

## How the last 2 months will have affected all of us - and what to consider prior to re-engaging with your staff and clients before you restart your business

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Discussion with Ron Myers, Director of the Consulting Room and Norman Wright, Integrative Psychotherapist: <http://thewrightinitiative.com/>

I've spent the last few weeks building the [www.consultingroom.com/relaunch](http://www.consultingroom.com/relaunch) centre helping clinic owners to address the practical issues of risk assessing their business in conjunction with new government guidelines and advice from professional bodies prior to re-opening their clinic/salon.

In Mental Health Awareness Week I thought it was also important to review the potential impact of lockdown on the mental health of our staff, our clients and particularly ourselves, and how we need to address these issues prior to re-opening our businesses.

The 30 minute webinar can be accessed here: <https://vimeo.com/421157851/0cbdd10e0b>

The transcript is below:

### Ron Myers:

Hi there. This is Ron Myers from the Consulting Room and today it's my pleasure to introduce Norman Wright, who is an Integrative Psychotherapist and Founder of the Wright Initiative and Creator of the PaPPS Initiative, where Norman provides a service for cosmetic patients, helping them to understand the impact that cosmetic treatment may have on their emotional, relational and psychological wellbeing.

I've known Norman for a number of years and it's been my pleasure to work with Norman as well, four years ago in a clinic that I then co-owned where Norman came in and did what I felt was a really valuable training session. Looking at how we communicated as a team and helping us to identify areas of conflict and interact and work more effectively to promote smoother operation of the clinic. And we really valued that as a whole team. And the impetus for me to contact Norman today was really looking at the work I've been doing for the Resource Centre – [www.consultingroom.com/resource](http://www.consultingroom.com/resource) to help clinics prepare for the functional changes that are going to need to be made to their working practise in regards to risk assessments, policies, procedures, PPE, consent, et cetera.

And it actually occurred to me when I was doing this, that I was missing a really important human element. When those teams come back together at a time when potentially clinic owners, that I've been talking to a lot of them at the moment where they feel more stressed at this point in their lives, and where their staff, who many of them have been furloughed as well, maybe fearful of coming back into a business like ours, where close contact obviously can't be avoided.

And I honestly could not think of anyone better to discuss these issues with so that we can hopefully raise awareness of potential problems that clinic owners may encounter when they bring their team and clients back into their business. So Norman, before we get into some of these subjects, I just wanted to ask you to explain a little bit more about your experience in our sector, please.

**Norman Wright:**

That experience has been primarily and of late around what I call PaPPS evaluations, which is about giving an opportunity for patients that are undergoing, undertaking or considering a cosmetic procedure, an opportunity to consider their emotional relational, psychological, (ERP) preparedness and readiness for those procedures. So that's what the mainstay has been, alongside actually... pre lockdown... lots of training with clinics in order to help them again, understand a little bit more about the ERP conditions of their client base and their personality types and how they can best support what I've now decided to describe as their community, the community that frequent their clinics. Give them an idea of how best they can support them before, during, and after any treatments or procedures that they're going to have.

**Ron Myers:**

That's brilliant, Norman. And I think you do some really, really valuable work. And I know you're working with some leading providers as well. So I know that you have a lot of experience in our sector. And so that's why I really wanted to talk to you about this. So in terms of looking in emotional relational and psychological terms, what do you think is the condition of the industry at the moment?

**Norman Wright:**

Well, Ron, like the rest of the world, I'm going to use the word trauma. Real state of trauma... and its ongoing trauma. So we mentioned that the industry is, well, it's not in my opinion, I know it will be in trauma at a number of levels. Personally, in terms of business, something's happened to businesses. Hopes, fears, expectations for the business. Hopes, fears, expectations for the owners of businesses. For the users within the industry, a whole range of providers within industry, are experiencing what I'm going to call trauma. And there will be an economic kind, an emotional, relational and psychological kind, also. And it's all come together.

And, the other term that I'm going to use is the word shame. Why? Particularly since the lockdown... you know, we're eight weeks in... I'm imagining that people might be feeling guilty or feeling responsible and feeling a whole range of things that are connected to this idea of feeling ashamed at not being able to do more, preserve more, keep things going. Feeling shame might be a bit strong, but it's on the same spectrum. Embarrassment at the idea of maybe actually enjoying some aspects of this lockdown. I've done some work recently this morning, and there are people who've said, now that Boris has said that we can come out again. People are saying, "I'm not too sure if I want to? Now that I can go out, I feel embarrassed. I don't know how I'm going to come. I don't know how I'm going to manage, I don't know what things are going to be like." There are lots of unknowns and I'm going to say shame and embarrassment of maybe feeling that way about the idea of not wanting to necessarily pick up where I left off. Be quite fearful, as well, about the future. So those are the two words I would say is trauma and shame. And the two are very much linked anyway, from a psychological process based on an experience that we've had.

**Ron Myers:**

Okay, Norman, so it also occurs to me as well, we follow... between our sort of different businesses... quite a lot of people. And, myself and my business partner have been very busy looking at all of the functional aspects of things that we've needed to do with dealing with landlords, and banks, and human resources companies, and then still talking to our customers. And I feel that we've not been as connected to our team as we normally would be in normal times.

And maybe some things could have happened in their lives where they've been touched by this personally with someone who's been very ill or even died. And I guess we need to be sensitive to some of those things with people coming back into our business with that fact that we might have lost that kind of connection that normally within a clinic is very close, isn't it?

**Norman Wright:**

Yes. I suppose one of the things that I realised last week was the work that I've done in 20 years worth of therapy, has all come back. One of the things that potentially we're going to need to do is give people an opportunity to tell their story about what this lockdown has been like. And also an opportunity to say what they feel at the moment the impacts have been of this lockdown on them holistically, but emotionally, relationally and psychologically too. Because its trauma that we've been through, there's a lot of things to be considered. One of the things about trauma, it can remind you of past traumas. What we might not even consider as traumas. We would have experienced some losses during this time.

There's been change in transition and we might not necessarily recognise that with change in transition, usually marks the end of something and the beginning of something. And with any ending, there are losses. So we might need to look up what those losses have been pragmatically and then enigmatically. And I think you're right. I think, in fact I know there are people that went into the lockdown one way, and some people have come out another. Some people haven't come out at all. And we may all well know someone or know of someone that is in that kind of situation. And many, many others where a loss has been incurred. Emotional, relational, a psychological, a physical, a financial... losses. Losses of all kinds. Loss of self-esteem. I think that's going to be a big one.

**Ron Myers:**

I think as well, probably, is being mindful of conversations that receptionist will have with clients and the therapists and practitioners will have in the rooms, will probably be quite different.

**Norman Wright:**

Absolutely. Well, I'm imagining that may be in the same way that I've come across some people... and I've felt like this myself... when Boris said we can come out now, kind of, but in certain circumstances, I did start to think, "Oh, was I ready? Am I ready? Am I prepared?" I have had a conversation with the chap at the shop across the road from here. And I noticed myself chewing his ear off, to be quite frank, just to be able to speak to someone in the real. So I'm imagining that receptionists in clinics, I'm imagining that clinicians, I'm imagining that a cosmetic doctors are going to be hearing stories, and that's fine. And you know, we're very good at hearing those stories as we are working. We've got the addition, in times to come, of hearing stories that might resonate with my own story. And that might trigger me. That might take me out of the contact that I'm having with the client that's sitting in the chair. I may not be listening as intently as I would do, as I hear the story behind the appointment that's being made for a treatment or for a procedure. Because, that's what we are as human beings. We like stories, and we are meaning making. Part of that talking helps us to make meaning, that talking about our experiences, our thoughts, what's going on, what's gone on for us, the way that it's changed or not, or what it is that you may have observed of others. We may need to be able to talk about those things. And we're going to be hearing them, we're going to be hearing them.

**Ron Myers:**

So just looking at some sort of practical things now, I mean, what, what would you recommend the clinic owners do to address some of these issues that we have spoken about here in terms of how they then

bring their staff on board, communicate with them and train them, I guess, around what will be quite a different working environment. Not just physically, but also, as you said, emotionally.

**Norman Wright:**

Re-engagement. To re-engage with their staff, to re-engage with suppliers, to start having conversations. But within clinics, I'm thinking particularly, to start talking about the things that matter, not entirely about business. In fact, if you can leave the business to one side where you can. This is about reconnecting as a group of people that have worked together, that have a relationship. It's about rebuilding some of those relationships. One of the ways that we can begin to do that, is one, provide the opportunity. Zoom's very popular... Teams... all these platforms. Start to do that now where you can. Start having conversations, inviting your team to sit and just talk about how things have been over the last eight weeks. You know, what the impact has been. As a starting point, that might actually take longer than you realise. But initially, to provide the opportunity for everyone just to re-engage, touch base, say how things are. Say how things have been and how things are. And then maybe to look at... again, what I'm describing now is the old normal... what the new normal is. That's very much about the here and now.

And this is the bit that excites me to think about the imagined normal, the intended normal, where we would like normal. Where we would like to be in the future and what that's going to look like. What do we want our new, not our new normal, our imagined normal, our ideal normal. How do we want that to be? And start working towards that, essentially. So, just to start imagining.

So it's a bit of discharge going on initially. Recognition and acknowledgement and acceptance that we've all been through a traumatic... and it still is, its ongoing trauma... traumatic experience. But there is a bit of a window appearing it seems, because you and I are having this conversation as example that tells me that the window is opening. So we're having this conversation. Everybody starts having a conversation about the things that matter, and about our experiences, and where we want to be.

And yes, that's very much where the Wright Initiative, PaPPS Initiatives, are working towards, I suppose. And wanting to appreciate and wanting to facilitate, and wanting to encourage, and wanting to support clinics with. It's about making that transition from old to ideal normal. About recognising very much that we're in a new normal right now.

**Ron Myers:**

Well, I think brilliant advice Norman, because you know, I can see how this could quite easily go the wrong way if it's not handled properly. I certainly feel the pressure myself as a business owner just to kind of get the show on the road as quickly as possible. And as a result of that as well, to reduce the amount of money that's going out of our business, which is generally, a lot of the time, the employee side of things, which is why I think a lot of clinics will be keeping that right up until the wire and then moving people back into their business.

And then you're right, if all the training's focused around the functional changes immediately that they're going to need to make without addressing what's happened and where we are now, I can imagine that's not going to be as effective as you say, just trying to engage both ways there. And, looking at it I think not just from the employee's perspective, but also for the staff to understand the journey that the clinic owner has gone through. Because, I think a lot of them haven't necessarily understood that.

**Norman Wright:**

Absolutely, I completely agree. And I think there needs to be a smaller distance between clinic owner, clinicians, and staff in the clinic, and patients. There needs to be a greater understanding of what it is that the other, what each does, and what the issues are for each... for clinic owners, and the responsibility. And this is where that shame comes in again. A lot of clinics and clinic owners have spent years developing, refining their practise, their reputations, and I imagine that they'd be wanting to maintain those.

The staff, the clinicians that are working within the clinics won't necessarily know what it feels like for the clinic owner who has invested everything that they are into the business to get it to where they've gotten it to. I'm not saying that clinicians and staff just see it as a job. I'm not saying that at all, but there's a perspective that they just don't need to know about, but now's the time to get to know about what that's all about.

And, for the last four or five, six years for myself in working with clinics, in enabling those clinicians to understand more about their patients on what it is that they may be bringing... this is in terms of anxieties and stressors... as they enter into, I feel like a contract with you, to receive a service. The reason why I'm saying that is so people have a better understanding that what it is each of those experienced, so that we can be a bit more mindful and sensitive to each other when we are working together to achieve a goal, actually for the patients.

But everybody's got goals within this. They're just different. It's just to know more about them. But also to ensure that we are as prepared as we can be emotionally and relationally, and psychologically. One, to continue running my businesses as a clinic owner. Two, to give the service that I've always given pre lock down as a clinician, as a staff member to the clinic, and to the patients too. And the patients can also feel as though they've got something that is holding, containing, is consistent and it's constant, and it's something that they remember also. So it builds their confidence. So if they know what it is that everybody else has been going through and what their experience is, it just puts a different context, but a clearer context as to what everybody's going to get, and how everybody's going to be with one another, if that makes sense? It's part of our businesses.

**Ron Myers:**

I think you're right. I think what we've tried to do is to address probably the immediate thing, which is really looking at your team and how you start to get the process of working together again, before you physically get into the business. The other part though, as well, is that client communication and how that may alter. And I know some people are already looking at that very functionally in terms of saying on their websites, we're putting all these policies and procedures in place to protect you. But again, not necessarily addressing what's going on in their minds when they may be phoning up a receptionist or coming in physically to have a treatment. Are there any things that you suggest for receptionists or, or the practitioners, in terms of how they may need to adapt?

**Norman Wright:**

To be patient with your patients. I'm going to actually say, bigger gaps between appointments actually. This just has dawned on me. Why? To give, for example, front of house, reception, time to hear stories, if the stories need to be told. I may say something about training also, but maybe this is after training. I'm not sure. Allow yourself some time to be able to hear people's stories, be aware of when you don't want to hear people's stories. Be aware of how you're thinking and feeling, particularly how you're feeling as you're hearing people's stories. Is it triggering me? Is it making me think about whatever?

Does it make me angry? Does it make me fearful? What is it doing to you? Just to notice it, actually, not to do anything more than that. Why? Because I think it's just important just to know what is going on, because very often we might start to react.

One would argue that since the corona virus came about, we have reacted. And one of the reasons why I say that is because it turns out that some of the things that we have done as a response to corona virus, we might not have needed to do them in the ways that we've done them. It's almost like that. We need to give ourselves some time and the space just to take in what it is that is being asked, and to really hear what's being said, because the chances are, people are going to be telling you more than I just want a treatment. You know, this is the reason that I'm ringing for. You're going to get more than that. So clinics need to prepare themselves for that. Front of house all the way through to post-operative care, post service.

Because I'm imagining once your doors open, it's nice to be nice. If you're nice to me, Ron, I'm going to come back to see you. So if you get a nice response and I'm saying nice as in just being nice, being pleasant, allowing people the time to say what they need to say, to explain themselves, to be as clear as they possibly can be, and also about what it is that they're wanting, but that also might require from the clinician, front house, perhaps coordinator... they may struggle to get the information that they need for their records or in order to book an appointment. So there may be information that they're needing to gather, and their just not getting it, but you're getting a lot of story. I'm doing this... because that's how it can sound sometimes... when you're not in the mood, because actually we're still got a business to run. We've still got money to make.

But it's not all about the money. The money will come. This is my view, this is my philosophy. The money will come through the good deeds that we do. So I think if we be kind and gentle to ourselves... initially be kind and gentle to our patients, just be mindful of they're coming from the same, literally the same context, the same environment, the same field that we're all in, which is trauma-based, and allow that to happen. Just to have that in mind. I think that's a good starting point. Just allowing ourselves to appreciate where I am and appreciate where our clients are or will be coming from.

And to be able to tell their stories. Not going to be able to hear it all the time. And I'm not suggesting that we devote all our time to that. But we need to be finding... and this is where training can be useful, and the training that I provide... because it will show you how to manage that time so that the client feels heard, but you do what it is that is needed to be done as a clinician and for the business.

**Ron Myers:**

Brilliant. Thank you for that. So, by the looks of this, we've got around another six weeks or so before the majority of clinics will be opening. So there's a bit of time to prepare here. If clinic owners who are listening to this are kind of struggling with how they practically engage with some of the things that we discussed, could you explain how you might be able to help them through this?

**Norman Wright:**

Okay. There are two ways actually, Ron. I just remembered something, this is how the lock down's gotten to me and how dramatic changes are... I'd forgotten that... , check your insurance policy, actually, because it's possible that depending on the insurance company that you're with, you may well have access to me through that policy. Yeah, absolutely. You may well be able to access PaPPS Initiative with the training to get some advice. It tends to be around patient health, safety, and wellbeing, but your business actually is now about patient health, safety and wellbeing, anyway. It's intrinsic and it's actually



more pronounced now than it's ever been. So that's one of the ways, just check your insurance documents policy, just to see whether or not PaPPS is actually part of that.

You can contact me via email, through all the usual sources. I'm hoping to be doing some more posts about ERP, preparedness and wellbeing and what services I might be providing alongside that through the Institute of Applied Psychotherapy, the training that I was doing pre lockdown is still available. I still do remote consultations for clinics, working with the teams within clinics to help them develop their ERP strategies about how they can support their patients and customers with their ERP as they journey with them through the cosmetic aesthetic procedure. So, yes, I'm still there doing that. I'm not too sure if I answered your question, actually, Ron?

**Ron Myers:**

That's fine. I'll post your details anyway, because we're going to get this out to our members and our broader audience. And I'm going to put this in the resource centres all, because I think this is a really important area for people when they go in and to look at the staff communication side of things, this isn't just around training on PPE and how to don and doff gowns and those kinds of things. It is really paying attention to the very unique, emotional situation that we all find ourselves in. And just recognising that, that will have an impact in terms of how we communicate.

**Norman Wright:**

Yes. Well, again, there is going to be an impact on the psyche of having seen your... if you're in surgery, you expect it with fillers and Botox as an example, not so much... so there's going to be an impact when your clinician comes in with a mask on and gloves, and maybe sprays you down before you get on with something. Maybe even tests you on arrival at the clinic, checking your temperature etc ... to think about what the impact of the changes in policy, procedure and protocol, the impacts that they may have on your clients, on your patients, on the people that are coming through your doors. How are you going to manage? But also again, it's the emotional, relational, the psychological impacts for you and for your patients too. How does that maintain the relationship that you might have seek with them?

**Ron Myers:**

That's brilliant, thank you, Norman, it's been wonderful to speak to you again. And, I think that's been really useful because, I know as well, having run several different businesses, if you have elements of problems with communication with your team, that has a dramatic effect on the smooth operation and the success of that business. It's critical in normal times, but now I can see it's going to be even more critical to be aware of these different emotional states that clinic owners or potentially teams and staff and patients are going to be in at this point. So I really appreciate your time with this and so if anyone wants Norman's details, there'll be at the end of this podcast as well. And just pick up the phone and talk to Norman, and he'll help you. So thank you, Norman.

**Norman Wright:**

Thank you very much, Ron. It's been great to catch up with you. It's great to speak with you, and I hope to see you in the real, shortly.