Leadership in Dentistry

By Lynn Carlisle

Select ISOC articles to help you master the challenge of being a leader.

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Carbondale, Colorado
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What makes a good dental small business leader?
Lynn D Carlisle, DDS

Here are my 12 hallmarks of a good small business leader (a dental practice is a small business). They are based on my 55 years of being a life-long student, dentist and leader in my dental practice and various organizations (15+). They also come from years of studying research on what makes a good leader.

I am taking a yearlong leadership class in the Roaring Fork valley where I live. My first assignment is to create a picture or collage of what my personal concept of leadership is. Since I am artistically impaired when it comes to drawing or painting, I have chosen to do a collage. I have asked a neighbor who loves to do collages to help me create one. (A good leader asks for help.)

She asked me to list 10 attributes of a good leader.

I had been thinking about writing an article for In a Spirit of Caring about this, so I am combining the two. I am limiting this list to a small business (a dental practice is a small business) because I think there are some significant differences between what it takes to be a small business leader versus a large business or organization. The vast majority of articles and research are on large businesses or organizations.

Here are my 12 hallmarks of a good small business leader. They are based on my 55 years of being a life-long student and leader in my dental practice and various organizations (15+). They also come from years of studying research on what makes a good leader.

A good small business leader:

1. Knows him or herself
2. Is genuine or congruent
3. Knows his or her work
4. Has integrity - Is trustworthy
5. Has a good sense of humor
6. Is emotionally intelligent
7. Is moral and ethical
8. Is organized
9. Cares about people and his or her work
10. Is a good facilitator
These are in no particular rank order because each hallmark can be most important in a given situation. These kinds of lists are always incomplete. Many iterations can be listed.

I had a hard time limiting this list to 10 - I have to add two more hallmarks of a good leader:

11. Is financially astute.

12. Communicates clearly - including his or her vision of what can be in the organization.

You may have noticed that I did not put "is a good motivator" in this list. This is because I think motivation comes from within a person - not from a boss, coach, facilitator or leader. However, the above hallmarks can create an environment that activates a person's ability to motivate him or herself.

Owning a small business does not automatically make you a good leader. Fortunately being a good leader is a learn-able skill. I began learning to be a good leader as a teenager, when I was a Boy Scout camp counselor at Camp Osceola in the Ozarks of Missouri.

Later, these skills served me well in my dental practice and as president of 15+ organizations.

Running my dental practice also taught me how to be a good leader.

I had to learn new leadership skills on my own by hard experiences and diligent study. (It is ironic that there are no leadership institutes like Roaring Fork Leadership in dentistry.)

This is a work in progress. I will develop these concepts and report to you along the way of what I learn in this class and will revisit this list in one year. I will let you know then if I would change it.
It seems that book stores are being flooded with books that list the top ten, top eight or some other number that the authors have found to be important in leadership, effective executives, good to great companies, etc...

Another one has joined the list: "Lessons from the Top: The Search for America's Best Business Leaders". The authors interviewed leaders of some of the world's most successful companies.

When they began compiling data, they found ten common personality traits most of the leaders shared.

**The ten personality traits they found are:**

1. Passion or a love of what they are doing
2. Intelligence
3. Communication skills
4. Energy
5. Controlled ego
6. Inner peace
7. A defining background
8. Strong family life
9. Positive attitude
10. A focus on "doing the right things right"

**Compare these 10 traits to Drucker's 8 practices that effective executives that follows.**

How would you rate yourself on a scale of one to ten in the 10 areas listed above? Which ones are you strong in and which are you weak? Which ones do you think are more important and which ones the least?

I was struck by the similarities of some of these traits to Abraham Maslow's "self-actualizing person". Maslow wrote about the "self-actualizing person" about 50 years ago. It is comforting to see that the current studies find similar findings. At least the research is consistent.
8 simple practices effective executives follow. Leadership in dentistry.
Lynn D Carlisle DDS

From ISOC's Leadership in dentistry series.

Peter Drucker has written numerous books on management and was considered the 'Guru's, guru' in his field. He had this article published in the June 2004 Harvard Business Review titled "What Makes an Effective Executive?"

It is considered a "Classic" by the Harvard Business Review.

**If you own a dental practice you are a manager and executive.**

Drucker had this to say: "Great managers may be charismatic or dull, generous or tightfisted, visionary or numbers oriented. But every effective executive follows eight simple practices.'

1. They asked, "What needs to be done?"
2. They asked, "What is right for the enterprise?"
3. They developed action plans.
4. They took responsibility for decisions
5. They took responsibility for communicating.
6. They were focused on opportunities rather than problems
7. They ran productive meetings.
8. They thought and said "We" rather than "I".

"Great managers may be charismatic or dull, generous or tightfisted, visionary or numbers oriented. But every effective executive follows eight simple practices."

---Peter Drucker

The first two practices gave them the knowledge they needed. The next four helped them convert this knowledge into effective action. The last two ensured that the whole organization felt responsible and accountable."

It is risky to take work that is applied to big business and apply it to a small business. You need to be very discriminating in applying this work to your dental practice.

I think the work of Drucker can be trusted and you can apply it to your dental practice. I suggest that you rate yourself on a scale of one to ten in Drucker's eight areas. Ask yourself the question "How effective am I in this area?"

If you rank yourself low in some areas, can you learn how to become more effective? Drucker says yes, "Effectiveness is a discipline. And, like every discipline, effectiveness can be learned and must be earned."
To order the article from the HBR, go to: https://hbr.org/search?term=R0406C -- Peter Drucker, "What makes an Effective Executive?"

To order Drucker's book on "The Effective Executive", go to: http://tinyurl.com/qy339qd

If reading Drucker strikes a cord with you, I suggest reading his other books including "The Age of Discontinuity". It was published in 1968 and is most noted for Drucker's description of "The Knowledge Society". Drucker's Preface could have been written today.

While some of it is outdated, "The Age of Discontinuity" is still continuing today almost 50 years later.
What an Army general learned about integrity and leadership. Does it apply to dentists and their dental practices?

Lynn Carlisle, DDS

William Cohen, a former US Army general, did a research project (Combat Leadership Research Project) to find out the universal principles of combat leadership. He surveyed more than 200 former combat leaders and had conversations with many more.

He was surprised to discover they mentioned 8 basic principles in 95% of their responses. (Cohen reported that the people he surveyed felt that these principles applied in their work in the civilian sector after retiring from the military.) Does his work apply to dentists and their leadership of their dental practices?

The principles mentioned were:

1. Maintain Absolute Integrity
2. Know Your Stuff
3. Declare Your Expectations
4. Show Uncommon Commitment
5. Expect Positive Results
6. Take Care of Your People
7. Put Duty before Self
8. Get Out in Front

Cohen said: “The `eight universal laws of leadership’ are in no particular order . . . except for this one law having to do with integrity. An overwhelming number of responses included this principle, and many respondents wrote me letters or notes expressing their feelings that without basic trust between leaders and followers, the leader would be forever suspect and would probably have difficulty even if he or she applied the other leadership principles properly. In its simplest form, integrity means doing the right thing. Lack of integrity can have terrible consequences for any organization and any endeavor.”

I think these 8 principles apply to dentists and their dental practices.

Put integrity first in any decisions or actions you take in your life and dental practice.

You can read more about Cohen’s research in: Amazon.com: New Art of the Leader: Books: William Cohen
Being good at dentist-team-patient relationships is no longer good enough - neither is being excellent. You need to be a wizard.

By Lynn Carlisle, DDS

Dentists search for the keys to practicing fee-for-service dentistry under the light of technique, cookbook recipes, tactics, and the bottom line. However, there is another bottom line and that is where the keys to becoming exceptional at Tier IV, fee-for-service, relationship-based dentistry are found. Those keys are under the light of philosophy, behavior, motivation, relationships, caring and spirit; of changing the lives of your dental patients and team members. Ask yourself these questions to see where you are on your journey to wizard hood.

1. Do you have a written philosophy, mission and vision statement? Does your team know what it is? Have they participated in its creation? Does it evoke your best?

2. Do you use the co-diagnosis process? Do you present phased dentistry? Revised and Updated: Transform your exams - the co-diagnosis process by Lynn Carlisle DDS

3. Do you know how to diagnose, treatment plan and present comprehensive dentistry? The Pankey philosophy of dental practice. Know your work.

4. Have you pursued higher levels of technical excellence? Are you a member of a dental study group with like minded dentists who are committed to becoming dental wizards? What is the best way to learn? How to form a dental study group.

5. Do you have a strong, effective prevention program? A Preventive Philosophy of Restorative Dentistry.

6. Do you have a strong, effective dental team? Are you and your team behaviorally skilled? Are you skilled at active listening? Are you skilled facilitators of learning? Why do you, as a dentist, need to be a skilled facilitator and dental teacher/educator?

7. Do you respect the patient's capacity and right to self-direct? Are you willing to let him or her select his or her own values? The Group at Cox's statement about Volitional Practice

8. Do you have a strong self-image? Have you clarified your personal beliefs and values? A guiding principles statement is crucial for your dental practice success.

9. Do you build remarkable, caring doctor-patient-team relationships? How to build effective interpersonal relationships with dental patients and team members.
10. Do you address the patient’s wants and needs, including insurance or do you want to impose your wants and needs upon them? Staying in the Question - the most powerful dental patient communication tool you can use - Part I.

You have to pay the price to answer most of the 10 questions above with a yes.

Then you will have learned how to build wizard like, caring helping relationships with your patients, so they value their relationship with you and choose the dental care you recommend instead of what the insurance will pay for.

**How do you know when you have attained wizard hood?** Harold Wirth, DDS and L.D. Pankey, DDS have these questions for you. They asked:

- Are your patients asking about your health, happiness and family?
- Are your patients sending you notes of gratitude, presents and giving you hugs?
- Are they asking you for help or advice on non-dental matters?
- Are they paying you with gratitude and appreciation?

I add these questions my patients asked of me:

- "Where can I find a physician, optometrist, etc. that practices like you do?"
- and "Can you help me do this in my own business, job, profession?"

When you can answer these questions with a resounding yes!, then you have attained wizard hood in creating helping relationships with your patients. **If you have not answered most of the questions with a yes, what do you do?**

Read the revised version of the highly acclaimed book *In a Spirit of Caring* - go to: https://my.bookbaby.com/book/isocrevisited

Click on the articles mentioned at the end of each question, then follow the "Related articles" headlines.
Review your dental practice business plan, strategic plan, vision and mission statement now.

Lynn Carlisle, DDS

The New Year usually brings new energy and enthusiasm. Use this new energy to review your business plan, strategic plan and/or vision and mission statements. Set goals and objectives for the New Year – or start from now.

If you haven't created one of the above, make it a goal to develop one - or all.

Haul out your plan(s); review them; change what needs to be changed; add new elements to your plan(s); keep what still applies. Include your dental team members in this process.

Need help? Here are some excellent resources to help you with your planning:

How to write a philosophy statement

Here are some surprisingly good "Dummies" books on small business planning:

Small Business For Dummies (For Dummies (Lifestyles Paperback)): Eric Tyson, Jim Schell: 9781118083727: Amazon.com: Books

Small Business Kit For Dummies: Richard D. Harroch: 9780764559846: Amazon.com: Books

Amazon.com: Business Plans For Dummies (9780764576522): Paul Tiffany, Steven D. Peterson: Books

I used earlier editions of these books as references when I was doing my business planning for In A Spirit of Caring.

See "Related Articles" below for several other resources.

Happy planning!
The Essence of a Relationship-based Dental Practice

A Study by Nathan K. Kohn, Jr. PhD

Bob Barkley, DDS used this "Landmark study by Nathan Kohn, Ph.D." in his workbook The New Look in Preventive Dentistry. The workbook preceded the publication of his Successful Preventive Dental Practices in 1972. Students of Barkley will see the influence that this study and Nathan Kohn, an educational psychologist, had on Barkley's thinking and writing. (Both of the above books are out of print and are hard to find.)

The Essence of a Relationship-based Dental Practice

I (Lynn Carlisle) have used this following Nathan K. Kohn, Jr. Ph.D. quote in my book In a Spirit of Caring and am using it in the opening chapter of the book I am writing on "Motivational Interviewing in Dentistry". It is also used in an early "In a Spirit of Caring" article.

To me, it captures the essence of a relationship-based dental practice.

Bob Barkley used this "Landmark study by Nathan Kohn, Ph.D" in his workbook The new look in preventive dentistry. The workbook preceded the publication of his Successful Preventive Dental Practices in 1972. Students of Barkley will see the influence that this study and Nathan Kohn, an educational psychologist, had on Barkley's thinking and writing.

Bob Barkley acknowledged Nathan Kohn as one of the three main influences on his dental career. (L.D. Pankey, DDS and Sumpter Arnim, Ph.D. were the other two.)

The rare workbook contains one of the first articles published by Bob Barkley that clearly defined his thinking on the "health oriented practice".

"What follows is the very basis of my approach. Our goal with each new patient is to get this understanding as early as possible." Bob Barkley, DDS


When a patient leaves your office able to explain to his friends his relationship with you and how it benefits him, immediately and in the years ahead, you have established a relationship with that patient which is the only sound basis for growth of your practice and development of your profession.

Do you enjoy this kind of relationship with your patients?

Chances are that your honest answer to the question would be an unqualified "yes". If you were to appraise your practice, however, you'd probably find a large number of patients who should be doing a better job of prevention; some who need improvement in appearance, comfort and function; and
some who come in for check-ups only after repeated follow-ups by your auxiliaries.

These are symptoms of patients' attitudes toward dentists. They indicate that dentists are failing to help people see dental care in terms of good dentist-patient relationships, a cooperative, long-term effort of prevention and correction aimed toward providing the patient with a lifetime of attractive appearance, comfortable chewing and lowered dental repair costs.

Psychologists have discovered, in fact, that the inability of individual dentists, or the dental profession, to establish this relationship with patients is a major contributing factor to the problem of why more people do not avail themselves to adequate dental care.

Although it is true, that there are people who may reject some part of or all dental services, in every practice a substantial majority of people do not have the insight or understanding necessary for them to accept the work that their mouths need. If the dentist is blind to this lack of understanding, he may fail to approach them in the manner necessary to implement their unconscious wishes.

Tragically, he does not only do this, but because he feels the patient does not want the work done, he is critical of the patient and not himself.

Because of this attitude of the dentist, the patient then fails to have the measure of respect, affection, and attachment for the dentist, which he wants, and his dental health is not maintained at the degree it should be. This results in the dentist not performing services he desires to perform and the patient not becoming a missionary - in a sense of education for dentistry. --- Nathan K. Kohn, Jr. PhD

"If the dentist is blind to this lack of understanding, he may fail to approach them in the manner necessary to implement their unconscious wishes."

--- Nathan K. Kohn, Jr., Ph.D.

I am trying to track down the complete Kohn study that was done by Kohn for the Illinois Academy of Dental Practice Administration in the middle 1960's. I don't know the title of the study and don't know the exact year it was published. I have asked Bill Brown (an early student of Kohn's) and Jeff Gartman - the ADA head librarian - if they can find Kohn's study or can supply the citation for the above mentioned chapter. So far, no luck. If you have the actual study or the citation, please reply to me via e-mail at http://www.spiritofcaring.com/public/7.cfm. You will be a part of keeping this valuable classic document alive.
I have just finished what I hope is the last edit of my *Motivational Interviewing in Dentistry* manuscript. Here is a peek at the first version of the introduction that I wrote in April of 2013. Over the next few months, I will post vignettes of other chapters to give you an idea of what the book is about. I am still shooting for the fall of 2014 to publish it. It will probably first appear as an e-book.

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**This book is live!**

To read more about the book or to purchase, go to: [http://my.bookbaby.com/book/mi-in-dentistry](http://my.bookbaby.com/book/mi-in-dentistry)

If you have an e-reader like a Kindle or iPad, click on your reader under "Available for Sale" in the left had column. If you don't and want to read it on your computer or print it, click on "Buy Now" in the upper right column.

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In this book, I explore the skills or methods of Motivational Interviewing and how to have conversations with patients or clients about changing destructive health behaviors. While this book shares things in common with my two previous books, it is much more skill or method focused about: how to listen to patients, interview them, guide them, engage them, help them focus, evoke, plan and implement health behavior change in their lives. It will include articles on how to implement MI in your dental practice.

This specific skill or method approach was not used in my two previous books because I was not aware of MI. It fills a gap that was present in these books. (The In a Spirit of Caring web site has gone into detail about how to implement the person-centered approach in a relationship-based practice.)

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**Motivational Interviewing in Dentistry**

What is it? --- Well it isn't -- yet.

About a year ago, I heard about Motivational Interviewing (MI*) from a couple of sources. I didn't pay much attention because of the title. My experience in dentistry and experience with the client/person-centered approach developed by Carl Rogers PhD, his colleagues and Arthur Combs, PhD, convinced me that only the individual motivates him/herself. Other people can help and can be adjuvants that can provide information and create conditions...
that help the person motivate him or herself, but they don't motivate others. I assumed that MI was one of those selling approaches sales people use to manipulate people into buying what they are selling.

So I ignored Motivational Interviewing. Then I heard about it a couple of other times and decided to check it out on Google. This quote popped up on an early page I visited:

What is Motivational Interviewing? Motivational interviewing is a form of collaborative conversation for strengthening a person's own motivation and commitment to change.

It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.

It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

This quote took care of my cynicism about what the term Motivational Interviewing was about. It was exactly what I believe about motivation.

So I read further on Google.

**I read about the originator of Motivational Interviewing (MI), William Miller, PhD.** His early training was in client-centered therapy and cognitive approaches. He used this training as a professor at the University of New Mexico Department of Psychology and Psychiatry in working with people with addictions. Through this experience, he found that the person-centered approach was much more effective in improving outcomes than the traditional approaches that were "highly authoritarian, confrontational, even demeaning, relying on a heavily directing style of counseling". I read about his discovery of a way to counsel that "evokes people's own motivation for change rather than putting them on the defensive. A simple principle that emerged from our earliest discussions was to have the client, not the counselor, voice the reasons for change".

**I was hooked, so I read further and found a book, "Motivational Interviewing in Healthcare" by Dr. Miller, Steven Rollnick, PhD and Christopher Butler, MD.** I ordered it. The first sentence in the Preface hooked me even more: "This book is for any health care practitioner who spends time encouraging patients to consider behavior change".

Later in the Preface, I read this:

Presently, much of health care involves helping patients to manage long-term conditions where outcomes can be greatly influenced by lifestyle behavior change. Yet patients often resist well-intentioned efforts to persuade them to change. There are certainly limits to what a practitioner can do, but there is also great potential for change. Certainly, motivation to change is better elicited than imposed. Humane, respectful and effective conversations about behavior change clearly have a place in many health care settings". This is dentistry in spades.

I kept reading and with each passing chapter I had an increasing question: "How in the world did I miss this? I have been using and advocating person-centered approaches for

"How in the world did I miss this?"
almost 40 years and I was not aware of this. Its philosophy is very similar to mine and what I wrote about "In a Spirit of Caring" in the early 1990's."

After I read the last chapter, I Googled again to find information on Dr. Miller and his e-mail address. When I found his address, I sent an e-mail asking him how he developed MI and how or if Carl Rogers' work influenced him. He replied quickly and related his experience counseling people with addictions that I quoted above. He said a major part of his counseling training was in the client-centered approach. He added, one of his big regrets was never meeting Carl Rogers or being in a workshop with him. I relayed to him the work I had done in applying the person-centered approach to dentistry and my experience with Carl Rogers, his colleagues and Art Combs. I told him I was flabbergasted that I had missed MI. I asked him what he knew about the use of MI in dentistry. He said not much. (With further research, I have found this to be true, but reports about and interest in MI is increasing.)

Since this conversation, Dr. Miller has been very helpful in answering my questions about MI. I have read extensively including the Third Edition of "Motivational Interviewing" by Miller and Rollnick, watched videos on MI and I have attended a 2-day introductory MI workshop.

**Dr. Miller first wrote about Motivational Interviewing in 1983 in the journal "Behavioral Psychotherapy".** As of the writing of the Third Edition of "Motivational Interviewing" published in 2013, there are more than 1,200 publications on this method and 200 randomized clinical trials. There are more than 2,500 MI trainers teaching in 45 different languages.

You can see why I am flabbergasted that dentistry has missed this way of "helping people change". Why do I like MI? It fills a long standing helping relationship hole in dentistry and health care by giving a behaviorally sound structure on how to interview patients and help them change unhealthy health behaviors.

If you are familiar with my writing, you know I have a strong belief in the importance and effectiveness of person or patient-centered approaches. MI is person-centered. And, while Carl Rogers and his colleagues have had a profound effect on counseling and the helping professions (and me), their strong belief in using a non-directive approach is difficult for dental professionals to understand and use. It is like a foreign culture and language to them. MI's emphasis on guiding and a more structured approach is more dental professional friendly. Also, it is more readily available through its network of MI trainers. My Rogerian, person-centered friends quibble about this guided, more structured approach, but I think it is a perfect fit for dental professionals. MI also gives structure and skills to the person-centered approach I wrote about in my book "In a Spirit of Caring".

Properly applied, using MI and the person-centered approach can significantly enhance your dental practice - especially relationship-based dental practices. (Veteran relationship-based dental professionals already use many of these skills and approaches in their dental practices. For them, MI and the person-centered approach will give research, a spirit and a structure to what they have intuitively learned to do.)
All of these experiences have strengthened my commitment to write a book on Motivational Interviewing in Dentistry.

Here is how I plan to do this:

- the history of person-centered approaches in dentistry,
- an overview of MI,
- why its use is transformative for dentistry,
- why the spirit of MI and the person-centered approach are a great fit for relationship-based dentistry,
- the communication styles of guiding, directing, and following,
- how to use reflective listening,
- how to recognize change talk
- how to roll with resistance,
- the three core skills of asking, informing and listening,
- how to recognize when to use the guiding and following style of MI instead of directing.
- how to use the skill of eliciting/providing/eliciting information,

and other aspects of MI.

I will write about how MI can be used in dentistry and a dental practice. For example: in dental schools to help students learn how to relate to and interview patients and counsel patients, how hygienists can use MI to help their patients change destructive oral hygiene habits, how dentists can use MI in their initial interviews of patients and to help their patients change destructive health behaviors, how dentists can help patients resolve their ambivalence about having dental treatment done and how dental professionals can use MI in the emerging oral/systemic connection. Also, I will address how dental professionals can use the person-centered approach in their personal lives.

*I will use the term Motivational Interviewing many times in writing the articles. So, I will use the abbreviation MI most of the time to save hundreds of key strokes.

Author's note. In my two previous books, In a Spirit of Caring and In a Spirit of Caring Revisited, I explored the spirit of caring and "understanding and finding meaning in the doctor/patient relationship". It was a broad discussion about my journey in discovering and applying the person-centered approach in my life and dental practice and my development of a relationship-based dental practice. It was also a philosophical, psychological, historical and personal account of how dentists could implement the person-centered/relationship-based approach in their dental practice.

I recommend that you read the "Motivational Interviewing in Healthcare" book and the Third Edition of "Motivational Interviewing" for more information on MI.

I am also available to do workshops on Motivational Interviewing in Dentistry for: study groups, dental practices and dental meetings. For more information, go to: http://www.spiritofcaring.com/products/item13.cfm
Could this be the new way relationship-based dentistry is practiced?
Lynn D Carlisle, DDS, May 9, 2014

These discussion forum posts resulted in some of the strongest push back (freaked out?) comments on any posts I have written. I wrote it about the changes going on now in dentistry with corporate dentistry, Obamacare, insurance intrusion, the cost of new technology, the recession and "Unknown, unknowns". I also commented on how relationship-based dentistry might respond. I have made them into an article and made them available to ISOC members and non-members both. They can be forwarded.

I just received an e-mail from an ISOC member, about a new book on The Cleveland Clinic's group practice approach to medicine.

Here is my e-mail response to him:

Thanks,

I have tracked Cleveland Clinic and Mayo over the years. I have a neighbor that was a physician at Mayo and his wife was a "human resource consultant". I have talked to them about the Mayo way. Cleveland and Mayo are great models for dentistry. The only groups I know of that come close are the Cody Group in Denver and an endo group created by a classmate of mine in Tucson. I don't think they (philosophically) exhibit what Cleveland and Mayo do.

The old dental model of a solo practice is fading like an Arizona sunset. I think this will be true for relationship-based practices also as the current generation(s) retires. Someone or groups in dentistry will come up with a model that is relationship-based and patient-centered that closely parallels what the Cleveland Clinic has done. The cost of technology, insurance companies threats, Obamacare and some unknowns will be the drivers of this change. Now, this is mostly the current versions of corporate dentistry which are more like Walmart's.

But out of all of this will emerge a small percentage (10 %?) of dental groups that will exhibit what the Cleveland book illustrates:

- Why group practices provide not only better--but cheaper--care
- Why collaborative medicine is more effective
- How big data can be harnessed to improve the quality of care and lower costs
- How cooperative practices can be the wellspring of innovation
- Why empathy is crucial to better patient outcomes
- Why wellness of both mind and body depends on healthcare not sickcare
- How care is best provided in different settings for greater comfort and value
- How tailor-made care treats a person instead of a disease

Who will it be? I don't know, but some bright, entrepreneurial person or
Who will it be? I don’t know, but some bright, entrepreneurial person or persons will come up with a similar model that works for dentistry and is excellence, relationship-based and patient-centered.

I spent my whole career in dentistry working with other dentists - first in the Army and then in group or solo group practices and then again for the Army. I thoroughly enjoyed having other dentists around to interact and commiserate with. These (not the Army) occasionally exemplified many of the points listed above, but on a much smaller, limited scale.

I think it would be a great way to practice.

**What stands in the way for dentistry?** The extreme independence of dentists, their resistance to change, inertia, their ignorance of the human dimensions of dentistry and their stubbornness. But it only takes a few people and groups to create these new ways of practicing.

Thanks for the heads up,

Lynn

Here is more info on the book and how to order it:


Here are my comments "upon further reflection".

I have had some strong push back (freaked out?) on my reply to the above e-mail and this "Could this be in the future for dentistry?" discussion post. I think the strongest is because of this statement: "The old dental model of a solo practice is fading like an Arizona sunset. I think this will be true for relationship-based practices also as the current generation(s) retires".

I made it because of the conditions I see happening now in dentistry: "The cost of technology, insurance company’s threats, Obamacare and some unknowns will be the drivers of this change". I would add the effects of the lingering recession to this list.

Upon reflection, I would probably make this change to my comments about solo relationship-based practices fading: "I think this may be true for relationship-based practices also as the current generation(s) retires". The reason, I made this statement is because I have grave concerns about what will happen to relationship-based dentistry after my r/b and the next two generations retire.

This makes 3 generations after LD Pankey introduced his philosophy and 2 generations after Bob Barkley introduced his concepts about learning and preventive dentistry. With each
succeeding generation the message gets diluted and it is more difficult to sustain the conditions that led to the strong interest in and commitment to implementing r/b dentistry in dentist's lives and dental practices.

I can already see this happening with Pankey's philosophy and Barkley's work. I have also been influenced by the discouraging results I found about the market for my *Motivational Interviewing in Dentistry* book and workshop.

If you are currently practicing or considering practicing r/b dentistry, I think you will have major challenges staying in solo practice because of the conditions listed above, but you will also have the advantage of enough people looking for a values-based (not insurance, government or money driven) alternative to the corporate and insurance driven practices that are happening now.

It is always difficult to predict the future, so the direction of dentistry could veer into unknown directions. Chaos always is a part of rapid change like what is occurring with the current paradigm shift. I am no expert futurist on my predictions above. They are merely my predictions from looking at what is happening now. Excellent examples of this lack of foresight are my predictions about how big of an impact relationship-based dentistry would have on healthcare in my *In a Spirit of Caring* book. This prediction didn't even come close to happening.

Medicine has taken the lead in adopting wellness and patient-centered approaches as the Cleveland way book illustrates. You can add the Planetree Philosophy, Mayo and what is happening with Motivational Interviewing in medicine to this list.

**As to group practices happening in dentistry, you can already see the shift toward corporate practices.** There are some unconfirmed reports that significant numbers of solo practitioners - especially baby boomer dentists - are selling their practices and joining various versions of group corporate practices.

There are reports of major problems occurring. As with most new ventures, there are many horror stories about unethical behavior and failures of these early attempts at group practice. Also, there are reports about how unhappy dentists are who have joined these practices. But, this will get worked out and good viable alternatives will happen. Many dentists will be content with practicing this way because they never really liked running the business or people part of solo practices. They just want a 9-5 job where they can just do the technical work of dentistry.

**Dentists who practice in the relationship-based way don't have this problem.** They enjoy the challenge of running a small business and the people part of dentistry. They have always been "Outlier Triathlon Dentists" and excel in the technical, people and business aspects of dentistry. They are also much more creative than the average dentist and will come up with some new innovative ways to meet the challenges of this "new era" of dentistry (there are always challenges with each new era of dentistry).
I do think some r/b dentists will create a group practice model similar to the points I listed from the Cleveland way book. There are many advantages to this in responding to the challenges I have listed - "cost of technology, Obamacare, insurance infringement, recesions, etc."

"I do think some r/b dentists will create a group practice model similar to the points I listed from the Cleveland way book."

However, there will always be dentists who are only happy if they can run their own show, who are contrary Outlier Triathlon dentists. Somehow, they will find a way to have a solo relationship-based dental practice. As Harold Wirth said in his last lecture, there will always be a need for this kind of practice.

There will always be a need for dentistry. The major question now is how it will be delivered. And, to succeed at the highest levels of patient care, you will need to develop exceptional relationships with your patients.

(The impact of the cost of new technology could have a major impact on whether r/b dentists stay in solo practices or create group r/b practices. This cost could be so high that it would be difficult to stay in solo practice. I think there is a way to stay in solo practice, but it will be more of a solo/group practice, which is the way I practiced for the last 30 years of my career.)

In the future, my opinion is that, because of market conditions, the number of solo practices will not be as great as it was for my generation of r/b dentists and the two that followed me.

I still think relationship-based dentistry is the best most satisfying way to practice dentistry.

Before I get myself into more trouble, I will stop now.

I do suggest that you read the "Cleveland Way" book [http://my.clevelandclinic.org/cleveland-clinic-way.aspx](http://my.clevelandclinic.org/cleveland-clinic-way.aspx). It is an infomercial for the Cleveland Clinic, but it is a good example of how, through the years, a healthcare organization has successfully adapted to changing conditions in how medicine is delivered. Dentists, including relationship-based dentists, will need to be as adaptable to the dental marketplace as Cleveland has been to medicine's.
Leadership, leading change and The Merlin Factor in dentistry and your dental practice

Lynn D Carlisle DDS, January 15, 2010

Lessons from experts on mastering leadership, the future and change. Leading change in your dental practice and dentistry - why most attempts at change fail and what you can do to insure successful change in your dental practice.

As I have mentioned previously, (What makes a good dental small business leader? - see below) I am taking a leadership course in the Roaring Fork valley where I live (in Colorado).

It is a yearlong class that is designed to create leaders in the valley. Three of the workshops have been on mastering the future, leading change in your organization, and critical thinking. In these classes, I keep thinking about how these leadership lessons apply in dentistry and a dental practice.

The workshop leaders (Jonathan Clark, Scott Halford, and Ron Gager) presented what works in leading change in organizations and their habits and what doesn't. Three areas fascinated me; what we can learn from brain science to lead change, "The Merlin Factor" and why early pioneers thinking on leading change (like Tom Peters) was frustratingly incomplete.

I have been in many leadership roles in leading change in dental organizations, local community organizations and my dental practice. Most succeeded, but some failed; among the failures was the Bob Barkley Foundation, Rocky Mountain Rendezvous, and introducing Problem Based Learning into dental schools. * (see below for explanation)

I was always puzzled (and saddened) by why these initiatives immediately or ultimately failed.

Here are some of my notes on leadership and change from these workshops:

- Changing anything from diet to stopping smoking to exercising to organizations is very difficult.
- 70% of corporate change efforts fail
- Most people fear or don't want change. GM ans Kodak are the current poster children for failure to change.
- Among the many things discussed was number 1 - desire - people really have to want to change. (And as Nathan Kohn said, it really has to come from within.)
- The brain helps you do what you want it to do as long as you set the context (See Merlin Factor below LDC).
- It takes 12 times as much glucose in the frontal cortex to change (versus normal functioning LDC)
- The brain must see things incrementally (24 hour increments) to change
- It takes 21 days of doing something daily to ingrain change
- All behavior exaggerates with safety
- Most efforts at change fail because the people or cultural aspects are ignored. You can have a great technical or skill strategy, but it is the human equation that ultimately creates success or failure. An average technical or skill strategy with an
above average human commitment will be much more successful than a great technical strategy and a low human commitment.

- Mobilizing commitment from key stakeholders is the number 1 challenge.
- A vision statement is essential, but it is worthless if it does not change behavior (or stays in a filing cabinet LDC).
- There is a Bell curve of stakeholder interest - 15% are risk takers and 15% are OMDB (Over my dead body). OMDB was especially true of why the dental school change initiative failed. The rest are divided evenly between early and late adopters. (There are fewer risk takers in dentistry because of the selection and training of dentists LDC).

These 8 things need to happen for successful leaders to facilitate change:

- Early Success
- Create stakeholders
- Mobilizing commitment from key stakeholders by creating a shared need
- Real excitement
- Resources for life of project
- Integration into existing systems and structures
- Monitor progress
- Learn from experience

These workshops helped me understand why the above mentioned organizations ultimately failed (and why others succeeded). The successes were - starting hospice in Ft Collins, Colorado, many practice initiatives, creating a relationship-based practice, writing my book *In a Spirit of Caring* and several organizations I led.

**I and my fellow Bob Barkley Foundation board members were great at and excited by the creation and vision stages** (In the 70’s, this is what Peters and others emphasized) but we failed to mobilize commitment, create stakeholders and put systems in place that would insure the future of the Bob Barkley Foundation and Rocky Mountain Rendezvous. (See the Barkley Foundation Vision, Beliefs, and Values statement in this Primer.

(* To be fair we had a 16 year success putting on excellent meetings and with individual dental practices before we disbanded, but we did not change the course of the supertanker of dentistry. This was one of our main strategic goals. Why do I say we failed? We ceased to exist as an organization. Also, the common dental culture took a 180 turn away from interest in the behavioral aspects of dentistry and we had management dysfunction. In retrospect, we should have developed an ongoing yearlong behavioral/leadership program similar to the leadership program I am taking. Ah, the wisdom of hindsight)

**I mentioned "The Merlin Factor" above. It comes from an exercise we did in the Roaring Fork Leadership class on "Mastering the Future".** We individually created a written statement from one year in the future on what we would be doing then. This is similar to Stephen Covey’s "begin with the end in mind". We, the BBF board, did this well.

"The Merlin Factor" exercise came from one of our reading assignments. It was a fascinating article by Charles E Smith, PhD. *The Merlin Factor; creating ambassadors from the future*. Smith wrote:
Most attempts at organization change fall short of the desired results. The principle impediments to producing effective new actions are people's current beliefs about the limits of what it is possible to undertake and achieve. These self-limiting beliefs are based on experiences from the organizations and their own past experience.

By contrast, leaders who successfully instill a new strategic intent in the organizations' culture share a leadership quality I call, 'The Merlin Factor'.

The Merlin Factor is the ability to see the potential of the present from the point of view of the future. It is the ability to enlist people throughout the organization as ambassadors who listen, speak, and act on behalf of that future, and it is an absolute commitment to performance breakthroughs that explode the existing cultural limits on what's possible.

You may remember that Merlin was a wizard/mentor to King Arthur. He "lived backward in time". Merlin was born in the future and lived backward. He influenced events in King Arthur's court by drawing on his knowledge of the future.

Smith wrote: "Exceptional leaders cultivate the Merlin-like habit of acting in the present moment as ambassadors of a radically different future, in order to imbue their organizations with a breakthrough vision of what is possible to achieve."

Smith cited three things successful visionary leaders did as examples of "The Merlin Factor". They were:

- Invention
- Ignition
- Creative Implementation.

These three phases are very similar to the 8 items I quoted above from my notes.

To read Smith's articles (there is some duplication) on "The Merlin Factor", go to:

On Charles Smith's home page under "Privately-Published Articles", click on "The Merlin Factor; creating ambassadors from the future" Go to: NAVIGATING FROM THE FUTURE: A PRIMER FOR SUSTAINABLE TRANSFORMATION (There are other excellent articles on this web site.)

http://www.dorrierunderwood.com/PDFs/Merlin.pdf

He has also recently published a book: About the Book - NAVIGATING FROM THE FUTURE: A PRIMER FOR SUSTAINABLE TRANSFORMATION

Wayne Gretzky's answer to why he was such a great hockey player is an excellent example of a "Merlin Statement". His answer? "I go where the puck will be; not where it has been."

Use what you learn in reading these articles to create your
own "Merlin Statement" for your personal life and dental practice. Go one year in the future and write what you will be doing without being hindered by your present reality. This will help you learn to be a leader in dentistry and your dental practice.

But don’t stop with just a "Merlin Statement". Remember the three phases or the 8 things that are necessary to create successful change.

Read the chapter on change from my book *In a Spirit of Caring* at the end of this Primer.
Bob Barkley Foundation Vision, Beliefs, Values
Bob Barkley Foundation Board Members

Developing a dental practice vision? All the key elements needed in a vision, by the masters of vision.

A masterful vision created for the Bob Barkley Foundation by Bob Frazer, Doug Young, Bruce Pettersen, Joan Unterschutz, Bud Ham, Wilson Southam, Michael Dick, Cliff Katz, Judy Ham, and Lynn Carlisle

Sheila Sheinberg facilitated the process in Austin, Texas in 1991.

Use this as a model, but don't copy it! The process of creating a vision and mission is as important as the result.

Originally posted on ISOC on October 17, 2002.

Bob Barkley Foundation founding vision and guiding beliefs.

Our vision:

A learning community committed to building bridges between the great variety of people who are already contributing to new models of health and health care.

We believe:

Fundamentals:

- People have an innate drive toward health.
- Both health and illness can be growth processes.
- Health and illness occur within a larger context-physical, personal, spiritual, environmental, social, and cultural.
- A team, which is committed to core values, is essential to effective health care.
- Authenticity and congruence are fundamental to health and growth.
- Health is a journey/process and not a steady state.
- A health practice is founded on values-based decision making by all concerned.

Dentistry:

Dentistry provides an excellent opportunity for creating a new model of health care because:

- Dentistry is discretionary (in the absence of swelling, bleeding or pain) which permits individual choices and psychological ownership with respect to personal health planning.
- Dental disease is preventable, where the individual participates actively through self care.
- Dentistry is organized, which leads to the possibility of a widespread application of these principles.
- Dentistry relates to diseases, which help people learn about their own role in living healthy lives.
• Dentistry is team-based, leading to ample time for unhurried communication and appropriate health counseling.
• Dentistry, because of the universal risk of periodontal disease, lends itself to long term relationships between providers and the people served.
• Dentistry becomes more effective as the people providing the care move from staff to team to community.(1)

The Dental Team:

• We further believe in freedom of choice for health care recipients and providers.
• We respect relationships, which are non-judgmental and non-manipulative.

We value a transformational model of health care, which is characterized by:

• Learning, growth and development for all team members.
• Team building founded on shared vision and values.
• Effective communications of health care options and choices.
• Counseling of clients, who choose to create their own health plans.
• Focus on self-care in the prevention of dental disease.
• Excellent therapies and treatments.
• Appropriate environments, systems and technologies.
• Continuing relationships between health care providers and consumers.

All of which is founded upon respect for the concepts and perceptions of those being served by the team.

And respect for creating experiences and opportunities which dignify participants.

The Bob Barkley Foundation:

We share deep respect for:

• The individual needs and differences of those who give and those who receive during the creation of the Bob Barkley Foundation and the carrying out of its projects.
• The dignity and autonomy of all individuals.
• The interdependent, collaborative nature of the healing relationship.
• The potential of the future - health, peace-of species and the planet earth.
• Health as a dynamic human experience which reflects harmony of the body, mind and spirit.
• The value of building bridges between the great variety of people who are already contributing to new models of health and health care.

1. In distinguishing between "team" and "community" we are referring to the work of Scott Peck in his excellent book, The Different Drum, Simon and Schuster, New York, 1987

Created January 9, 1991
Navigating and prospering in the whitewater of change.
Lynn Carlisle

Change - From the book In a Spirit of Caring - Chapter 12, 1994.

CHANGE

Dentists are constantly involved with change in their own lives and in the lives of their clients. When clients come to see a dentist for the resolution of a problem, they are asking him for help in changing from a state of disease to a state of health or wellness. The facilitative conditions of a caring doctor patient relationship help the client make needed changes in their lifestyle habits. For example, the resolution of a periodontal problem involves change in: the state of the periodontal sulcus from a toxic environment to a healthy environment, the change of destructive lifestyle habits, the creation of self care strategies and the learning of new oral hygiene procedures.

In the dentist's life, he confronts changes in technology, changes in the attitudes and beliefs of his clients, changes in delivery systems, and changes in the societal values and beliefs.

In the face of these challenges, it is important to understand the dynamics of change. We are experiencing more change than at any other time in the history of humankind. We are told that 25 per cent of all people who ever lived are living today; that 90 per cent of all scientists who ever lived are living now; the amount of technical information available doubles every seven years or less. E.A. Gutkind, wrote in "Our World from the Air", "We are at one of the decisive turning points in the history of humanity, comparable to the domestication of animals, the invention of the earliest tools, the foundation of the first cities and the conception of the heliocentric universe". Change has always been a part of living. The difference we are experiencing now is the rapidity and depth of change. When we are in the midst of a change, it is difficult to have any sort of perspective. This results in a feeling of ignorance or ambiguity about change.

ELEMENTS OF CHANGE

What are the elements of change? What facilitates change and what detracts from change? A kaleidoscope serves as an apt metaphor for change. There are bits and pieces in our lives that are constantly rearranging themselves. They snap into focus with a startling clarity only to blur and change again. I have moments of clarity and vision, only to have them disappear in a cloud of uncertainty. I try to grab the pieces that are changing, like feathers floating in the air, to arrest them in a fixed and immutable pattern. This process is futile, but I try anyway. My old ways of being keep rubbing against my new ways of being. The rubbing of old forms with new forms results in both being changed by the process.

Some definitions may help. Change is the process of movement from one place, thing, event, happening, or state to another place, thing, event, happening, or state. A change agent is a person who facilitates change or makes a difference in another person's life. In native cultures, the medicine men and women were seen as healing catalysts or change agents. I believe this is still true for modern day doctors.

There are two types of change. One is change from within self-initiated change. The second is change from without other initiated change. The essential difference between self and other directed change is choice. In self-initiated change there is always choice.
initiated change the person being changed does not have a choice. It comes from without and results in an automatic change in the person's life.

In health care the distinction between self and other directed change can be difficult. If a person has an automobile accident because of excessive alcohol consumption, is the accident self-initiated or other initiated? Change in our life may be started by another person, but once the event has happened, we determine how we respond to change by the choices we make as to our response. This is what responsibility means, our ability to respond to what happens in our life.

If the person who caused the automobile accident was injured because of excessive alcohol consumption, then his injury was a result of self-initiated change. If the person who was injured was hit by a drunken driver, then his injuries were other initiated. His response to the changes brought on by the accident will be self-initiated. Let's say he had maxilla-facial injuries because of the accident. The oral surgeon suggests physical therapy, nutritional supplements, self-care measures, and oral hygiene procedures to facilitate the process of healing. The client needs to initiate changes in his personal habits to adapt to the suggestions of the oral surgeon. These changes are self-initiated.

In a person with periodontal disease, the person will face a series of decisions for self-initiated change in lifestyle habits to control periodontal disease. The need for the self-initiated change results from the lack of caring for his physical health.

Often major changes in a person's profession or culture will bring resistance to the perceived threat these changes will bring to a person's life. There will be an attempt to avoid or to stop these changes. What one person sees as a challenge will be a quality of life threatening event to another.

THE SEMMELWEISS EFFECT

Our culture views life as unchanging. When new ideas are introduced, there is usually resistance and denial to the new idea. The life of Ignaz Philipp Semmelweiss, a Hungarian physician, illustrates this resistance to change. In 1846, when working at the Allgemeines Krankenhaus in Vienna, Semmelweiss noted that the maternal mortality in the ward attended by the medical students was far higher than that staffed by the nurses. Semmelweiss suspected the difference was due to the medical students coming to the maternity ward after their anatomy lab and infecting the parturient women. When he enforced the medical students washing their hands before examining the women, the maternal mortality rate fell dramatically. This discovery by Semmelweiss was fought and he was persecuted by the prominent obstetricians of his time and he was forced to resign. He moved to Budapest where he became a professor of obstetrics in 1855.

In 1861, he published his great work on asepsis. The publication of this book initiated a new round of vilification of Semmelweiss. Semmelweiss did not live to see the general acceptance of his work; he suffered a mental breakdown and died in 1865 in an insane asylum. His courageous championship of asepsis ushered in a new era in medicine. Twenty-nine years later a monument was built in honor of his discoveries in Budapest. Today, children learn at an early age to wash their hands before eating. The importance of cleanliness is a part of our culture now, a common ordinary fact we take for granted.

In retrospect, the attitude of the obstetricians of Semmelweiss's time seems ridiculous and archaic. This scenario repeats whenever new knowledge is introduced. The resistance to
wellness, the philosophy of holistic health, changes in dental education and psychoneuroimmunology are current examples. The viewpoint that resulted in the denial of Semmelweiss' work says that as we discover truth and knowledge there will be less knowledge that is unknown. There will be less need for change as more is known. A person believing in this viewpoint thinks that if only one more change is made, then everything will fall in place and no further changes will be made.

In my experience, life doesn't live this way. Change is integral to our lives and it leads to an expansion of choices and options. Knowing more leads to knowing less. This is a paradox, the more we learn, and the more we realize that there are more things that we do not know or are mysteries in our life than what we know. This leads to the need to become comfortable with ambiguity and trusting in the process of change instead of believing that we can control life and change.

PRIGOGINE’S THEORY OF DISSIPATIVE STRUCTURES

Ilya Prigogine’s theory of dissipative structures supports this view. Prigogine, a physical chemist from Belgium, won the 1977 Nobel Prize in chemistry for his theory of dissipative structures. In his book, From Being to Becoming, he states: "The increased limitation of deterministic laws means that we go from a universe that is closed, in which all is given, to a new one that is open to fluctuations, to innovation". As a person or society experiences more complexity, it is more susceptible to change, to "perturbations". Change is not a smoothly ascending linear process, but is a process of seemingly random bursts that lead to jumps or paradigm shifts in knowledge. "There are always fluctuations, instabilities to drive the system into new dimensions".

The clash of these two world views (an open universe as opposed to a closed universe) increases the anxiety in our society. This clash results in dissonance in people's life. Stress results and some people are challenged by the dissonance and others are threatened. In our dental practice, some of our patients grow and change because of these challenges and others become ill because of the perceived threat.

OBSERVATIONS ON CHANGE

The following observations have helped me understand the process of change:

- Risk is always involved in change.
- The potential of loss or gain is involved in change.
- Stress is involved in change.
- Change can be good or bad.
- All change involves learning, and all learning involves change.
- The closer something is to you the harder it is to change.
- The longer something has been done, the harder it is to change.
- Change is an ongoing process.
- Fundamental change is harder than superficial change.
- Change is holistic it affects all parts of your life.
- Change can be simple or complex gradual or instantaneous.
- The frequency, duration and depth of change determine how stressful it is.

Each time there is change, energy is released and we have the potential to use that energy synergistically or destructively. It is our perception of how change affects our life that determines its impact.
I have served on the local board of directors of Hospice. The nurses and volunteers who work with terminally ill people report that some of their clients transform their lives because of their illness. They report that the client's healing comes from a healing of the client's attitudes and beliefs. They say that these clients who experience attitudinal healing are the most joyous and serene people they know. What is perceived as the most traumatic event in a person's life has been changed into a transformational spiritual experience by these people.

What are some models of change?

**THREE MODELS OF CHANGE**

The following models have helped me to understand the process of change. In the first Dr. Becoming letter I discussed Keleman's model of change.

**Endings------ Beginnings------Middle Ground------New Forms**

To review, Keleman said that to have beginnings we first need to have endings. We have to decide to stop an activity or behavior. In dieting, a person needs to decide to stop overeating. Then he begins new behavior, a new way of eating. This new behavior propels him into the middle ground, which is a time of going back and forth between the new behavior that Keleman called new forms and the old patterns or forms. Over time, when the intent to change is strong enough, the new forms gradually replace the old forms and new habits form.

People often crash on the rocks of the discomfort of the new forms. An unknown author described this phenomenon this way.

**Awareness----uninformed optimism-----informed pessimism--------hopeful realism-----informed optimism-----enlightenment.**

As a person becomes AWARE of the need to make some changes in his life he becomes excited about these changes and has an UNINFORMED OPTIMISM of the good things that will come about. Then if things don't work out the way he planned, he is crushed and sees all the reasons his idea won't work. This leads to INFORMED PESSIMISM. This stage is a critical one and most people give up at this point instead of understanding that this stage provides an opportunity to learn from their mistakes. They are trapped in a cycle of being excited about an idea, trying it out, being disappointed in the results, and giving up. Those who work through the disappointment of informed pessimism see a way that the idea can work. They learn from the disappointment and experience HOPEFUL REALISM. They realistically see how their idea can work out. They try the revised idea and experience success. This success leads to INFORMED OPTIMISM. If they integrate the new learning into the rest of their life they experience a paradigm shift and become enlightened and whole.

The model of transformational change that I have developed looks like this:

**Unawareness-----Awareness----Ah ha!-----Born Again----- Integration----- Transcendence.**

Most of us are unaware of the need to change until an event happens in our life. This event leads to the glimmer of awareness. The glimmer may stay just an awareness or an Ah ha!
may occur and you see the world in a new way, you feel your life transform with born again fervor. In the born again phase you experience the arrogance of newness. You immediately assume that you have made the great leap and have knowledge that no one else has. You feel that others are not as enlightened as you are, and your mission in life is to help them see the world as you see it. The born again phase can be a very obnoxious phase to those around you as their crap detectors ring like a fire alarm, but it is necessary because there is tremendous energy created in this phase. The energy is vitally necessary to help the person move through all of the incongruities that he discovers in his life. The born again one does not live his life like he proselytizes to others to live their life. This energy enables him to work through and learn from these incongruities and to begin integrating this new way of being into his life in a way that he becomes more congruent. After integration, he may help others by the congruence of his actions. As a person integrates these insights into his life he feels a feeling of transcendence, of seeing life as a spiritual journey, as going beyond the ego and seeing how he is connected to everything and everyone in the universe.

UNDERSTANDING CHANGE

Understanding change comes from looking back and seeing how the process of change can be trusted. But life seems so confusing and ambiguous in the moment of change. It may seem in the moment of change that the change could not possibly turn out well. Soren Kierkegard said it best, "Life is best understood backwards, but must be lived forwards." Change involves giving something up; the death of an idea, a relationship, a dream, a person, a way of eating, a technique, a substance. Change can set up a process of grieving the loss of the old, and one can move through the stages of grief denial, anger, and acceptance. What we are giving up may be abusive to our health or to our very being. At least we know what it is. It is the unknown about change that is so threatening to many people. The threat of change is also perceptual. What is threatening to one person is no big deal to another. It is the perception of the threat of change, instead of the perception of challenge, which often stops people from changing.

Obviously there are different levels of change that can range from the cataclysmic (divorce, life threatening disease, loss of a job) to daily changes (a change in a schedule, exercise routines, and time of day when you eat).

RESISTORS TO CHANGE

What are some things that make change difficult?

1. rigidity in systems or ideas
2. educational and family systems that punish mistakes.
3. an emphasis on being right
4. an emphasis on playing it safe
5. fear of loss
6. fear of failure
7. the length of time the old habit has been in existence
8. past failures in making changes

A person who has not been successful in making changes in his life will be more reluctant to
initiate further changes. His experience with change has not been good. Failure in change
has created raw, tender spots in the person’s being. When change is perceived as
threatening to these tender spots, the person closes like a turtle to protect these vulnerable
areas. They associate feelings of failure, diminished self-esteem, and reduced self-worth
with change.

MISTAKES AS AGENTS OF CHANGE

When we make mistakes, we never learn less. Somehow our culture and thinking lead to
the feeling that we should not make mistakes and we punish people for making mistakes.
We are trained to not make mistakes. Buckminster Fuller’s quote in Critical Path applies
again "It is only at the moment of humans' realistic admission to selves of having made a
mistake that they are closest to that mysterious integrity governing the universe. The
courage to adhere to the truth as we learn it involves then, the courage to face ourselves
with the clear admission of all the mistakes we have made. Mistakes are sins only when not
admitted. Etymologically, sin means omission where admission should have occurred."

FACILITATING CHANGE

The person centered approach helps to facilitate the process of change, by helping dentists
and clients open and move. The process of change places a premium on creating a growth
promoting climate for dentists and their clients as they move through the change process.
Carl Rogers said that "self-acceptance is the beginning of change". This acceptance of where
one is - good or bad - leads to change. (Even surrender or resignation to where one is can
lead to change) The greater a feeling of self-worth and self-esteem a person has, the easier
it is for them to change. A person’s feeling of self-worth is increased by another’s
unconditional acceptance and understanding of them.

Past successes at change help increase a person's courage and confidence to initiate further
changes in their life. A client who has made successful changes in his life will be more open
to further changes than one who has not been successful in making changes. I have found
that a person who is already exercising, who has learned to manage his stress or has lost
weight, will be more open to suggestions to change. They have learned the benefits of
change and have come to thrive on change and may even seek out areas to change in their
life. They have learned that successful change increases their feeling of self-worth and self-
esteeem. Their self-confidence has been enhanced and they are more willing to risk. They
live more in the moment and do not fear the future or dwell on past mistakes. They can
positively create an image of themselves making the change.

CHANGING HEALTH HABITS

Health habits are among the most difficult to change. It seems that a quality of life
threatening condition needs to occur or change needs to be piggybacked on other successful
change as was discussed above. Health habits are close to a person's core of being. These
health habits often fill voids in their lives and serve as crutches to prop up a person's life.
Change in these habits is often viewed as threatening to clients. Helping clients to imagine
how the change will enhance their feeling of well-being, self-esteem and self-worth are the
beginning points of change. These appeals can be in terms of Roy Garn's emotional appeals
of self-preservation, money, recognition, or romance. The change will help them preserve or
achieve health or well-being, to be comfortable, save money, be more attractive, to attract attention and feel more powerful.

Another deterrent to change for some people is the amount of change in their life. There may be so much going on in their lives that the thought of one more thing to change is too overwhelming. This is the “Stop the World I want to Get Off” syndrome. A client came to see me for the recommendation of a crown that was loose. The tooth was badly decayed and needed to be removed. A glance at the rest of his mouth told me he was in trouble. He had periodontal disease, and several of his other teeth were in need of restoration. The correction of these problems would be expensive.

I asked him about his life, where he worked, and when he had moved to Ft. Collins. He said that he had recently been transferred by his company to Ft. Collins. It was a very stressful time for him. He had recently been divorced. He had not wanted to move to Ft. Collins, but his company had left him no choice. It was move or lose his job. His family was still back in the Midwest. He was responsible for the educational expenses of his two children in college. He was paying alimony. A new granddaughter had recently been born and he had not been back to see her. He had started a relationship with a woman, in his former town, just before his move to Colorado, and she had just moved to Florida. He wanted to see her. He wanted to find a job and move back to his old town.

I listened to him, and replied; "It seems to me that there is a lot of stress going on in your life. You feel financial and emotional demands from all sides. I feel a dilemma, because I see trouble for you dentally. You have some things going on that if they are not taken care of may result in the loss of some teeth. It will be expensive to treat these conditions, and this is the last thing you want at this time."

He said, "You're right, is there anything we can do to take care of the immediate problems? I would rather have the teeth pulled than put any major amount of money in them now." Having the dental work could be the straw that broke his back, so we worked out a holding treatment that would keep his dental condition from deteriorating. We tried to not make many demands dentally. We postponed the major treatment until a time when his life was calmer and he could afford it.

People do want to change, grow and become more fully integrated persons. They want to achieve health and well-being; to become whole. Circumstances and events in people lives often seem to blur this drive much as the static on the radio interferes with the clear reception of a radio signal. In the example above, the person was moving toward health in his own way. My values as a dentist led me to feel that his dental health was a high priority. His values of getting his life in balance led him to place higher priorities on the other areas of his life like alimony, tuition, return to his hometown, seeing his girlfriend than on his dental needs. I tried to do the minimum amount of dentistry that would get him through this time of change and still enable him to have the major work done later without endangering his health.

PRECESSIONAL EFFECTS AN EXAMPLE

Buckminster Fuller wrote about the precessional effect. He said it is often the events that happen along the way toward a goal that are most important. The goal provides us the direction to move in, but it is what happens, often at 90 degrees, which provides the most growth and change in our lives.
In the mid 1980's, I experienced a growing sense of dissatisfaction with my practice of dentistry. I felt like I was not receiving what I was putting into my practice. My clients were not appreciating all the changes I had made and were not interested in wellness and the ways in which we helped. I started considering my options: selling my practice and becoming a wellness consultant, moving to another city and starting a new dental practice, teaching in dental school, doing research or specialty training, consulting and lecturing in dentistry.

I entered career counseling to see what insight counseling would give me. It was an agonizing time for me because I had lost the vision and meaning of my life's work. I had burnt out. Eventually, with my wife's support, I decided to sell my practice and take a sabbatical. I would travel for a year to let the answer come to me instead of figuring out the next step. I put my practice up for sale and informed my clients by letter of my decision to leave. This is the letter that I sent.

I began the letter with a quotation from Richard Bach's Illusions about a village of creatures that lived along the bottom of a river. Bach talked about the creatures clinging tightly to the rocks and twigs on the river bottom. One of the creatures decided to let go and trust that the current knew where it was going. The other creatures laughed at him and called him a fool. The creature let go and was buffeted and crashed on the rocks. He refused to cling to the rocks and was carried on the current and was no longer bruised and buffeted. Bach wrote "The river delights to lift us free, if we only dare to let go. Our work is this voyage, this adventure".

I then wrote:

This quotation is from the beginning of Richard Bach's book Illusions. I received it as part of a brochure announcing a workshop. I did not attend the workshop, but I did reread Illusions. The quotation came at the right time for me and it affirmed a decision Kirsten and I had just made. The decision was to transfer our dental practice to another dentist and take a year's sabbatical and let the current carry us to the next part of our life.

Kirsten and I had been considering this decision for the past year. It was an agonizing time for us as we vacillated between starting the next step or staying. When we made the decision to take some time to let the next step emerge, we finally decided to let go of our dental practice.

There are many aspects to this decision. Some of them are: I have been practicing dentistry for 24 years, I am 45 years old, I have reached and exceeded many of the goals I had set for myself and I have not reached others, I have had other interests emerge about wellness and whole person approaches. The spiritual part of my life has become increasingly important. The most significant part is it is time for a change.

When will this change occur? Probably late this year or early next year. Our dental practice will remain fully functioning and available to take care of your dental needs during and after this transition period. We are currently looking for a dentist that we feel will be technically, personally and philosophically compatible with us and you to assume our practice. It is very important to us to have a good transition of our practice with you.
The hardest part of our decision was leaving you and the other people in our practice. We have come to value you as both clients and friends and we will deeply miss our contact with you. From a personal and professional standpoint, I have learned a tremendous amount because of my practice of dentistry with you. I thank you for your caring, concern and support over the past 18 years.

With sincere gratitude,

Lynn D. Carlisle, D.D.S.

I was going to make a major change in my life. (This whole year was filled with many sleepless nights as I vacillated between the excitement and fear of the change I had decided to make in my life. It was one of the hardest years in my life.) For one year, I was unable to sell my practice. I finally had a buyer for my dental equipment, another buyer for my house, and a buyer for my client's records. It was very complex, but I had decided to go for it and a date was set to sign a letter of intent to sell the equipment. The night before I was to sign the letter of intent was a sleepless one as I wrestled with my decision to leave dentistry. Something happened during the night. The next morning, I told my wife that I decided to stay. She thought I was crazy because the day before I was excited about selling and beginning our sabbatical. I sent another letter to my clients telling them of my decision to stay.

WE ARE STAYING

I had decided to take the years' sabbatical to find out what I wanted to do with the next part of my life and it turned out to be what I have been doing practicing dentistry and living in Fort Collins."

"How I arrived at the decision to stay is a long story. The essence is that I went on the journey I wanted to go on without taking an external trip. But, boy did I take an internal one! I `tumbled and smashed across a lot of rocks` as I wrestled with my decision to sell my practice.

When I had an offer to buy my practice, I panicked and spent a heart wrenching month struggling with my decision to sell. The morning before I was scheduled to sign the letter of intent, I decided to stay. Talk about brinkmanship. The decision to stay has relieved my anxiety and I am excited about practicing dentistry again.

What I have been experiencing the last 2 3 years was probably a combination of burn out and mid-career crises. What I had thought was external dentistry, Fort Collins, wanting to do other things turned out to be internal and the way I was seeing things. So my voyage of discovery was not in seeking new vistas but in having new eyes.

When I decided to stay, those externals changed. I realized how much I valued our clients, my friends, my dental lab, Fort Collins, the mountains, my house, my office, my coworkers and my profession. What I was looking for was already here.

So, I am staying in the same profession, same office, same city, same house, (with the same patient wife). The current lifted me free and my adventure brought me home. I find it difficult to tell you how the past year has changed the way I view my
work but I will try. It has changed from a way of making a living to a way of expressing the way I live. I am excited about dentistry and Fort Collins, and feel like I am beginning again.

I am looking forward to seeing you and giving you the nitty gritty. Also, I would like to ask you for your help in my beginning again by referring your friends, neighbors, family and colleagues to us. I need your help in building my practice again.

Thank you for your understanding and support of me as I went through my journey.

Warmly,

Lynn

I had sought peace and wholeness by my decision to leave dentistry. Surprisingly, to me and my wife, this decision had resulted precessionally in a deepening of meaning and commitment to dentistry. In an inscription to me in her book The Human Patient Naomi Remen had written "Dear Lynn The voyage of discovery lies not in seeking new vistas, but in having new eyes I wish you continuing joy in your work." I had opened her book up four years later to the day that she had written this inscription to me. I learned the greater meaning of my practice of dentistry and learned to trust that changes that seem to be the most traumatic are often the greatest learning experiences and are the most enriching.

CAMPBELL'S HERO'S JOURNEY

The result of change can be exhilarating or discouraging.

Often, when a person is in the midst of change, all he can see is the chaos that changes create. The models of change used in this chapter all include going from the known to the unknown. They include: a middle ground, a time of doubt and pessimism, a time of trials, a time of integration in which chaos, fear, disappointment and anxiety occur.

Joseph Campbell, a mythologist, has written about the process of change in The Hero with a Thousand Faces. Campbell uses the myths from different cultures to show how these cultures understood and coped with change. Campbell defines a hero as "someone (male or female) who has given his or her life to something bigger than oneself." He says that there are two deeds one is physical and the other is spiritual. In both deeds the person experiences a series of adventures beyond the ordinary, to discover what has been lost or to discover something new. The adventure is a process of transformation a going and a returning.

The hero's journey is a time of trials in which the person's mettle is tested to see if he has the courage, the knowledge and the capacity to serve. The hero loses himself to some higher end or to another person. In this vision quest what is missing in the hero's life is discovered. The challenge to the hero is to stay with the discovery of the vision quest what he calls a boon and bring it back into his ordinary world. Campbell acknowledges the difficulty of doing this. He also talks about the hero's journey as it relates to self-initiated change and other initiated change. Campbell feels it is the person's courage in responding to the self or other initiated change that determines if he is worthy of being called a hero.
It is important that wisdom and common sense be used as the hero follows the path of his desire, enthusiasm and emotion. He uses the example of Daedalus, who made wings for himself and his son Icarus to use to fly. Daedalus gave his son the advice to "Fly the middle way. Don't fly too high, or the sun will melt the wax on your wings, and you will fall. Don't fly too low, or the tides of the sea will catch you." Daedalus heeded his own advice and flew the middle way and his son became ecstatic and flew too high and fell into the sea.

The trials may result in suffering and in the myths of being crucified, but out of the suffering and endings come beginnings and new life. Campbell felt it is important to follow the hints that come from the mythological journey, to find a guru a teacher who helps the prospective hero bring his own energies into play, or a book that speaks to one personally about the trials they are experiencing.

Campbell felt myths inspire the possibility of realizing your perfection, of finding the strength to bring you the "soul's high adventure" which is to find your bliss and then to "Follow your bliss". This is Campbell's famous phrase to find a life's work that you enjoy and to follow it as it creates the soul's high adventure. This adventure leads one to discover that each person is a unique creature and their gift to the world will come out of the fulfillment of each person's potentialities and not those of another. From this adventure, the hero finds what makes a person happy and to stay with it no matter what others say. This is following your bliss and when a person's bliss is followed he finds it within himself. Campbell says that this is the adventure that change initiates and it is "the adventure of being alive".

SUMMARY

Through this adventure, the hero becomes the master of change instead of the victim or recipient of change. Instead of being an end or a threat to a person's life, change can lead to the transformation of a person's life. An appreciation and understanding of the purpose and potential of change can lead the dentist and client to learning, growth and change. The "hero's journey" involves trials and tribulations a wounding of the dentist in his role as a healer that leads to the potential for healing in the client and dentist.