it, there's, it activates some fear. Even though I don't really think that's based on a whole lot. Because I'm doing fine with clients.

Allison: Yeah. I would say, for two reasons, having a recurring time for people actually helps both, like helps you stay full. There's the retaining people. Because sometimes people will do the thing like oh, I forgot my calendar. Let me call you. And then, life gets in the way. I do this all the time with my own therapist, because I don't have a recurring time with her. Right?

Where all of a sudden, two weeks have gone by and I haven't seen her, because I forgot to get back to her about the times I was available. So that, you retain people more. And then, also, I think there's something to someone saying, okay, well I have two available appointments available per week. its Tuesdays at 3 or Thursdays at 10, would either of those work for you? And if they are like no, you can be like well okay, I can offer you some referrals. there's something about the fact that you're more full that makes you more appealing to people. And they'll be like, hold on, let me look at that again. Well, actually I could do Thursday. So, there's something to that, that I think does continue to bring people in. So, or have people schedule. Yeah.

Stephanie: Yeah, that's helpful. That's a helpful way to think about it. Not as a way to necessarily, only a way to exclude people. You know, I also feel like when, if I'm clear, then I know what I'm asking people to do. It's almost like now, I feel, because I don't really know, I can make an accommodation that I might not really want to. Or, like this say it's sort of asking them to accommodate their schedule if they really want to come in. which, the times where I have had to do that, because somebody will be like, can I see you at 5? And I'll just say, no. but I could see you at 4. They say, okay.

Allison: Right. Right.

Stephanie: Whereas if 5 had been available, they would have taken 5. So, I know that people will do other things if I push back.

Allison: It's that whole like, what's convenient versus what's doable.

Stephanie: Yes. Yeah.

Allison: We don't have to only provide services in the most convenient ways for our clients, because they'll make things work. If it's a priority. And that's not saying, I'll see you at 2 in the morning, that's it. But, there's not a huge difference between 4 and 5. It's just a quick conversation, potentially with a boss or childcare. Or something like that.

Stephanie: Yes. Totally. This is helpful. I needed a little bit of encouragement to just go ahead and do it. Because I think I've been needing to for a little while.

Allison: Yeah. Well now you've got some added accountability, too. And you'll have to let us know in the party Facebook group, how its going. Because for some reason, those conversations, any kind of change in your private practice, whether its raising your rates or you're not working 5:00 anymore. Or you're doing recurring schedules. It always feels so much scarier, like the anticipation of having these conversations, is so much harder and worse than the way they actually go and how clients respond. It's so rare for clients to have any kind of significant pushback or anger around you changing something. But we all are like, oh they are going to leave, or they are going to be mad. Or they are going to feel like I don't value them. All of our stuff gets projected onto our clients when we are making these changes.

Stephanie: yeah, and honestly even if they were angry, like, I actually feel okay, if they were angry and they could tell me about it. Like my worst fear is they just kind of go away. But even that, it's unlikely. And if it happens.

Allison: Yeah, I think it's highly unlikely. Especially with this kind of change.

Stephanie: Yeah.

Allison: It's really more convenient for everybody for the most part. There are some outliers. But for the most part, it does make it easier for everyone to be able to count on a time.

Stephanie: great.

Allison: Well, cool. Let us know how it goes!

Stephanie: Thank you! I will. I definitely will. It's been super helpful.

Allison: Yay. Awesome. Well, I will see you a-round the party, then.

Stephanie: Sounds good! Thank you, Allison.

Allison: Bye.

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