

Welcome to the 2018 KDA Annual Meeting

Step Into Your POWER

∞ PAULA HARRISS COACHING ∞

The JOHN MAXWELL **Team**

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***Creating Space for Transformation
In Your Personal and Professional Life***

TURKEY TALK

The biggest barrier to NEW LEARNING is OLD LEARNING





I. Step Into Your Power

Self-Esteem = _____ + _____

Self-Esteem = _____

*We Teach People How to
Treat Us...*



Four False Beliefs:

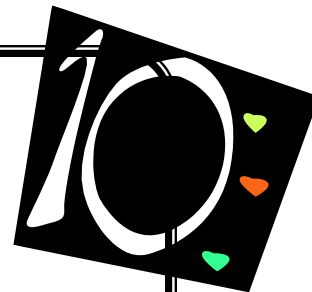
1. Fear of _____

2. Fear of _____

3. Fear of _____

4. Sense of _____

I. Step Into Your Power Strategies to Transformation



1. The Power of ‘I AM”. Write Your “I AM” Statements

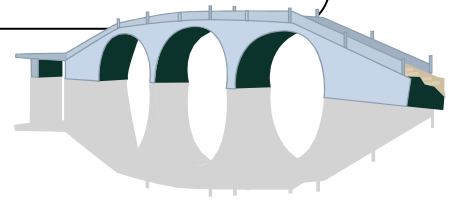
2. Eliminate Stress & Negativity

3. Give Patients Freedom of Choice

4. Adopt Healthy Beliefs About Money

5. Shift Your Level of Mental Complexity

II. Step Into Purpose “Bridge of Purpose”



PURPOSE

VISION

CURRENT REALITY

STRATEGIES

III. Step Into Harmony

The Loyalty Survey

Why People Stay On A Team:

- **Appreciation** _____
- **Respect** _____
- **Fun** _____
- **Challenge** _____
- **The Money** _____



***Rate Each Category On A
Scale of 1-5
With 5 Being The Best***

III. Step Into Harmony

CONTROL DRAMAS



Poor Me

Playing the victim

Aloof

Withholding

Interrogator

Critical nature

Intimidator

Anger and Rage

III. Step Into Harmony



Conversation

***Set up your game.
Can you predict how it will go?***

1. Start where you can agree. We both want...

2. State the facts. This happened... dates, names.

3. Do you care?

If not, what have I done to cause you not to care, or lose respect for me?

Avoid "YOU" statements and use "I" statements.

Not "You hurt me" but "When this happened, I was hurt."

4. What are YOUR solutions? If you were the leader, what would you do?

5. Let's meet again in 2 weeks, 30 days.

If this is continuing and you were the leader, what would you do then? Outline the next step just in case.

The Vision

NAME _____

DATE _____

My Action Plan

GOAL	Time Frame	Who	Priority
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Communications:

Your Name _____

Practice Name: _____

Address; _____

Phone: _____

Website: _____

Email: _____

AHA MOMENTS:

Comments Questions Requests:
