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Series 6 The Championship Playbook

Session 4 Identifying and Overcoming the Limiting Beliefs Holding You Back (Part 2)

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Hello everyone. It's Maegen here today, and we're continuing the conversation that Scott set you up with last month, Identifying and Overcoming the Limiting Beliefs Holding You Back, Part Two. First let me ask, how'd you do? I know it's a bit of a tough exercise. Vulnerability takes courage. And I want to just first start by really congratulating you all for being willing to dig deep, to look at where are we standing in our own way, for having the courage to acknowledge that, and ultimately for being willing to have these breakthroughs. They're not easy, but they are kind of like getting fit, getting those muscles. It hurts. It's a little uncomfortable to lift those weights. But we're doing it to get stronger. We're doing it to get better. And at the end of the day, that's the name of the game: evolution. So the work is now just getting started. Just like going the gym, we can't just go once and call it a day. We're evolving. We're going to have to rewire. We're going to have to set some new belief systems in place.

And so today, I hope to be able to build off the activity that Scott left you with last time. He took you through a whole bunch of areas in the practice of where we can identify and really start to overcome these belief systems that are in our way. Today, to begin to get over that hump, I wanted to start with a little story. I'm going to give the short version. Some of you have heard this before, but it's been a while since I've mentioned it. And there's no better topic to bring it up than this one.

This is a story of a little village, and there's a gated community in the village. And in this gated community, there's a security guard who's up front all the time. He's guarding everything. You can never see who comes in and out. And so the village people are very curious. And one day a little lady comes up and she asks the security guard, "What kind of people live on the other side of that wall? I'm so curious." And he turned to her and said, "Well, what kind of people live where you live?" And she said, "Oh. Well, where I live, you better watch your back. Everyone's out there for themselves. It's a little bit of a scary place. You really got to keep out for your self." And he nods and looks at her and says, "Well, you'll find the same sort of people over here." And she nods and says, "That's what I thought." And she goes on her way.

A few hours later, another lady comes by, asks the same question. And he says the same thing back to her. "What kind of people live where you live?" And she lights up and immediately says, "Oh, they don't have much, but everyone's willing to help out. Everyone's got your back if you ask and if you need anything. They really are kindhearted people." And the security guard nod and says, "Well, you'll find the same sort of people on this side of the gate."

You get the deal. What we choose to see and what we create, that's on us. We are ultimately the gatekeepers of what we create, so we must watch our thoughts. We cannot believe everything we think. We must start creating better stories. So when we think about this, when we approach this, let's take a moment in psychology here. Our brain looks for patterns. We like to create patterns. It keeps us in survival mode. It keeps us successful. So when we have repeated things happen in the past, whether it's statements that patients make, whether it's responses and outcomes based on what patients are doing often, our brain puts together those patterns as truth. **And so we have to be very mindful that we do not let what has happened in the past end up creating what happens in future.** We get to create that influence. We must be disciplined and identify our limitations.

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I want to share this quick example that I find very interesting. One of the topics that we help practices with when they first join us a lot of the time is helping them move over to prepayment and getting deposits. And I find it very funny that a lot of the times, I'll get a polite message or conversation with someone at the practice. And they'll say something like, "I'm sure you've helped a lot of practices with this, but I really just don't think it's going to work for our patients here. I just don't think they're going to do it." And to these practices' credit, they give us some faith. They stay committed. They do the hard work of having these conversations and better conversations. And a few months later, they're making more money than before. Their patients are learning the new way. They're saying yes. And they're screening out patients that they really don't want to keep anymore.

What happened? The patients didn't change. The practice didn't move. It's in the same location. The only thing that changed was the limiting belief expanded. We believed something new. We set a new tone and the patients followed. I think that's very interesting. So we must have a little bit of faith at first that if we believe our new standard, we're going to start to have an influence and a ripple effect throughout the practice. It's a little bit of fake until you make it, but I don't like that phrase. **I like to think of it as believe it until you create it.** We get to do this. This is very powerful work.

I'm going to go through a little bit of a step-by-step. I've really got three steps here of things you can work on. We've done the work of identifying the limiting beliefs. Let's start working on overcoming it. It's very simple. The theories are simple. Where the work comes in is putting it into motion and really having that conversation with yourself in your own mind on the daily basis.

So before I go through these three steps, let me give a little pre-step-one. And this is for anybody who maybe struggled a little bit with the exercise last month. Maybe you had a hard time identifying any limiting beliefs. **And this is something where I want to just invite you to take a pause and get a little curious about what might be standing in your way, because usually if we aren't able to identify something, which is step one, we must admit there is something here to get better for us to be able to work towards it, there's usually some sort of fear in the way.**

Just up top, to identify some fears so we can move past them quickly, the two biggest fears we see is fear of accountability, this idea that once I acknowledge it, now I'm going to have to do something about it. And quite frankly, maybe you're not ready yet to do something about it. So I want to invite you to take that step one of just admitting it to yourself, writing it down, having the courage to say, "You know, we may be having something to do with why our patients are getting trapped in their own limiting beliefs, and this is an example of where." Let's not let that fear of accountability stand in our way.

The other fear that comes up that can stop us from even identifying the limiting beliefs is a fear of criticism. Maybe it's self-criticism. Maybe it's a little too uncomfortable to admit we might be in our own way. Or maybe we don't want to show our team that we're not perfect at what we do. Again, with these fears, don't let them stand in your way. Let's move past this. Let's admit that all of us have a little bit of this in us and we don't want it to stop us from growing. So that's a little bit of a disclaimer before we move forward of how do we start to overcome this.

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Step one, literally change the language in your mind. Now, this is something that, again, easier said than done. And I'll just share a quick little example of this. This has been something that's been a good strategy in my life, which is sometimes you can't stop the limiting belief from happening. It's been so hardwired in your mind that it just keeps popping up. But what we can control is the next thought after that. So this is where your challenge is going to be. Once you identify, which is why we did the pre-step-one, once you identify what is starting to sound like a limiting belief, we can now start to make better stories right after. **I should say that the strategy is make the limiting belief past tense.**

So when you catch yourself saying things, as an example, our patients are very insurance-driven. What if our patients used to be insurance-driven until we helped them understand the benefits of investing in their health now and truly taking care of things? Our patients used to be insurance-driven until now. That's a good way to make an old limiting belief past tense. So practice that before we even talk about verbiage. **Step one is what stories are you telling yourself and practicing and repeating the new, better belief system, like a mantra, whenever you catch yourself slipping back to the old ways.**

Step two, this is where we get into verbiage with patients. Shifting from objections to opportunities. What if it's no longer an objection? That word in and of itself, it's got a limiting belief sound to it. Doesn't it? I object: it's very strong, it's very negative and formal. But what if everything that the patient says that sounds a little bit hesitant or sounds like it might be a soft no, what if that becomes an invitation? What if the patient's really asking is, prove it. Tell me why this is worth it. Make a case. And that's what we want to start to think about. And this is how we can start to help the patients break through their limiting beliefs.

So let's start shifting from a fear-based approach of our patients won't do this, or what if they say no, or any of these sorts of fear-based things, into possibilities. Let's help patients reframe their own stories. No more our patient can't afford, or our patient's not ready to move forward. Instead, and this is a good example for the handoffs, our patient has some questions about the pace of the next appointments and the timelines of it, but he understands the importance of taking care of this active disease before it gets worse. We talked about that's the smart thing to do here before it gets out of control. That's a better story.

So the same thing we're doing in step one, where we're taking that initial negative and turning it into a better belief system, we're going to do the same thing for our patients. So evaluate your triangles of trust. Watch your phone language. Look at what kind of verbiage you're bringing into treatment presentation. Where can we up-level? Where can we make things sound more positive? Where can we make dentistry be the winner and doing the treatment leading to better outcomes? This is what we want to do. When you identify this, please role-play with each other. It's a wonderful way to practice your better beliefs. Before you have a real patient in front of you, you can always practice with each other, a really good approach to help with that initial rewiring of our brains.

And that brings us to step three: accountability partners. It's so much easier to go together, so hold each other accountable. This is a cultural shift. So we don't want to get mad or criticize or feel bad about any of this. Instead, we want to hold each other accountable to become better versions of ourselves. So when you hear a limited belief, when you hear something that might have been an old belief system that we're trying to change, help each other reframe it. Help each other to make that past tense and make a future tense, better

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belief. Have fun with it. You can even make it a contest. You can do a no limiting beliefs jar. As long as we can reframe everything and you don't let any limiting beliefs hang in the air, maybe you get some treats at the end of the week or the month. So have fun with this. It is a process, but it's one that certainly goes a lot easier when we can help catch each other doing it. Sometimes you're too in the moment to notice yourself.

With that said, with those three steps, I want to circle back to some of the key areas that Scott had pointed out. I know there's a lot more than what I'm going to go through here. But just in case, the last exercise, you identified the limiting belief, but maybe we didn't quite get to go over to the new, better belief, I want to give you some food for thought. So I'm going through just some key examples. I encourage you to do this exercise for every single category. But to get you started, these are some things that come up on the calls that I have that you might resonate with. And I encourage you to just write anything down where we can up-level.

First, just starting off on the phones, before anything happens, phone calls and directing patients to come in at certain times. This is where we hear a lot of these limiting beliefs of patients won't want to come in the morning or the afternoon. Maybe patients only want early morning. Maybe patients don't want the whole new patient experience. They only want the cleaning. Or patients only want to go somewhere in network. All limiting beliefs.

Do you hear the pattern there? It's "patients only" or "patients always." When we catch ourselves saying that, that's usually a limiting belief. Better belief. Up-level it. What if instead, "Our patients just don't know how things work here yet." "They don't know how special our practice is yet." "I get to share that and help influence them to see this is the place for them." That's an opportunity. We're stepping up to the plate now to the challenge, to the invitation. So look at where can we up-level the belief system to help our patients get better on the phones, to become better patients, to do more of where we want to put them.

Next, deposits and prepayments. A classic one. Patients won't pay before they do the treatment, a limiting belief. Sometimes the way we ask our patients becomes a limiting belief. In role-play exercises I've done, I've helped teams up-level their old verbiage, where they were saying things like, "Do you want to prepay now or at the day of your visit?" Or they would say things like, "Do you want to pay in full for the discount or just for the next appointment?"

You see the problem here, right? It's that patients always go for least resistance. So if we give them two options, we know they're going to default for the easier option. That's us setting ourselves up with a limiting belief right there, as opposed to really letting that discount shine, presenting it excitedly. "Hey, we have an amazing way to save some money here. Let me show you how you can save almost \$500 with this discount." We commit to the whole deal. Save money long-term. That's how we start to get out of our way of where we're limiting ourselves.

So better belief. Patients need some assurance to get over their prepayment blocks. A lot of the times it's just new. It's not that they don't prepay or that they won't prepay. It's just new. So they will respond to how normal we act like it is. Let's normalize this. They call it holding the pose. So when you say, "Patient, we're all set for your next visit. To finalize your appointment, we're going to collect this. Would you like to put that on cash or credit today?"

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“Yep, this is new. No, you didn’t do anything wrong. We’re just shifting to this. It makes it a lot easier for our patients on the day of the visit.” And just be ready to go. Have your card machine ready.

So this is what we want to think about, is how can we have better belief systems. They just need some reassurance. They just need us to hold the pose and remind them it’s not a bad thing. That’s a better belief system. And let’s not get ahead of ourselves here because patients pay ahead for things all the time. We pay for Amazon orders before we receive them. We pay for flights before we take them. People put their kids in summer camps and programs, they pay for those before the programs are done. We do this in life. This is normal. It’s not that shocking to our patients. We let them be shocked and stand in their own way. Make it normal. Hold the pose. Go for the ask. Make it no big deal. Better belief.

All right. Next, setting patients’ health expectations. Patients won’t do it until it hurts. Patients say, “Now is not a good time.” Or “It’s too expensive.” Those are limiting beliefs. We hold back because we hear the patient say a little bit of an objection, that old word. And we think, “Oh, that’s a no.” And we step back. So instead, better belief. Patients don’t know yet that doing the treatment now will save them time. It’ll save them money. It’ll save them stress and pain. They just don’t know it yet. They just don’t have value for it yet. This is my belief system, my better belief system.

Next, breaking down treatment plans. Limiting belief: patient will be overwhelmed if we show it all. What about a better belief system? Patients deserve to know the whole truth every single time, so they can make a decision for themselves. It’s not up to me to prejudge what my patient can handle. So think about how can we make this a better belief system. And if you’re finding it’s too jarring for your patient, it doesn’t mean step back. It means let’s set a better tone. Let’s give an introduction and say, “Hey, patient. I just want to let you know, I’m going to show you the whole truth of what’s going on in your mouth, because that’s what I would want. I would want to know everything going on so I can decide for myself, and there’s no hidden things coming up later. So this is why I’m going to take you through it all. We’ll work with you on this, don’t worry.” Better belief.

Insurance. That’s a big one. Patients only want to do what insurance covers. Let’s make a better belief system than that. What about patients just need help. They just need help understanding that insurance is a coupon. You can’t count on it to get you back to health, but you can count on it once we get you to maintenance mode. And that’s our goal. It’s going to be worth it to make that personal investment to get to maintenance mode. That’s a better belief we can start to influence our patients with. They just don’t know this yet. It’s not that they only want to do what insurance covers. They just don’t know yet the value for the dentistry in saving them money long-term.

And lastly, patient’s “maybe.” Now, this is something that I’m not sure if Scott mentioned. But it’s a big one I want to touch on and end on because patients with their, “I want to think about it.” Or, “Maybe I’ll do it next time.” Or, “Maybe after this summer.” Or, “Maybe next time I come in.” Or, “I’ll call you back when I’m ready.” Any of this, the limiting belief here is, “Oh, patient said maybe, ball’s in their court.” Let it go.

That’s a limiting belief. What if our better belief system is that a patient stuck in maybe needs support? A patient that is thinking about it needs accountability. Just like when someone wants to get fit and they get help from a personal trainer, we’re the personal

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trainer in this situation. We need to help them know this is when the next gym session's going to be. This is the next time we're going to have this discussion. When can I follow up with you? Not you call me when you're ready. Would it be okay if I called you Monday? How's 9:00 or 1:00? What would you prefer? That's support. That's helping our patients have a next step beyond the maybe. **So look at whatever belief systems are trapping us with that patient's, "I'll think about it."** Big opportunity here.

This is just the initial food for thought, and I'm giving you my ideas on this. I hope you have a discussion and you have even more specific, even better belief systems that you're coming up with. But I hope overall you do leave with a list of better beliefs and you get really excited when you look at it. This is something that you can create more of, and we're going to be here with you.

I just want to also I say, Scott has helped me so much in Dental Success Today and in my own personal life and me carrying on that journey as well, breaking through my own limiting beliefs. And I'll keep doing that for the rest of my life. I think everyone definitely in the Dental Success Today team and certainly in the practices that we're connected with, we do, we have this chance to get better. And I love that quote of, **"We're either getting by or getting better."** And getting over our limiting beliefs is one really good way to get there.

So thank you for taking the time to invest in yourself. I know this kind of work can be a little uncomfortable to be so honest with ourselves, but it's worth it. And we're going to be all doing it for the rest of our lives. It's a privilege to be on the journey with you. Thank you for taking your growth seriously. And we'll be with you soon, once again.