

Ep #18: Why Failing Is Amazing



Full Episode Transcript

With Your Host

Heather Branscombe

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Welcome to *Clinicians Creating Impact*, a show for physical therapists, occupational therapists, and speech-language pathologists looking to take the next step in their careers and make a real difference in the lives of their clients. If you're looking to improve the lives of neurodiverse children and families with neurological-based challenges, grow your own business, or simply show up to help clients, this is the show for you.

I'm Heather Branscombe, Therapist, Certified Coach, Clinical Director, and Owner of Abilities Neurological Rehabilitation. I have over 25 years of experience in both the public and private sectors, and I'm here to help you become the therapist you want to be, supporting people to work towards their dreams and live their best lives. You ready to dive in? Let's go.

Well, hello there, friend. How are you doing today? I hope you're doing well. I have to tell you what gets me super excited right now as I record this podcast is the thought that you may be hearing this podcast on, if it's on or close to the day that it actually goes live, I am actually on vacation with my husband when you listen to this. Isn't technology amazing?

I love technology so much. It means that I can continue to deliver you value through this podcast while enjoying an amazing trip with my husband as we celebrate our 25th wedding anniversary that actually happened earlier in December. Now, I know you might be thinking, yes, we actually were babies when we got married. That's a whole other story. And again, our anniversary actually was in December.

This is one of our first trips as almost true empty nesters with our children taking care of our house and dog, unlike in previous years where I would need to find care for them first as well as figuring everything out at the same time.

So today, I have an ongoing list of ideas for podcasts and this one, as I looked at the list, really just popped out to me as being super fun to talk to you about this week. I'm pretty sure that I've addressed this, at least in some way on Instagram. And if you aren't following me, go ahead and follow me there. And you can find me on Instagram at [@HeatherBranscombe.Coaching](https://www.instagram.com/HeatherBranscombe.Coaching). I really love

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the idea of us taking our relationship to the next level and I'd love to hear from you there.

So, for today, let's dive into why failing is actually amazing. So when you think about failure as a clinician, on either a micro or a macro level, how do you feel about failure? If you're like most of us, it may feel like some kind of flavor of failing feels awful. It limits our goals. It limits our growth. And we're actually designed to avoid failure.

So knowing that we're designed to avoid failure, of course, it's going to feel awful. So if failure feels like some kind of flavor of awful, welcome to the club. I am also a part of that club. I get you. When I think about the me of 25 years ago, even 10 years ago, five years ago, I hated failing.

And so what that ended up looking like for me was because I hated failing so much and because I would really try and avoid it at all costs, what it ended up doing was it ended up making me make smaller goals. Goals that I felt were easily achievable because if I had any hint or whiff that I would fail at it, I didn't want to do that. So my "goals" were more of things that I thought were easily accessible for me.

Or if I was to set a goal that felt bigger, that felt like it would require more growth for me, I would start towards that goal and then I would quit them as soon as they started to feel any little bit of hard. So if that's anything like you, buckle up. We're going to talk today about failure. And if you're interested about failure and how that affects your goal setting, I would invite you to go back to the podcast and look at episode eight about goals and failure and how that could work for you.

So, I want to offer today that there is another way to think about failure than the way that you're currently thinking about it right now. Now, I am not here to convince you to love failure because, fun fact, even as I record this today talking about failure, I don't truthfully actually love failure. But I want today to at least offer another perspective for you. And then you get to decide if you want to shift your perspective or not.

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So the first thing that I want to offer is the thought that something was a failure is just a thought. You might think that it's a fact that you failed. But I want to offer that it really is just a thought. A more negative thought, for sure. But it really just is a thought. Really what you are naming as failure is really, if we really get down to the factual nature of it, it really just means that things did not go as you expected them to go.

So it doesn't mean that just because something didn't go as you expected them to go, it doesn't need to mean anything specific about you. There really is an opportunity for you to detach who you are as a person or who you are as a clinician, to the results that you are creating or not creating. You are not your results. Let me say that again, you are not your results.

So let's talk about what this could look like for you as a clinician and how you could apply it to yourself. So say you're in a session and you have a plan for your client to experience something. You've done some kind of treatment planning, and in reality it doesn't actually go as you planned it to go.

So if you are working with a child, maybe the child doesn't want to do what you planned for them to do. Or they can't do what you planned for them to do. Or maybe still, maybe they do it and then it doesn't actually produce the results you were hoping and looking for.

Now, there's a couple of different ways to look at this. First of all, many of us, and I've done this myself, one way to look at it is to make that mean something about you. And often when we do that, what we're thinking behind that is that you can control things outside of yourself. It has a lot of a flavor of self-judgment. So what that would sound like would be something like thoughts like you are a bad clinician because you didn't expect the results that you got.

Now, sure, for many clinicians with experience, you will get much better at predicting what your client can do and can't do, what they will do and what they won't do. Also, I want to offer you that this can be true, but this is also not true. It's not true because the best clinicians I know don't make those unexpected results mean something about them as a clinician.

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So what do they do? The more experienced clinicians take those results to mean something about the client. Now, the next level, and most clinicians don't stay too long here, but I just want to offer many clinicians, including myself, sometimes we'll go to the point of if a client is not reacting the way that they expected them to react in a session, the second thing they can do as a clinician is to make that mean something about the client, again, with a flavor of judgment.

And so what that would look like is something like, oh, the client should be doing this. They're not, but they should be. What they make that mean is that there is something about the client that is inherently wrong, and then that is the reason why they aren't meeting your expectations.

So, again, you can see if this has happened to you. And, again, it's happened to me as well. That will be some kind of flavor of if a clinician is judging whether a client and or their family are doing the home programs or the homework that they're sending or not. They are judging whether the client and or their family is interested and or engaged in the program in the way that you were expecting them to do or not.

So in this scenario, the brain makes it mean something like if it's not you, it's me, and I don't want it to be my fault. So I don't want it to be my fault as a clinician, so then it must be about you. Can you see that kind of inherent all or nothing, black and white thinking that our brain often gives to us?

So, again, if a client not meeting your expectations means nothing about you and it actually doesn't mean something about the client in a negative way. Then what's the third option? The third option is to approach this scenario, not from a place of failure, but from a place of curiosity.

And curiosity can show up simply by asking the question, I wonder why that happened? Why doesn't the client want to or be able to do what you were planning for them to do in the session? And or why did your treatment planning not create the results that you were expecting?

So notice in those questions the focus becomes first about your client, and not about yourself. And also notice that it feels much more compassionate,

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ironically, for you and your client, and less judgmental. What this does is it opens your mind to learn and then to take advantage of that knowledge to try again.

One of the things that I've really appreciated from another clinician colleague that I work with, is this kind of statement that I'm going to give you now. The statement is, if it works, it's treatment. And if it doesn't, it's assessment. I love that because what that really is saying is it's not making any kind of behavior or expectations, and them not meeting those expectations, making it mean anything about you as a clinician, nor about your client as a client.

I just love the openness and expansiveness of that kind of statement. That's where the best clinicians move to with their clients. And it's where you can create the biggest impact. Now, this kind of perspective about failure can show up in other ways as well. So if this past example didn't resonate with you, I have another example that may or may not resonate.

As a clinician, you might be an owner or a supervisor of other clinicians. And if you're not, you may be working in that kind of environment where you are either working with other team members towards a common goal in an organization or even just on your own. And often what I like to say and see is that great clinicians often become clinic owners or supervisors.

So you may or may not have that as part of your clinical career, or it might be something that you want in your clinical career going forward. So as a clinic owner or as a clinical supervisor, if you aren't getting the results that you're looking for from the people that you're working with, either with you in your team or in your business, and that could be something like a revenue goal, or a charting goal, or a client outcome goal like satisfaction or other outcomes.

Those clinicians can make it mean one of three things. They can make it mean, one, that it means something about them. So that could be something like I must be a horrible business owner, or a horrible boss, or a horrible supervisor. Another way to look at it is they could make it mean something about those they work with. Well, if I'm not a horrible boss, or I'm not a horrible supervisor, or I'm not a horrible business owner, then they must be horrible staff.

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And there's also a third option. And the third option is making it mean nothing about you nor the people that you work with, but there's an opportunity to see this about either the business, the organization or the clinical practice that you're working on. When you look at people you're working with as an opportunity to learn about how to work successfully together to achieve a common result, first, isn't that amazing? And second, isn't that a lot like what we do as clinicians?

This is why I have this underlying thought that I think clinicians actually make amazing business people. We don't always use the same language to do that, but as I've worked for so many years as a clinician, and then in so many years in more of a business owner and business capacity, I really can see how great clinicians also become great clinic owners when they use those strategies and those approaches that have helped them to make themselves a great clinician.

So, we can choose to see failure as a problem to be judged, or we can choose to see failure as an opportunity to learn and to grow. It's why I love that thought, if it works, it's treatment. And if it doesn't, it's assessment.

So the earlier version of me, again, would set goals for her organization as a business and then flip flop between blaming myself and blaming others if we didn't achieve the goals I had set for us as an organization. Now, I say that, I am not proud of that fact and I just want to acknowledge how true that really was.

And I think I've even alluded to that fact before in this podcast. It's really one of the reasons I looked into getting my coaching certification. And when I thought about that I wanted to become a better clinical director. And I also had this sneaky thought that was really a lie, that I thought that getting better skills and coaching people would help me to get the people that I work with to do what I wanted to do so that we would all fail less together.

So do you notice that thought error that I had? I thought that failure was a me issue because I didn't have the skills to get people that I worked with to do what I thought was best. The truth is that's a lie. The truth is I needed better coaching skills to understand that failure wasn't a me issue and failure wasn't a staff issue. Failure was a thought issue. And failure is the opportunity for me continuously to this day to learn and to grow and to become a better leader.

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And it's what I continue to learn and to grow into each and every day, not by controlling the people I work with. They are not the problem. I've said this before and I'll say it again, I work with some of the most amazing people that I know.

What I do is I do this by managing my own thoughts and my own feelings, and using the results of the business to understand what the business needs next, what the organization needs next. I know that the people that I work with are amazing and I know that they can help to solve the problems that we're having in ways that I would never figure out on my own. I've seen this time and time again and it is the only reason why the organization of Abilities is as successful as it is.

So here we are, let's do a little temperature check. How do you feel about failure now? What do you want failure to mean in your life? And more specifically, what do you want failure to mean in your career as a clinician? How can you apply this sentence, "If it works, it's treatment. And if it doesn't, it's assessment" in your own clinical practice right now, today? And how could that change the impact you create for yourself and for your clients?

I guarantee you as you answer those questions for yourself, you will create a bigger impact for yourself and for your clients in ways that you never thought possible. I can't wait to see the impact that you create with this. See you soon.

If you enjoyed today's show and don't want to worry about missing an episode, you can follow the show wherever you listen to your podcasts. And if you haven't already, I would really appreciate it if you could leave a rating and review to let me know what you think and to help others find *Clinicians Creating Impact*.

It doesn't have to be a five star rating, although I sure hope you love the show. I'd really want your honest feedback so I can create an awesome podcast that provides tons of value. To learn more about me and the work that I do, visit my website at www.abilitiesrehabilitation.com/clinicianscorner to download your free getting it all done at work process and to see what I'm up to. Thanks so much.

Thanks for joining me this week on the *Clinicians Creating Impact* podcast. Want to learn more about the work I'm doing with Abilities Rehabilitation? Head on over to abilitiesrehabilitation.com. See you next week.

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