

# Practise makes perfect ... but management makes a Practice

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*Is a psychotherapist with a practice in Manchester, England.*

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**A**ll therapists, be they hypnotherapists or psychotherapists, know that the backbone of every successful practice is referrals.

Certainly it is the most cost-effective way of developing one's practice. Attempting to run a practice on the basis of expensive advertising, month after month is, to say the least, a risky venture. It can cost a small fortune.

So word-of-mouth recommendations by former clients to friends, relatives and acquaintances should be regarded as essential to a successful practice.

But what should a therapist do to help ensure former clients sing his or her praises ... and why do some ex-clients, despite being delighted with the therapy they have received, totally fail to ever produce a referral? To maximise referrals any hypnotherapist or psychotherapist must first understand the requirements – and the pitfalls – of managing and promoting a practice through client referrals.

### Five factors which bring referrals

Let's start with the basics. Ask any experienced, successful hypnotherapist or psychotherapist what is essential for referrals by former clients and the obvious reply is – *"the client's own therapy must have been successful."*

Yes, success is a very important part of the referral process. Dissatisfied clients are hardly going to sing your praise. But too many therapists fail to appreciate that therapeutic success is not the only criteria. It is simply one of several requirements.

Probably every therapist has had a client who was an outstanding success. For instance, she or he may have proved a textbook case for weight control or possibly succeeded in quitting smoking after 30 years. The client is delighted, the therapist is delighted ... everyone is delighted – but there are still no referrals.

What went wrong? My own experience suggests several factors decide whether a client becomes an effective referral generator. We've looked briefly at the first – success. Although there are inevitably odd exceptions, normally clients must feel they were successful at achieving whatever they came for.

### No rapport ... no referrals

The next is rapport. I have seen effective psychotherapists and hypnotherapists, apparently successful with their clients who still failed to develop an effective rapport with those successful clients. As a consequence referrals also failed to follow.

It might help to illustrate this by looking briefly at the example of a woman who stopped smoking after 20 years addiction to cigarettes. A common enough example, one which many readers will have experienced. There was just one drawback for her therapist. Though grateful for his help in quitting smoking, she heartily disliked him. She came to regard him as very unpleasant and so naturally no referrals were inspired by that ex-smoker!

Well those are the two most obvious obstacles. But what else can go wrong?

Another factor may be a client's reluctance to even disclose having undergone hypnotherapy, no matter how successful therapy proved. As an example, consider the case of

a woman client who successfully lost two stone – 12.7 kgms – in weight. She liked the therapist and the two achieved a good rapport. However the client was far too embarrassed to admit hypnotherapy had been the means of her success in reducing her weight. Instead when asked by friends how she had brought down her weight she explained: "Will power! Sheer will power! It was hard, but I made it."

### Be prepared to ask for referrals

If the client is unwilling to share the success with the therapist the possibility of receiving referrals is non-existent. At this point it would be helpful to review the first three requirements and an imaginary client whom we shall call Janet. Janet has lost 3 stone – 19 kgms – following a course of hypnotherapy with you. Janet now thinks that you are the greatest thing since sliced bread and delighted to tell anyone and everyone about "her hypnotherapist".

Sounds encouraging. But is this all that is required? Unfortunately no. For a client has to be socially active to be a source of referrals. Janet, like many clients – although meeting the first three requirements – has a lifestyle which will still fail to generate new referrals. She has little if any social life and little in the way of social contact. She lives alone, works in a one person office and now you have helped her reduce her weight she brings a light lunch to work and eats at her desk.

After work Janet spends her evening alone at home and her weekends too. So, although she meets the first three requirements, she fails to make contact with anyone with whom to share her wonderful experience. Her lifestyle of course is entirely her own affair but with enhanced social confidence, especially now that she feels so much better about herself, Janet may well be open to the idea of a more active social life; joining clubs, groups, taking up new activities. If that is what she decides to do, then there is a strong chance her new lifestyle will in turn result in referrals to your practice.

Finally, therapists should not be embarrassed to ask for referrals so long as this is done sensitively and professionally. As a therapist raised in the United States I am still frequently surprised by the

reluctance of so many of my colleagues in the United Kingdom to properly promote their own practices. Making it clear to clients you would be only too pleased for them to recommend you to their acquaintances can be part of that promotion.

*Sometimes clients think they are doing you a favour by keeping you a secret from their friends. I had a client who suffered terrible panic attacks. We had a great rapport. She was perfectly happy to discuss how she conquered those attacks and came to see me a year later still singing the praises of the therapy. During the course of our conversation she happily told me how she was recommending friends to another psychotherapist who was based about three miles from my office. This was a little disconcerting. But on asking my client why, if she was so happy with me, she was recommending someone else, she explained she realised how extremely busy I was and believed I would not want to be bothered.*

### And ready to market your practice

She had simply not realised I wanted referrals. Which is why I believe this fifth requirement – make it plain you would like referrals – is the most important. Of course this request must be done in a professional manner. But it can be simple and straightforward, with you saying to your client at the end of each session: "*When people see how great you are getting on I would really appreciate your recommendation*". In private practice the hypnotherapist or psychotherapist sometimes has difficulty in accepting the responsibility of marketing his or her services. However the successful practitioner is the one who has learned that in order to have a thriving practice he or she must develop twin attributes – being both a good hypnotherapist psychotherapist and a good marketer.

Most hypnotherapists or psychotherapists entered the profession to help people. It is important to keep in mind that if we do not market our services correctly we will not be in business to help others. The hypnotherapist or psychotherapist of the 1990s needs to realise the importance of successful therapy and personal financial security.

## So how do you run your Practice?

Replies to the launch edition's Response Page confirmed many readers would like to see reports on Practice Management. It is therefore the EJCH's intention to try to carry further such articles in future editions and the Editor will be pleased to consider any papers submitted outlining therapists' experiences and ideas.

## *Initial consultation free and without obligation* Good practice – or impracticable?

Among numerous issues dividing professional therapists, one long standing area of contention is the proposition that clients should be offered their first consultation without charge.

Some claim that clients should be offered a chance to form an opinion about the therapist (and therapy) before committing themselves for treatment and to be able to investigate just what therapy is on offer.

Some insist it is an indication of ethical practice, as do some of the "guide" books on hypnotherapy available for the public. Others dismiss the idea as an open invitation to trouble.

What are your views on this subject? The EJCH would like to hear from therapists from both sides of this dispute. To hear the case for free initial consultation ... and the counter-argument. To hear from those who always offer free initial consultation, those who would never consider it ... and those who have tried and rejected it.

Contributions should be between 200 and 350 words in length and sent to: The Editor, European Journal of Clinical Hypnosis, 16 Connaught Street, LONDON WC2 2AF

Alternatively, give a general indication of your views by completing and returning the Response Page.