

The Practical Practitioner

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So, What Is Marketing Anyway?

Now that the NYS Clinical Society has launched its brand new Independent Practice Committee, the subject of how clinical social workers can and should market has again come to the fore. The committee, by the way, will be presenting a workshop at the January 26, 2002 conference for members — and for the Queens Chapter on October 27 — but until then, we thought we ought to revisit the question of what marketing really is.

Many of us think about marketing as if it's "manipulation" — that there's something not quite right about it. Others may view it as an admission of some sort of failure — if you need to market, then you might not be such a great therapist. However, business practice dictates — and if you're in independent practice you ARE in business — just the opposite.

Effective practice promotion is actually an educational process. You are telling potential clients and referral sources about you and your profession. You are helping people to know where to find help when they need it. Further, ethical marketing demonstrates that you are proud of your work and confident that what you offer is valuable! And it is, isn't it?

Our work may sometimes feel lonely, particularly if we're in private practice. We don't have clinical consultation or a colleague with whom we can sneak a moment when perplexed or upset by a session. Sometimes we feel hopeless and just want to give up. However, particularly with the advent of managed care, we need to take a second look at the nonclinical aspects of practice and learn more business.

Think of your practice as a business, subject to the same (but profession-specific) cycles as any other busi-

ness. For instance, many of us notice that our client load diminishes in the summer but gets higher after holidays. Remember that ups and downs are normal and plan accordingly. In fact, these slack times give you an opportunity to build marketing and planning time into your practice. Welcome those occasions when a client cancels; you can use this for networking phone calls, follow-ups, speaking engagement scheduling, etc. When client-hours are low, marketing hours should be high. Decide on one or two practice-building activities — don't overwhelm yourself — and DO them.

Stay visible even if you are satisfied with your current caseload. Such visibility will help you later on if the number of clients diminishes (and it will, temporarily. That's the nature of being in business). People tend to make referrals to clinicians whom they know. Take the initiative and become marketing-active. Continue to seek out new referral sources and communicate with those which you have already established. Such networking can be enjoyable — and your referral network can always be enlarged. That way, if one source stops referring, you have others to fill the gap. And remember to develop a lot of niches, too, which, if you view them as "products," will help you market (more about niches in a later article).

Some practitioners stay away from marketing because they may consciously or unconsciously fear rejection. To overcome this, pay attention, instead, to the needs of referrers or potential clients. They are not rejecting you if they merely do not need your services at the present moment. To paraphrase *Field of Dreams*, "When they need you they will come." It has nothing to do with how competent you are. ■

"More Human Than Otherwise"

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to structural, not just behavioral, change. This technical exegesis explains, I believe, how so many people could love one man. For there is, arguably, no more loving and love-evoking thing we do for another individual than allow, in an encouraging and uncritical way, the exposure of all the feelings, wishes, and needs whose denial and repression have been at the root of so much self-abasement and suffering.

Since Herb died, I have experienced a recrudescence of self-doubt and feelings of inadequacy. In the past, I would have seen Herb, talked it over, and felt better. Since Herb is no longer here, and suspecting I am not alone in what he would have described as a bit of a "masochistic orgy," I revisited Freud's *Mourning and Melancholia*. In that short mono-

graph, Freud outlines the process by which the real loss of a beloved object becomes, via identification and inevitably ambivalent feelings toward the object, a loss within the ego. Conflicts between the ego and the loved object are transformed into a conflict and rift within the ego. In Freud's poetic prose, "... the shadow of the object [falls] upon the ego. . . In this way an object-loss [is] transformed into an ego-loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered by identification." I assume, following Freud, that the greater the affection for the object, the larger the potential shadow falling upon the ego and the susceptibility to melancholia. Herb Strean has cast an enormous shadow over an uncountable number of people; egos will be reeling for a while. ■