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The Behavioral Dimension

The first three articles of this series describe proven ways to attract the people most interested in your finest services. But when those people step through the door, your work has just begun. If they leave after their first appointment confused, anxious, shamed, or unheard, they may never come back. If they do return, they may be skeptical or unwilling to hear what you have to say. As dentists, we never set out to make someone feel this way, yet it can easily happen. Why? Because many dentists are not trained in the *behavioral dimension* of practice, the dimension that determines how our patients *feel*.

The behavioral dimension has a huge influence on patient decision-making, perhaps more than any other factor. The good news is there is still time to learn how to make the behavioral dimension work for your practice.

Parts 1, 2, and 3 of this series appeared in May, July, and August DE, respectively. Visit www.dentaleconomics.com to access back issues.

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New patients need a good reason to stay in your practice. They must quickly and consistently *feel* that they are in the right place, at the right time, with the right people, for the right reasons. You have a good reason to want them to stay. Studies tell us that the profitability of a comprehensive restorative practice is inextricably linked to its ability to consistently establish helpful, long-term relationships with patients.

Noted psychologist Carl Rogers stated that in helping relationships, "One of the parties has the intent of promoting growth, development, and the improved health and functioning of the other." Is this your goal?

While you can learn to build true helping relationships, we have to be candid — there is no magic formula or guidebook to follow. You must adapt to each person's needs, beliefs, expectations, and emotional state. You can't expect people to adapt to yours. This adapting on your part is key to becoming optimally effective on an interpersonal level.

This may sound hard but you'll get the hang of it. Think of it this way. Personalizing treatment is familiar to you. Helping patients feel they are in the right place emotionally is best managed by personalizing the way you interact with them. You can master this personalization by becoming familiar with the concepts and skills of Emotional Intelligence (EQ).

Emotional intelligence

EQ has been a growing area of research and practice for 20 years. It is based on the surprising fact that emotions can help us function more intelligently — *if* we know how to use them.

How does this apply to dentistry? Emotion drives decision-making. Each patient decides which treatment plan to accept, and whether or not to continue in your care, based largely on his or her emotional response to you and your office environment. This law of human behavior may contradict your belief that patients make reasoned choices after carefully weighing the facts. Yes, logic plays a part in the process, but it is how people *feel* about their decision that really matters.

Recall some of your most important decisions. Did you marry based entirely on cold logic? We hope not. Did you become a dentist only after carefully analyzing all other career options, or was there a passion for dentistry that made you forgo other careers? We hope the latter.

As discussed in an earlier article in this series, your patients make decisions based on how they *feel* in your presence. Do they *feel* safe, comfortable, fully informed, and trusting? Does your new-patient process cause them to *feel* intelligent and competent, or is it reminiscent of a dental experience that left them anxious, ashamed, injured, or intimidated?

How can you help patients trust your knowledge and leadership and not feel scared or uncertain? First, realize that most patients are not competent to judge the true value of your credentials. Consequently, asking them to rely on your doctorate and training as sufficient evidence of your judgment and expertise, and therefore reason enough for them to follow your every directive, rarely works.

Patients base decisions on familiar things such as their experiences (memories) and gut (emotional response). Your job is to help their gut feel like you are a highly trustworthy professional. How do you do that?

Trust is the natural outcome of authentic, empathetic, and caring communication. Stephen Covey said, "The more authentic you become, the more genuine your expression, particularly regarding personal experiences and even self-doubt. The more people can relate to your expression, the safer it makes them feel to express themselves." When patients *feel* safe with you, they are more likely to allow you to help them resolve a problem.

We're talking about skills you likely did not learn in dental school, but it is not too late. Enhancing your EQ skills helps you demystify and better utilize emotions for everyone's benefit. By helping others emotionally as well as clinically, you can naturally create the practice of your dreams.

Empirical study

The application of EQ to dentistry is not just a pie-in-the-sky altruism or philosophical rambling. Our 50-plus years of combined experience working with people just like you and your patients have led us to conclusions that were confirmed by an empirical study completed with the assistance of The Pankey Institute.

The Pankey Institute teaches not only comprehensive restorative skills, but also a philosophy of care that helps students best leverage those skills. Within this philosophy is a deep commitment to developing genuine and helping relationships. To understand why not every dentist who attends the Institute successfully adopts this model,

Dentists with high emotional self-awareness are better at creating trustworthy, helping relationships.

Dana Ackley, PhD, Dr. Irwin M. Becker, and Dr. Richard A. Green completed a study to determine:

- 1 If dentists with stronger EQ skills were more likely to succeed at making the practice transition
- 2 If so, which EQ skills mattered most

The surveys from 144 Pankey-trained dentists revealed that there is a high correlation between the overall score on the Emotional Quotient Inventory (the only statistically confirmed measurement tool of EQ) and the dentists' ability to fully transition to the promoted practice model.

The findings are also relevant to dentists who have not trained at the Institute. You most likely know an exceptional clinical dentist with a financially floundering practice. Contrary to common belief that the financial shortcomings are due to the dentist being "a poor businessperson," our experience, now confirmed with research, tells us it is more likely that he or she does not have the emotional skill set necessary to prosper financially.

Without the emotional skills needed to create deep, helping relationships, these dentists are often unable to set up and run appropriate patient management systems. Their patients too frequently refuse the type of dentistry these dentists do best and which enhances profitability. In other words, the dentists' lack of financial security is often an *outcome* of a correctable emotional skill set deficit — not business skill incompetence.

While the study showed that stronger EQ skills clearly contribute to success, four emotional skills were found to be the most critical to a successful transition: emotional self-awareness, assertiveness, reality testing, and self-actualization. (Go to www.co-discovery.org for a more in-depth discussion of the study.)

Emotional self-awareness

As the name implies, Emotional Self-Awareness (ESA) is *the skill of recognizing and naming the emotion one feels at the time*. Dentists with high ESA are better at creating trustworthy, helping relationships. As stated earlier, *trust is a natural outcome of truly authentic emotional communication*. Most patients (particularly discerning individuals likely to be interested in comprehensive restorative dentistry) know when others are functioning behind an emotional façade. They can sense this on an intuitive level, when voice tone, body movements, and eye contact are incongruent with what is being said. Thus, they know when communication is being used to advance an agenda outside of their own best interest.

Susan Henny, who worked on the hiring side of human

relations for 10 years, refers to people with these superficial behavior patterns as impostors. When an entire office functions on this level, Dr. Charley Varipapa calls it a "Happydale Practice," a group of people strategically acting happy, chatty, and interested. But this is really just a "behavioral veneer," and their actions are devoid of any authentic feeling.

To illustrate, you may have experienced an emotionally inauthentic experience at a restaurant. Commonly, a well-trained server gets on his or her knee, looks you in the eye, and tactfully pushes a sales agenda — perhaps a special entrée — independent of your preferences. Savvy restaurateurs train people to act in this fashion because it leads to higher food sales, particularly for high-profit items.

This superficial strategy works for some fast-paced family practices where patient needs are relatively simple and mostly covered by insurance. However, when a patient has a complex problem that cannot be easily deciphered on the fly with quick, witty comments, and treatment is well beyond the coverage of the insurance plan, the wheels start to come off the relationship. People with complex problems aren't looking for quick answers from witty smooth talkers. They want real answers from someone who knows what he or she is talking about, who genuinely cares, and who will take the time to thoroughly diagnose, treatment plan, and explain the situation.

Restorative dentistry commonly involves what the sales profession refers to as a "complex sale." Complex sales require significantly greater commitments from both seller and buyer. Avrom King called these commitments "the three coins of Time, Energy, and Money."

Complex treatment plans require *time* for the patient to decide what is in his or her best interest, as well as how he or she intends to find the *energy* and *money* required. Dentists and team members who are masterful at authentic communication and facilitating appropriate patient decision-making are the champions of this different kind of money game. Not so coincidentally, it turns out these folks are the same individuals with high levels of ESA, a skill you can learn as well.

Assertiveness

Those dentists who can present treatment plans confidently and without coercion sell more dentistry. Those who don't — don't. It's that simple. Before you cringe, be sure that you know what true assertiveness is. It is not a politically correct word for being aggressive.

Dentists who are emotionally aggressive send the unspo-

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ken message “Our needs come first!” (not exactly a trust-building strategy). Aggressiveness is present in shame-inducing, leading, or diminishing statements such as “Don’t you want to keep your teeth?” meaning “*Don’t you want to show me you are not going to act foolishly?*” “Don’t you want me to fix this right now?” meaning “*If you don’t do what I want right now, I may not be able to help you later.*” or “Do you want to do anything about the way your teeth look?” meaning “*We both know your teeth look bad, so why don’t you do something about it?*”

Alternatively, when dentists speak assertively, they send a message backed by respectful, principle-centered leadership, not impatient pushiness. It says, “Let’s try to figure out the best way to help you with this problem. But first, can you help me better understand your concerns, goals, and expectations?”

Dentists who present treatment plans in an assertive manner are masters at helping patients understand the full value behind the various options. They express confidence without arrogance, and they allow patients to make the best decisions for themselves. Patients then feel safe to ask questions, challenge ideas, propose alternatives, and *ultimately sell themselves on a solution that best fits their long- and short-term needs.*

Do you become a bit too aggressive with patients during moments of frustration? A much more effective strategy is to learn how to be assertive. Conversely, there may be times when you concede to a less than ideal solution demanded by a patient so you are not perceived as aggressive. Such passivity avoids conflict in the short term, but fails to serve you or your patient’s best interests in the long term because it lacks openness and honesty.

Reality testing

When we interact with others, we automatically develop a theory about what their behavior means to us. Suppose you present a complex treatment plan to a patient. Upon hearing it, she shakes her head. Based on previous experiences with other patients, you theorize that she is shaking her head due to the high cost of the treatment. Because you have recently learned the EQ skill of testing your theory against reality, you ask, “I notice that you are shaking your head. Would you be comfortable telling me why?”

She might answer, “It’s just too much money,” thereby confirming the idea in your head. If she were to respond with “When we began, I did not fully realize how long this would take, and doing this is going to interfere with my plans for the summer,” your theory would not be validated and you would know the correct issue to explore — how to fit the treatment into a busy summer schedule. Had you acted on your initial interpretation of her headshake, she would have felt unheard and unsafe because you failed to recognize the issues that really mattered to her.

Our study found that dentists who know how to test their theories about patients’ behavior are much more successful at relationship building. Reality testing is what helps build *enduring* bonds of trust, as patients feel heard and understood. Patients who feel understood are much more likely to say yes to a more comprehensive approach to addressing their needs.

Self-actualization

Perhaps you are familiar with the term *self-actualization* from the work of Abraham Maslow. It is an EQ skill that helps us develop to our fullest potential. It represents our drive to learn, grow, and mature. High self-actualization skills are key to practice transition, because they help sustain the high level of focus and effort necessary to succeed.

You are familiar with dentists who have very strong self-actualization skills and are considered to be today’s masters. Peter Dawson, Frank Spear, Bob Winter, Carl Misch, John Kois, and Henry Gremillion come to mind. You may not aspire to a career like Drs. Dawson or Spear, nor do you have to. However, to consistently practice fine comprehensive restorative dentistry, you need to know enough about self-actualization to sustain your energy through the steep part of the learning curve.

The essential role of behavioral skills

Research supports what many in dentistry have concluded from their experiences over the past 40 years: *behavioral skills play an essential role when a dentist aspires to provide more sophisticated forms of treatment.* We know more concretely than ever that, at the mastery level of comprehensive restorative dentistry, the strength of one’s EQ skills plays an essential role in both practice success and profitability. **DE**

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*Dana C. Ackley, PhD, CEO of EQ Leader, Inc., is an internationally recognized expert in emotional intelligence. He is the author of *The EQ Leader Program* (MHS, 2006). He helps dentists and executives of major corporations integrate the numerous benefits of enhanced EQ into the workplace. He is a guest lecturer at The Pankey Institute.*

